# Envisioning a Juvenile Justice System that Supports Positive Youth Development

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# Abstract

Positive youth development describes an approach for helping young people thrive by building on the developmental assets of youth, their families, and their communities. The tenets of positive youth development are often not mentioned in concert with discussions of juvenile delinquency, juvenile violence, and the juvenile justice system. However, lessons learned from states at the forefront of juvenile justice reform indicate that a treatment-focused, rehabilitative orientation within the juvenile justice arena can and does work for supporting positive youth development. Key elements of a juvenile justice system that holistically supports youth behavior change include a) a system-wide therapeutic approach to intervention; b) a focus on mental health and substance abuse issues among court-involved youth; c) rethinking the process of juvenile offender re-entry after incarceration; and d) maintaining legislative and fiscal support for a continuum of community-based prevention and intervention efforts.

## Introduction

Is it possible to envision a juvenile justice system in this country that seeks to uphold and protect community safety but also offers youth an opportunity for change, restitution, and rehabilitation? Should we envision such a possibility? And, would we even be satisfied with it if it came to fruition? We believe that we can and should. Moreover, we are not alone in advocating for a significant paradigm shift in re-framing the role and function of the American juvenile justice system. Numerous child advocates, scholars, and practitioners have issued a clarion call (e.g., Barton, 2004; Bazemore & Terry, 1997; Butts, Mayer, & Ruth, 2005; Schwartz, 2004) for an integrated system that meets youths' needs with a system of services and supports wholly focused on helping them become stable, competent adults. This article reaffirms the case for a positive youth development orientation in the juvenile justice system. The juvenile system of North Carolina is used as a frame of reference to describe several leverage points for building a justice system that makes such an approach a reality:

- engaging a system-wide focus and commitment to treatment, rehabilitation, and restoration;
- proactively addressing the mental health issues of court-involved youth;
- granting specialized attention to the facility-to-community transition process of for incarcerated youth;
- investing fiscal, social, and human capital in the power of prevention, relying on a network of evidence-based, cost-effective, community-based programs.

## Linkage Positive Youth Development with Juvenile Justice

Positive youth development, an approach that gained significant traction beginning in the 1990s, upholds the notion that youth are one of our most significant assets. And like all assets that one cherishes, youth as a whole must be developed, protected, cultivated, and secured (see Benson & Pittman, 2001; and Hamilton & Hamilton, 2004 for overview resources on positive youth development). More than just a series of programs or interventions, positive youth development "…is a new philosophical foundation for youth services that views youth as resources rather than only the recipients of services, and also seeks to involves youth actively in the programs and activities designed to benefit them" (Capowich, 1995, p. 58). Butts, Mayer, and Ruth (2005) described positive youth development as an "alternative to viewing adolescent development through the lens of problems and deficits" (p. 4). Instead, positive youth development focuses on strengthening protection in youths' lives while simultaneously reducing risk. The notion is to move beyond simple risk avoidance—for that will never be enough to ensure well-being—and capitalize on building resilience through competency development (Hamilton, Hamilton, & Pittman, 2004). This notion stands in contrast to traditional approaches: "While service program based on deficit or "medical model" assumptions have come to dominate the youth policy landscape, most people become conventional adults as they gain experience in responsible institutional roles at work, in the family, and through key community networks" (Bazemore & Terry, 1997). Therefore, it is imperative to cultivate youth competencies across cognitive, social, moral, emotional, and behavioral domains such as interpersonal social skills, positive identity development, academic competency, personal contentment, and social engagement.

Several emergent frameworks encapsulating the processes of positive youth development exist. Villarruel and colleagues have outlined the Community Youth Development Model (Villarruel, Perkins, Borden, & Keith, 2003). Their conceptualization is important because it underscores the role of the community and the importance of community institutions to foster opportunities for youth engagement. The Search Institute has developed another well-known approach focused on forty developmental assets (Benson & Pittman, 2004; Benson & Scales, 2001). External assets are the positive experiences received from peers, adults, parents, and social/educational settings. These assets are focused on support and empowerment, boundaries and expectations, and constructive use of time. Internal assets are the characteristics possessed by individual youth that elicit positive growth and development. These assets are focused on positive values, social competencies, and commitment to learning. A model developed by Lerner and colleagues model (Lerner et al., 2006) is a third integrative approach to positive youth development that emphasizes youth-environment interactions and highlights attributes among youth known as the five Cs—competence, confidence, connection, caring, and character.

All these frameworks have several elements in common: a reliance on youth strengths instead of deficits; clear acknowledgement that youth are shaped by (and have the ability to shape) multiple social contexts beyond their family (schools, neighborhood organizations, churches, and social programs), and; youth prosocial development is greatly fostered through high-quality relationships with caring adults. With that array of convictions in place, isn't it time to more fully integrate the tenets of positive youth development with juvenile justice? As Barton (2005) noted, "embracing the principles of positive youth development remains our best hope for creating a future that welcomes the majority of our children" (p. 372).

## Focusing on Treatment

The first leverage point for embracing a positive youth development approach is to create a juvenile justice system that is essentially focused on treatment and rehabilitation. Although true to its roots and firmly planted in the bedrock of the American system of juvenile justice, rehabilitation has not always been embraced as a guiding mantra. In fact, when the history of the juvenile justice system in this country is reviewed, one observes dramatic shifts of the pendulum from punishment to rehabilitation (Schwartz, 2000). Not surprisingly, some of these pendulum swings often coincide with election cycles. In the not too distant past in various states across the country, for example, policymakers and leaders in the corrections field felt that “nothing works” in terms of correctional treatment (Howell, 1997; Sechrest, White, & Brown, 1979), so there was a subsequent movement away from rehabilitation and a focus on being “tough on crime.” There was a “lock ‘em up” mentality, in which out of sight meant out of mind; treatment efforts languished while punishments and sanctions reigned. However, offenders almost always come back to families, neighborhoods, and communities that they came from and if their mindset is not changed while incarcerated, the criminal cycle simply begins again. This is particularly disheartening in light of the fact that the correctional community is well aware of several approaches that do work, especially for juvenile offenders (Hollin, 1998; Lipsey & Wilson, 1998), and they all fall broadly under the category of treatment and rehabilitation.

One example from a system that is equally focused on public safety and youth rehabilitation can be observed in new approaches to secure confinement in North Carolina. A movement toward juvenile justice reform in North Carolina began in earnest during the 1990s with changes to the state juvenile code. In 2000, then Governor Jim Hunt created a cabinet-level department to carry forth the new code, entrusted to the new Department of Juvenile Justice and Delinquency Prevention. Since that time, North Carolina has completely revamped its approach to juvenile prisons in the state. These facilities—called Youth Development Centers (YDCs)—used to be large institutional facilities much like adult prisons. In response to H1414-Sec. 16.3, the DJJDP recommended that small, community-connected facilities replace YDCs. Originally there were only five such facilities to serve the entire state; new plans call for the construction of thirteen smaller, more geographically dispersed facilities. With the backing of the state legislature, DJJDP adopted a new model featuring YDCs that are markedly different on several levels: size, design, campus layout, schedule, staffing patterns, and an array of on-site services and supports (Sweat, 2006). All of those changes were conceived with one goal in mind: creating a therapeutic environment to break the cycle of offending (North Carolina Department of Juvenile Justice and Delinquency Prevention Annual Report, 2006).

More than just a buzzword or the latest fad, creating a "therapeutic environment" represents a paradigm shift in treating youthful offenders. To cast a therapeutic environment in a state's most secure facilities, reserved for the most challenging juvenile offenders, requires a commitment that transcends environmental space, resources, and time allocation. As described by DJJDP (2007), "The environment is the treatment; therefore, every part of every day is planned and implemented to support treatment and development." The prevailing notion is that every staff member, every interaction, every activity that transpires within the YDC is an agent of change. Focused therapeutic interactions, coupled with educational, clinical, health, and other services should thereby comprise a majority of youths' in-facility time (up to 80%, in fact; see Latessa, 2004 and Sherman et al., 1997). Key elements of the therapeutic approach in practice are outlined below (DJJDP, 2004; Sweat, 2006).

- Youth receive thorough assessment of strengths and needs at intake. Prior to entering a YDC, each youth spends time at the Assessment and Treatment Planning Center to derive an individualized service plan. Each youth thus arrives at the YDC with clearly articulated goals, recommended strategies and interventions to reach those goals, and guidelines to monitor progress.

- There is a 4 to 1 staffing ratio within the YDC. Building on the notion that adult role models serve as the basis of positive, prosocial interactions, youth have the opportunity to develop deeper, more constant relationships with staff members. Through regular, consistent, one-on-one interactions, staff uphold high expectations for youth along with support and firmness to reach them. Interactions with every staff member in the building are a possible teachable moment, predicated on the rationale that modifying youths' thinking is what ultimately changes their behavior.
- Since youth admitted to YDCs are, on average, three to four grade levels behind their peers in reading and mathematics, the educational needs of the juveniles are addressed through developmentally appropriate approaches to instruction. This may include differentiated instruction, integrative education, and an interdisciplinary studies curriculum. On any given day, youth will spend 7 hours in a structured, school-like instructional environment.
- Every youth in a YDC receives intensive services such as counseling, therapy, and instruction in critical life skills. Depending on the needed services outlined in their individualized plan, youth may receive treatment for substance abuse, serious emotional disturbance, and/or sexual behavior problems. Intensive case management supports the proper array of programming to ensure efficacy.
- YDCs are purposely being built in closer proximity to the population centers that have typically had the most youth in treatment. More community connectedness means that the facilities are open to parent and family involvement in the rehabilitation process. This may take the form of parenting groups, family

therapy, and programs to enhance family communication and discipline practices. Caregivers are encouraged to commit to ongoing involvement in their child's treatment through regular visits, participation in service team meetings, and frequent phone contact with staff.

- Planning for release from the YDC begins on the day that a youth arrives there. That is, community reintegration is not viewed as a discrete, culminating event. Instead, progress toward goals is monitored all along with an eye toward the transition from secure confinement to one's home community. Advance planning is crucial to making sure that necessary service and supports are in place in the designated discharge environment.

The full theoretical framework and slate of treatment options is more extensive than elaborated upon here. In addition to the highlighted points, the YDC programming continuum provides health services, a recreation program, gender-specific programming for females, and a commitment to delivering services in a way that is culturally competent. While the coverage here of North Carolina's emerging model of secure facilities for juveniles is not exhaustive, the central point should be clear: the YDC staff commits on a daily basis to reduce the risk factors in a child's life and build on the protective factors that will keep them crime-free for the long-term.

## Juvenile Offending and Mental Health

A second major leverage point is to acknowledge the important nexus between juvenile offending and mental health and substance abuse issues. Researchers have documented that between 40% to 90% of children and adolescents involved in the juvenile justice system also suffer from a mental illness compared to 18% to 22% of the general youth population (Cocozza, Stern, & Blau, 2005; Kazdin, 2000; Teplin, 2001; Teplin et al., 2002). Additionally, as many as

50% have co-occurring substance use problems (MacKinnon-Lewis, Kaufman, & Frabutt, 2001). The Northwestern Juvenile Project indicated that two-thirds of juvenile detainees in the baseline sample had one or more alcohol, drug, and/or mental disorders (see also Huizinga, Loeber, Thornberry, & Cothern, 2000; U.S. Public Health Service, 2000). In fact, the vast majority of youth in the juvenile justice system have multiple mental health diagnoses, with one large multi-state, multi-system study reporting that 60% of youth had *three or more* co-occurring mental health diagnoses (Skowyra & Cocozza, 2001). Given the astounding prevalence of mental health issues, it is likely that children's mental health and substance use problems play major roles in their offending behaviors.

In terms of specific mental health diagnoses, disruptive behavior disorders such as conduct disorders are often the first disorders to be diagnosed (Skowyra & Cocozza, 2001), but other more "hidden" disorders also are common. Cauffman and Grisso (2005) reported that while anxiety disorders impact 3 to 13% of the general youth population, they might impact about 6 to 41% of the juvenile justice population. Other estimates indicate that 84%-94% of juvenile offenders reported a history of trauma, with girls being more likely to meet criteria for post-traumatic stress disorder (PTSD) than boys (Abram, Teplin, Charles, Longworth, McClelland, & Dulcan, 2004). A history of trauma increases the risk of arrest by 59%, and for committing a violent crime by 30% (Widom, 1995). The mental health consequences of trauma among girls may explain why the violent crime index has increased 25% for girls, although there were no increases for boys (National Mental Health Association, 2003). Exposure to trauma also increases the risk of substance use, which may explain the increase in arrests for drug abuse violations among adolescent females (National Mental Health Association, 2003). With these gender differences and the unique precursors to violence among girls (see Graves, 2007 for a full review), juvenile justice programs should be cognizant that trauma-sensitive and gender-specific treatment models are needed to prevent future offending behaviors.

According to the National Mental Health Association, few of the youth entering the juvenile justice system receive adequate screening, assessment, or treatment (Justice for Juveniles Initiative, NMHA, 1999). And, unfortunately, despite the substantially higher rates of mental health disorders among these youth, services and approaches are fraught with barriers including inadequate assessment, fragmentation, and deficit-based intervention (MacKinnon-Lewis et al., 2002). To address this issue, professionals are charged with conducting comprehensive and strengths-based assessments that include mental health symptoms (Sternberg, 2003). Strengths-based assessments are important because, historically, youth-serving agencies have utilized a deficit-based model, where attention largely was devoted to the deficits and problems within the child and family. However, Barnard (1994) posited that using such paradigms results in a failure to capitalize on available resources that can be considered tools for change. That is, if a deficit-based paradigm is utilized, deficits will be the highlight of both assessment and treatment, preventing the recognition and utilization of strengths. In contrast, strengths-based paradigms shift the focus away from deficits by devoting attention to the strengths and resources within the child and family, and then incorporate those strengths into treatment planning.

Within strengths-based assessment, it is important to espouse an ecological approach to obtain a comprehensive picture of youth and their surroundings. These ecological factors can include person-level factors (e.g., anxiety, depression, inattention, trauma history), family-level factors (e.g., caregiver strain, history of parental violence), and school-level factors (e.g., attendance, academic performance, extracurricular activities) (for a full review of these factors, see Graves, Frabutt, & Shelton, 2007). Given that serious offenders often have complex needs, it is imperative that professionals understand youth behavior in context rather than as isolated incidents if we are to successfully intervene. Failure to do so raises the question, Are we incarcerating youth not because of their crimes, but because of our failure to address the possible mental health antecedents of their offending behavior?

During ethnographic interviews completed in North Carolina, one mother confided that she committed her child to the juvenile justice system so that she could get the appropriate mental health services for him (Frabutt, MacKinnon-Lewis, & Moorefield, 2002). Others have noted this "back door" approach to receiving necessary mental health treatment: "In states where mental health services are scarce, youth who need treatment may enter the juvenile justice system because that is the only place they can receive treatment" (Federal Advisory Committee on Juvenile Justice, 2007, p. 10). In many cases, some parents are forced to give up their parental rights in order to receive mental health services (President's Freedom Commission, 2002). Data from the Pathways to Desistance study conducted through the MacArthur Network on Adolescent Development and Juvenile Justice (Mulvey et al., 2004) have supported this claim, with those who were institutionalized in state-run facilities being more likely to receive services than youth who were based in the community and receiving services from contracted residential providers. Clearly, there is a need for greater identification and provision of mental health services, as well as greater system-wide collaboration. Such efforts are in line with recent legislation advocating for cross-system service planning in which juvenile justice personnel can participate in mental health treatment planning through the creation of child and family teams, and mental health staff can be housed within juvenile justice facilities (President's Freedom Commission).

## Addressing the Process of Offender Reentry

The third major leverage point is to address the critical transition phase known as offender reentry. “Reentry refers to the process and experience of reentering society after a term of incarceration” (Mears & Travis, 2004, p. 5). It is the term given to the facility-to-community transition experiences of offenders. The federal government recently responded to the scope and importance of the reentry issue by providing nearly $100 million to states through the Serious and Violent Offender Re-Entry Initiative (Office of Justice Programs, 2002). But why is re-entry such a critical juncture in the cycle of offending? Re-entry is a serious public health issue because the return of high-risk offenders to the community has been a significant source of violent crime in the U.S. (Hughes, Beck, & Wilson, 2001; Office of Justice Programs, 2002).

In 2006, over 650,000 prisoners were released to home communities across the country. Over 12 million adults were released from local jails. The majority of adults released are not on any formal supervision, leaving them on their own to navigate a successful transition back into a community that is often not equipped to meet their needs (Solomon, 2006). These adults are faced with multiple barriers including limited access to housing, education, job training, employment, mental health and substance abuse treatment, and family and social support networks. They often reenter society in a vulnerable state- concerned about how they will negotiate a daily routine in normal society and in fear of failure (Visher & Courtney, 2007). Roughly two-thirds of released offenders are re-arrested and one-half are re-incarcerated within 3 years of release from prison (Langan & Levin, 2002).

The impact on children and families is severe. One and a half million children have a parent in prison (Visher & Courtney, 2007). In addition to practical stresses on the family and issues of post traumatic stress that are often unrecognized and/or untreated, children whose parents have been incarcerated are also more likely to have longer and more serious histories of delinquency than children with parents who have not been incarcerated (Dannerbeck, 2005). Moreover, there is little conflict within criminology research that criminal history is one of the biggest indicators of recidivism. The rate of offending is known to rise as youthful offenders age, then level off, and eventually decline into older age. Therefore, the earlier a youth becomes involved in criminal activity, the more likely they are to follow a pattern of increased criminal activity and increased severity of criminal activity until they reach the "age-crime curve" plateau (Bhati, 2007).

In 2004, there were roughly 200,000 juveniles and young adults (under the age of 24) returning home from juvenile correctional facilities, state, or federal prisons. Their needs are much more severe than those of adults because they are compounded by multiple issues. Few of these youth and young adults receive adequate treatment and support during incarceration. Like adults, many have substance abuse, mental health, or physical health problems; several of them have children. Many will return to communities that are marked by high rates of crime, poverty, unemployment, homelessness and substance abuse. Most return to dysfunctional homes that are similarly blighted (Mears & Travis, 2004).

The impact of prison-like settings on these youth presents challenges and barriers that differ from adults because of the developmental physical, emotional, and mental changes associated with their young age; these youth are also often undergoing transitions in the social expectations that correspond with aging from adolescence to adulthood. Many are undereducated and drop out of high school. Most have no independent living experience or life skill training and little or no job experience. These barriers are known not only to hinder successful transition into the community and society but also are known to contribute to the likelihood of continued criminal activity (Mears & Travis, 2004). As Daryl Fox, a U.S. Department of Justice Information Analyst noted, reducing juvenile recidivism by 4% would prevent 131 assaults, 4 rapes, and 10 murders by juveniles nationwide over a four-year period (Alexander, 2003).

Policy makers, academics and practitioners have recommended that juvenile reentry efforts include elevation of the issue of reentry within the juvenile and criminal justice systems, development of reentry programming that takes into account the needs of reentering juveniles and young adults that differ according to their ages, gender, and race/ethnicity, incorporation of community and family based support networks, and continued research and community awareness and education. Community-based comprehensive reentry approaches have been determined as critical to the success of the transition process.

In North Carolina, juveniles are released from YDCs recidivate at alarming rates. According to the state-mandated 2001 recidivism study (Clarke, 2001), in a nearly 3½ year follow-up after release from the juvenile system, 88.5% of juveniles received subsequent adult criminal charges. Clearly, any marked reductions in recidivism represent significant efforts toward injury prevention and control. So how does a justice system address the re-entry process? North Carolina has addressed the issue by shifting the advocating the notion of a “seamless” transition process. A re-entry enhancement pilot program, named CORE, was developed to enhance participants’ transitions from YDCs back into their home communities. It was designed to include services such as employment training and placement, education, medical care, housing assistance, and intensive case management. A staff person referred to as a Community Support Coordinator (CSC) assumes a case manager role as youth exit the Youth Development Center and continues to engage the family and community in support of that youth. The CSC maintains contact with youth and families for up to two years, assisting youth and families in connecting with the community resources they need to support successful transitions for youthful offenders.

The process of continued case management that exceeds the period of mandated supervision and closely ties together the networks of community support for these youth and families is promising (Di Luca et al., 2007). Preliminary recidivism findings over a three year period indicated that of the 44 youth who participated in the CORE program, the recidivism rate for all participating youth across the juvenile and adult systems was 36.36%. Of interest a trend was noticeable with regard to the severity of recidivating offenses. Although recidivating youth were charged with multiple recidivating offenses, the nature of their initial recidivating offenses was almost always less severe than that of their commitment offenses. Additionally, the decrease in weapons-related recidivating offenses was notable. The severity of recidivating offenses tended to increase however with further offenses over time, indicating the importance of a constant monitoring of these youth that allows for immediate response to any criminal behavior. Recommendations for replication and future implementation that resulted from the evaluation process included implementing appropriate training for CSC's, standardizing documentation for tracking, formalizing community partner roles and obligations, and implementing clear organizational management of the collaborative partnerships. With these recommendations at the forefront of developing juvenile reentry support programming, successful impacts are attainable, cost-effective, and often require coordination of community-based efforts that are already underway.

## The Power of Prevention

The fourth major leverage point is not a new theme, but it is one that often gets lost in the reactionary, quick-fix mentality that sometimes governs the juvenile justice system: never losing sight of the power of prevention. Unfortunately, "policymakers typically respond once problems have been identified as needing fixing, program developers and service providers typically focus on addressing deficits of a particular population experiencing problems…" (Solarz et al., 2004, p. 344). That response pattern among social scientists, practitioners, and policymakers must change—truly embracing a prevention oriented philosophy requires a proactive stance, rather than a reactive one.

Juvenile justice systems must commit to maintaining legislative and fiscal support for a continuum of community-based prevention and intervention efforts. Maintaining a system of graduated sanctions ensures that the course of treatment is appropriate to the offense (Sweat, 2006). By design, graduated sanctions progress from the least restrictive environments (e.g., community-based mentoring programs) to the most restrictive environments (e.g., secure confinement for serious, violent, chronic offenders) (Howell, 2003; OJJDP, 1993, 1995). In the vast majority of juvenile delinquency cases, alternatives to incarceration—family counseling, restitution, mentoring, structured-day programs—should take place in the home community of the youth. One way to ensure a broad, community-based continuum of services and placements is to allow prevention and intervention decisions to be made at the local level, but with fiscal support from the state.

North Carolina requires—by statute—that each of its 100 counties creates a Juvenile Crime Prevention Council (JCPC; see Figure 1 for relevant legislative statute). The purpose of each JCPC is to galvanize local community support and input for creating a range of dispositional alternatives for at-risk and court-involved youth. JCPC membership, appointed by the county Board of Commissioners, must include local law enforcement leaders, judges, child attorneys, faith community members, juvenile court staff, service providers, and interested citizens (see Figure 2 for full listing). Those representatives are charged with the following responsibilities: a) conducting an annual assessment of juvenile risks and needs as well as available community resources; b) determining the scope and array of prevention and intervention services needed; c) developing a written solicitation for providers of those services; d) funding programs and ensuring adherence to program guidelines; and e) evaluating program performance.

*Figure 1.* Legislative Intent to Establish Juvenile Crime Prevention Councils.

**§ North Carolina General Statute 143B-543.**

It is the intent of the General Assembly to prevent juveniles who are at risk from becoming delinquent. The primary intent of this Part is to develop community-based alternatives to youth development centers and to provide community-based delinquency and substance abuse prevention strategies and programs. Additionally, it is the intent of the General Assembly to provide noninstitutional dispositional alternatives that will protect the community and the juveniles.

These programs and services shall be planned and organized at the community level and developed in partnership with the State. These planning efforts shall include appropriate representation from local government, local public and private agencies serving juveniles and their families, local business leaders, citizens with an interest in youth problems, youth representatives, and others as may be appropriate in a particular community. The planning bodies at the local level shall be the Juvenile Crime Prevention Councils.

In addition to those tasks, the JCPCs should "…work to increase public awareness of the causes of delinquency and of strategies to reduce the problem, develop strategies to intervene and appropriately respond to and treat the needs of juveniles at risk of delinquency and provide funds for services for treatment, counseling, or rehabilitation for juveniles and their families" (Department of Juvenile Justice and Delinquency Prevention, n.d.). Although the amount varies from year to year, the state allocation to JCPCs totals approximately $20 to $30 million. Those funds are distributed to each JCPC, which then disperses funds directly to each respective service provider. The broad, general categories of programming funded by JCPCs are a) assessment programs (e.g., clinical evaluation and psychological assessment programs); b) clinical treatment programs (e.g., sex offender assessment and counseling, home-based family counseling, individual counseling programs; c) community day programs such as juvenile structured day programs; d) residential programs; e) restorative programs (e.g., mediation/conflict resolution, restitution, and teen court); and f) structured activities programs (e.g., skill building and mentoring programs).

*Figure 2.* A Broad-based, Local Representation on the Juvenile Crime Prevention Council.

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As outlined in North Carolina General Statute 143B-544, The County Council shall consist of not more than 26 members and should include, if possible, the following:

(1) The local school superintendent, or that person's designee;
(2) A chief of police in the county;
(3) The local sheriff, or that person's designee;
(4) The district attorney, or that person's designee;
(5) The chief court counselor, or that person's designee;
(6) The director of the area mental health, developmental disabilities, and substance abuse authority, or that person's designee;
(7) The director of the county department of social services, or consolidated human services agency, or that person's designee;
(8) The county manager, or that person's designee;
(9) A substance abuse professional;
(10) A member of the faith community;
(11) A county commissioner;
(12) Two persons under the age of 18 years, one of whom is a member of the State Youth Council;
(13) A juvenile defense attorney;
(14) The chief district court judge, or a judge designated by the chief district court judge;
(15) A member of the business community;
(16) The local health director, or that person's designee;
(17) A representative from the United Way or other nonprofit agency;
(18) A representative of a local parks and recreation program; and
(19) Up to seven members of the public to be appointed by the board of commissioners of a county.

The structure and function of Juvenile Crime Prevention Councils in North Carolina exemplify an institutional model that embraces community-based, holistic prevention. The legislative directive given to JCPCs fundamentally places a focus on creating prevention and intervention opportunities for youth. Moreover, through JCPC's mandated membership, a level of community involvement and buy-in are fostered, which reinforces the notion that court-involved youth are not "somebody else's" children—these are youth from the local community.

Creating provisions to support innovative prevention and intervention programming is a necessary first step. However, it is critical to note that not all programs and intervention methodologies are equally effective. Fortunately, there is a wide and growing investment of effort into discerning what works (Howell, 2003; Lipsey & Wilson, 1995). The federal Office of Juvenile Justice and Delinquency Prevention has developed an internet-based Model Programs Guide (available at http://www.dsgonline.com/mpg2.5/mpg_index.htm), which directs users to scientifically proven programs that match the user's criteria. The database includes an array of programs that span the continuum from prevention to re-entry. Entire professional organizations, like the Society for Prevention Research, are devoted to advancing empirical research on prevention programs and policies. University-based academic centers, such as the Center for the Study and Prevention of Violence at the University of Colorado at Boulder advance the understanding of effective program selection, implementation, and evaluation. Through their Blueprints Project, the Center identifies and supports model and promising violence prevention programming that has met a rigorous standard of program effectiveness.

Finally, effective, evidence-based prevention programming is not only important and imperative from a human development standpoint. It potentially represents the best use of resources now, rather than exorbitant resources later. For example, consider the cost of a preventative investment in Multisystemic Therapy (a research proven intervention; see Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998) versus the dramatically higher costs of secure confinement. Therefore, an important consideration whenever communities begin to discuss prevention and intervention program is the need to use cost-benefit methodologies. As noted by the Juvenile Justice Evaluation Center (JJEC; 2002), “cost-benefit information can assist decision makers in more efficiently allocating scarce public resources among competing demands” (p. 6). Cost-benefit analyses move beyond standard program evaluation, which is directed at the question of program efficacy and impact. “A good cost-benefit analysis, on the other hand, should be able to take the answer to this question one step further: Given what was found in the program evaluation, does the dollar value of a program’s demonstrated level of success exceed the cost of the program? (JJEC, 2002, p. 6). Economic cost-benefit analyses conducted by the Washington State Institute of Public Policy show that states should put most of their prevention portfolio into proven programs (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004; Drake, 2007). For example, the per-child cost of Functional Family Therapy is about $2,100; the per child benefit—quantified as reduced crime, reduced grade retention, and increased graduation rates—is estimated at about $16,500. For every dollar invested, nearly 8 dollars of benefit are realized. It is simply prudent fiscal policy to invest in evidence-based prevention programs.

## Summary

Invariably in the field of juvenile justice, when issues such as comprehensive prevention programming, attentiveness to offenders’ needs, and holistic therapeutic approaches are brought to the fore, there is a vocal contingent that intones the mantra that we are being “soft on crime.”

We reject the soft on crime versus hard on crime dichotomy in favor of the astute call from the Federal Advisory Committee on Juvenile Justice (2007) that it is time to get smart on crime, not soft, not tough. “Being smart on juvenile delinquency requires assessing the factors and influences that put youth at risk of delinquency, determining available resources, and establishing prevention programs to either reduce risk factors or provide protective factors that buffer juveniles from the impact of risk factors” (p. 4).

In sum, promising practices in the juvenile justice system are out there. Embracing a therapeutic approach, addressing juvenile offenders’ mental health needs, supporting the process of re-entry, and never losing sight of the power of prevention are key elements of a juvenile justice system that ultimately supports positive youth development. Juvenile offenders are some of the most challenging and most difficult youth to deal with. But from our perspective, this challenge is an opportunity to impact recidivism so that youthful offenders of today do not become the adult offenders of tomorrow. Given their age, stopping the cycle of offending is best achieved through rehabilitation and treatment, and we should build a philosophy and systems that are committed to that goal.

## References

Abram, K.A., Teplin, L.A., Charles, D.R., Longworth, S.L., McClelland, G.M., & Dulcan, M.K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry, 61*, 403-409.

Alexander, B. (2003, June). Turbulent re-entry. *Youth Today, 12*(6), pp. 1, 6, 10.

Aos, S. (2005, May). *Benefit-cost analysis of prevention and early intervention programs*. Paper presented at the Society for Prevention Research Annual Conference, Washington, DC.

Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*. Olympia, WA: Washington State Institute for Public Policy.

Barnard, C. P. (1994). Resiliency: A shift in our perception. *American Journal of Family Therapy, 22*, 135-144.

Barton, W. H. (2004). Bridging juvenile justice and positive youth development. In S.F. Hamilton, & M.A. Hamilton (Eds.), *The youth development handbook: Coming of age in American communities* (pp. 77-102). Thousand Oaks, CA: Sage Publications.

Bazemore, G., & Terry, C. W. (1997). Developing delinquent youths: A reintegrative model for rehabilitation and a new role for the juvenile justice system. *Child Welfare, 76*(5), 665-716.

Benson, P. L., & Pittman, K. J. (Eds.). (2001). *Trends in youth development: Visions, realities and challenges*. Boston, MA: Kluwer Academic Publishers.

Benson, P. L., & Scales, P. C. (2004). Developmental assets. In C. B. Fisher & R. M. Lerner (Eds.), *Encyclopedia of applied developmental science*. Thousand Oaks, CA: Sage Publications, Inc.

Bhati, A. (2007). *Studying the effects of incarceration on offending trajectories.* Washington, D.C.: Urban Institute Justice Policy Center.

Butts, J., Mayer, S., & Ruth, G. (2005). *Focusing juvenile justice on positive youth development*. Issue Brief #105. Chicago, IL: Chapin Hall Center for Children, University of Chicago.

Capowich, G. E. (1995). Implementing positive youth development in juvenile justice. In S. Halperin, J., Cusack, R., O'Brien, G. Raley, & J. Wills (Eds.), *Contract with America's youth: Toward a national youth development agenda* (pp. 54-56). Washington, DC: American Youth Policy Forum.

Cauffman, E., & Grisso, T. (2005). Mental health issues among minority offenders in the juvenile justice system. In D. F. Hawkins & K. Kempf-Leonard (Eds.), *Our children, their children: Confronting racial and ethnic differences in American juvenile justice* (pp. 390-412). Chicago, IL: The University of Chicago Press.

Clarke, S. H. (2001). *Criminal Recidivism after Incarceration for Juvenile Delinquency: Report on a Study of Persons Released from North Carolina Training Schools in 1996*. Chapel Hill, NC: Institute of Government, University of North Carolina at Chapel Hill.

Cocozza, J. A., Stern, K. R., & Blau, G. (2005, March). *Prevalence of psychiatric symptoms and disorders among youth in the juvenile justice system: Findings from a multi-state study.* Symposium presented at the 18th Annual Research Conference, A System of Care for Children's Mental Health: Expanding the Research Base, Tampa, FL.

Dannerbeck, A. (2005). Differences in parenting attributes, experiences, and behaviors of delinquent youth with and without a parental history of incarceration. *Youth Violence and Juvenile Justice, 3,* 199-213.

Department of Juvenile Justice and Delinquency Prevention. (n.d.). *General statute*. Retrieved November 7, 2007, from http://www.juvjus.state.nc.us/jcpc/general_statutes.html

Department of Juvenile Justice and Delinquency Prevention. (2004). *Department of Juvenile Justice and Delinquency Prevention Response to H1414 Sec. 16.3(8)*. Raleigh, NC: Author.

Di Luca, K. L., Frabutt, J. M., Buford, A. P., Grace, J. L., Shelton, T. L., & Davis Gooding, K. (2007). *Collaborative for Offender Reentry Enhancement (CORE): Implementation, process, and outcome evaluation, 2003-2006*. Greensboro, NC: Center for Youth, Family, and Community Partnerships, University of North Carolina at Greensboro.

Drake, E. (2007). *Evidence-based juvenile offender programs: Program description, quality assurance, and cost*. Olympia, WA: Washington State Institute for Public Policy.

Federal Advisory Committee on Juvenile Justice. (2007). *Annual Report 2007*. Washington, DC: Author.

Frabutt, J. M., MacKinnon-Lewis, C., & Moorefield, B. (2002, April). *The social context of delinquency: An ethnographic perspective of court adjudicated youth*. Poster presented at the 9th Biennial Meeting of the Society for Research on Adolescence, New Orleans, LA.

Graves, K. N. (2007). Not always sugar and spice: Expanding theoretical and functional explanations for why females aggress. *Aggression and Violent Behavior, 12*, 131-140.

Graves, K. N., Frabutt, J. M., & Shelton, T. L. (2007). Factors associated with both mental health and juvenile justice involvement among children with severe emotional disturbance. *Youth Violence and Juvenile Justice, 5(2),* 147-167.

Hamilton, S. F., & Hamilton, M. A. (Eds.). (2004). *The youth development handbook: Coming of age in American communities*. Thousand Oaks, CA: Sage Publications.

Hamilton, S. F., Hamilton, M. A., & Pittman, K. (2004). Principles for youth development. In S.F. Hamilton, & M.A. Hamilton (Eds.), *The youth development handbook: Coming of age in American communities* (pp. 3-23). Thousand Oaks, CA: Sage Publications.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: Guilford Press.

Hollin, C. R. (1999). Treatment programs for offenders: Meta analysis, "what works," and beyond. *International Journal of Law and Psychiatry, 22*, 361-372.

Howell, J. C. (1997). *Youth violence and juvenile justice*. Thousand Oaks, CA: Sage.

Howell, J. C. (2003). *Preventing and reducing juvenile delinquency: A comprehensive framework*. Thousand Oaks, CA: Sage.

Huizinga, D., & Jakob-Chien, C. (1998). The contemporaneous co-occurrence of serious and violent juvenile offending and other problem behaviors. In Loeber, R., & Farrington, D. P. (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 47-67). Thousand Oaks, CA: Sage.

Huizinga, D., Loeber, R., Thornberry, T. P., & Cothern, L. (2000, November). *Co-occurrence of delinquency and other problem behaviors* (NCJ No. 182211). Juvenile Justice Bulletin. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Hughes, T., Beck, A., & Wilson, D. (2001). *Trends in State Parole, 1990–2000.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. NCJ 184735.

Juvenile Justice Evaluation Center. (2002). *Cost-benefit analysis for juvenile justice programs: Program Evaluation Briefing Series, No. 4*. Washington, DC: Justice Research and Statistics Association.

Justice for Juveniles Initiative (1999). *How communities respond to mental health and substance abuse needs of youth in the juvenile justice system - Executive summary.* National Mental Health Association.

Kazdin, A. E. (2000). *Psychotherapy for children and adolescents: Directions for research and practice*. London: Oxford University Press.

Langan, P. A., & Levin, D. J. (2002). *Recidivism of prisoners released in 1994.* Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Latessa, E. J. (2004). *What works with juvenile offenders: Characteristics of effective treatment programs*. Presented at the 31st National Conference on Juvenile Justice, Las Vegas, NV.

LaVigne, N., Solomon, A., Beckman, K., & Dedel Johnson, K. (2006). *Prisoner reentry and Community Policing*. Washington, D.C.: Urban Institute Justice Policy Center.

Lerner, R. M., Lerner, J. V., Almerigi, J., Theokas, C., Phelps, E., Naudeau, S., Gestsdottir, S., Ma, L., Jelicic, H., Alberts, A., Smith, L., Simpson, I., Christiansen, E., Warren, D., & von Eye, A. (2006). Toward a new vision and vocabulary about adolescence: Theoretical and empirical bases of a “positive youth development” perspective. In L. Balter & C. S. Tamis-LeMonda (Eds.), *Child Psychology: A handbook of contemporary issues* (pp. 445-469). New York: Psychology Press/Taylor & Francis.

Lipsey, M. W., & Wilson, D. (1998). Effective intervention for serious juvenile offenders: A synthesis of research. In R. Loeber & D. P. Farrington (eds.), *Serious and violent juvenile* *offenders: Risk factors and successful interventions* (pp. 313-345). Thousand Oaks, CA: Sage Publications.

MacKinnon-Lewis, C., Kaufman, M. C., & Frabutt, J. M. (2002). Juvenile justice and mental health: Youth and families in the middle. *Aggression and Violent Behavior: A Review Journal, 7*(4), 353-363.

Mears, D. P., & Travis, J. (2004). Youth development and reentry. *Youth Violence and Juvenile Justice, 2*(1), 3-20.

Mears, D., & Travis, J. (2004). *The dimensions, pathways, and consequences of youth reentry.* Washington, D.C.: Urban Institute Justice Policy Center.

Mulvey, E., Steinberg, L., Fagan, J., Cauffman, E., Piquero, A., Chassin, L., Knight, G., Brame, R., Schubert, C., Hecker, T., & Losoya, S. (2004). Theory and research on desistance from antisocial activity among adolescent serious offenders. *Journal of Youth Violence and Juvenile Justice, 2*, 213-236.

National Mental Health Association. (August, 2003). *Mental health and adolescent girls in the juvenile justice system.* Available at http:/www.nmha.org/children/justjuv/girlsjj.crm

Office of Justice Programs. (2002). *Going home: Serious and violent offender reentry initiative*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.

Office of Juvenile Justice and Delinquency Prevention. (1993). *Comprehensive strategy for serious, violent, and chronic juvenile offenders: Program summary*. Washington, DC: U.S. Department of Justice.

Office of Juvenile Justice and Delinquency Prevention. (1995). *Guide for implementing the comprehensive strategy for serious, violent, and chronic juvenile offenders: Program summary*. Washington, DC: U.S. Department of Justice.

President's New Freedom Commission on Mental Health. (2002). *Achieving the promise: Transforming mental health care in American.* (DHHS Pub. No. SMA-03-3832). Rockville, MD: Author.

Schwartz, R. G. (2004). Juvenile justice and positive youth development. In R. M. Lerner, F. Jacobs, & D. Wertlieb (eds.), *Applied developmental science: An advanced textbook* (pp. 353-375). Thousand Oaks, CA: Sage Publications.

Sechrest, L., White, S. O., & Brown, E. D. (1979). *The rehabilitation of criminal offenders: Problems and prospects*. Washington, DC: National Academy Press.

Sherman, L. W., Gottfredson, D., MacKenzie, D. L., Eck, J., Reuter, P., & Bushway, S. (1997). *Preventing crime: What works, what doesn't, what's promising: A report to the U.S. Congress*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Skowyra, K. R., & Cocozza, J. J. (2001). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Solarz, A. L., Leadbeater, B. J., Sandler, I. N., Maton, K. I., Schelllenbach, C. J., & Dodgen, D. W. (2004). A blueprint for the future. In K. I. Maton, C. J. Schellenbach, B. J. Leadbeater, & A. L. Solarz (Eds.), *Investing in children, youth, families, and communities: Strengths-based research and policy* (pp. 343-353). Washington, DC: American Psychological Association

Sternberg, R. J. (2003). *Psychology 101 ½: The 101 ½ most important lessons I have learned in academe that I did not learn in psychology.* Washington, DC: American Psychological Association.

Sweat, G. (2006). *North Carolina's juvenile justice reform: Keys to success*. Presented at the American Correctional Association Annual Conference, Charlotte, NC.

Teplin, L. A. (2001). *Assessing alcohol, drug, and mental disorders in juvenile detainees*. Fact Sheet. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry, 59,* 1133-1143.

Villarruel, F. A., Perkins, D. F., Borden, L. M., & Keith, J. G., (2003). (Eds.), *Community youth development: Programs, polices, and practices*. Thousand Oaks, CA: Sage Publications.

Visher, C., & Courtney, S. (2007). *One year out: Experiences of prisoners returning to Cleveland.* Washington, D.C.: Urban Institute Justice Policy Center.

Widom, C. S. (1995). Victims of childhood sexual abuse – Later criminal consequences. *National Institute of Justice: Research in Brief.* Washington, DC: U.S. Department of Justice, Office of Justice Programs.

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Jim Frabutt, Ph.D. is a faculty member in the Alliance for Catholic Education Leadership Program and a Concurrent Associate Professor of Psychology at the University of Notre Dame. He previously served as Deputy Director of the Center for Youth, Family, and Community Partnerships at the University of North Carolina at Greensboro (UNCG). Prior to that, he was the Director of the Division for the Prevention of Youth Violence and Aggression at the Center for the Study of Social Issues at UNCG. His research and practice efforts have centered on the mental health needs of court-involved youth, university-community partnerships, and the impact of multiple contexts on adolescent development. He has published over 30 articles and book chapters and has made more than 70 presentations at regional and national research conferences. In the Middle District of North Carolina, Dr. Frabutt led an action research approach to violence reduction and community safety as the Research Partner for the Project Safe Neighborhoods effort, a strategic initiative of the U.S. Department of Justice. He has been an invited speaker at annual conferences of Project Safe Neighborhoods, the Coalition for Juvenile Justice, the North Carolina School Social Workers' Association, and the American Correctional Association. Dr. Frabutt is a member of the Society for Research in Child Development, the American Psychological Association (Division 27, Society for Community Research and Action), the National Council on Family Relations, and Campus-Community Partnerships for Health. He has a bachelor's degree in psychology (University of Notre Dame) and masters and doctoral degrees in human development and family studies (University of North Carolina at Greensboro).

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