City of Yonkers

Yonkers Juvenile Crime Enforcement Coalition

Yonkers Juvenile Justice Strategy and Action Plan: APPENDICES

Prepared for the Yonkers Police Department
and the Yonkers Juvenile Crime Enforcement Coalition
by Program Design and Development, LLC
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13. Appendices

Attachment A:

A Guide for Identifying "Best Practice" Programs for At-Risk Youth

Numerous websites and reports are available to policy makers and practitioners to help them identify programs that work for at-risk youth. Given the abundance of information available, undertaking any review of such programs can prove daunting. Further complicating such a review is the fact that the rating systems used to classify programs as "best practice" vary considerably. This Guide was developed to help practitioners identify evidence-based programs that address areas targeted for funding by the New York State Division of Criminal Justice Services' Request for Proposals (RFP) for federal Juvenile Accountability Block Grant (JABG) funds.

This Guide will help to facilitate the review of programs that work for at-risk youth by (1) identifying programs rated highly by experts, (2) explaining how rating systems for selected websites and reports differ, and (3) identifying websites and reports that provide estimates of program costs. It is important to emphasize that the list of "best practice" programs highlighted in this Guide is not comprehensive. Instead, it should be used as a starting point for the identification and review of programs.

"Best Practice" Programs Highlighted in This Guide

Only those "best practice" programs that were given high ratings by selected websites and reports and targeted appropriate youth or youth populations are highlighted in this Guide. Each of these programs is briefly summarized in the last section of this Guide. The program screening criteria used to select the 43 "best practice" programs are discussed in the next two sections.

Importantly, the program screening criteria found few "best practice" programs with high ratings for those youth who have formally entered the juvenile justice system as alleged or adjudicated juvenile delinquents. This is due in part to ethical concerns that hinder the conduct of research involving strong experimental designs requiring random assignment and legal issues that make accessing juvenile records difficult. Practitioners who are interested in implementing these types of programs are encouraged to visit the OJJDP Model Programs Guide were programs are rated *exemplary* (highest rating), *effective* or *promising* (lowest rating). *Exemplary* programs are highlighted in this report. There are 11 programs that OJJDP rates as *effective* that target alleged or adjudicated juvenile delinquents and meet the other program screening criteria discussed below.[1] Please keep

[1] The following 11 programs are rated "effective" in the OJJDP Model Programs Guide and meet program screening criteria: Academic Tutoring and Social Skills Training, Aggression Replacement Training (ART), Baton Rouge Partnership for the Prevention Juvenile Gun Violence, Bethlehem Police Family Group Conferencing Project, Career Academy, Families in Action, Indianapolis Restorative Justice Project, Lifeskills '95, Phoenix House, SAFE-T (Sexual Abuse, Family Education and Treatment) Program, and VisionQuest. With the exception of the ART program, none of the other websites or reports rate these programs. The ART program is rated as "promising" by both the Safe and Drug-Free Schools and Center for Mental Health Services reports.

in mind that an OJJDP rating of *effective* indicates that there is greater confidence in the soundness of a program than in one given the rating of *promising*.

Table 1: Selected "Best Practice" Programs

Table 1 provides an overview of key aspects of the 43 "best practice" programs highlighted in this Guide and is located at the end of this report. For each program, the table shows (1) what age group it targets, (2) whether the program is based on a multi-year treatment model; (3) whether there is program involvement by parents and/or schools; (4) what behaviors and special populations it targets; and (4) what ratings the program was given by each of the selected websites/reports that provide a rating for it.

The four criteria used to determine which programs would be included in Table 1 are as follows:

1. A program was included if it was identified as a "best practice" program by at least:

    1.1. one of the following websites: BluePrints for Violence Prevention, OJJDP Model Programs Guide, SAMHSA Model Programs, or Strengthening America's Families Project; or

    1.2. one of the following reports: *Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs, 2001* (US. Department of Education, 2002), *Preventing Mental Disorders in School-Age Children* [Greenberg, M. T., C. Domitrovich, & B. Bumbarger (1999) for the U.S. Department of Health and Human Services, Center for Mental Health Services], or *Youth Violence: A Report of the Surgeon General* (U.S. Department of Health and Human Services, 2001).

2. One of more of the above websites/reports gave a program its highest rating (see Table 2 for rating categories).

3. It targeted youth ages 7-15.

4. Finally, a program that met the above criteria was included only when:

    4.1. the OJJDP Model Programs Guide indicated that the program (a) addressed the problem behaviors of aggression/violence, gang activity, or delinquency; (b) targeted juvenile delinquents, status offenders, or truants/dropouts; or (c) was identified as an aftercare, day treatment, drug court, group home, gun court, gang prevention, home confinement, probation services, reentry court, restorative justice, truancy prevention, or wraparound/case management program; or

4.2. the SAMHSA Model Programs guide indicated that the program addressed antisocial,[2] aggressive, or violent behavior.

It is important to reiterate that programs were included in Table 1 only if one or more of the selected websites/reports gave the program its highest rating (see Table 2 for ratings). Lower ratings given by the websites/reports to any of these selected programs are also reported in Table 1. High ratings are highlighted with a gray background to distinguish them from the lower ratings. For instance, the "All Stars" program was given the SAMHSA Model Programs highest rating (Model), but received lower ratings from the Safe and Drug-Drug Free Schools report (Promising) and the OJJDP Model Programs Guide (Promising).

Finally, although the program selection process did not include all "best practice" programs identified by the 2003 National Institute on Drug Abuse report *Preventing Drug Abuse Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition*, the ratings given by this report for programs included in Table 2 are also presented.

Table 2: Selected Websites/Reports

The selection of websites/reports was guided by the adequacy of their methodological standards for program review and their relevance to delinquency prevention and intervention programming. Table 2, which is located at the end of this report, provides a summary of the websites and reports selected for inclusion in this Guide and the criteria used by each to identify and rate "best practice" programs. The Internet links provided in Table 2 will make it relatively easy to access more detailed information on highlighted "best practice" programs (as well as other promising programs) and the criteria used to identify and rate these programs.

Program Costs

Three websites and one report provide estimates of program costs for most of the 43 programs in Table 1. These websites/reports include BluePrints (Model programs only), SAMHSA (Model programs only), Strengthening American Families Project (all programs), and Safe and Drug-Free Schools (all programs).

Overviews of Selected "Best Practice" Programs[3]

The Adolescent Transitions Program (ATP)

[2] Programs that target antisocial behavior and are concerned only with substance abuse prevention were excluded. There were four such programs: Athletes Training and Learning to Avoid Steroids (ATLAS), Life Skills Training, Midwestern Prevention Project/Project Star, and Project Toward No Drug Abuse (Project TND).

[3] Unless otherwise noted, program descriptions are from the OJJDP Model Programs Guide website.

The Adolescent Transitions Program (ATP) is a multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use. Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle school setting to parents and their children. The parent-focused curriculum concentrates on developing family management skills such as making requests, using rewards, monitoring, making rules, providing reasonable consequences for rule violations, problem-solving, and active listening. Strategies targeting parents are based on evidence about the role of coercive parenting strategies in the development of problem behaviors in youth. The curriculum for teens takes a social learning approach to behavior change and concentrates on setting realistic goals for behavior change, defining reasonable steps toward goal achievement, developing and providing peer support for prosocial and abstinent behavior, setting limits, and learning problem-solving.

The long-term goals of the program are to arrest the development of teen antisocial behaviors and drug experimentation. Intermediate goals are to improve parents' family management and communication skills. To accomplish these goals, the intervention uses a "tiered" strategy with each level (universal, selective, and indicated) building on the previous level. The universal level is directed to the parents of all students in a school. Program goals at this level include engaging parents, establishing norms for parenting practices, and disseminating information about risks for problem behavior and substance use. At the selective level of intervention, the Family Check-Up, assessment, and support are provided to identify those families at risk for problem behavior and substance use. At the indicated level, direct professional support is provided to parents based on the results of the Family Check-Up through services including behavioral family therapy, parenting groups, or case management services.

Program activities are led by group leaders and include parent group meetings, individual family meetings, and teen group sessions, as well as monthly booster sessions for at least 3 months following completion of the group. Meetings and sessions may include discussion and practice of a targeted skill, group exercises (either oral or written, depending on group needs), role-plays, and setting up home practice activities. Many of the skill-building exercises include activities that parents and children do together. Each curriculum also has six accompanying videotapes that demonstrate the program's targeted skills and behaviors.

Al's Pals: Kids Making Healthy Choices

Al's Pals: Kids Making Healthy Choices is an early childhood curriculum designed to increase the protective factor of social and emotional competence in young children and to decrease the risk factor of early and persistent aggression or antisocial behavior. The program was piloted in Head Start and other community-based child development centers whose populations included primarily African-American and white children. Since the pilot, the program has been expanded and found to be effective with children ages 3 to 8 of all socioeconomic and racial backgrounds living in urban, suburban, and rural areas. Al's Pals has been proven to work in preschools, early elementary school grades, afterschool programs, and childcare centers.

The program follows from the premise that by intervening during the early years when children are forming patterns of behaviors and attitudes, reductions can be made in the likelihood of their later developing aggressive, antisocial, or violent behavior. Al's Pals is based heavily on resiliency research as a framework for developing an intervention. Its curriculum is designed to build resiliency by presenting children with real-life situations that introduce them to health-promoting concepts and prosocial skills. The program also recognizes the ongoing nature of resilience-building and trains teachers to use resilience-promoting concepts in their teaching and classroom management practices.

Al's Pals uses 46 interactive lessons to teach children how to practice positive ways to express feelings, relate to others, communicate, brainstorm ideas, solve problems, and differentiate between safe and unsafe substances and situations. The lessons are delivered twice a week over 23 weeks. It is ideal to deliver the program during circle time or in an open reading area. Each lesson lasts 15 to 20 minutes and typically consists of two or three activities. Fourteen of the lessons have letters and activities for parents. Optional follow-up activities can be incorporated later in the school day. A nine-lesson booster curriculum is used in second or third grade with children who have previously received the full program. Required training sessions for teachers address the underlying conceptual framework of the program and implementation issues.

All Stars

All Stars™ is a character-based approach to preventing high-risk behaviors such as substance use, violence, and premature sexual activity in teens ages 11 to 15. The program is based on strong research identifying the critical factors that lead young people

to begin experimenting with substances and engaging in other high-risk behaviors. It is designed to reinforce positive qualities that are typical of youths at this age. It works to strengthen five specific qualities vital to achieving preventive effects:

- Establishing positive norms
- Building strong personal commitments
- Promoting positive parental attentiveness
- Developing positive ideals and future aspirations
- Promoting bonding with school and community organizations

A program specialist or regular classroom teacher can implement the program. All Stars™ consists of whole classroom sessions, small group sessions outside of the classroom, and one-on-one sessions between the instructor and the child. The program is interactive, including debates, games, and general discussion. Homework assignments are given to include parents in the program and to increase parent–child interactions.

Big Brothers & Big Sisters

Big Brothers/Big Sisters (BB/BS) is a federation of more than 500 agencies that serve children and adolescents. The basic concept of the BB/BS program is not to ameliorate specific problems, but to provide support in all aspects of young people's lives through a professionally supported one-to-one relationship with a caring adult. The program concentrates on children from single-parent households. Its most intricate component is that the volunteer mentor commits substantial time to the youth, meeting for about 4 hours, two to four times a month, for at least 1 year. During their time together, the mentor and youth engage in developmentally appropriate activities that include walking; visiting a library; washing the car; playing catch; grocery shopping; watching television; attending a play, movie, school activity, or sporting event; or just hanging out and sharing thoughts. According to Grossman and Garry, "Such activities enhance communication skills, develop relationship skills, and support positive decision-making."

Although individual agencies may customize their programs to fit specific needs, the integrity of the program is protected through a national infrastructure that oversees recruitment, screening, matching, and supervision. The screening and matching process provides an opportunity to select adults who are most likely to be successful mentors and match them with adolescents who share a common belief system. Staff supervision and support are critical to ensuring that mentor and mentor meet regularly to build positive relationships.

Brief Strategic Family Therapy (BFST)

Brief Strategic Family Therapy (BSFT) is a family-based intervention designed to prevent and treat child and adolescent behavior problems. BSFT targets children and

adolescents who are displaying—or are at risk for developing—behavior problems, including substance abuse. BSFT is based on the fundamental assumption that adaptive family interactions can play a pivotal role in protecting children from negative influences and that maladaptive family interactions can contribute to the evolution of behavior problems and consequently are a primary target for intervention. The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems. The therapy is tailored to target the particular problem interactions and behaviors in each client family. Therapists seek to change maladaptive family interaction patterns by coaching family interactions as they occur in session to create the opportunity for new, more functional interactions to emerge. Major techniques used are joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions). BSFT is a short-term, problem-oriented intervention. A typical session lasts 60 to 90 minutes. The average length of treatment is 12 to 15 sessions over more than 3 months. For more severe cases, such as substance-abusing adolescents, the average number of sessions and length of treatment may be doubled. Treatment can take place in office, home, or community settings.

Bullying Prevention Program (BPP)

This universal intervention was developed to promote the reduction and prevention of bullying behavior and victimization problems. The main arena for the program is the school, and school staff have the primary responsibility for introducing and implementing the program. Components of the program are carried out at the school level (questionnaires, conferences, committees, increased supervision), class level (rule enforcement and regular class meetings), and individual level (interventions with children identified as bullies or victims, with parental participation). All students within a school participate in most aspects of the program.

Caring School Community Program

The Caring School Community Project (CSCP), formerly the Child Development Project, is a comprehensive, universal, school-change program that trains teachers and school administrators in revised teaching practices. The three major facets of this classroom project are developmental discipline, cooperative learning, and a literature-based language arts curriculum. Developmental discipline is a classroom management style that engages children in the decision-making process within the classroom. This allows the children to feel autonomous, influential, and competent. Cooperative learning entails working in small groups or pairs on tasks that are inherently interesting and challenging to the students. Teachers oversee and monitor these tasks, but students have opportunities to be self-directing. Emphasis is placed on both the social and academic goals of the activities. CSCP provides a supportive atmosphere for open discussions of meaningful issues that are brought about through high-quality literature readings.

Another aspect of the CSCP is the implementation of schoolwide student service activities, including the cross-grade "buddy programs," which are meant to increase the students' understanding of other people. Schoolwide events and activities that involve parents and their children are also provided, such as "homework" activities, which involve parents and students in conversations that strengthen family relationships. The program can be employed in any rural, suburban, or urban elementary school.

CASASTART

CASASTART (Striving Together to Achieve Rewarding Tomorrows), formerly known as Children at Risk, is a community-based, school-centered program designed to keep high-risk 8- to 13-year-old youths free of substance abuse and criminal involvement. It is based on the assumption that, while all preadolescents are vulnerable to experimentation with substances, those who lack effective human and social support are especially vulnerable. CASASTART seeks to build resiliency in youths, strengthen families, and make neighborhoods safer for children and their families. The program employs a positive youth development framework and uses intensive case management to coordinate and provide services to counteract the various factors that make children vulnerable to substance abuse and delinquency. Case review conferences every other week—along with quarterly administrative and advisory council meetings—ensure that all partners are up to date on the program and individual case status.

Each case manager serves 15 children and their families. Case managers directly provide—or coordinate through appropriate referral—a comprehensive menu of services for the youth and family. Each site develops its own approach to designing and delivering the services consistent with local culture and practice. Every child in the program receives all of the services—except juvenile justice services, if he or she is not in trouble with the law. Each CASASTART program is managed locally, in deference to local culture and setting, but shares with the other programs eight basic core components.

- *Community-enhanced policing/enhanced enforcement,* which increases police presence and involvement in the community and their work with youth.

- *Case management:* small caseloads (13–18 families) ensure close attention to the needs of participating youths and their families and implementation of plans to meet their needs.

- *Criminal/juvenile justice intervention:* communication between case managers and the juvenile justice and probation departments ensure enhanced supervision and planning for youths who become involved with the courts.

- *Family services:* parent programs, counseling services, organized activities, and family advocacy by case managers increase positive involvement of parents in the lives of their children.

- *Afterschool and summer activities* offer prosocial activities with peers. These types of activities include not only recreation and entertainment but also personal

social development programs, particularly those aimed at self-esteem, cultural heritage, and social problems.

- *Education services* strengthen individual skills by offering tutoring and homework assistance, as well as work preparation opportunities.

- *Mentoring:* group or one-to-one relationships are fostered to promote positive behaviors.

- *Incentives:* there are both monetary and nonmonetary incentives for participation in CASASTART activities.

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Children in the Middle

Children in the Middle is a skills-based program that helps children and parents deal with the children's reactions to divorce. The program is built around a 37-minute video for parents and a 30-minute video for children. The parent video teaches the skills parents need to avoid putting children into the middle of their conflicts. The child video helps children understand why parents divorce. The program is designed to deal with problems such as 1) loss of concentration and attention, 2) declining grades and behavior problems at school, 3) withdrawal from friends, 4) emotional outbursts and health problems, 5) serious anger with one or both parents, and 6) delinquency and substance use. The program needs no special training or licensing to implement.

Parents are usually mandated by domestic relations courts to attend classes held in their communities (at social service agencies, community colleges). A group leader facilitates the adult portion of the program. The first session includes the 37-minute video narrated by a dynamic husband-and-wife team, augmented by realistic scenes of divorce depicting inappropriate and appropriate methods of handling conflict. The tape is stopped at cued discussion points to allow parents to respond to questions about how children feel when caught in loyalty binds and what they can do to resolve the conflicts. Workbook exercises and role-plays give parents a chance to practice new skills. One or two 90- to 120-minute class sessions are typical.

The children's program may be held at school, with a mental health practitioner, or in groups at social service agencies. Parents and children will view a video together and complete workbook exercises at home or at the practitioner's office with guidance from the practitioner. Typically, a family counselor will incorporate the materials into a treatment plan consisting of 4 to 10 sessions over 2 to 4 months. Parents are given the *What About the Children?* booklet and the Parents and Children's Guidebook to study and complete exercises at home.

Coping Power Program

The Coping Power Program is a multicomponent preventive intervention for aggressive children that uses the contextual sociocognitive model as its conceptual framework. The sociocognitive model concentrates on the contextual parenting processes and on children's sequential cognitive processing. It posits that aggressive children have cognitive distortions at the appraisal stage of sociocognitive processing because of their difficulties in encoding incoming social information and in accurately interpreting social events and others' intentions. These children also have cognitive deficiencies at the problem solution stage of sociocognitive processing; they tend to generate maladaptive solutions for perceived problems and have nonnormative expectations for the usefulness of aggressive and nonaggressive solutions to their social problems. The contextual sociocognitive model also emphasizes parenting processes in the development and escalation of problem behaviors. Child aggressive behavior arises most fundamentally out of early contextual experiences with parents who provide harsh or irritable discipline, poor problem-solving, vague commands, and poor monitoring of their children's behavior.

On the basis of this contextual sociocognitive model, the Coping Power Program was developed with parent and child components. Intervention covers 15 months (the second half of one academic year and all of the next). The child component includes eight intervention sessions in the 1st intervention year and 25 in the 2nd intervention year. Group sessions lasted for 40–60 minutes each. The sessions include four to six boys and are co-led by a program specialist with a master's or doctoral degree in psychology or social work and by a school guidance counselor. The Coping Power child component was derived primarily from a previously evaluated 18-session Anger Coping Program. The Coping Power child component sessions emphasize the following: behavioral and personal goal-setting, awareness of feelings and associated physiological arousal, use of

coping self-statements, distraction techniques and relaxation methods when provoked and made angry, organizational and study skills, perspective taking and attribution retraining, social problem-solving skills, and dealing with peer pressure and neighborhood-based problems by using refusal skills.

The parent component consists of 16 parent group sessions over the same 15-month intervention period. It was delivered in groups of four to six single parents or couples, and groups usually met at the boys' schools. Groups are led by two staff persons. Assertive attempts are made to promote parent attendance and to include both mothers and fathers in parent groups. The content of the parent component was derived from social-learning-theory–based parent training programs Parents learn skills for identifying prosocial and disruptive behavioral targets in their children, rewarding appropriate child behaviors, giving effective instructions and establishing age-appropriate rules and expectations for their children, applying effective consequences to negative child behavior, and establishing ongoing family communication through weekly family meetings. In addition, parents learn to support the sociocognitive skills that children learn in the Coping Power child component and to use stress-management skills to remain calm and in co

Creating Lasting Family Connections (CLFC)

Creating Lasting Family Connections (CLFC) is a comprehensive family strengthening and substance abuse and violence prevention curriculum designed to help youths and families in high-risk environments become strong, healthy, and supportive. CLFC targets African-American, Caucasian, Native American, Asian and Pacific Islander, and Hispanic youths ages 9 to 17 and their families living in rural, suburban, or urban settings. The curriculum is designed for use in a community system (churches, schools, recreation centers, court-referred settings) that provides significant contact with parents and youths, has existing social outreach programs, and is linked with other human service providers. The program consists of six 5- to 6-week modules that examine a variety of issues including practical ATOD prevention strategies, family enhancement and management practices and personal and family communication skills with a focus on parental and youth refusal skills.

Early Risers "skills for Success" Program

Early Risers is a multicomponent, high-intensity, competency-enhancement program that targets elementary school children (ages 6 to 10) who are at high risk for early development of conduct problems, including substance use (i.e., who display early aggressive, disruptive, or nonconformist behaviors). Most of the original participants were Caucasian and resided in semirural communities. Subsequent replications have involved African-American children from economically disadvantaged urban communities.

The program is based on the premise that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. Early Risers uses a

full-strength intervention model with two complementary components to move high-risk children onto a more adaptive developmental pathway. Interventions include

- Parent education and skills training
- Proactive parent–school consultation
- Child social skills training and strategic peer involvement
- Reading and math instruction and educational enrichment activities
- Family support, consultation, and brief interventions to cope with stress
- Contingency management of aggressive, disruptive, and noncompliant behavior

The enhanced competence gained through the program leads to the development of positive self-image, independent decision-making, healthy problem-solving, assertive communication, and constructive coping. Once acquired, these attributes and skills collectively enable youths to resist personal and social forces that encourage early substance use and potential abuse and dependency.

Families and Schools Together (FAST)

Families And Schools Together (FAST) is a collaborative, multifamily, group early-intervention/prevention program that combines concepts and practices of community organizing with effective clinical techniques based on family therapy and play therapy. Grounded in family stress theory, FAST is designed to build protective factors for children (4 to 12 years old), empower parents to be the primary prevention agents for their own children, and build supportive parent-to-parent groups. The overall goal of the FAST program is to produce changes at the levels of individual child functioning and the local social network. Specifically, the program works to intervene early to help at-risk youths succeed in the community, at home, and in school and thus avoid problems such as adolescent delinquency, violence, addiction, and school dropout. The FAST process uses the existing strengths of families, schools, and communities in creative partnerships. FAST offers youths structured opportunities for involvement in repeated relationship-building interactions with the primary caretaking parent, other family members, other families, peers, school representatives, and community representatives.

Participation in FAST begins when teachers or other school professionals identify children with problem behaviors who are at risk for serious future academic and social problems. Next, trained recruiters—often FAST graduates—visit parents at home to discuss the school's concerns and invite them to participate in the program. Families then gather with 8 to 12 other families for eight weekly meetings usually held in the school. The meetings include planned opening and closing routines, structured family activities, parent mutual-support time, and parent–child play therapy. A trained team consisting of a parent, a school professional, a clinical social worker, and a substance abuse counselor facilitates the meetings. Families participate in a graduation ceremony at the end of 8 weeks and then continue to participate in monthly follow-up meetings, run by the families, for 2 years.

Family Effectiveness Training (FET)

Family Effectiveness Training (FET) is a family-based program for Hispanics that targets family factors known to place children at risk. FET helps Hispanic immigrant families with children ages 6 to 12, particularly when the child is exhibiting behavior problems, associating with deviant peers, or experiencing parent–child communication problems. The goal of FET is to strengthen families by increasing their ability to adapt to new situations, particularly developmental and cultural challenges the family will face. The program consists of three components: Family Development, Bicultural Effectiveness Training, and Brief Strategic Family Therapy. FET uses two primary strategies to initiate change: 1) didactic lessons and participatory activities that help parents master effective family management skills and 2) organized discussions in which the therapist/facilitator intervenes to correct dysfunctional communications between or among family members. The training sessions last for 13 weeks, are 1½ to 2 hours long, and are tailored to each individual family.

FAST Track

FAST Track is a comprehensive, long-term prevention program that aims to prevent chronic and severe conduct problems in high-risk children. The program targets children identified in kindergarten for disruptive behavior and poor peer relations. It is based on the view that antisocial behavior stems from the interaction of multiple influences that include the school, the home, and the individual. The main goals of the program are to increase communication and bonds between these three domains; to enhance children's social, cognitive, and problem-solving skills; to improve peer relationships; and ultimately to decrease disruptive behavior in the home and school. The developmental model guiding this project indicates that an effective prevention program would address classroom, school risk, and family risk factors, including communication between parents and schools.

FAST Track extends from 1st through 10th grade, with particularly intensive interventions during the transitions at school entry and from elementary to middle school. The primary intervention is designed for all youths in a school setting. The most intense phase of intervention took place in the first grade year for each of three successive cohorts. The program can be implemented in rural and urban areas for boys and girls of varying ethnicity, socioeconomic background, and family composition.

Functional Family Therapy (FFT)

Functional Family Therapy (FFT) is a family-based prevention and intervention program for dysfunctional youths ages 11 to 18 that has been applied successfully in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families. It integrates several elements (established clinical theory, empirically supported principles, and extensive clinical experience) into a clear and comprehensive clinical model. The FFT model allows for successful intervention in complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive.

The model includes specific phases: engagement/motivation, behavior change, and generalization. Engagement and motivation are achieved through decreasing the intense negativity often characteristic of high-risk families. The behavior change phase aims to reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions (skill training in family communication, parenting, problem-solving, and conflict management). The goal of the generalization phase is to increase the family's capacity to adequately use multisystemic community resources and to engage in relapse prevention.

FFT ranges from an average of 8 to 12 one-hour sessions for mild cases and incorporates up to 30 sessions of direct service for families in more difficult situations. Sessions are generally spread over a 3-month period and can be conducted in clinical settings as an outpatient therapy and as a home-based model.

Good Behavior Game

The Good Behavior Game (GBG) is a classroom management strategy designed to improve aggressive/disruptive classroom behavior and prevent later criminality. The program is universal and can be applied to general populations of early elementary school children, although the most significant results have been found for children demonstrating early high-risk behavior. It is implemented when children are in early elementary grades to provide them with the skills they need to respond to later, possibly negative, life experiences and societal influences.

GBG improves teachers' ability to define tasks, set rules, and discipline students and allows students to work in teams in which each individual is responsible to the rest of the group. Before the game begins, teachers clearly specify those disruptive behaviors (e.g., verbal and physical disruptions, noncompliance) that, if displayed, will result in a team's receiving a checkmark on the board. By the end of the game, teams that have not exceeded the maximum number of marks are rewarded, while teams that exceed this standard receive no rewards. Eventually, the teacher begins the game with no warning and at different periods during the day, so students are always monitoring their behavior and conforming to expectations.

Guiding Good Choices/Families That Care (formerly Preparing for Drug Free Years)

Guiding Good Choices (GGC), formerly known as Preparing for the Drug-Free Years, is a multimedia family competency training program that promotes healthy, protective parent–child interactions and

reduces children's risk for early substance use. The program targets families of middle school children (ages 8–14) who reside in rural, economically stressed neighborhoods.

GGC is based on the social development model, which theorizes that enhancing protective factors such as effective parenting practices will decrease the likelihood that children will engage in problem behaviors. The program is delivered in five weekly sessions specifically designed to strengthen parents' child-rearing techniques, parent–child bonding, and children's peer resistance skills. Children are required to attend one session, which concentrates on peer pressure. The other four sessions involve only parents and include instruction in four areas:

1. Identifying risk factors for adolescent substance use and creating strategies to enhance the family's protective processes;

2. Developing effective parenting skills, particularly those regarding substance use issues;

3. Managing anger and family conflict; and

4. Providing opportunities for positive child involvement in family activities.

The Incredible Years: Parent, Teacher and Child Training Series (IYS)

The Incredible Years series features three comprehensive, multifaceted, and developmentally based curricula for parents, teachers, and children. The series is based on Patterson's social learning model, which emphasizes the importance of the family as well as teacher socialization processes, especially those affecting young children. It argues that negative reinforcement develops and maintains children's deviant behaviors and the parents' and teachers' critical or coercive behaviors. The parents' or teachers' behaviors must therefore be changed so the children's social interactions can be altered. If parents and teachers can learn to deal effectively with children's misbehavior and to model positive and appropriate problem-solving and discipline strategies, children can develop social competence and reduce aggressive behavior at home and at school.

The parent training series concentrates on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences, to promote children's academic and social competencies and reduce conduct problems. It includes three programs targeting parents of high-risk children and those displaying behavior problems. The *Basic* program emphasizes parenting skills known to promote children's social competence and reduce behavior problems, such as knowing how to play with children, helping children learn, using praise and incentives effectively, and using limit-setting and strategies effectively to handle misbehavior. This can be self-administered or offered for groups of 10 to 14 participants, and it can be covered in 12 to 14 two-hour sessions. The *Advance* program emphasizes parent interpersonal skills such as effective communication skills, anger management, problem-solving between adults, and ways to give and get support. It is offered to groups of parents who have completed the *Basic* programs and takes 10 to 12 two-hour sessions

to complete. The *Supporting Your Child's Education* program emphasizes parenting approaches designed to promote parental involvement in setting up predictable homework routines and children's academic skills such as reading and building collaborative relationships with teachers. This program is implemented after the completion of the *Basic* programs because it builds on the behavioral principles regarding social skills that were introduced in *Basic* and applies them to academic skills.

The teacher training series consists of six comprehensive group discussion and intervention programs for teachers, school counselors, and psychologists who work with children ages 4 to 10. Each program concentrates on strengthening teacher classroom management strategies, promoting children's prosocial behavior and school readiness (reading skills), and reducing classroom aggression and noncooperation with peers and teachers. The teaching concepts are illustrated with brief videotaped vignettes of teachers interacting with children in classrooms. Group leaders use the videotaped scenes (of teachers handling problem situations effectively and ineffectively) to facilitate discussion, solve problems, and share ideas among teachers. Group leaders also help teachers discuss important principles and practice new skills through role-playing.

Leadership and Resiliency Program (LRP)

The Leadership and Resiliency Program (LRP) is a school- and community-based program for high school students (14 to 17 years of age) that works to enhance youths' internal strengths and resiliency, while preventing involvement in substance use and violence. Program components include:

- **Resiliency Groups** held at least weekly during the school day
- **Alternative Adventure Activities** that include ropes courses, white water kayaking, camping, and hiking trips
- **Community Service** in which participants are active in a number of community- and school-focused projects

These alternative activities, offered after school, on weekends, and during the summer, focus on community service, altruism, learning about managed risk, social skills improvement, and conflict resolution. (This program description is from the SAMHSA Model Programs website.)

Linking the Interests of Families and Teachers (LIFT)

Linking the Interests of Families and Teachers (LIFT) is a research-based intervention program designed to prevent the development of aggressive and antisocial behaviors in children within the elementary school setting (particularly first graders and fifth graders).

LIFT was informed by scientific research on the development of delinquency—specifically coercion theory (for more details, see Patterson, 1982, or Patterson, Reid, and Dishion, 1992). As such, LIFT is designed to decrease the likelihood of two major factors that put children at risk for subsequent antisocial behavior and delinquency: 1) aggressive and other socially incompetent behaviors with teachers and peers at school and 2)

ineffective parenting, including inconsistent and inappropriate discipline and lax supervision. LIFT has three main components: 1) classroom-based child social skills training, 2) the playground Good Behavior Game, and 3) parent management training. These efforts are fortified by systematic communication between teachers and parents. To facilitate communication, a “LIFT line” is implemented in each classroom. The LIFT line is a phone and an answering machine in each classroom that families are encouraged to use if they have any questions for the teachers or have concerns that they wish to share.

Child social skills training sessions are held during the regular school day and are broken into distinct segments. The first segment includes 1) classroom instruction and discussion about specific social and problem-solving skills, 2) skills practice in small and large groups, 3) free play in the context of a group cooperation game, and 4) review and presentation of daily rewards. The second segment includes a formal class problem-solving session and free play and rewards. The curriculum is similar for all elementary school students, but delivery format, group exercises, and content emphasis are modified to address normative developmental issues depending on the grade level of the participants.

The playground Good Behavior Game takes place during the middle of the free-play portion of the social skills training and is used to actively encourage positive peer relations on the playground. During the game, rewards are earned by individual children for demonstrating positive problem-solving skills and other prosocial behaviors with peers as well as for the inhibition of negative behaviors.

Parent Management Training in LIFT is conducted in groups of 10 to 15 parents and consists of six weekly 2½-hour sessions. Sessions can provide training either after school or in the evenings. Session content concentrates on positive reinforcement, discipline, monitoring, problem solving, and parent involvement in the school. Communication is fostered throughout the school year.

Multidimensional Family Therapy (MDFT)

Multidimensional Family Therapy (MDFT) is a family-based treatment and substance-abuse prevention program developed for adolescents with drug and behavior problems. The multidimensional perspective suggests that symptom reduction and enhancement of prosocial and appropriate developmental functions occur by facilitating adaptive developmental events and processes in several domains of functioning. The treatment seeks to significantly reduce or eliminate the adolescent's substance abuse and other problem behavior and to improve overall family functioning through multiple components, assessments, and interventions in several core areas of life. The objectives for the adolescent include transformation of a drug-using lifestyle into a developmentally normative lifestyle and improved functioning in several developmental domains. The objectives for the parent include blocking parental abdication by facilitating parental commitment and investment, improving the overall relationship and day-to-day communication between parent and adolescent, and increasing knowledge about and changes in parenting practices (e.g., limit-setting, monitoring, appropriate autonomy granting).

Multidimensional Treatment Foster Care (MTFC)

Multidimensional Treatment Foster Care (MTFC) is a behavioral treatment alternative to residential placement for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. It is based on the Social Learning Theory model that describes the mechanisms by which individuals learn to behave in social contexts and the daily interactions that influence both prosocial and antisocial patterns of behavior. Consequently, the MTFC program recruits and trains community families to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community. The treatment program includes a structured living environment with clear and consistent limits, positive reinforcement for appropriate behavior, a relationship with a mentoring adult, and separation from delinquent peers.

The program places adolescents in a family setting for 6 to 9 months. MTFC parents are supported by a case manager who coordinates all aspects of their youngster's treatment

program. Additional components of the program include weekly supervision and support meetings for MTFC parents; skill-focused individual treatment for youths; weekly family therapy for biological parents (adoptive or other aftercare resource); frequent contact between participating youths and their biological/adoptive family members, including home visits; close monitoring of the youngsters' progress in school; coordination with probation/parole officers; and psychiatric consultation/medication management, as needed.

Multisystemic Therapy

Multisystemic Therapy (MST) typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services. Therapists have small caseloads of four to six families; work as a team; are available 24 hours a day, 7 days a week; and provide services at times convenient to the family. The average treatment involves about 60 hours of contact during a 4-month period. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including behavioral, cognitive behavioral, and the pragmatic family therapies. This family–therapist collaboration allows the family to take the lead in setting treatment goals as the therapist helps them to accomplish their goals.

Parenting Wisely

Parenting Wisely is a self-administered, computer-based program that teaches parents and their children important skills to enhance relationships and decrease conflict through behavior management and support. The program concentrates on families with parents who do not usually seek or complete mental health or parent education treatment for child problem behaviors. Single-parent families and stepfamilies with children who exhibit behavior problems constitute most of the families targeted. Parenting Wisely has been tested with families in rural and urban areas and is equally appealing to African-American, Hispanic/Latino, and white families.

The program enhances child adjustment and has the potential to reduce delinquency, substance abuse, and involvement with the juvenile justice system. In addition, it seeks to improve problem solving, parent–school communication, school attendance, and grades while reducing disciplinary infractions. The program uses an interactive CD–ROM in which parents view video scenes of common family problems. For each problem, parents choose a solution, watch it enacted, and listen to a critique. The video program covers communication skills, problem-solving skills, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, supervising children hanging out with peers who are a bad influence, step-family problems, single-parent issues, violence, and others. The program is administered in only one or two sessions.

Parenting With Love and Limits

Developed from a 3-year process-outcome research study, Parenting With Love and Limits is a parenting education program that integrates the best principles of a structural family therapy approach into a comprehensive 6-week program for juvenile delinquent populations with the primary diagnosis of oppositional defiant or conduct disorder. The program is designed to provide parents with specific tools and techniques (e.g., contracting, troubleshooting, anti–button pushing tactics, using creative consequences) to reestablish the parents' ability to determine rules and restore nurturance to the parent–child relationship.

Teens and parents participate together in a small group led by two facilitators that also includes caregivers and other parents and teenagers (no more than six families and no more than 15 people total in the group). There are six classes, each 2 hours long. Parents and teens meet together as a group for the 1st hour. During the 2nd hour, the parents meet in one breakout group and the teens meet in another breakout group (with a facilitator leading each) to address issues that the collective group cannot.

The six classes that make up the Parenting With Love and Limits program are as follows:

- Class 1. Understanding Why Your Teen Misbehaves: Parents learn why their teen creatively uses things such as substance abuse, truancy, disrespect, running away, or violence to commit acts of parent abuse to defeat parents each time they try to regain control of their household. Parents and teens go into their respective breakout groups to vent their feelings and frustrations.

- Class 2. Button Pushing: Parents learn how their teen skillfully pushes their hot buttons (whining, disgusted look, swearing, etc.), and teens learn how parents push theirs (lecturing, criticizing, talking in chapters, etc.).

- Class 3. Ironclad Contracting: Parents learn how and why their old methods of contracting have failed and the five microsteps to assemble an ironclad contract that actually works with the use of both rewards and consequences. Teens meet in their breakout groups to help write their own contract.

- Class 4. Troubleshooting: Parents learn how teens have a special ability called "enhanced social perception" to think two steps ahead and derail even the best-laid contract.

- Class 5. Stopping the Seven Aces: Parents choose from a recipe menu of creative consequences to stop the teen's seven "aces" or "big guns" of disrespect, ditching or failing school, running away, drugs or alcohol, sexual promiscuity, violence,

and threats of suicide.

- Class 6. Reclaiming Lost Love: Parents understand how years of conflict have drained the softness from the parent–child relationship and the six strategies needed to reclaim this lost love.

The program also provides parents with a detailed treatment manual on curtailing their teenagers' substance abuse and other behavior problems. To assist in intervention delivery, workbooks are available.

Peacebuilders

PeaceBuilders is a schoolwide violence prevention program for elementary and middle schools (K–8). A high school program is also being piloted in several locations. The program incorporates a strategy to change the school climate created by staff and students and is designed to promote prosocial behavior among students and adults. Children learn six simple principles: 1) praise people, 2) avoid put-downs, 3) seek wise people as advisers and friends, 4) notice and correct hurts you cause, 5) right wrongs, and 6) help others. Adults reinforce and model behaviors at school, at home, and in public places.

The underlying theory is that youth violence can be reduced by initiating prevention early in childhood, increasing children's resilience, and reinforcing positive behaviors. This point of view also hypothesizes that aggressive behavior can be reduced by altering school environment to emphasize rewards and praise for prosocial behavior. PeaceBuilders includes four components: 1) parent education, 2) marketing to families, 3) collateral training, and 4) mass media tie-ins.

Nine broad behavior-change techniques are used: 1) common language for community norms, 2) story and live models for positive behavior, 3) environmental cues to signal desired behavior, 4) role-plays to increase range of responses, 5) rehearsals of positive solutions after negative events and response cost as "punishment" for negative behavior, 6) group and individual rewards to strengthen positive behavior, 7) threat reduction to reduce reactivity, 8) self- and peer-monitoring for positive behavior, and 9) generalization promotion to increase maintenance of change across time, places, and people.

Preventive Treatment Program (also known as the Montreal Longitudinal Study)

The Preventive Treatment Program (also known as the Montreal Longitudinal Study and the Montreal Prevention Experiment) was aimed at disruptive kindergarten boys and their parents, with the goal of reducing short- and long-term antisocial behavior. This program targeted white, Canadian-born males ages 7 to 9, from low socioeconomic families, who were assessed as having high levels of disruptive behavior in kindergarten. The program provided training for both parents and boys with the long-term goal of decreasing delinquency, substance use, and gang involvement. The program was administered to the treatment boys and their parents when the boys were 7 years old and lasted until they were 9.

The parent-training component was based on a model developed at the Oregon Social Learning Center. Parents received an average of 17 sessions that concentrated on monitoring their children's behavior, giving positive reinforcement for prosocial behavior, using punishment effectively, and managing family crises. Caseworkers helped parents generalize what they learned through home visits, and teachers were encouraged to cooperate with the intervention.

The school-based component emphasized promoting social competence and emotional regulation by stressing problem-solving skills, life skills, conflict resolution, and self-control. The training was provided in small groups, which included one or two disruptive boys with a group of three to five peers who were teacher identified as prosocial. Interactive learning methods and behavioral management techniques such as coaching, peer modeling, self-instruction, reinforcement contingency, and role-playing to build skills were used to promote positive change. Sessions during the 1st year concentrated on developing prosocial skills with themes such as "how to invite someone into a group" and "how to make contact." The 2nd year concentrated on promoting self-control skills with themes such as "what to do when I am angry" and "look and listen."

Project ACHIEVE

Project ACHIEVE is designed to help schools, communities, and families develop, strengthen, and solidify youths' resilience, protective factors, and self-management skills. Developed for use in preschool, elementary school, and middle school settings (i.e., with students ages 3 to 14), the program concentrates on improving school and staff effectiveness and places particular emphasis on increasing student performance in social skills and socioemotional development, conflict resolution, self-management, achievement and academic progress, positive school climate, and safe school practices. Project ACHIEVE has been replicated at more than 25 sites across the United States. While the target audience is predominantly elementary and middle school children, program components also have been used in high schools, alternative schools, psychiatric and juvenile justice facilities, Head Start and afterschool programs, and numerous specialized charter schools. Project ACHIEVE is put into action by following a series of carefully sequenced steps that generally occur over a 3-year period. The seven interdependent components:

1. *Strategic Planning and Organizational Analysis and Development* analyzes the facility's operations and recommends specific program objectives and action plans. Moreover, it coordinates meaningful evaluation procedures.

2. *Referral Question Consultation Problem-Solving Process* uses a systematic, functional, problem-solving process to explain why student problems are occurring and links assessment to interventions that help students' progress.

3. *Effective Classroom and School Processes/Staff Development* concentrates on developing and reinforcing classroom behaviors and school processes that maximize academic engagement and learning.

4. *Instructional Consultation and Curriculum-Based Assessment and Intervention* involves the functional assessment of referred students' learning problems. It evaluates their response to and success with the curriculum and coordinates the instruction and interventions needed to teach them to master necessary academic skills.

5. *Social Skills, Behavioral Consultation, and Behavioral Interventions* facilitates implementation of effective interventions that address students' curricular and behavioral problems, including "special situation" analyses, crisis prevention and intervention procedures, and team development.

6. *Parent Training, Tutoring, and Support* develops ongoing home–school collaboration, including the assessment, coordination, and use of community resources.

7. *Research, Data Management, and Accountability* reinforces the collection of formative and summative outcome data (including consumer satisfaction and time- and cost-effectiveness data) to validate various aspects of a schoolwide improvement process.

Promoting Alternative Thinking Strategies (PATHS)

The PATHS curriculum is a comprehensive program that promotes emotional and social competencies and reduces aggression and behavior problems in elementary school–aged children, while simultaneously enhancing the educational process in the classroom. The curriculum is designed for use by educators and counselors in a multiyear, universal prevention model that concentrates primarily on school and classroom settings but also includes information and activities for use with parents. Ideally, the program should be initiated at the start of schooling and continued through grade 6.

The curriculum was developed for classroom use with all elementary school children. PATHS has been field tested and researched in general education classrooms, with a variety of special needs students (deaf, hearing impaired, learning disabled, emotionally disturbed, mildly mentally retarded, and gifted), and among African-American, Hispanic/Latino, Asian-American, Pacific Islander, Native American, and white children.

Raising a Thinking Child: I Can Problem Solve for Families

The program aims to develop a set of interpersonal cognitive problem-solving (ICPS) skills that relate to overt behaviors as early as preschool. By enhancing ICPS skills, the goal is to decrease future serious problems by addressing the behavioral predictors early in life. In addition, the parent intervention is designed to help parents use a problem-solving style of communication that guides young children to think for themselves. The program lasts 10 to 12 weekly sessions, although a minimum of 6 weeks is sufficient to convey the approach. The first section concentrates on learning a problem-solving vocabulary in the form of games. The second section teaches children how to listen. It also teaches them how to identify their own and others' feelings and to realize that people can feel different ways about the same thing. In the last section children are given hypothetical problems and asked to think about people's feelings, consequences to their acts, and different ways to solve problems. During the course of the program, parents are given exercises to help them think about their own feelings and become sensitive to those of their children. Parents also learn how to find out their children's view of the problem and how to engage their children in the process of problem solving. This program is available in Spanish.

Reconnecting Youth

Reconnecting Youth (RY) is a school-based prevention program for youth in grades nine through twelve (14 to 18 years old) who are at risk for school dropout. These youth may also exhibit multiple behavior problems, such as substance abuse, aggression, depression, or suicide risk behaviors. Reconnecting Youth uses a partnership model involving peers, school personnel, and parents to deliver interventions that address the three central program goals:

- Decreased drug involvement
- Increased school performance
- Decreased emotional distress

Students work toward these goals by participating in a semester-long high school class that involves skills training in the context of a positive peer culture. RY students learn, practice, and apply self-esteem enhancement strategies, decision-making skills, personal control strategies, and interpersonal communication techniques. (This program description is from the SAMHSA Model Programs website.)

Responding in Peaceful and Positive Ways (RIPP)

Responding In Peaceful and Positive Ways (RIPP) is a school-based violence prevention program designed to provide students in middle and junior high schools with conflict resolution strategies and skills. RIPP targets the universal population of students enrolled in grades 6, 7, and 8 in middle and junior high school and is suitable for children from all socioeconomic, racial/ethnic, and cultural backrounds. Delivered every year for 3 years, RIPP combines a classroom curriculum of social/cognitive problem solving with real-life skill-building opportunities such as peer mediation. Students learn to apply critical thinking skills and personal management strategies to personal health and well-being issues. RIPP teaches key concepts such as

- The importance of significant friends or adult mentors
- The relationship between self-image and gang-related behaviors
- The effects of environmental influences on personal health

Using a variety of lessons and activities, students learn about the physical and mental development that occurs during adolescence, analyze the consequences of personal choices on health and well-being, learn that they have nonviolent options when conflicts arise, and evaluate the benefits of being a positive family and community role model.

Safe Dates

Safe Dates is a school-based program designed to stop or prevent the initiation of psychological, physical, and sexual abuse on dates or between individuals involved in a dating relationship. The program goals are to change adolescent dating violence norms, change adolescent gender-role norms, improve conflict resolution skills for dating

relationships, promote victims' and perpetrators' beliefs in the need for help and awareness of community resources for dating violence, promote help-seeking by victims and perpetrators, and improve peer help-giving skills. Intended for male and female middle and high school students, the Safe Dates program can stand alone or fit easily within a health education, family, or general life-skills curriculum. Because dating violence is often tied to substance abuse, Safe Dates also may be used with drug and alcohol prevention and general violence prevention programs.

The Safe Dates program includes a curriculum with nine 50-minute sessions, a 45-minute play to be performed by students, and a poster contest. The sessions include

1. *Defining Caring Relationships.* Students are introduced to Safe Dates and use a bingo game and discussion to evaluate how they wish to be treated in dating relationships.

2. *Defining Dating Abuse.* Through the discussion of scenarios and statistics, students clearly define what dating abuse is.

3. *Why Do People Abuse?* Students identify the causes and consequences of dating abuse through large- and small-group scenario discussions.

4. *How to Help Friends.* Students learn why it is difficult to leave abusive relationships and how to help an abused friend through a decision-making exercise, dramatic reading, and the "Friends Wheel."

5. *Helping Friends.* Students use stories and role-playing to practice effective skills for helping abused friends or confronting abusing friends.

6. *Overcoming Gender Stereotypes.* Students learn about gender stereotypes and how they affect dating relationships through a writing exercise, scenarios, and small-group discussions.
7. *Equal Power Through Communication.* Students learn the eight skills for effective communication and practice these skills in role-plays.

8. *How We Feel, How We Deal.* Students learn effective ways to recognize and handle anger through a feelings diary and a discussion of "hot buttons," so that anger does not lead to abusive behavior.

9. *Preventing Sexual Assault.* Students learn about sexual assault and how to prevent it through a quiz, a caucus, and a panel of peers.

Safe Dates involves family members through its parent letter and parent brochure, which provide information about and resources for dealing with teen dating abuse. In addition, schools can get parents more involved by hosting parent education programs or by talking with parents of children who are victims or perpetrators of dating abuse. Teachers are encouraged to connect with community resources by locating and using community domestic violence and sexual assault information, products, and services that provide

valid health information.

Other activities that can involve more students and raise awareness of the issues presented by the Safe Dates program include a schoolwide dating abuse prevention campaign and events that promote group activities rather than individual dating.

School Transitional Environmental Program

STEP (School Transitional Environmental Program) is a school organizational change initiative that seeks to decrease student anonymity, increase student accountability, and enhance students' abilities to learn school rules and exceptions. The program targets students in transition from elementary and middle schools who are in large urban junior high and high schools with multiple feeders serving predominantly nonwhite lower income youths. Students remain in intact small groups for their homeroom period and their academic subjects (these classrooms are physically close together). Homeroom teachers act as administrators and guidance counselors, providing class schedule assistance, academic counseling in school, and counseling in school for personal problems. Teachers also explain the project to parents and notify them of student absences. Project students are assigned to homerooms in which all classmates are STEP participants, and they are enrolled in the same core classes to help develop stable peer groups and enhance participants' familiarity with the school.

Second Step: A Violence Prevention Curriculum

Second Step: Violence Prevention Curriculum is designed to reduce impulsive and aggressive behavior in children by increasing their social competency skills. The program is composed of four grade-specific curricula: preschool/kindergarten (Pre/K), grades 1–3, grades 4–5, and grades 6–8. The curricula are designed for teachers and other youth service providers to present in a classroom or other group setting. A parent education component, "A Family Guide to Second Step" for Pre/K through grade 5, is also available.

Students are taught to reduce impulsive, high-risk, and aggressive behaviors and increase their socioemotional competence and other protective factors. Intended for use with a broad population of students, the program has proven effective in geographically diverse cities in the United States and Canada, in classrooms varying in ethnic/racial makeup (predominantly African-American, predominantly European-American, or highly racially mixed), and in schools with students of varied socioeconomic status.

The Second Step elementary curriculum consists of thirty 35-minute lessons taught once or twice a week. Group discussion, modeling, coaching, and practice are used to increase students' social competence, risk assessment, decision-making ability, self-regulation, and positive goal setting. The program's lesson content varies by grade level and is organized into three skill-building units covering the following:

- Empathy (teaches young people to identify and understand their own emotions and those of others)

- Impulse control and problem solving (helps young people choose positive goals, reduce impulsiveness, and evaluate consequences of their behavior in terms of safety, fairness, and impact on others)

- Anger management (enables youths to manage emotional reactions and engage in decision-making when they are highly aroused)

The Second Step curriculum for middle school students is composed of fifteen 50-minute lessons organized into four units:

- Unit 1 is centered on knowledge and describes violence as a societal problem.

- Unit 2 trains students in empathy and encourages emotionality through learning to find common ground with others, avoid labeling and stereotyping, using "I" messages, and active listening.

- Unit 3 combines anger management training and interpersonal problem-solving for reducing impulsive and aggressive behavior in adolescents.

- Unit 4 applies the skills learned in previous units to five specific situations: making a complaint, dealing with peer pressure, resisting gang pressure, dealing with bullying, and diffusing a fight. Students learn modeling behaviors through role-plays and videotapes.

Skills, Opportunities, and Recognition (SOAR) (formerly the Seattle Social Development Project)

The Skills, Opportunity, and Recognition (SOAR) program (formerly known as the Seattle Social Development Project) has its roots in the Social Development Model, which posits that positive social bonds can reduce antisocial behavior and delinquency. It is a multidimensional intervention designed for the general population and high-risk children (those with low socioeconomic status and low school achievement) who are attending grade school or middle school. The program seeks to decrease juveniles' problem behaviors by working with children, their parents, and their teachers. It intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency.

Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. When implemented, these techniques minimize classroom disturbances by establishing clear rules and rewards for compliance; increase children's academic performance; and allow students to work in small, heterogeneous groups to increase their social skills and contact with prosocial peers. In addition, first grade teachers teach communication, decision-making, negotiation, and conflict resolution skills, and sixth grade teachers present refusal skills training. The project's success lies in its combination of parent and teacher training. Parents receive optional training programs throughout their children's schooling, including sessions on family management, improving communication, and drug and alcohol resistance.

SMART Team: Students Managing Anger and Resolution Together Team

SMART Team is an eight-module, multimedia software program designed to teach violence prevention messages and methods to students in grades 6 through 9 (11 to 15 years old). The program's content fits well with commonly used conflict mediation curricula and other violence prevention strategies that schools may implement. Operation is straightforward, so students can access the modules independently for information, to build skills, or to resolve a conflict. This independence eliminates the need for trained adult implementers. The program has three major components:

- *Anger management.* Animation, interactive assessment interviews, and games teach students to recognize the cycle of anger and situations that will trigger anger as well as how to handle their anger.

- *Perspective taking.* Games are used to show students anger-producing situations from the different perspectives of those involved in a situation. Interviews are shown of celebrities and older kids on how they handle conflict.

- *Dispute resolution.* An interactive mediation tool guides students on how to generate solutions to their conflict, resulting in a printed contract.

Strengthening Families Program

The Strengthening Families Program (SFP) is a family therapy program that consists of 7 consecutive weekly skill-building sessions. Parents and children work separately in training sessions and then participate together in a session practicing the skills they learned earlier. Four booster sessions are used at 6 months to 1 year after the primary course. Youth sessions concentrate on setting goals, dealing with stress and emotions, communication skills, responsible behavior, and how to deal with peer pressure. Topics in the parental section include setting rules, nurturing, monitoring compliance, and applying appropriate discipline.

SFP was developed and tested in 1983 with 6- to 12-year–old children of parents in substance abuse treatment. Since then, culturally modified versions with new manuals have been evaluated and found effective for families with diverse backgrounds: African American, Asian/Pacific Islander, Hispanic, American Indian, Canadian, and Australian.

Strengthening Families Program for Parents & Youth 10-14

The Strengthening Families Program: For Parents and Youth 10–14 (SFP 10–14) is an adaptation of the Strengthening Families Program. Formerly called the Iowa Strengthening Families Program, the goal of the program is to reduce substance use and behavior problems during adolescence through improved skills in nurturing and child management by parents and improved interpersonal and personal competencies among youth. SFP 10–14 consists of seven 2-hour sessions for parents and youths. The parents and child attend separate skill-building groups for the 1st hour and spend the 2nd hour together in supervised family activities. Four booster sessions are designed to be used 6 months to 1 year after the end of the first seven sessions to reinforce the skills gained in the original sessions. Youth sessions generally concentrate on strengthening goal setting, communication skills, behavior management techniques, and peer pressure. By contrast, parents generally discuss the importance of nurturing while simultaneously setting rules, monitoring compliance, and applying appropriate discipline. Topics include developing appropriate rules, encouraging good behavior, using consequences, building bridges, and protecting against substance abuse.

Teaching Students to be Peacemakers

The Teaching Students to Be Peacemakers (TSP) is a 12-year conflict resolution program in which students learn increasingly sophisticated negotiation and mediation procedures each year. It concentrates on teaching all students how to value constructive conflict, engage in problem-solving and integrative negotiations, and mediate classmates' conflicts. The intent is to provide each student with at least 12 years of training in how to manage conflicts constructively and thereby significantly change the way they manage their conflicts for the rest of their lives. There are seven phases in implementing the program:

1. Create a cooperative context. When individuals are competing, they strive for a "win" in conflicts. Disputants should recognize their long-term interdependence and the need to

maintain effective working relationships with one another. The easiest way to establish a cooperative context is through the use of cooperative learning.

2. Teach students the desirability of conflicts when they are managed constructively. Students are taught that a) a conflict-free life is impossible and undesirable and b) conflict has many positive outcomes (e.g., laughter, insight, learning, problem solving) when it is managed constructively.

3. Teach students the problem-solving, integrative negotiation procedure. The purpose of integrative, problem-solving negotiations is to ensure that all parties achieve their goals while maintaining or even improving the quality of their relationship. Students are taught a six-step integrative negotiation procedure.

4. Teach students the mediation procedure. The purpose of mediating is to facilitate problem-solving negotiations among disputants. Students are taught a four-step procedure.

5. Implement the peer mediation program. Working in pairs at first, mediators are made available to help schoolmates negotiate more effectively. The mediator's role is rotated so every student gains experience as a mediator. When all students become skillful mediators, mediators may work alone.

6. Continue the training in negotiation and mediation procedures throughout the school year to refine and upgrade students' skills. The easiest way to do this is to integrate the training into academic lessons.

7. Reteach the negotiation and mediation procedures the next year at a higher level of complexity and sophistication. This results in a spiral curriculum from kindergarten (or before) through the 12th grade.

Too Good for Violence

Too Good for Violence (TGFV) is a school-based violence prevention/character education program that improves student behavior and minimizes aggression. TGFV helps students in kindergarten through 12th grade learn the skills they need to get along peacefully with others. In both content and teaching methods, the program teaches students positive attitudes, beliefs, and behaviors. It builds skills sequentially and at each grade level provides developmentally appropriate curricula designed to address the most significant risk and protective factors. TGFV promotes what it calls a "C.A.R.E.–ing" approach to violence prevention by teaching *C*onflict resolution, *A*nger management, *R*espect for self and others, and Effective communication.

The program consists of student curricula with seven 30- to 60-minute lessons per grade for kindergarten through 5th grade, nine 30- to 45-minute lessons per grade for 6th through 8th grades, and fourteen 60-minute lessons per grade for 9th to 12th grades. Trained teachers, counselors, or prevention specialists deliver the program in classrooms

with 20 to 35 students. Each grade-level kit includes everything needed for successful implementation: a scripted curriculum, workbooks, and teaching materials such as posters, games, CDs, and visual aids. Each lesson includes rationale, objectives, character education traits, a materials list, recommended resources, and suggestions for lesson extensions. Curricula also include *Home Workouts: Information and Exercises for Parents and Kids*, to be copied and sent home. TGFV also includes supplemental activities (lesson extenders that can be used to infuse violence prevention/character education skills into subject areas such as music, physical education, and language arts) as well as community activities, recommended books, videos, and other resources.

The optimal dosage for TGFV is once a week: for 7 weeks in grades K–5; for 9 weeks in grades 6 to 8; and 14 weeks for the high school core curriculum. The high school curriculum—*Too Good for Drugs and Violence—High School*, which contains substance-abuse prevention components—has 12 infusion lessons. Review and skills practice between and following lessons is strongly recommended. For maximum effect, the program should involve students, their families, and the entire school in using all of the program's components.

The program's highly interactive teaching methods encourage students to bond with prosocial peers and engage students through role-playing, cooperative learning, games, small-group activities, and class discussions. TGFV teaches that each student has what it takes to solve conflicts peaceably and provides opportunities to practice peacemaking and antibullying skills.

Trauma-Focused Cognitive Behavioral Therapy

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a treatment intervention designed to help 3- to 18-year-olds and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse. TF-CBT was created for young people who have developed significant emotional or behavioral difficulties following exposure to a traumatic event (e.g., loss of a loved one, physical abuse, domestic and community violence, motor vehicle accidents, fires, tornadoes and hurricanes, industrial accidents, terrorist attacks). The program targets boys and girls from all

socioeconomic backgrounds, in a variety of settings, and from diverse ethnic groups; it has been adapted for Hispanic/Latino children.

TF-CBT was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies to help children talk directly about their traumatic experiences in a supportive environment. The program operates through the use of a parental treatment component and several child–parent sessions. The parent component teaches parents effective parenting skills to provide optimal support for their children. The parent–child session encourages children to discuss the traumatic events directly with the parent, and both parent and child learn to communicate questions, concerns, and feelings more openly.

Attachment B

TABLE 1 Selected "Best Practice" Programs: Programs Given Highest Rating by One or More of the Selected Websites/Reports

Model Program***	Target Ages	Multi-Year Treatment Model	Components		Targeted Behaviors*								Special Populations*						Endorsements and Ratings by Comprehensiveness of Review Criteria **							
																			High			Moderate			Reasonable	Undetermined
			Family Involvement	School-Based/ Involvement	Academic Problems	Sexual Activity/Exploition	ATOD	Family Functioning	Gang Activity	Aggression/Violence	Delinquency	Trauma Exposure	Truants/Dropouts	Mentally Ill Offenders	First-Time Offenders	Young Offenders	Less Serious Offenders	Serious/Chronic Offenders	Blue-Prints for Violence Prevention (Ongoing)	Safe, Disciplined & Drug Free Schools, 2001	Youth Violence: A Report of the Surgeon General (2001)	SAMHSA Model Programs (Ongoing)	Strengthening American Families Project (1999)	Center for Mental Health Services (CMHS) (1999)	OJJDP Model Programs Guide (Ongoing)	NIDA Model Programs, 2003 (single rating of effective)
Adolescent Transitions Program	11-18	No	Yes	Yes	•		•	•			•												Exemplary 2	Effective	Effective	Effective
Al's Pals: Kids Making Healthy Choices	3-8	Yes	Yes	Yes			•			•										Promising		Model			Effective	
All Stars	11-15	No	No	Yes		•	•			•										Promising		Model			Promising	
Big Brothers & Big Sisters	10-16	No	No	No	•		•	•		•	•								Model			Effective		Effective	Exemplary	
Brief Strategic Family Therapy (BFST)	8-18	No	Yes	No			•	•		•	•		•						Promising			Model	Exemplary 2		Effective	
Bullying Prevention Program (BPP) (also see Olweus Bullying Prevention)	6-15	No	Yes	Yes						•			•						Model		Promising 2	Model		Effective	Effective	
Caring School Community Program (formerly the Child Development Project)	5-12	No	Yes	Yes	•						•									Promising		Model		Effective	Effective	Effective
CASASTART	8-13	Yes	Yes	Yes	•		•	•		•	•		•				•		Promising	Exemplary	Promising 1	Model			Effective	
Children in the Middle	3-15	No	Yes	No				•					•									Model			Promising	

Coping Power Program	9-11	Yes	Yes	Yes					•	•										Effective		Promising	Exemplary	Effective

TABLE 1 Selected "Best Practice" Programs: Programs Given Highest Rating by One or More of the Selected Websites/Reports -- Continued

			Components		Targeted Behaviors								Special Populations*						Endorsements and Ratings by Comprehensiveness of Review Criteria **								
																			High			Moderate			Reason-able	Undeter-mined
Model Programs***	Target Ages	Multi-Year Treat-ment Model	Family Involve-ment	School-Based/ Involve-ment	Academic Problems	Sexual Activity/Exploition	ATOD	Family Functioning	Gang Activity	Aggression/Violence	Delinquency	Trauma Exposure	Truants/Dropouts	Mentally Ill Offenders	First-Time Offenders	Young Offenders	Less Serious Offenders	Serious/Chronic Offenders	Blue-Prints for Violence Preven-tion (Ongoing)	Safe, Disci-plined & Drug Free Schools, 2001	Youth Violence: A Report of the Surgeon General (2001)	SAMHSA Model Programs (Ongoing)	Strength-ening American Families Project (1999)	Center for Mental Health Services (CMHS) (1999)	OJJDP Model Programs Guide (Ongoing)	NIDA Model Programs, 2003 (single rating of effective)
Creating Lasting Family Connections (CLFC)	9-17	No	Yes	No			•	•		•	•									Promising		Model			Effective	
Early Risers "Skills for Success" Program	6-12	Yes	Yes	Yes	•		•	•		•												Model			Exemplary	Effective
Families and Schools Together (FAST)	4-14	Yes	Yes	Yes	•		•	•		•	•											Model	Model	Promising	Promising	
Family Effectiveness Training (FET)	6-12	No	Yes	No			•	•		•												Model			Promising	
FAST Track	5-15	Yes	Yes	Yes				•		•									Promising		Promising 2			Effective	Exemplary	Effective
Functional Family Therapy (FFT)	11-18	No	Yes	No			•	•		•				•				•	Model		Model 1		Exemplary 1		Exemplary	
Good Behavior Game	6-10	No	No	Yes	•					•									Promising		Promising 2	Effective		Effective	Exemplary	
Guiding Good Choices/Families That Care (formerly Preparing for Drug Free Years)	8-14	No	Yes	Yes			•	•		•									Promising	Promising	Promising 2	Model	Exemplary 1		Exemplary	Effective
The Incredible Years: Parent, Teacher and Child Training Series (IYS)	2-10	No	Yes	Yes						•				•					Model		Promising 2	Model	Exemplary 1		Exemplary	

TABLE 1 Selected "Best Practice" Programs: Programs Given Highest Rating by One or More of the Selected Websites/Reports -- Continued

Model Programs***	Target Ages	Multi-Year Treatment Model	Components		Targeted Behaviors*								Special Populations*						Endorsements and Ratings by Comprehensiveness of Review Criteria **							
																			High			Moderate			Reasonable	Undetermined
			Family Involvement	School-Based/ Involvement	Academic Problems	Sexual Activity/Exploition	ATOD	Family Functioning	Gang Activity	Aggression/Violence	Delinquency	Trauma Exposure	Truants/Dropouts	Mentally Ill Offenders	First-Time Offenders	Young Offenders	Less Serious Offenders	Serious/Chronic Offenders	Blue-Prints for Violence Prevention (Ongoing)	Safe, Disciplined & Drug Free Schools, 2001	Youth Violence: A Report of the Surgeon General (2001)	SAMHSA Model Programs (Ongoing)	Strengthening American Families Project (1999)	Center for Mental Health Services (CMHS) (1999)	OJJDP Model Programs Guide (Ongoing)	NIDA Model Programs, 2003 (single rating of effective)
Leadership and Resiliency Program (LRP)	14-19	Yes	Yes	Yes			•			•												Model				
Linking the Interests of Families and Teachers (LIFT)	6-11	No	Yes	Yes	•			•	•	•	•								Promising	Promising	Promising 2	Promising		Effective	Exemplary	
Multidimensional Family Therapy (MDFT)	11-18	No	Yes	Yes			•	•		•					•							Model	Exemplary 2		Effective	
Multidimensional Treatment Foster Care (MTFC)	11-18	No	Yes	No				•		•	•			•		•		•	Model	Exemplary	Model 1	Effective	Exemplary 1		Exemplary	
Multisystemic Therapy (MST)	12-17	No	Yes	No			•	•		•							•	•	Model		Model 1	Model	Exemplary 1		Exemplary	
Parenting Wisely	6-18	No	Yes	No			•			•			•									Model	Exemplary 2		Promising	
Parenting With Love and Limits	12-18	No	Yes	No	•	•	•	•	•	•	•														Exemplary	
Peacebuilders	5-11	Yes	Yes	Yes						•	•									Promising		Promising		Promising	Exemplary	
Preventive Treatment Program (also know as Montreal Longitudinal Study)	7-9	Yes	Yes	Yes			•	•	•	•	•								Promising		Promising 1			Effective	Exemplary	
Project ACHIEVE	3-14	Yes	Yes	Yes	•					•												Model			Promising	
Promoting Alternative Thinking Strategies (PATHS)	5-10	Yes	Yes	Yes	•					•									Model	Promising	Promising 2	Model		Effective	Exemplary	Effective

TABLE 1 Selected "Best Practice" Programs: Programs Given Highest Rating by One or More of the Selected Websites/Reports -- Continued

Model Programs***	Target Ages	Multi-Year Treatment Model	Components		Targeted Behaviors*								Special Populations*						Endorsements and Ratings by Comprehensiveness of Review Criteria **							
																			High			Moderate			Reasonable	Undetermined
			Family Involvement	School-Based/ Involvement	Academic Problems	Sexual Activity/Exploition	ATOD	Family Functioning	Gang Activity	Aggression/Violence	Delinquency	Trauma Exposure	Truants/Dropouts	Mentally Ill Offenders	First-Time Offenders	Young Offenders	Less Serious Offenders	Serious/Chronic Offenders	Blue-Prints for Violence Prevention (Ongoing)	Safe, Disciplined & Drug Free Schools, 2001	OJJDP Model Programs Guide (Ongoing)	NIDA Model Programs, 2003 (single rating of effective)	Strengthening American Families Project (1999)	Center for Mental Health Services (CMHS) (1999)	OJJDP Model Programs Guide (Ongoing)	NIDA Model Programs, 2003 (single rating of effective)
Reconnecting Youth	14-18	No	Yes	Yes			•			•			•									Model				Effective
Responding in Peaceful and Positive Ways (RIPP)	10-14	Yes	No	Yes			•		•	•	•	•								Promising		Model		Effective	Exemplary	
Safe Dates	14-15	No	Yes	Yes		•																Model			Exemplary	
School Transitional Environmental Program (STEP)	12-18	No	Yes	Yes	•						•		•						Promising		Promising 1			Effective	Effective	
Second Step: A Violence Prevention Curriculum	4-14	Yes	Yes	Yes						•										Exemplary		Model		Effective	Promising	
Skills, Opportunities, and Recognition (SOAR) (formerly the Seattle Social Development Project)	5-14	Yes	Yes	Yes	•					•	•								Promising	Promising	Model 1	Effective		Effective	Effective	Effective
SMART Team: Students Managing Anger and Resolution Together Team	11-15	No	No	Yes						•										Promising		Model			Effective	Effective

TABLE 1 Selected "Best Practice" Programs: Programs Given Highest Rating by One or More of the Selected Websites/Reports -- Continued

			Components		Targeted Behaviors*								Special Populations*						Endorsements and Ratings by Comprehensiveness of Review Criteria **							
																			High			Moderate			Reason-able	Undeter-mined
Model Programs***	Target Ages	Multi-Year Treat-ment Model	Family Involve-ment	School-Based/ Involve-ment	Academic Problems	Sexual Activity/Exploition	ATOD	Family Functioning	Gang Activity	Aggression/Violence	Delinquency	Trauma Exposure	Truants/Dropouts	Mentally Ill Offenders	First-Time Offenders	Young Offenders	Less Serious Offenders	Serious/Chronic Offenders	Blue-Prints for Violence Preven-tion (Ongoing)	Safe, Disci-plined & Drug Free Schools, 2001	Youth Violence: A Report of the Surgeon General (2001)	SAMHSA Model Programs (Ongoing)	Strength-ening American Families Project (1999)	Center for Mental Health Services (CMHS) (1999)	OJJDP Model Programs Guide (Ongoing)	NIDA Model Programs, 2003 (single rating of effective)
Strengthening Families Program	6-12	Yes	Yes	No			•	•		•	•											Model	Exemplary 1		Exemplary	Effective
Strengthening Families Program for Parents and Youth 10-14	10-14	Yes	Yes	No															Promising	Exemplary	Promising 2	Model	Exemplary 2		Exemplary	Effective
Teaching Students to be Peacemakers	7-18	Yes	No	Yes						•												Model			Promising	
Too Good for Violence	5-18	No	Yes	Yes			•			•												Model			Exemplary	
Trauma-Focused Cognitive Behavioral Therapy	3-18	No	Yes	No				•				•		•								Model			Exemplary	

* Categories are those used by the OJJDP Model Programs Guide.

** Programs were included in Table 1 only if one of more of the selected websites/reports (other than NIDA) gave the program its highest rating. (See Table 2 for ratings.) Lower ratings given by websites/reports to any of these programs are also reported in Table 1. High ratings are highlighted with a gray background to distinguish them from the lower ratings. For instance, the “All Stars” program was given the SAMHSA Model Programs highest rating (Model), but received lower ratings from the Safe and Drug-Drug Free Schools report (Promising) and the OJJDP Model Programs Guide (Promising).

*** Please see the main report for model program descriptions.

TABLE 2 Selected Websites/Reports for "Best Practice" Programs: Program Rating Categories and Criteria

Source	Focus	Reviewer	Website	Rating Categories	Comprehensiveness of Review Criteria	Criteria That Must Be Met for a Given Rating: Experimental Design	Quasi-Experimental Design	Methodological Standards	Replication of Findings	Sustained Effects Post-Treatment
BluePrints for Violence Prevention Website	Prevention of violence, delinquency and/or drug use in children and adolescents from birth to age 19	Center for the Study and Prevention of Violence	www.colorado.edu/cspv/blueprints	Model	HIGH: Required Replication of Findings & Sustained Effects	●	●	Strong	●	●
				Promising		●	●	Moderate		
Youth Violence: A Report of the Surgeon General	Violence prevention and intervention	U.S. Department of Health and Human Services, Office of the Surgeon General (2001)	www.surgeongeneral.gov/library/youthviolence/youvioreport.htm	Model 1*		●	●	Strong-Violence	●	●
				Model 2*		●	●	Strong-Risk Factor	●	●
				Promising 1*		●	●	Moderate-Violence	Evidence of one, but not both	
				Promising 2*		●	●	Moderate-Risk Factor	Evidence of one, but not both	
Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs, 2001	Reducing substance use, violence, and other conduct disorders to make schools save, disciplined and drug-free.	U.S. Department of Education, Office of Special Educational Research and Improvement, Office of Reform Assistance and Dissemination, Safe and Drug-Free Schools Program (2002)	www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf	Exemplary		●	●	Strong	●	●
				Promising		●	●	Moderate	Evidence of one, but not both	

SAMHSA Model Programs Website	Preventing or reducing substance abuse and other related high-risk behaviors.	Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)	www.modelprograms.samhsa.gov	Model	MODERATE: Required Replication of Findings	•	•	Strong	•
				Effective **		•	•	Moderate	•
				Promising		•	•	Reasonable	
Strengthening America's Families Website	Family therapy, family skills training, in-home family support, and parenting programs	Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)	www.strengtheningfamilies.org	Exemplary 1***		•		Strong	By an independent investigator
				Exemplary 2***		•		Strong	Not by an independent investigator
				Model		•	•	Moderate	
				Promising			•	Reasonable	
Center for Mental Health Services (CMHS), *Preventing Mental Disorders in School-Age Children: A Review of the Effectivenss of Prevention Programs*	Preventing aggression, depression, and anxiety in children.	Greenberg, M. T., C. Domitrovich, & B. Bumbarger (1999) for the U.S. Department of Health and Human Services, Center for Mental Health Services (CMHS)	www.prevention.psu.edu/pubs/documents/CMHS_Implementation_report.pdf	Effective	REASON-ABLE: Sustained Effect Only	•	•	Strong	•
				Promising				Moderate	
OJJDP Model Programs Guide Website	Delinquency prevention	Office of Juvenile Justice and Delinquency Prevention (OJJDP)	www.dsgonline.com/mpg2.5/mpg_index.htm	Exemplary	REASONABLE: Did Not Require Either of the Above	•		Strong	
				Effective			•	Moderate	
				Promising			•	Reasonable	

National Institute on Drug Abuse (NIDA) Website, *Preventing Drug Abuse Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition*	Preventing drug abuse among children adolescents	National Institute on Drug Abuse (2003)	www.drugabuse.gov/Prevention/Prevopen.html	Effective****	**Undetermined**	•	•	Effective	Undetermined	Undetermined

* A distinction is made between strategies and programs that have demonstrated effects on violence and serious delinquency (Level 1) and those that have demonstrated effectiveness on known risk factors (Level 2).
** Effective programs meet the same criteria as Model programs, except that program developers have yet to agree to work with SAMHSA/CSAP to support the broad-based dissemination of their programs; the developers may be disseminating these programs themselves.

*** An Exemplary 1 rating differs from and Exemplary 2 rating in that one of its replication studies was conducted by an independent evaluator.

****Program review focused heavily on the adequacy of core program elements defined by NIDA (see website). Evaluation criteria were not sufficiently detailed in report to determine the importance of replication and sustained findings.

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September 17, 2004

BENEFITS AND COSTS OF PREVENTION AND EARLY INTERVENTION PROGRAMS FOR YOUTH

Does prevention pay? Can an ounce of prevention avoid (at least) an ounce of cure?

More specifically for public policy purposes, is there credible scientific evidence that for each dollar a legislature spends on "research-based" prevention or early intervention programs for youth, more than a dollar's worth of benefits will be generated? If so, what are the policy options that offer taxpayers the best return on their dollar?

These are among the ambitious questions the 2003 Washington State Legislature assigned the Washington State Institute for Public Policy (Institute).[1] This report describes our findings and provides an overview of how we conducted the analysis.[2] An Appendix, published separately, contains a full description of our results and methods.[3]

Summary of Findings. Our principal conclusion is that, as of September 2004, some prevention and early intervention programs for youth can give taxpayers a good return on their dollar. That is, there is credible evidence that certain well-implemented programs can achieve significantly more benefits than costs. Taxpayers will be better off if investments are made in these successful research-based programs.

This good news, however, must be tempered in three important ways. First, we found evidence that some prevention and early intervention programs fail to generate more benefits than costs. Our research indicates that money spent on these unsuccessful research-based programs is an inefficient use of taxpayer money.

Our second caveat concerns the "marketplace" for rigorously researched prevention and early intervention programs: it is a young market, but it is evolving quickly. Most high-quality evaluations have been completed only in the last two decades, and many new rigorous studies will become available in the years ahead. As the evaluation evidence accumulates, and as the market matures, our relative ranking of programs can be expected to change.

Third, while Washington has taken significant steps in recent years, many currently funded prevention and early intervention programs in the state have not been rigorously evaluated. Thus, for many programs in Washington, there is insufficient evidence at this time to determine whether they produce positive or negative returns for taxpayers.

The main policy implications of these findings are straightforward and analogous to any sound investment strategy. To ensure the best possible return for Washington taxpayers, the Legislature and Governor should:

- Invest in research-proven "blue chip" prevention and early intervention programs. Most of Washington's prevention portfolio should be spent on these proven programs.
- Avoid spending money on programs where there is little evidence of program effectiveness. Shift these funds into successful programs.
- Like any business, keep abreast of the latest research-based findings from around the United States to determine where there are opportunities to use taxpayer dollars wisely. The ability to distinguish a successful from an unsuccessful research-based program requires specialized knowledge.
- Embark on a strategy to evaluate Washington's currently funded programs to determine if benefits exceed costs.
- Achieving "real-world" success with prevention and early intervention programs is difficult; therefore, close attention must be paid to quality control and adherence to original program designs. Successful prevention strategies require more effort than just picking the right program.
- Consider developing a strategy to encourage local government investment in research-proven programs.

[1] ESSB 5404 Sec. 608(2), Chapter 25, Laws of 2003.

[2] Suggested study citation: Steve Aos, Roxanne Lieb, Jim Mayfield, Marna Miller, Annie Pennucci. (2004) *Benefits and costs of prevention and early intervention programs for youth*. Olympia: Washington State Institute for Public Policy.

[3] The Appendix is available from the Institute's website: <http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf>.

I. Legislative Direction

For this review of "research-based" programs, the Legislature indicated seven outcomes of interest. The Legislature is interested in identifying prevention and early intervention programs that have a demonstrated ability to:

(1) Reduce crime;
(2) Lower substance abuse;
(3) Improve educational outcomes such as test scores and graduation rates;
(4) Decrease teen pregnancy;
(5) Reduce teen suicide attempts;
(6) Lower child abuse or neglect; and
(7) Reduce domestic violence.[4]

In addition to requesting a review of what works to achieve these outcomes, the Legislature required that the study include an economic analysis. The "bottom-line" measures that we produce are our best estimates of the benefits and costs of each program.[5]

Why study benefits and costs? In recent years, the Institute has conducted economic reviews of criminal justice programs and policies.[6] In these previous studies, we found that some criminal justice programs produce positive returns to taxpayers while others fail to generate more benefits than costs. The Legislature and Governor have used this benefit-cost information to reduce funding for some criminal justice policies and programs with poor returns and to direct some funds to programs with better returns to the taxpayer.

This project provides a more comprehensive view of outcomes than our earlier studies allowed. In our previous work, we limited our focus to programs that attempt to affect criminal outcomes. In the present study, we take a step forward to examine and monetize education outcomes, substance abuse outcomes, teen pregnancy outcomes, and child abuse and neglect outcomes, in addition to criminal outcomes. This effort produces a more complete accounting of options to increase the efficiency with which taxpayer dollars are spent, and this information may be useful in subsequent budget and policy decision making.

As part of this project, the Legislature also directed the Institute to investigate ways in which local government can be encouraged to develop economically attractive prevention and early intervention programs. We were asked to examine this question: When there is evidence that local actions can save state government money, how can some of the state benefits contribute to the efforts of local government?[7]

Our final assignment concerns quality control. Recent research indicates that without quality control, prevention and intervention programs developed in carefully controlled settings often fail to achieve the same results in the "real world."[8] After selecting programs with research evidence, the next step is ensuring that the implementation include a quality review component. The Institute was directed to develop recommendations on this topic.[9]

II. Study Methods

In the Appendix to this report, we provide a detailed description of the research methods employed in this study. Here, we summarize our approach.

There are two basic steps to this study. First, we quantify the scientific research literature on prevention and early intervention programs that addresses the seven outcomes. The goal of this stage of the analysis is to determine if there is credible evidence that some types of programs work. To consider a program for inclusion in our analysis, we require that it have scientific evidence from at least one rigorous evaluation that measures

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[4] Specifically, the legislative language directs the Institute to *"…review research assessing the effectiveness of prevention and early intervention programs…to reduce the at-risk behaviors for children and youth…."* The seven outcomes referenced in the legislative direction are in RCW 70.190.010(4).

[5] The legislative assignment for the benefit-cost analysis is to *"…identify specific research-proven programs that produce a positive return on the dollar compared to the costs of the program."*

[6] See, S. Aos, P. Phipps, R. Barnoski, and R. Lieb. (2001) *The comparative costs and benefits of programs to reduce crime*; S. Aos, R. Barnoski. (2002) *The juvenile justice system in Washington state: Recommendations to improve cost-effectiveness*; and S. Aos. (2003) *The criminal justice system in Washington state: Incarceration rates, taxpayer costs, crime rates, and prison economics*. The three documents are published by the Washington State Institute for Public Policy and available from <http://www.wsipp.wa.gov>.

[7] The legislative direction for the Institute is to *"…develop recommendations for potential state legislation that encourages local government investment in research-proven prevention and early intervention programs by reimbursing local governments for a portion of the savings that accrue to the state as the result of local investments in such programs."*

[8] See, R. Barnoski. (2004) *Outcome evaluation of Washington state's research-based programs for juvenile offenders*. Olympia: Washington State Institute for Public Policy. <http://www.wsipp.wa.gov/rptfiles/04-01-1201.pdf>; and D.S. Elliott, S. Mihalic. (2004) "Issues in disseminating and replicating effective prevention programs." *Prevention Science* 5(1): 47.

[9] The legislative assignment for the Institute is to *"…develop criteria designed to ensure quality implementation and program fidelity of research-proven programs in the state."*

one of the seven outcomes, and that it be a program capable of application or replication in the "real world."[10] These two requirements eliminated numerous evaluations of prevention and early intervention programs from our review.

We conducted the literature review by gathering evaluations of programs conducted, generally in the United States, since 1970. We searched electronic research databases and located study references in narrative and systematic reviews conducted by other researchers, assembling and reviewing a collection of over 3,500 documents.

Some programs we consider in this review are specific "off-the-shelf" programs. The Nurse Family Partnership program[11] is an example of a specific "real-world" program that has a precise approach to program implementation. Other estimates are for more generalized program groupings, such as early childhood education, boot camps, and "wraparound" services.

After screening the evaluation studies for research design quality, we compute the average effect of each program on the seven outcomes of interest.[12]

We then proceed to the second basic step in this study where we estimate the comparative benefits and costs of each research-based program. These measures are our best estimates about the "bottom-line" economics of each approach. To conduct this analysis, we constructed a benefit-cost model to assign monetary values to any observed changes in education, crime, substance abuse, child abuse and neglect, teen pregnancy, and public assistance outcomes.

As was the case in our earlier benefit-cost work, we consistently make a number of cautious assumptions. As mentioned, we require that evaluations have a scientifically valid research design. Even for studies that pass this test, we penalize the results from those with a less-than-randomized research approach, since there is evidence that studies with weaker research designs tend to show more favorable results.[13] We also discount findings from evaluations in highly controlled research settings, since we have found that "real-world" programs often produce reduced levels of outcomes.[14] We also use a number of other conservative adjustments, discussed in the Appendix, in an effort to isolate the causal relationships between a prevention program and the monetary valuation of the outcomes of interest.

As a result of these cautious assumptions, the benefit-cost ratios we report will usually be smaller than the values from studies undertaken by program developers or advocates. Across all the outcomes and programs we consider, however, we have attempted to be as internally consistent as possible. That is, our bottom-line estimates have been developed so that a benefit-cost ratio for one program can be compared directly to that of another program. By striving for internal consistency, our benefit-cost estimates are not only our best estimates of the economics of the programs, they can be compared to each other on a relative basis, as well.

III. Study Limitations

Before summarizing our findings, it is important to mention the limitations of this study.

Many readers may be surprised that certain well-known prevention programs are not listed in this report. There are six reasons why our current study does not include the full range of prevention and intervention programs.

First, we limit our focus to the seven outcomes assigned by the Legislature for this study: crime, substance abuse, educational outcomes, teen pregnancy, teenage suicide attempts, child abuse or neglect, and domestic violence. The field of prevention and early intervention is vast and extends beyond these seven outcomes. Some areas of prevention are, therefore, beyond our assigned scope. For example, we were not asked to assess prevention programs related strictly to public health outcomes such as low birth weight, child injury, immunizations, and obesity; thus, much of the public health area is not covered in the present study. Our review could be extended to include these other areas of prevention.

Second, as mentioned, we exclude some prevention programs because their research designs do not meet our minimum standards. For example, we were unable to locate studies that meet our design requirements for programs such as

[10] To assess whether a program affects an outcome, we require that an evaluation have a well-constructed comparison group. The comparison group can be randomly assigned or non-experimentally assigned if credible evidence is presented for group comparability. We do not include studies with a single group, pre-post research design.

[11] <http://www.nccfc.org/nurseFamilyPartnership.cfm>.

[12] All unadjusted effect size calculations are carried out following the methods described in M. W. Lipsey and D. B. Wilson. (2001) *Practical meta-analysis*. Thousand Oaks: Sage Publications.

[13] M. W. Lipsey. (2003) "Those confounded moderators in meta-analysis: Good, bad, and ugly." *The Annals of the American Academy of Political and Social Science* 587(1): 69-81.

[14] R. Barnoski. (2004) *Outcome evaluation of Washington state's research-based programs for juvenile offenders*. Olympia: Washington State Institute for Public Policy, available from <http://www.wsipp.wa.gov/rptfiles/04-01-1201.pdf>.

crisis/respite nurseries. When research incorporating well-constructed comparison groups is published on programs excluded for this reason, our benefit-cost analysis can be updated.

Third, some studies are excluded because, at present, we cannot monetize their measured outcomes. We found evaluations with good research designs, but they measured outcomes we do not directly value in our benefit-cost analysis, such as the Child Behavior Checklist or intentions and attitudes. Although these outcomes may be significant, it is not clear whether, or the degree to which, changes in these measurements translate into less substantiated abuse or neglect, less crime, better education outcomes, or any of the other outcomes specified by the legislation for this study. Unless these programs also include the outcomes that we can monetize, they are not included in this analysis. Future research may enable us to monetize and include some of these other outcomes.[15] The "Incredible Years" is an example of a prevention program with outcomes we cannot currently monetize and, therefore, we do not include it in this benefit-cost study.[16]

Fourth, we had to exclude some areas of prevention and early intervention because of resource and time constraints. In particular, we were unable to complete work on domestic violence and school violence, including bullying.[17] We also were unable to finish work on the effectiveness of alcohol and tobacco taxes on reducing the adverse consequences of these substances. Future versions of this report can incorporate these important topics.

Fifth, we exclude some studies from our benefit-cost analysis when we cannot estimate the costs of the program.

Finally, in our previous work on benefits and costs, we included programs that target adult criminal offenders. In this review, we have not included these programs because they are not prevention or early intervention programs, per se. In subsequent versions of this study, we intend to include an updated benefit-cost analysis of programs for adult offenders.

IV. Study Results: Estimates of Benefits and Costs

We summarize our bottom-line findings in Table 1 on page 6. For each type of prevention and early intervention program we review, Table 1 includes information on total benefits and total costs. We also show the benefit-cost ratio and the net benefit (benefits minus costs) for each program. This last column on Table 1 is most significant: it indicates the net economic advantage or disadvantage per youth. While column 3 shows benefit-cost ratios, we include these measures only because many people like this statistic. Benefit-cost ratios, however, can be misleading when comparing programs. Therefore, we recommend focusing on the net benefit per participant in column 4 of Table 1.

In reviewing the economic results, several findings emerge:

- Investments in effective programs for juvenile offenders have the highest net benefit. Such programs yield from $1,900 to $31,200 per youth.
- Some forms of home visiting programs that target high-risk and/or low-income mothers and children are also effective, returning from $6,000 to $17,200 per youth.
- Early childhood education for low income 3- and 4-year-olds and some youth development programs provide very attractive returns on investment.
- While their net benefits are relatively low, many substance use prevention programs for youth are cost effective, because the programs are relatively inexpensive.
- Few programs are effective at reducing teenage pregnancy.
- Each program area we examined has interventions that are not cost effective. Some prevention and early intervention programs are very expensive and produce few benefits.

[15] As Alan Kazdin observed, "…demonstrating that children return to normative levels of symptoms on a standardized measure (e.g., Child Behavior Checklist) does not necessarily mean that a genuine difference is evident in everyday life or that functioning is palpably improved. It might; there is just little evidence to support the view that it does…. Much more work is needed to permit interpretation of measures of clinical significance currently in use." A. E. Kazdin. (2003) "Problem solving skills training and parent management training for conduct disorder." In A. E. Kazdin and J. R. Weisz, eds., *Evidence-based psychotherapies for children and adolescents.* New York: Guilford, pp. 241-262.

[16] <http://www.incredibleyears.com>.

[17] On these topics, recent meta-analyses are a valuable resource to readers. See, S. J. Wilson, M. W. Lipsey , and J. H. Derzon. (2003) "The effects of school-based intervention programs on aggressive behavior: A meta-analysis." *Journal of Consulting and Clinical Psychology* 71: 136-149; J. C. Babcock, C. E. Green, and C. Robie. (2004) "Does batterers' treatment work? A meta-analytic review of domestic violence treatment." *Clinical Psychology Review* 23: 1023-1053; and K. M. Kitzmann, N. K. Gaylor, A. R. Holt, and E. D. Kenny. (2003) "Child witness to domestic violence: A meta-analytic review." *Journal of Consulting and Clinical Psychology* 71(2): 339-352.

Even Start[36] receives about half its funding from the U.S. Department of Education. The goal of the program is to improve the literacy of children and their parents through (1) early childhood education, (2) parenting education, (3) adult education, and (4) parent-child joint literacy activities. Eligibility requirements include having a child in the family under 8 years old and a low income adult in need of adult education services. In some of the programs, parenting education and adult education services are provided during home visits. In 2000-2001, 855 projects served 32,000 families.

Family Matters[37] is a family-focused program to prevent tobacco and alcohol use among 12- to 14-year-old youth. The program is delivered through a series of booklets mailed to the home and follow-up telephone calls from health educators. The booklets are intended to motivate participation in the program and encourage and help families think about characteristics associated with adolescent substance use.

Family Preservation Services[38] (excluding Washington) are short-term, home-based crisis intervention services that emphasize placement prevention. The program emphasizes contact with the family within 24 hours of the crisis, staff accessibility round the clock, small caseload sizes, service duration of four to six weeks, and provision of intensive, concrete services and counseling.

Functional Family Therapy[39] (excluding Washington). This collection of studies was conducted outside Washington State, but uses the same approach to FFT described below.

Functional Family Therapy[40] (in Washington) is a structured family-based intervention that works to enhance protective factors and reduce risk factors in the family. FFT has three-phases. The first phase is designed to motivate the family toward change; the second phase teaches the family how to change a specific critical problem identified in the first phase; and the final phase helps the family generalize their problem-solving skills. FFT programs are operating in Washington State, principally through the juvenile courts.

Good Behavior Game[41] is a classroom management strategy designed to improve aggressive/disruptive classroom behavior and prevent later criminality. The program is universal and can be applied to general populations of early elementary school children.

Guiding Good Choices[42] (formerly PDFY) is a family-focused program designed to improve parenting skills. The five-session program for families with 6th-graders improves parenting techniques and family bonding and teaches children resistance skills.

Healthy Families America[43] is a network of programs that grew out of the Hawaii Healthy Start program. At-risk mothers are identified and enrolled either during pregnancy or shortly after the birth of a child. The intervention involves home visits by trained paraprofessionals who provide information on parenting and child development, parenting classes, and case management.

HIPPY (Home Instruction Program for Preschool Youngsters)[44] is designed for families with 3-year-olds whose parents have a limited education. This program teaches parents how to teach their children and make their home more conducive to child learning. At the biweekly home visits, parents receive books and toys, and the home visitor instructs parents in the use of the educational materials. The program continues until the child completes kindergarten.

Home Visiting Programs for At-risk Mothers and Children focus on mothers considered to be at risk for parenting problems, based on factors such as maternal age, marital status and education, low household income, lack of social supports, or in some programs, mothers testing positive for drugs at the child's birth. Depending on the program, the content of the home visits consist of instruction in child development and health, referrals for service, or social and emotional support. Some programs provide additional services, such as preschool.

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[36] <http://www.ed.gov/programs/evenstartformula/index.html>.
[37] <http://www.sph.unc.edu/familymatters/Program_materials.htm>.
[38] <http://www.nfpn.org>.
[39] *Ibid*.
[40] <http://www.fftinc.com>.
[41] <http://hazelden.org>. Program description from the Colorado Blueprints website <http://www.colorado.edu/cspv/blueprints/promising/programs/BPP01.html>.
[42] <http://www.channing-bete.com/positiveyouth/pages/FTC/FTC-GGC.html>.
[43] <http://www.healthyfamiliesamerica.org>.
[44] <http://www.hippyusa.org>.

V. Study Results: State-Local Funding and Quality Control

The legislation authorizing this study assigned the Institute the task of recommending state-local funding mechanisms for prevention programs. In particular, we were directed to:

> *…develop recommendations for potential state legislation that encourages local government investment in research-proven prevention and early intervention programs by reimbursing local governments for a portion of the savings that accrue to the state as the result of local investments in such programs.*

In this study, we identify several programs that, if properly implemented, are likely to reduce taxpayer and other costs in the future. Some of the potential avoided taxpayer costs would be paid with state taxes while some would be paid with local taxes. For example, when a prevention program is successful in lowering future crime rates, effective state budgeting will ensure that there will be fewer state dollars spent for prisons, while diligent local budgeting will ensure that there will be fewer local dollars spent on police and local jails.[18] Similarly, if a prevention program reduces child abuse and neglect caseloads, efficacious state budgeting will ensure that there will be fewer state dollars spent on the child welfare system. These reductions in future taxpayer costs are some of the significant benefits of successful prevention programs.

Many programs we examined can be implemented by either the state or local governments. If local governments decide to undertake the programs, some of the expected taxpayer savings will not accrue directly to the local jurisdiction; rather, some of the savings will flow to the state system. Again, a prime example is of prevention programs that reduce crime: many of the benefits flow to the state system, not the local system. Thus, it has been argued, the incentives for local governments to pursue effective prevention programs do not align with the flow of benefits. It has been observed that unless this incentive system is fixed, there will be under-investment in effective prevention programs on the part of local government.

The task assigned the Institute is to suggest ways that legislation could address this imbalance in the incentive system. We did not attempt to draft legislative language. Rather, our recommendations take the form of a set of principles we believe should be incorporated in any legislation. The principles are put forward with one question in mind: What incentive system will help ensure that Washington taxpayers will be better off if research-based prevention programs are put in place in the state?

To explore this issue, the Institute convened a workgroup, in May 2004, of state and local representatives.[19] We received many helpful comments and hope our suggestions here reflect the intelligent points raised. Our final recommendations, of course, are our own judgment and are not necessarily the views of those who attended the meeting.

We believe that at least the following four points need to be considered to address the issue raised in our legislative assignment.

- Selecting a state entity to develop a blue chip prevention program list.
- Developing program selection criteria: What programs are worthy of investment?
- Determining methods for a reimbursement arrangement.
- Monitoring quality control and program fidelity, and conducting outcome evaluations.

Selecting a State Entity to Develop a Blue Chip Prevention Program List.

We think it would be a mistake for the state to simply accept any prevention proposal from local government. Rather, we believe the state should determine a set of research-based prevention and early intervention programs that would be eligible for reimbursement. To do this, legislation should designate an existing or new entity, comprised of appropriate representatives of state government, that would have the official responsibility to develop a list of approved research-based prevention and early intervention programs, and to conduct other transactions necessary to ensure that Washington taxpayers get a good return on the selected prevention and early intervention approaches.

[18] The Appendix to this report shows the clear historical connection between criminal justice workloads in Washington and related state and local criminal justice costs. Both state and local governments have records of budgeting to workloads: when crime and criminal justice workloads increase (or decrease), real public spending on state and local criminal justice resources increases (or decreases).

[19] State legislative fiscal and policy staff, and representatives from the Office of Financial Management, Department of Health, Joint Legislative Audit and Review Committee, Family Policy Council, Childrens' Home Society, DSHS's Children's Administration, Washington State Juvenile Court Administrators, DSHS's Juvenile Rehabilitation Administration, DSHS's Division of Alcohol and Substance Abuse, and the city of Seattle.

Table 1
Summary of Benefits and Costs (2003 Dollars)

Estimates as of September 17, 2004	Measured Benefits and Costs Per Youth			
	Benefits (1)	Costs (2)	Benefits per Dollar of Cost (3)	Benefits Minus Costs (4)
Pre-Kindergarten Education Programs				
Early Childhood Education for Low Income 3- and 4-Year-Olds*	$17,202	$7,301	$2.36	**$9,901**
HIPPY (Home Instruction Program for Preschool Youngsters)	$3,313	$1,837	$1.80	**$1,476**
Parents as Teachers	$4,300	$3,500	$1.23	**$800**
Parent-Child Home Program	$0	$3,890	$0.00	**-$3,890**
Even Start	$0	$4,863	$0.00	**-$4,863**
Early Head Start	$4,768	$20,972	$0.23	**-$16,203**
Child Welfare / Home Visitation Programs				
Nurse Family Partnership for Low Income Women	$26,298	$9,118	$2.88	**$17,180**
Home Visiting Programs for At-risk Mothers and Children*	$10,969	$4,892	$2.24	**$6,077**
Parent-Child Interaction Therapy	$4,724	$1,296	$3.64	**$3,427**
Healthy Families America	$2,052	$3,314	$0.62	**-$1,263**
Systems of Care/Wraparound Programs*	$0	$1,914	$0.00	**-$1,914**
Family Preservation Services (excluding Washington)*	$0	$2,531	$0.00	**-$2,531**
Comprehensive Child Development Program	-$9	$37,388	$0.00	**-$37,397**
The Infant Health and Development Program	$0	$49,021	$0.00	**-$49,021**
Youth Development Programs				
Seattle Social Development Project	$14,426	$4,590	$3.14	**$9,837**
Guiding Good Choices (formerly PDFY)	$7,605	$687	$11.07	**$6,918**
Strengthening Families Program for Parents and Youth 10-14	$6,656	$851	$7.82	**$5,805**
Child Development Project ‡	$448	$16	$28.42	**$432**
Good Behavior Game ‡	$204	$8	$25.92	**$196**
CASASTART (Striving Together to Achieve Rewarding Tomorrows)	$4,949	$5,559	$0.89	**-$610**
Mentoring Programs				
Big Brothers/Big Sisters	$4,058	$4,010	$1.01	**$48**
Big Brothers/Big Sisters (taxpayer cost only)	$4,058	$1,236	$3.28	**$2,822**
Quantum Opportunities Program	$10,900	$25,921	$0.42	**-$15,022**
Youth Substance Abuse Prevention Programs				
Adolescent Transitions Program ‡	$2,420	$482	$5.02	**$1,938**
Project Northland ‡	$1,575	$152	$10.39	**$1,423**
Family Matters	$1,247	$156	$8.02	**$1,092**
Life Skills Training (LST) ‡	$746	$29	$25.61	**$717**
Project STAR (Students Taught Awareness and Resistance) ‡	$856	$162	$5.29	**$694**
Minnesota Smoking Prevention Program ‡	$511	$5	$102.29	**$506**
Other Social Influence/Skills Building Substance Prevention Programs	$492	$7	$70.34	**$485**
Project Towards No Tobacco Use (TNT) ‡	$279	$5	$55.84	**$274**

Source: S. Aos, R. Lieb, J. Mayfield, M. Miller, A. Pennucci. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth. Olympia: Washington State Institute for Public Policy, available at <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>.

More detail is presented in the Appendix to this report, available at <http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf>. The values on this table are estimates of present-valued benefits and costs of each program with statistically significant results with respect to crime, education, substance abuse, child abuse and neglect, teen pregnancy, and public assistance. Many of these programs have achieved outcomes in addition to those for which we are currently able to estimate monetary benefits.

‡ Cost estimates for these programs do not include the costs incurred by teachers who might otherwise be engaged in other productive teaching activities. Estimates of these opportunity costs will be included in future revisions.

* Programs marked with an asterisk are the average effects for a group of programs; programs without an asterisk refer to individual programs.

Table 1 (Continued)
Summary of Benefits and Costs (2003 Dollars)

Estimates as of September 17, 2004	Measured Benefits and Costs Per Youth			
	Benefits (1)	Costs (2)	Benefits per Dollar of Cost (3)	Benefits Minus Costs (4)
Youth Substance Abuse Prevention Programs (Continued)				
All Stars ‡	$169	$49	$3.43	**$120**
Project ALERT (Adolescent Learning Exp. in Resistance Training) ‡	$58	$3	$18.02	**$54**
STARS for Families (Start Taking Alcohol Risks Seriously)	$0	$18	$0.00	**-$18**
D.A.R.E. (Drug Abuse Resistance Education) #	$0	$99	$0.00	**-$99**
Teen Pregnancy Prevention Programs				
Teen Outreach Program	$801	$620	$1.29	**$181**
Reducing the Risk Program ‡	$0	$13	$0.00	**-$13**
Postponing Sexual Involvement Program ‡	-$45	$9	-$5.07	**-$54**
Teen Talk	$0	$81	$0.00	**-$81**
School-Based Clinics for Pregnancy Prevention*	$0	$805	$0.00	**-$805**
Adolescent Sibling Pregnancy Prevention Project	$709	$3,350	$0.21	**-$2,641**
Children's Aid Society-Carrera Project	$2,409	$11,501	$0.21	**-$9,093**
Juvenile Offender Programs				
Dialectical Behavior Therapy (in Washington)	$32,087	$843	$38.05	**$31,243**
Multidimensional Treatment Foster Care (v. regular group care)	$26,748	$2,459	$10.88	**$24,290**
Washington Basic Training Camp §	$14,778	-$7,586	n/a	**$22,364**
Adolescent Diversion Project	$24,067	$1,777	$13.54	**$22,290**
Functional Family Therapy (in Washington)	$16,455	$2,140	$7.69	**$14,315**
Other Family-Based Therapy Programs for Juvenile Offenders*	$14,061	$1,620	$8.68	**$12,441**
Multi-Systemic Therapy (MST)	$14,996	$5,681	$2.64	**$9,316**
Aggression Replacement Training (in Washington)	$9,564	$759	$12.60	**$8,805**
Juvenile Offender Interagency Coordination Programs*	$8,659	$559	$15.48	**$8,100**
Mentoring in the Juvenile Justice System (in Washington)	$11,544	$6,471	$1.78	**$5,073**
Diversion Progs. with Services (v. regular juvenile court processing)*	$2,272	$408	$5.58	**$1,865**
Juvenile Intensive Probation Supervision Programs*	$0	$1,482	$0.00	**-$1,482**
Juvenile Intensive Parole (in Washington)	$0	$5,992	$0.00	**-$5,992**
Scared Straight	-$11,002	$54	-$203.51	**-$11,056**
Regular Parole (v. not having parole)	-$10,379	$2,098	-$4.95	**-$12,478**
Other National Programs				
Functional Family Therapy (excluding Washington)	$28,356	$2,140	$13.25	**$26,216**
Aggression Replacement Training (excluding Washington)	$15,606	$759	$20.56	**$14,846**
Juvenile Boot Camps (excluding Washington)* §	$0	-$8,474	n/a	**$8,474**
Juvenile Intensive Parole Supervision (excluding Washington)*	$0	$5,992	$0.00	**-$5,992**

Source: S. Aos, R. Lieb, J. Mayfield, M. Miller, A. Pennucci. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth. Olympia: Washington State Institute for Public Policy, available at <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>.

More detail is presented in the Appendix to this report, available at <http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf>. The values on this table are estimates of present-valued benefits and costs of each program with statistically significant results with respect to crime, education, substance abuse, child abuse and neglect, teen pregnancy, and public assistance. Many of these programs have achieved outcomes in addition to those for which we are currently able to estimate monetary benefits.

‡ Cost estimates for these programs do not include the costs incurred by teachers who might otherwise be engaged in other productive teaching activities. Estimates of these opportunity costs will be included in future revisions.

The D.A.R.E. program has changed considerably since the last evaluation used in this report. A five-year evaluation of the new program began in 2001.

§ The juvenile boot camp cost in column(2) is a negative number because, in Washington, youth in the State's basic training camp spend less total time institutionalized than comparable youth not attending the camp. In column (4), this "negative" cost is a benefit of the camp versus a regular institutional stay.

* Programs with an asterisk are the average effects for a group of programs; programs without an asterisk refer to individual programs.

Developing Program Selection Criteria: What Programs Are Worthy of Investment?

Our study's main finding is that *some* prevention and early intervention programs for youth can give taxpayers a good return on their dollar. We also found evidence, however, that other prevention and early intervention programs fail to generate more benefits than costs. Our research indicates that money spent on these unsuccessful research-based programs is an inefficient use of taxpayer money. Thus, first and foremost, any legislation needs to recognize that not all prevention works and that choosing the right program is the critical first step.

Unfortunately—and we cannot stress this point enough—it is not easy to determine successful from unsuccessful "research-based" programs. There are many shades of quality when it comes to program evaluation research. Interpreting research evidence requires a considerable degree of impartial expertise, in the same way that forecasting investment opportunities for public retirement funds requires specialized knowledge. Program advocates usually claim to have research indicating "evidence-based" effectiveness. We have found, however, that the studies on which these claims are made can overstate the benefits of a program—once adjustments are made for the quality of the research design on which the program evaluation rests. Deciding what is causation rather than mere correlation requires unbiased analytical expertise and experience.

In our study, we have attempted to develop, for Washington State, a complete set of analytical tools with which we believe successful research-based prevention and early intervention programs can be selected. The Appendix to this study describes these benefit-cost methods in detail. We recommend this set of tools be the starting point for helping to identify those programs that produce the best returns for taxpayers. With this technical information in hand, the legislatively designated state entity could then adopt a list of successful research-proven prevention and early intervention programs. Once developed, local government could choose from this list if it decides to participate. In this way, the state would be assured that only successful research-based prevention and early intervention programs were being funded, and local government leaders would have the option of selecting from an array of programs that best fit their local communities.

We also suggest that the state entity use a technical working group comprised of executive and legislative staff members. There are some existing models to emulate for a successful workgroup process; the state entity may wish to follow the example of the Caseload Forecast Council in this regard.

Determining Methods for a Reimbursement Arrangement.

Another responsibility for the state entity could be to develop an incentive reimbursement methodology for review by the Legislature and Governor. The purposes of the reimbursement formula would be to ensure that (a) the state receives high-quality implementation of the research-based programs by local government, and (b) local government receives a portion of the benefits that would otherwise accrue to the state as a result of implementation of a successful prevention or early intervention program.

There are a number of factors, some quite technical, that the state entity would need to consider in developing a reimbursement formula. These include the following:

- Matching Requirements. As our economic model indicates, state and local governments can save money when certain research-based prevention and early intervention programs are successfully implemented. The state entity could be directed to consider this factor and require that a local government's contribution, in the form of a matching requirement, be set in proportion to its share of the expected savings. In the model we developed for this study, there is some information on the state/local split on benefits, but additional information would need to be created to make this matching factor operational.
- Limits on the Use of State Dollars. The state entity could be given direction to put safeguards in place to ensure that any benefits flowing to local government would only be used for the selected research-based programs and that the funds would not supplant any other funds.
- Type and Scope of Avoided Costs to Be Included in the Formula. The legislation could give direction to the state entity to limit the scope of avoided costs to certain specific state government costs. For example, avoided crime could be selected as a prevention outcome of

interest, and the avoided costs could be determined by limiting the estimated state savings to the budgets of the Juvenile Rehabilitation Administration and Department of Corrections. Similarly, some prevention programs affect child welfare costs; these costs could be specifically designated to be included in a funding formula. Other cost issues would include how avoided costs are defined (operating or capital costs) and whether marginal or average cost estimates would be used to determine the avoided costs.

- Timing of Payments. In developing a reimbursement formula, the state entity would also need to consider a number of issues related to when the prevention or intervention program achieved the result and when the costs would have otherwise been incurred by the state. For example, if a program reduces future crime rates, the state savings from this reduction will occur in the future. There are a couple of options that could be used to reflect this difference. A standard option would be for the state entity to adopt a discount rate that would be used to compute a present-valued sum of future state avoided costs. Another option would be for the state entity to adopt a cut-off point (a set number of years in the future) beyond which the state would not consider reimbursing avoided costs to the local government unit.
- Small Local Government Considerations. Many units of local government, both counties and cities, are small. Some prevention programs are difficult for small jurisdictions to implement. The legislation may wish to establish ways small local governments can apply jointly to implement the approved research-based prevention and early intervention strategies.

Monitoring Quality Control and Program Fidelity and Conducting Outcome Evaluations.

In our formal evaluation of Washington's effort at implementing research-proven programs for juvenile offenders, one important lesson was learned. The programs work and they produce more benefits than costs—but only when implemented rigorously with close attention to quality control and adherence to the original design of the program. Without quality control, the programs do not work.[20]

This lesson is so central that we think it should be part of any legislative direction to implement a state-local reimbursement arrangement or, for that matter, any attempt by the state to implement research-based programs in the state system. Therefore, our recommendations regarding quality assurance concern all efforts to implement research-based prevention and early intervention programs. To ensure program integrity, any contract between the local government and the state should include provisions for the monitoring of program fidelity through a state entity. In 2003, the Institute issued a report on this topic with detailed recommendations on the elements necessary for effective monitoring and program evaluation. We refer interested readers to that document.[21]

[20] R. Barnoski. (2004) *Outcome evaluation of Washington state's research-based programs for juvenile offenders*. Olympia: Washington State Institute for Public Policy, available from <http://www.wsipp.wa.gov/rptfiles/04-01-1201.pdf>.

[21] R. Barnoski, S. Aos, and R. Lieb. (2003) *Recommended quality control standards: Washington state research-based juvenile offender programs*. Olympia: Washington State Institute for Public Policy, available from <http://www.wsipp.wa.gov/rptfiles/JuvQA.pdf>.

Brief Description of the Programs in Our Review

PROGRAMS WITH BENEFIT-COST ESTIMATES. The programs identified on Table 1 are described below. These are programs where we measure effectiveness in terms of costs and benefits.[22] Note, however that some programs produce additional benefits for which we are currently unable to estimate a dollar value.

Adolescent Diversion Project[23] stems from research experiments conducted in the 1970s and 1980s where youth were diverted from juvenile court to prevent being labeled "delinquent." Program mentors (usually college students) work with youth in their environment to provide community resources and initiate behavioral change. Mentors are trained in a behavioral model (contracting, with rewards written into actual contracts between youth and other significant persons in the youth's environment) and to become advocates for community resources. Youth and mentors are matched, whenever possible, on race and gender.

Adolescent Sibling Pregnancy Prevention Program[24] was founded in California to prevent pregnancy among adolescents with a pregnant or parenting teenage sibling, a group identified at high risk of early pregnancy. The intervention is delivered by non-profit social service agencies, school districts, and public health departments to youth 11 to 17 years old. There is no prescribed intervention except for a once-a-month face-to-face meeting with the youth and case manager; most locations offer a variety of activities.

Adolescent Transitions Program (ATP)[25] is a middle and high school-based program that focuses on parenting skills and combines universal, selective, and indicated approaches to prevention. The program seeks to improve parenting skills and inform parents about risks associated with problem behavior and substance use. The program also provides assessment, professional support, and other services for families at risk.

Aggression Replacement Training (ART)[26] (excluding Washington). This collection of studies was conducted outside Washington State, but uses the same approach to ART described below.

Aggression Replacement Training (ART)[27] (in Washington) is a 10-week, 30-hour intervention administered to groups of 8 to 12 juvenile offenders three times per week. The program relies on repetitive learning techniques to teach participants to control impulsiveness and anger and use more appropriate behaviors. In addition, guided group discussion is used to correct anti-social thinking. This analysis concerns programs in Washington.

All Stars[28] is a school- or community-based program to prevent risky behavior in youth 11 to 15 years old. In 22 to 29 sessions delivered over two years, the program attempts to foster positive personal characteristics of youth and reduce substance use, violence, and premature sexual activity.

Big Brothers/Big Sisters[29] provides one-on-one mentoring for youth in single-parent families. Trained community volunteers are matched with youth aged 5 to 18; they spend time together two to four times each month for a year, on average. The goal of Big Brothers/Big Sisters is to develop stable and supportive relationships between at-risk youth and caring adults.

CASASTART (Striving Together to Achieve Rewarding Tomorrows),[30] formerly known as Children at Risk, targets youth aged 11 to 13 in high-risk neighborhoods. Using case management, after-school activities, and law enforcement, the program attempts to decrease individual, family, and community risk factors while promoting positive behavior such as school performance and prosocial activities.

[22] The Appendix to this report provides details for the study references, effect size calculations, and benefit-cost results for each listing, available from <http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf>.
[23] <http://www.msu.edu/course/psy/371/psy371.html>.
[24] <http://www.dhs.ca.gov/org/pcfh/mchb/programs/asppp/aspppfacts.htm>.
[25] <http://cfc.uoregon.edu/atp.htm>.
[26] *Ibid*.
[27] <http://www.uscart.org/new.htm>.
[28] <http://www.tanglewood.net>.
[29] <http://www.bbbsa.org>.
[30] <http://www.casacolumbia.org>.

Child Development Project[31] is designed to build students' academic skills and sense of school community. It includes a reading and community-building program, called Caring School Community (CSC), to prevent problem behaviors. CSC is designed to foster a sense of belonging and improve connections among students, educators, and parents.

Children's Aid Society–Carrera Project[32] provides after-school activities five days a week for teens 13 and older. Program activities include Job Club (students receive stipends and employment experience), academic assistance (available every day), classes in family life and sexuality, an arts component, and individual sports one could continue throughout life. In addition, the program provides mental health care, medical care, and full dental care.

Comprehensive Child Development Program was a national demonstration project (21 sites) for disadvantaged new parents. Home visitors provided case management and early childhood education (ECE), starting before the child's first birthday and extending to the child's fifth birthday. Biweekly home visits were the primary means of delivering case management and ECE. The program also served to broker services for families.

D.A.R.E. (Drug Abuse Resistance Education).[33] The element of the D.A.R.E. program examined in this report represents the elementary school-based intervention broadly disseminated in the 1990s. In that program, trained, uniformed law enforcement officers taught fifth and sixth graders to resist pressure to use drugs and provided information on the consequences of drug use, decision-making skills, and alternatives to drug use. The D.A.R.E. program has changed since the last careful evaluation used in this study was published (1998). The current D.A.R.E. program has multiple components and new curricula. It is a comprehensive, school-based prevention program offering multiple interventions from kindergarten through ninth grade. A five-year evaluation of the new seventh and ninth grade D.A.R.E. curricula was initiated in 2001.

Dialectical Behavior Therapy[34] (in Washington) is a comprehensive cognitive-behavioral treatment for individuals with complex and difficult-to-treat mental disorders. Originally developed by Marsha Linehan at the University of Washington to treat chronically suicidal individuals, this program has since been adapted for youth who have difficulty regulating their emotions. It operates in one of Washington State's juvenile offender institutions. The program focuses on four functions: (1) enhancing a youth's behavioral skills to handle difficult situations, (2) motivating the youth to change dysfunctional behaviors, (3) ensuring the new skills are used in daily life, and (4) training and consultation to improve the counselor's skills.

Diversion Programs with Services (versus regular juvenile court processing) are programs typically designed for low-risk, first-time juvenile offenders who would otherwise have their cases handled formally in the juvenile court. These programs typically have citizen accountability boards with counseling services provided by social service agencies.

Early Childhood Education for Low Income 3- and 4-Year-Olds. These enhanced preschool experiences are designed for low income three- and four-year-old children. Each program uses different educational approaches in an attempt to increase student success. Some programs are small-scale pilot studies and some are widespread programs such as the federally-funded Head Start program.

Early Head Start (EHS)[35] is a federally funded program for low-income women who are pregnant or families with a child younger than 24 months old. Families may receive services until the child is three years old. EHS is not prescriptive; programs may offer home-visit services, center-based services, or a combination. In 2002, this program served 55,000 families in 664 communities across the United States. In the same year, 19 programs in Washington served 1,491 children. EHS accounts for 10 percent of the federal Head Start budget. A follow-up study is expected in 2004 and will provide more information on possible longer-term effects of the EHS Program.

[31] <http://www.devstu.org/cdp/index.html>.
[32] <http://www.stopteenpregnancy.com>.
[33] <http://www.dare.com/home/default.asp>.
[34] <http://www.crest.it/Versione-Inglese/DBT/dbtengli.htm>.
[35] <http://www.ehsnrc.org>.

Infant Health and Development Program[45] was an eight-site clinical trial of a comprehensive early intervention for premature, low birth weight infants. The intervention began when infants were discharged from the neonatal nursery and continued until children were 36 months old. It provided pediatric care and follow-up; home visits providing information on child health and development; child attendance at a child development center five days each week, beginning at 12 months of age; and, after infants were 12 months old, bimonthly parent group meetings.

Juvenile Boot Camps are intended to apply the discipline and structure of a military-style environment to offenders as a means of increasing rehabilitation. This approach has been used with both adults and juveniles; here, we examined applications toward juvenile offenders.

Juvenile Intensive Parole (in Washington).[46] When serious juvenile offenders are released from a juvenile institution in Washington State, they are subject to intensive parole conditions that include services and extra supervision/monitoring.

Juvenile Intensive Parole Supervision (excluding Washington). After sentencing or following a commitment to a juvenile institution, youth are often placed on parole. Numerous programs aim to put the youth on the right track during this period through more intensive services and supervision than normally offered.

Juvenile Intensive Probation Supervision Programs. After sentencing or following a commitment to a juvenile institution, youth are often placed on probation. Numerous programs aim to put the youth on the right track during this period through more intensive services and supervision than normally offered.

Juvenile Offender Interagency Coordination Programs. We found four evaluations of programs for juvenile offenders where services in the community were coordinated among several agencies. Sometimes called "wraparound services," this approach is intended to allow more individualized services, as well as more efficient resource allocation.

Life Skills Training (LST)[47] is a school-based classroom intervention to prevent and reduce the use of tobacco, alcohol, and marijuana. Teachers deliver the program to middle/junior high school students in 30 sessions over three years. Students in the program are taught general self-management and social skills and skills related to avoiding drug use.

Mentoring (in the juvenile justice system–in Washington). In addition to the Adolescent Diversion Project[48] (described on page 10 of this report), two juvenile justice mentoring programs were reviewed for this study. Washington State's Juvenile Rehabilitation Administration's mentoring program[49] for juvenile offenders uses community volunteers to serve as trusted adults who assist Seattle youths transitioning from a JRA facility back into the community. Similarly, the "citizen volunteer" mentor program reported by Moore (1987) [50] uses community volunteers to serve as mentors for young male offenders on probation for one year.

Minnesota Smoking Prevention Program[51] is a school-based tobacco prevention curriculum designed for students in grades 4 through 8. The program helps adolescents learn why people smoke, to resist peer pressure, and to develop their own reasons for avoiding tobacco use. The program consists of six 45- to 50-minute class sessions led by teachers and peers.

Multidimensional Treatment Foster Care (MTFC)[52] (versus regular group care) is an alternative to group or residential treatment, incarceration, and hospitalization for adolescents with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community. MTFC emphasizes clear and consistent limits with follow-through on consequences, positive reinforcement for appropriate behavior, a relationship with a mentoring adult, and separation from delinquent peers.

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[45] <http://www.childtrends.org/Lifecourse/programs/InfantHealthDev.htm>.
[46] <http://www.wsipp.wa.gov/rptfiles/JuvParoleIntense.pdf>.
[47] <http://www.lifeskillstraining.com>.
[48] <http://www.msu.edu/course/psy/371/psy371.html>.
[49] <http://www.wsipp.wa.gov/rptfiles/JRA_mentor.pdf>.
[50] R. H. Moore. (1987) "Effectiveness of citizen volunteers functioning as counselors for high-risk young male offenders." *Psychological Reports* 61(3): 823-830.
[51] <http://www.hazelden.org>.
[52] <http://www.colorado.edu/cspv/publications/factsheets/blueprints/FS-BPM08.html>.

Multi-Systemic Therapy (MST)[53] is an intervention for youth that focuses on improving the family's capacity to overcome the known causes of delinquency. Its goals are to promote parents' ability to monitor and discipline their children and replace deviant peer relationships with pro-social friendships. Trained MST therapists, working in teams consisting of one Ph.D. clinician and three or four clinicians with masters' degrees, have a caseload of four to six families. The intervention typically lasts between three and six months. MST, Inc., in Charleston, South Carolina, trains and clinically supervises all MST therapists.

Nurse Family Partnership for Low Income Women[54] provides intensive visitation by nurses during a woman's pregnancy and the first two years after birth; the program was developed by Dr. David Olds. The goal is to promote the child's development and provide support and instructive parenting skills to the parents. The program is designed to serve low-income, at-risk pregnant women bearing their first child.

Other Family-Based Therapy Programs for Juvenile Offenders. We found six evaluations of programs for juvenile offenders that employ a family-based approach to counseling, somewhat similar to the approaches taken in Multi-Systemic Therapy and Functional Family Therapy, as described earlier. These programs are not identical, but share a common approach of working with both the youth and his or her family, and thus are grouped for the purpose of this analysis.

Other Social Influence/Skills Building Substance Prevention Programs include a mix of programs designed to help youth understand the social pressures that influence substance use decisions; how to resist pressures to use tobacco, alcohol, and drugs; and how to improve their decision-making abilities. These are primarily school-based programs that may also include information about the short- and long-term consequences of substance use and other health-related information.

Parent-Child Home Program[55] (formerly Mother-Child Home Program) is targeted at children 24- to 30-months old whose parents have a limited education. The program involves biweekly visits by a toy demonstrator over a period of two years. Each week, the visitor brings a new toy or book, and demonstrates ways the parents can engage the child with the toy or encourages the parent to read to the child.

Parent-Child Interaction Therapy[56] aims to restructure the parent-child relationship and provide the child with a secure attachment to the parent. Parents are treated with their children, skills are behaviorally defined, and all skills are directly coached and practiced in parent-child sessions. Therapists observe parent-child interactions through a one-way mirror and coach the parent using a radio earphone. Live coaching and monitoring of skill acquisition are cornerstones of the program.

Parents as Teachers[57] is a home visiting program for parents and children with a main goal of having healthy children ready to learn by the time they go to school. Parents are visited monthly by parent educators with a minimum of some college education. Visits typically begin during the mother's pregnancy and may continue until the child enters kindergarten.

Postponing Sexual Involvement Program[58] is a two-stage program for 8th-grade students. The program consists of five classes on human sexuality taught by teachers, followed by five classes on refusal skills training taught by trained peer educators (11th- and 12th-grade students).

Project ALERT (Adolescent Learning Experiences in Resistance Training)[59] is a middle/junior high school-based program to prevent tobacco, alcohol, and marijuana use. Over 11 sessions, the program helps students understand that most people do not use drugs and teaches them to identify and resist the internal and social pressures that encourage substance use.

[53] <http://www.mstservices.com>.
[54] <http://www.nccfc.org/nurseFamilyPartnership.cfm>. The results reported here are for the program as delivered by nurses; an evaluation of the program delivered by paraprofessionals produced smaller effects that rarely achieved statistical significance.
[55] <http://www.parent-child.org/home>.
[56] <http://www.pcit.org>.
[57] <http://www.patnc.org>.
[58] <http://www.advocatesforyouth.org/programsthatwork/2psi.htm>.
[59] <http://www.projectalert.best.org>.

Project Northland[60] is a community-wide intervention designed to reduce adolescent alcohol use. The program spans three years and is multi-level, involving individual students, parents, peers, and community members, businesses, and organizations.

Project STAR (Students Taught Awareness and Resistance),[61] also known as the Midwestern Prevention Project, is a multi-component prevention program with the goal of reducing adolescent tobacco, alcohol, and marijuana use. The program consists of a 6th- and 7th-grade intervention supported by parent, community, and mass media components addressing the multiple influences of substance use.

Project Towards No Tobacco Use (TNT)[62] is a school-based classroom intervention to prevent and reduce tobacco use in youth from 10 to 15 years of age. The program focuses on the multiple causes of tobacco use, develops skills to resist social pressure to use tobacco, and provides information about its physical consequences. The program consists of ten core lessons and two booster lessons, each 40 to 50 minutes in length.

Quantum Opportunities Program[63] is designed to serve disadvantaged high school students by providing education, service, and development activities, as well as financial incentives (stipends) for youths' continuing participation. Mentoring is one component of the services provided. The program begins in 9th grade and continues through students' high school graduation. Additional financial incentives are provided for those who enroll in college.

Reducing the Risk Program[64] is a 16-session sex education curriculum emphasizing information on abstinence and contraception. The curriculum consists of activities to personalize information about sexuality and contraception, training in decision-making and assertiveness, practice in applying skills in difficult situations, and practice obtaining contraceptives. The program encourages conversations with parents about abstinence and contraception.

Regular Parole (versus not having parole).[65] In Washington, a natural experiment regarding parole for juvenile offenders occurred following a 1997 law change, allowing the comparison of similar groups of juveniles who did and did not receive parole after release. Recidivism rates of the two groups were tracked.

Scared Straight[66] typically takes young juvenile offenders to an adult prison where they are lectured by adult offenders about how their life will turn out if they do not change their ways.

School-Based Clinics for Pregnancy Prevention are located in schools or immediately adjacent to schools in disadvantaged neighborhoods. Clinics provide general health care in addition to pregnancy and STD counseling and reproductive health services. Depending on the community, the clinics provide contraceptives directly or via arrangement with local family planning clinics.

Seattle Social Development Project[67] is a three-part intervention for teachers, parents, and students in grades 1 to 6. The focus is on elementary schools in high crime urban areas. The intervention trains teachers to manage classrooms to promote students' bonding to the school. This program also offers training to parents to promote bonding to family and school. It provides training to children designed to affect attitudes toward school, behavior in school, and academic achievement.

STARS for Families (Start Taking Alcohol Risks Seriously)[68] is a health promotion intervention designed to postpone alcohol use among at-risk middle and junior high school youth. The two-year intervention includes a 20-minute nurse consultation, regular mailings to parents, and take-home lessons for parents and children. The program can be implemented in a variety of settings, including schools.

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[60] <http://www.epi.umn.edu/projectnorthland>. Program description from the Colorado Blueprints for Violence Prevention website <http://www.colorado.edu/cspv/blueprints>.
[61] <http://www.colorado.edu/cspv/blueprints>.
[62] Steven Y. Sussman, Ph.D., Institute for Health Promotion and Disease Prevention Research, Department of Preventive Medicine, School of Medicine, University of Southern California (626) 457-6635.
[63] <http://www.colorado.edu/cspv/blueprints/model/programs/QOP.html>.
[64] <http://www.etr.org>.
[65] <http://www.wsipp.wa.gov/rptfiles/parolerecid.pdf>.
[66] See, J. O. Finchkenauer and P. W. Gavin. (1999) *Scared Straight: The panacea phenomenon revisited*. Prospect Heights, Il: Waveland Press.
[67] <http://www.colorado.edu/cspv/blueprints/promising/programs/BPP13.html>.
[68] <http://www.unf.edu/coh/cdpr/rescontd.htm>.

Strengthening Families Program for Parents and Youth 10–14[69] (also known as the Iowa Strengthening Families Program) is a family-based program that attempts to reduce behavior problems and substance use by enhancing parenting skills, parent-child relationships, and family communication. The seven-week intervention is designed for 6th-grade students and their families.

Systems of Care/Wraparound Programs[70] emphasize providing individualized coordinated services among a variety of agencies and organizations and allows the child to remain in the community. This approach is considered preferable because it is more flexible, culturally competent, neighborhood-based, and tailored to individual circumstances. A systems of care approach has been applied to a number of populations; for this analysis, emphasis was placed on programs directed toward children with serious emotional disturbances who are in foster care or referred by the child welfare system.

Teen Outreach Program[71] is a school-based intervention to prevent teenage pregnancy and dropping out of school. The focus of this year-long program is supervised community volunteering. The students must volunteer for a minimum of 20 hours. Remaining class time is spent preparing for and discussing service experience, as well as other topics relevant to youth.

Teen Talk[72] aims to prevent teenage pregnancy for 13- to 19-year-olds. This community-based program consists of six sessions over a two- to three-week period for a total of 12 to 15 hours, including group lectures on reproductive health, physiology, and contraception. The remainder of the time is devoted to adult-led small group (six to eight youths) sessions where teens discuss beliefs and values and practice decision-making and refusal skills.

Washington Basic Training Camp is intended to apply the discipline and structure of a military-style environment to offenders as a means of increasing rehabilitation. This approach has been used with both adults and juveniles; here, we examined applications toward juvenile offenders.

[69] <http://www.extension.iastate.edu/sfp>.
[70] <http://cecp.air.org/promisingpractices>.
[71] <http://www.cornerstone.to/top/teen%20outreach.html>.
[72] <http://www.socio.com/srch/summary/pasha/full/paspp02.htm>.

PROGRAMS WITHOUT BENEFIT-COST ESTIMATES. As mentioned in the section on study limitations, some studies did not have sufficient information on costs, or used measures that could not be monetized, but the available research offered sufficient information on outcomes for some measurements of effect.[73]

Childhaven[74] consists of a day treatment program for children that provides a safe, therapeutic, and educational environment. Rather than concentrating attention on the parents, these programs aim to provide children with the environment and social conditions needed to overcome their abuse/neglect and thrive. We are unable to estimate the costs of this program at this time.

Communities Mobilizing for Change on Alcohol[75] is a community organizing effort to reduce teenagers' access to alcohol. The program helps community members involve law enforcement, licensing agencies, civic groups, faith-based groups, and schools to affect changes in policies and practices to achieve the goals of the program. We are unable to estimate the benefits and costs of this program at this time.

Family Group Conferences[76] is an intervention emphasizing the use of meetings among family members and professionals where family members develop their own plan to overcome identified problems and respond to concerns of child protection professionals. The meetings are commonly used as a decision-making apparatus when a child has been placed out of the home. This approach has a variety of names, including "Family Group Decision-Making," "Family Decision Meetings," or "Family Unity Meetings." Although there are over 20 evaluations of Family Group Conferences, only one uses a comparison group. We are unable to estimate the benefits of these programs at this time.

Home Visiting for Parents With Toddlers. Two programs use home visits to enhance the effectiveness of disadvantaged parents as teachers of their young children. The age at enrollment is 18 to 27 months for one program, and 3 years for the other. We are unable to estimate the costs of this program at this time.

Home Visiting Programs for Low Birth Weight Infants. Low birth weight infants are at risk for developmental delays. The programs included in this group were all associated with clinics or hospitals. Home visits were designed to help parents learn parenting skills and ways to encourage development of their infants. We are unable to estimate the costs of these programs at this time.

Know Your Body[77] is a comprehensive, skills-based school health promotion program for grades K–6. This curriculum addresses all health education content areas recommended by the Centers for Disease Control. Through its cross-curricula matrix, this program can easily be integrated into programs such as science, math, social studies, language arts, and physical education. We are unable to estimate the costs of this program at this time.

Other Community and Mass-Media Programs to Prevent Substance Use include a variety of efforts to reduce the initiation or prevalence of youth substance use, with a focus on the community level rather than individuals or school settings. These programs use institutional or policy changes; community mobilization; and radio, television, or print promotions of anti-substance use messages to achieve their goals. We are unable to estimate the costs of these programs at this time.

Other Comprehensive, Multi-level Programs to Prevent Substance Use include programs that combine a variety of approaches or tiers to reduce youth substance use or other detrimental behavior. These programs may integrate school-based prevention programs with other methods, such as family-focused interventions, home visits, community organizing, or public service promotions. We are unable to estimate the costs of these programs at this time.

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[73] The Appendix to this report provides details for the study references and effect size calculations for each listing, available from <http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf>.
[74] <http://www.childhaven.org/programs.htm>.
[75] <http://www.epi.umn.edu/alcohol/CMCA/CMCAdefault.html>.
[76] <http://www.pppncjfcj.org/html/technical_assistance_ref-famlygrp_decis.html>, and <http://www.americanhumane.org/site/PageServer?pagename=pc_fgdm_research_psu>. For referenced evaluation, see: K. Sundell and B. Vinnerljung. (2004) "Outcomes of family group conferencing in Sweden: A 3-year follow-up." *Child Abuse and Neglect* 28(3): 267-287.
[77] Program description from the Kendall/Hunt website <http://www.kendallhunt.com>.

Other Mentoring Programs provide one-on-one or group mentoring for at-risk youth in a community or school setting. School staff, college students, or community volunteers serve as mentor. With the exception of the Big Brothers Big Sisters and Juvenile Justice program models, mentoring is often just one of multiple program components. These programs generally have an array of goals, including improving academic and career outcomes, and reducing crime, substance abuse, and teen pregnancy. Due to the diversity of outcomes used in these evaluations, we were unable to estimate the overall costs and benefits of these programs at this time.

Other Substance Use Prevention Programs Targeting Youth Risk and Protective Factors include a variety of programs designed to change behavioral or environmental factors that may influence substance use, criminality, school achievement, or other outcomes. Programs may focus on youth, their families, schools, or neighborhoods. Some programs specifically target youth or schools determined to be at greater risk. We are unable to estimate the costs of these programs at this time.

Programs for Teen Parents are designed to help young mothers avoid subsequent teenage births and to continue their educations. Program approaches differ; some are affiliated with local health clinics, some operate in public schools, and still others are community-based.

Project 12 Ways[78] provides multifaceted, in-home treatment to families designed to reduce repeated and recidivistic child abuse and neglect among clients. Services include parent-child training, stress reduction, self control, basic skill training, social support, home safety, health maintenance, and nutrition. The services focus on behavioral deficits and excesses which have precipitated previous abuse and neglect incidents. (Project SafeCare is a streamlined version of Project 12 Ways.) We are unable to estimate the costs of these programs at this time.

Project PATHE[79] (Positive Action Through Holistic Education) is a comprehensive program implemented in secondary schools that reduces school disorder and improves the school environment to enhance students' experiences and attitudes about school. More specifically, it increases students' bonding to the school, self-concept, and educational and occupational attainment which, in turn, reduce juvenile delinquency. We are unable to estimate the costs of this program at this time.

Project Taking Charge[80] is a pregnancy prevention program used in junior high home economics classrooms. The curriculum integrates family life education with lessons on vocational exploration, interpersonal and family relationships, decision making, and goal setting. It promotes abstinence as the correct choice for adolescents; no material on contraception is included. We are unable to estimate the costs of this program at this time.

Project Towards No Drug Use (TND)[81] is a targeted drug abuse prevention program with a focus on high school youth, ages 14 to 19, who are at risk for drug abuse. It has been tested at traditional and alternative high schools. A set of 12 in-class interactive sessions addresses the use of cigarettes, alcohol, marijuana, hard drug use, and violence-related behavior. We are unable to estimate the benefits of this program at this time.

Reach for Health—Community Youth Service[82] is a two-year curriculum designed for 7th and 8th graders. In addition to 40 hours of health curriculum each year, students spend three hours a week volunteering in local agencies, such as preschools or nursing homes. We are not able to estimate the costs of this program at this time.

Suicide Prevention Programs for at-risk youth can be divided into two categories: (1) school-based curriculum programs usually targeting high school students at risk for dropping out of school and suicide; and (2) hospital-based therapeutic programs targeting youth who attempted suicide or are in psychiatric crisis. We are not able to estimate the costs and benefits of these programs at this time.

Washington State Department of Health/Client-Centered Programs to Prevent Adolescent Pregnancy[81] are a collection of community-based programs aimed at adolescents considered to be at risk of teenage pregnancy. Projects offer a wide range of individualized services, tailored to the adolescent's age. Services include counseling, mentoring, and advocacy. We are not able to estimate the costs and benefits of these programs at this time.

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[78] <http://www.p12ways.siu.edu>.
[79] Program description from the Colorado Blueprints website <http://www.colorado.edu/cspv/blueprints/promising/programs/BPP10.html>.
[80] <http://www.socio.com/srch/summary/pasha/full/paspp07.htm>.
[81] Steven Y. Sussman, Ph.D., Institute for Health Promotion and Disease Prevention Research, Department of Preventive Medicine, School of Medicine, University of Southern California (626) 457-6635. Program description from the Colorado Blueprints website <http://www.colorado.edu/cspv/blueprints/model/programs/TND.html>.
[82] <http://main.edc.org/newsroom/features/reach.asp>.
[81] D. McBride and A. Gienapp. (2000) "Using randomized designs to evaluate client-centered programs to prevent adolescent pregnancy." *Family Planning Perspectives* 32(5): 227-235.

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- Office of Alcohol and Substance Abuse Services
- Counsel on Children and Families
- Office of Children and Family Services
- Division of Criminal Justice Services
- Education Department
- Office of Mental Health
- Division of Probation and Correctional Alternatives
- Division of State Police

STATE OF NEW YORK

Youth Violence Reduction Strategy: Goals and Guiding Principles

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Introduction

New York State is committed to taking aggressive actions to reduce violent crime committed by children and adolescents. Although violent crime committed by offenders of all ages has declined substantially from its peak in the late 1980s and early 1990s, youth violent crime rates remain well above historical levels and have recently begun to increase again in many areas of the State. Furthermore, there is nationwide evidence suggesting especially strong increases in violence among adolescent girls and pre-adolescent children of both genders.

It is especially troubling when youth crimes are fueled by gang involvement. It is frightening when these crimes involve guns in the hands of children. Such behaviors by youth are wholly unacceptable and are among the highest priority targets of the State's violence reduction strategy.

New York State Youth Violence Reduction Strategy: Goals and Guiding Principles is one of two documents that together describe and explain the State's strategy for reducing violent crime among children and adolescents. This document provides an overview of the strategy and explains the strategy's guiding principles. A separate document currently under development—*New York State Youth Violence Reduction Strategy: Support and Technical Assistance*—will explain the coordinated assistance available through a consortium of State agencies to support local youth violence reduction efforts.

Goal

By the end of 2005, reduce violent crime committed by children and adolescents by at least 10 percent in selected high crime cities. Greater reductions may be expected in some communities, depending on local historical trends in crime rates.

Among the violence-related behaviors to be addressed by participating localities, special emphasis is to be given to reducing

(a) Gang involvement and gang violence,
(b) Weapons possession and weapons use,
(c) Truancy and school dropout,
(d) Drug abuse and underage drinking, and
(e) Recidivism among youth on probation and youth on aftercare.

Overview of the Strategy

New York State's Youth Violence Reduction Strategy (YVRS) is designed to promote and support a coordinated attack on youth violence in selected high-crime areas. The strategy has components at two levels: locally developed *coordinated action plans* and state-level *support and technical assistance* to facilitate local efforts. With assistance from the State, participating localities will develop and implement coordinated action plans designed to

- Yield near-term reductions in youth violence through an appropriate combination of rehabilitation, deterrence, and varying degrees of incapacitation;

- Yield lasting reductions in the numbers of violence-prone youth through an appropriate combination of prevention, early intervention, diversion, and rehabilitation that will (a) prevent early onset of delinquency among the youth most at risk for lifelong violence, (b) focus intensive efforts on children and adolescents who are retrospectively identified as early-onset delinquents, and (c) intervene early with adolescents who begin to show signs of late-onset delinquency;

- Repair harm to victims and build community capacity to maintain safety for its citizens;

- Employ "best practices"—programs and strategies that have been found to be the most effective in reducing youth violence

Guiding principles. Because the profile of needs, resources, and community environment will differ from one locality to another, it will be the responsibility of each participating locality to develop a coordinated action plan that is tailored to local circumstances but conforms to a common set of *guiding principles*. The YVRS guiding principles are stated and explained later in this document.

Support. The State will provide support for local development and implementation of coordinated action plans that are consistent with the YVRS guiding principles by (a) establishing a state-level, interagency technical assistance function to work in partnership with local interagency planning efforts, and (b) wherever possible, providing funds to localities to support activities that are consistent with the Strategy's guiding principles.

Performance Indicators. Participating localities receiving fiscal support through certain state and federal funding programs will be required to provide performance indicators on a periodic basis. Three general categories of indicators will be monitored:

- *Core indicators* of local violent crime, which are specified as part of the YVRS strategy and are required for all participating localities.
- *Recommended indicators* of local youth violence and risk factors, which are suggested as part of the YVRS strategy and should be monitored by localities wherever possible.
- *Program-specific indicators* to monitor the immediate outcomes of the specific interventions that comprise the youth crime reduction strategy in a particular locality. These are specified by each participating locality.

Appendix B lists the core indicators and recommended indicators, and explains all three types of indicators in more detail.

Summary of Guiding Principles

New York's strategy for reducing violent crime committed by children and adolescents involves encouraging and facilitating coordinated planning at both the state and local levels. The purpose of these coordinated planning efforts is to achieve implementation of well-integrated systems of interventions at the local level. Although effective intervention systems will differ from one locality to another, development and implementation of local intervention systems should be guided by a common set of principles, which include the following:

- Efforts reflect coordinated planning focused on **reducing violent crime** committed by children and adolescents.

- Intervention targets at the individual, family, and community levels are identified and prioritized on the basis of a local **needs and resource assessment** that both takes into account the concerns and priorities of all sectors of the community and capitalizes on the resources and capabilities of all sectors of the community.

- The local intervention system targets **risk and protective factors** at the individual, family, and community levels that have been shown to influence violent crime.

- The local intervention system applies **evidence-based interventions** to targeted factors. Where evidence-based interventions cannot be identified (or cannot be implemented given local circumstances), special attention is given to evaluating the effectiveness of any innovations that are introduced.

- Quality control procedures ensure **fidelity of implementation**.

- The local intervention system is based on valid assumptions about normal youth development and **developmental pathways to serious and violent delinquency**.

- The local intervention system holds youth accountable for their behavior through the use of **graduated sanctioning** and **restorative practices**.

- Case management for interventions that target individual youth is guided by valid, **standardized assessment procedures.**

- The set of interventions implemented in a given geographic area (neighborhood, precinct, municipality, etc.) work together as a **seamless system** of mutually compatible, mutually reinforcing interventions.

- Planning and implementation of the local intervention system takes into account the cultural diversity of targeted youth, program staff, and other members of the community. Efforts reflect both state and federal emphases on reducing **Disproportionate Minority Contact (DMC)** in the juvenile justice system.

The key concepts highlighted in bold print in the above statements of guiding principles are explained and discussed in more detail in Appendix A.

Prerequisite to a seamless system of interventions that is responsive to community concerns and priorities and takes full advantage of available resources is an established structure for coordinated planning and routine collaboration among the following entities:

- Applicable local, county, state, and federal law enforcement agencies
- Prosecutor's and juvenile presentment agency's offices
- Probation department
- Family court
- County or city youth bureau
- County departments of health and mental health
- County department of social services
- Alcohol and other drug (AOD) services network
- Other state, county, and local government agencies providing services to troubled youth
- Schools
- Businesses
- Religious, fraternal, and nonprofit organizations involved in crime and delinquency prevention
- Community leaders and spokespersons

In addition, YVRS planning and implementation should be coordinated with other federal and New York State initiatives, such as Weed and Seed, Safe Neighborhoods, Safe Schools, Integrated County Planning (ICP), the Coordinated Children Services Initiative (CCSI), and the Governor's Street Crime Enforcement Program.

Such collaboration emphasizes shared priority-setting and decision-making between government officials and community leaders, facilitates operational coordination of interventions across agencies and service providers, facilitates efficient utilization of public and private resources, capitalizes on the skills and expertise of all sectors of the community, and promotes community-wide support for crime reduction efforts.

APPENDIX A:

BACKGROUND

AND

EXPLANATION OF KEY CONCEPTS

Reducing Violent Crime

For the purposes of the Youth Violence Reduction Strategy, "violent crime" includes any youth behavior that would qualify as a violent crime under UCR definitions for crimes included among the "violent index offenses" (murder and non-negligent manslaughter, rape, robbery, and assault) or violent part 2 offenses ("other sex offenses," simple assault, dangerous weapons, arson, kidnaping, and coercion).

The strategy is intended to target behavior that is consistent with the specified UCR definitions, including domestic and school-related violence, whether or not such behavior would typically be reported as a crime. For example, if one 10-year-old boy strikes another with his fist and gives the other a bloody nose in a schoolyard confrontation, or an older sibling deliberately causes injury to a younger sibling in their home, a simple assault has occurred, whether or not it is reported to police. Likewise, if a ninth grade student takes lunch money from a seventh-grader by force or the threat of force, a robbery has occurred. It is within the scope of this strategy to work toward reducing the incidence of such events and work toward reducing the number of young persons engaging in such behavior.

Needs and Resource Assessment

Development of a coordinated action plan begins with a comprehensive assessment of violent crime rates in potential target areas, factors contributing to violent crime in targeted areas, and a thorough accounting of resources that can be invoked to reduce the severity or impact of contributing factors.

- Assessment of violent crime rates should include analyses of geographic patterns and historical trends.
- Assessment of factors influencing violent crime should examine the prevalence of risk and protective factors at individual, family, and community levels, and should emphasize risk and protective factors shown in prior research to influence violent crime rates. (See section titled "Risk and Protective Factors," below). Needs assessment may or may not include reliance on standardized self-report surveys such as the Communities That Care (CTC) survey or the Search Institute's "Profiles of Student Life" survey, but in any case, should be based on formal, structured analysis of local conditions.
- Community-level conditions may warrant special attention, if they have been under-emphasized in the past.
    - Much of the vast literature on the factors associated with the onset, maintenance, and termination of delinquent behavior is concerned with the processes that affect key personal attributes (bonding to pro-social influences, beliefs, values, attitudes, personality, coping strategies, and the like). However, antisocial behavior (like all behavior) is determined by environment as well as individual attributes. Much of the opportunity for reducing violent crime relates to control of negative forces within the environment.
    - Both the forces that encourage delinquency and informal social controls that inhibit delinquent behavior are related to characteristics of the communities in which youth spend their time. Evidence has been accumulating in recent years that community-level factors such as visible drug trafficking, neighborhood disorganization, and the "collective efficacy" of informal social controls do indeed affect local violence rates and recidivism among offenders returning to the community. It is such community-level characteristics rather than the characteristics of specific individuals that are the targets of interventions such as community policing, the efforts to reinforce pro-social norms inherent in certain "community justice" practices, and efforts to improve "quality of life" through property development, suppression of loitering, aggressive drug law enforcement, and anti-gang initiatives.

- Identification of factors to be addressed should take into account the concerns and priorities of all sectors of the community.
- The accounting of available resources should also capitalize on the resources and capabilities of all sectors of the community. For this purpose, "all sectors of the community" refers to the entities

required to be represented in Juvenile Crime Enforcement Coalitions (JCECs) under the federal juvenile Accountability Incentive Block Grant programs (JAIBG), plus other community leaders and citizen spokespersons as appropriate. (See listing at the end of the section entitled "Summary of Guiding Principles.") The young offenders and "at risk" youth who are targeted for intervention in the local strategy should also be viewed as potential resources, as individuals who potentially can be re-oriented toward making positive contributions to the community.

- Two examples of existing planning frameworks that incorporate structured needs and resource assessments are the CTC model and the TCAP model.
    - The Communities That Care (CTC) model incorporates a phase during which localities "Develop a profile of community strengths and challenges; collect data, inventory resources, identify overlap or gaps, analyze data and prioritize areas of focus."
    - Information to be assembled under the federal Targeted Community Action Planning (TCAP) model "includes readily available crime and delinquency data; risk factor data; information on past and current Federal, State, and local initiatives; existing community plans; State juvenile justice priorities (i.e., legislative mandates); and information on weaknesses and/or gaps in a community's comprehensive continuum of services for youth, from neonatal care to intensive juvenile aftercare services."

Further Reading:

Coolbaugh, K., & Hansel, C. J. (2000). *The Comprehensive Strategy: Lessons Learned From the Pilot Sites*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Danegger, A. E., Cohen, C. E., Hayes, C. D., Holden, G. A., & The Finance Project. (1999). *Juvenile Accountability Incentive Block Grants: Strategic Planning Guide*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

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TCAP: Targeted Community Action Planning. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved March 6, 2003, from the World Wide Web: http://ojjdp.ncjrs.org/tcap/index.html

Known Risk and Protective Factors

In the context of the YVRS, *risk factors* are youth characteristics or circumstances that predict the onset or maintenance of serious and violent delinquency. Risk factors are not necessarily "causes," but the particular risk factors actually selected as intervention targets in a particular locality should be ones considered (as a conclusion from the needs assessment) to have the greatest direct effect on violence in that locality.

In general, " . . . multiple biological, psychological, and social factors–within the individual and in the family, school, peer group, and community–all contribute to some degree to prediction of delinquency and drug use. Risk factors . . . include community norms favorable to these behaviors, neighborhood disorganization, extreme economic deprivation, family history of drug abuse or crime, poor family management practices, family conflict, low family bonding, parental permissiveness, early and persistent problem behaviors, peer rejection in elementary grades, association with drug-using or delinquent peers or adults, alienation and rebelliousness, attitudes favorable to drug use and crime, and early onset of drug use or criminal behavior" (Catalano & Hawkins, in Hawkins, 1996, p. 152).

Protective factors "enhance the resilience of those exposed to high levels of risk and protect them from undesirable outcomes. . . . As distinct from risk factors, protective factors are hypothesized to operate indirectly through interactions with risk factors, mediating or moderating the effects of risk

exposure" (Catalano & Hawkins, in Hawkins, 1996, p. 153). Research on potential protective factors is relatively recent and considerably less extensive than research on risk factors. "Strength-based" interventions place more emphasis on enhancing or building upon protective factors than on eliminating or reducing risk factors.

The table presented below combines information from Box 4-1 on page 58 of the Surgeon General's Report (US Department of Health and Human Services, 2001) with factors addressed in the Communities That Care (CTC) surveys (Developmental Research and Programs, 2000).

Factors Associated with the Probability of Violence Among 15 – 18 Year Olds

Domain	Risk Factor		Protective Factor
	Early Occurrence (age 6-11)	Late Occurrence (age 12-14)	
Individual	General offenses Substance use Being male Aggression Psycholological condition (e.g., Hyperactivity) Problem (antisocial) behavior Medical, physical problems Low IQ Antisocial attitudes, beliefs Dishonesty Rebelliousness	General offenses Psychological conditions Restlessness Difficulty concentrating Risk taking Aggression Being male Physical violence Antisocial attitudes, beliefs Crimes against persons Problem (antisocial) behavior Low IQ Substance use	Intolerant attitude toward deviance High IQ Being female Positive social orientation Perceived sanctions for transgressions
Family	Low SES/poverty Antisocial parents Poor parent-child relations Harsh, lax, or inconsistent discipline Broken home Separation from parents Abusive parents Neglect	Poor parent-child relations Harsh, lax discipline; poor monitoring, supervision Low parental involvement Antisocial parents Broken home Low SES/poverty Abusive parents Family conflict *Family history of violence*	Warm, supportive relationships with parents or other adults Parents' positive evaluation of peers Parental monitoring
School	Poor attitude, performance *Academic failure beginning in late elementary school*	Poor attitude, performance Academic failure	Commitment to school Recognition for involvement in conventional activities
Peer Group	Weak social ties Antisocial peers	Weak social ties Antisocial, delinquent peers Gang membership	Friends who engage in conventional behavior
Community		Neighborhood crime, drugs Neighborhood disorganization Availability of firearms *Media portrayals of violence* *Extreme economic deprivation*	Collective efficacy

The items from the Surgeon General's report (listed in normal font) are concerned specifically with risk and protective factors that predict violence at age 15 to 18, but many of the items pertain to violence among younger individuals as well. The CTC items added to the Surgeon General's list for this document also pertain to a broader range of problem behaviors and a broader age range. The CTC items that were not included among those originally listed in the Surgeon General's report are listed in italics in the table. The factors listed in the table are not necessarily comprehensive; a great deal of currently ongoing research focuses specifically on identification of violence-relevant risk and protective factors.

Further Reading:

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Evidence-based Interventions

Whenever possible, local action strategies should incorporate interventions for which prior research has yielded scientifically sound evidence of effectiveness in (a) reducing the incidence of serious and violent crime, or (b) reducing the prevalence or severity of risk factors known to be associated with the probability of serious or violent crime, or (c) increasing the prevalence or strength of protective factors known to mitigate the effects of existing risk factors. Resources should not be wasted on ineffective or untested interventions when evidence-based interventions are available.

- Evidence-based interventions will not always be effective when replicated in new locations or applied to new populations, but the odds of success are greater using previously successful models than using models with no prior track record.
- It is likely that local assessments will identify some needs for which there are no previously successful intervention models, requiring original development of innovative solutions. Introduction of innovative models should be based on explicit theory or rationale , undertaken as demonstration projects, and accompanied by rigorous "theory-driven evaluation." A theory-oriented framework, such as a *logic model*[1] should be used to assist in program design, explicate the rationale connecting immediate outcomes to ultimate goals, explicate the rationale connecting program activities to immediate outcomes, and guide program evaluation efforts.

Two excellent compilations are available that summarize dozens of interventions found in previous research to be effective in reducing youth crime and delinquency: *Communities That Care Prevention Strategies: A Research Guide to What Works*, (Developmental Research and Programs, Inc., 2000) and *Research-Based Program Models: A Resource Tool*, prepared as part of the Monroe County Integrated County Planning Initiative (Fisher, LaPage & Martino, 2001). However, new research findings are continually emerging, and none of these compilations should be considered exhaustive. Local planners may be aware of evidence-based programs not covered in these documents and may incorporate such in their local action strategies. In addition, as the need arises, State-agency staff can often assist localities in locating up-to-date information about evidence-based interventions that could fill identified gaps in their local intervention systems.

Further Reading:

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Juvenile Justice Evaluation Center Online. Justice Research and Statistics Association. Retrieved March 6, 2003, from the World Wide Web: http://www.jrsa.org/jjec

[1] See http://criminaljustice.state.ny.us/ofpa/tips.htm for an overview and illustration of the use of logic models.

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Taxman, F. S. (2002). Supervision--Exploring the Dimensions of Effectiveness. *Federal Probation, 66*(2), 14-27.

Thornton, T. N., Craft, C. A., Dahlberg, L. L., Lynch, B. S., & Baer, K. (2002). *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action (Rev.)*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

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Wright, K. N., & Wright, K. E. (1994). A policy maker's guide to controlling delinquency and crime through family interventions. *Justice Quarterly, 11*(2), 189-206.

Fidelity of Implementation

Given adoption of effective program models, prior research has shown clearly that achieving the desired effects is strongly dependent on the degree to which interventions are implemented as designed. Thus, it is essential that local action plans include systematic procedures for monitoring and maintaining the fidelity of implementation. This typically requires an explicit quality control effort, as well as provisions for formal staff training and continuous reinforcement of program principles and practices.

Further Reading:

Blueprints for Violence Prevention. Center for the Study and Prevention of Violence. Retrieved March 6, 2003, from the World Wide Web: http://www.colorado.edu/cspv/blueprints/index.html

Developmental Pathways to Serious and Violent Delinquency

Local action plans should be developed with an awareness of both (a) the normal course of youth development and (b) the typical developmental pathways leading to serious and violent delinquency. The former is important because youth think differently than adults; they are still forming attitudes, beliefs, and thinking patterns, and they need guidance in learning appropriate ways to think about their options, their actions, and the consequences of their actions. The latter is important because the risk and protective factors that are most influential are different at different ages or developmental stages. Thus, it may be more important than previously recognized to fashion interventions differently for youth who become delinquent by way of different developmental pathways.

For boys, it is fairly well established that there are two distinct pathways for development of serious anti-social behavior:

A childhood onset trajectory involves boys who begin to show severe patterns of anti-social behavior prior to puberty. Compared to those with later onset, these boys:

- Commit more crimes and more serious crimes
- Show aggressive behavior as early as pre-school or elementary school and "exhibit a pattern of escalating violence through childhood and adolescence" (U.S. DHH, 2001, p. 52)
- Are more likely to continue antisocial behavior into adulthood
- Show "a personality profile characterized by impulsive and impetuous behavior and a cold, callous, alienated , and suspicious interpersonal style" (Silverthorn & Frick, 1999, p. 103).
- "Come from much more dysfunctional family environments, characterized by a high rate of parental psychopathology, a high rate of family conflict, and the use of dysfunctional parenting practices" (Silverthorn & Frick, 1999, p. 103).

An adolescent-onset trajectory involves boys who first begin to exhibit serious anti-social behavior during adolescence.

- Adolescent-onset offenders are substantially greater in number than childhood-onset offenders
- They "seem to desire more close relationships with others, yet tend to reject traditional status hierarchies and religious rules" (Silverthorn & Frick, 1999, p. 103), which "seems to be an exaggeration of a normal developmental process" (Silverthorn & Frick, 1999, p. 122)
- "Late-onset offending is usually limited to a short period, peaking at about age 16 and dropping off dramatically by age 20" (U.S. DHH, 2001, p. 52) (but more recent studies suggest that violent behavior may be persisting further into young adulthood in more recent cohorts, and drug sales tend to peak in early adulthood)
- Boys following this pattern "typically show few signs in childhood that they will become violent later on, laying to rest the myth that all violent adolescents can be identified in childhood" (U.S. DHH, 2001, p. 52)

Much less is known about the developmental pathways that lead to serious anti-social behavior in girls, but there is mounting evidence that the pathways are different for girls than for boys. Silverthorn and Frick (1999) suggest that antisocial girls typically follow what they call a "delayed-onset" trajectory, noting that

- "Girls typically do not begin showing severe patterns of anti-social behavior until adolescence."
- "However, these anti-social girls appear to show many of the . . . mechanisms that were associated with the *childhood-onset pathway* [emphasis added] in boys." (p. 122)

Because it is likely that childhood-onset delinquency (for boys), adolescent-onset delinquency (for boys), and delayed-onset delinquency (for girls) derive from different causal mechanisms, it is likely they are sensitive to different risk and protective factors. This suggests, in turn, that a comprehensive strategy for juvenile crime control must intervene differently in each of these developmental sequences. For example, the Surgeon General's Report (U.S. DHH, 2001) notes that "Early childhood programs that target at-risk children and families are critical for preventing the onset of a chronic violent career, but programs must also be developed to combat late-onset violence" (p. 52). Similarly, many programs designed primarily for late-onset boys are unlikely to be appropriate for late-(delayed)-onset girls.

Further Reading:

Adolescent Project Team of Partners for Children (2001). *Promoting Positive Youth Development in New York State: Moving from Dialogue to Action*

Brame, B., Nagin, D. S., & Tremblay, R. E. (2001). Developmental Trajectories of Physical Aggression from School Entry to Late Adolescence. *Journal of Child Psychology and Psychiatry, 42*(4), 503-512.

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Holding Youth Accountable Through Graduated Sanctioning and Restorative Practices

The OJJDP-sponsored *Comprehensive Strategy for Serious, Violent, and Chronic Offenders* and the *Juvenile Accountability (Incentive) Block Grant* program (JAIBG/JABG) both recommend holding youth accountable for their actions through a system of graduated sanctioning, a continuum of treatment alternatives, and a focus on restorative interventions.

Graduated sanctioning is designed to hold youth accountable for their behavior by providing an appropriate response to every delinquent act and providing positive incentives for pro-social behavior. The key elements of a graduated system are (a) a graduated array of sanctioning and treatment options, (b) a systematic process for identifying the appropriate entry point into the system for a given case, and (c) clear rules for stepping up or stepping down the continuum on the basis of youth behavior, both within and across service settings.

As envisioned in the OJJDP strategy, a graduated system includes the following:

- Immediate sanctions within the community for first-time, nonviolent offenders (not necessarily within the formal justice system).
- Intermediate sanctions within the community for more serious and repeat offenders.
- Secure care programs for the most serious, violent, and chronic offenders.
- Aftercare programs that provide high levels of social control and treatment.

For graduated sanctioning to function effectively, (1) behavioral standards must be clearly specified, (2) consequences for negative behavior and rewards for positive behavior must be clearly specified (for example, through the use of written "behavioral contracts"), (3) sanctions for negative behavior or rewards for positive behavior must be applied consistently and very shortly following the relevant behavior, and (4) the sanctioning schedule should increase in severity with repeated or more serious negative behavior and decrease in severity with consistently positive behavior (Taxman, 1998; p. 30).

Punishment and external control do not, by themselves, hold youth accountable. To be fully accountable for their actions, young offenders also must acknowledge the harm their actions have caused, be accountable to the victim and the community, take responsibility to repair the harm, and seek to achieve success as law-abiding citizens through competency development and community involvement. Acknowledging these principles has led to the development of interventions that emphasize the need to repair the harm of youth crime.

Although there are many restorative practices being used in the juvenile justice system, four types of specific restorative practices being used around the world have become increasingly common in the United States over the past twenty-five years. *Victim-Offender Mediated Dialogue (VOD)* brings a suitably prepared victim and suitably prepared offender together to discuss the crime in a safe environment under the direction of a highly skilled facilitator. *Family Group Conferencing (FGC)* provides an opportunity for youth, the youth's family, and other supporters to hear directly from the victim, the victim's family, and other members of the community about the impact of their actions, and to come to agreement on how to repair the harm. *Community Reparative Boards (CABs)* are composed of small groups of trained community volunteers who meet with the offender to negotiate a restorative contract to be completed as part of the offender's sentence. *Sentencing Circles* bring together the judge, prosecutor, defense lawyer, victim, offender, supporters of the victim and offender, and any other community members who want to attend and participate in determining the sentence.

Restorative practices are most often applied to cases involving nonviolent offenders with little or no offending history, although there are some instances where they are used in repeat juvenile delinquency cases and low-level felonies in both juvenile and adult cases. As components of a graduated sanctioning system, restorative practices provide meaningful responses to offenses that might not otherwise be met with any significant response from the formal justice system. They may be especially useful for operationalizing the "immediate sanctions within the community for first-time, nonviolent offenders" envisioned in the OJJDP Comprehensive Strategy and the JAIBG program.

Links to several comprehensive reviews of research evaluating the effectiveness of restorative practices can be found at the New York State Community Justice Forum web site (cited below). Studies have found that, compared to more traditional approaches, restorative practices tend to yield greater victim satisfaction with case dispositions, greater offender satisfaction with case dispositions, higher compliance rates with ordered restitution, fewer new offenses, and less serious new offenses. Because much of the existing evidence for the effectiveness of restorative practices has involved interventions with youth adjudicated for nonviolent offenses with little or no prior offending history, restorative practices may be more applicable to adolescent-onset delinquents than to adolescents retrospectively identified as childhood-onset delinquents.

Though restorative practices have been shown to reduce the number of new offenses and the average seriousness of new offenses, their ability to prevent future violent crime in particular remains largely untested. Nevertheless, they are emphasized in the Youth Violence Reduction Strategy for the following reasons:

- Restorative practices hold youth accountable in cases that might not otherwise produce a meaningful response from the justice system.
- Restorative practices yield greater victim satisfaction, greater acceptance by offenders, and greater offender compliance than traditional responses.
- Restorative practices integrate naturally with graduated sanctioning systems and are featured prominently in both the OJJDP Comprehensive Strategy and the Juvenile Accountability Block Grant Program.
- There are, in fact, few other diversion options for first offenders for which there is definitive evidence for effectiveness in reducing future violence. Enough evidence that restorative practices can reduce general recidivism has accumulated to warrant further testing of their ability to reduce violent recidivism specifically.

With few proven diversionary alternatives, and taking into account the demonstrated effects of restorative practices on accountability and satisfaction, localities participating in the YVRS initiative should integrate restorative principles and practices into their local intervention systems and carefully evaluate their contribution to violence reduction.

Further Reading:

Beyer, M. (2003). *Best Practices in Juvenile Accountability: Overview*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Coolbaugh, K., & Hansel, C. J. (2000). *The Comprehensive Strategy: Lessons Learned From the Pilot Sites*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Danegger, A. E., Cohen, C. E., Hayes, C. D., Holden, G. A., & The Finance Project. (1999). *Juvenile Accountability Incentive Block Grants: Strategic Planning Guide*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

New York State Community Justice Forum. Retrieved July 31, 2003, from the World Wide Web: http://www.nyscommunityjusticeforum.org

Taxman, F. S. (1998). Reducing recidivism through a seamless system of care: components of effective treatment, supervision, and transition services in the community. College Park, MD: University of Maryland.

Standardized Assessment Procedures

Effective prevention and intervention efforts focus on strengthening protective factors and eliminating or reducing the severity of risk factors. Thus, comprehensive assessment of risk factors, protective factors, and other service needs is essential both for individual-level case management and for aggregate assessment of local intervention priorities.

- Risk factors, service needs, and protective factors should be identified using standardized procedures that can be used and understood in the same way across agencies and service settings.
- Broad coverage is required, ranging from identifying youth at risk of serious and violent delinquency among more general populations (e.g., middle school and high school students) to screening for mental health problems, substance abuse problems, and specific risk and protective factors among youth already referred to the juvenile justice or social service systems.
- For youth entering the juvenile justice system the recommended assessment system is the Youth Assessment and Screening Instrument (YASI) available through the NYS Division of Probation and Correctional Alternatives (DPCA).
- For mental health screening and assessments, recommended instruments include the Child and Adolescent Needs and Strengths assessment developed by John Lyons at Northwestern University and the Verbal Diagnostic Interview Schedule for Children (V-DISC). Both instruments are available through the New York State Psychiatric Institute or (for counties using the YASI) through DPCA.
- For identifying youth "at-risk" among school-aged children, no specific instrument is recommended at this time, but published instruments or standardized procedures that have been formally validated and normed are preferred over ad hoc and locally unique procedures.

Seamless System

In order to ensure that all of the components of a local youth violence reduction strategy work together as a seamless system of mutually compatible, mutually reinforcing efforts, active coordination is required at both the strategic level and the individual case management level.

A coordinated community strategy is one in which local agencies, organizations, and community leaders work together to ensure consistency in their responses to violence and the conditions that promote violence. They share common goals and a common philosophical framework, and they adopt consistent policies across settings.

For example, strategies that seek to reduce gun violence by juveniles need to ensure that all of the relevant actors, including schools, police, the probation department, courts, the social services department, and service providers agree to an integrated approach to problems such as gun possession, the availability of guns, youth attitudes concerning guns, and community norms. Similarly, a policing initiative expected to yield an increase in arrests of juveniles should be closely coordinated with other agencies and service providers, so that advance arrangements are in place for delivering the youth to appropriate settings (e.g., a community assessment center or social service agency), without creating undue increases in detention populations or police overtime. For all such efforts, strategic partners must establish practical procedures for routine exchange of information concerning both programs and individual cases, and they must also jointly review implementation of the approach and measure its success.

At the individual case management level, a seamless system is one in which youth cannot "fall through the cracks." It requires integration of operational procedures across the agencies and the programs that deal with young offenders and "at-risk" youth, such that the system functions as though it were a single entity (e.g., see Taxman, 1998). Without explicit joint planning and policy development, gaps and inconsistencies frequently appear among the services and interventions operated by the justice system, the mental health system, the substance abuse treatment system, the social services system, and the school system.

One of the main objectives of a seamless system is to provide continuity for individual youth who experience a combination or sequence of interventions. Continuity is critical to achieving positive outcomes whether youth experience multiple interventions simultaneously (e.g., outpatient drug treatment while under probation supervision) or sequentially (e.g., step down from institutional placement to day treatment and from day treatment to less intensive community supervision). In either case, interventions should be guided by similar philosophies, terminology, expectations, and where applicable, compatible curricula (continuity of content), so that youth do not experience mixed messages. With respect to transitions across service settings, the system should insure that each intervention follows logically from the previous one (another aspect of continuity of content), that there is a smooth transition from one level of external control to another (continuity of control), that there are no gaps in essential services, such as medical care or mental health services (continuity of service delivery), that there are explicit plans for engineering a smooth transition from one living situation to the next (continuity of social environment), and there are provisions for maintaining or transitioning interpersonal supports (continuity of attachment). (See Altschuler and Armstrong, 2002 for more detailed discussions of the components of continuity.)

Further Reading:

Altschuler, D. M., & Armstrong, T. L. (2002). Juvenile Corrections and Continuity of Care in a Community Context: The Evidence and Promising Directions. *Federal Probation, 66*(2), 72-77.

Taxman, F. S. (1998). *Reducing recidivism through a seamless system of care: components of effective treatment, supervision, and transition services in the community*. College Park, MD: University of Maryland.

Disproportionate Minority Contact (DMC)

One fourth of the funding available through the Juvenile Justice and Delinquency Prevention (JJDP) Formula Grant Program is contingent upon efforts to reduce the disproportionate representation of minority youth in the juvenile justice system. As noted in the State's three-year plan (New York State Division of Criminal Justice Services, 2003, pp 51-52), a 1988 amendment to the Juvenile Justice and Delinquency Prevention Act of 1974 required states to "address efforts to reduce the proportion of juveniles detained or confined in secure . . . facilities, who are members of minority groups if such proportion exceeds the proportion such groups represent in the general population." A 2002 amendment then expanded this mandate to "reduce . . . the disproportionate number of juvenile members of minority groups, who come into *contact* [emphasis added] with the juvenile justice system."

Localities must be cognizant of the DMC mandate when developing a coordinated action plan for reducing youth violence. For example, certain policing strategies might *increase* DMC by disproportionately increasing arrests in minority communities, *unless* they are offset by other interventions that reduce the overall level of criminal activity by youth in those communities. An increase in arrests, in turn, might disproportionately *increase* detention and adjudication of minority youth, *unless* it is offset by a system that holds many youth accountable for their actions through appropriate alternatives to detention and formal adjudication. (See sections on graduated sanctioning and restorative practices, above.) A well-planned *system* of interventions can include effective enforcement tactics and appropriate incapacitation, while still achieving an overall reduction in DMC.

Further Reading:

Community Research Associates, Developmental Associates, and Developmental Services Group (2001). *Disproportionate Minority Confinement Technical Assistance Manual: Second Edition.* U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

New York State Division of Criminal Justice Services (2003). *Three-Year Comprehensive State Plan for the Juvenile Justice & Delinquency Prevention Formula Grant Program*. Albany, NY: New York State Division of Criminal Justice Services.

APPENDIX B:

PERFORMANCE INDICATORS

Core Indicators of Violent Crime

Participating municipalities will be required to report a core set of indicators monthly. The core indicators are designed to measure progress toward the ultimate goal of reducing violent crime committed by children and adolescents. They include *direct* measures of reported violent crime and *indirect* measures of violent crime based on arrest data and other violence-related indicators. They also include some indicators that specifically address youth crime and some that apply to persons of all ages. The arrest-based indicators derived from the Computerized Criminal History (CCH) system will be provided by DCJS. Probation Intake data will be obtained separately from local probation departments through the State Division of Probation and Correctional Alternatives. The indicators derived from Uniform Crime Reporting (UCR) crime data and UCR arrest data are to be provided by participating localities. The core indicators are listed in Table B1.

Other Recommended Indicators of Youth Violence and Risk Factors

It is recommended that other indicators of youth violence and violence risk factors be monitored by participating localities wherever possible. If it is feasible, participating localities should monitor reported injuries, indicators of school-related violence, and indicators of other problem behaviors known to be associated with violence or to be precursors of violence. Some specific examples are listed in Table B2.

Some of the recommended indicators may only be available at less frequent intervals than the core indicators. For example, the "school violence reported incidents" and "school risk indicators for problem behavior" are normally only reported to the State Education Department (SED) on an annual basis. The county-level PRISMS indicators are also normally reported annually. Nevertheless, some of these indicators may be obtainable more frequently through collaborative arrangements among local agencies in participating localities.

Program-Specific Indicators

It is important to monitor not only progress toward the *ultimate goal* of violent crime reduction but also the *direct outcomes* of the specific interventions included in locally defined coordinated action plans. Taken together with other information, measures of intervention outcomes make it possible to begin to understand whether an intervention is contributing to the ultimate goal of violent crime reduction, and if not, why not. For example, if an intervention is found to produce the intended direct outcomes but does not yield a reduction in violent crime, it is possible either that the problem addressed by that intervention is not the most important contributor to violent crime in that locality or that alleviating the problem cannot have a measurable impact on violent crime unless other problems are addressed at the same time. On the other hand, if an intervention is found to *not produce the direct outcome* it was designed to produce, then perhaps the intervention model is not properly implemented or is not an effective model in the context where it is being applied.

Because the specific interventions that comprise a coordinated action plan will differ from one locality to another, appropriate performance indicators for the direct outcomes of specific interventions must be determined by each participating locality. Localities should routinely monitor the status of the direct outcome indicators for all of the interventions incorporated in their local action strategies. In addition, the contracts that govern programs funded through the DCJS Office of Funding and Program Assistance routinely *require* that grantees specify the performance indicators that will be used to measure direct outcomes of the funded interventions, and that they include the indicators in their quarterly progress reports.

TABLE B1: Core Indicators of Violent Crime

Indicator Category	Indicator Description	Age Categories
UCR Reported Crime	**UCR Crime Categories** • Homicide (Index) • Sex offenses - Forcible rape (Index) - Other sex offenses (Part2) • Robbery (Index) • Assault - Aggravated Assault (Index) - Simple assault (Part2) • Dangerous weapons (Part 2) • Firearm-related index crimes - Homicide - Forcible Rape - Robbery - Aggravated Assault	N/A
UCR Reported Arrests	**UCR Arrest Categories** • Homicide (Index) • Sex offenses - Forcible rape (Index) - Other sex offenses (Part2) • Robbery (Index) • Assault - Aggravated Assault (Index) - Simple assault (Part2) • Dangerous weapons (Part 2)	7-12 13-15 16-18 19-21 22 plus
NOTE: Indicators in shaded cells will be provided by DCJS; they need not be reported by participating localities		
CCH Juvenile Offender (JO) Arrests	**In UCR Arrest Categories** • Homicide (Index) • Sex offenses - Forcible rape (Index) - Other sex offenses (Part2) • Robbery (Index) • Assault - Aggravated Assault (Index) • Dangerous weapons (Part 2)	13 14-15
CCH Arrests Involving Firearms By Age Categories	**In UCR Arrest Categories** • Homicide (Index) • Sex offenses - Forcible rape (Index) - Other sex offenses (Part2) • Robbery (Index) • Assault - Aggravated Assault (Index) - Simple assault (Part2) • Dangerous weapons (Part 2)	13 14-15 16-18 19-21 22 plus
Shooting Incidents	**Total Shooting Incidents Reported**	N/A
Probation Intake : JDs	**JD Cases Opened at Intake** • Total • Designated felony cases • All other cases	
Probation Intake : PINS	**PINS Cases Opened at Intake** • Total	

TABLE B2: Other Recommended Indicators of Youth Violence and Risk Factors

Indicator Category	Indicator Description	Age/School Category
School-Related Arrests – Penal Law Code Top Charge	**Arrests on School Property or Transportation or at School-Sponsored Functions Off School Grounds** • Falsely reporting an incident (PL 240, subsections 50, 55, 60) • Placing a false bomb (PL 240, subsections 61, 62) **Drug-Free School Zone Arrests** • Criminal sale of a cont. substance in or near school grounds (PL 220.44)	7-12 13-15 16-18 19-21 22 plus
School Violence - Reported Incidents (SED Reporting Categories)	**Violent and Disruptive Incidents on School Property or Transportation or at School-Sponsored Functions Off School Groups** • Homicide • Weapons possession • Weapons Use • Personal injury or intimidations • Sexual offenses • Use, possession or sale of drugs or alcohol • Bomb threat, false alarm, arson or riot • Theft • Burglary • Criminal Mischief **Factors Underlying Violent or Disruptive Incidents** •Firearm-related • Weapon-related (other than firearm) • Gang-related • Drug-related **Weapons Confiscated on School Property or Transportation or at School-Sponsored Functions Off School Grounds** • Handgun • Rifle-Shotgun • Other firearms • Knives • Chemical/Biological Agents • Other Weapons	Elementary Middle/Jr. High High School
School Risk Indicators for Problem Behavior (SED Reporting Categories)	**Problem Behavior** • Non-criminal disruptive incidents • Truants • Attendance rate • In-school suspensions • Out-of-school suspensions • Alternative education program referrals • PINS referrals • JD referrals • Criminal court referrals • Counseling referrals (voluntary) • Other non-punitive referrals • Under probation supervision • Expulsions • Annual high school completion/dropout rate • Suicide attempts/interventions	Elementary/ Middle/Jr. High High School
School Safety	**School Safety** • Transfers requested to other schools because of school safety issues	Elementary Middle/Jr. High High School

TABLE B2: Other Recommended Indicators of Youth Violence and Risk Factors (Continued)

Indicator Category	Indicator Description	Age/School Category
Reported Injuries	**Youth Violence/Drug/Alcohol-Related Injuries** • Homicide and legal interventions (i.e., deaths caused by police action) • Hospitalizations resulting from self-inflicted injuries • Hospitalizations resulting from assault • Indicated reports of child abuse and maltreatment • Intoxicated youth involved in auto accidents • Drug related hospital diagnosis	0- 6 7-12 13-15 16-18 19-21
Selected PRISMS Risk Indicators (Limited to indicators not otherwise noted above)	**Interpersonal Problems** • Emotionally disturbed students • Alcohol and Other Drug (AOD)-Related mental health diagnoses **Problem Behavior - Sexuality** • Teenage Pregnancy • Teenage Abortions • Hospital diagnoses of STDs **Problem Behavior - Delinquency** • Juvenile property crime arrests • Juvenile other arrests (nonviolent, non-AOD) • OCFS-Total in care **Family Dysfunction** • Foster care admissions • Children in foster care • Preventive services openings • CPS (Child Protective Services) indicated cases • CPS reports - mandated • CPS reports - total received • Divorces **Academic Failure** • 3rd grade reading and math • 4th grade science • 5th grade writing • 6th grade reading and math	N/A

Appendix 5: City of Yonkers Press Release (posted 7/19/07)

Yonkers Crime Rates Down Substantially Across the Board

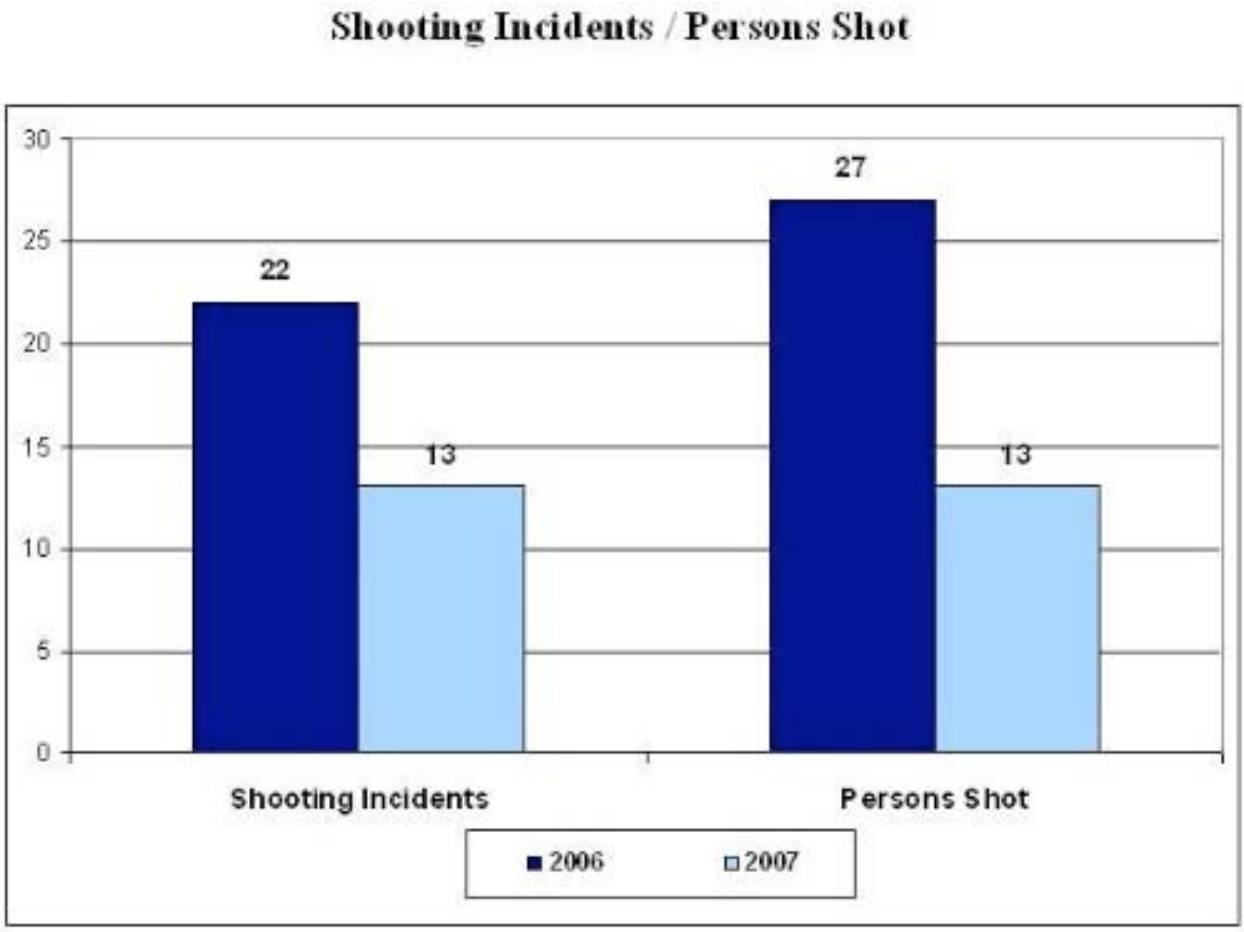
Dramatic drops in shootings, robberies & auto thefts produce a drop in crime; YPD & Commissioner Hartnett praised for considerable crime reduction

Yonkers, N.Y. (July 19, 2007) – Crime is down substantially in nearly every major category for the first six months of 2007, city officials announced on Thursday, with dramatic reductions in shooting incidents and persons shot leading the overall decline.

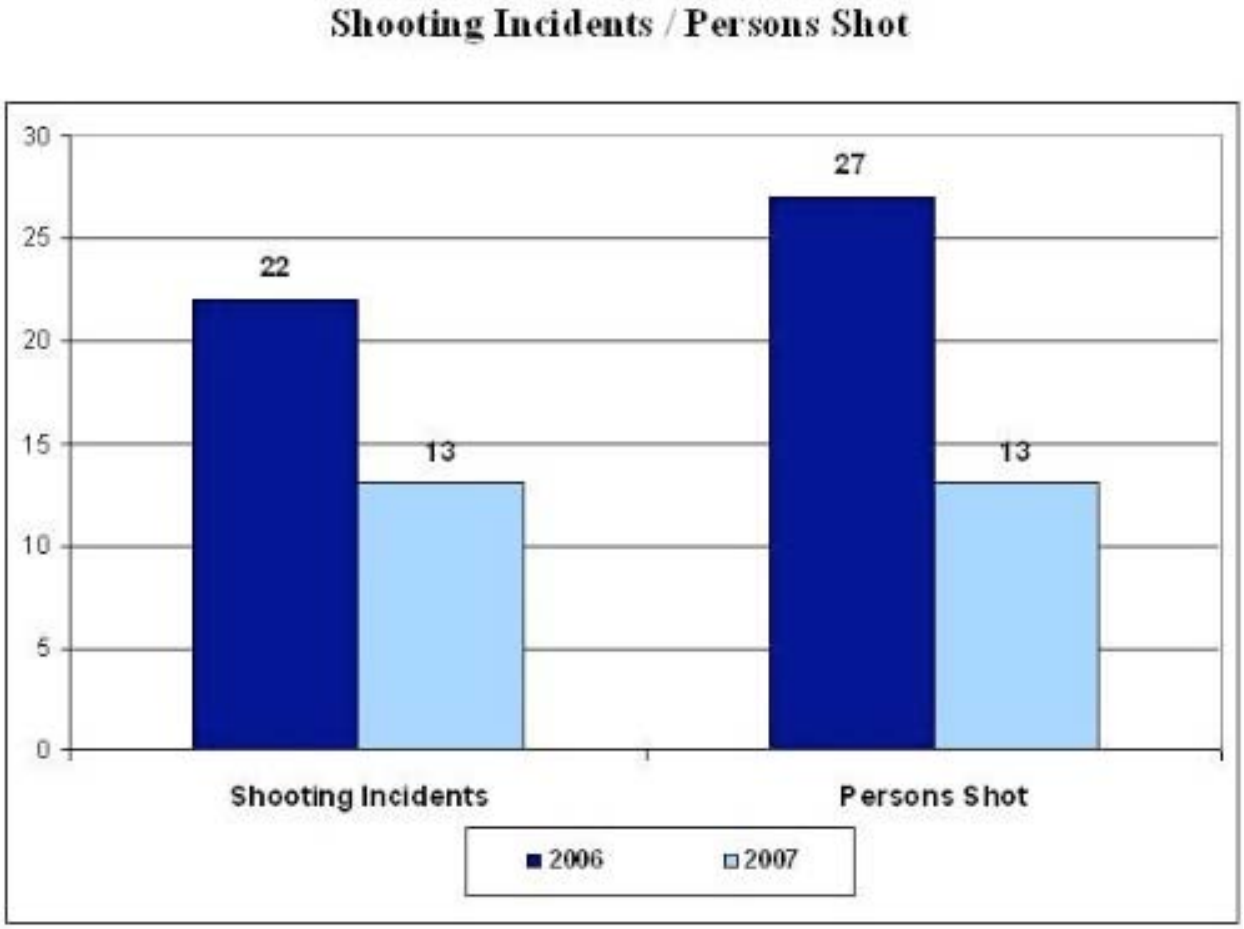
Overall crime is down 18% citywide when compared to the first six months of 2006, with each of the city's four precincts experiencing double digit crime reduction. Overall crime statistics are largely comprised of crimes against persons (assault, homicide, rape and robbery) and property crime (burglary, larceny and motor vehicle theft).

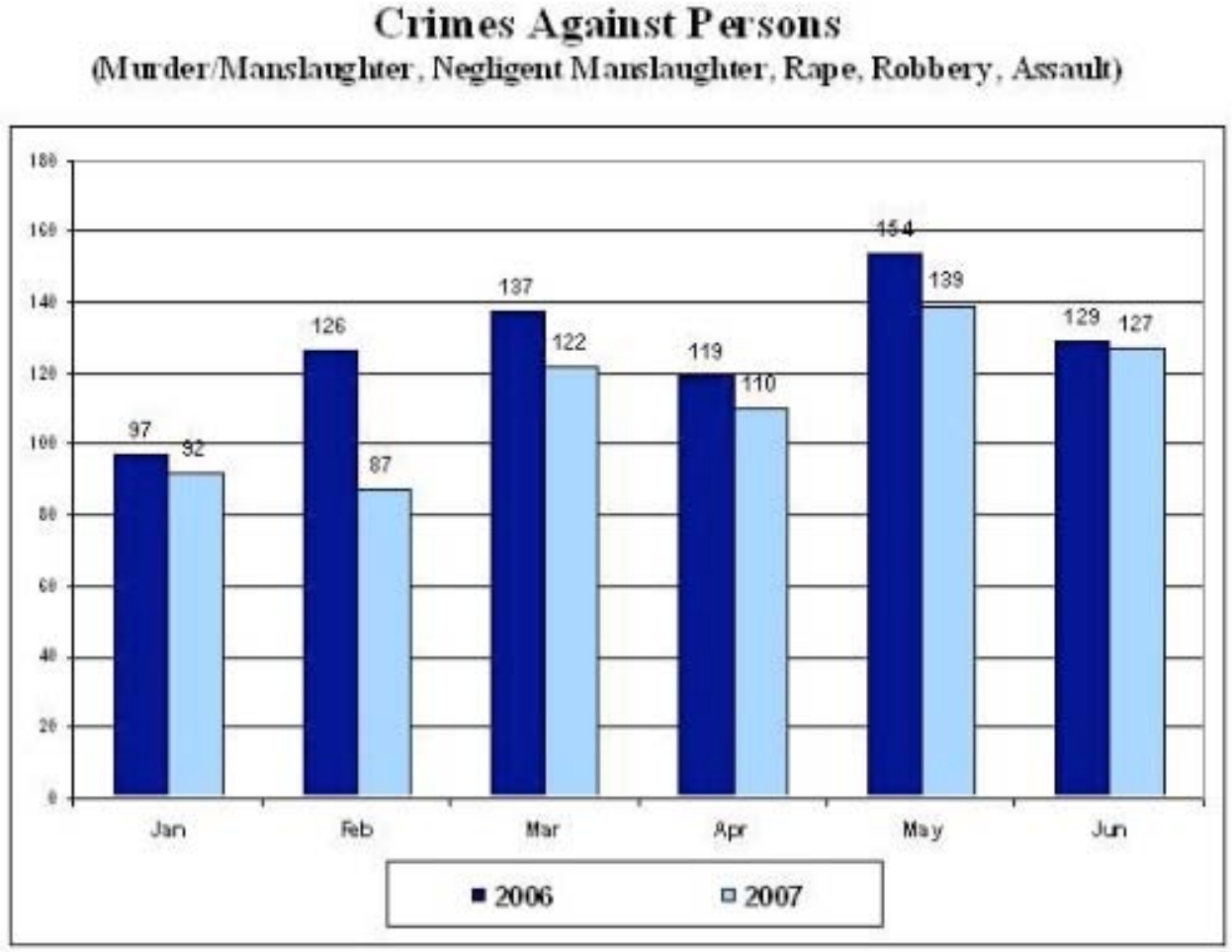
Yonkers Police Department (YPD) officials said the overall 18% drop is substantial when placed in historical context, as it was the largest decrease by far in last decade. The next largest drop was 8% (from 2004 to 2005).

Most significantly, shooting incidents are down dramatically representing a 41% drop from last year—13 shooting incidents in the first six months of 2007 compared to 23 shooting incidents in 2006. Persons shot are also down 52%—13 persons shot in the first six months of 2007 compared to 27 persons shot in 2006.



Robberies are also down significantly, representing a 35% decline from 2006. Other crime reductions include murders, down 17%; assaults, down 4%; larcenies, down 24%; and motor vehicle theft, down 25%. Overall violent crime is down 11% from 2006; overall property crime is down 21%.


Shooting Incidents / Persons Shot
30
25
20
15
10
5
0
22
13
27
13
Shooting Incidents
Persons Shot
2006
2007



Mayor Phil Amicone praised the YPD for its outstanding work in producing the considerable crime reduction.

"First and foremost, any discussion about crime prevention must begin with the fine men and women who put on the YPD uniform every day. It is their courage, determination, professionalism and vigilance that is most responsible for this drop in crime and they are to be commended. Not only do we have one of the best Police Departments in the country, we also have one of the top law enforcement professionals in Commissioner Edmund Hartnett. He's been on the job for only 8 months but already the changes Commissioner Hartnett has implemented have produced results and have made an already safe city even safer. I'm most proud of how Yonkers' finest have taken a tough, zero tolerance approach to violence—particularly gun violence—in Southwest Yonkers. Because of their vigilance, Yonkers residents can be confident that their streets are now safer," Amicone said.

Police Commissioner Edmund Hartnett attributed the drop in crime to several new strategies and tactics employed by the YPD. "When I first came on board, I said that my top five priorities would be guns, gangs, drugs, quality of life crimes and wanted persons, and I'm pleased to say we've made real progress on all of those fronts. By changing our approach a little and introducing new tactics, we've had a real impact on crime throughout the city," he said.

Hartnett outlined the new strategies and procedures most responsible for the crime reduction:

* More Police Officers: Mayor Amicone has added new 38 police officers to Yonkers streets since the beginning of 2007, with 12 additional Police Officer positions added in the recently adopted 2008 budget.

* Plain Clothes Anti-Crime Units in Each Precinct: A patrol of officers was pulled off regular duty in each precinct and placed into plain clothes detail in order to focus on crimes particular to that precinct. The result has been an increase in arrests, taking bad guys off the street before they have an opportunity to commit a crime.

Example: On May 29, 2007 officers assigned to the precinct anti-crime unit observed a dispute in the area of Palisade Ave / Elm St. Officers observed a male waving an object in the air. When this male left the area the officers followed him and conducted a traffic stop. The subject was possession of a loaded 9 mm handgun. Subsequent investigation revealed that said male was en route to School St to retaliate for a fight that occurred earlier.

* Field Intelligence Officers Debrief All Prisoners: It is now standard procedure for Field Intelligence Officers to debrief all prisoners in an attempt to gather intelligence about other criminals and criminal activity.

Example: During the debriefing of a prisoner information was developed that there was a dispute between a group of individuals from Cliff Street and a group from Van Cortland Park Ave/Elm Street. The dispute was over drugs sales, marijuana, in the area of 53 Cliff Street. Patrol officers were alerted and on March 3, 2007 a dispute occurred with an individual, from the Cliff St group, displaying a handgun. Officers placed the suspect into custody and it was later learned that the suspect was there to shoot an individual from the Van Cortland Park/Elm St.

* Street Crime Unit Refocused on Guns & Violent Crime: The Street Crime Unit was refocused onto violent crimes, particularly shootings, instead of lower level crimes (e.g. prostitution and drugs). The result has been a dramatic drop in violent crime.

Example: Officers from the Street Crime Unit on June 5, 2007 developed information that suspects from an earlier shooting that had occurred on Stanley Ave would be in the area of 80 School St. Officers conducted a surveillance in the area and located a male who was in possession of a 40 cal. handgun. At this time the male was not identified as one of the persons wanted for the earlier shooting on Stanley Ave. The male was arrested for criminal possession of a weapon. On June 7, 2007 officers again developed information that friends of the victim from the shooting on Stanley Ave would retaliate. Officers conducted surveillance in the area of 348 Hawthorne Ave and observed a group of males in the park at that location. One of the males was in possession of a loaded (7 rounds) 9mm handgun. The male was arrested for criminal possession of a weapon.

* Gang and Narcotics Units Merged Into Single Unit: Because of the intrinsic link between gangs and drugs, these separate units were merged into a single unit in order to share intelligence and produce more arrests.

* CompStat & New Records Management System: The CompStat methodology of tracking crime stats has now been employed by the YPD for five months, providing officers and their supervisors a much more accurate and useful way of tracking crime trends in different categories and parts of the city. Combined with a new computerized records management system, these tracking procedures have made crime fighting a more exact science.

While Mayor Amicone and Commissioner Hartnett said they were pleased with the crime reduction, both men acknowledged that there is always more that can be done to improve public safety, and both pledged ongoing vigilance in keeping the people of Yonkers safe.

"We will not rest on our laurels," Amicone concluded. "We will continue to seek out the elements of society that pose a threat to our residents and neighborhoods and we will do everything in our power to eliminate them. Yonkers will continue to be one of the safest big cities in America because that's what our residents expect and deserve."

Yonkers Juvenile Crime Enforcement Coalition
Draft Yonkers Juvenile Justice Strategy and Action Plan

Crime statistics and graphs are below.

Crime Statistics by Crime

	2006	2007	(+/-)	%Change
Murder/Manslaughter	6	5	-1	**-17%**
Rape	10	23	+13	**+130%**
Robbery	223	146	-77	**-35%**
Assault	523	504	-19	**-4%**
Total Crimes Against Persons	762	677	-85	**-11%**
Burglary	302	283	-19	**-6%**
Larceny	1144	870	-274	**-24%**
Stolen Auto	216	162	-54	**-25%**
Total Crimes Against Property	1662	1315	-347	**-21%**
Offense Totals	**2424**	**1992**	**-432**	**-18%**

Crime Statistics by Precinct

	2006	2007	(+/-)	% Change
1st Precinct	343	291	-52	-15%
2nd Precinct	656	543	-113	-17%
3rd Precinct	753	646	-107	-14%
4th Precinct	672	512	-160	-24%

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Appendix 6: Budget Detail for FFT Training and Travel Costs

FFT Functional Family Therapy

An evidence-based and systematic family-based model for working with at risk adolescents and their families

PHASES OF FFT IMPLEMENTATION/CERTIFICATION

Functional Family Therapy (FFT) is committed to the highest standards of training, consultation, and service. Our experience in national dissemination has given us the opportunity to work with a wide range of diverse communities, service delivery systems, and social service agencies. FFT trains and certifies groups of 3-8 therapists. We ask potential sites to begin by completing the application for site certification (available at www.fftinc.com). Through a mutual commitment to the training process and to developing adherence and competence in the FFT model, the following implementation process has proven highly successful in community replication of FFT.

Functional Family Therapy Site Certification is a 3-phase process.

Phase 1—*Clinical Training*: The initial goal of the first phase of FFT implementation is to impact the service delivery context so that the local FFT program builds a lasting infrastructure that supports clinicians to take maximum advantage of FFT training/consultation. By the end of Phase I, FFT's objective is for local clinicians to demonstrate strong adherence and high competence in the FFT model. Assessment of adherence and competence is based on data gathered through the web based Clinical Services System and at FFT weekly consultations and phase one FFT training activities. The goal is for Phase One be completed in one year, and not last longer than 18 months. Periodically during Phase I, FFT personnel provide the site feedback to identify progress toward Phase I implementation goals. By the eighth month of implementation, FFT will begin discussions to identify steps toward starting Phase 2 of the Site Certification process, including likely candidates at the site to be trained as an FFT on-site supervisor. If sites are unable to achieve minimum caseloads of 5-7 families per therapist by the first month and a half of training, then phase one may be delayed, necessitating additional training and costs.

Phase II—*Supervision Training*: The goal of the second phase of FFT implementation is to assist the site in creating greater self-sufficiency in FFT, while also maintain and enhancing site adherence/competence in the FFT model. Primary in this phase is developing competent on-site FFT supervision. During Phase II, FFT trains a site's extern to become the site supervisor. This person attends two 2-day supervisor trainings, and then is supported by FFT through monthly phone consultation and the web-based FFT supervision assessment system. FFT provides one 1-day on-site training during Phase II. In addition, FFT provides any on-going consultation as necessary and reviews the site's FFT CSS database to measure site/therapist adherence, service delivery trends, and outcomes. Phase II is a yearlong process.

Phase III and On Going Partnership*:* The goal of the third phase of FFT implementation is to move into a partnering relationship to assure on-going model fidelity, as well as impacting issues of staff development, interagency linking, and program expansion. FFT reviews the CSS database for site/therapist adherence, service delivery trends, and client outcomes and provides a one-day on-site training for continuing education in FFT. Therapists and supervisors maintain case, outcome and adherence tracking in the FFT CSS system Phase III requirements are renewed annually, and their base of oversight and consultation is considered necessary for a FFT site to remain certified.

FFT sites are responsible for training/consultation fees as reflected in schedules below. The site is also responsible for costs to provide appropriate computer access to run the CSS and for costs related to administering the OQ™45.2, YOQ™2.01 and YOQSR™ (see the Application for Site Certification for

details). The site is responsible for expenses for on-site training and for expenses for their staff to attend Externship off site.

Phase 1 FFT Site Certification Training Activities and Services

PHASE 1 of FFT Site Certification includes the following training activities and services:

ONE DAY On-Site IMPLEMENTATION/ASSESSMENT TRAINING

This initial visit covers implementation issues for both administration and staff. It includes: a 2-hour overview of best practices and the FFT clinical model for referral agents, stakeholders, funders, and agency staff. Additional time is spent in addressing site-specific implementation challenges (i.e.— referral criteria, referral process, integration of services, working w/ referral agents, supervision, computers etc.). The identified FFT team of clinicians is trained in the FFT Clinical Service System, including use of FFT software and assessment protocols.

TWO DAY On-Site CLINICAL TRAINING:

This on-site introduction covers the core constructs, phases, assessment and intervention techniques of FFT. Didactic materials include handouts and videotape examples.

ONGOING TELEPHONE CONSULTATION

Each team receives group telephone consultation one hour per week. Supervision focuses particularly on individual cases and model adherence.

TWO-DAY On-Site FOLLOW-UPS: (Three Total per site)

The three on-site follow-up training sessions, each of two days in duration, represent more specific focus on phases and implementation issues and processes.

CLINICAL SERVICES SYSTEMS (CSS)

The clinical services system represents a web-based application developed and provided by FFT to support and guide therapists in organizing and adhering to the model. The system includes progress notes, assessment instruments, and a reports section that identifies family changes and outcomes.

TWO DAY Off-Site FFT CLINICAL TEAM TRAINING (approximately month six)

The entire FFT Clinical Team goes to an off site location for additional team and individual training in the FFT model.

IMPLEMENTATION AND CONSULTING

Implementation and consulting services are directed at helping sites implement FFT in their local area.

EXTERNSHIP

This intensive, hands on, training experience with actual clients includes supervision from behind the mirrored window. The externship consists of three separate training

experiences for three consecutive months. The clinical expected to be trained in Phase Two as the on-site FFT supervisor typically attends this training.

TOTAL $36,000.00**

**These costs do not include airfare, lodging, meals, rental cars, cabs; any expenses related to the trainers, supervisors or externs travel. Fees do not include assessment or local computer requirements for CSS. Costs are subject to periodic change.

FFT Phase 1 ESTIMATED TRAVEL EXPENSE COSTS

(note: these costs are in addition to FFT training fees identified on page 2)

Phase One / Year One

ONE DAY IMPLEMENTATION/CSS-ASSESSMENT TRAINING

R/T Airfare	$600.00
Lodging (2 nights @ 110.00 per night)	$110.00
Local Transportation (2 day)	$75.00
Meals (per-diem) 1 training days	$42.00
Parking (Trainer parking at home airport-2 days)	$40.00
Sub Total	$867.00

TWO DAY CLINICAL TRAINING:

R/T Airfare	$600.00
Lodging (2 nights @ 110.00 per night)	$220.00
Local Transportation (3 days) $150.00	
Meals (per-diem) 2 training days	$84.00
Parking (Trainer parking at home airport-3 days)	$60.00
Sub Total	$1114.00

2-DAY FOLLOW-UP TRAINING (3 in year one)	
R/T Airfare (fr. Nat'l Consultant home x 3)	*$1500.00*
Lodging (6 nights 110.00 per night)	*$660.00*
Local Transportation (6 days) $450.00	
Meals (per-diem)2 training days x 3 = 6 days total $252.00	
Parking (Trainer parking at home airport) $100.00	
Sub Total	*$2962.00*
EXTERNSHIP	
Airfare	*$1500.00*
Lodging (8 nights 110.00 per night)	*$880.00*
Meals	*$336.00*
Sub Total	*$2716.00*
TWO DAY OFF SITE TRAINING FOR THE FFT TEAM	
FOR ONE PERSON	
Airfare	$500.00
Lodging (Two nights at 111.00 per night)	$220.00
Local Transportation	$80.00
Meals	$84.00
Sub Total for 3 person team going to training	$2652.00
Sub Total for 6 persons	$5304.00
Sub Total for 8 persons	$7072.00
Estimated Travel Total (using 6 therapists est. for off site training)	***$12,963.00***

Phase 2 FFT Site Certification Training Activities and Services

PHASE 2 of FFT Site Certification includes the following training activities and services:

FFT SUPERVISOR EXTERNSHIP TRAINING

This intensive, hands on, training experience focuses on clinical supervision techniques for FFT on-site clinical supervisors who have met criteria of caseload, completion phase one FFT training, education as part of an FFT certified site. Training consists of 2 separate visits for two days each to an off site location.

ON-SITE FFT SUPERVISOR PHONE CONSULTATION

Two times per month for one hour each, on-site FFT supervisors receive phone consultation to assist in providing the certified site clinical consultation on cases and on-going focus on the FFT model.

ON-SITE ONE-DAY ON-SITE FOLLOW-UP TRAINING:

Depending on geographic location of the site, FFT will either come on site to consult on site supervision or will provide an off-site regionalized follow-up training for the certified site's FFT supervisor.

SUPERVISOR and THERAPIST ACCESS TO THE FFT CLINICAL SERVICES SYSTEM

Supervisors are given access to adherence – competency measures in the FFT CSS web-based system. Therapists are provided ongoing access to the CSS system.

TOTAL $18,000.00**

Phase 3 and On-Going FFT Site Certification Training Activities and Services

On-going FFT Site Certification includes the following annual training activities and services:

ON-SITE ONE-DAY VISIT or REGIONAL SUPERVISOR FOLLOW-UP TRAINING:

Depending on geographic location of the site, FFT will either come on site to consult on site supervision or will provide an off-site regionalized follow-up training for the certified site's FFT supervisor.

MONTHLY HOUR LONG PHONE CONSULTATION WITH THE LOCAL FFT SUPERVISOR

SUPERVISOR and THERAPIST ACCESS TO THE FFT CLINICAL SERVICES SYSTEM

Supervisors are given access to adherence – competency measures in the FFT CSS web-based system. Therapists are provided ongoing access to the CSS system.

TOTAL $7,000.00**

**These costs do not include airfare, lodging, meals, rental cars, cabs; any expenses related to the trainers, supervisors or externs travel. Fees do not include assessment or local computer requirements for CSS. Costs are subject to periodic change.

FFT Phase 2 ESTIMATED TRAVEL EXPENSE COSTS

Phase Two / Year Two

SITE SUPERVISOR TRAINING / TWO 2-DAY TRAININGS AT OFF SITE LOCATION

Airfare ($500 x 2)	*$1000.00*
Lodging (4 nights at $100.00 night)	*$400.00*
Meals	*$168.00*
Parking	*$50.00*

ONE DAY ON-SITE OR OFF-SITE TRAINING

Airfare	*$500.00*
Meals	*$42.00*
Parking	*$10.00*
Lodging (one night)	*$100.00*
Estimated Total	*$2270.00*

FFT Phase 3 ESTIMATED TRAVEL EXPENSE COSTS

Phase Three / Annual

ONE DAY ON-SITE OR OFF-SITE TRAINING

Airfare	*$500.00*
Meals	*$42.00*
Parking	*$10.00*
Lodging (one night)	*$100.00*
Estimated Total	$652.00

FFT COMPUTER REQUIREMENTS FOR THE CLINICAL SERVICES SYSTEM

Individual and program level outcomes are tracked through the FFT Clinical Services Systems (CSS). The FFT-CSS is a web-based application that supports and guides therapists and supervisors to organize around and adhere to the FFT model. Sites must provide each FFT

therapist with on-going computer and internet access (Internet Explorer 6.0 or above) so they can use progress notes and the other assessment instruments that are utilized during the course of an FFT intervention.

For additional information contact the FFT Communications Manager at 206-369-5894.

OTHER FFT IMPLEMENTATION NEEDS

consultation

Site may want to consider a provision for therapist transportation and cellular phone if home-based FFT services are being conducted.

Ample meeting space for conducting family therapy if conducting FFT in an office/clinical setting.

CLINICAL ASSESSMENTS USED WITH FFT

During the course of Functional Family Therapy, therapists administer a number of different assessments both pre- and post-therapy to various family members who are participating in FFT. While many of the assessments have been developed by FFT, we also utilize four specific instruments that sites ***must*** purchase and have on-site ***prior*** to the beginning of site certification training. Assessments are: the OQ-45.2, the Y-OQ2.01 and YOQ SR. FFT therapists will administer these assessments to all families as described during on-site CSS training and in the FFT/CSS Manual.

Assessment Ordering Information

OQ-45.2 and two **YOQ** instruments– FFT sites should only order the paper version of these assessments, see info below.

Their phone is 1-888-MHSCORE = 1-888-647-2673 (they will answer as OQ Measures), or you can e-mail them at: office@oqmeasures.com, or find order forms for the paper & pencil products at www.oqfamily.com. You can also write to them at:

OQ Measures

P.O. Box 521047

Salt Lake City, Utah

84152

Kirsten Swift and Tameisha Hastings are available for pricing and licensing.

Appendix 7: YJCEC 2007 Prevention Needs Assessment Survey: Executive Summary

Prevention Needs Assessment Survey

Administered February 2007

Executive Summary

Prepared for
Yonkers Juvenile Crime Enforcement Coalition

Yonkers Juvenile Crime Enforcement Coalition
Draft Yonkers Juvenile Justice Strategy and Action Plan

Introduction:

This report summarizes the key findings from the 2006 Prevention Needs Assessment Survey administered in the Yonkers School District, New York to public school students focused primarily on Grades 8 – 10. Less than 70 students in Grades 11 – 12 were surveyed. The survey was administered by Student Assistance Services and analyzed by Bach Harrison Survey Research and Evaluation Services. In addition to providing data on the prevalence of alcohol, tobacco, and other drug use among youth, the Prevention Needs Assessment Survey provides information on the prevalence of a variety of risk and protective factors that are correlated with a number of negative adolescent behaviors.

The Risk & Protective factors group would like to point out some potential barriers and issues with the survey. While the survey was written to a Grade 5 reading level, there were concerns this might contribute to students' difficulty in accurately completing it. In addition, almost half of the students identified themselves as Hispanic/Latino. Though an overwhelming majority of these students chose to complete the survey in English, it is possible that their mastery of English may have been limited. Considering Yonkers' relatively high immigrant population*, other students who do not speak English exclusively in the home may also have had difficulty with some of the questions. Lastly, there were a high number of students that were absent on the administration day; we believe truancy and high suspension rates may have influenced this survey's results.

Survey Administration:

The survey was administered in the classroom and required approximately one class period to complete. Each teacher received an appropriate number of surveys and survey collection envelopes. The survey was offered in both English and Spanish. The teachers reviewed the instructions with their students and asked the students to complete the survey. The instructions informed the students that the surveys were anonymous, they could skip any question that they were not comfortable answering and there were no right or wrong answers. The instructions also explained the proper way to mark the answers.

Demographic Profile of Surveyed Students:

The administration of the Prevention Needs Assessment Survey (2006) yielded a total of 2498 valid surveys. A higher percentage of the respondents were female (56.1% compared to 43.9% male). The highest percentage of students identified themselves as Hispanic (49.6%) followed by African American (23.7%), White (9.1%), Asian(5.3%), Native American (1.3%), and Pacific Islander (0.8%). 10.2% of students identified themselves as multi-racial or other.

** 2000 U.S. Census reports 26.4% of Yonkers, 20.4% of New York State, and 11.1% of U.S. population is Foreign Born. 39% of the people in Yonkers speak a language other than English at home and 16.9% reported they speak English less than "very well." Additionally, it can be assumed that the undocumented population in Yonkers was under counted by the Census, though may be represented in the PNA survey.*

I. Substance Abuse Prevalence

Monitoring the Future

Comparing and contrasting findings from a school district-level survey to relevant data from state or national surveys provide a valuable perspective on the local data. For the purpose of this report, comparisons for alcohol, tobacco, and other drug involvement will be made to the Monitoring the Future (MTF) 2005 study. The University of Michigan's Institute conducts the MTF survey annually for Social Research for the National Institute on Drug Abuse (NIDA). The survey is done with students in the Grades 8, 10 and 12. Since 1975, this survey has served as the primary reference for determining the prevalence of alcohol, tobacco and other drug use among adolescents in the United States.

Overall Prevalence Rates and Most Frequently Used Substances

The Yonkers School District students' lifetime prevalence-of-use rates were highest for alcohol, followed by inhalants and binge drinking. Prevalence rates for the remaining drug categories are notably lower.

The committee agreed that the 30-day use category was the best measure of drug and alcohol use. It also agreed that the dangers associated with even one incidence of inhalant use warranted using the Lifetime Use category for this substance group.

Alcohol Use

The Monitoring the Future study highlights the pervasiveness of alcohol use by middle and high school students today. For all three grade levels (8, 10, and 12), these national rates held steady throughout the 1990s. Given the national trend, it is not surprising that among the surveyed Yonkers School District students, alcohol is the most widely used drug. The chart demonstrates that alcohol use by Yonkers students is slightly higher than the national average in Grade 8 (17.7%). Yonkers students are below the national average in Grades 10 and 12. Comparison data is not available for Grades 9 & 11. There is a significant increase in alcohol use between Grades 8 and 9 and between Grades 10 and 11. Overall 25.1% of surveyed Yonkers students reported

they have used alcohol in the past 30 days. These students can be considered currently active users of alcohol.

Percentage of Students Who Used Alcohol During the Past 30 Days

	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Yonkers	17.7	27.1	29.7	40.4	37.0
National	17.1	N/A	33.2	N/A	47.0

Inhalants

Rates of current inhalant use among Yonkers students are below the national average in all grades, but the serious nature of inhalants leads us to look closely at the percentages of students that have ever tried them. 6.4% of 8th graders reported they tried inhalants on 1-2 occasions, Grade 9 (6.3%), Grade 10 (6.3%), and Grade 11 (5.2%). Reported inhalant use in Grade 12 was greatly diminished. Overall 11% of Yonkers School District students have used inhalants on one or more occasions. These students can be considered currently active users of inhalants.

Percentage of Students Who Used Inhalants During Their Lifetime

	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Yonkers	11.1	11.5	11.3	8.6	2.1
National	17.1	N/A	13.1	N/A	11.4

Binge Drinking

The table below illustrates the percentages of Grades 8 - 12 students who reported binge drinking. The percentage of Yonkers students currently engaging in binge drinking is less across all grade levels compared with national numbers.

Percentage of Students With Heavy Use of Alcohol

	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Yonkers	10.7	13.4	17.0	20.8	23.4
National	10.5	N/A	21.0	N/A	28.1

Illicit Substances

Nationwide, the rates of use for other illicit drugs are much lower than the rates for alcohol. Lower use levels (10% or less) for specific illicit drugs are typical of adolescent populations. Yonkers students reported little use of the other illicit drugs that are measured in the survey. For most of the illicit substances, students' use rates are lower than the national use rates.

Percentage of Students Who Used ATODs During the Past 30 Days					
	Grade 8	**Grade 9**	**Grade 10**	**Grade 11**	**Grade 12**
Cocaine Yonkers	**0.8**	**0.0**	**0.5**	**0.0**	**0.0**
National	**1.0**	**N/A**	**1.5**	**N/A**	**2.3**
Marijuana Yonkers	**1.6**	**5.3**	**5.8**	**10.5**	**0.0**
National	**6.6**	**N/A**	**15.2**	**N/A**	**23.2**
Hallucinogens Yonkers	**0.0**	**0.2**	**0.8**	**0.0**	**0.0**
National	**1.1**	**N/A**	**1.5**	**N/A**	**1.9**
Heroin Yonkers	**0.4**	**0.0**	**0.3**	**1.7**	**0.0**
National	**0.5**	**N/A**	**0.5**	**N/A**	**0.5**
Cigarettes Yonkers	**3.8**	**5.3**	**6.7**	**12.5**	**4.5**
National	**9.3**	**N/A**	**14.9**	**N/A**	**0.5**
Chewing tobacco Yonkers	**1.3**	**1.6**	**1.4**	**3.6**	**2.1**
National	**3.3**	**N/A**	**5.6**	**N/A**	**7.6**

II. Other Antisocial Behaviors

The Prevention Needs Assessment Survey also measures a number of antisocial behaviors, which are defined as behaviors that run counter to established norms of good behavior. On the survey, students were asked to self-report on these behaviors within the past 12 months. The antisocial behaviors that were measured are listed below.

Past 12 months

Percentage of Students With Antisocial Behavior in the Past Year						
	Overall	**Grade 8**	**Grade 9**	**Grade 10**	**Grade 11**	**Grade 12**
Suspended from School Yonkers	29.6	32.7	29.6	25.8	36.1	25.9
National	13.2	17.5	N/A	12.8	N/A	9.31
Drunk or High at School Yonkers	9.6	6.7	10.6	11.2	13.8	17.6
National	15.7	10.3	N/A	17.7	N/A	19.2

Sold Illegal Drugs						
Yonkers	2.9	1.5	3.6	3.7	3.4	3.8
National	6.5	3.6	N/A	7.4	N/A	8.4
Attempting to Steal a Vehicle						
Yonkers	2.3	1.7	2.6	2.6	3.1	0.0
National	3.0	3.70	N/A	3.8	N/A	2.11
Been Arrested						
Yonkers	7.4	6.5	9.4	6.5	8.5	5.8
National	7.44	7.09	N/A	8.0	N/A	7.23
Attacked to Harm						
Yonkers	21.3	21.0	24.8	18.1	29.3	8.2
National	15.0	16.7	N/A	15.53	N/A	12.7
Carried a Handgun						
Yonkers	3.9	3.5	4.8	3.6	3.3	0.0
National	5.43	5.9	N/A	5.34	N/A	5.11
Taking a Handgun to School						
Yonkers	1.1	1.0	1.1	1.2	1.7	0.0
National	1.02	0.92	N/A	1.13	N/A	1.00

The majority of antisocial behavior values fall below national numbers. The two exceptions are "suspension rates" and "attacked to harm." The overall suspension rates are 16.4% higher in Yonkers than the national numbers and attacked to harm is 6.3% above the national number.

Although not included on the table above, gambling is noted to have high numbers in Yonkers (see appendix). While there are no national norms to compare to Yonkers, 56.3% of the 8th graders, 49.9% of the 9th graders, 52.6% of the 10^{th} graders, 52.2% of the 11^{th} graders and 33.3% of the 12^{th} graders report they have gambled in the past year. Betting on horses and gambling at a casino were reported activities at all grade levels. While lower than other gambling activities, the Risk and Protective factors group felt this was important to point out with the recently expanded Yonkers Raceway and Casino.

III. Risk & Protective Factors:

A significant body of research indicates that there are factors that can help protect youth from, or put them at increased risk for, drug abuse and other problem behaviors. These factors are referred to as risk factors and protective factors.

Risk Factors are conditions that increase the likelihood of young people becoming involved in substance abuse, delinquency, teen pregnancy, school dropout and/or violence.

Protective Factors, which can be considered assets, are conditions that buffer children and youth from exposure to risk by either reducing the impact of risks or changing the way that young people respond to risks.

Research shows that youth are less likely to develop problem behaviors in their teens and more likely to develop into healthy, pro-social adults when they are exposed to a low number of risk factors and a high number of protective factors in all of the environments in which they interact – community, school, family and individual/peer. Thus, prevention programs and strategies should be selected so as to reduce the salient risk factors and increase the deficient protective factors across multiple environments and sectors.

The Prevention Needs Assessment Survey measured risk and protective factors as perceived by students. Risk and protective factor charts show the percentage of students at risk for and protected from harmful behavior. Because risk increases the likelihood of negative behavioral outcomes, such as drug use, it is better to have lower percentages. Conversely, because protective factor scores are associated with better student outcomes, it is better to have protective factor scores with higher values.

Risk Factors at High Levels in Yonkers:

The following surveyed risk factors were at high levels in all of the grades:

Community Domain: Community related risk factors included “community disorganization,” “laws and norms favoring drug use,” and “low neighborhood attachment.” Overall, students are noting feelings of disconnection with a community that has not taken a strong stance against antisocial behaviors indicating they are at increasing risk as they get older.

Family Domain: Family related risk factors included “parental attitudes favor antisocial behavior” and “poor family management.” This suggests that the community needs to offer more education to parents, which would make them less tolerable of anti-social behavior in their children.

School Domain: "Academic failure" was reported at above average levels across all grades surveyed. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.

Peer-Individual Domain: There were a number of peer/individual risk factors which were reported at above average levels including "early initiation of antisocial behavior," "rebelliousness," "interaction with anti-social peers," "attitudes favorable to antisocial behavior," "gang involvement," and "high risk youth." We must also make note that almost half of the students surveyed reported depressive symptoms.

Overall, students in the tenth grade and up are at a higher risk for these factors indicating the increasing influence of peers and their potential negative influence. Communities, families, and schools should stress individuality and strong decision-making skills in their students in addition to taking stronger stances against anti-social behavior and drug and alcohol use.

Risk Factors at Low Levels in Yonkers:

A few of the risk factors remained at generally low levels throughout most or all grades. These include "sibling use of drugs," "perceived availability of drugs," "friends use of drugs," "early initiation of drug use," "attitudes favorable towards drug use," and low commitment to school.

Below is a chart summarizing the percentage of students threatened by each risk factor:

Total Percentage of Students Reporting Risk					
	Grade 8	**Grade 9**	**Grade 10**	**Grade 11**	**Grade 12**
Community Domain					
Low Neighborhood Attachment	43.6	54.8	56.9	69.8	66.7
Community Disorganization	57.3	62.4	64.9	75.5	81.6
Laws & Norms Favor Drug Use	45.9	46.3	45.0	54.0	55.3
Perceived Availability of Drugs	32.0	38.2	35.1	41.2	36.4
Family Domain					
Poor Family Management	58.8	61.1	56.0	67.9	59.6
Family Conflict	41.5	43.2	51.4	58.8	37.2
Sibling Drug Use	38.6	25.7	29.6	44.2	30.8
Exposure to Adult ASB	41.7	35.6	49.7	52.0	59.1
Parent Attitudes Favor Drug Use	28.8	31.4	37.0	33.3	42.1
Parent Attitudes Favor ASB	52.0	48.5	52.4	66.0	44.4
School Domain					
Academic Failure	54.4	53.6	53.1	49.1	46.3

Low Commitment to School	37.6	41.7	36.5	25.8	45.4
Peer-Individual Domain					
Rebelliousness	46.3	53.7	51.7	46.7	30.2
Early Initiation of ASB	54.9	57.1	56.6	61.0	62.3
Early Initiation of Drug Use	37.1	40.3	34.2	34.5	45.3
Attitudes Favorable to ASB	41.4	47.5	44.1	42.4	17.3
Attitudes Favorable to Drug Use	35.9	31.4	37.0	35.0	19.2
Perceived Risk of Drug Use	35.5	41.8	39.1	36.8	27.7
Interaction with Antisocial Peers	56.0	55.8	52.8	72.6	57.9
Friend's Use of Drugs	37.7	40.7	35.3	33.3	34.5
Rewards for ASB	31.4	34.2	27.1	36.2	21.8
Depressive Symptoms	47.7	47.5	49.8	46.6	54.7
Gang Involvement	15.7	14.7	12.7	15.8	18.5
High Risk Youth	43.2	37.8	43.1	48.4	39.0

Protective Factors at High Levels in Yonkers:

Most protective factors for Yonkers youth were below the national numbers across all grade levels. Protective factors were above the national numbers in the School domain. These protective factors include "opportunity for prosocial involvement" and "rewards for prosocial involvement." The other protective factor at or above the national numbers was "rewards for prosocial involvement" within the Peer-individual domain.

Protective Factors at Low Levels in Yonkers:

Students reported the majority of protective factors at low levels. One of these factors was "opportunities for prosocial behavior," which was reported at low levels in the Community and Family domains. This indicates Yonkers families and communities should offer greater incentives and accolades to their children for doing good work. The other protective factors reported at low levels were "high protection youth," "religiosity" and "belief in the moral order" all of which fall under the Peer-individual domain. While one cannot legislate morality, families, communities, and schools should attempt to better instill older students with a sense of right and wrong.

Below is a chart summarizing the percentage of students safeguarded by each protective factor.

Percentage of Students Reporting Protection					
	Grade 8	**Grade 9**	**Grade 10**	**Grade 11**	**Grade 12**
Community Domain					
Opportunity for Prosocial Involvement	23.8	24.4	28.4	22.9	30.6

Rewards for Prosocial Involvement	38.1	35.2	30.7	24.5	24.4
Family Domain					
Family Attachment	45.9	49.8	49.2	37.5	52.1
Opportunity for Prosocial Involvement	56.5	48.9	45.1	43.6	56.3
Rewards for Prosocial Involvement	43.6	49.5	47.9	30.0	44.7
School Domain					
Opportunity for Prosocial Involvement	60.0	59.1	59.2	58.3	44.6
Rewards for Prosocial Involvement	60.0	57.0	54.1	63.8	51.9
Peer-Individual Domain					
Religiosity	49.2	31.4	41.1	45.0	41.1
Social Skills	47.3	38.5	51.1	45.8	52.7
Belief in the Moral Order	52.5	43.7	39.9	38.6	48.1
Prosocial Involvement	47.8	43.0	42.0	30.5	55.8
Rewards for Prosocial Involvement	53.7	55.0	64.3	62.1	75.0
High Protection Youth	43.0	32.2	40.0	29.7	35.6

Conclusion:

The Prevention Needs Assessment Survey Executive Summary identifies a variety of community, school, family and individual protective factors. In conjunction with a careful needs assessment process, this data can be used as a blueprint to plan strategic interventions for the community. The real power of this data will be harnessed when it is used for prevention, intervention and treatment planning at the local level.

The Yonkers Juvenile Crime Enforcement Coalition, with direction from key community leaders, will use this data to prioritize salient risk and protective factors in Yonkers and promote targeted programs that address those factors. This process of targeting community–specific risk and protective factors will ensure that prevention services that are implemented are ones that will likely have the greatest benefit. With this data, the Yonkers Juvenile Crime Enforcement Coalition and community leaders can continue to direct their efforts to protect all of the children in Yonkers by ensuring that they are bonded to family, school and community and are committed to the highest standards and healthy values for their own futures.

IV. Appendix:

Below is a chart that summarizes student gambling as reported in the Prevention Needs Assessment Survey:

Percentage of Students Gambling in the Past Year					
	Grade 8	**Grade 9**	**Grade 10**	**Grade 11**	**Grade 12**
Gambled in the Past Year	56.3	49.9	52.6	52.2	33.3
Bet on Cards	19.4	19.0	18.5	22.9	7.0
Gambled on the Internet	6.5	5.8	5.6	6.4	7.3
Bet on Sports	31.1	27.3	25.9	27.7	17.5
Played the Lottery	22.0	18.3	23.7	19.1	11.9
Bet on Games of Skill	21.5	18.8	17.1	15.2	15.8
Bet on Video Poker	7.2	5.8	6.7	2.2	2.4
Bet on Dice	12.2	13.3	13.5	21.7	7.7
Played Bingo for Money	18.7	12.8	11.7	6.7	7.7
Bet on Horses	5.0	4.0	5.2	2.2	0.0
Gambled at a Casino	3.8	2.4	5.2	4.2	5.6

U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

Disproportionate Minority Contact

Technical Assistance Manual

Third Edition
August 2006

OJJDP

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Chapter 1: Identification and Monitoring

William Feyerherm, Howard N. Snyder, and Francisco Villarruel[*]

Identification

When a jurisdiction enters into an effort to identify where disproportionate minority contact (DMC) may exist within its juvenile justice system, there are at least three reasons to do so:

- To describe the extent to which minority youth are overrepresented in that jurisdiction's juvenile justice system.
- To begin to describe the nature of that overrepresentation. By collecting and examining data on the volumes of occurrence at major decision points in the juvenile justice system (e.g., arrest, referral, diversion, detention, petitioned/charges filed, delinquent findings, probation, confinement in secure correctional facilities, and transfer to adult court), one can determine whether overrepresentation exists; where within the jurisdictions it exists; and the degree of overrepresentation at those points within the juvenile justice system.
- To create a foundation for ongoing assessment of DMC, providing the basis for monitoring activity—therefore, it is an ongoing process that is repeated (preferably annually, but at a minimum of at least every 3 years).

While one may think of the identification phase as the first step in a jurisdiction's DMC efforts, it is also an *ongoing* process. OJJDP requires all states to collect these data statewide and from their targeted local DMC reduction sites on a continuing basis (updated at least every 3 years with the submission of a new 3-year comprehensive juvenile justice and delinquency prevention plan) for monitoring purposes.[1]

The primary purpose of this phase is descriptive—it provides a quantitative answer to whether there are differences in the contact that youth have with the juvenile justice system, based on race and ethnicity.[2] Beyond that, this phase in the process should provide initial guidance for targeted inquiries (assessment) as to the mechanisms and reasons for such differences. These purposes are summarized by the following questions:

- Are there differences in the rates of contact (e.g., arrest) based on race/ethnicity? If so, at what stages of the justice system are these differences more pronounced?

[*]*About the authors:* William Feyerherm, Ph.D., is Vice Provost of Research at Portland State University in Portland, Oregon. Howard N. Snyder, Ph.D., is Director of Systems Research at the National Center for Juvenile Justice in Pittsburgh, Pennsylvania. Francisco Villarruel, Ph.D., is a professor and fellow in the Department of Family and Child Ecology at Michigan State University in East Lansing, Michigan.

- Are there differences in the processing of juveniles within the justice system based on race/ethnicity? If so, at what stages of the justice system are these differences more pronounced?
- Are the racial/ethnic differences in contact and processing similar across jurisdictions within a state? If not, in which jurisdictions are these differences more pronounced?
- Are the differences in contact and processing similar across all racial and ethnic groups? If not, which groups seem to show the greatest differences?
- Are racial/ethnic differences in contact and processing changing over time?

It is important to note what is not included at this stage: any attribution about the reasons for the differences. Therefore, the identification phase of information neither describes the reasons for any differences that occur nor creates strategies to reduce those differences.

The Relative Rate Index Method: Overview and Characteristics

Overview

The method that OJJDP has selected to use for the identification stage is termed the Relative Rate Index (RRI). This method involves comparing the relative volume (rate) of activity for each major stage of the juvenile justice system for minority youth with the volume of that activity for white (majority) youth. The method of comparison provides a single index number that indicates the extent to which the volume of that form of contact or activity differs for minority youth and white youth.

The RRI method involves the following general components (a more detailed description of the specific steps is provided later):

- The number of events in various stages of the juvenile justice system is tallied for the minority groups of interest, generally those groups that the federal Office of Management and Budget specifies as necessary for data collection (Hispanic/Latino, and non-Hispanic members of the following racial groups: African American, Asian American, Native Hawaiian and other Pacific Islanders, Native Alaskan and American Indian).
- The number of events is translated into rates of activity by dividing the number of events in one stage by the number of events in a preceding stage. For example, one divides the number of probation placements by the number of "convictions"—situations in which youth were found delinquent—to determine the rate of probation placement. This calculation is performed separately for each minority group in which the size of that group's youth population is at least 1 percent of the total youth population in the jurisdiction.
- The rates for minority groups are compared to the rate for white (majority) youth by dividing the rate for minority groups by the rate for white youth. This creates

an RRI, which provides a numeric indicator of the extent to which the rate of contact for minority youth differs from the rate of contact for white youth.

- The RRI is tested to determine if it is statistically significant, that is, whether it differs sufficiently from a neutral value (1.00) so that the differences in the rates are not likely to be the result of random chance processes.

Characteristics

The RRI method has a number of features or characteristics that one must understand to interpret the results. First, one must calculate the relative volume (rate) of activity involving minority youth and contrast that relative volume with the relative volume of activity involving white youth. By using rates of activity to reflect the relative volume of activity at each stage, the process provides a means to take into account the relative size of the white and minority populations and the relative amount of activity in preceding stages of the justice system. However, this method is not the same as calculating the odds of particular types of contact since one is not tracking individual youth across time but is comparing, instead, the relative volume of activity within a specific time period. That relative volume may be created by the rapid turnover (churning) of a few youth or may be the result of a lower level of involvement of a large number of youth.

A second major feature of the RRI method is that it involves a stage-by-stage calculation of these relative rates or relative volume. This is important because it shows the incremental increase/decrease in contact levels as youth move through the justice system. It would be unrealistic to assume that differences in processing of minority and white youth are constant across the various decision stages of the justice system. Moreover, it would also be unrealistic to assume that the same stages of the justice system account for disproportionate minority contact across all justice systems. By basing the rate calculation on the volume of activity in the preceding stage of the justice system, one can examine the changes in rates of contact as youth of a certain racial/ethnic group move through the system.

A third major feature of the RRI method is that it minimizes the extent to which calculations of differences between groups depend on accurate census information. The previous method of calculating disproportionality for each contact stage by dividing the percentage of minority juveniles represented at that stage by the percentage of minority juveniles in the jurisdiction's total juvenile population at risk for juvenile court involvement was based entirely on comparison with the percentage representation in the population. This created several forms of problems, notably, that in many instances it appeared that the general population census amounted to a significant undercount of minority populations. The effect of such an undercount was to dramatically increase the previously recommended index or measure of disproportionate contact—Disproportionate Representation Index (DRI)—in which all stages of the juvenile justice system were compared with the percentage distribution of race and ethnicity in the general census numbers. With the use of the RRI, once one moves past the first stage (arrest) in the justice system, a significant problem in the census numbers will have no marked effect on the RRI values.

A fourth useful feature of the RRI method is that it does not require a transactional data system that tracks youth throughout the juvenile justice system. Indeed, the method does not require that the data available to describe the justice system all come from a single data system. It is possible to mix multiple data sources, although doing so raises concerns about common definitions of race and ethnicity, as well as concerns about the comparability of the counting and classifying rules used in multiple agencies.

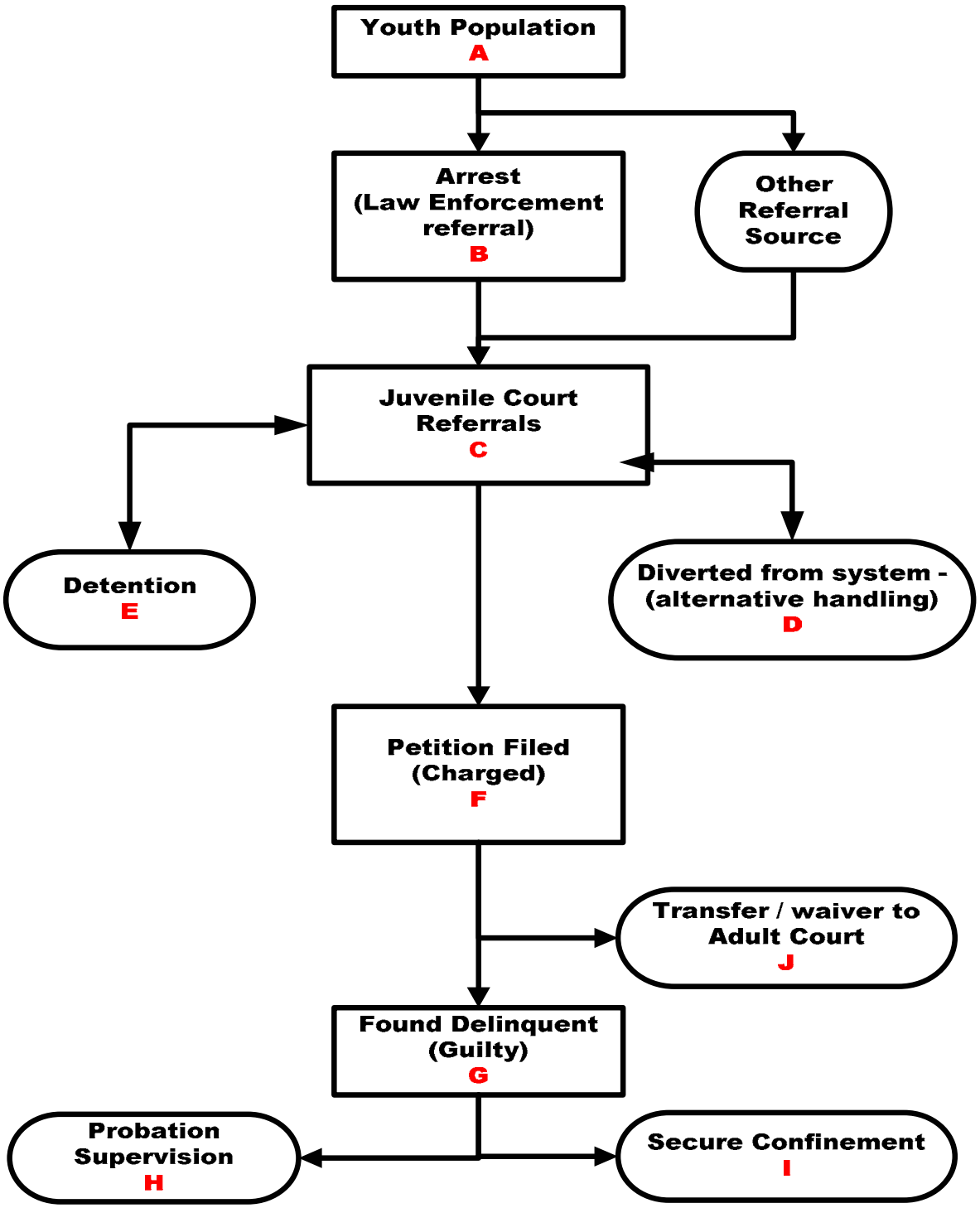
Fifth, one of the attributes of the RRI method is that as long as the data are counted in a consistent fashion for a particular stage within the jurisdictions being examined, the method can relatively easily accommodate differences from some standard definitions in the particular counting rules. For example, in some states it is possible to obtain a count of the number of youth who are subject to secure detention each year. In other states, detention data are maintained by counting the number of juvenile cases in which detention is used, and in still other states it is possible only to count the number of detention episodes in which a youth is checked into a detention facility. Each of these methods will, of course, yield a different number, and that difference in numbers will yield a rate that seems to have a very different scale (for example, the rate of detention episodes is likely to be much higher than the rate of youth detained). However, as long as the method of counting is applied uniformly to youth of color and white youth, the index value—the ratio of the rates—will actually be quite comparable across the three examples used. It will represent the general degree to which the rate of detention activity (however measured) will differ between youth of color and white youth. Indeed, the RRI values for jurisdictions using these differing definitions can still be roughly compared to determine the differential detention contact rates for minority youth, even though the absolute measures of detention contact may be on quite different scales. However, if at all possible, each jurisdiction should maintain the same definitions from year to year to reduce the possibility that changing definitions may appear to indicate that the DMC levels in that jurisdiction are changing.

Implementing the RRI Calculation: Step by Step

The following materials are intended to provide step-by-step instructions for completing the initial identification stage for examining disproportionate minority contact within a jurisdiction. These instructions should provide some guidance in the analysis process, both by specifying the steps to take (including data, data definitions, and basic descriptions of the juvenile justice system) and providing an example to follow using a data tool developed for the purposes of this analysis. The example is one of a real jurisdiction, selected not for any particular reason, but rather as a fairly typical juvenile justice system.

As a first step in understanding the example, and the analysis process, we have created a general model of the juvenile justice system (figure 1). Cases flow between major stages in the justice system and are depicted in such a way that one can follow the major

Figure 1: Relationship of Data Elements for Relative Rate Index Calculations



components and can record the number of cases passing through each stage during a year. The number of cases is used to compute a rate of occurrence, and those rates are compared among racial/ethnic categories. So, for example, one may calculate an arrest rate for white youth and for Hispanic youth, comparing those two rates to determine the extent to which Hispanic youth may have a higher arrest rate than white youth. The result of that comparison is the relative rate index. It must be emphasized that the RRI is a first step in examining disproportionate minority contact. The RRI points to areas for more intensive examination and provides an ongoing set of "vital signs" or an "early warning system" for the management of the juvenile justice system.

The following sections discuss each step of the RRI calculation process.

Step 1: Understanding System Elements

Begin by understanding the basic relationship of the elements in the juvenile justice system and comparing those elements in the state system to the general model in figure 1. Figure 1 does not show all of the possible pathways that a case involving a juvenile might follow in the juvenile justice system. Rather, it shows the major flows and the major points at which data are likely to be available. Because much of the RRI model is based on the relationship of these elements, each jurisdiction should confirm that its juvenile justice system generally fits the model. If there is not a good fit, then the jurisdiction must modify the model, either by changing the location of some decision points or by adding others. For example, a jurisdiction may have to change its model if diversion occurs only after a juvenile has been found guilty/delinquent or probation can be ordered without a finding of delinquency or add an additional decision point to its model if an important decision stage exists in the local justice system that consistently generates reliable data to use in calculating relative rates.

In many instances represented in figure 1, there are double-headed arrows between the stages—for example, between referrals and diversion. This indicates that some cases are indeed returned from diversion to the legal/court process due to violation of conditions or other reasons. The important feature, however, is that the total number of diversions is counted, both those resulting in an exit from the system and those resulting in return to further processing.

Step 2: Defining Data Elements

Next, gather the definitions for each data element. This means gathering both the legal definitions for the action (e.g., the definition of an arrest for the jurisdiction, the definition of diversion, probation, etc.) and the operational definition for that stage (What action actually creates the data to count the number of instances of diversion, an arrest, a sentence to probation?).

Given the variety of forms of juvenile justice data collected across the nation, two issues, in particular, need to be addressed. For each there is a preferred type of data based on the congressional mandate to address total contact of youth with the juvenile justice system. First, for those data elements that involve "holding" a youth in a particular status, the

preferred information is that which identifies the total number of youth in that status during the year, not just the number of new entries into that status during the year. For example, the preferred data element would be the total number of cases in which youth are subject to confinement during the year rather than a count of the new admissions to secure confinement over the year. Likewise, there is the issue of whether data elements reflect "duplicated" or "unduplicated" counts. For example, if a youth is arrested four times during a year, does this count as one youth arrested (unduplicated) or four arrests of a youth (duplicated)? Again, given the congressional mandate to address total contact with the juvenile justice system, the preferred type of data is the duplicated count, one reflecting the total number of youth contacts with the justice system. As part of implementing a national data collection system for DMC issues, OJJDP has created a set of standard definitions for each of the stages in the juvenile justice system depicted in figure 1. These definitions are provided in table 1.

Table 1: Standard Definitions for Each Stage in the Juvenile Justice System

Stage	Definition
Arrest	Youth are considered to be arrested when law enforcement agencies apprehend, stop, or otherwise contact them and suspect them of having committed a delinquent act. Delinquent acts are those that, if an adult commits them, would be criminal, including crimes against persons, crimes against property, drug offenses, and crimes against the public order.
Referral	Referral is when a potentially delinquent youth is sent forward for legal processing and received by a juvenile or family court or juvenile intake agency, either as a result of law enforcement action or upon a complaint by a citizen or school.
Diversion	Youth referred to juvenile court for delinquent acts are often screened by an intake department (either within or outside the court). The intake department may decide to dismiss the case for lack of legal sufficiency, resolve the matter informally (without the filing of charges), or resolve it formally (with the filing of charges). The diversion population includes all youth referred for legal processing but handled without the filing of formal charges.
Detention	Detention refers to youth held in secure detention facilities at some point during court processing of delinquency cases (i.e., prior to disposition). In some jurisdictions, the detention population may also include youth held in secure detention to await placement following a court disposition. For the purposes of DMC, detention may also include youth held in jails and lockups. Detention should not include youth held in shelters, group homes, or other nonsecure facilities.
Petitioned/charges filed	Formally charged (petitioned) delinquency cases are those that appear on a court calendar in response to the filing of a petition, complaint, or other legal instrument requesting the court to adjudicate a youth as a delinquent or status offender or to waive jurisdiction and transfer a youth to criminal court. Petitioning occurs when a juvenile court intake officer, prosecutor, or other official determines that a case should be handled formally. In contrast, informal handling is voluntary and does not include the filing of charges.

(continued)

Table 1: Standard Definitions (continued)

Stage	Definition
Delinquent findings	Youth are judged or found to be delinquent during adjudicatory hearings in juvenile court. Being found (or adjudicated) delinquent is roughly equivalent to being convicted in criminal court. It is a formal legal finding of responsibility. If found to be delinquent, youth normally proceed to disposition hearings where they may be placed on probation, committed to residential facilities, ordered to perform community service, or various other sanctions.
Probation	Probation cases are those in which a youth is placed on formal or court-ordered supervision following a juvenile court disposition. Note: youth on "probation" under voluntary agreements without adjudication should not be counted here but should be part of the diverted population instead.
Confinement in secure correctional facilities	Confined cases are those in which, following a court deposition, youth are placed in secure residential or correctional facilities for delinquent offenders. The confinement population should not include all youth placed in any form of out-of-home placement. Group homes, shelter homes, and mental health treatment facilities, for example, would usually not be considered confinement. Every jurisdiction collecting DMC data must specify which forms of placement do and do not qualify as confinement.
Transferred to adult court	Waived cases are those in which a youth is transferred to criminal court as a result of a judicial finding in juvenile court. During a waiver hearing, the juvenile court usually files a petition asking the juvenile court judge to waive jurisdiction over the case. The juvenile court judge decides whether the case merits criminal prosecution. When a waiver request is denied, the matter is usually scheduled for an adjudicatory hearing in the juvenile court. If the request is granted, the juvenile is judicially waived to criminal court for further action. Juveniles may be transferred to criminal court through a variety of other methods, but most of these methods are difficult or impossible to track from within the juvenile justice system, including prosecutor discretion or concurrent jurisdiction, legislative exclusion, and the variety of blended sentencing laws.

In some instances, a jurisdiction may have access to the local data required to support these standard definitions for each stage of processing using the preferred units of count (e.g., cases placed in confinement, number of arrests). In other jurisdictions, the ideal data may not be available. In many instances, such jurisdictions may have alternative definitions that the available data may support. Such alternative definitions and data are acceptable into the OJJDP DMC data entry system as long as they are carefully defined and consistent over time. Therefore, persons who construct a jurisdiction's RRI must develop a comprehensive understanding of the types of information that are available about its juvenile justice system processing and select from among those available data the ones that best represent each processing stage. In other words, these researchers must become experts in data that can be harvested to fulfill the DMC goals that OJJDP has established. To assist in this process, this chapter includes an appendix (see appendix A) that serves as a primer of the nature and sources of available data that may be used to populate the RRI matrix. While no single source can meet all user needs, this appendix

provides a sound foundation for those faced with the task of quantifying DMC at the jurisdictional level. When one uses alternative definitions, he or she should note the definition and sources of data at appropriate locations in the data entry screens provided in the online data tool.

Step 3: Determining Racial/Ethnic Categories

The next step is to determine the categories of race and ethnicity that are available for each data element. This means determining not only what groups are counted but what the source is for that classification (self-identification, classification by officials, records from other sources, etc.) This will also involve determining whether the classification is a single label for each youth, a set of possibilities (e.g., Hispanic and Asian), or a "check all that apply" format. When possible, determine whether the classification system can be converted to follow the U.S. Census Bureau classification as referenced in the OJJDP regulations.

Step 4: Entering Information in the Data Tool

Once the racial/ethnic categories are determined, gather the counts of events involving youth in each of the various stages (A–J) classified in each racial/ethnic category and enter that information into the data entry module of the data tool (see table 2). The data tool analysis of DMC data is available on the Internet at www.dsgonline.com/dmc. After you enter the population data for a jurisdiction into the tool, it will calculate whether a specific racial/ethnic group meets the 1 percent rule, at which point OJJDP requires that the jurisdiction examine this group separately. In this instance, examine DMC separately for Native American or other/mixed groups. Identify the jurisdiction (state, county, or other entity) and the dates that the data cover, along with the relevant age range for youth at risk of contact with the juvenile justice system (in this instance, ages 10 through 17). The cells for entering this information, as well as the entry areas for the numeric data, are highlighted in the data tool. The only other information that is needed for the DMC data tool is the total state juvenile population for the age range under consideration. In this example, the age range is 10 to 17, and the total state population for this age range is 1,377,550.

Step 5: Determining Availability of Data for Racial/Ethnic Groups

Next, determine which racial/ethnic groups are available for analysis. Ideally, a state will have the information available on each of the seven groups shown at the top of table 2. There are, however, several situations in which that may not be so. The numbers presented in table 2 are actual data from a state and present some of the difficulties a state may encounter. The two spaces for other/mixed-race youth represented with ** are absent for specific reasons. With respect to the population entry, the estimation derived from the NCJJ source provides no estimates for mixed- or multiple-race youth; these estimates are spread across the other groups. Second, the law enforcement systems in the state provide no arrest information on mixed-race youth; it simply is not in their set of categories. The juvenile court system, on the other hand, does report and record the categories (as shown). It is impossible, however, to know how to distribute the numbers

Table 2: Sample State Data for Entry Into the DMC Model

Data Element*	White	Black or African American	Hispanic or Latino	Asian	Native Hawaiian or Other Pacific Islanders	American Indian or Alaska Native	Other/ Mixed
A. Population at risk (ages 10 through 17)	1,097,108	184,372	65,596	27,925		3,564	**
B. Juvenile arrests	69,759	34,754	7,975	845		39	**
C. Refer to juvenile court	22,175	12,682	2,531	227		29	1,683
D. Cases diverted	3,588	1,121	275	32		3	222
E. Cases involving secure detention	6,541	5,596	1,378	43		7	115
F. Cases petitioned (charges filed)	14,904	9,273	1,898	165		21	916
G. Cases resulting in delinquent findings	10,373	5,778	1,380	109		12	538
H. Cases resulting in probation placement	5,239	2,792	710	64		5	313
I. Cases resulting in confinement in secure juvenile correctional facilities	148	153	58	1		0	6
J. Cases transferred to adult court	91	84	13	0		0	9

* Data elements correspond to figure 1.

** Note the discussion of these two entries in step 5.

of mixed race or other youth back into the other categories of youth. This mixture of classification methods across the population estimates and across multiple juvenile justice data systems raises a quandary—there is no accurate way to make categories completely consistent across the data entry system.

For example, one could estimate the number of cases involving mixed or "other" youth at the arrest stage, but the basis for such an estimate would raise questions. It might be possible (but not easy) to go back to population numbers for the 2000 census, but the population estimates available for more recent years do not have all categories—they estimate only the major groups. It might be possible to distribute the number of cases involving mixed-race youth across the other categories for the stages in the juvenile justice system (for example, the referral, detention, and other stages)—but that could leave the results open to some challenge. Leaving them alone, as in the example, permits examination of whether any particular issues occur later in the system (e.g., in transition from referral to detention or conviction). Leaving them alone will also probably underestimate the degree of DMC for some groups because other "other/mixed" youth will be in the population estimates and arrest information for those other groups but not in the referral, detention, and other numbers. As a result, the rates of activity will be somewhat lower than if one had better information, which in turn means that estimates of DMC will tend to be slightly lower than the actual extent of DMC. It seems preferable to

say that one's estimates are the "lower boundary" of the size problem. The DMC numbers suggest that there are issues that must be addressed, but, given these data issues, the problem probably is actually a bit worse.

Step 6: Determining Availability of Base Numbers

You also need to determine what base numbers are available for calculating the rates. In general in figure 1, those numbers that the authors recommend for use as the base for a rate are in rectangular boxes down the center of the figure. For example, in calculating the rate of secure confinement (circle I in figure 1), the authors suggest that the appropriate base be the boxed count of the number of delinquent (guilty) findings. In this example, the rate of confinement for white youth is 1.43 per 100 delinquent findings (100(148/10,373) and for African American youth the rate is 2.65 per 100 delinquent findings (100(153/5,778). Given the situation in which that number is not available, the authors recommend that you use the preceding boxed number, in this example the number of petitions (charges) filed. The data tool will automatically select the preceding base for the rate if the preferred base is unavailable (all zeroes).

Step 7: Examining the Results

After entering (and verifying) all data in the data entry section, examine the results. The data tool results are organized by minority group, with each group being compared to the rates for white youth. Corresponding tabs at the bottom of the worksheet present the data for each group. Table 3 presents the analysis for the sample county to compare black or African American youth and white youth.

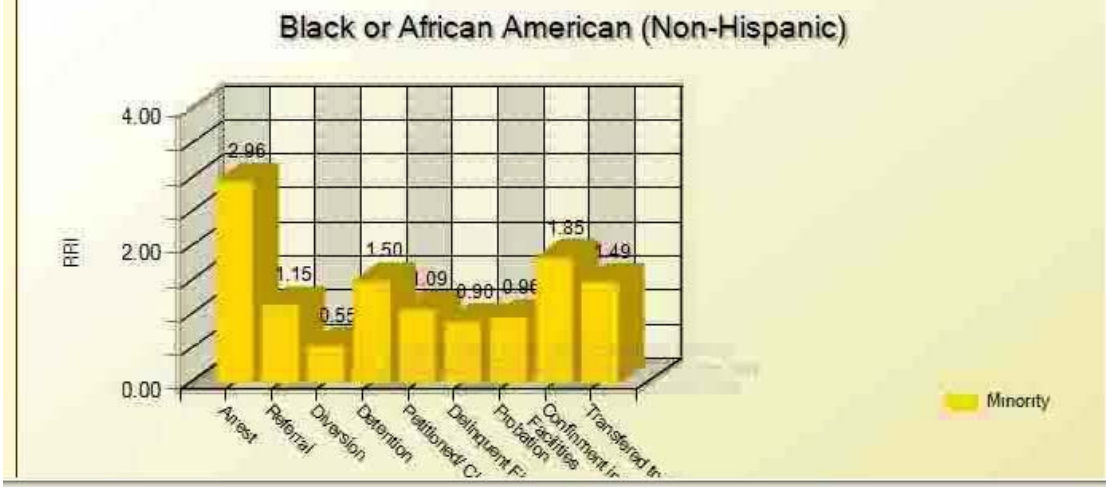
Identifying and Interpreting Significant Index Values

In examining the index values, you will identify those that are significant and correctly interpret the significant index values. The analysis table (see table 3 for an example) shows the total number of youth in each stage, the rate of youth (e.g., the rate of arrests is 63.58 per 1,000 youth for white youth and 188.50 per 1,000 youth for black or African American youth), the relative rate index (188.50 divided by 63.58 = 2.96), and an indication of whether that index is statistically significant (i.e., could it have occurred by a random process?). An index value of 1.00 would indicate that the rates were essentially the same. In this instance, the index (2.96) is so far from 1.00 that it is unlikely to have occurred as a random process, so use of the red color and bold font indicate that this finding is statistically significant. The interpretation of that value is that the relative volume of arrest activity or rate of arrest (but not the likelihood of arrest), taking into account the relative size of the juvenile populations, is more than three times greater for African American youth in this jurisdiction.

Table 3: Sample Analysis Table

Select a race: Black or African American (Non-Hispanic) Export To Excel

Data Items	White Rate of Occurence	Minority Rate of Occurence	Relative Rate Index
1. Population at Risk			
2. Arrest	63.58	188.50	**2.96**
3. Referral	31.79	36.49	**1.15**
4. Diversion	16.18	8.84	**0.55**
5. Detention	29.50	44.13	**1.50**
6. Petitioned/ Charge filing	67.21	73.12	**1.09**
7. Delinquent Findings	69.60	62.31	**0.90**
8. Probation	50.51	48.32	**0.96**
9. Confinment in Secure Corretional Facilities	1.43	2.65	**1.85**
10. Transfered to Adult Court	0.61	0.91	**1.49**



In some instances (notably, diversion and probation), a higher index value would mean that minority youth have higher rates of activity, which may be positive for them—in other words, a high index value for diversion would mean that a relatively higher rate of diversion occurred for minority youth. Conversely (and more frequently the case), an index value significantly lower than 1.00 means less diversion (or probation) for minority youth. For example, in the instance above, the index value of .55 indicates that the rate of diversion for African American youth is only slightly more than half the rate of diversion for white youth.

Identifying the Numerical Bases for Rate Calculations

You must also identify the numerical base used for each rate calculation and then understand which stages of the juvenile justice system (figure 1) you use to calculate those rates. If data are missing from one or more stages of the justice system, you will

need to identify the base for each rate calculation, and the analysis of the index values becomes more complex. For example, in tables 2 and 3, assume for a moment that arrest information was not available. Then, although the preferred rate for calculation of court referral rates is the rate per 100 arrests, because arrest numbers would be unavailable, the rates would be calculated per 1,000 youth. If that were the case, the referral rate for white youth would be 20.2 referrals per 1,000 youth; for African American youth, the rate would be 68.8 referrals per 1,000 youth. The resulting RRI value would be 3.40, leading to the conclusion that the referral process is the source of greatest disparity in the contact experiences of African American youth. But the full data show that, in this instance, the greatest disparity is in the processes that lead to arrest, whether that means the behavior of youth, the community processes that lead to involvement of law enforcement, or the actual processes of arrest. The point is that interpretation of incomplete data is more difficult, leads to even greater ambiguity in identifying stages for examination, and therefore underscores the importance of seeking more complete information.

Knowing Where Index Values Cannot Be Calculated

Although it does not occur in this example, there may be situations (particularly for smaller counties and for stages toward the bottom of figure 1) in which no white youth were processed in a particular stage. For example, if no white youth were transferred to adult court, the rate of adult court transfer is zero, meaning that it is impossible to calculate a relative rate index for that stage (this would require division by zero, which is mathematically impossible.) There are two additional situations in which you might calculate a value, but in which its interpretation would be questionable. The first of these is when the volume of activity is extremely low (for example, less than five events in the target stage for the group being examined —i.e. less than five instances of African American youth transferred to adult court). The second is when the base number for calculating the rate (the denominator of the rate) is less than 50. In both of those instances, a small fluke occurrence might lead to an abnormally high (or low) number of events (e.g., transfer to adult court), and given a small base number for calculating rates, a small change in the number of transfers would translate into a large change in the rate of transfers. In other words, at some point it is no longer feasible to examine such data and believe that the examination really provides a pattern of systematic behavior within the justice system—as opposed to a number that might fluctuate greatly on the basis of relatively small actual changes in the justice system. In both of these situations, the data models that OJJDP uses in its data analysis system will not provide numerical answers but rather will indicate that there are insufficient numbers to produce reliable results.

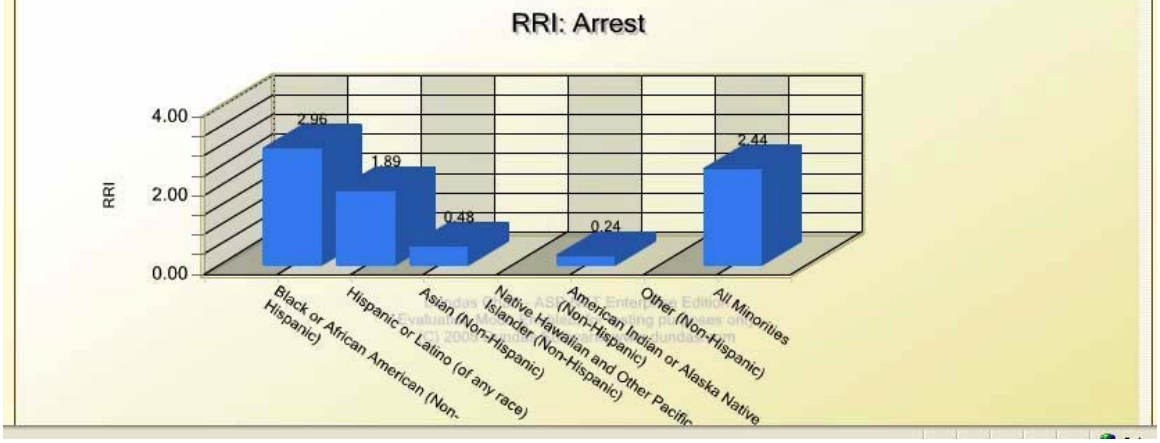
Step 8: Identifying Patterns

Finally, examine the comparative experiences of youth from multiple minority groups to determine if systematic patterns exist affecting multiple groups. In the summary table (table 4), the RRI values are presented for all minority groups. The only data included in this table are for those groups that meet the 1 percent threshold for analysis. Also included is a graphic display of the RRI values for each of these groups for particular stages of the juvenile justice system. In this instance, the selected stage is arrest,

Table 4: DMC Summary Table

Select a Point of Contact: Arrest — Export To Excel

Data Items	Black or African American (Non-Hispanic)	Hispanic or Latino (of any race)	Asian (Non-Hispanic)	Native Hawaiian and Other Pacific Islander (Non-Hispanic)	American Indian or Alaska Native (Non-Hispanic)	Other (Non-Hispanic)	All Minorities
1. Population at risk							
2. Arrest	2.96	1.89	0.48	*	*	*	2.44
3. Referral	1.15	1.01	0.84	*	*	*	1.24
4. Diverted	0.55	0.67	0.87	*	*	*	0.60
5. Detention	1.50	1.85	0.64	*	*	*	1.41
6. Petitioned	1.09	1.17	1.08	*	*	*	1.07
7. Delinquent	0.90	0.99	0.95	*	*	*	0.91
8. Probation	0.96	1.02	1.16	*	*	*	0.98
9. Confinement in Secure Facilities	1.85	2.94	**	*	*	*	1.95
10. Transfer to Adult Court	1.49	--	--	*	*	*	1.41



* Group is less than 1 percent of the youth population.

**Insufficient number of cases for analysis.

--Missing data for some element of calculation.

showing that the highest RRI values at arrest are for African American youth, followed by Hispanic youth. The experiences of African American youth in this jurisdiction clearly drive the "all minorities" group.

Implementing the RRI Tool: Variations on a Theme

A number of situations exist in which the basic RRI model described above may be insufficient for the analytic needs of the identification stage. In addition to the calculations and issues of data manipulation, additional factors to consider include data

availability, defining the minority groups to be studied, and pushing the RRI process so that it begins to point in some direction for the assessment process.

Specifying System Stages To Be Examined

Specifying the stages of the justice system to be examined is perhaps the most frequent situation in which jurisdictions modify the RRI process. This variation on a theme is played out in two directions. First, it may be the case that a jurisdiction lacks access to sufficient data to describe some of the stages outlined in figure 1. For example, some communities do not maintain sufficient records to adequately explore such stages as the diversion decision or the decision to refer a youth to the juvenile courts. As noted above in the discussion of the sample jurisdiction, when a stage is missing (court referral in the example above), the rate calculations for the stages following that missing stage (for example, the cases in which a petition is filed) are based on the volume in the preceding stage (in this instance, the number of arrests). That substitution has several impacts that must not be overlooked. First, the RRI value that results from this calculation no longer represents simply the effect of one major decision, but the effects of two—both the referral to the juvenile court and the subsequent decision to file a petition of delinquency. Although the resulting RRI number for filing of petitions is labeled as "filing of petitions," it is likely to be a larger number than the comparable stages in other jurisdictions because it is the accumulated effect of two sets of decisions.

Moreover, in terms of helping to target attention at an appropriate stage for assessment, if the referral stage is missing, then one does not know whether to target the assessment study on that referral stage or on the subsequent stage of filing a petition. That will make the assessment study more difficult to design, more expensive to conduct, and less likely to actually pinpoint the areas in which intervention is most likely to be productive. Thus, the more missing stages that occur within the RRI analysis for a jurisdiction, the more problematic it will be to productively conduct an assessment and target changes within that system in a manner that will have maximum impact on reducing DMC. Although it is possible to calculate the RRI values with simply the population in a jurisdiction and one other set of numbers (for example, the volume of admissions to secure confinement), such information would be of relatively little value in identifying areas of the justice system that might benefit from a variety of possible interventions. Beyond that, it would be unlikely that such a single set of numbers would be of much value in assessing the impact of changes in the justice system over time.

Adding a Stage to the Analysis

The second variation on this theme is in the opposite direction—what can be done when a jurisdiction believes it must add another stage to the analysis? In this instance, assuming that data of appropriate quality exist to describe such a decision stage, the difficulty is to add a stage to the analytic model in a way that augments the jurisdiction's ability to make sense of the addition and also to compare this jurisdiction to others within the state or region. There are, of course, some very good policy reasons to add another stage or to subdivide cases into sets handled via a discretionary pathway as opposed to those prescribed by legislation or other agencies. The additional wrinkle in such an addition is

that the analytic model that OJJDP tools use to calculate the RRI are relatively tightly integrated. It is not feasible to simply add a column or row to the models. As a result, those jurisdictions wishing to add a stage to their justice system model should contact the OJJDP manager in charge of DMC issues to discuss and request technical assistance regarding that addition. In any event, one of the most critical elements of the state effort must be to ensure that all participating jurisdictions use consistent definitions of terms and data collection methods. This is especially important if some jurisdictions within a state are likely to be home to the majority of minority youth. To obtain an accurate statewide picture of DMC issues, those jurisdictions with significant numbers of minority youth should record information using the same definitions and processes as other jurisdictions. If this is not the case, it is likely they will introduce some element of distortion in DMC measurement because of the differences in definitions and processes.

Selecting Minority Groups To Be Examined

Standards and Guidelines

In addition to the stages of the justice system, the RRI process relies on identifying appropriate minority groups to be examined through the process for evidence of DMC issues. Several standards come into play in this selection. First, the basic selection of groups to be examined follows OMB's direction. OMB has devised guidelines and groupings for addressing the issues of race and ethnicity and collecting such data. OMB's guidance is available on the White House Web site, at www.whitehouse.gov/omb/fedreg/ 1997standards.html In addition to the OMB information, a number of other fields, such as the study of health disparities, (see the Health Research and Education Trust at www.hretdisparities.org/hretdisparities/html/general/gcodsto.html) have gathered additional advice. Beyond the guidance of such general sources of information, jurisdictions may examine the census estimates for a particular state or jurisdiction. In general, as an OJJDP requirement, states should analyze information on each group that comprises 1 percent or more of the general youth population (in the age at risk of juvenile justice system contact or coming under the jurisdiction of the juvenile court system).

Issues in Counting Latino Youth

It is clear that additional issues arise in the identification of groups. The rapid growth of Latino/Hispanic communities in the United States, for example, raises a relevant challenge. Latinos, as a pan-ethnic group, can represent multiple races depending on national origin (e.g., black, indigenous, European, and Asian descent). As such, the identification of race for recent immigrants is more a foreign term than a term of meaning—ethnicity is more relevant. Similarly, generational status and acculturative stress may reflect more meaningful information for intervention but may represent challenges for data collection. Such challenges and stress may even extend to the selection of language to be used; for example, whether the local community prefers the terms Chicano, Latino, or Hispanic may be a source of tension. While recommendations for data collection have been offered,[3] one important issue is that the terminology be consistent across jurisdictions and across agencies within a jurisdiction.

Some jurisdictions, for example, have begun piloting with the notion of elevating Hispanic/Latino to a racial category. The authors caution against this; table 5 illustrates how this practice can result in gross misrepresentation of U.S. Latinos. Although this approach may appear to be better than the standard practice of asking questions based on generally accepted categories of race (i.e., African American, Asian American, white, or other—in which 90 percent of Latinos will categorize themselves as white), it creates other challenges. For example, a youth who is both black and Latino (e.g. Dominican, Puerto Rican, and Panamanian youth), indigenous (e.g., Guatemalan, Mexican), or of Asian ancestry (e.g., Peruvian), the forced choice of only one of the descriptors results in an accurate count in one category (either black/Asian/indigenous *or* Latino) but an undercount in the other (for that particular youth). As additional Latino youth respond to these single question choices, the inaccuracies in the data increase accordingly and the problem is compounded.

Table 5: Racial/Ethnic Self-Identification Questions: Misrepresentation of Hispanic Youth If Not Offered Option of Identifying Both Race and Ethnicity

Race	Number of Youth in Sample			Correct Percentage Hispanic by Race
	Non-Hispanic	Hispanic	Total	
American Indian	254	464	718	64.6%
Asian	2,594	227	2,821	8.0%
Black	8,736	761	9,497	8.0%
White	34,091	27,380	61,471	44.5%
TOTAL	45,675	28,832	74,507	38.7%

Race	Number of Hispanic Youth Incorrectly Categorized as Non-Hispanic If Forced To Choose Between Race and Ethnicity, by Percentage of Respondents Categorizing Themselves by Race Only									
	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
American Indian	46	92	139	185	232	278	324	371	417	464
Asian	22	45	68	90	113	136	158	181	204	227
Black	76	152	228	304	380	456	532	608	684	761
White	2,738	5,476	8,214	10,952	13,690	16,428	19,166	21,904	24,642	27,380
TOTAL	2,882	5,765	8,649	11,531	14,415	17,298	20,180	23,064	25,947	28,832

Note: This example is based on 2003 data from "Anywhere County, USA." The youth in the example are ages 10–16.
Source (columns 1-4): Puzzanchera, C., Finnegan, T., & Kang, W. (2005). "Easy access to juvenile populations" online. Available: www.ojjdp.ncjrs.gov/ojstatbb/ezapop/

Thus, OJJDP recommends that jurisdictions ask two questions to more accurately determine the issue of ethnicity and race for youth in the system. These would be: first, a question about racial identification, and second, a question about ethnic identification

(Hispanic, Latino, or the appropriate local terminology.) When jurisdictions ask one question instead of two, they lose not only important information but also information that is critical to accuracy. Without a true count of Latino youth in the justice system, jurisdictions cannot accurately assess the need for bilingual/bicultural staff and services, written materials in Spanish, certified translators, culturally appropriate programs, etc., nor can they determine whether dollars allocated to services for Latino youth are sufficient or whether monies have been judiciously spent. Moreover, generational status or length of time in the United States may influence linguistic competencies in multiple languages, not just English. Such information is critical to providing needed services for youth whose linguistic choice is non-English.

Potential Inconsistencies

A state or jurisdiction with multiple data systems may encounter problems if these systems use inconsistent methods to collect data about race and ethnicity. This may lead the jurisdiction to identify the same youth in several ways as he or she travels through the justice system, primarily because the data collection systems have different classification schemes and categories into which they subdivide their clients. This is essentially the problem that was previously presented in table 2. While it may be possible to creatively identify combinations of categories in which the data systems may be treated as consistent, one should exercise great care whenever comparatively analyzing the data from classification systems that differ with respect to race and ethnicity.

Extensions of the Basic RRI Process

Studying More Jurisdictions and More Categories of Youth and Offenses

States may use the basic RRI method described above to extend the number of jurisdictions to be studied, subdivide the types of youth being studied, and subdivide the types of offenses (and other features) being studied to broaden their analysis of DMC issues. Each such refinement adds analytic power and specificity to the search for ways in which to address DMC issues. A few examples of such refinements would include separate identification analysis for males and females or for older and younger age groups. The logic that jurisdictions might use to justify such endeavors would be that there is some additional contact risk that attaches to younger (or older) male youth. Likewise, jurisdictions might add additional stages to the basic RRI model to track the implementation of specific additional statutory provisions such as the application of determinate sentencing or of automatic transfers to adult court for some offenses. For such policies to be fruitful for analysis, states would have to demonstrate that the policies actually apply to a substantial number of youth. In a similar fashion, it might be feasible to conduct the RRI analyses separately for various classes of offenses, such as those involving crimes against persons, property, drug offenses or public order. Again, the need is to ensure that a sufficient number of cases are processed to make the search for patterns potentially fruitful. If one is engaged in analysis of subsets of offenses, it is also necessary to recognize that the processes of plea-bargaining and diversion programming may lead to situations in which the classification of an offense changes as the case proceeds through the systems.

Considerations in Selecting and Combining Counties

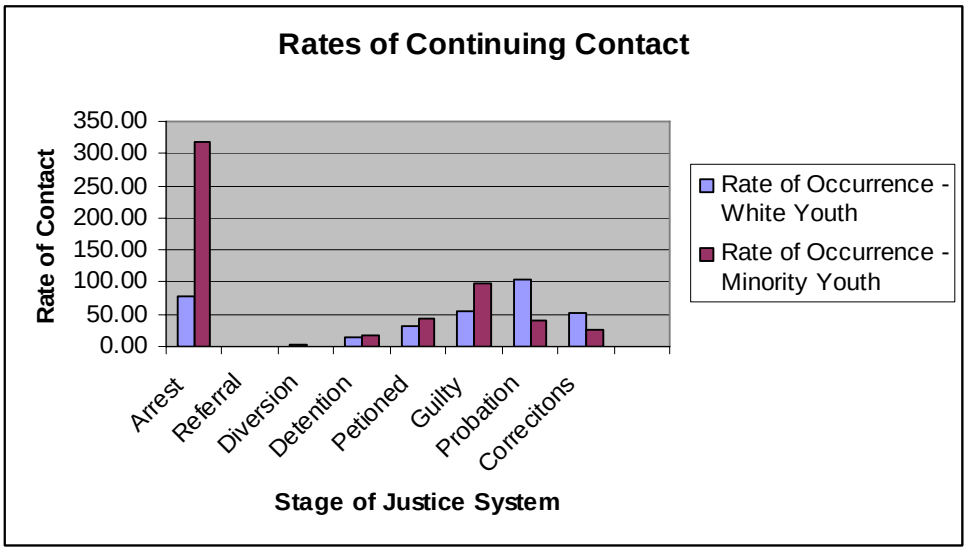
An additional extension of the RRI model has to do with the number of counties or other jurisdictions that each state examines. The OJJDP minimum standard is that the state must examine at least three counties. The selection of these counties reflects the counties with the highest proportions of minority youth within their juvenile population, as well as reflecting those jurisdictions within the state that contain the greatest numbers of minority youth. The intent of the minimum standard is to enable the state subsequently to make data-driven decisions in selecting appropriate local jurisdictions for targeted DMC reduction efforts. Beyond that, a state should collect data on all counties that are likely to be (or become) specific targeted or pilot sites for DMC activities in the foreseeable future. The state should select which counties to track with some care, since the expectation is that for purposes of monitoring the projects, there will be continuity in the set of counties that are the subject of state reporting on a recurring basis. Therefore, OJJDP requires that states track DMC data of their DMC reduction sites on a regular basis (annually preferred or every 3 years at a minimum).

One of the themes that recur through some of the preceding materials is the difficulty of analysis when the number of events being followed over a 1-year time span is relatively small. Even if there are more than 50 occurrences in a base rate and more than 3 to 5 occurrences exhibiting the targeted behavior, it is clear that there may be great difficulty in achieving any level of statistical power that will permit identification of patterns in DMC. One solution to that issue is to aggregate data into larger sets so that the statistical stability is obtained. The state might combine several counties into one region for analytic purposes or combine data for several years to accomplish this end. In either event, if the underlying systems are operating relatively smoothly and consistently, then the process of aggregating over several counties or several years should enhance the state's ability to find useful results. This aggregation strategy is designed for use in states where none (or almost none) of the communities have a sufficient volume of activity for a single-year/single-community analysis. States should not pursue the strategy of aggregation to assess small communities if large jurisdictions in the state exhibit substantial evidence of DMC; those larger communities represent the impact of DMC on substantial numbers of youth and should be addressed.

Developing Graphic Presentations

Finally, to enhance the utility of the analyses and to make them intelligible to a wider range of audiences, states may want to consider developing a variety of graphic presentations of the data. For example, in sample graph 1, the major emphasis is on understanding the magnitude of the RRI values. Clearly the rates of contact are markedly farther apart at arrest than at any other stages.

Sample Graph 1



Systematic Analysis of the RRI Results

Regardless of the variations or extensions of the RRI method used by a state, there is logic to the interpretation and analysis of the RRI materials. That logic is embodied in a series of comparisons that the state can make with its analysis; the state should proceed in a systematic manner to ensure that it considers and identifies all issues, if appropriate. These issues may be aggregated into three sets, as follows:

- Comparison of RRI values within a county, within a specific racial/ethnic group, and across time.
- Comparison of RRI values across racial/ethnic groups within a specific jurisdiction.
- Comparison across jurisdictions (identifying differences in system implementation and practice). This involves comparison of rates, as well as RRI values at each stage.

Continued Monitoring of DMC

Purpose

The purpose of the monitoring activity is at least threefold:

- The ultimate question that jurisdictions must answer is: Has DMC been reduced? Whether such a change is directly attributable to specific DMC efforts is a secondary issue that requires a specific evaluation study, but the first issue for any community is whether a high rate of DMC has been reduced or whether a rate of DMC is increasing or decreasing over time.

- Changing rates of DMC calls for adjustments in intervention strategies—selecting the next targets, making sure that past gains in DMC reduction are not lost and that the system is managed in a consistent manner.
- The act of monitoring and feedback of simple data may encourage change; positive results may provide tremendous encouragement for DMC efforts. The ongoing monitoring of DMC rates keeps the issue alive and fuels the urgency to reverse DMC.

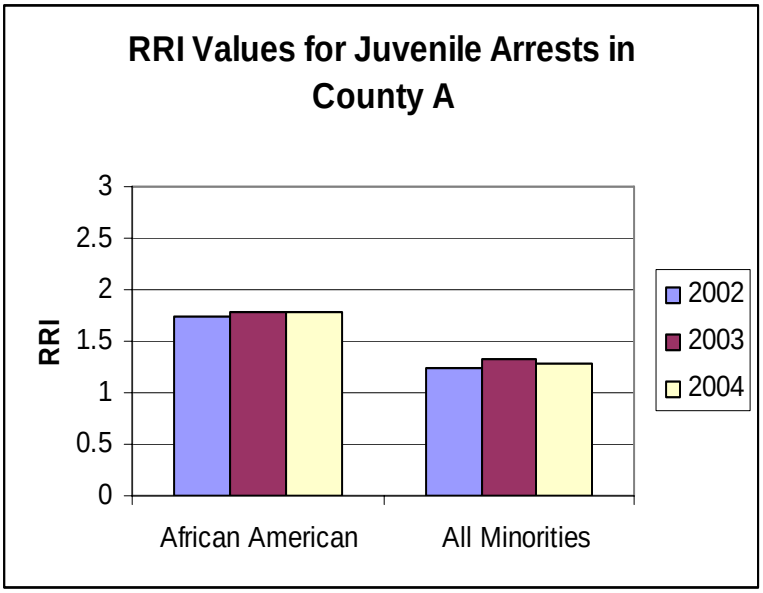
Using RRI Values for Monitoring

This involves displaying multiple years of information and exploring the patterns in that display. In the following section, the authors include examples of some of the patterns jurisdictions might expect. The RRI scores and the graphic materials represent the actual results in several counties in a midwestern state.

Constant Values

In sample graph 2, relatively flat RRI values indicate system stability and generate greater confidence that the RRI pattern reflects real differences in minority contact rates. In this instance, there is a pattern that African American youth have a higher volume of arrest activity relative to that of white youth and that this pattern is relatively consistent across time. The same consistency applies to the RRI values for all minority youth. In this county's instance, the arrest stage was not targeted for DMC intervention, and the display simply indicates that not much has changed here.

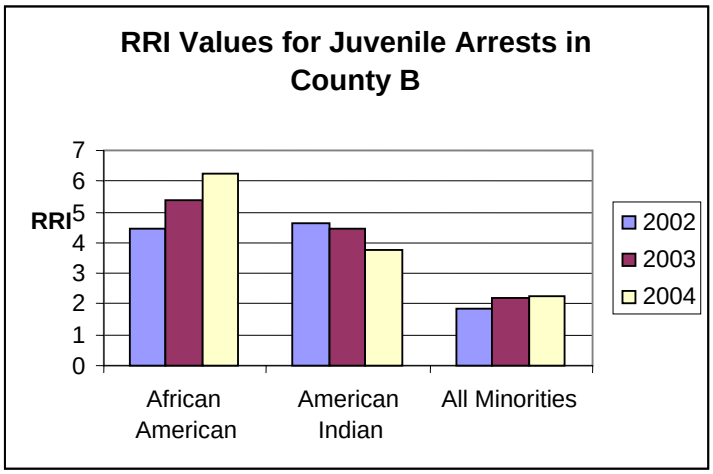
Sample Graph 2



Increasing RRI Values

Sample graph 3 shows a second pattern of increasing RRI values that may appear over time. In this instance, the growth generated a concern that the arrest area for African American youth shows an increasing level of DMC, and, therefore, should be examined carefully to become part of ongoing intervention efforts.

Sample Graph 3



Decreasing RRI Values

In sample graphs 4 and 5, which show examples from the same county, it appears that DMC issues are headed in an appropriate direction, whether due to system change and interventions or to natural changes such as demographic or economic shifts. In this instance, however, since the target for intervention in the DMC arena involved court processing, it appears possible that the intervention has had a desired impact on DMC issues within the court system. A more extensive evaluation study would be required to support such a conclusion, but the results are promising.