Juvenile Transfer Laws: An Effective Deterrent to Delinquency?

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In the 1980s, many States passed legislation designed to get tough on juvenile crime. One important reform was the revision of transfer laws (also called waiver or certification) (laws (Griffith, 2005) to expand the types of offenses and offenders eligible for transfer from the juvenile court to the adult criminal court for trial and sentencing. These reforms reduced the minimum age for transfer, increased the number of transfer-eligible offenses, or expanded prosecutorial discretion and reduced judicial discretion in transfer decisionmaking (Fagan and Spring, 2000; Redding, 2003, 2005). In 1973, for example, 14 States had automatic transfer statutes requiring that certain juvenile offenders be tried as adults; by 1985, 21 States had such laws, and by 1983, 31 States (Steiner and Hemmens, 1983). In addition, the age at which juvenile court jurisdiction ends was lowered in 15 or 16 years in 13 States (see Snyder and Sickmund, 2006), although very recently, some States have reduced the scope of transfer laws (Bishop, 2004), and the State has raised the age at which juvenile court jurisdiction ends from 16 to 18.

In the wake of these legislative changes, the number of youth convicted of felonies in criminal courts and incarcerated in adult correctional facilities has increased (Redding, 2003), reaching a peak in the mid-1990s and then declining somewhat (Snyder and Sickmund, 2006) due, in part, to the decrease in juvenile crime. An estimated 4,100 youth were committed to State adult prisons in 1999, representing 1 percent of new prison commitments (Snyder and Sickmund, 2006). Sixty-one percent of these youth were incarcerated for person offenses, 23 percent for property offenses, 9 percent for drug offenses, and 5 percent for public order offenses (e.g., weapons possession) (Snyder and Sickmund, 2006). Transferred juveniles, particularly those convicted of violent offenses, typically receive longer sentences than those sentenced in the juvenile court for similar crimes (Bishop, 2000; Kupchik, Fagan, and Liberman, 2003; Myers, 2005; Virginia Department of Criminal Justice Services, 1996). But, they may be released on bail for a considerable period of time while they await trial in the criminal court (Myers, 2005), and many youth incarcerated in adult facilities serve no longer than the maximum time they would have served in a juvenile facility (Bishop, 2000; Fritsch, Caett, and Hemmens, 1996; Myers, 2001). Seventy-eight percent were released from prison before their 21st birthday, and 95 percent were released before their

A Message From OJJDP

In an effort to strengthen the sanctions for violent offenses, a number of States have enacted laws increasing the types of offenders and offenses eligible for transfer from the juvenile court to the adult criminal court for trial and potential sentencing. These laws have increased the minimum transfer age, increased the number of offenses eligible for transfer, and linked judicial discretion to expanded prosecutorial discretion.

Among the principal goals of such transfer laws are the deterrence of juvenile crime and a reduction in the rate of recidivism, but what does the research indicate about their effectiveness in addressing these ends? Several studies have found higher recidivism rates for juveniles convicted in criminal court than for similar offenders adjudicated in juvenile court. The research is not consistent, however, in regard to whether transfer laws deter potential juvenile offenders.

This Bulletin provides an overview of research on the deterrent effects of transferring youth from juvenile to criminal courts, focusing on large-scale comprehensive OJJDP-funded studies on the effects of transfer laws on recidivism.

It is our hope that the information provided in this Bulletin will help inform public discussion and policy decisions on the transfer of juvenile offenders to adult criminal courts.
Types of Transfer Laws

While the age at which juveniles can be transferred to the adult system varies across States, most States will transfer youth ages 14 and older who have committed a serious violent offense. Typically, there are four categories of offenses for which juveniles of a certain age may be transferred: (a) any crime, (b) capital crimes and murder, (c) certain violent felonies, and (d) certain crimes committed by juveniles with prior records (Snyder and Sickmund, 2006). (See Griffin, 2003, and Snyder and Sickmund, 2006, for recent comprehensive lists of States, recent transfer statutes, and statutory requirements.)

There are three types of transfer laws, all of which are referred to in this Bulletin: legislative (automatic transfer), judicial-discretionary (judicial transfer), and prosecutorial-discretionary (prosecutorial direct-file). Each type defines the kind of juvenile offender eligible for transfer under the statute, typically specifying certain offenses and minimum age criteria. Most States have two or three coexisting types of transfer laws (Redding and Mrozoski, 2005). For example, 40 States and the District of Columbia have judicial and prosecutorial transfer statutes, with the prosecutorial statutes often applicable only to older and more serious offenders (Sanborn, 2003).

Automatic transfer laws, currently in effect in 29 States (Snyder and Sickmund, 2006), require transfer of a juvenile if statutory criteria are met (for example, alleged commission of a violent felony by juveniles 14 years of age and older). Under these laws, the case either originates in criminal court, or originates in juvenile court and is then transferred to criminal court. Judicial transfer laws, currently in 45 States and the District of Columbia (Snyder and Sickmund, 2006), vest discretion with the juvenile court judge to decide whether a juvenile should be transferred after the prosecution files a transfer motion. Prosecutorial direct-file laws, currently in 14 States and the District of Columbia (Snyder and Sickmund, 2006), vest the discretion with prosecutors, allowing them to decide whether to file charges in the juvenile or criminal court. Twenty-five States also have reverse waiver laws (Snyder and Sickmund, 2006). In a reverse waiver jurisdiction, the criminal court judge has the discretion to transfer the defendant back to the juvenile court (or to treat the defendant as a juvenile for sentencing purposes).

25th birthday, with an average of 2 years, 8 months of time served on their sentences (Snyder and Sickmund, 2006).

General and Specific Deterrence

The nationwide policy shift toward transferring juvenile offenders to the criminal court is based largely on the assumption that more punitive, adult criminal sanctions will act as a deterrent to juvenile crime. In terms of specific deterrence—in other words, whether trying and sentencing juvenile offenders as adults decreases the likelihood that they will reoffend—six large-scale studies have found higher recidivism rates among juveniles convicted for violent offenses in criminal court when compared with similar offenders tried in juvenile court. With respect to general deterrence—whether transfer laws deter any would-be juvenile offenders—the picture is less clear. The studies on this issue have produced somewhat conflicting findings; however, the bulk of the empirical evidence suggests that transfer laws have little or no general deterrent effect.

This Bulletin reviews all of the extant research on the general and specific deterrent effects of transferring juveniles to adult criminal court (Redding, 2005), focusing in particular on recent large-scale studies on specific deterrence funded by the Office of Juvenile Justice and Delinquency Prevention (Pagan, Kupchik, and Liberman, 2003; Lane et al., 2002; Lanza-Kaduce et al., 2005). It also identifies gaps in the field’s knowledge base, notes challenges for further research, and discusses whether effective deterrence may be achieved through transfer.

General Deterrence: Do Transfer Laws Prevent Juvenile Crime?

Two studies conducted in the 1980s found that transfer laws did not lower juvenile crime rates. Jensen and Metsger’s (1994) time-series analysis for the years 1976 to 1986 found a 13-percent increase in arrest rates for violent crime committed by 14- to 18-year-olds in Idaho after the State implemented its transfer law in 1981. In comparison, between 1982 and 1986, the arrest rates for similarly aged juveniles decreased in the neighboring States of Montana and Wyoming (which retained transfer procedures similar to those Idaho had before 1981). In a similar time-series analysis comparing juvenile arrest rates between 1974 and 1984 in New York and Philadelphia, Singer and McDowall (1988) found that a 1978 New York State law that automatically sent violent juvenile offenders to criminal court (by lowering the ages for criminal court jurisdiction to 13 for murder and 14 for assault, arson, burglary, kidnapping, and rape) had no deterrent effect on violent juvenile crime. The law was applied widely and publicized extensively in the media. Although limited, evidence available at the time suggested that juvenile offenders in New York were aware of the law (Singer and McDowall, 1988).

On the other hand, the results of a multistate analysis for the years 1978 to 1993 suggest that adult sanctions, under certain conditions, may have moderate deterrent effects on juvenile crime (Levitt, 1998). Controlling for demographic and economic variables, the researchers compared the juvenile arrest rates for violent crime across States as a function of each State’s minimum age for criminal court jurisdiction to the relative punitiveness of its juvenile and criminal justice systems. Punitiveness is defined as the ratio of the number of incarcerated offenders to the number of total offenders in each State system for different age groups. Researchers found relative decreases in youth crime as youth reached the age of criminal responsibility, but only in those States in which juvenile and criminal justice systems differed significantly in severity of punishment. This suggests that significantly more punitive punishments meted out by criminal courts may deter youth from offending once they reach the age of criminal responsibility.

Two multistate studies reached a different conclusion. Examining data on all felony arrests in the State of Florida between 1989 and 2002, including each offender’s age and arrest history, Lee and McCrary (2005) evaluated the effect of turning age 18 on criminal offending. This study found that young people did not lower their offending rates upon turning age 18, suggesting that the prospect of adult sanctions was not a deterrent.
Steiner and Wright (2006) examined the effects of prosecutorial transfer laws in the 14 States that had such laws as of 1993. These States enacted their laws at different times (between 1975 and 2000), thereby providing data over different historical time periods. Using time-series analyses, researchers compared monthly juvenile arrest rates for violent index crimes (homicide, rape, robbery, and aggravated assault) for each month in the 5 years before and the 5 years after each State enacted its prosecutorial transfer law. In addition, 2 States were selected as controls for each of the 14 target States. The control States resembled the target States in size, location, and juvenile arrest rates, but implemented no transfer law during or near the relevant time period.

The study found that transfer laws had no general deterrent effect. Only in Michigan did juvenile crime decrease after the State enacted its prosecutorial transfer law; in the other 13 States, juvenile crime either remained constant or increased after the enactment of the law (see also Risler, Weatman, and Nackerud, 1998).

A few researchers have interviewed juvenile offenders about the effects of transfer laws. Before the widespread expansion of transfer laws, Glassner and colleagues (1983) reported the results of interviews with a small number of juvenile offenders in New York, who said they had decided to stop delinquency once they reached the age at which they knew they could be tried as adults.

Researchers in another small-scale study (Redding and Fuller, 2004) interviewed 37 juvenile offenders who had been charged with murder or armed robbery and automatically tried as adults in Georgia. The study examined their knowledge and perceptions of transfer laws and criminal functions. Georgia had undertaken a public awareness campaign to inform juveniles about the State’s new automatic transfer law. Nevertheless, juvenile offenders reported being unaware of the law; only 8 of the 37 youth knew that juveniles who committed serious crimes could be tried as adults. Even among those who knew about the law, none expected that it could be enforced against them for the serious crime they had committed. Many thought they would only get light sentences (e.g., a sanction of probation, boot camp, or a several-month stay in a juvenile detention facility) from the juvenile court.

These results are consistent with those from a Canadian study (Peterson-Badali, Ruck, and Koegl, 2001) finding that only 22 of the 53 juvenile offenders interviewed thought that they would receive a serious punishment if caught.

Seventy-five percent of the transferred juveniles interviewed by Redding and Fuller (2004) felt that their experiences in the adult criminal justice system had taught them the serious consequences of committing crimes. As one juvenile explained, “[Being tried as an adult] showed me it’s not a game anymore. Before, I thought that since I’m a juvenile I could just do anything and just get 6 months if I got caught” (Redding and Fuller, 2004:39). Seventy-five percent of the juvenile offenders said that if they had known they could be tried and sentenced as adults, they may not have committed the crime (Redding and Fuller, 2004).

In sum, the limited empirical research on the general deterrent effect of juvenile transfer is somewhat inconsistent and does not permit strong conclusions. The bulk of the evidence suggests that transfer laws, at least as currently implemented and publicized, have little or no general deterrent effect in preventing serious juvenile crime. Substantial further research is needed to examine whether transfer laws have—or, under the appropriate conditions, could have—a general deterrent effect. In particular, it is important to examine the following questions:

- Are juveniles aware of transfer laws?
- Do they believe the laws will be enforced against them?
- Does this awareness and belief deter criminal behavior?

In conjunction with such research, there is a need to implement and evaluate well-targeted public awareness campaigns on the State and local levels designed to apprise juveniles of the legal consequences of committing serious crimes (Redding and Fuller, 2004). Public awareness campaigns have proved effective in reducing adult crime in some contexts (e.g., Elder et al., 2004; Johnson and Bowers, 2003).

Potential Deterrence

It is possible that transfer laws resulting in significant adult sentences might have general deterrent effects if would-be juvenile offenders were made aware of such laws and if the laws were widely implemented. With respect to adult offenders, studies "plainly suggest that when potential offenders are made aware of substantial risks of being punished, many of them are induced to desist" (Von Hirsch et al., 1999:47). However, research with adults suggests that the severity of punishment appears to have little or no effect on crime rates (Pratt and Cullen, 2005; Robinson and Darley, 2004), perhaps because potential offenders typically have much more information about the likelihood of being arrested than they do about likely sentences (Von Hirsch et al., 1999). Studies show that the general public knows little about potential sentences and tends to underestimate their severity (Robinson and Darley, 2004; Von Hirsch et al., 1999). In addition, offenders tend to discount punishment as an uncertain future event, whereas the short-term rewards of crime are more powerful pull factors (Wilson and Herrnstein, 1985).

"Future contingencies are probably discounted less, if their magnitude is sufficiently great and their likelihood of being incurred increases. Severe sentencing policies thus might possibly have an impact if coupled with much higher probabilities of conviction" (Von Hirsch et al., 1999:48).

Although studies of juvenile offenders are few in number, they suggest that arrests and sanctions have deterrent effects. For example, Mocan and Rees (2005) examined self-reported delinquency data (for drug selling, assault, robbery, burglary, and theft) for 14,942 adolescents from the 1995 National Longitudinal Study of Adolescent Health. They compared county-level arrests (of adults and juveniles) for violent crime reported in 1993 with county-level juvenile crime rates in 1995, thus providing a measure of the deterrent effects of arrest rates on subsequent juvenile crime rates. They found that the arrest rate had a general deterrent effect on the crimes of drug dealing and assault; for each additional arrest, there was a 3.6-percent decrease in the likelihood that juveniles would sell drugs and a 6.6-percent decrease in the likelihood that they would commit an assault. According to Mocan and Rees (2005:344), "this pattern of results runs counter to claims that at-risk young Americans are so present-oriented that they do not respond to incentives and sanctions."

Similarly, Smith and Garton (1989) found that being arrested reduced recidivism among youthful male offenders, particularly first-time offenders. A 2003 study of serious juvenile offenders incarcerated in a maximum security facility found a negative
relationship between their sentence severity and self-reported intent to reoffend and a positive correlation between their self-reported intent and the number of offenses they actually committed after their release. Researchers found evidence that these offenders made “some explicit calculations about the advantages and disadvantages of committing future crimes” (Corrado et al., 2003:197).

Criminal sanctions will only have deterrent effects if potential offenders: (1) believe there is a significant likelihood of getting caught, (2) believe there is a significant likelihood of receiving a substantial sentence, and (3) consider the risk of the penalty when deciding whether to offend (see Von Hirsch et al., 1999). It is useful to consider, however, each of the necessary preconditions for successful deterrence in the context of juvenile offending. A law can act as a deterrent only if the targeted population is aware that the law exists and believes that it will be enforced.

Redding and Fuller (2004) found that few violent juvenile offenders knew that they could be tried as adults, none thought it would happen to them, and few thought they would face serious punishment. Moreover, few reported thinking about the possibility of getting caught when they committed the offense. Indeed, it seems that offenders generally underestimate the risk of arrest (Robinson and Darley, 2004). Juveniles’ psychosocial immaturity, including their tendency to focus on the short-term benefits of their choices (Blakemore, 2004; Scarr, Repucci, and Woodard, 1995; Steinberg and Cauffman, 1996), may reduce the likelihood that they will perceive the substantial risk of being arrested or punished as an adult (Schneider and Ervin, 1990).

**Specific Deterrence**

To date, six published studies have been conducted to examine the specific deterrence effects of transfer. These large-scale studies indicate that youth tried in adult criminal court generally have greater recidivism rates after release than those tried in juvenile court. It is unclear, however, whether transfer affects recidivism for nonviolent property or drug offenders.

Fagan (1996) examined the recidivism rates of 800 randomly selected 15- and 16-year-old juvenile offenders charged with robbery or burglary during 1981–82. Controlling for eight variables (race, gender, age at first offense, prior offenses, offense severity, case length, sentence length, and court), as well as for time residing in the community, researchers compared offenders charged in New Jersey’s juvenile courts with offenders charged in New York’s criminal courts under that State’s automatic transfer law (under which 16 is the age of full criminal responsibility). Both areas shared similar demographic, socioeconomic, and crime-indicator characteristics. Thus, the study provides a comparison of recidivism rates as a function of whether cases were processed in the juvenile or criminal court, without the sample selection problems inherent in studies comparing cases within a single jurisdiction where prosecutors or judges decide which cases to transfer.

A higher percentage of youth who were tried for robbery in criminal court were rearrested (91 percent) than those tried for robbery in juvenile court (73 percent). Of youth who were rearrested, those tried in the criminal court were rearrested sooner and more often. However, there were no differences in recidivism rates (in terms of the percent rearrested, rearrest rate, and time to rearrest) for burglary offenders tried in the criminal court versus those tried in juvenile court. The findings on robbery offenders suggest that criminal court processing alone, irrespective of whether youth are incarcerated in juvenile or adult facilities, produces a higher recidivism rate. This finding is emphasized by the parallel finding that even those youth sentenced to probation in criminal court had a substantially higher recidivism rate than those incarcerated in the juvenile justice system (see also Mason and Chang, 2001).

Juveniles with the highest recidivism rates were those who were incarcerated after being tried in the criminal court. The study indicated that, overall, youth adjudicated in juvenile court had a 28 percent lower risk of rearrest than those tried in criminal court. Drug offenses were the one exception. Criminal court adjudication substantially reduced the risk of rearrest in those cases.

Bishop and colleagues (1996) compared the 1-year recidivism rate of 2,738 juvenile offenders transferred to criminal court in Florida in 1987 with a matched sample of 2,738 juvenile offenders who had not been transferred. Florida relies almost exclusively on prosecutorial transfer. These transfer decisions are largely offense-driven and made soon after arrest, before the prosecutor has much information about the youth’s background. Therefore, it is less likely that the youth retained in the juvenile justice system had lower recidivism rates due to variables other than those controlled for in the analysis, such as the youth’s mental health status or amenability to treatment (Bishop and Frazier, 2000). The study controlled for seven variables (race, gender, age, number of referrals to juvenile court, most serious prior offense, number of charges, and most serious charge). Researchers found that the rearrest rates were higher (0.54 versus 0.32 offenses per person, per year of time living in the community) among transferred youth. Also, the average time to reoffending was shorter (135 versus 227 days) for the transferred youth across seven offense types (including violent felonies, property offenses, and minor misdemeanors).

Following the same Florida offenders 7 years after the initial study by Bishop et al. (1996), Winner et al. (1997) compared transferred versus nontransferred offenders matched for gender, age, race, and offending history. They found that the rearrest rates were higher and the time to reoffending shorter (adjusting for time residing in the community following release from incarceration) among those who had been transferred to criminal court. The exception was transferred property felons who had lower recidivism rates than similar offenders who remained under juvenile court jurisdiction.

Myers (2001, 2003) examined the 18-month recidivism rates of 494 juvenile offenders charged with robbery or aggravated assault in Pennsylvania in 1994, using a statistical model to control for the possibility that the transferred juveniles were the more serious offenders in the first place (and therefore more likely to recidivate) or those less amenable to treatment in the juvenile system. The study controlled for age at referral, race, geographical location, school and family status, various indices of prior offending history, use of a weapon, and various case-processing variables. Youth who were judicially transferred to criminal court were twice as likely to be rearrested, and were rearrested more quickly (and often for more serious offenses) upon their return to the community, than youth who were retained in the juvenile justice system during the same period.

Finally, two recent large-scale studies funded by OJJDP are particularly informative:
Recent OJJDP-Funded Studies

Lanza-Kaduce and colleagues (2005) conducted a second Florida study that included 950 young adult offenders.4 Half of the offenders had been prosecutorially transferred to the criminal court in 1995 or 1996 for offenses they had committed as juveniles; the other half had remained in the juvenile system. This resulted in a sample of 475 matched pairs of transferred and retained cases.

The cases were drawn from six urban and rural judicial circuits in Florida that differed considerably in their rates of transfer. The cases were matched within each judicial circuit (thus controlling for geographical effects in case processing and decisionmaking) along seven relevant demographic, criminal history, and offense variables: age, gender, race, number of previous juvenile referrals, most serious prior offense, offense, and number of charges. In addition, a subset of this group, consisting of 315 best matched pairs, were further matched according to an offense seriousness index created by examining local records to obtain data about 12 other case characteristics: prior juvenile referrals, multiple charges at arrest, multiple incidents involved in the case, charge consolidation, legal problems during case processing, gang involvement, codefendants or accomplices, property loss or damage, victim injury, use of weapons, felony charges, and the presence of mitigating and aggravating factors. The measure of recidivism was the number of offenses committed after youth turned age 18, and data analyses were conducted on the 475 matched pairs, as well as on the subset of 315 best matched pairs.

Transferred Juveniles More Likely To Offend

The Lanza-Kaduce study expand the earlier Florida studies (i.e., Bishop et al., 1996; Winner et al., 1997). It includes reoffense types and a detailed matching on relevant case and offense characteristics (see Frazier et al., 1999). Its recidivism data draws on information from two different State databases. To reduce a potential lack of comparability in recidivism measures between transfers and juvenile court retainees due to differences in decisionmaking and recordkeeping between the two systems, It examines offending after age 18. “The focus on adult recidivism... captures the persistence of a criminal career into adulthood—a pivotal policy concern” (Lanza-Kaduce et al., 2005:64). Moreover, the data “include cases transferred in 1995 and 1996, after the ‘get tough’ idea was fully entrenched in the American culture and after prosecutorial transfer had been used in Florida for a long time” (Lanza-Kaduce et al., 2005:65).

Like the earlier Florida studies, this study found that transferred offenders, particularly violent offenders, were significantly more likely to reoffend.

- Overall, 49 percent of the transferred offenders reoffended, compared with 35 percent of the retained offenders.
- For violent offenses, 24 percent of the transferred offenders reoffended, compared with 16 percent of the retained offenders.
- For drug offenses, 11 percent of the transferred offenders reoffended, compared with 9 percent of the retained offenders.
- For property offenses, 14 percent of the transferred offenders reoffended, compared with 10 percent of the retained offenders.

The results were virtually identical for the subset of 315 best matched pairs. In addition, researchers conducted paired-comparison analyses in which each matched pair was the unit of analysis. This analysis classified each pair according to whether both offenders reoffended (21 percent of cases), only the transferred offender reoffended (29 percent of cases), only the retained offender reoffended (15 percent of cases), or neither reoffended (36 percent of cases).5 Again, the results were virtually identical for the subgroup of best-matched pairs. However, the study failed to replicate the 1997 Florida study finding of lower recidivism rates among transferred property offenders (Winner et al., 1997).

In addition to the recidivism study, the Florida research group conducted detailed interviews with 144 serious male offenders between the ages of 17 and 20, half of whom had been transferred and the other half of whom were retained in the juvenile system (Bishop and Frazier, 2000; Lane et al., 2002). Eighty-three percent had more than one prior arrest, 60 percent began offending before the age of 14, and 47 percent had committed a violent offense as their most serious current offense. Interviews were conducted in four “deep-end” juvenile correctional institutions (i.e., 9–36 month placements in highly secure juvenile correctional facilities designed for high- and medium-risk offenders) and eight adult prisons in Florida (mostly youthful offender facilities designed to house young adults up to age 24), with youth at different stages in serving their sentence. Of the 71 youth who had been transferred to the adult system, 63 also had prior experience in the juvenile system. Fifty-eight percent of the youth rated the deep-end juvenile placements as beneficial, 33 percent rated the adult prison as beneficial, 20 percent rated the less restrictive juvenile dispositions (for example, probation, placement in low-restrictive residential programs) as beneficial, and 12 percent rated adult probation as beneficial.

The youth rated the deep-end juvenile programs the most beneficial largely because these programs provided intensive, long-term job skills training and treatment. In addition, the lengthier period of incarceration gave them more time to consider their futures and the consequences of reoffending, suggesting that the longer sanctions had an impact (Lane et al., 2002). But “often when adult sanctions were perceived as being beneficial, the benefit was not attributed to anything gained from the disposition. Rather, many youth indicated that they expected to remain crime-free because their experiences in the adult system had been so horrible. Youth who believed the adult sanctions would keep them from committing crimes primarily pointed to three reasons: pain and denigration, time spent in prison, and fear of future consequences, especially tougher sentences. Paradoxically, most of those who said the adult experience was negative also mentioned pain, denigration, and/or anger, but they gave these as reasons why the adult dispositions had made matters worse. Others attributed a negative impact to adult sanctions because they ‘learned more crime while there’” (Lane et al., 2002:444). While a substantial minority of the youth said that prison had taught them a lesson—denouncing that they would not reoffend because they did not want to endure the pain of imprisonment again—61 percent said that prison had either no impact or a negative impact on their behaviors (Lane et al., 2002:488). Overall, the “findings call into question the practice of [incarcerating juveniles in adult prison and] ‘skipping’ the deep-end juvenile programs when sentencing youth for serious crimes” (p. 452).
In another OJJDP-sponsored study, Fagan and colleagues (2003) extended and largely replicated previous research (Fagan, 1996). This time, they examined the time-at-risk (i.e., residing in the community) recidivism rates for 2,382 15- and 16-year-old juveniles charged in 1992 or 1993 with robbery, burglary, or assault. The 2003 study used a larger sample drawn from more counties in each state as well as more detailed measures of important variables, such as offenders’ prior juvenile record. The study compared those charged in selected counties in northern New Jersey, where such cases originate in the juvenile court, with those charged in matched counties in New York, where such cases originate in the criminal court. The New York and New Jersey counties are contiguous, and part of a large metropolitan area that shares common demographic, economic, and social characteristics as well as similar criminogenic influences and crime rate characteristics. Thus, the study design allows for comparison of recidivism rates as a function of whether cases are processed in juvenile court or criminal court, without the sample selection problems inherent in designs that compare cases retained in the juvenile court with those transferred in a single jurisdiction wherein decisionmakers decide which cases to transfer. All cases were followed for a 7-year period until 2000, by which time almost all of the offenders had served their sentences and had spent at least 2 years living in the community. The study statistically controlled for a variety of relevant demographics (age, gender, ethnicity), case and offense characteristics (for example, most serious charge, weapon use, whether detained, case length), criminal history variables (age at first arrest, number of prior arrests, previous incarcerations), and sentence length. It used statistical techniques that analyzed recidivism in different ways (first rearrest, severity of rearrest charges, time until rearrest, likelihood of subsequent incarceration).

Greater Likelihood of Rearrest

The study found a 100-percent greater likelihood of rearrest for a violent offense and a 47-percent greater likelihood of rearrest for a property offense, among the New York juveniles whose cases were processed in the criminal court than for the New Jersey juveniles. They also had a greater number of rearrests for such offenses and a 26-percent greater chance of being reincarcerated. The pattern of findings was even stronger for first-time offenders. For drug offense rearrests, however, the results were reversed, with the juveniles tried in juvenile court having a 31-percent greater likelihood of rearrest for drug offenses. Finally, the study found that the differences in recidivism were unrelated to periods of incarceration in adult versus juvenile facilities. Thus, reincarceration in adult prisons “does not seem to be responsible for the criminogenic effect of adult court processing” (Fagan et al., 2003:66).

These findings fully replicate those of the earlier Fagan (1996) study, except with respect to property offenses. The 1996 study found no difference in recidivism rates for burglary, whereas the 2003 study found that criminal court processing increased the recidivism rates for property offenses.

Transfer Found To Increase Recidivism

In sum, to date, six large-scale studies have been conducted on the specific deterrent effects of transfer. These studies used large sample sizes (between 494 and 5,476 participants), different methodologies (natural experiment across two jurisdictions, matched groups within the same jurisdictions, or statistical controls), multiple measures of recidivism, and were conducted in five jurisdictions (Florida, New Jersey, New York, Minnesota, Pennsylvania) having different types of transfer laws (automatic, prosecutorial, or judicial). The strong consistency in results across the studies is all the more compelling given that they used different samples and methodologies, thereby providing a degree of convergent validity for the findings. All of the studies found higher recidivism rates among offenders who had been transferred to criminal court, compared with those who were retained in the juvenile system. This held true even for offenders who only received a sentence of probation from the criminal court. Thus, the extant research provides sound evidence that transferring juvenile offenders to the criminal court does not engender community protection by reducing recidivism. On the contrary, transfer substantially increases recidivism. A recent review of the extant research on transfer conducted by the Centers for Disease Central arrived at the same conclusion (McCowan et al., 2007). Only two apparent exceptions challenge this pattern of findings. For nonviolent property offenders, the effects of transfer remain unclear, with one study finding that transfer had no effect on recidivism (Fagan, 1996) and another finding that transfer decreased recidivism (Winmer et al., 1997), but with two studies (conducted in the same jurisdiction as the first two studies) finding that it increased recidivism (Fagan et al., 2003; Lanza-Kaduce et al., 2005). In addition, with respect to drug offenders, two studies (Fagan, 1996; Fagan et al., 2003) found decreased recidivism rates among those tried in the criminal court.

Challenges for Future Research

Important challenges for future research are to determine: (1) whether transfer differentially impacts recidivism as a function of offense type (violent offenses, property offenses, drug offenses), and (2) what features of the criminal justice system increase recidivism, an important question for policymaking. These challenges raise such questions as the following:

- Can changes be made in the criminal court processing and adult system sanctions of juveniles to make them less detrimental? What are they?
- In what ways should the juvenile justice system guard against those features of the criminal justice system that serve to increase recidivism?
- How can States’ blended sentencing systems, which allow the juvenile courts to impose adult sentences in certain cases (see Redding and Howell, 2000), incorporate the best features of the juvenile and criminal justice systems, while avoiding the negative effects of criminal justice system processing?
Why Do Juveniles Tried as Adults Have Higher Recidivism Rates?

Experts (see Bazemore and Umbreit, 1995; Myers, 2003; Thomas and Bishop, 1984; Winner et al., 1997) have identified several possible explanations for the higher recidivism rates of violent juvenile offenders tried in criminal court as compared to those adjudicated in juvenile court:

- The stigmatization and other negative effects of labeling juveniles as convicted felons.
- The sense of resentment and injustice juveniles feel about being tried and punished as adults.
- The learning of criminal mores and behavior while incarcerated with adult offenders.
- The decreased focus on rehabilitation and family support in the adult system.

A felony conviction also results in the loss of a number of civil rights and privileges (see Redding, 2003), further reducing the opportunities for employment and community reintegration.

Findings from several studies (Fagan, 1996; Fagan, Kupchik and Liberman, 2003) show that criminal court processing alone, even without the imposition of any criminal sentence, increases recidivism. Juveniles’ sense of injustice at criminal court processing may cause them to react defensively by reoffending, and it may further harden an emergent criminal self-concept (see Sherman, 1993; Thomas and Bishop, 1984; Winner et al., 1997). “The concept of fairness appears to be an important variable in an individual’s perception of sentence severity and its subsequent relationship to future recidivism” (Corrado et al., 2003:183). Furthermore, it appears that many adolescents with conduct disorders already have a sense of having been dealt an unfair hand by authority figures (Chamberlain, 1998). Bishop and Frazier (2000) interviewed 95 serious and chronic juvenile offenders in Florida, roughly half of whom were transferred to the criminal court and were incarcerated in adult correctional facilities, and half of whom had been adjudicated in the juvenile court and were incarcerated in maximum-security juvenile facilities. According to the authors, many of the juveniles felt a strong sense of injustice about being tried as adults:

Many experience the court process not so much as a condemnation of their behavior as a condemnation of them. Unlike the juvenile court, the criminal court failed to communicate that young offenders retain some fundamental worth. What the youths generally heard was that they were being punished not only because their behavior was bad but also because they were personifications of their behavior. Far from viewing the criminal court and its officers as legitimate, the juvenile offenders we interviewed saw them more often as duplicitous and manipulative, malevolent in intent, and indifferent to their needs. It was common for them to experience a sense of injustice and, then, to condemn the condemners (Bishop and Frazier, 2000:263).

These findings are consistent with those of Redding and Fuller (2004), who found that juveniles tried as adults clearly felt that transfer laws were unfair. Many felt that their juvenile status and immaturity dictated that they should be tried as juveniles, despite the serious crimes they had committed. They also did not understand why the legal system was trying them as adults, and they saw themselves as being treated differently from other similarly situated juveniles. Both perceptions contributed to their sense of unfairness, perhaps leading to greater cynicism about the legal system as a result of being incarcerated (see Piquero et al., 2005).

Some studies indicate that prison incarceration “does not seem to be responsible for the criminogenic effect of adult court processing” (Fagan, Kupchik, and Liberman, 2003:66). One reason for the increased recidivism of these offenders, however, might be the reduced opportunities for meaningful rehabilitation in adult prison. Forst, Fagan, and Vivona’s 1989 study, for example, found that youth in juvenile facilities gave higher marks than youth in adult facilities to the available treatment and case management services. Youth in juvenile detention described these services as helpful in providing counseling, enabling them to obtain needed services, encouraging participation in programs, teaching the consequences of rule breaking, and deepening their understanding of their problems. Similarly, in a recent study comparing the experiences of youths in adult versus juvenile correctional facilities in a large Northeastern State, all of whom had been tried in adult criminal court, Kupchik (2007) found that youths in juvenile facilities reported far more positive, mentoring-style staff-inmate interactions than did the youths in adult facilities. However, youths in adult facilities reported having greater access to counseling and educational services, perhaps because of the larger size of the adult facilities.

Bishop and Frazier’s recent Florida study (2000) vividly portrays the differences between juvenile and adult correctional facilities. They found that the juvenile correctional institutions were treatment-oriented and adhered to therapeutic models of rehabilitation (Bishop and Frazier, 2000:255). “Compared to the criminal justice system, the juvenile system seems to be more reintegrative in practice and effect” (Bishop and Frazier, 2000:265). Youths in juvenile facilities had positive feelings about the staff, who they felt cared about them and taught them appropriate behaviors. Most of the juveniles incarcerated in juvenile facilities felt confident that they would not reoffend, often crediting the staff with helping them make this positive change. Conversely, only a third of the juveniles in adult prisons said that they would not reoffend.

Juveniles in adult prison reported that much of their time was spent learning criminal behavior from the inmates and proving how tough they were. They also were much more fearful of being victimized than they had been when incarcerated in juvenile facilities, and more than 30 percent had been assaulted or had witnessed assaults by prison staff. Indeed, Beyer (1997) paints a bleak picture of life in adult prison for juveniles, who are at greater risk for suicide, as well as for physical and sexual abuse from older inmates. As compared with those in juvenile facilities, juveniles incarcerated in adult prison are eight times more likely to commit suicide, five times more likely to be sexually assaulted, and almost twice as likely to be attacked with a weapon by inmates or beaten by staff (Beyer, 1997).

Because juveniles in adult prisons are exposed to a criminal culture in which inmates commit crimes against each other, these institutions may socialize delinquent juveniles into true career criminals. In an older study about life in prison (Eisikovits and Baizerman, 1983), violent juvenile offenders reported that their daily survival required finding ways to fit into the inmate culture, dealing with difficult
and authoritarian relationships with adult inmates, and adjusting to the institution by accepting violence as a part of daily life and, thus, becoming even more violent.

Finally, Redding and Fuller (2004) found that juveniles whose jail or prison experiences were worse than they had expected, and those who reported witnessing or experiencing violence while incarcerated, were less likely to say that their incarceration would deter them from committing crimes in the future. This finding raises the possibility that incarceration in adult facilities may have brutalizing effects on juveniles, which may partly account for their increased recidivism. (The term "brutalization effect" describes the finding that homicide rates in a State often increase after an execution (Bowers, 1998), perhaps because executions model and communicate that violence is an acceptable and psychologically cathartic alternative.) Likewise, juveniles' brutal experiences in adult prison may teach the wrong lessons about the acceptability and psychological benefits of criminal conduct, particularly violent crime, while also contributing to their sense of being treated unfairly, both of which may increase recidivism. Further research is needed on this issue.

Implications for Policymakers and Practitioners

The research findings on juvenile transfer have the potential to impact both policy and practice. In a recent study, Hensl and Redding (2005) found that juvenile court judges who were knowledgeable about the ineffectiveness of transfer in reducing recidivism were somewhat less likely to transfer juvenile offenders to the criminal court. This finding suggests that educating judges, prosecutors, court personnel, and legislators about the research on transfer may reduce the number of cases transferred to criminal court or the number of transferred cases that result in criminal sanctions. The Miami-Dade County Public Defender's Office developed the Juvenile Sentencing Advocacy Project, which produced a 350-percent increase in the number of transferred cases receiving a juvenile rather than an adult sanction from criminal court judges (Mason, 2000). In Florida, which has had some of the most aggressive transfer policies in the Nation, the number of juveniles prosecuted in the criminal court decreased by two-thirds between 1996 and 2003 (whereas the total number of juvenile court cases decreased by only 9 percent), apparently due, in part, to research disseminated showing the counter-deterrent effects of transfer (Bishop, 2004). Moreover, in the last several years, some States have reduced the scope of transfer laws to make fewer juvenile offenders eligible for prosecutorial or judicial transfer (Bishop, 2004; Griffin, 2003).

Yet in Florida, for example, the data show that the transferred cases were generally no more serious, and sometimes were less serious, than the cases retained in the juvenile justice system (Lanza-Kaduce, Frazier, and Bishop, 1999). Forty-three percent of the 1,100 juveniles incarcerated in adult prisons for offenses committed when they were 15 years old or younger had not previously been committed to a juvenile justice program (Annio, 2000). Thus, the juvenile justice system never had an opportunity to rehabilitate these youth before they were transferred to the adult system, despite the fact that serious juvenile offenders in Florida report that intensive juvenile placements are relatively more beneficial than either adult prison or mild juvenile sanctions (Lane et al., 2002).

But Florida is not unique in transferring first-time offenders to the criminal court. Transfer laws, particularly automatic transfer laws, often target first-time offenders, even though they do not pose the greatest recidivism risk or threat to community safety. The frequency of offending, instead of the seriousness of the first offense, best predicts overall recidivism and the risk of committing a subsequent violent offense (see Bishop, 2004; Figuero, 2000; Redding, 1997). To best achieve reductions in recidivism, the overall number of juvenile offenders transferred to the criminal justice system should be minimized. Moreover, those who are transferred should be the chronic repeat offenders—rather than first-time offenders—particularly in cases where the first-time offense is a violent offense.

Conclusion

Most practitioners would agree, consistent with the extant research, that it is important that the juvenile courts' response to juvenile offenders be calibrated to have sufficient effectiveness as a deterrent while not being overly punitive. The practice of transferring juveniles for trial and sentencing in adult criminal court has, however, produced the unintended effect of increasing recidivism, particularly in violent offenders, and thereby of promoting life-course criminality (Scott, 2000). But, if it was indeed true that transfer laws had a deterrent effect on juvenile crime, then some of these offenders would not have offended in the first place. Although the limited extant research falls far short of providing definitive conclusions, the bulk of the empirical evidence suggests that transfer laws, as currently implemented, probably have little general deterrent effect on would-be juvenile offenders.

Notes

1. Seventeen States currently have "blended sentencing" laws (see Redding and Howell, 2000) that permit the criminal court, after its adjudication of the youthful offender, to impose juvenile sentences in certain cases. Fifteen States permit the juvenile court to impose limited criminal sanctions (Snyder and Sickmund, 2006).

2. In addition, brochures were sent to public schools announcing the law and the legal risks juvenile offenders faced, and juvenile court judges warned youth about the risks of committing violent offenses (Singer, 2004, personal communication).

3. These States included Arizona, Arkansas, California, Colorado, Florida, Georgia, Louisiana, Michigan, Montana, Nebraska, Oklahoma, Vermont, Virginia, and Wyoming.

4. This is the most recent in a series of studies conducted by the Florida research group. These studies, which have been funded by the Florida Department of Justice and OJP, are part of an ongoing research program, beginning in the mid-1980s, studying the effects of transfer in Florida. For an overview of the Florida research program, see Frazier et al., 1999.

5. The total does not equal 100 because of rounding.

References


Book Review: Understanding Victims and Restorative Justice

Although restorative justice claims to include all those affected by wrongdoing in responding to crime, it has been criticized as being too offender focused. In this book, restorative justice is viewed through a victim-focused lens.


The government claims to be ‘rebalancing’ the criminal justice system in favour of victims. Restorative justice has been accused, not always wrongly, of being too offender-oriented, so a book focusing on the victim’s point of view is welcome. It will make an excellent textbook, with subject and author indexes, suggestions for further reading, a glossary, and hundreds of meticulous footnotes; one wonders whether some of them could not have been eased into the text.

Dignan starts with victimology: how crime impacts mainly on the poor, for example, and how victims of corporate offenders are often neglected. He might have added that victims of fraud are caught by their hope of getting something for nothing. Policymaking, as Dignan describes, is largely based on a welfare approach. This first surfaced in the Criminal Injuries Compensation Scheme, a major reform, but based on the stereotype of the ‘ideal’, blameless victim and therefore excluding those with previous convictions or an undesirable way of life. It excludes victims of offences against the Factory Acts. He could have mentioned also the unfair way in which a person receiving means-tested benefits can lose them on receiving a large compensation award. There is an account of the development of organizations for victims, including Victim Support, Women’s Aid and Rape Crisis (but omitting the National Society for the Prevention of Cruelty to Children). Dignan rightly says that a fully restorative approach should include victims whose offenders are not caught, which restorative justice advocates often forget.

Efforts have been made to assist victims as they encounter the criminal justice system, and there have been improvements, but inviting them to make ‘personal statements’ that do not affect the sentence has caused confusion. It does not provide dialogue between victim and offender, which should be on offer in any comprehensive plan for victims. Dignan usefully summarizes varieties of restorative justice, which will be useful to newcomers to the subject; he traces the development of victim-offender mediation and different forms of conferencing, though he says little about the untidy (to put it mildly) way in which they were introduced in England. He rightly comments that some, such as citizens’ panels in Vermont and referral order panels in England, do not adequately involve victims. A further dimension is the involvement of the community, and he usefully analyses the tensions between empowerment of the victim and of the community (with a discussion of the meaning of that all-too-flexible word); but there is only a footnote reference to the creative programme in Zwelethemba, South Africa, which combines involvement of victims and community and an element of tackling the social criminogenic factors that the restorative process brings to light.

Even those who are familiar with the development of restorative justice will find useful the discussion, in the final chapter, of philosophical differences in the way restorative justice relates to the criminal justice system. Community involvement entails some form of oversight, probably judicial, as a safeguard against unreasonable outcomes. It also implies the use of stand-alone NGO mediation services. Dignan rightly observes that these often struggle to attract enough cases, and funds, to make them viable. He infers that therefore this model is not viable, and mediation should therefore be mainstreamed into the criminal justice system. This is questionable, however; it is equally arguable that they could provide a good, comprehensive service if the government enables it to do so, as it has done with Victim Support, and that this moreover would strengthen its compliance with restorative
ideals, rather than their distortion into a retributive mould. Otherwise there is a danger that people will say of restorative justice, as G K Chesterton said of Christianity, that it has not been tried and found wanting, but found difficult and not tried.

Martin Wright
Board Member, European Forum for Restorative Justice
September 2006.
Youth Case Management

Title: Protecting Youth From Self-Incrimination When Undergoing Screening, Assessment Within the Juvenile Justice System

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Format: document

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Publication Date: January 2007

Pages: 209

Type: Legislation/policy analysis

Origin: United States

Language: English

Annotation: In an attempt to advance the rights and well-being of court-involved youth, this book undertook a systematic review of current law on this issue.

Abstract: The conclusion drawn from this exhaustive review is that most States do not have comprehensive protections that prevent statements made by, and information obtained from youth during juvenile court processes from being used against the youth at the guilt and punishment stages in delinquency cases and criminal trials. The Juvenile Law Center recommends that all States enact statutes or court rules providing that any self-incriminating information including statements gathered from youth who participate in behavioral screening, assessment, or treatment as part of their juvenile court case cannot be used against the youth in any delinquency or criminal case to either make a finding of guilt or to enhance punishment. While the potential benefit to court-involved youth of earlier and comprehensive screening, assessment, and treatment is discussed elsewhere, the potential risks to such youth have not been as widely explored. Statutes, court rules and case law were reviewed in each State and the District of Columbia to find safeguards against self-incrimination when screening, assessment, and/or treatment for behavioral disorders is undertaken in the juvenile court process. Through this monograph, the Juvenile Law Center undertook a systematic review of current law to determine to what extent protections already existed on the Federal and State level to prevent information elicited from youth from later being used against them in delinquency or criminal proceedings. It offers technical assistance to States and localities that wish to undertake an interagency effort to enact these safeguards. References and appendixes A-C

Main Term(s): Right against self incrimination

Index Term(s): Rights of the accused; Due process model; Juvenile due process; Juvenile offenders
**Books Not Bars:**

**Disproportionate Minority Youth Representation in America’s Prison**

By Abeo Anderson  
Executive/Research Assistant, ICCA  
10.27.06

Contrary to popular assumption, at all three grade levels African American youth have substantially lower rates of use of most licit and illicit drugs than do Whites.

– Monitoring the Future Survey, 2004

The struggle for a fair justice system for young people is inextricably linked to the fight for racial justice in this country. We have made progress, but we still have a long way to go.

– Professor Charles J. Ogletree Jr., Founding and Executive Director, Charles Hamilton Houston Institute for Race and Justice at Harvard Law School

It is alarming that although youth of color make up one-third of all youth in the United States, they represent two-thirds of youth in juvenile detention facilities. African-American, Latino, and other youth of color are more likely to be locked up than white youth, even when charged with the same types of offenses. While African American youth comprise 17% of the youth population, African American youth represent 27% of all drug violation arrests, and comprise 48% of the youth detained for a drug offense.

**Table 1: African American Make Up Nearly Half the Youth Detained for Drug Offenses, But Use Drugs at the Same Rate as Whites**
• Drugs. According to the *National Survey on Drug Use and Health*, among youths aged 12 to 17, the rate of current illicit drug use was 11.1% among whites, and 9.3% among African Americans. In a previous year, the same survey found that white youth aged 12 to 17 are more than a third more likely to have sold drugs than African American youth. The *Monitoring the Future Survey* of high school seniors shows that white students annually use cocaine at 4.6 times the rate of African Americans students, use crack cocaine at 1.5 times the rate of African Americans students, and use heroin at the same rate of African Americans students, and that white youth report annual use of marijuana at a rate 46% higher than African American youth. However African American youth are arrested for drug offenses at about twice the rate (African American 314 per 100,000, white 175 per 100,000) times that of whites, and African American youth represent nearly half (48%) of all the youth incarcerated for a drug offense in the juvenile justice system.

African American Youth Are Treated Differently By the Juvenile Justice System

In Louisiana, 80% of youth confined in the Tallulah Youth Center were African-American. The New York Times reported in 1998 that Tallulah was a juvenile prison “so rife with brutality, cronyism, and neglect that many legal experts say it is the worst in the nation.”

Advocates, led by the Juvenile Justice Project of Louisiana and Families and Friends of Louisiana’s Incarcerated Children, launched the Close Tallulah Now campaign, and galvanized public opinion with a “Mock Jazz Funeral” -- complete with a horse drawn carriage and casket -- symbolizing the lost freedom and dying dreams of the state’s incarcerated children. Under pressure, public officials closed Tallulah.
Since 1992, when the Juvenile Justice and Delinquency Prevention Act (JJDPA) was amended, the federal government has acknowledged that youth of different races and ethnicities are treated differently by the justice system. As such the federal government has promoted policies to ease those disparities. The Republican Congress reauthorized the JJDPA in 2003.

“Our country has once again begun to focus on the harsh reality of racial differences. The problems, however, are long-standing and often seem intractable. No Turning Back provides a beacon of hope for better treatment of troubled kids. The advocates show ways to change the system to make it work better for all children,” says Mark Soler, President of the Youth Law Center, and coordinator of the Building Blocks for Youth initiative.

In a new report by the Building Blocks for Youth initiative – No Turning Back: Promising Approaches to Reducing Racial and Ethnic Disparities Affecting Youth of Color in the Justice System – the author documents effective strategies by advocates, policymakers, and public officials to reduce inequities in the justice system. In the aftermath of Hurricane Katrina, the issue of racial justice has returned to the forefront of the national agenda. This report shows relative progress in the struggle for a fair and effective youth justice system.

In Illinois, 99% of the youth automatically prosecuted as adults for drug offenses in Cook County were youth of color. In July 2002, led by the Illinois Juvenile Justice Initiative and the Cook County Public Defender’s Office, advocates gained passage of a law allowing youth to petition the judge for “reverse waiver” to send their cases to juvenile court, where there are rehabilitative services. Then, in August 2005, Governor Rod Blagojevich signed into law Senate Bill 283, which completed the reforms by providing that juvenile drug cases would start in juvenile court.

In Los Angeles, youth prosecuted as adults, most of whom were youth of color, were incarcerated in county adult jails under abusive conditions, including solitary confinement
for 23 1/2 hours a day and only seeing a teacher for five to fifteen minutes through cell bars two or three times a week. Javier Stauring, a chaplain at the jail, organized Faith Communities for Families and Children, Human Rights Watch, the Youth Justice Coalition, and the Youth Law Center, to move officials to move the youth to a county juvenile facility.

ICCA has adopted a public policy position on Juvenile Offenders that address the need for adequate treatment and assessment of young people in prison. Visit our website online at www.ICCAweb.org to obtain a copy of the policy position.

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⁶ In the JJDPA Act of 2002, Congress required that States participating in the Formula Grants Program “address juvenile delinquency prevention efforts and system improvement efforts designed to reduce, without establishing or requiring numerical standards or quotas, the disproportionate number of juvenile members of minority groups, who come into contact with the juvenile justice system” (see section 223(a)(22)). See http://ojjdp.ncjrs.org/dme/
Community Monitoring Systems:

Tracking and Improving the Well-Being of America's Children and Adolescents

U.S. Department of Health and Human Services
National Institutes of Health
National Institute on Drug Abuse

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FOREWORD

The National Institute on Drug Abuse (NIDA) is pleased to support the dissemination of this document created by the Society for Prevention Research (SPR), with funding from the National Institutes of Health, Robert Wood Johnson Foundation, and National Science Foundation. Prevention is an area of primary scientific emphasis for NIDA. The information in this document will help States, regions, and communities to ascertain the nature and extent of problems and resources that affect the well-being of youth. NIDA’s aim is to select of the best science-based approaches for addressing particular prevention needs. As Gilbert Botvin, Ph.D., past president of SPR, stated in the Foreword of the original document, “This monograph documents the growing practices of monitoring the well-being of children and adolescents. Monitoring systems are an integral part of efforts to prevent child and adolescent problems and ensure successful development. It was written based on input from numerous organizations that are developing and using monitoring systems. It is hoped that the monograph will assist prevention scientists and practitioners in furthering the practice of monitoring child and adolescent well-being. Its recommendations define the next steps that must be taken if the full promise of this practice is to come to fruition.”

NIDA echoes these views and is pleased to make this document available to you.

Nora D. Volkow, M.D.
Director
National Institute on Drug Abuse
EXECUTIVE SUMMARY

Monitoring the well-being of children and adolescents is a critical component of efforts to prevent psychological, behavioral, and health problems and to promote their successful development. Research during the past 40 years has helped identify aspects of child and adolescent functioning that are important to monitor. These aspects, which encompass family, peer, school, and neighborhood influences, have been shown to be associated with both positive and negative outcomes for youth. As systems for monitoring well-being become more available, communities will become better able to support prevention efforts and select prevention practices that meet community-specific needs.

There is evidence that supports the importance of certain factors for young people to function successfully including academic success and participation in volunteer activities. Research also has identified biological, psychological, and social factors that are associated with negative outcomes in youth; these include substance use, antisocial behavior, risky sexual practices, and academic failure. From a public health perspective, the problems most important to monitor can be chosen based on their prevalence and consequences to youth, their families, and communities.

Communities can choose which factors to monitor based on the prevalence and consequences of these factors in their community. This monograph describes Federal, State, and local monitoring systems that provide estimates of problem prevalence; risk and protective factors; and profiles regarding mobility, economic status, and public safety indicators. Data for these systems come from surveys of adolescents and archival records.

By focusing attention on measurable outcomes, Community Monitoring Systems (CMSs) can help bring about critical improvements in the lives of children and adolescents and affect positive changes at the community level. To the extent that these systems can be made available to communities, they will foster support for prevention efforts and guide selection of increasingly effective prevention and treatment practices.

As communities become skilled at implementing and operating CMSs, they can use data to guide them in choosing programs, policies, and practices (PPPs) that address malleable risk and protective factors in order to prevent young people from engaging in risk behaviors, which in turn can help bolster the well-being of the entire community.

Recommendations at the Federal Government Level

At the Federal level, the following guidelines are considered necessary for creating and implementing effective and widespread CMSs:

- Support research to help improve CMSs. Research can improve the validity of data collection systems, identify efficient methods for widespread implementation, evaluate the effects of such systems on outcomes for young people, and assess their cost-effectiveness for promoting effective prevention.
- Play a leadership role to help states and communities define the aspects of youth functioning, environments, and risk and protective factors most in need of monitoring.
- Provide funding to enable states and local communities to develop the infrastructures required for collecting, organizing, and making data available on child and adolescent well-being.
- Develop and encourage use of policies calling for assessments of child and adolescent well-being, which can influence the adoption of CMSs.
Develop a unified approach in support of the development of monitoring systems. Development of systems for monitoring the broad range of child and adolescent indicators is hampered by the fact that responsibility for various aspects of functioning is spread across multiple Federal agencies.

**Recommendations at the State Government Level**

The State government also plays a critical role in the success of CMSs and should consider the following actions:

- Develop a clear set of policies that makes child health assessment systems a priority.
- Pursue a consensus among state agencies and local communities about which aspects of child and adolescent functioning to monitor.
- Create coordinated, comprehensive systems that assess child and adolescent well-being and assist communities in collecting and organizing the data.
- Compile collected data from Federal, state, and local agencies into public archives and make these data available to the communities.
- Provide training and technical assistance to communities on how to use data on risk, protection, and youth outcomes in planning drug abuse and violence prevention activities, social services, youth development programs, and educational policies and programs.

**Recommendations at the Local Government Level**

Local governments can help foster successful CMSs if they consider the following guidelines:

- Develop a community consensus regarding which behaviors—and influences on those behaviors—require monitoring.
- Develop a coordinated strategy among local agencies to collect, share, organize, and make use of available data. To the extent that the use of such data becomes a standard practice in the community, a greater number of effective preventive practices will be shaped over time.
- Encourage local news media to responsibly and judiciously report the results of assessments and to describe the efforts that community leaders are making to respond to the findings.
- Use data to guide prevention and treatment practices in the community. When programs and practices demonstrate success in reducing a problem (i.e., heavy episodic drinking), such programs should receive recognition and increased community support.

The collection, organization, and use of community monitoring data may seem remote from the personal and compelling details of the lives of our youth. However, as communities become skilled at implementing and operating CMSs, they can use data to guide them in choosing PPPs that can prevent major negative outcomes and provide faster improvements in the lives of youth, their families, and communities. By focusing attention on measurable outcomes, CMSs can help bring about genuine and critical improvements in the lives of children and adolescents and affect positive changes at the community level. Federal and state efforts in providing data, infrastructure, funding, and guiding policies enable localities to make population- and problem-specific prevention plans.
Community Monitoring Systems (CMSs) and the Well-Being of Youth

Communities can create environments in which children and adolescents develop the skills, interests, and habits they need to live healthy, happy, and productive lives and engage in caring relationships with other people. The accumulating research on factors that influence successful and problematic development, and on interventions that prevent diverse problems and promote positive development, demonstrates our potential to achieve these outcomes.

Studies evaluating preventive interventions have shown that we have the potential to shape communities where fewer young people develop problems with alcohol, tobacco, and other drugs; crime is less prevalent; unwanted pregnancies and sexually transmitted diseases are rare; and incidence of depression and anxiety are decreased (Biglan, Brennan, Foster, & Holder, 2004). How-ever, translating this research into community practices remains the challenge, and before communities can implement effective PPPs, they need to know what is happening with the young people in their communities. For this reason, an increasing number of communities are establishing CMSs that monitor the well-being of children and adolescents and the factors that influence their development.

A Public Health Perspective: The Foundation for CMSs

A public health perspective is concerned with the well-being of the total population. It goes beyond attention to individual well-being and asks about the incidence and prevalence of health indicators in defined populations.

A comprehensive approach to the public health of young people is concerned with the entire range of problems that threaten healthy development. We know that each of the following problems is common among adolescents and is costly to them, those around them, and the health and wealth of the Nation: tobacco, alcohol, and other drug use; antisocial behavior; depression; sexual behavior that presents risks for pregnancy or disease; and drunken driving (Biglan, Brennan, Foster, & Holder, 2004). The public health approach recognizes these problems are interrelated; moreover, the same young people tend to engage in multiple problem behaviors. A CMS can concentrate on affecting the risk and protective factors influencing the involvement with multiple problems.

BOX A: AN IDEAL COMMUNITY MONITORING SYSTEM

1. Provides the community with accurate estimates of well-being for the entire population of children and adolescents
2. Encourages widespread participation of community members in the design, maintenance, and use of the system
3. Identifies and assesses key predictors of well-being that research shows are important. This includes measures of youth functioning and of the factors influencing development
4. Uses all available data, including both survey and archival
5. Generates information for decisionmakers and community members that is easily understandable and readily usable to answer specific questions
6. Provides timely data about trends in well-being and in risk and protective factors that predict youth outcomes
7. Guides priority setting and decisionmaking regarding choice of programs, policies, and practices to improve youth well-being
Community organizations concerned with children and youth often concentrate their work on individuals. An individual-based approach can be problematic when segments of the at-risk population do not receive the services they need. Thus, a major challenge for communities is to focus on the well-being of all youth at risk by monitoring the prevalence of the entire range of problems in the youth population. By doing so, the community is most likely to select and implement PPPs that affect all at-risk young people in the population.

**Key Features of an Ideal CMS**

In this section, we present seven key features of CMSs. We illustrate how these systems contribute to reducing the incidence and prevalence of problems among children and adolescents and to increasing the proportion of young people who develop into successfully functioning adults.

---

1. **Provides accurate estimates of well-being**

To have the greatest impact on the well-being of youth, a CMS must monitor biological, psychological, social, and behavioral aspects of young people's functioning. Community monitoring should also include indicators of both positive and negative youth outcomes, such as school attainment and academic achievement test scores. A balance of positive and negative indicators provides a more accurate view of the community situation and avoids the stigmatization of youth that can occur when problems are the only focus. Many indicator estimates can be obtained through a variety of Federal and State data systems, most of which provide guidance for their optimal use.

Communities that promote health and educational success and prevent and reduce problems have the potential to improve youth outcomes. *Table 1* lists some key outcomes in four domains: physical, mental, and behavioral health and education. Biglan, Brennan, Foster,

---

**TABLE 1: DOMAINS OF FUNCTIONING OF CHILDREN AND ADOLESCENTS**

<table>
<thead>
<tr>
<th>Physical health</th>
<th>Prematurity</th>
<th>Physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Birth weight</td>
<td>Death rates:</td>
</tr>
<tr>
<td></td>
<td>Immunizations</td>
<td>Suicide</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>Homicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unintentional injuries</td>
</tr>
<tr>
<td>Mental health</td>
<td>Depression</td>
<td>Sexual behavior:</td>
</tr>
<tr>
<td></td>
<td>Anxiety disorders</td>
<td>Multiple partners</td>
</tr>
<tr>
<td></td>
<td>Eating disorders</td>
<td>Sex without condoms</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>Tobacco use</td>
<td>Antisocial behavior:</td>
</tr>
<tr>
<td></td>
<td>Alcohol use, especially binge drinking</td>
<td>Violent behavior</td>
</tr>
<tr>
<td></td>
<td>Use of other drugs</td>
<td>Property crimes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drug sales</td>
</tr>
<tr>
<td>Education</td>
<td>Academic achievement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Truancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduation rates</td>
<td></td>
</tr>
</tbody>
</table>
& Holder (2004) present a discussion of the evidence for the importance of these outcomes.

By providing accurate estimates of the well-being of the entire population of young people in a community, a CMS guides the community to focus on improving the lives of all its youth. Taking this type of population-based perspective fosters an emphasis on prevention. Once a community adopts the goal of reducing the proportion of young people with any given problem—in addition to treating those who are manifesting problems at levels that warrant treatment interventions—the community becomes more invested in doing everything it can to minimize the proportion of youth affected. That investment inevitably brings preventive interventions into play.

Accurate information about the risks young people encounter, the strengths they have, and the strengths they need help a community focus on the aspects of youth functioning that need attention. Valid, reliable indicators arm advocates for young people with information that can motivate others in the community to devote resources to help those young people.

To the extent that this type of information system is built into a community's decision-making processes, the system supports an infrastructure of people and organizations working to prevent youth problems and advocating for community-focused efforts toward youth well-being. Thus, the monitoring system can help ensure that the well-being of young people is an ongoing priority.

Annual estimates of the functioning of young people also provide a basis for evaluating the success of prevention efforts. Declining levels of problems suggest that community efforts are well targeted and valuable. Increases in problem behaviors can indicate the need for added efforts or changes in current programs.

Oregon Healthy Teens (http://ori.org/ohf/), for example, provides annual reports to surveyed communities about the prevalence of adolescent problem behaviors and about the levels of risk and protective factors. Communities can make prevention policy decisions using these data. (See Box B for details about the program.)

**BOX B: OREGON HEALTHY TEENS**

**Collaborators**
- Oregon Department of Human Resources
- Oregon Department of Education
- Oregon Research Institute

**Assessment Tool**
- Addresses information needs of State agencies concerned with adolescents
- Provides estimates to 80 communities on the prevalence among students of 23 problem behaviors (e.g., tobacco, alcohol, and other drug use; high-risk sexual behavior; inadequate exercise; antisocial behavior; drinking and driving; suboptimal nutrition) and 7 positive social behaviors (e.g., volunteering, doing chores or homework, exercising, participating in religious activities)

**Process:** A randomly selected third of Oregon middle and high schools receive the survey. Each 8th and 11th grader receives—by random assignment—three of six survey modules. Schools access system data to check youth status on the most common and costly adolescent problems.

**Funding/Future:** Received NCI funding to support the study of factors influencing adolescent tobacco use for three years and state agencies then begin to fund it. A large, growing number of state and local leaders in education, treatment, and substance-use prevention supports this system. Researchers are developing a web-based system to make the data more accessible to ease the decisionmaking processes.
2. Encourages community participation

An ideal CMS fosters participation of community members in their efforts to improve the well-being of children and adolescents. Good models exist for involving community members in decisions on which factors to monitor and on finding ways to make data available to the community (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Fawcett, Paine, Francisco, & Vliet, 1993; Fawcett, Schultz, Carson, Renault, & Francisco, 2002; Hawkins, Catalano, & Arthur, 2002; Hawkins & Catalano, 1996). At a minimum, each agency must make a review of the available data a routine part of their governance. For instance, as a requirement for the school district, a school board might establish an annual review of all data on youth functioning. A consortium of agencies concerned with young people might convene an annual meeting to review the data and to develop a strategic plan to improve outcomes for young people. For example, in communities that use the Communities That Care (CTC) system, an ongoing community board representing wide-ranging constituencies is responsible for ongoing monitoring of community levels of risk and protection and youth outcomes. That board also has the responsibility for planning changes in policies and programs based on the monitoring data.

The involvement of community members in these decisions can reinforce their commitment to the use of data systems and can motivate them to implement the improvements indicated by the data (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Roussos & Fawcett, 2000).

A community can weave a CMS into its decisionmaking procedures. If school boards; city councils; business, civic, and neighborhood organizations; and human service agencies offer input on what to monitor, procedures for monitoring, and uses of data, both commitment to the CMS and use of data in the governance processes are likely to increase. During data reviews, community members should set goals and modify practices based on feedback provided by the CMS. Over time, the CMS can become a fundamental component of decisionmaking—one that keeps issues of youth well-being at the forefront of community concerns. Alternatively, a community may institutionalize a collaborative planning board or body to continuously plan, implement, and monitor the results of policy and program improvements using community monitoring results (Hawkins, Catalano, & Arthur, 2002).

Oswego County, New York, uses a Family Services Task Force to foster community involvement in promoting the well-being of its citizens. (See Box C.) Another example is the Connect Kansas Web site (http://www.connectks.org/beta/index.php), through which residents can access county-level data on youth well-being. By making such extensive information readily available, the system empowers multiple individuals and groups to become interested and involved in improving the community. The Web site provides assistance in planning activities to improve specific aspects of the county’s functioning. Through Connect Kansas, communities in Kansas have been introduced to and implemented a CMS based on the CTC model (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Hawkins & Catalano, 1992) and other tools (e.g., needs assessment and staff development).

3. Assesses key predictors of youth well-being (risk and protective factors)

Communities that want to promote health and success and prevent youth problems must monitor not only youth outcomes, but also the risk and protective factors that influence those outcomes. It is important to understand that preventing something before it happens requires understanding and addressing its causes. Risk and protective factors are conditions in the environment or individual that affect the likelihood of a certain outcome, whether healthy behavior or health-compromising behavior. It is noteworthy that a shared set of risk factors predicts a wide range of youth outcomes, and certain protective factors inhibit development of a range of problems.

There is evidence that both risk and protective factors contribute to youth outcomes.
(Pollard, Hawkins, & Arthur, 1999; Sameroff, Gutman, & Peck, 2003), so focusing solely on reducing risk or solely on promoting strengths or protection is not likely to be as effective as addressing both risk and protective factors simultaneously in community planning. Thus, reducing the most prevalent risk factors and strengthening the most depressed protective factors in a community can affect the prevalence of many adolescent health and behavior outcomes. Therefore, it is important to know which risk factors are most elevated and which protective factors are most depressed among a community’s young people in order to design education, youth development, and preventive systems that can have the strongest effects in promoting healthy child development.

The population of young people will benefit most when communities concentrate first on the most common and costly problems that affect them. For instance, a community with monitoring data showing high rates of teen drug use and widespread attitudes favorable toward drug use might choose to adopt and implement a tested drug abuse-prevention curriculum. Figure 1 lists risk and protective factors for drug abuse, delinquency, teen pregnancy, school dropout, and violence, validated in longitudinal and epidemiological studies. (For a more comprehensive discussion of risk and protective factors see the National Institute on Drug Abuse (2003) guide: Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders).

**BOX C: FAMILY SERVICES TASK FORCE, OSWEGO COUNTY, NEW YORK**

- Members: 60 partners from 27 human service agencies and organizations
- Goal: To improve the physical and mental well-being of Oswego’s youth and families
- First assessment in 2000; updated in 2002
- Communities That Care model (Hawkins et al., 2002; Hawkins and Catalano, 1992)
- Measured archival risk indicators
- Helped create database on
  - Risk and protective factors
  - Resource assessment data on county assets and services
- Undertook comprehensive, countywide planning
- Use the data to decide, through consensus, what to prioritize for action
- Improves ability to respond to new funding opportunities
- Community leaders and agencies use the data on a regular basis
- Collaborative grant-writing forum has grown out of the monitoring process
- Task Force members
  - Interpret and use the data
  - Expand understanding of research-based best practices
- Forge collaborative relationships to reduce risks; increase protective factors
- Participate in county planning forums
- Offer input to address community needs
- Use these data to inform local planning and resource-allocation processes

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention provided funding to the New York State Office of Alcoholism and Substance Abuse for a substance abuse prevention improvement initiative, which helped develop this system.
### FIGURE 1: RISK FACTORS FOR ADOLESCENT PROBLEM BEHAVIORS

(Hawkins, Catalano, & Arthur, 2002)

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of drugs</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Availability of firearms</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Community laws/norms favorable toward drug use, firearms, crime</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Media portrayals of violence</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Transitions and mobility</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Low neighborhood attachment and community disorganization</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Extreme economic deprivation</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family history of the problem behavior</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Family management problems</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Family conflict</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Favorable parental attitudes and involvement in a problem behavior</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic failure beginning in late elementary school</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Lack of commitment to school</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Individual/Peer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early and persistent antisocial behavior</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Alienation and rebelliousness</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Friends who engage in the problem behavior</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Favorable attitudes toward the problem behavior</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Early Initiation of the problem behavior</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Constitutional factors</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

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### 4. Utilizes all available data

Communities typically collect data about youth well-being from a variety of Federal, State, and local sources. These sources include survey data about both problem and healthy behavior; data on academic achievement; archival records on crime, teenage pregnancy, and vandalism; and data on the economic functioning of neighborhoods and the community. The Northeast Ohio Community and Neighborhood Data for Organizing (NEO CANDO) offers an example of what is possible with data when multiple sources of data are combined. NEO CANDO (http://neocando.case.edu/cando/index.jsp) incorporates Federal, State, and local data into a data warehouse. From the combined data, it is possible to create neighborhood profiles, including geographical maps of data. More than 1,000 users, including individual citizens and policymakers, use the system for a variety of data types, such as rates, counts, and indexes.
Table 2 shows 2001 statistics for three Cleveland neighborhoods, plus Cleveland as a whole, for total violent crime and crime affecting victims by age groups 0–24. It took less than 5 minutes to generate the statistics. With such quick and easy access to information, a neighborhood group can pinpoint aspects of well-being that need the most attention and then use the evidence to advocate for support of efforts to address their concerns. The optimal CMS makes use of all this information. By using multiple sources of data, a community can derive a comprehensive picture of how its young people are doing and can address the concerns of diverse groups in the community. However, practicality may necessitate starting with a limited data set and adding to it as the capacity to identify, collect, and summarize data expands.

Most currently operating CMSs do not incorporate information from all types of available data, but a number of systems do provide comprehensive information about communities. For example, NEO CANDO gathers data on adult well-being as well as that of children and adolescents. NEO CANDO provides profiles in the form of 8 data tables on 41 indicators. The data tables include population composition, vital statistics (births), residential mobility, economic status, educational attainment, housing stock, housing investment, and public safety.

Another system, Connect Kansas, provides information about every county in Kansas in terms of nine characteristics of a “caring community:”

- Families, youth, and citizens are part of community planning, decisionmaking, and evaluation.
- Families and individuals live in a safe and supportive community.
- Pregnant women and newborns thrive.
- Infants and children thrive.
- Children live in stable and supported families.
- Children enter school ready to learn.
- Children succeed in school.
- Youth choose healthy behaviors.
- Youth successfully transition to adulthood.

Sources of data that describe these nine characteristics range from student surveys to records of public health, economic, and criminal justice systems. The CTC survey (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Hawkins, Catalano, & Arthur, 2002), administered throughout Kansas, provides data on youth well-being and on risk and protective factors.

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Total violent crime count</th>
<th>Age of victim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0–9 10–14 15–19 20–24</td>
</tr>
<tr>
<td>Cudell</td>
<td>157</td>
<td>5 5 24 17</td>
</tr>
<tr>
<td>Detroit-Shoreway</td>
<td>330</td>
<td>4 14 48 53</td>
</tr>
<tr>
<td>Downtown</td>
<td>245</td>
<td>2 2 19 32</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>732</strong></td>
<td><strong>11 21 91 102</strong></td>
</tr>
<tr>
<td>Cleveland City</td>
<td><strong>6,390</strong></td>
<td><strong>143 298 930 979</strong></td>
</tr>
</tbody>
</table>

Source: Center on Urban Poverty and Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University

Community Monitoring Systems: Tracking and Improving the Well-Being of America's Children and Adolescents
5. Generates useful information for decisionmakers

Information about risk and protective factors can pinpoint targets for intervention. A well-organized CMS that uses data from multiple sources can guide the decisionmaking of community leaders and prevention practitioners. Evidence indicating trends in adolescent behavior can highlight problems of specific subgroups that call for additional prevention or treatment efforts. For example, results from a CMS might help a community identify a grade cohort with high levels of alcohol use and norms that are supportive of such use. This information might then prompt a concerted effort by program administrators to target interventions directly at the problem cohort rather than at all cohorts. Such a targeted strategy may be far more efficient than directing interventions designed to prevent problems among all young people in the community.

Likewise, trend information showing favorable results from a particular evidence-based intervention may help guide the decision to implement similar programs in other areas or continue funding the program responsible for positive outcomes.

6. Provides current data on trends

Communities with a CMS will have access to current information about whether the well-being of young people is improving or not. Some of this information will be available annually; other information will be available more or less frequently. For example, since 2000, Oregon Healthy Teens has provided annual data to communities about problems and positive behaviors among youth.

Health Information Tennessee (HIT) provides a wealth of accessible information about the health and well-being of Tennessee's population as a whole, as well as in its counties and cities. Figure 2A compares state data with county data from the Department of Education. Figure 2B demonstrates the output from a HIT query on Healthy People 2010 objectives for adolescent pregnancy rates, charted for two Tennessee counties and the state, indicating progress toward meeting the objective over a 2-year period. Community leaders use these data to either change strategies or to continue with current programs. A CMS must provide clear, relevant, and accessible data that will motivate community members to work to prevent youth

**FIGURE 2A: SCHOOL DROPOUT COHORT RATE (SHELBY COUNTY & TENNESSEE)**

![Bar chart showing school dropout cohort rate](source: Annual Statistical Reports, Tennessee Department of Education)
problems. HIT can be accessed on the Web at http://hit.state.tn.us/.

Decisionmakers plan their intervention strategies based on the data and or trend information collected. Although it may be unrealistic to expect data on all youth behaviors or on exposure to risk or protective factors to be collected more than once a year, data on problems—such as school discipline referrals, vandalism, or youth participation in community programs—can be obtained with some frequency. These types of data can guide efforts to address associated concerns. For example, communities can obtain ongoing data about crime and vandalism and use them to guide resource allocation and crime control efforts (Kelling & Coles, 1996).

An ideal CMS provides profiles of young people's functioning as well as risk and protective factors for the community. Many CMSs are Web-based and user friendly. For example, the Seattle Public School System posts profiles of risk and protective factors and behavior outcomes for all secondary students in the school district on its Web site. Data are compiled from the CTC Youth Survey (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002). Web site users can search for information that is relevant to their interests (i.e., the proportion of young people who smoke, by gender, ethnicity, or neighborhood). See the Seattle Public School System Web site at http://www.seattleschools.org/area/ctc/survey/survey.htm. Web-based information means greater public access, which increases the likelihood that the data will be used.

7. Guides choice of programs, policies, and practices (PPPs)

CMSs can guide communities in setting appropriate priorities for themselves and in choosing programs and policies that are likely to have the greatest positive impact on young people. By indicating the prevalence of various problems—and strengths—among children and adolescents, a CMS can help the community identify and select those aspects of youth functioning most in need of attention. Information about the levels of specific risk and protective factors may indicate which
factors most need to be improved. If the monitoring system also provides information about PPPs that have been effective in changing risk and protective factors in other settings, the system can help decisionmakers choose the PPPs most likely to positively affect the aspects of youth functioning of greatest concern.

To illustrate, Nova High School, an alternative school located in central Seattle serving grades 9 through 12, has been monitoring levels of risk and protective factors and youth outcomes through the CTC process. Figure 3 shows levels of some youth outcomes monitored by Nova. Note the relatively high prevalence of alcohol, cigarette, marijuana, and hallucinogen use in this school compared with reporting from the Monitoring the Future national samples of 10th grade students in 2002. More than 50 percent of Nova students also reported that they had been drunk or high at school in the past month. Through the CTC process, the Nova school team identified “favorable attitude toward drug use” as the most elevated risk factor reported by students on the CTC Youth Survey. Risk level represents the percentage of surveyed students whose attitudes are favorable toward drug use. (See Figure 4.)

The team also noted (Figure 5) that social skills, including drug refusal skills, ranked among the lowest of the protective factors measured on the survey. Based on these data, Nova selected Project Toward No Drug Abuse (PTND) as the program to use to change these prioritized risk and protective factors. PTND is an interactive program designed to change substance use norms and to increase coping and self-control skills. It has been tested and shown to be effective in alternative high schools. Nova’s Implementation Plan, shown in Figure 6, documents the use of monitoring data to design

---

**FIGURE 3: NOVA HIGH SCHOOL SUBSTANCE USE & ANTISOCIAL BEHAVIOR, 10TH GRADE: 2002**

![Bar Chart: Substance Use & Antisocial Behavior](chart.png)

- **Ever Used**
  - Alcohol
  - Cigarettes
  - Hashish
  - Hallucinogens
  - Cocaine
  - Inhalants
  - Marijuana
  - Inhalants
  - Hallucinogens
  - Cocaine
  - Inhalants
  - Marijuana
- **30-Day Use**
  - Alcohol
  - Cigarettes
  - Hashish
  - Hallucinogens
  - Cocaine
  - Inhalants
  - Marijuana
- **Heavy Use**
  - Alcohol
  - Cigarettes
  - Hashish
  - Hallucinogens
  - Cocaine
  - Inhalants
  - Marijuana
- **Past Year Antisocial Behavior**
  - Broken a Window
  - Joking about Death
  - Carjacked
  - Used a Weapon
  - Stole
  - Been Arrested

Survey Participation Rate 2002: 79.9%
a change aimed at improving youth outcomes by addressing an elevated risk and a low protective factor among Nova students. A CMS should provide ongoing feedback about the effects of implemented programs and policies. Empirically tested interventions can positively affect targeted problems, but some of these programs may not always be effective when they are widely implemented among diverse populations (Biglan, Mrazek, Carnine, & Flay, 2003). Studies of programs conducted under field conditions may shed light on probable effectiveness (Flay, 1986; Lamb, Greenlick, McCarty, & Institute of Medicine, 1998). However, for specific communities, a key to effective planning and programming is continued monitoring of risk and protective factors. This practice ensures that selected interventions are having the desired effects.

The Washington State Incentive Grant (SIG) illustrates a change in practices resulting from monitoring outcomes associated with new programs. Eighteen communities from across the state were selected to participate for 3 years. As part of the SIG, communities received risk and protective factor profiles and youth behavior outcome reports specific to their geographic area. They also received detailed instructions and extensive training on the interpretation of these data to help them select the most appropriate prevention strategies for reducing risk factors and enhancing protective factors.

FIGURE 4: NOVA HIGH SCHOOL RISK PROFILE, 10TH GRADE: 2002

Survey Participation Rate 2002: 79.9%
The communities used a Web-based management information system (Everest Prevention Outcomes Evaluation Management System) designed so the communities could self-manage their program outcomes. This system provided the communities with pre- and post-questionnaires, valid scales, and immediate reports on outcomes for both pre- and post-tests.

Throughout the SIG grant implementation, several communities in the project dropped unproven prevention programs they had initially adopted in favor of tested, effective preventive interventions. They made these changes after the initial programs did not produce the desired changes in targeted risk and protective factors or outcomes in participants. Moreover, other communities replaced tested, effective prevention interventions that were not producing the results they wanted with other tested, effective prevention interventions.

Overall, 3 of the 18 communities implemented only tested, effective prevention programs. An unexpected finding from the Washington SIG was the decision by 12 of the remaining 15 communities to provide nonevidence-based prevention programs as an infrastructure for implementing an evidence-based program. For example, one community decided that it would provide an after-school homework club as the “infrastructure” for implementing an evidence-based tutoring program. In another community, after-school recreation programs served as the “infrastructure” for a skill-building and resistance curricula.

Eighty-three percent of the prevention programs continued to be implemented after the SIG project ended; 73 percent of the continuing programs are evidence-based or provide the infrastructure for the evidence-based prevention programs (Stark & LaFazia, 2002).
FIGURE 6: NOVA IMPLEMENTATION PLAN

SEATTLE PUBLIC SCHOOLS
Communities That Care®
Nova High School
FINAL Implementation Plan

1. School vision:
   Nova is a democratically governed learning community. We strive to be creative, independent and critical thinkers who work collaboratively and demonstrate a high degree of individual and social responsibility.

2. Identified priority risk factor (and protective factor):
   Risk Factor: Favorable attitude toward drug use (peer-individual domain)
   Protective Factor: Social skills (peer-individual domain)
   Substance Use: alcohol, tobacco, marijuana

3. What is the rationale for selecting these priorities?
   Based on the CTC student survey, substance use was prevalent in areas of alcohol and marijuana use. The 1999 Teen Health Survey results also shared a high level of substance use among the students at NOVA. There seems to be an increase of substance abuse reported at the 12th grade in comparison to the 10th grade.

4. Desired outcomes:
   a. Healthy youth development/problem behavior outcomes:
      • To decrease 30-day alcohol use, as measured by survey from baseline of 61% of 10th graders and 64% of 12th graders to 45% of 10th graders and 50% of 12th graders by 2004.
      • To decrease 30-day use of marijuana for 10th graders from 35% to 25%. To decrease 30-day use of marijuana for 12th graders from 54% to 43%.
   b. Risk factor outcomes:
      To decrease peer-individual favorable attitudes toward drug use, as measured by survey from baseline of 85% of 10th graders and 82% of 12th graders to 70% of 10th graders and 70% of 12th graders by 2004.
   c. Protective factor outcomes:
      To increase peer-individual social skills as measured by survey from baseline of 44% of 10th graders and 51% of 12th graders to 54% of 10th graders and 58% of 12th graders by 2004.

5. Tested, effective program/strategy to achieve outcomes:
   Project Toward No Drug Abuse (PTND)

6. What is the rationale for selecting this program/strategy?
   PTND is a curriculum that provides students with information about the social and health consequences of drug use and addresses topics including instruction in active listening, effective communication, stress management, tobacco cessation, and self control. The curriculum is designed for older teens and tested effective for alternative high school students.
factors most need to be improved. If the monitoring system also provides information about PPPs that have been effective in changing risk and protective factors in other settings, the system can help decisionmakers choose the PPPs most likely to positively affect the aspects of youth functioning of greatest concern.

To illustrate, Nova High School, an alternative school located in central Seattle serving grades 9 through 12, has been monitoring levels of risk and protective factors and youth outcomes through the CTC process. Figure 3 shows levels of some youth outcomes monitored by Nova. Note the relatively high prevalence of alcohol, cigarette, marijuana, and hallucinogen use in this school compared with reporting from the Monitoring the Future national samples of 10th grade students in 2002. More than 50 percent of Nova students also reported that they had been drunk or high at school in the past month. Through the CTC process, the Nova school team identified “favorable attitude toward drug use” as the most elevated risk factor reported by students on the CTC Youth Survey. Risk level represents the percentage of surveyed students whose attitudes are favorable toward drug use. (See Figure 4.)

The team also noted (Figure 5) that social skills, including drug refusal skills, ranked among the lowest of the protective factors measured on the survey. Based on these data, Nova selected Project Toward No Drug Abuse (PTND) as the program to use to change these prioritized risk and protective factors. PTND is an interactive program designed to change substance use norms and to increase coping and self-control skills. It has been tested and shown to be effective in alternative high schools. Nova’s Implementation Plan, shown in Figure 6, documents the use of monitoring data to design

**FIGURE 3: NOVA HIGH SCHOOL SUBSTANCE USE & ANTISOCIAL BEHAVIOR, 10TH GRADE: 2002**

![Graph showing substance use and antisocial behavior](image)

Survey Participation Rate 2002: 79.9%

School 2002  MTF 2001

NATIONAL INSTITUTE ON DRUG ABUSE
Decisionmakers plan their intervention strategies based on the data and or trend information collected. Although it may be unrealistic to expect data on all youth behaviors or on exposure to risk or protective factors to be collected more than once a year, data on problems—such as school discipline referrals, vandalism, or youth participation in community programs—can be obtained with some frequency. These types of data can guide efforts to address associated concerns. For example, communities can obtain ongoing data about crime and vandalism and use them to guide resource allocation and crime control efforts (Kelling & Coles, 1996).

An ideal CMS provides profiles of young people's functioning as well as risk and protective factors for the community. Many CMSs are Web-based and user friendly. For example, the Seattle Public School System posts profiles of risk and protective factors and behavior outcomes for all secondary students in the school district on its Web site. Data are compiled from the CTC Youth Survey (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002). Web site users can search for information that is relevant to their interests (i.e., the proportion of young people who smoke, by gender, ethnicity, or neighborhood). See the Seattle Public School System Web site at http://www.seattleschools.org/area/ctc/survey/survey.htm. Web-based information means greater public access, which increases the likelihood that the data will be used.

7. Guides choice of programs, policies, and practices (PPPs)

CMSs can guide communities in setting appropriate priorities for themselves and in choosing programs and policies that are likely to have the greatest positive impact on young people. By indicating the prevalence of various problems—and strengths—among children and adolescents, a CMS can help the community identify and select those aspects of youth functioning most in need of attention. Information about the levels of specific risk and protective factors may indicate which
a change aimed at improving youth outcomes by addressing an elevated risk and a low protective factor among Nova students. A CMS should provide ongoing feedback about the effects of implemented programs and policies. Empirically tested interventions can positively affect targeted problems, but some of these programs may not always be effective when they are widely implemented among diverse populations (Biglan, Mrazek, Carnine, & Flay, 2003). Studies of programs conducted under field conditions may shed light on probable effectiveness (Flay, 1986; Lamb, Greenlick, McCarty, & Institute of Medicine, 1998). However, for specific communities, a key to effective planning and programming is continued monitoring of risk and protective factors. This practice ensures that selected interventions are having the desired effects.

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Action Agenda to Develop CMSs

Widespread, effective use of CMSs requires strategic actions at the Federal, state, and local levels. In this section, we describe the requirements at each level to make effective CMSs widely available.

Role of the Federal Government
The Federal government should foster the development of CMSs by:
- Supporting research to improve the systems;
- Identifying what data needs to be monitored;
- Supporting state and local infrastructures for CMSs;
- Developing policies that encourage the use of such systems; and
- Developing a unified Federal infrastructure to support CMSs.

Research
Federal funding for research is crucial in the development of effective CMSs. This research should be conducted along four broad categories: methodology, system implementation, outcome evaluation, and cost-effectiveness.

Methodological research will refine methods of obtaining accurate, timely, and relevant data for CMSs. For example, developing optimal procedures for sampling young people can ultimately result in reducing the cost of and increasing the accuracy of assessments.

Given the many aspects of youth functioning that requiring assessment, researchers must create valid and reliable scales with as few items as possible. They must also find ways to reduce the cost of collecting and organizing the data. Standardization of survey instruments and data collection and organization is one avenue that researchers should consider for reaching these goals.

Standardization can reduce costly duplication of effort across communities and make data readily available to the public, and provide the potential for comparisons over time and across communities.

Research on the implementation of monitoring systems can identify strategies that enable effective and efficient community decision-making. Publishing their results through a Federal platform will allow agencies to provide community leaders with evidence on the most efficient way of selecting and implementing their local programs. This information, which also includes testing strategies and details on the development of monitoring systems, can be used to embed the use of CMSs into the decision-making processes of the school, criminal justice, mental health, and public health systems in each community. Eventually, providing data through a Federal platform maximizes the potential for standardization across localities.

Federal research also is necessary to evaluate the impact of programs on child and adolescent well-being. This research will investigate whether or not the implementation of monitoring systems affects risk and protective factors and the incidence and prevalence of problems among young people.

Finally, assessments should be conducted on the cost-effectiveness of programs to determine if the funds expended actually promote effective preventive outcomes in the community.

Identification of data to monitor
In recent years, Federal agencies began identifying PPPs likely to be effective in preventing youth problems. Although various agencies have used different criteria to determine what makes a program worthy of dissemination (Biglan, Brennan, Foster, & Holder, 2004), the efforts generally have encouraged communities to adopt practices for which there is empirical evidence.

Similar efforts should identify those aspects of outcomes and risk and protective factors
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in most need of monitoring. Epidemiological evidence specifies behaviors and the most common and costly social and psychological problems. Aspects of successful development, such as academic achievement and high school completion, must also be included as major objects of public policy and expenditure. Similarly, evidence abounds about specific risk and protective factors that contribute to problematic versus successful development.

Good strategies are crucial for combining these data in ways that provide clear information to communities. The many Federal agencies that fund the implementation of PPPs in states and communities have agency-specific program goals, data specifications, and PPP selection, implementation, and evaluation guidelines. Communities look to Federal sources for guidance in what data to maintain and on how to use those data in decisionmaking. To facilitate community efforts, Federal agencies need to provide easy access to data and practical tools for appropriate PPP selection, implementation, and ongoing evaluation.

Support for state and local infrastructure
Reflecting recent advances in prevention science, Federal funding agencies focus increasingly on developing the state and local infrastructures for effective prevention of multiple problems in childhood and adolescence. Essential features of these infrastructures are systems that measure risk and protective factors and outcomes for children and adolescents in states and communities.

Historically, Federal agencies have not funded the development of local or state measurement infrastructures to support ongoing data collection. One exception is the Center for Substance Abuse Prevention (CSAP), which played a vital role in fostering the development of monitoring systems during the 1990s through its State Needs Assessment Grants. Under this initiative, many states began monitoring risk and protective factors and youth outcomes on a state and regional basis. Several states used settlement money from a tobacco lawsuit or general funds to conduct surveys of secondary school students and to create local community profiles of youth. Under that initiative, a number of states that received State Needs Assessment Grants used the public domain CTC Youth Survey (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Hawkins, Catalano & Arthur, 2002) to monitor levels of risk, protection, and youth outcomes during the period of grant funding. Many of these states continue to survey representative samples of youth ages 12 to 18 to create state, regional, and local profiles using the CTC Youth Survey Instrument. These include Arizona, Arkansas, Colorado, Florida, Illinois, Kansas, Louisiana, Maine, Montana, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Utah, Washington, and Wyoming.

Policies
Federal policies also can affect the development of monitoring systems. For example, the Synar Amendment (1996) requires each state to assess systematically the level of illegal sales of tobacco to young people. Other legislation has been less successful and could benefit from more requirements. For example, the Safe Schools Act of 1994 envisioned that, by the year 2000, every school in America would be free of drugs and violence and would provide a disciplined environment that fosters learning. The Safe and Drug-Free Schools and Communities Act of 1994 provides Federal assistance to support programs that help achieve that goal. These programs, which coordinate Federal, state, and community resources, coupled with parental involvement, were expected to help prevent school violence and strengthen programs to prevent the illegal use of alcohol, tobacco, and drugs. The impact of these programs would be enhanced if Federally funded grant recipients were required to collect standardized data on the outcomes they seek to affect.
Federal infrastructure

The current structure and practices of Federal agencies that support research and practice related to young people’s well-being are not ideal for the development of CMRs. Typically, agencies focus on one problem (e.g., tobacco use) or on a small set of problems. Thus, no single agency is responsible for assessment of the entire range of youth problems or on all the risk and protective factors. Nevertheless, one agency—the Federal Interagency Forum on Child and Family Statistics—is undertaking the organization of all data available on child and adolescent well-being. The Forum (www.ChildStats.gov) has participants from 20 Federal agencies and partners in private research organizations. It cultivates coordination, collaboration, and integration of Federal efforts to collect and report data on conditions and trends for children and families. The latest report (America’s Children in Brief: Key National Indicators of Well-Being, 2007) is the 10th in the annual series.

Role of States

More states, working within Federal guidelines and infrastructures, should create policies that support coordinated, comprehensive systems for assessing child and adolescent well-being. These systems can collect data on the predictors and indicators of well-being, compile and analyze those data, and make them available to the communities in which they have been collected. Several states have begun to develop these systems; archival indicators supplied by the Washington Department of Social and Health Services and by biennial survey data of 6th through 12th grades (supplied by the Superintendent of Public Instruction) fuel the Washington State county-by-county reporting system. This is also the case with examples referred to earlier in this text, including Connect Kansas and Oregon Healthy Teens. One way to promote the development of monitoring systems is to develop consensus among state agencies and local communities about the aspects of child and adolescent functioning to monitor. Forging consensus will allow the development of a standardized system of monitoring and of cost-effective data collection. The system would not prevent individual communities from obtaining additional data, but a consensus is an important prelude to fostering agreement among diverse state and local agencies.

States also must create or adopt a system to collect and organize data (both current and archival) and to provide the data to communities. Again, supplemented by Federal assistance, states can support communities that are implementing systems to monitor predictors and indicators of youth well-being by conducting youth surveys for the community and by feeding the survey data back to the public in useful formats. States should also provide training and technical assistance to communities on how to use data on risk and protective factors and on youth outcomes in planning drug abuse and violence prevention activities, social services, youth development programs, and educational policies and programs.

Finally, like the Federal government, states should develop policies and funding mechanisms that promote the initiation and improvement of monitoring systems. For example, policies should require communities or schools to provide data about the well-being of their young people in order to obtain or renew funding; this approach fosters the development of monitoring systems. Maine, Oregon, Pennsylvania, and Washington are a few of the states that have adopted this approach.

Role of Local Communities

Communities wishing to institute effective monitoring systems for their young people must take at least the first two of four recommended steps. First, they must develop community consensus about which behaviors—and predictors of those behaviors—require monitoring. As noted above, the Federal government should take the lead in articulating the findings of
epidemiological research on those aspects of, and influences on, child and adolescent development that are most important to monitor. In addition, states must develop consensus about targets for monitoring. Community members must then come to consensus, working from the list of targets developed by Federal and state agencies and basing their decisions on trend data for their own communities.

The second step involves the coordinated efforts by local agencies to ensure the successful development of young people. Unless agencies that have responsibility for young people adopt the monitoring system as an integral part of their decisionmaking, the CMS will have little benefit for children and adolescents. At a minimum, each agency must make a review of the available data a routine part of their governance. For example, school districts should be required to review data on youth functioning on a regular basis and report results to a central database. Similarly, a consortium of agencies involved with the CMS should convene an annual meeting to review the data and to develop a strategic plan to improve outcomes for young people. For example, in communities that use the CTC system, an ongoing community board representing wide-ranging constituencies is responsible for ongoing monitoring of community levels of risk and protection and youth outcomes. That board also has the responsibility of planning changes in policies and programs based on the monitoring data. While this management approach may not work for all localities, a successful CMS will need to agree on how to collect, organize, and share the data.

Once an effective CMS is established, local news media should be contacted and encouraged to report the results of assessments and to describe the efforts that community leaders are making to respond to the findings. High visibility will foster increased commitment to the CMS by other community members.

Over time, communities can learn from CMS data about how well children and adolescents are functioning. This information can then be used to select interventions that target community-specific problems. When an emerging problem becomes evident, the data can help prompt relevant organizations to take action. When evidence of progress in reducing a problem emerges—such as heavy episodic drinking by large numbers of teens or high rates of school dropout—the programs and policies previously implemented to achieve this positive outcome will receive increased support.

Conclusion

The collection, organization, and use of community monitoring data may seem remote from the personal and compelling details of the lives of our young people. However, as communities become skilled at implementing and operating CMSs, they can use the data to guide them in choosing programs and policies in important ways. They can prevent young people from dying in alcohol-related car crashes, from becoming depressed and committing suicide, from taking up smoking and developing chronic respiratory diseases at an early age, from becoming pregnant as a teenager, from dropping out of school, or from entering a life of crime. By focusing attention on measurable outcomes, community monitoring systems can help bring about genuine and critical improvements in the lives of children and adolescents in every community.
Resources

This list of resources describes selected neighborhood, community, and State monitoring systems; sources for state and national data; and decisionmaking tools. The National Institute on Drug Abuse and the Society for Prevention Research do not necessarily endorse the resources listed. Many of the systems described retrieve archival data and gather their own data, provide computer links among local agencies, and post real-time data on the Internet regarding the status of the young people in their local areas for use by decisionmakers and the public.

Federally Sponsored

Communities That Care (CTC), Community Planning System

This five-phase planning system, operating under the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention, helps a community organize at all levels to ensure involvement, ownership, and use of its monitoring system. The system helps the community install a monitoring system and trains community members to monitor, analyze, and interpret data on risk, protection, and outcomes. The system trains community boards to conduct resource assessments of existing policies, programs, and activities in the community; trains them to choose tested, effective prevention programs targeting their ranked risk and protective factors; and helps them develop, implement, and monitor an action plan for youth development and prevention of problem behaviors. The system uses archival indicators of risk factors and outcomes and data from the CTC Youth Survey. The system is unique in its focus on indicators of risk and protective factors and on youth outcomes, including drug use, violent behavior, delinquency, and school suspensions. The system has been widely implemented in the United States and internationally, and products and materials can be accessed through the following link: http://ncadi.samhsa.gov/features/ctc/resources.aspx.

Federal Interagency Forum on Child and Family Statistics

Founded in 1994 and established by presidential executive order in 1997, the Forum fosters coordination and collaboration in collecting and reporting Federal data on children and families. Its specific mandates are to: (1) develop priorities for collecting enhanced data on children and youth; (2) improve reporting and disseminating information on the status of children to the policy community and the general public; and (3) produce complete data on children at state and local levels. America's Children in Brief: Key National Indicators of Well-Being, 2006 is the 10th annual report on the condition of the Nation's children. Eight contextual measures describe the changing population and family context in which children are living, and 24 indicators depict the well-being of children in the areas of economic security; health, behavior, and social environment; and education. The Forum's current membership includes 20 Federal agencies plus partners from private research organizations. See http://www.childstats.gov.

Monitoring the Future (MTF)

Monitoring the Future is a National Institute on Drug Abuse-funded annual survey conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan. Each year, MTF surveys the behaviors, attitudes, and values of approximately 50,000 8th, 10th, and 12th grade students. Additionally, researchers mail annual followup surveys to a sample of each graduating class for several years after their initial participation. See http://www.monitoringthefuture.org.

SAMHSA's Prevention Platform (CSAP)

This system (originally known as the Prevention Decision Support System) was created by CSAP to help local communities and states make informed decisions for assessing youth well-being and to plan, implement, and evaluate prevention programs. As it continues to evolve, this online management tool, based on a logic model, is in the public domain and is free of charge. Its goals are to identify accessible, relevant data sources; retrieve Internet-based data at the national, state, and county levels; collect original community data; compare findings to existing state and national data; and use this information to establish baseline indicators. All the data
can be used in the selection of modifiable risk and protective factors, and those factors can be targeted for intervention. See http://prevtech.samhsa.gov.

Youth Risk Behavior Surveillance System (YRBSS)

YRBSS, developed by the Centers for Disease Control and Prevention (CDC), includes a biannual survey on most adolescent problem behaviors. The CDC conducts the national survey, which provides data representative of public and private high school students in the United States. The departments of health and education in each state conduct the state and local surveys. See http://www.cdc.gov/nccdphp/dash/yrbss/.

**State Sponsored**

Community Tool Box, Kansas

The Community Tool Box was created by the Work Group on Health Promotion and Community Development at the University of Kansas in Lawrence, Kansas. It provides comprehensive information to community members about how they can improve the well-being of children and adolescents, including the implementation of systems for monitoring youth well-being and community efforts to improve well-being. See http://ctb.ku.edu/.

Health Information Tennessee (HIT)

This best practices Web-based data dissemination system was developed by the Community Health Research Group at the University of Tennessee in Knoxville in 1997. Currently sponsored by the Tennessee Department of Health, HIT disseminates comprehensive, population-based public health data for Tennessee communities and counties and for the entire state. The Web site (http://hitspot.state.tn.us/Home.aspx) offers the public the ability to access, profile, tabulate, display, and map comprehensive data from different data sets. One of these data sets is called TNKIDS and features 18 health, social, economic, and education indicators similar to Kids Count. TNKIDS is accessed at http://www.state.tn.us/youth/federal/tnkids/index.htm.

Massachusetts Community Health Information

The Massachusetts Department of Public Health supports the online Massachusetts Community Health Information Profile (MassCHIP), which provides access to 36 sources of data on vital statistics; communicable disease; sociodemographic indicators; public health program usage; and other health, education, and social service indicators across the lifespan. It provides reports on adolescent health and the health of children with special needs. See MassCHIP at http://masschip.state.ma.us.

**Northeast Ohio Community and Neighborhood Data for Organizing (NEO CANDO)**

NEO CANDO is a free and publicly accessible social and economic data system of the Center on Urban Poverty and Community Development, a research institute housed at Case Western Reserve University’s Mandel School of Applied Social Sciences. NEO CANDO allows users to access data for the entire 17-county Northeast Ohio region or for specific neighborhoods within Cleveland. NEO CANDO compiles data from many different sources and links to data provided by public agencies, in order to have the most recent data available. Data sources include: census, crime data from the Cleveland Police Department, vital statistics from the Ohio Department of Health, property characteristics and sales information from the Cuyahoga County Auditor and Recorder, public assistance data from Cuyahoga County Employment and Family Services, juvenile delinquency data from the Cuyahoga County Juvenile Court, child maltreatment data from the Cuyahoga County Department of Children and Family Services, mortgage lending data (Home Mortgage Disclosure Act) from the Federal Financial Institutions Examination Council, and enrollment and attendance from the Cleveland Municipal School District. See http://neocando.case.edu/cando/index.jsp.

**Oregon Healthy Teens, Eugene, Oregon**

Oregon Healthy Teens (OHT), a 4-year NIH-funded study, measures positive and negative behaviors in seven key areas among 8th and 11th grade students in one-third of Oregon middle schools and high schools. OHT is a collaborative effort among the Oregon Research Institute, Oregon Departments of Education and Health and Human Services, and Oregon’s Commission on Children and Families. See http://ori.org/oht.
Private Nonprofits

All Kids Count, Decatur, Georgia

Supported by the Robert Wood Johnson Foundation, this National Technical Assistance Center fosters development of integrated child health information systems. Historically, separate information systems have been developed to meet public health needs and the needs of clinical practitioners. All Kids Count is developing a database of integrated child health information systems in the United States. Theoretically, data from many systems could be integrated, but barriers, such as concerns about confidentiality, must be addressed. The Web site provides information regarding where child health information systems are being integrated and the tools available to integrate child health programs and information systems. See http://www.alkidscount.org.

Chapin Hall Center for Children, Chicago, Illinois

With help from states over the past few years, the Center has recently developed a series of cross-state matrices on measures of well-being used in different states. These matrices capture (1) youth health and safety, (2) self sufficiency, (3) youth social and emotional well-being, (4) youth educational achievement, (5) family context in which youth live, and (6) the community context in which youth live. See http://www.chapinhall.org.

Child Trends, Washington, DC

Since its establishment in 1979, this nonprofit, nonpartisan research organization has tracked trends on the well-being of children and their families. In June 2002, Child Trends launched its "Child Trends DataBank," a continuously updated online resource. The DataBank provides national and subgroup data on more than 80 indicators of child and youth well-being. It analyzes data gathered by others and is now gathering its own data. Many communities use this resource to help understand which indicators can be measured. See http://www.childtrends.org or http://www.childtrendsdatabank.org.

Kids Count

This project of the Annie E. Casey Foundation is a national and state-by-state effort to track the status of U.S. children. It provides an interactive online database, using multiple sources of data (e.g., the 2000 U.S. Census) to profile benchmarks of child well-being in each state. The Kids Count Data Book, available online and in hard copy, summarizes 10 key indicators for all 50 states. Community planners can contact a Kids Count state organization/agency for ways to start developing local indicator systems. The 2006 Kids Count Fact Book for Baltimore is an example of how to present community data to generate discussion and put children's issues on the political agenda. See http://www.aecf.org/kidscount.

Multi-National Project for Monitoring and Measuring Children's Well-Being

This ongoing effort is coordinated at Chapin Hall Center for Children (University of Chicago) to improve the ability to measure and monitor the status of children worldwide. Its underlying philosophy incorporates assumptions that children are entitled to basic human rights and that there is a need to focus on child well-being beyond survival. The unit of observation is the child, the focus is on positive dimensions of children’s lives and situations, and the goal is to inform and evaluate programs and policies (Ben-Arie, Kaufman, Andrews, Goerge, Lee, & Aber, 2000). More than 80 experts from a variety of disciplines and organizations in 28 countries collaborated and identified 5 domains (safety and physical status, personal life, civic life, children’s economic resources and contributions, and children’s activities) and 60 indicators of children’s well-being. Project staff are now developing a database of measures and are building a collaborative, multinational network of partners who will use this protocol to study children’s well-being. See http://multinational-indicators.chapinhall.org.

National Neighborhood Indicators Partnership (NNIP)

NNIP is a collaborative effort of the Urban Institute of Washington, DC (established in 1968 as a nonprofit, nonpartisan research institute) to develop and use neighborhood information systems. NNIP currently has 21 partner cities across the United States. Each city built an advanced information system with integrated and recurrently updated information on neighborhood conditions. See http://www.urban.org/nnip/partners.html.
REFERENCES


Evaluation Findings:
The Detention Diversion Advocacy Program Philadelphia, Pennsylvania

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Evaluation Findings: The Detention Diversion Advocacy Program
Philadelphia, Pennsylvania

I. General Issues and Trends

Youth of color are over-represented in detention facilities across the country. Between 1989 and 1999, black juveniles between 12-17 were roughly three times as likely as whites in that age category to be detained upon arrest even when controlling for prior criminal history, and seriousness of offense (BJS, 2001). In addition to higher detention rates, many argue that Federal regulations have resulted in a disproportionate number of minorities receiving harsher sentences than that of their white counterparts.

Racial stereotyping in the media contributes to these trends. Some scholars also contend that when minorities are stereotyped as particularly predatory or perceived as coming from dysfunctional backgrounds, they are more likely to be recommended for formal processing, referred to court, adjudicated delinquent, and given harsher dispositions than comparable white offenders (Fagan, et al., 1987; Bishop & Frazier, 1988; Conley, 1994; Bridges & Steen, 1998). Minorities have been the most severely affected by these depictions at all levels of criminal justice proceedings. In 1998, approximately 79 percent of the juvenile population in the United States was white and 15 percent was black. However, black juveniles were disproportionately involved in 29 percent of delinquency cases handled by juvenile courts, and white juveniles were involved in 67 percent. This means that black juveniles are nearly twice as likely to be involved in delinquency than their white counterparts. Additionally, black juveniles were involved in 35 percent of person offense cases, 29 percent of public order offense cases, 29 percent of drug law violation cases, and 26 percent of property offense cases (BJS, 2001). Numerous cities around the country grapple with how to reduce this overrepresentation in the juvenile justice system.

In the early 1990's, changes in the federal guidelines for states to participate in the Juvenile Justice Delinquency Prevention Formula Grant Program (JJDP) - the federal grant program that provides funding to states for juvenile justice initiatives - required that states assess levels of minority youth confinement and implement strategies to reduce minority overrepresentation.

Changes in juvenile justice have also been implemented on a wider scale. In response to a growing tendency toward secure confinement of juveniles across the country, with hundreds of overcrowded juvenile facilities, numerous lawsuits have been brought against jurisdictions for poor treatment of their confined juvenile population. Over 70 percent of the juvenile detention facilities in America are over their capacity. Overcrowding risks the health of facility residents and staff, and contributes to unsafe conditions.

In an attempt to decrease detention overcrowding, criminal justice scholars and practitioners have long debated appropriate sanctions and alternatives for delinquent youth. Along with new federal regulations, there has been a rhetorical shift on the part of state and local governments toward greater use of community-based programs. In turn, numerous evaluations of alternative programs across the country have been conducted to determine their success.

In one example, an evaluation by the American Corrections Association (1996) found that 59 percent of community based program graduates - all under pre-adjudication status - from the Washington, DC-based Community Connections pro-
gram completed the program, without being rearrested and appeared for all court-requested hearings. Program success was attributed to the frequent weekly contacts between case managers and the collaboration with schools and substance abuse counseling programs, case managers, educators, and service providers. Notably, Community Connections appeared to be more successful with clients who were charged with serious offenses such as assault than with clients charged with status offenses such as truancy.

A 1996 evaluability assessment and process evaluation of nine community-based programs in Pennsylvania found that along with high program participation rates, programs that adapt goals to meet the needs of both children and their families, place a strong emphasis on education, and include a structured training component for life skills such as substance abuse and pregnancy prevention have beneficial outcomes in reducing juvenile reoffending (Welsh et al., 1996).

A third evaluation, conducted in 1999 of the San Francisco-based Detention Diversion Advocacy Program (DDAP), the same model as the Philadelphia program discussed in this report, Sheldon found that clients had lower rates of recidivism, the jurisdiction lowered the numbers of minorities under locked custody, and effectively linked clients and their families to needed social services. Sheldon attributed the program's success to small caseload sizes and the model of intensive supervision that not only keeps youth within their communities but also eliminates the stigma of formal court processing.\[iii\]

A 1999 evaluation of community-based delinquency prevention programs in Harrisburg, Pennsylvania found that community programs do at least as well as secure detention facilities in reducing recidivism, with a rate of recidivism of 42 percent for program participants and 53 percent for the comparison groups over a three-year period (Welsh et al., 1999). The researchers from this evaluation conclude:

If community-based programs reliably can be shown to produce even the same outcome as more invasive efforts at less cost and in a more humane, less stigmatizing manner, their efforts should be welcomed and rewarded. Furthermore, if community-based interventions for high-risk minority youth can demonstrate reasonable reductions in recidivism, they provide a positive step toward addressing a persistent but under addressed problem: the disproportionate numbers of minority youth in juvenile detention facilities in America (Welsh et al., 1999).

This report will consider the above assumption by determining the efficacy and potential of the Detention Diversion Advocacy Program (DDAP) in Philadelphia to supervise pre-adjudicated juveniles in a community setting. First, we provide an historical overview of juvenile justice practices and trends in the city to frame the juvenile detention issue and to provide context for the program. Second, we present findings from a quantitative study of client demographics and program outcomes, and a qualitative study of the perceptions of participating DDAP and criminal justice officials.

II. Historical Context of Juvenile Justice in Philadelphia

The 1970's

Overcrowding in juvenile detention facilities is not a new issue in Philadelphia. Since the 1970's, the Youth Study Center (YSC), Philadelphia's secure pre-trial detention center for juveniles, has been battling with facility overcrowding, a distinctly poor, minority youth population, and litigation and youth advocate resistance resulting from these conditions.

The Youth Study Center has a licensed capacity of 105, although its population in the 1970's often approached 200. This high
number of youth was partly attributed to the large proportion of status offenders, such as runaways, or truant youth housed in the facility. In 1974, fifteen YSC youth filed a class action lawsuit against the city in federal court. The suit, Santiago v. City of Philadelphia, challenged numerous allegedly unconstitutional conditions in the facility, including overcrowding.

Plaintiffs in the Santiago case charged that it was a violation of legal rights to hold juveniles in a secure facility who have committed no delinquent acts. By the time of the first Santiago settlement in 1978, legislators changed state law in Pennsylvania to prohibit secure detention of status offenders. City officials thought that this would result in a reduction in the number of youth in secure detention. Ultimately, as explained below, this was not the case.

Advocates for youth in Philadelphia have long argued for a juvenile detention philosophy that places only necessary restrictions on juveniles to ensure public safety and a juvenile's presence at trial. The first Santiago decree required that a juvenile be released from secure detention unless he or she was charged with a crime of violence and the crime was at least a misdemeanor of the first degree, if the juvenile was an escapee from an institution, or if he or she had a willful record of failing to appear at juvenile proceedings. The decree also stipulated that intake and court officials examine whether steps short of secure detention could reasonably reduce the risk of flight or misconduct while a juvenile awaited disposition on a case. In 1979, the decree was amended to incorporate new state detention regulations, but otherwise stayed in effect until 1985.

The 1980s

Between 1978 and 1985, there was a fluctuation in the number of detained youth at the YSC, with an increase in the population during the early 1980s. The court amended the Santiago decree in 1985 to respond to a number of new issues at the facility. The major goal of the 1985 amendments was to reduce the population and the length of stay for juveniles. In turn, new standards were adopted to prevent judges from detaining juveniles perceived as low risk, including prohibiting the admission of youth charged with technical probation violations (such as missing school or court ordered counseling), youth with severe mental impairments, or juveniles under the age of 13.

Concurrently, the Department of Human Services (DHS) had been operating a detention alternative program in the city for many years, which consisted mainly of group homes with a total of only about 60 beds. In 1985, DHS and the Family Court began expanding detention alternative programs, adding more non-secure alternatives, such as group homes or shelter beds, and contracting with an array of in-home programs such as house arrest and tether supervision.

Disappointingly, these alternatives had little impact on the population at the Youth Study Center. Between 1984 and 1988, there was a significant increase in the percentage of Philadelphia youth detained at the YSC or in a community based shelter. While about 30 percent of arrested youth (9,062 detained of 10,015 juvenile court referrals) were detained in 1984, 60 percent (5,343 of 8,899) were detained 4 years later in 1988. With the failure of the Santiago decree to reduce the overcrowding at the Youth Study Center, a new 1988 consent decree was instituted which placed a cap of 105 on the number of beds the city could fill at the facility. Once the cap was reached, the Family Court was responsible for finding alternative placements for juveniles while they awaited disposition on an open case.

Since the 1984 cap was imposed, the City and Family Court created almost 500 alternative slots to secure confinement. These include community based shelter beds,
electronic monitoring slots, pre-hearing intensive supervision, and in-home detention slots. Despite the presence of this wide range of alternatives, reform advocates questioned whether they were targeted to youth who would otherwise be held at the Youth Study Center, or whether they were targeted to youth who would receive minimal supervision or no pre-trial supervision at all. One concern of advocates in Philadelphia was whether detention alternatives had solved the problem of overcrowding appropriately, or if they created a system of “net widening.” Net widening is a term used to describe a phenomenon whereby low risk youth, who would otherwise receive some type of suspended sentence, or would be diverted from the juvenile justice system altogether, are placed in programs that are more intensive than necessary. As a result, the number of youth under intensive supervision increases, with no measurable reduction in the higher risk population within the facility that an alternative program was intended to serve.

The 1990s

In considering realistic ways to reduce the size of the secure detention population, there are typically two options: controlling who enters detention, and controlling how long juveniles who do enter stay in the facility. As juvenile justice experts in Philadelphia deliberated about how to enact policy and programmatic changes during the mid-1990s, they considered negative impacts which could potentially result from the overuse of secure detention when other, less restrictive, options might be more suitable. Some of the issues of concern expressed by reform advocates included: the risk caused to youth who reside in overcrowded detention centers which increase potential harm to youth, the stigmatization that results from being "locked up," the disruption from school or work that results from secure confinement, and the fact that youth in secure detention prior to adjudication are more likely to receive a sentence that includes secure confinement compared to youth that remain in the community, regardless of the offense.

Also of concern was the high cost of juvenile detention. Since there was no federal reimbursement available to subsidize the costs to the city for the provision of secure detention services, it was the most costly, least reimbursable part of the juvenile justice system. Except for small sums under school lunch programs, no federal reimbursement was available in the country for secure detention. In addition, the State of Pennsylvania only reimburses secure detention costs at a rate of 50 percent—the lowest reimbursement rate for any children's program that county-level children and youth agencies support. Further, in Pennsylvania, county dollars for secure detention came out of the same allocation of funds for other delinquency programs and for all county-level programs that respond to child abuse and neglect. Consequently, although detention alternatives existed, the juvenile justice system relied on scarce resources to manage its detention population.

Along with city-level deliberations around juvenile detention, the State of Pennsylvania also considered minority overrepresentation in the juvenile justice system across the State. A 1992 study found that minority youths aged 10 through 17 constituted 75 percent of all those confined in secure detention facilities across the State, although minorities comprised only 12 percent of the state juvenile population. As of June 1994, roughly 90 percent of youth detained in YSC were minorities.

In the early 1990's the Juvenile Advisory Committee of the Pennsylvania Commission on Crime and Delinquency (PCCD) commissioned research to analyze minority overrepresentation in the state, and to formulate statewide intervention strategies. The study showed that throughout Pennsylvania, minority overrepresentation increased as youth moved through the system. Thus, one could surmise that decreasing numbers of minorities were diverted out of the system at various stages. The PCCD
subcommittee concluded that actions should be taken to slow the entry or re-entry of minorities into the system, and it recommended the expansion and development of community-based prevention activities. Therefore, the state created and supported a number of community programs in Philadelphia in 1992 to combat the high number of minority youth in detention and committed facilities. The Detention Diversion Advocacy Program in Philadelphia is one of these community alternatives.

III. The Detention Diversion Advocacy Program (DDAP)

In early 2000, the population at the Youth Study Center still fluctuated over capacity. At this time, the Department of Human Services (DHS) in Philadelphia sought the assistance of the Center on Juvenile and Criminal Justice (CJCJ). For over fifteen years, CJCJ developed and managed detention diversion programs in response to overcrowded detention facilities around the country. Following negotiations with DHS officials, CJCJ entered into a contract with the City of Philadelphia to establish a detention advocacy and case management program (the DDAP program) designed to reduce the Youth Study Center (YSC) population of detained youth by 25.

In addition to reducing overcrowding in the YSC, the overarching goals of the DDAP program are to ensure juveniles attend their scheduled court hearings, and to reduce the likelihood that a juvenile will reoffend while awaiting case disposition. To accomplish these goals, the DDAP program uses intensive case management techniques, which are described below.

The DDAP program model is also designed to accomplish additional goals, which are only possible, if a juvenile resides in the community during his or her court proceedings. These goals include:

- Offering well-coordinated interventions that reduce service fragmentation.
- Demonstrating that community-based services are an effective alternative to secure custody.
- Assuring the provision of quality, treatment-oriented services with decency and dignity to all program participants and their families.
- Reducing the unnecessary use of locked detention.

DDAP referrals typically come to DDAP staff through juvenile justice system officials (e.g.: DJJ staff, judges, defense lawyers, and probation officers). DDAP staff are expected to talk with family, teachers, lawyers, mental health providers, probation officials, community members, and other significant actors in the youth’s life. Case managers conduct a review of all relevant records, including school and prior arrests, and then develop individualized service plans for presentation to judges, who accept or reject the service plan. Each plan is developed in the context of the youth’s needs, and addresses key issues of residence, education, employment, counseling, drug treatment, transportation, mental health services, mentoring, and other factors central to community adjustment.

Once a judge refers a juvenile onto DDAP, he or she is released to the supervision of the DDAP program. Subsequently, DDAP case managers develop a case plan and monitor the youth’s compliance with the plan. Monitoring is initiated immediately upon release and includes a minimum of three face-to-face contacts daily during the first week. The frequency of monitoring can decrease over time at the discretion of the case manager.

IV. Background and Scope of the Evaluation

In late fall of 2001, the William Penn Foundation in Philadelphia provided the Center on Juvenile and Criminal Justice (CJCJ)
with the resources to commission an evaluation of the DDAP program in its first year to determine whether DDAP has been implemented in such a way as to effectively monitor pre-adjudicated juveniles. In turn, CJCJ commissioned Lisa B. Feldman, M.A. from The George Washington University Center for Excellence in Municipal Management, and Charis E. Kubrin, Ph.D, from The George Washington University Department of Sociology to examine the progress of DDAP. Following the request of the Foundation, the researchers designed the evaluation to determine whether DDAP’s initial goals have been achieved.

The evaluation design consists of two parts: The first part addresses, from an historical context, the state of juvenile detention in Philadelphia and identifies the pressing political and social issues the city has been dealing with over time, including overcrowding and disproportionate minority confinement in the Youth Study Center. The second part addresses whether DDAP effectively monitors high-risk juveniles in the community, by ensuring they attend all scheduled court hearings and do not reoffend. Further, the evaluation assesses how successful DDAP is at demonstrating that community-based services are an effective alternative to secure custody.

As DDAP is only in its second year and many youth are recent clients, it is premature to examine the extent to which DDAP clients recidivate once leaving the program. It is customary to examine patterns of reoffending after a period of at least 1-2 years post program participation. Many of the youth in the sample (described below) have recently participated in DDAP while a few are a year post-program.

V. Findings

Data and Sampling Procedures

Data on youth participating in DDAP from December 2000 through December 2001 (n=97) were collected from printouts obtained from the Philadelphia DDAP Program Director and information gathered from client case files including, intake forms, progress reports, parent and youth agreement forms, juvenile history inquiry forms, school attendance reports, and chronological data sheets which detailed the face-to-face interviews of case managers and youth. This collection of forms provided the evaluators with (1) demographic information on youth such as age, gender, race, (2) offense information including the reason(s) for detention and seriousness of offense(s), (3) case information such as the number of weeks the youth participated in the program and the relationship between the youth and his/her caregiver (e.g., mother, father, both parents, grandparents, etc.), and (4) outcome information including the outcome of the case (e.g., case withdrawn, probation, placement in private or public facility, re-arrested, etc.), the number of times the youth saw his/her case manager, whether the youth successfully attended all court hearings, and whether the youth was rearrested at any point while in the program.

In addition to collecting information on DDAP youth, data on youth who remained in the juvenile court system were obtained from the Philadelphia Youth Study Center. Information on these youth was collected in order to compare the group of DDAP youth to a control group of youth who did not participate in DDAP but who remained in secure custody. A comparison determined the extent to which DDAP youth differ from YSC youth in terms of demographic characteristics (See Table I). Random sampling techniques were used to select the control group. During the period of December 2000 through December 2001, it was determined that roughly 4,500 youth were admitted to the YSC. To create a comparison group of 97 youth, every 46th person was selected for the control group. Thus, a comparison can be made between an equal number of youth who participated in DDAP and youth who were detained in the Youth Study Center while awaiting case disposition.
For this group, data on age, gender, race, reason(s) for detention, seriousness of offense, and disposition were collected. The following table compares the DDAP group to the Youth Study Center group on a number of demographic characteristics.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>DDAP Group (n=97)</th>
<th>Youth Study Center Group (n=97)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>11</td>
<td>11%</td>
</tr>
<tr>
<td>African American</td>
<td>69</td>
<td>71%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15</td>
<td>16%</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>74</td>
<td>76.9</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>24%</td>
</tr>
<tr>
<td>Average age</td>
<td>16.36</td>
<td></td>
</tr>
</tbody>
</table>

As shown in Table I, DDAP youth do not differ dramatically from YSC youth with respect to race. The majority of youth in both samples are African American (71 percent in DDAP and 61 percent in YSC), and fewer than 17 percent of both samples are white. Percentages of Hispanics are roughly similar as well (16 percent for DDAP and 20 percent for YSC). There is a significant difference between the DDAP and YSC samples in terms of gender, however. While nearly 84 percent of DDAP clients are male, only 73 percent of YSC youth are male, suggesting that DDAP selection procedures result in an overrepresentation of males. This may result from DDAP’s intention to select high-risk youth into the Program. As males generally commit more serious offenses than females, they may have been targeted by DDAP selection procedures more frequently.

Additional data on DDAP youth describe the number and types of relationships youth had with their caregivers. Above and beyond DDAP personnel, youth rely on caregivers to help them comply with the program requirements, show up for court dates, and not reoffend. A majority of DDAP clients’ caregivers were mothers only (50 percent), followed by grandparents (10.3 percent), both parents (8.2 percent), fathers only (8.2 percent), and other relative (7.2 percent). A legal guardian cared for only 1 percent of DDAP youth. Notably, almost 60 percent of youth had one parent as a caregiver, and relatives or guardians other than parents cared for almost 19 percent.

Racial Disproportionality

One of DDAP’s primary goals is that at least 85% of their clients are minorities. The table above indicates that only 11 percent of DDAP clients were white, while 71 percent were black and 16 percent were Hispanic. Thus, 87 percent of all DDAP clients were minorities, and the Program achieved this goal. While this small number of minority clients does not necessarily indicate that racial disproportionality was reduced in the Youth Study Center, each minority placed in DDAP results in one less minority youth placed in the YSC.

Evaluation Findings from The Detention Diversion Advocacy Program
Net Widening and Appropriate Referrals

To determine whether appropriate referrals were being made to DDAP, we examined the distribution of reasons for detention. Table II lists the various charges for DDAP clients (and compares them to the charges for YSC youth). Because clients differed in the number of offenses for which they were arrested, with some clients arrested on up to nine charges, we chose to present the most serious offense as the primary offense.
### Table II: Offense Type of DDAP and YSC Juveniles

<table>
<thead>
<tr>
<th>Offense Type</th>
<th>DDAP</th>
<th></th>
<th>YSC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Possession C/S</td>
<td>13</td>
<td>13.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Possession C/S w/ Intent to Deliver C/S</td>
<td>28</td>
<td>24.6</td>
<td>15</td>
<td>15.6</td>
</tr>
<tr>
<td>Simple Assault</td>
<td>6</td>
<td>6.4</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>8</td>
<td>8.6</td>
<td>13</td>
<td>13.4</td>
</tr>
<tr>
<td>Harassment</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rape</td>
<td>4</td>
<td>4.3</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>Indecent Exposure</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sexual Assault*</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Robbery*</td>
<td>9</td>
<td>9.6</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>Retail Theft</td>
<td>2</td>
<td>2.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Auto Theft*</td>
<td>2</td>
<td>2.1</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Burglary*</td>
<td>3</td>
<td>3.2</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>Criminal Trespassing*</td>
<td>2</td>
<td>2.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Arson</td>
<td>1</td>
<td>1.1</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Theft - Receipt Stolen Prop*</td>
<td>4</td>
<td>4.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Theft: Unlawful Taking Property</td>
<td>2</td>
<td>2.1</td>
<td>10</td>
<td>10.3</td>
</tr>
<tr>
<td>Unlawful Use Car</td>
<td>1</td>
<td>1.1</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Terroristic Threats</td>
<td>1</td>
<td>1.1</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Escape</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Possession Instrument Crime</td>
<td>1</td>
<td>1.1</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Carrying Weapon School Property</td>
<td>2</td>
<td>2.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prostitution</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vandalism</td>
<td>5</td>
<td>5.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kidnap</td>
<td>0</td>
<td>0.2</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>Bench Warrant</td>
<td>0</td>
<td>0.2</td>
<td>19</td>
<td>19.6</td>
</tr>
<tr>
<td>Review*</td>
<td>0</td>
<td>0.2</td>
<td>22</td>
<td>22.7</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>3.1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>97</td>
<td>100</td>
<td>97</td>
<td>100</td>
</tr>
</tbody>
</table>

*Felony Offense
**Review of commitment or status of juvenile because of failure to adjust to community-based or other program.

As the Table shows, DDAP and YSC youth committed similar types of offenses, the most common including delivery or possession of a controlled substance with intent to deliver, aggravated assault, robbery, and theft.

An important goal of DDAP is to ensure that youth who would not otherwise be in any type of intensive supervision program while awaiting case disposition are not brought into the program. One way to determine whether DDAP is selecting appropriate clients is to examine the number of youth admitted who are charged with felony, rather than misdemeanor, offenses. As the Table above indicates, 59 percent (n=57) of all DDAP offenses were felonies (compared to only 51 percent of YSC offenses). This suggests that DDAP clients are in detention status for serious crimes, which would otherwise have warranted Youth Study Center
placement. On the other hand, numerous referrals were made for two misdemeanor offenses—possession of controlled substance and simple assault. Although DDAP youth may have a lengthy criminal past, these data indicate that there may be some room for improvement in terms of net widening.

Through interviews with system officials, it became clear that the placement of youth charged with relatively minor offenses—although few in number—could result from the fact that system officials differed in their views about what constitutes an appropriate DDAP candidate. In interviews it was apparent that many officials are unclear about the philosophy behind the DDAP program, which is based on the premise that even the deepest end juveniles can be effectively supervised in the community. Almost all interviewees differed in their views about which type of juvenile is “appropriate” for the program.

Traditionally, most juvenile justice systems have relied on risk assessments and specific criteria to determine appropriate placements for detained juveniles. Consequently, the lowest risk juveniles are placed on community supervision, while the highest risk juveniles are housed in secure facilities. Although proponents of DDAP maintain that even the highest risk juveniles can be effectively monitored in the community, however, based upon the interviews with officials across all facets of the system, it appears that this philosophy is slow in taking hold. Officials seem to continue to buy into the traditional approach of standardized risk assessments to determine placement.

Accordingly, some officials do not understand the DDAP program philosophy, which targets the highest risk juveniles, and think the program would better serve lower risk juveniles. One comment expressed during an interview clearly pointed to this confusion:

**DDAP may have better success trying to get kids out of the Community Based Shelter (CBS) System. I think it is a parameter of the grant however, that they can only work with the YSC kids. CBS kids are less serious offenders and lower risk.**

Below are some other relevant comments from various officials within the juvenile justice system during face-to-face interviews.

**It [DDAP] is not appropriate for people with a history of running away, or for habit-driven crimes such as child predators, serious drug offenders. The program is good for kids whose crimes are driven by greed.**

The problem is that there is no clear way of defining what a ‘DDAP’ kid should look like. There is no strict criteria for ‘appropriate’. I think there should be an assessment tool to determine appropriate-ness. The system actually needs an assessment tool in place.

If DDAP is looking to change the system, the referrals are good. DDAP won't change the system this way however, and they won't ever get some of the kids they refer out. There is a lack of understanding on the part of DDAP as to what is a good case to refer in this system. It appears that any child with a home is a candidate. The staff does not have the perspective of the lawyers.

One way DDAP staff could encourage officials to consider high-risk juveniles for DDAP placement is through better information sharing about the ways in which the juveniles perceived as the highest risk have been effectively monitored by program staff, by providing monthly progress reports to judges about the program’s overall success, or by sharing case studies or positive evaluations. This could help to provide context for officials about the array of juveniles who have been well served by the program in the past.

However, DDAP staff must couple information sharing with close collaboration among public defenders, probation, judges, and prosecutors to achieve consensus about
whether a given individual juvenile is perceived as appropriate for the program.

**Court Appearances**

DDAP clients were in the Program an average of 6 weeks (ranging from 1 to 19 weeks). The total number of weeks for all clients examined is 575. Although DDAP clients did not have weekly court appearances, only 4 (or 4%) of the 97 youth in the sample were reported to have missed a court date during their DDAP tenure. This low number suggests that DDAP staff are effectively ensuring their clients’ appearance at court, a major indicator of DDAP’s success.

**Final Case Status**

To determine the extent to which DDAP clients were rearrested while on the Program, we examined final outcome data for all 97 youth, and compared these figures to YSC youth. Table III lists the various possible outcomes and the number and percentage of youth in each outcome category.

<table>
<thead>
<tr>
<th>Table III: Final Outcome of DDAP and YSC Juveniles</th>
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<tr>
<td>Final Outcome</td>
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<tr>
<td>Case Withdrawn/Delinquent</td>
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<tr>
<td>Probation</td>
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<td>Placement Private Facility</td>
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<td>Placement Public Facility</td>
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<td>AWOL/Bench Warrant</td>
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<td>Community Based Program/Other</td>
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<tr>
<td>Corrections</td>
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<tr>
<td>Unknown</td>
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<td>Total</td>
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As shown, only 6 DDAP youth (or 6.2 percent of the sample) were rearrested during program tenure. Although there is no comparable number for juveniles in other community programs or in the Youth Study Center (as they were incarcerated and thus unable to reoffend), this percentage is relatively low, suggesting that juveniles on DDAP on the whole, are not committing new offenses. Notably, a higher number of DDAP youth not controlling for seriousness of offense, were placed on probation in comparison to YSC youth. Conversely, a significantly low number of youth were placed into community based programs in comparison to YSC youth.

Of serious concern, the percentage of DDAP youth for whom a bench warrant was requested is relatively high (n=13, 13.4 percent of the sample). Although we do not know the reason for the requested bench warrant, (researchers located these data on the Client Inquiry Forms from the Family Court provided by the DDAP Program Director), this indicates that nearly 1 in 7 juveniles failed to comply with a court order during their time in the program. Notably, this high percentage of AWOL/bench warrants is inconsistent with the data on court appearances, which suggest that the clear majority of DDAP youth successfully attended all scheduled court appearances. This discrepancy warrants further consideration by DDAP program staff.
An additional concern has to do with the number of cases for which there is missing information on an outcome. Ten percent (n=10) of the youth had no reported outcome information. This information was missing from the client files and was not provided to the researchers by DDAP Program staff after repeated requests. This issue could be remedied through better maintenance of DDAP case files, which is necessary for accurate program accountability.

System Reform

One goal of DDAP is to demonstrate that community-based services are an effective alternative to secure custody. In doing so, case managers must prove that secure confinement for many juveniles is unnecessary, and they could be much better served in a community setting.

Changing the culture of a system, however, to one that consistently relies on community-based measures as opposed to one that relies on secure confinement, is a difficult matter. Philadelphia is a city with numerous community alternatives, from electronic monitoring, home detention, community residential placements, to community supervision programs such as DDAP.

However, according to various interview participants in the city, although plenty of options exist, judges do not seem to use the program slots for juveniles in detention status. One interviewee commented, “judges are hesitant to place kids in open slots of existing [community] programs.” Another commented, “We need to look at why community-based alternatives in general are not being used.”

In a one-day snapshot from December 2001 of juvenile placements while in detention, out of 140 available electronic monitoring slots, only 57 were being used. Only five juveniles were on house arrest, and of the 50 available voice tracking slots, only 19 were being used. These data, along with the comments from various juvenile justice officials, reinforces the challenge DDAP faces in working to change a system which does not utilize its community programs, to one that relies on community programs to monitor its juvenile offenders.

Some of the comments in the box below reflect the perceptions held by various system officials about DDAP’s ability to effect systemic change.

- People (judges) believe that community based programs can be effective sometimes now. They [DDAP] can change perception, but they must have results to show.
- The P.O.s are starting to buy into the program. The whole system is geared toward release. This is not a recent change. It has gotten more and more so, but this has always been the philosophy...The basic system, at intake, is to see who can be released and who has to be held. Being the in-between prevailing middle man, we see that the DA wants everybody held, PD wants everybody released, and intake (probation) are the middle of the road.
- If DDAP and other programs can keep kids from being picked up again, that is a big success. When a kid is picked up again, most judges don’t think in terms of graduated sanctions, a higher level of community supervision, they tend to lock them up.

Juveniles’ Perception about the Program

In order to determine whether DDAP was implemented in such as way as to assist juveniles, researchers held a group session with clients. Juveniles provided valuable information about their experiences, and gave the program a human face.

Many of the participants reported that they respect the program because the case managers take them seriously and care about their welfare. They think the best part of the program is the respect the case managers give them and the way they treat them and their families with dignity. One former client discussed how a case manager encouraged him to go to school...
and helped him to get into a GED program. He added that since he and his case manager are from the same community, he felt that he (the case manager) understood him, and could give him advice because “he knew where he was coming from.” Participants discussed their first encounter with case managers, reporting that, in alignment with program design, case managers came to visit them at home the same day they were ordered into the program from court, and continued to see them three times per day for the first week.

As a benefit, another client offered that being at home, instead of in a facility, has allowed her to get back into school and work on improving the tension with her mother.

Another client discussed how his case manager helped him to understand his legal rights and to build his confidence during court proceedings. The judge was so impressed with this youth’s behavior that he placed him on probation rather than sending him to boot camp, as he had previously threatened to do at his pretrial hearing.

These comments are just some of the comments that reflect the positive impact the DDAP program has made on the lives of the juveniles with whom the case managers work.

VI. Recommendations and Concluding Remarks

Since the mid-1980s, Philadelphia has been steadily increasing the availability of community-based programs for juvenile offenders. Interestingly, however, the Youth Study Center continues to be overpopulated. Comments from interviewees and findings from Family Court client program data suggest that the juvenile justice system is failing to use its available community slots. DDAP faces numerous challenges in a system such as this, where widespread net widening is likely occurring, resulting in an overcrowded juvenile detention facility, filled with youth who could be better served in a community setting.

There are, however, a few innovations that DDAP should consider to enhance the program’s ability to integrate itself into the system and to work more effectively with clients.

First, DDAP program staff must forge a greater presence in the courtroom and within the juvenile justice system. As of Summer 2002, DDAP has created a court advocate position. The advocate spends each day in the courthouse coordinating with judges about program referrals. The Executive Director has also begun to send a monthly letter to the judges informing them of overall program statistics. DDAP staff should continue to inform court officials about the services and structure of the program through promotional materials, updates showing client successes, and reports documenting program efficacy.

Second, numerous interviewees commented that although successful in other respects, DDAP falls short on one of its goals: assuring the provision of quality, treatment-oriented services. While DDAP program staff are very good at (re)enrolling clients in educational services and helping them secure employment, system officials would like to see DDAP staff place a greater emphasis on connecting clients with other support services (e.g., substance abuse, mental health, and family counseling programs) on a consistent basis. Because the time frame between placement in the program and discharge is often quite short (an average of 6 weeks), DDAP staff should consider the feasibility of placing clients into therapeutic programs within such a short window, and explore how to increase the frequency of therapeutic referrals. All parties should keep in mind the challenges associated with placement into services given the short time frame.

Lastly, it is highly recommended that The Center on Juvenile and Criminal Justice as-
sist DDAP in developing and implementing an electronic (or otherwise standardized) case management and recording system to better track client/case manager case notes, client inquiry sheets, and pertinent demographic information. This is necessary for audits and future evaluations, as well as for program accountability and documentation of the interactions between case managers and program clients. As it now stands, it is difficult to fully evaluate programmatic outcomes as a number of cases have missing data on important measures including final disposition and prior offenses. The Executive Director reported that as of August 2002, they have begun to implement this recommendation.

DDAP has shown impressive results in its first year, both in its attempts to target the highest risk youth, and to monitor them while they await case disposition. We found that the DDAP program was implemented in such as way as to be able to address key programmatic goals through intensive case management, collaboration with parents, judges, and schools, and a caring yet authoritative technique in working with clients. In following the recommendations above, DDAP should be able to forge greater successes in the coming years.
Appendix I: Assessment Interview Questions

1. Pre-DDAP, what was the policy for handling juvenile offenders?

2. What led to the need for DDAP in Philadelphia?

3. Do you use DDAP as an alternative to detention?

4. What is the process for referring a child to DDAP?

5. Are youth that were placed on DDAP prior to case disposition receiving different types of sentences for the same offenses as non-DDAP youth?

6. Do you see DDAP youth getting rearrested while they are in the program?

7. In your opinion, are the appropriate youth being referred to the program?

8. Is DDAP structured to have the ability to transform the culture of the juvenile justice system from one of detention to one of community placement?

9. Have you been able to integrate this type of community-based philosophy as a mainstream alternative to detention within your agency?

10. Do you think that DDAP is facilitating coordination among all public systems in which clients are involved?

11. What do you see as the successes and challenges DDAP has faced as a new program in Philadelphia?
Appendix II: Interview Respondents

Robert Listenbee, Chief, Public Defender Service, Juvenile Unit

Sandra Simkins, Deputy Chief, Public Defender Service, Juvenile Unit

Roberta Trombetta, Executive Director, Detention Diversion Advocacy Program

Judge Abram Frank Reynolds, Judge, Court of Common Pleas, First Judicial District of Pennsylvania (Family Court)

Steve Masciontonio, Court Administrative Officer, Juvenile Intake Unit, Family Court

Vanessa Williams Kane, Grant Manager, Department of Human Services

Robert Schwartz, Executive Director, Juvenile Law Center

Tim Roche, Executive Director, Justice Policy Institute

*Thank you to the DDAP clients and case managers who participated in the DDAP evaluation focus group.
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<th>Appendix III. Design Matrix: Detention Diversion Advocacy Program</th>
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<tr>
<td><strong>Outcome</strong></td>
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3 The San Francisco DDAP program is managed by the Center on Juvenile and Criminal Justice, a national organization that also oversees the Philadelphia DDAP program described in this report.
5 Testimony of Robert G. Schwartz, Executive Director, Juvenile Law Center before Philadelphia City Council, Committee on Public Health, Human Services, and Recreation on the Condition of the Youth Study Center, June 22, 1994.
7 These concerns were expressed in various interviews with system officials between February and April 2002. It was previously detailed in Robert Schwartz's testimony before the Philadelphia City Council dated June 22, 1994.
10 Ibid.
11 Ibid.
xiv These numbers originated from the YSC count sheet distributed to juvenile justice officials on a daily basis in Philadelphia. The data were drawn from 12/28/01.