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Criminal Neglect: *Substance Abuse, Juvenile Justice and The Children Left Behind*

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Glossary*

Adjudication: judicial determination (judgment) that a juvenile is responsible for the offense charged. The term "adjudicated" is analogous to "convicted" in the adult criminal justice system.

Aftercare: a period following release from an institution during which the juvenile is under supervision of the court or the juvenile corrections department, similar to adult parole. If the juvenile does not follow the conditions of aftercare, he or she may be recommitted to the same facility or to another facility.

Delinquency: conduct in violation of criminal law.

Delinquent act: conduct by a juvenile which, if committed by an adult, would constitute a crime. The juvenile court has jurisdiction over delinquent acts.

Detention: court-ordered placement of a youth in a secure facility between the time of referral to court.

Disposition: sanction or treatment plan ordered in a particular case. Possible dispositions are:

Waived to criminal court: cases transferred to adult criminal court.

Placement: cases in which youth are placed in a residential facility for delinquents.

Probation: cases in which youth are placed on informal/voluntary or formal/court-ordered supervision.

Dismissed/released: cases dismissed or otherwise released (including warnings and counseling) with no further sanction or consequence.

Other: miscellaneous dispositions including fines, restitution, community service and referrals outside the court for services.

Drug law violation: includes unlawful sale, purchase, distribution, manufacture, cultivation, transport, possession, or use of a controlled or prohibited substance or drug or drug paraphernalia (or attempt to commit these acts).

Formal handling: cases on the official court calendar in response to an intake decision that the court adjudicate a youth as a delinquent or status offender, or transfer a youth to criminal court.

Informal handling: cases where dispositions include voluntary referral to social services agency or out-of-home placement, informal probation, payment of fines or restitution in response to an intake decision not to handle the case by the court.

Intake decision: determination whether a case should be handled informally or formally in juvenile court.

* Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice; Building Blocks for Youth. (2002). *Juvenile Justice and Delinquency Prevention Act: Fact sheet*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://www.buildingblocksforyouth.org>.

Juvenile: usually individuals below ages 18, but upper age limits differ by state.

Juvenile Justice and Delinquency Prevention Act (JJDP) of 1974: provides the major source of federal funding to improve states' juvenile justice systems. Under the JJDP and its subsequent re-authorizations (most recently in 2002), in order to receive federal funds, states are required to maintain these core protections for children:

- **Deinstitutionalization of status offenders.** Status offenders may not be held in secure detention or confinement. Several exceptions to this rule include allowing some status offenders to be detained for 24 hours. This provision seeks to ensure that status offenders who have not committed an adult criminal offense are not held in secure juvenile facilities for extended periods of time or in secure adult facilities for more than 24 hours. States are required to provide these children community-based services such as day treatment or residential home treatment, counseling, mentoring, alternative education and job training.
- **Adult jail and lock-up removal.** Juveniles may not be detained in adult jails and lock-ups except for limited times before or after a court hearing (6 hours), in rural areas (24 hours plus weekends and holidays) or in unsafe travel conditions. This provision does not apply to children who are tried or convicted in adult criminal court of a felony level offense.
- **"Sight and sound" separation.** When children are placed in an adult jail or lock-up, "sight and sound" contact with adults is prohibited in order to protect juveniles from psychological abuse and physical assault. Under "sight and sound," children cannot be housed next to adult cells, share dining halls, recreation areas or any other common spaces with adults, or be placed in any circumstances that could expose them to threats or abuse from adult offenders.
- **Disproportionate minority confinement.** States are required to assess and address the disproportionate confinement of minority juveniles in all secure facilities.

Liquor law violation: being in a public place while intoxicated through use of alcohol or drugs. In some states, it includes public intoxication, drunkenness and other liquor law violations, but not driving under the influence.

Person offenses: offenses against persons (e.g., criminal homicide, forcible rape, robbery, aggravated assault).

Petition: a document filed in juvenile court alleging that a juvenile is a delinquent or a status offender and asking that the court assume jurisdiction or transfer of the alleged delinquent to criminal court for prosecution as an adult.

Property offenses: offenses against property (e.g., burglary, larceny-theft, motor vehicle theft, arson).

Public order offenses: offenses against the public order (e.g., driving under the influence of drugs or alcohol, disorderly conduct, weapons offenses, liquor law violations, traffic offenses).

Status offenses: conduct that constitutes an offense only when committed or engaged in by a juvenile. State status offenses vary, but can include running away; beyond control of parents or guardians; truancy; possession, purchase or consumption of liquor; underage smoking; and curfew violations.



Accompanying Statement by Joseph A. Califano, Jr., Chairman and President

For five years, The National Center on Addiction and Substance Abuse (CASA) at Columbia University has been analyzing the impact of substance abuse on juvenile offenders and how the nation's juvenile justice systems deal with these offenders. The result is this report, *Criminal Neglect: Substance Abuse, Juvenile Justice and The Children Left Behind*, the most comprehensive study ever undertaken of substance abuse and the state juvenile justice systems. These systems were created for juvenile offenders who are generally 10- to 17-years old; however, most cases referred to juvenile courts (57.7 percent) involve children age 15 and younger. This study is based on 2000 data, the latest available in sufficient detail to permit this in-depth analysis.

Among its key findings are these:

- *Four of every five children and teens (78.4 percent) in juvenile justice systems--1.9 of 2.4 million arrests of 10- to 17-year olds--are under the influence of alcohol or drugs while committing their crime, test positive for drugs, are arrested for committing an alcohol or drug offense, admit having substance abuse and addiction problems, or share some combination of these characteristics.*
- *Of the 1.9 million arrests of juvenile offenders with substance abuse and addiction problems, only about 68,600 juveniles--3.6 percent--receive any form of substance abuse treatment. Mental health services are scarce and most education programs do not meet even minimum state educational criteria. As a result of their failure to address these problems, juvenile justice systems, originally conceived as institutions to help young offenders get on the path to law-abiding lives, have become colleges of criminality, paving the way to further crimes and adult incarceration for*

many graduates. At least 30 percent of adults in prison for felony crimes were incarcerated as juveniles.

In 1998 CASA released its landmark study, *Behind Bars: Substance Abuse and America's Prison Population*, which revealed for the first time that substance abuse and addiction is implicated in the felony crimes of 80 percent of the adult men and women behind bars in America; that few of these incarcerated offenders receive treatment for their alcohol abuse and drug addiction; and that providing treatment for this adult population would save taxpayers money within a year or two.

That 1998 study found:

- ***Incarcerated adults are likelier than those not incarcerated to be children of parents who were in prison,***
- ***Incarcerated adults are themselves the fathers and mothers of almost two and a half million children, and***
- ***The children of incarcerated parents are likelier than children whose parents have not been incarcerated to end up in prison.***

Thus, like substance abuse itself, substance-related crime can run in the family. These revelations led CASA to examine the characteristics and situations of the 2.4 million arrests of minors who end up in the juvenile justice population.

More than half of these children and teens (53.9 percent) tested positive for drugs at the time of their arrest. Of these:

- 92.2 percent tested positive for marijuana,
- 14.4 percent for cocaine,
- 8.8 percent for amphetamines,
- 7.6 percent for methamphetamines, and
- 2.3 percent for opiates, such as heroin, methadone and prescription pain relievers.

Alcohol is not included in the standard drug tests, but of juveniles under the influence of some

substance at the time of their crime, 37.8 percent admit being under the influence of alcohol. Alcohol and marijuana are the drugs most often used by juvenile offenders.

Forty-four percent of the 10- to 17-year olds arrested in the past year meet the clinical DSM-IV criteria of substance abuse or dependence, compared to 7.4 percent of non-arrested juveniles; 27.8 percent meet the clinical criteria of addiction, compared to 3.4 percent of non-arrested juveniles.

Drug and alcohol abuse are implicated in all types of juvenile crime: 69.3 percent of juveniles arrested for violent offenses* were substance involved, as were 72.0 percent of juveniles arrested for property offenses† and 81.2 percent of juveniles arrested for other offenses such as assaults, vandalism and disorderly conduct.‡ Juveniles who are substance abusers are likelier to be repeat offenders.

Over the last decade, the arrest rate (arrests per 100,000 persons ages 10 to 17) for juvenile drug law violations has jumped 105.0 percent, while the overall arrest rate for juvenile offenses has decreased by 12.9 percent.

This explosion in drug related arrests has cascaded through juvenile justice systems, increasing the number of drug-involved juveniles in court, in detention, incarcerated and in other out-of-home placement, and on probation. From 1991 to 2000, the number of drug law violation cases resulting in incarceration and other out-of-home placement increased 76.0 percent.

Between 1991 and 2000, the arrest rate per 100,000 for female juveniles increased 7.4 percent (3,883.0 to 4,171.8), while that arrest

* Violent offenses include criminal homicide, forcible rape, robbery and aggravated assault.

† Property offenses include burglary, larceny, motor vehicle theft and arson.

‡ Other offenses include assaults, forgery, fraud, embezzlement, stolen property, vandalism, weapons offenses, prostitution, non-violent sex offenses, gambling, offenses against family and children, disorderly conduct, vagrancy and loitering.

rate for male juveniles *decreased* 18.9 percent (12,641.2 to 10,257.9).

Racial differences in arrest rates are difficult to determine since such rates are not reported separately for Hispanics who may appear in either white or black racial categories. Given this limitation, the arrest rate for black juveniles (11,094.2 per 100,000) was more than one and a half times higher than the rate for white juveniles (6839.8 per 100,000). Black juveniles are likelier than white juveniles to be arrested for committing violent or drug crimes and white juveniles are likelier than blacks to be arrested for committing alcohol-related crimes.

Children and teens caught up in substance use and juvenile justice systems are more likely than other youth to:

- Come from broken and troubled families and be abused or neglected,
- Live in poor and crime and drug infested neighborhoods, and
- Have dropped out of school.

Up to 80 percent of incarcerated juveniles suffer from learning disabilities and need special education classes--at least three to five times more than the public school population.

Up to 75 percent of all incarcerated juveniles have a diagnosable mental health disorder compared with 20 percent of all 9- to 17-year olds.

These juveniles often have numerous encounters with law enforcement officers well before an actual arrest. By the time children and teens are first arrested, all the other systems--family, community, school and government--have failed them. These juveniles are in desperate need of health care, education and treatment. Society at every level--federal, state and local--ignores their needs and sends them back to their troubled families and neighborhoods only to register them later as crime statistics.

Only 20,000 of the 123,000 substance-involved juvenile offenders incarcerated in juvenile

correctional facilities receive any substance abuse treatment such as detoxification, group counseling, rehabilitation, methadone or other pharmaceutical treatment within these facilities. Another 4,500 juvenile offenders receive substance abuse treatment through juvenile drug courts. Together this adds up to only 24,500 juveniles of the 1.9 million substance-involved arrests for which CASA can document receipt of any form of substance abuse treatment--about 1.3 percent.

Instead of helping, we are writing off these young Americans--releasing them without needed services, punishing them without providing help to get back on track, locking them up in conditions of overcrowding and violence, leaving these children behind. Instances of mistreatment and overcrowded and inhumane facilities that in effect encourage these children to continue a life of crime have been documented in a number of states including California, Connecticut, Florida, Maryland, Mississippi, Nevada and New York.

Despite various findings that religious commitment and spiritual practice can help prevent substance abuse and addiction and aid in recovery, CASA found no program that provides for the spiritual enrichment of these children and teens, such as the programs of the Prison Fellowship Ministries for adult inmates.

Our nation's out of sight, out of mind attitude is reflected in the fact that we do not even have data that adequately describe the circumstances and needs of arrested and incarcerated children and teens and the services that they receive. We have 51 different systems of juvenile *injustice* with no national standards of practice or accountability.

Public policy for juvenile crime has focused increasingly on accountability for juvenile offenders, but accountability is a two way street. Demanding accountability from children while refusing to be accountable to them is *criminal neglect*.

This criminal neglect is not only cruel and inhumane, as this CASA report demonstrates it is financially profligate. Juvenile justice system

costs alone total \$14.4 billion; if other costs to society such as health care, social services and victimization are considered, the bill could more than double. Not all interventions will succeed and not all incarceration can be avoided. However, investing in treatment and social services for these children makes good economic sense. For example, were society to invest \$5,000 in substance abuse treatment and getting comprehensive services and programs like drug courts just for each of the 123,000 substance-involved juveniles who would otherwise be incarcerated, we would break even on our investment in the first year if only 12 percent of these youth stayed in school and remained drug and crime free. If we were able to prevent the crimes and incarceration of just 12 percent of adults now incarcerated who had juvenile arrest records, we would have 60,480 fewer adult inmates. That would reduce criminal justice and health costs and produce economic benefits of employment amounting to \$18 billion. And we would have at least 5.9 million fewer crimes.

This report calls for a top to bottom overhaul of the way the nation treats these juveniles:

- Assure that children entering juvenile justice systems receive a comprehensive assessment in order to determine their needs.
- Take advantage of opportunities within juvenile justice systems to divert juveniles from further substance use and crime by providing appropriate treatment and other needed services.

To accomplish these goals, CASA recommends:

Creation of a Model Juvenile Justice Code, setting forth standards of practice and accountability for states in handling juvenile offenders.

Training all juvenile justice system staff--law enforcement, juvenile court judges and other court personnel, prosecutors and defenders, correctional and probation officers--to recognize substance-involved offenders and know how to deal with them.

Diversion of juvenile offenders from deeper involvement with juvenile justice systems through such promising practices as comprehensive in-home services, juvenile drug courts and other drug treatment alternatives to incarceration which assure comprehensive services as well as accountability.

Treatment, health care, education and job training programs, including spiritually based programs, should be available to juveniles who are incarcerated.

Development of a state and national data system through which we can establish a baseline and judge progress in meeting the many needs of these children.

Expansion of grant programs of the U.S. Office of Juvenile Justice and Delinquency Prevention that provide federal funds to states and localities, conditioning grants under such programs on providing appropriate services to juvenile offenders.

Of course, even with all the help in the world, some juveniles will become criminals. But the overwhelming proportion of the 10- to 17-year olds in juvenile justice systems can grow up to be productive citizens, responsible parents and tax paying, law-abiding members of society if they receive the help that most Americans get from their mothers and fathers, doctors, schools, churches and communities. The failure of our society to recognize this truth and act on it is *criminal neglect*. Our nation's continued refusal to end that neglect invites a harsh judgment of history for the children we are leaving behind.

Our appreciation goes to the William T. Grant Foundation, and particularly to Beatrix Hamburg, MD, the Foundation's former Executive Director who is nationally known for her leadership in the field of youth development. We also thank the National Institute on Drug Abuse and The Abercrombie Foundation for their support of this important work.

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Susan E. Foster, MSW, CASA's Vice President and Director of Policy Research and Analysis, directed this effort. Heather Horowitz, JD, MPH, research associate, was the Project Manager. Other CASA staff who contributed to the research were: Linda Richter, PhD, senior research manager; Hung-En Sung, PhD, research associate; Roger D. Vaughan, DrPH, CASA Fellow and associate clinical professor of biostatistics, Columbia University; Lisa O'Connor, PhD, research associate; Lawrence F. Murray, CSW, CASA Fellow; Tisha Hooks, editor; Carla S. Gomes, PhD, CASA consultant and assistant clinical professor of health policy and management, Columbia University; Rachel Adams, research assistant; David Man, PhD, MLS, CASA librarian and his colleagues Ivy Truong and Barbara Kurzweil; and Alex Greenshields, bibliographic database manager. Jennie L. Hauser and Jane Carlson handled the administrative responsibilities.

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Chapter I

Introduction and Executive Summary

Criminal Neglect: Substance Abuse, Juvenile Justice and The Children Left Behind is the first comprehensive examination of the relationship between substance abuse and juvenile delinquency. The findings of this report--based on 2000 data, the most recent available in sufficient detail for this analysis--sketch a bleak portrait of juvenile justice systems overwhelmed by drug and alcohol abusing and addicted 10- to 17-year olds.

Four out of five (78.4 percent) children and teens in juvenile justice systems are under the influence of alcohol or drugs while committing their crime, test positive for drugs, are arrested for committing an alcohol or drug offense, report having substance abuse problems or share some combination of these characteristics. Most arrested juveniles (53.9 percent) test positive for drugs at the time of their arrest.

These substance-involved juveniles exhibit many other health, education and social problems that receive little attention. By the time these juveniles arrive at the courthouse doors, virtually every other system in this country has failed them. They are likely to have been neglected and abused by parents. Many have grown up in impoverished and dangerous neighborhoods. Schools, teachers and administrators have been unable to engage them. They have either slipped through the cracks in our nation's health system or providers have failed to diagnose or treat their problems.

Seventy-two percent of the 2.4 million juvenile arrests involve males; however, arrests involving females are on the rise. While cases referred to the juvenile courts generally involve youth ages 10 to 17, most cases (943,134 or 57.7 percent) involve those age 15 and younger. The case rate of black juveniles referred to juvenile court (cases per 1,000 individuals age 10 – 17) is more than twice the rate for white juveniles. Arrested juveniles are more likely than those who have not been arrested to come from families with

low annual incomes; 26.1 percent come from families with an annual income of less than \$20,000 compared with 17.4 percent of non-arrested juveniles.

Compared to juveniles who have not been arrested, those who have been arrested once in the past year are:

- More than twice as likely to have used alcohol (69.3 percent vs. 32.7 percent),
- More than three and a half times likelier to have used marijuana (49.5 percent vs. 14.1 percent),
- More than three times likelier to have used prescription drugs for non-medical purposes (26.8 percent vs. 8.1 percent),
- More than seven times likelier to have used Ecstasy (12.1 percent vs. 1.7 percent),
- More than nine times likelier to have used cocaine (13.0 percent vs. 1.4 percent), and
- Twenty times likelier to have used heroin (2.0 percent vs. 0.1 percent).

Forty-four percent of juveniles arrested in the past year meet the clinical DSM-IV criteria of substance abuse or dependence compared with 7.4 percent of non-arrested youth; 27.8 percent meet the clinical criteria of substance dependence compared with 3.4 percent of non-arrested youth.

* According to the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition), substance abuse is defined as recurrent substance use that does not meet the definition of dependence but results in one or more of the following, within a 12-month period: 1) failure to fulfill major obligations at work, school or home; 2) use in hazardous situations; 3) legal problems; 4) social or interpersonal problems. Substance dependence is defined as recurrent substance use resulting in three or more of the following within the same 12-month period: 1) tolerance; 2) withdrawal; 3) substance taken in larger amounts or over longer period of time than intended; 4) persistent desire or unsuccessful efforts to cut down or control use; 5) a

Compared to juveniles who have never been involved in delinquent behavior[†] and do not drink or use drugs, those who have been involved in delinquent behavior and report substance use are more than three and a half times likelier to have been suspended from school (53.1 percent vs. 14.8 percent).

Between 50 and 75 percent of incarcerated youth have a diagnosable mental health disorder compared with 20 percent of 9- to 17-year olds.

Juveniles who drink and use drugs are likelier than those who do not to be arrested and be arrested multiple times. Each felony conviction a youth receives increases the likelihood of becoming an adult felon by 14 percent; each misdemeanor conviction increases the risk by seven percent. The more often juveniles are arrested, the likelier they are to drink and use drugs.

America does not have one juvenile justice system; it has 51 separate systems[‡] with no national standards of practice or accountability. These systems often are part of the problem, not part of the solution. Although the 51 state systems were created to focus on prevention and rehabilitation of juvenile offenders, the trend has been to mimic adult systems of retribution and punishment. By abandoning a commitment to rehabilitation, a more punitive approach renders these juvenile justice systems a dead end for substance-involved youth rather than an opportunity to reshape their lives.

This study was inspired by the findings of CASA's landmark report, *Behind Bars: Substance Abuse and America's Prison Population*, which revealed that 80 percent of the men and women behind bars in America

great deal of time is spent in obtaining the substance or recovering from its effects; 6) important social, occupational or recreational activities are given up or reduced because of use; 7) continued use despite physical or psychological problems.

[†] Includes such activities as stealing and destroying property, motor vehicle theft, burglary, weapon use, selling drugs and gang initiation.

[‡] Including the District of Columbia.

were high at the time they committed their crimes, stole property to buy drugs, have a history of drug and alcohol abuse and addiction or share some combination of these characteristics. *Behind Bars* also found that, like substance abuse itself, substance-related crime runs in the family. Incarcerated adults are likely to be children of parents who were in prison and are themselves the fathers and mothers of almost two and a half million children. Approximately 30 percent of adult inmates admit to being arrested as juveniles.

This report documents how substance abuse drives up juvenile justice caseloads, imposing heavy costs on American taxpayers. It examines the costs and benefits of alternative strategies of prevention, early intervention, assessment and treatment, including promising policy and program responses for reducing substance-involved juvenile crime. CASA's analysis finds that investments in prevention and intervention can not only reduce juvenile and adult crime and help juvenile offenders become productive citizens, but also save American taxpayers billions of dollars.

To uncover how substance use affects juvenile offenders and juvenile justice systems, CASA examined *2000 Juvenile Court Statistics*,^{*} the most recent data available, and conducted an extensive analysis of the *2000 Arrestee Drug Abuse Monitoring Program (ADAM)* dataset. ADAM data are the most extensive available with information on the substance involvement of the juvenile arrestee population. The US Justice Department has chosen to phase out the ADAM program in response to overall Congressional budget cuts; 2003 was the last year that data were collected. This leaves no national data on a problem that affects 78.4 percent of all juvenile arrestees. CASA also analyzed juvenile arrest data from the Office of Juvenile Justice and Delinquency Prevention's *Juvenile Arrests 2000* publication based on data from the *Federal Bureau of Investigation*:

^{*} Because the 2000 juvenile court statistics are only preliminary data and the complete report has yet to be released, 1999 juvenile court statistics were used where 2000 data were not yet available.

Uniform Crime Reports, Crime in the United States 2000.

CASA also analyzed the *National Survey on Drug Use and Health (NSDUH)* 2002 data to evaluate the links between juvenile and adult substance abuse and crime; the *1997 National Longitudinal Survey of Youth* to evaluate the links between juvenile substance abuse and juvenile criminal behavior, family relationships and school attendance; and the *1996 National Longitudinal Study of Adolescent Health* to evaluate the relationships between drug-using children and their peers.[†] CASA conducted an exhaustive literature review of more than 1,000 articles, reports and books on the problem and reviewed current research and practice in prevention and treatment.

Key Findings

- 78.4 percent (1.9 million) of the 2.4 million juvenile arrests in 2000[‡] involved children and teens who were under the influence of alcohol or drugs while committing their crime; tested positive for drugs (positive urinalysis); were arrested for committing an alcohol or drug offense, including drug or liquor law violations, drunkenness or driving under the influence; reported having substance abuse problems such as feeling dependent on alcohol or drugs or needing them at the time of their crime; or share some combination of these characteristics.
- Of the 53.9 percent (1.3 million) of juvenile arrestees who tested positive for drugs at the time of their arrest, 92.2 percent tested positive for marijuana, 14.4 percent for cocaine, 8.8 percent for amphetamines, 7.6 percent for methamphetamines, and 2.3 percent for opiates.[§]

[†] These are the most recent data available for purposes of this analysis.

[‡] According to FBI data, an unknown number of juveniles are arrested more than once.

[§] Opiates include heroin, methadone and prescription opioids.

- Of the 12.1 percent of juveniles arrested for committing an alcohol or drug offense, almost all (96.1 percent) exhibited one of the other characteristics of substance involvement.
- Alcohol is not included in the standard drug tests, but of juveniles under the influence of some substance at the time of their crime, 37.8 percent admit being under the influence of alcohol.
- The main drugs of abuse among juvenile offenders are alcohol and marijuana.
- The younger juveniles are when they start using alcohol and drugs, the more likely they are to commit crimes not only as juveniles but as adults. Among adults aged 18 or older who were arrested in the past year, 63.7 percent had initiated alcohol or illicit drug use at age 17 or younger, compared to 22.7 percent of those who were not arrested in the past year.
- Drug and alcohol abuse are implicated in all types of juvenile crime: 69.3 percent of juveniles arrested for violent offenses[†] were substance involved, as were 72.0 percent of juveniles arrested for property offenses[‡] and 81.2 percent of juveniles arrested for other offenses such as assaults, vandalism and disorderly conduct.[§]
- Over the last decade, the arrest rate (arrests per 100,000 persons ages 10 to 17) for all juvenile offenses decreased by 12.9 percent,

but the arrest rate for drug law violations^{**} increased 105.0 percent. During this time, the arrest rate for property crimes decreased 38.4 percent and the arrest rate for violent crimes decreased 33.2 percent. This increase in drug law violation arrests has cascaded through juvenile justice systems, increasing drug law violation cases referred to juvenile court, in detention, incarcerated or in other out-of-home placement, and on probation.

- The number of drug law violation cases referred to juvenile courts increased at more than 12 and a half times the rate of the total number of cases referred to juvenile courts (196.9 percent vs. 15.6 percent), from 65,400 cases in 1991 to 194,200 cases in 2000. Of the 1.6 million cases referred to juvenile courts in 2000, 40.9 percent were for property offenses^{††}, 22.9 percent for person offenses, 22.5 percent for public order offenses^{‡‡} and 13.5 percent for drug and liquor law violations.
- Between 1991 and 2000, the number of cases referred to juvenile courts involving females increased 51.0 percent (from 266,400 to 402,200)--more than seven times the 7.3 percent increase for males (from 1,147,100 to 1,231,200). The largest percent growth between 1991 and 2000 for both males and females was in drug law violation cases; drug law violation cases for females grew 311.4 percent, for males 181.2 percent.

* This includes marijuana, cocaine/crack, heroin, barbiturates, inhalants, hallucinogens and tranquilizers.

† Violent offenses include criminal homicide, forcible rape, robbery and aggravated assault.

‡ Property offenses include burglary, larceny, motor vehicle theft and arson.

§ Other offenses include assaults, forgery, fraud, embezzlement, stolen property, vandalism, weapons offenses, prostitution, non-violent sex offenses, gambling, offenses against family and children, disorderly conduct, vagrancy and loitering.

** Drug law violations include unlawful sale, purchase, distribution, manufacture, cultivation, transport, possession or use of a controlled or prohibited substance or drug, or drug paraphernalia, or attempt to commit these acts; sniffing of glue, paint, gasoline and other inhalants also are included.

†† Property offenses include property index crimes (burglary, larceny-theft, motor vehicle theft and arson), as well as vandalism, trespassing, stolen property offenses and other property offenses.

‡‡ Public order offenses include obstruction of justice, disorderly conduct, weapons offenses, liquor law violations, driving under the influence, drunkenness, nonviolent sex offenses and other public order offenses.

- Racial differences in juvenile justice systems are difficult to determine since arrest rates and rates of cases referred to juvenile courts are not reported for Hispanics who may appear in either white or black racial categories. Given this limitation however, in 2000 the total arrest rate (arrests per 100,000 persons ages 10 to 17) for black juveniles (11,094.2) was more than one and a half times the rate for white juveniles (6,839.8).
- In 1999,^{*} while blacks comprised just 15 percent of the juvenile population and black families represented 19 percent of the low-income population,[†] black juveniles represented 28 percent of all cases referred to juvenile courts and 36 percent of detained cases. By comparison, while whites comprised 79 percent of the juvenile population and white families represented 56 percent of the low-income population, they represented 68 percent of all cases referred to juvenile courts and 61 percent of detained cases.
- Black juveniles are likelier than white juveniles to be arrested for committing a violent or drug crime and white juveniles are likelier than black juveniles to be arrested for committing an alcohol-related crime. Black juveniles are more likely than white juveniles to be detained during juvenile court processing, waived to criminal court, formally processed, placed in out-of-home residential facilities and incarcerated in adult prisons. Other research finds that Hispanic juveniles are more likely than white juveniles to be detained, placed in out-of-home residential facilities and incarcerated in adult prisons.
- Substance-involved teen offenders are more likely to recidivate than other juvenile offenders. In 2000, substance-involved juvenile offenders were 43 percent likelier to have at least one previous arrest in the past year than non substance-involved juvenile

offenders (58.1 percent vs. 40.6 percent), and 75 percent likelier to have two or more prior arrests in the past year (31.5 percent vs. 18.0 percent).

- The more often juveniles are arrested, the likelier they are to drink and use drugs. Juveniles with three or more past year arrests are almost twice as likely to abuse prescription drugs, more than two and a half times likelier to use cocaine, almost three times likelier to use Ecstasy and more than three and a half times likelier to use heroin than youth with only one past year arrest.

Substance Abuse Imposes Enormous Costs on Juvenile Justice Systems

CASA estimates that the cost of substance abuse to juvenile justice programs is at least \$14.4 billion annually for law enforcement, courts, detention, residential placement, incarceration, federal formula and block grants to states and substance abuse treatment. Only one percent (\$139 million) of this cost is for treatment. CASA was unable to determine the costs of probation, physical and mental health services, child welfare and family services, school costs and the costs to victims that together could more than double this \$14.4 billion figure.

On average, a year of incarceration costs taxpayers \$43,000 per juvenile. However, if society were, for example, to invest \$5,000 in substance abuse treatment and getting comprehensive services and programs like drug courts just for each of the 123,000 substance-involved juveniles who would otherwise be incarcerated, we would break even on our investment in the first year if only 12 percent of these youth stayed in school and remained drug and crime free. Further, if we were able to prevent the crimes and incarceration of just 12 percent of adults now incarcerated who had had juvenile arrest records, we would have more than 60,480 fewer inmates, realize reduced criminal justice and health costs and employment benefits of \$18 billion and have at least 5.9 million fewer crimes.

^{*} 2000 statistics were not available for this analysis.

[†] Family incomes of less than \$20,000.

Missed Opportunities of Prevention

Difficult family circumstances, impoverished and dangerous communities, lack of engagement in school, untreated mental and physical health problems, risky sex, troubled peers and lack of spiritual grounding all are markers of future trouble. The more of these markers present in a young person's life and the fewer protective influences, the greater the chances for substance abuse and crime. Yet juvenile justice systems are ill-equipped to spot these markers, much less do anything about them.

Off to a Troubled Start

Children whose parents abuse drugs and alcohol are almost three times likelier to be physically or sexually assaulted and more than four times likelier to be neglected than children of parents who are not substance abusers. Neglected and abused children are likelier to commit juvenile crimes (42 percent vs. 33 percent), use drugs (43 percent vs. 32 percent), have mental health problems (26 percent vs. 15 percent) and a lower grade point average (33 percent vs. 23 percent) than non-maltreated children.

Impoverished and Dangerous Neighborhoods

Growing up in impoverished or dangerous neighborhoods can put juveniles at greater risk for substance use and delinquency. Studies show that being raised in poverty or living in communities plagued by crime, drug selling, gangs, poor housing and firearms contribute to increased involvement in delinquent and violent behavior.

Disconnected from Schools

Teens who report no involvement in delinquency and drugs are almost twice as likely to feel attached to school than teens who report being involved in both juvenile crime and drug use (70 percent vs. 38 percent). Juveniles who test positive for multiple drugs are more than two and a half times likelier to not be in school than non drug-using juveniles (40.1 percent vs.

15.3 percent) and they are likelier to be truant, suspended from school and functioning below their grade level. Eight percent of juveniles aged 12 to 17 who reported at least one arrest in the past year were not enrolled in school compared to only 1.5 percent of those without a past year arrest. An estimated 50 to 80 percent of all juveniles incarcerated in juvenile correctional facilities qualify for services designed to address learning disabilities, such as special education classes--three to five times more than the eligible public school population.

Health Problems

Problems including mental illness, learning disorders and high stress increase the chances of substance abuse and delinquency. In addition to the 50 to 75 percent of incarcerated youth with mental health disorders, at least 80 percent of all young offenders are estimated to have conduct disorders. Female juvenile offenders have been found three times likelier to have clinical symptoms of depression or anxiety than female adolescents in the general population.

Risky Sexual Behavior

Substance abuse, juvenile delinquency and risky sexual behavior frequently co-occur. Incarcerated juveniles are likelier to be sexually active, to have initiated sex at an earlier age, to have had more sexual partners and to have less consistent condom use than their non-incarcerated peers. Up to 94 percent of juveniles held in detention facilities are sexually active, compared to 46 percent of high school students.

Running With the Wrong Crowd

Children and teens who are involved with juvenile offenders and drug-using peers are more likely to be arrested and use drugs themselves. Children and teens with marijuana-using peers are 10 times likelier to use marijuana than children and teens with no marijuana using peers (70 percent vs. seven percent). Those who are gang members are likelier to commit assault, robbery, breaking and entering and felony theft; indulge in binge drinking; use and sell drugs;

and be arrested than youth who are not gang members.

Lack of Spiritual Grounding

Juveniles who have been arrested in the past year are almost one and a half times likelier never to attend religious services than teens who have not been arrested (41.7 percent vs. 31.0 percent). Lack of spiritual belief and rarely attending religious services are linked to higher risk for substance abuse and delinquency. Teens who do not consider religious beliefs important are almost three times likelier to smoke, drink and binge drink, almost four times likelier to use marijuana and seven times likelier to use illicit drugs than teens who consider religion an important part of their lives.

Criminal Neglect

By the time juveniles enter juvenile justice systems, the vast majority are troubled and in need of support, health care, education, training and treatment. Educational programs fail to meet minimal educational criteria or be approved by state education departments. Limited data are available to document services provided to juveniles in juvenile justice systems. Available data suggest, however, that youth in custody rarely receive needed services.

Unfortunately, few program interventions have been evaluated and those that show success have not been taken to scale. Nationwide, only 36.7 percent of juvenile correctional facilities provide on-site substance abuse treatment. Only 20,000 (16 percent) of the estimated 122,696 substance-involved juvenile offenders in juvenile correctional facilities receive substance abuse treatment such as detoxification, individual or group counseling, rehabilitation and methadone or other pharmaceutical treatment within these facilities. Another 4,500 juvenile offenders receive substance abuse treatment through drug courts. Together this adds up to only 24,500 juveniles of the 1.9 million substance-involved arrests for which CASA can document receipt of any form of substance abuse treatment--about 1.3 percent. Even if we assumed that a full 20

percent of juveniles who received "other sanctions" (community service, restitution, fines, social services, treatment) were placed in substance abuse treatment, the percentage of substance involved arrested juveniles who receive any form of treatment would only be 3.6 percent. Moreover, mental health services are scarce and most education programs fail to meet even minimum state educational criteria.

Recent reports in individual state systems suggest that juvenile correctional facilities nationwide are in dangerous disarray, with violence a common occurrence and rehabilitation rare to non-existent:

- A State review prompted by a class action lawsuit brought by a group of incarcerated juveniles found that the California juvenile prison system--a dysfunctional jumble of antiquated facilities, under-trained employees and endemic violence--fails even in its most fundamental tasks of providing safety. Juvenile inmates with mental disorders are ignored or overmedicated, classes are canceled arbitrarily and learning disabilities go unattended.
- An investigation by the U.S. Attorney General's Office of the Nevada Youth Training Center found that staffers repeatedly used excessive force against youths--"punching boys in the chest, kicking their legs, shoving them against lockers and walls and smashing youths' heads in doors."
- A videotape released in June 2004 by Connecticut's Attorney General Richard Blumenthal documented abuse of detained juveniles by staff members of the Connecticut Juvenile Training School.
- In Florida, a report of the Inspector General, issued in March 2004 faulted employees at the Miami-Dade Regional Juvenile Detention Center for failing to act as a 17-year old begged for help but slowly died of a ruptured appendix in June 2003.

- In Mississippi, the U.S. Attorney General's office issued a report of an investigation of the Oakley and Columbia Training Schools, finding that conditions at these schools "violate the constitutional and statutory rights of juveniles." Deficiencies in sanitation, mental health and medical care, protection from harm and juvenile justice management were cited. For example, suicidal girls were stripped naked and placed in a locked, windowless isolation cell with no light and only a drain in the floor for a toilet; other kids were hogtied and shackled to poles and hung out on public display for hours.

In 1995, the latest data available, almost 60 percent of the children admitted to secure detention found themselves in overcrowded facilities. Children in crowded detention centers are more likely to be injured, spend less time in school, participate in fewer constructive programs, receive fewer family visits, have fewer opportunities to participate in religious activities and get sick more often.

Despite various findings that religious commitment and spiritual practice can help prevent substance abuse and addiction and aid in recovery, CASA found no programs that provide for the spiritual enrichment of these children and teens.

Instead of providing prevention and remediation, juvenile justice systems compound problems of juvenile offenders, pushing them inexorably toward increased substance abuse and crime. At the same time, public policy demands accountability from juvenile offenders. Demanding accountability from children while refusing to be accountable to them is criminal neglect. Because there is no model juvenile justice code or national standards of practice and accountability, states and counties are being forced to respond to these issues of criminal neglect through federal, state and local investigators and lawsuits brought by the U.S. Department of Justice under the Civil Rights of Institutionalized Persons act.

What Would It Take to Prevent Substance-Involved Delinquency?

Juvenile crime, violence and substance use are rooted in a host of interrelated social problems including adult substance abuse, child abuse and neglect, family violence, poor parenting, uneducated and undereducated youth, lack of appropriate health care, lack of community ties and support, increased availability of guns, gangs and poverty. Stemming the tide of substance-involved juveniles entering juvenile justice systems will require a concerted effort on the part of parents, child welfare agencies, schools, health care providers, clergy, neighborhoods and local law enforcement officers to look for the signs and signals of risk and intervene early.

While comprehensive prevention approaches offer the most hope for juveniles at risk for substance abuse and delinquency, few program models exist. A comprehensive model would include attention to strengthening families, increasing school engagement, reinforcing positive peer groups, strengthening neighborhood resources, reducing poverty and offering spiritual guidance. The earlier prevention efforts start, whether they focus on the individual child, the family, the school or the community, the more likely they are to succeed in preventing substance abuse and delinquency.

What Would It Take to Treat Substance-Involved Delinquent Juveniles?

By the time juveniles enter juvenile justice systems, forty-four already meet the clinical criteria of substance abuse or dependence and need treatment; up to 80 percent need intervention for learning disabilities, conduct disorders and mental illnesses. These problems place them at even greater risk for recidivism.

There are many points in the juvenile justice process where juveniles can be assessed and provided with appropriate services: at arrest, intake, detention, court processing, probation,

incarceration and other out-of-home placement, and aftercare. Every step of the juvenile justice process should be regarded as an opportunity to assess need and provide a full range of rehabilitative services.

Treatment should include clear behavioral goals and a plan to meet them, rewards and sanctions to hold juveniles accountable for their actions, close supervision and ongoing drug testing with quick and predictable consequences for positive tests. Treatment should be culturally and gender appropriate and include comprehensive aftercare services to prepare juveniles who have been in out of home placement for reentry to the community.

Juvenile drug courts are a promising venue for intervention for substance-involved young people already engaged in juvenile justice systems. These programs, which provide intensive treatment and monitoring for substance-abusing delinquency cases, have become increasingly popular in recent years and represent a collaboration between juvenile justice, substance abuse treatment and other health, education, law enforcement and social service agencies. They demonstrate that treatment and accountability are complementary rather than mutually exclusive objectives.

Even if the help these young people need is provided, some juveniles still will become criminals. But the overwhelming proportion of them could become productive citizens, responsible parents and taxpaying law-abiding members of society if they receive the help they so desperately need.

Recommendations

Substance abuse is tightly linked with the offenses of 78.4 percent of arrested juveniles, yet at every point in the system we fail to address substance abuse and the constellation of related problems these juveniles face.

To address the needs of these juvenile offenders, CASA calls for a top-to-bottom overhaul of the way the nation treats juvenile offenders. This

overhaul should be designed to achieve two fundamental goals, while assuring that juvenile offenders are held accountable for their actions:

- Assure that each child entering the systems receives a comprehensive assessment in order to determine their needs. Assessment should include:
 - Individual strengths, behavioral problems, delinquency history;
 - Family health and criminal history, parental substance abuse, economic status;
 - School history, vocational aptitude, learning disabilities;
 - Medical history, physical exam, drug tests, substance abuse history, past treatment, mental health issues; and
 - Peer relationships, gang activity, social services contacts, neighborhood involvement.
- Take advantage of opportunities within juvenile justice systems to divert juveniles from further substance use and crime by providing appropriate treatment and other needed services in custody and detention, during incarceration or other out-of-home placement, while on probation and in aftercare.

To accomplish these goals, CASA recommends:

Creation of a Model Juvenile Justice Code, setting forth standards of practice and accountability for states in handling juvenile offenders. This model code should incorporate practice requirements stipulated in recent settlement agreements between the U.S. Department of Justice and states and counties operating juvenile justice facilities including staffing and training, screening, assessments, treatment planning, case management, substance abuse, mental health and education services, counseling, access to care and record keeping.

Training all juvenile justice system staff--law enforcement, juvenile court judges and other court personnel, prosecutors and defenders, correctional and probation officers--to recognize substance-involved offenders and know how to respond.

Diversion of juvenile offenders from deeper involvement with juvenile justice systems through such promising practices as comprehensive in-home services, juvenile drug courts including re-entry courts and other drug treatment alternatives to incarceration which assure comprehensive services as well as accountability.

Treatment, health care, education and job training programs, including spiritually based programs, should be available to juveniles who are incarcerated.

Development of a state and national data system through which we can establish a baseline and judge progress in meeting the many needs of these children.

Expansion of grant programs of the U. S. Office of Juvenile Justice and Delinquency Prevention that provide federal funds to states and localities, conditioning grants under such programs on providing appropriate services to juvenile offenders.

If we implement these recommendations, we believe we can save citizens billions of tax dollars, reduce crime and help thousands of children who would otherwise be left behind grow up to lead productive, law-abiding lives.



Chapter II

Substance Abuse and Juvenile Delinquency

CASA estimates that 78.4 percent of children and teens in juvenile justice systems--in 2000, 1.9 of 2.4 million juvenile arrests--were under the influence of alcohol or drugs while committing their crime, tested positive for drugs, were arrested for committing an alcohol or drug offense, reported having substance abuse problems or share some combination of these characteristics.¹ Urinalysis tests reveal that 53.9 percent of juveniles--56.4 percent of male juveniles and 41.6 percent of female juveniles--tested positive for drugs at the time of their arrest.²

In addition to alcohol and drug law violations, alcohol and drug use are implicated in other types of juvenile crime including violent offenses, property offenses and other offenses such as assaults, vandalism and disorderly conduct. Juveniles who are substance abusers and addicts are likelier to be repeat offenders. From 1991 to 2000, the arrest rate (arrests per 100,000 persons ages 10 to 17) for juvenile drug law violations* jumped 105.0 percent, while the overall arrest rate for juvenile offenses decreased by 12.9 percent. The increase in drug law violation arrests has cascaded through juvenile justice systems, raising the number of drug law violation cases referred to juvenile court, in detention, incarcerated, in other out-of-home placement and on probation.³

Youth referred to juvenile courts generally are between 10- and 17-years old, but most juvenile court cases (57 percent) involve individuals age 15 and younger. Twenty-five percent of all cases referred to juvenile court involve a female juvenile.

* Drug law violations include unlawful sale, purchase, distribution, manufacture, cultivation, transport, possession or use of a controlled or prohibited substance or drug, or drug paraphernalia, or attempt to commit these acts; sniffing of glue, paint, gasoline and other inhalants also included.

Racial differences in juvenile justice systems are difficult to determine since arrest rates and rates of cases referred to juvenile courts are not reported for Hispanics who may appear in either white or black racial categories.* Given this limitation, in 2000 the arrest rate for black juveniles (11,094.2 per 100,000) was more than one and a half times the rate for white juveniles (6,839.8 per 100,000).⁴

Children and teens who have been arrested in the past year are likelier than non-arrested youth to come from low-income families.⁵ They also are far likelier than those not arrested to smoke, drink, use illicit drugs and abuse prescription drugs.⁶

The Data

CASA's findings about substance-involved children and teens in juvenile justice systems are based on an analysis of 2000 data collected by the National Institute of Justice's *Arrestee Drug Abuse Monitoring (ADAM) Program*, and by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the *Juvenile Court Statistics* series.

The *ADAM* data tracked trends in the prevalence and types of alcohol and drug use among arrestees in urban areas (Appendix A) and is the only national data set available for this type of analysis.[†] It is an urban sample;⁷ however, research shows that crime rates in both rural and metropolitan areas are similar and crime trends are comparable.⁸ CASA's report, *No Place to Hide: Substance Abuse in Mid-Size Cities and Rural America*, found that teens in small metropolitan and rural areas are even likelier to

* In the *Juvenile Court Statistics* data, most juveniles of Hispanic ethnicity are included in the white racial category, thereby likely overestimating the number of white youth in juvenile justice systems and underestimating the number of minority youth.

† The ADAM program was phased out in 2004 by the Justice Department because of budget cuts by Congress, with 2003 the last year that data were collected. This leaves no national data on a problem that affects 78.4 percent of all juvenile arrestees.

use most drugs of abuse than those in large metropolitan areas.[‡]

The most recent *Juvenile Court Statistics* data available are 2000 preliminary data on the Office of Juvenile Justice and Delinquency Prevention Web site; the final data are scheduled to be released in late 2004. *1999 Juvenile Court Statistics* data are used where certain detailed 2000 data are not yet available. (Appendix A)

Data on juvenile arrests came from the Office of Juvenile Justice and Delinquency Prevention *Juvenile Arrests 2000*, which is based on data from the *Federal Bureau of Investigation: Uniform Crime Reports, Crime in the United States 2000*. Although more recent arrest data are available, 2000 data on juvenile arrests are used throughout this report in order to provide a consistent comparison with juvenile court data.

Juveniles, like adults, can be arrested for offenses against persons,[§] property,^{**} and public order^{††} and drug law violations.^{‡‡}⁹ They also can be taken into custody for offenses that would not be crimes if they were adults such as running away, truancy, ungovernability (being beyond the control of parents or guardians),

‡ Rates of abuse for eighth graders were equivalent for rural and urban use of heroin and higher for all other drugs of abuse in rural areas. Rates of abuse for tenth graders were higher in rural areas for all drugs of abuse except Ecstasy and marijuana.

§ Person offenses include all violent index crimes (criminal homicide, rape, robbery and aggravated assault), as well as simple assault, other violent sex offenses and other person offenses.

** Property offenses include property index crimes (burglary, larceny-theft, motor vehicle theft and arson), as well as vandalism, trespassing, stolen property offenses and other property offenses.

†† Public order offenses include obstruction of justice, disorderly conduct, weapons offenses, liquor law violations, driving under the influence, drunkenness, nonviolent sex offenses and other public order offenses.

‡‡ Drug law violations include unlawful sale, purchase, distribution, manufacture, cultivation, transport, possession or use of a controlled or prohibited substance or drug, or drug paraphernalia, or attempt to commit these acts and sniffing of glue, paint, gasoline and other inhalants.

possession, purchase, or consumption of liquor, smoking and curfew violations.¹⁰ These offenses are called status offenses. No national data exist documenting the total number of juvenile status offenders or the total number of offenses, type of offense, demographics of offenders or what happens to them.

Arrest statistics include some status offenses--those apprehended by law enforcement officers. Juvenile court statistics do not include national totals of status offenses.

There are no national data on length of incarceration and other out-of-home placements, recidivism, or the total number of juveniles in after-care programs or substance-abuse treatment, health, mental health or education services.

A Brief History of Juvenile Justice Systems

State juvenile justice systems were created in the late 1800s to protect and reform juveniles who commit crimes and to regulate the treatment and control of dependent, neglected and delinquent children. The larger aim was to provide for the "care, custody and discipline" of the children in a way that would closely approximate that which should be given by parents.¹¹ Throughout the early 1900s, each state and the District of Columbia established its own juvenile court, eventually resulting in 51 different juvenile court systems.¹² By and large, these systems were founded on three concepts:

- Juvenile offenders were regarded as inherently less guilty than adult offenders and, therefore, more amenable to reform;

* There is no federal juvenile court or detention system. Juveniles committed under federal law are confined by contract with state, local and private juvenile correctional facilities. According to the Bureau of Justice Statistics (Juvenile Delinquents in the Federal Criminal Justice System, 1997) in 1995, the latest data available, 122 juveniles were adjudicated as delinquent in the federal courts.

- The goal of the juvenile court should be rehabilitative rather than punitive; and
- Juveniles should be protected from the stigmatizing label of "criminal" and from incarceration with adult criminals.¹³

During the 1980s, with juvenile crime on the rise, many states passed laws to treat more juveniles as adults in criminal courts and require juvenile courts to treat offenders charged with more serious offenses as criminals within the juvenile system.¹⁴ This trend increased during the 1990s, with state systems moving away from rehabilitative goals to systems of retribution and punishment.¹⁵ (Appendix B)

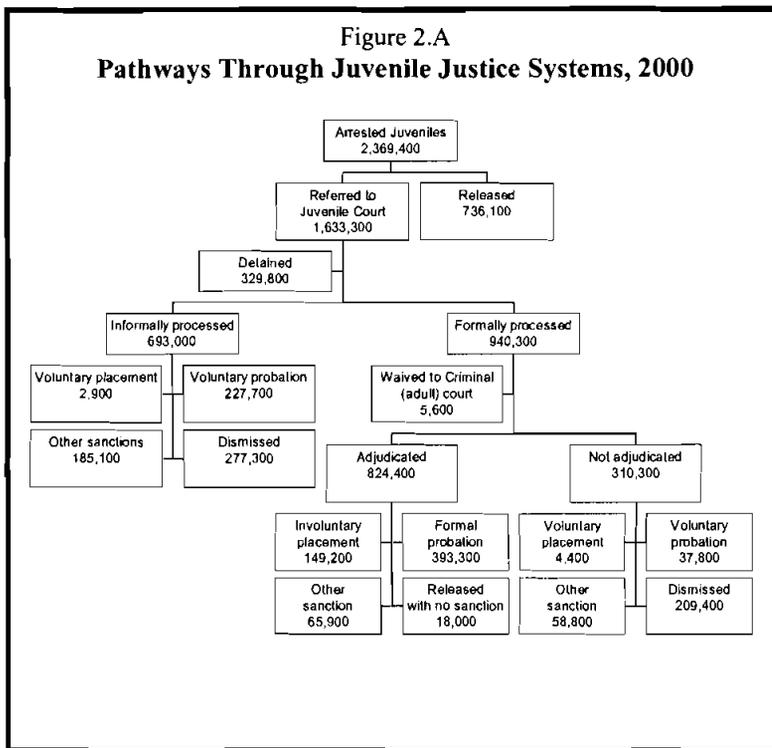
Today there is no national juvenile justice system; rather, there are 51 separate state systems[†] with no common standards of practice or accountability.¹⁶

Pathways Through Juvenile Justice Systems

There are multiple pathways through the nation's juvenile justice systems. (Figure 2.A) The first step is arrest. In 2000, there were 2.4 million juvenile arrests.¹⁷ Thirty-one percent of these arrestees (736,100) were released before entering the juvenile court.¹⁸ The remaining 68.9 percent (1.6 million) were referred to juvenile court;¹⁹ approximately 20.2 percent of these juveniles (329,800) were held in detention pending their court appearance.²⁰

Forty-two percent (693,000) of cases referred to the juvenile court were *informally processed*: court intake personnel either dismissed the case (40.0 percent), or juveniles voluntarily participate in probation (32.9 percent), agree to other sanctions such as paying fines or restitution or referral to a social service agency (26.7 percent) or agree to out-of-home placement (<0.5 percent).²¹

[†] Including the District of Columbia.



Fifty-eight percent (940,300) of cases referred to the juvenile system were *formally processed*: an official complaint was filed requesting that a juvenile court adjudicate a youth as a delinquent or waive jurisdiction and transfer the case to criminal court.²² Adjudication is a judicial determination that a juvenile is responsible for the offense charged.²³ The term adjudicated is analogous to "convicted" in the adult system.²⁴

Of formally processed juveniles, 66.4 percent (624,400) are adjudicated.²⁵ Sanctions for adjudicated juveniles can include court-ordered formal probation (63.0 percent), involuntary out-of-home placement or incarceration (23.9 percent), or other court-ordered sanctions including community service, restitution, fines or referral to a social service agency or treatment program (10.6 percent).²⁶ Almost three (2.6) percent are released with no sanction.²⁷

Of formally processed cases, 33.0 percent (310,300) are not adjudicated.²⁸ These cases are either dismissed (67.5 percent) or the juvenile

voluntarily agrees to sanctions such as referral to a social service agency or community service (18.9 percent), voluntary probation (12.2 percent) or out-of-home placement (1.4 percent).²⁹

Less than one percent of formally processed cases (5,600) are waived to adult criminal court.³⁰ Overall, of the 2.4 million arrestees informally or formally processed, 27.8 percent received probation, 13.1 percent received sanctions such as community service, fines, restitution or referral to services, 6.6 percent were incarcerated or put in other out-of-home placement and less than one percent were waived to adult court. (Table 2.1) Fifty-two percent (1.2 million) were either

released to their homes and communities or their cases were dismissed. (Table 2.2) CASA found no evidence to suggest that their release or dismissal involved or was conditioned on getting substance abuse treatment, education, training or mental health services.³¹

Table 2.1
**Disposition of Youth in
Juvenile Justice Systems, 2000**

	Number	Percent
Arrested	2,369,400	100.0
Released/dismissed	1,238,800	52.3
Probation	658,800	27.8
Other sanctions	309,800	13.1
Incarcerated/placed	156,500	6.6
Adult court	5,600	< 1

* In reported *Juvenile Court Statistics 2000*, these numbers do not add exactly to 2,369,400.

Source: Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming) and Snyder, H.N. (2002).

Table 2.2
**Youth Released or Dismissed from
 Juvenile Justice Systems, 2000**

	Number
Arrested	2,369,400
Released before juvenile court processing	736,100
Dismissed after informal processing	277,300
Not adjudicated and dismissed	209,400
Adjudicated and released	16,000
Total	1,238,800
Percent of arrestees who are released or dismissed	52

Source: Puzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming); Snyder, H.N. (2002).

Most Arrests Are Substance Involved

CASA's analysis estimates that 78.4 percent (1.9 million) of the 2.4 million juvenile arrests in 2000* were substance involved, meaning that they fell into one or more of the following categories: under the influence of alcohol or drugs while committing their crime, tested positive for drugs at the time of their arrest, arrested for committing an alcohol or drug offense, reported substance abuse problems or shared some combination of these characteristics.³² (Table 2.3)

Almost all (96.1 percent) of the 12.1 percent of juveniles arrested for committing an alcohol or drug offense (drug or liquor law violation,[†] driving

* In 2002, the most recent juvenile arrest data available, law enforcement agencies made an estimated 2.3 million arrests of individuals under 18. (Snyder, H.N. (2004). *Juvenile Arrests 2002*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention).

† Liquor law violations include being in a public place while intoxicated through consumption of alcohol. In some states, liquor law violations include public intoxication and drunkenness. Some states

under the influence or drunkenness), met one or more of the other conditions of substance involvement.³³

Juvenile substance abuse is implicated in 69.3 percent of violent crimes, 72.0 percent of property crimes and 81.2 percent of all other crimes. (Table 2.4) Alcohol and drug offenses total 17.1 percent of all arrests. The leading substance-related crime among juveniles is drug law violations[‡] with an arrest rate of 637.5 per 100,000 persons ages 10 to 17.³⁴

Significant Increases in Juvenile Drug Offense Arrests

Juvenile arrests increased three percent from 1991 to 2000.³⁵ During this time, there was a 145 percent increase in juvenile arrests for drug law violations and a 20 percent increase in juvenile arrests for liquor law violations.³⁶

Table 2.3
Substance Involvement Among Arrested Juveniles, 2000

Category of Substance Involvement	Percent of All Arrested Juveniles
Positive urinalysis at arrest	53.9
Under the influence during crime	18.2
Arrested for alcohol/drug offense	12.1**
Reported substance abuse problems:	62.5
Tried to cut down/quit alcohol/drugs in past year	58.0
Felt dependent on alcohol/drugs in past year	20.3
Felt they could use treatment for alcohol/drugs	17.6
Currently receiving treatment for alcohol/drugs	8.4
In need of alcohol/drugs at time of their crime	4.6
Total Substance Involved[†]	78.4

* Does not add up to 78.4 percent because many juveniles fall into more than one category.

** This percentage of juveniles arrested for committing an alcohol or drug offense, based on ADAM data, is lower than the percentage reported in *Juvenile Arrests 2000* (17.1 percent), suggesting that CASA's estimate of the percentage of juvenile offenders who are substance involved might be an underestimate.

Source: CASA analysis of 2000 ADAM data.

define drunkenness as a separate offense. Liquor law violations do not include driving under the influence.

‡ The only category of substance-involved offenders that can be tracked is drug law violators.

Table 2.4
**Substance-Involved Arrested Juveniles,
 Type of Offense, 2000**

Offense	Percent Substance Involved
Violent Offenses*	69.3
Property Offenses ⁺	72.0
Other Offenses [±]	81.2
Alcohol and Drug Offenses [§]	100.0
Total Arrests	78.4

* Violent offenses include criminal homicide, forcible rape, robbery and aggravated assault.

⁺ Property offenses include burglary, larceny, motor vehicle theft and arson.

[±] Other offenses include assaults, forgery, fraud, embezzlement, stolen property, vandalism, weapon offenses, prostitution, non-violent sex offenses, gambling, offenses against family and children, disorderly conduct, vagrancy, suspicion, curfew violations and loitering, and runaways.

[§] Alcohol and drug offenses include drug law violations, liquor law violations, drunkenness and driving under the influence.

Source: CASA analysis of 2000 ADAM data.

Between 1991 and 2000, the arrest rate for all juvenile offenses (arrests per 100,000 persons ages 10 to 17) decreased by 12.9 percent³⁷ but the arrest rate for drug law violations increased 105.0 percent (311.0 to 637.5).³⁸ (Table 2.5) The arrest rate for property crimes decreased 38.4 percent and the arrest rate for violent crimes decreased by 33.2 percent. (Figure 2.B) The 2000 juvenile drug law violation arrest rate (637.5 per 100,000) is 11 percent higher than adult arrest rates for similar crimes during that year (572.4 per 100,000 persons age 18 and over).³⁹

From 2000 to 2001, the juvenile drug law violation arrest rate decreased by about two percent to 623.4 arrests per 100,000 persons.⁴⁰

Fewer Juveniles Released Prior to Court Appearance

At the time of arrest, law enforcement officers or other sources of referral decide whether to send the case to juvenile court or to divert the juvenile out of the system.⁴¹ The proportion of juveniles released from juvenile justice systems before referral to juvenile court declined from 35.4 percent in 1992 to 31.1

percent (736,100) in 2000.⁴² An estimated 577,102 of these released youth were substance involved.⁴³

Juvenile Court Intake Handling More Drug Law Violators

In 2000, an estimated 1.3 of the 1.6 million juvenile cases referred to juvenile court were substance involved.⁴⁴

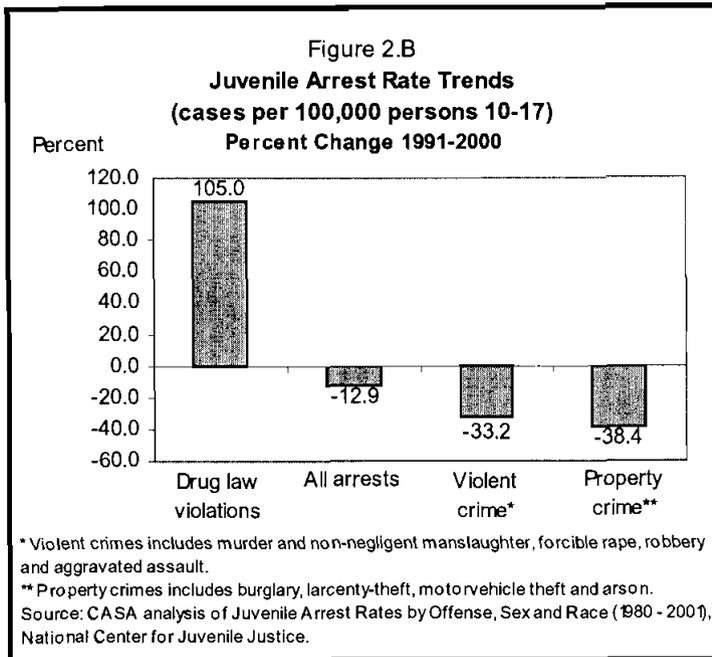
Once referred to juvenile court, the juvenile court intake department decides whether to dismiss the case, handle it informally or request formal action by the juvenile court.⁴⁵ From 1991 to 2000 the total number of cases referred to juvenile courts increased by 15.6 percent, while the number of drug law violation cases increased by 196.9 percent (from 65,400 cases in 1991 to 194,200).⁴⁶ Of the total cases processed by juvenile courts in 2000, 40.9 percent were for property offenses, 22.9 percent were for person offenses, 22.5 percent were for public order offenses and 13.5 percent were for drug and liquor law violations.⁴⁷

Table 2.5
**Alcohol and Drug Offense Arrest Rates
 (arrests per 100,000 persons age 10 to 17)
 by Offense, 1991 and 2000**

Alcohol/Drug Offenses	1991	2000	1991-2000
	Arrest Rate	Arrest Rate	Percent Change
Drug law violations	311.0	637.5	105.0
Liquor law violations	501.6	481.7	-3.9
Drunkenness	76.6	68.0	-11.2
Driving under the influence	62.9	61.2	-2.7
Total	8378.2	7297.2	-12.9

Source: *Juvenile Arrest Rates by Offense, Sex and Race (1980-2001)*, National Center for Juvenile Justice.

* This decision is made, in most cases, after speaking with the victim, juvenile and parents, and after reviewing the juvenile's prior contacts with juvenile justice systems.



tried as an adult.⁵⁴ In 2000, less than one percent of all formally processed cases (5,600) were waived to adult criminal court⁵⁵--4,390 of these cases were substance involved.⁵⁶ Of all cases waived in 2000, 14.1 percent involved drug law violations.⁵⁷

From 1990 through 1992, the percentage of drug law violation cases waived to criminal court was higher than for any other offense category.^{† 58} The percent of petitioned drug law violation cases waived to criminal court peaked at 4.1 percent (1,800 cases) in 1991 and declined to less than one percent (800 cases) in 2000.⁵⁹ From 1991 to 2000, drug law violation cases as a percent of all cases waived to criminal court decreased from 16.8 percent to 14.3 percent.⁶⁰

Drug Law Violators Increasingly Likely to Be Detained

The juvenile court can order a juvenile to be held in a detention facility during court processing in order to protect the community, secure the juvenile's own safety, ensure the juvenile's court appearance or evaluate the juvenile.⁴⁸ Most (53.1 percent) of the juveniles detained in 2000 were age 15 or younger.⁴⁹

In 2000, juveniles were detained during court processing in 20.2 percent of all cases referred to juvenile court,⁵⁰ including 258,563 substance-involved youth.⁵¹ Of all cases detained in 2000, 11.3 percent were for drug law violations.⁵² Drug law violation cases had the greatest percent increase in the number of detained cases between 1991 and 2000 (54.4 percent compared to 12.6 percent of overall delinquency cases).⁵³

Referral to Criminal Court: Up and Down Again

One of the first decisions made during juvenile court intake is whether the juvenile should be transferred to the criminal justice system and

Drug Law Violators Increasingly Likely to be Judged Delinquent

In 66.4 percent (624,400) of all formally processed cases in 2000, the juvenile was adjudicated (found to have committed the offense charged);⁶¹ an estimated 489,530 of these cases involved substance-involved juveniles.⁶² That same year, in 68.1 percent (80,200) of all formally processed drug law violation cases, the juvenile was adjudicated.⁶³ Between 1991 and 2000, the likelihood of adjudication increased somewhat more for drug law violation cases (17.2 percent) than for overall delinquency cases (13.1 percent).⁶⁴

Probation Increasing as an Option for Drug Law Violators

Probation is the most frequently imposed sanction in juvenile courts.⁶⁵ Probation either can be ordered by the court after a youth is adjudicated delinquent (court-ordered

* See Appendix B, History of the Juvenile Justice System.

† Person offenses, property offenses and public order offenses.

probation), or a youth who is either informally processed or not adjudicated delinquent can voluntarily agree to abide by certain probation conditions (informal probation).⁶⁶

In 2000, probation supervision was the most severe disposition in 40.3 percent (658,800) of all cases referred to juvenile courts, including both formal and informal cases.⁶⁷ An estimated 516,499 cases involved substance-involved youth.⁶⁸ The number of cases placed on probation (both formal and informal) grew 30.0 percent between 1991 and 2000.⁶⁹

Forty-two percent of drug law violation cases resulted in probation in 2000.⁷⁰ Drug law violation cases represent the largest percent increase in the number of cases receiving probation, increasing 276.0 percent between 1991 and 2000, compared to a 30.0 percent increase overall.⁷¹ While drug law violators are increasingly likely to be placed on probation, CASA could find no documentation that they also receive services to address their many problems.

Out-of-Home Placements for Drug Law Violators on the Rise

Juvenile court judges determine whether out-of-home placement is the most appropriate sanction for delinquent youth.⁷² Disposition options may include placement in a residential treatment facility, juvenile corrections facility, foster home or group home.⁷³ In 2000, juvenile courts ordered out-of-home placement for 23.9 percent of all adjudicated delinquency cases⁷⁴ (116,973 cases involved substance-involved offenders)⁷⁵ and 20 percent of adjudicated drug law violation cases.⁷⁶ From 1991 to 2000, the total number of drug law violation cases that resulted in out-of-home placement, including placement in juvenile correctional facilities, increased by 76.0 percent compared with a 18.1 percent increase overall.⁷⁷

Length of Stay in Detention and Residential Placement

There are no national data on the length of time juveniles spend in detention and residential placement.⁷⁸ The Office of Juvenile Justice and Delinquency Prevention's Census of Juveniles in Residential Placement (CJRP)⁷⁹ reports the number of days a juvenile had been in a residential facility up to the date of the census,^{*} but not complete lengths of stay.⁸⁰

Length of Stay in New York City Juvenile Detention

An overburdened juvenile court system in New York City has contributed to the increased length of time that juveniles stay in secure detention. For example, in 1993, a youth spent an average of 20 days in secure detention; by 2000, the average length of stay rose to 36 days. Youth awaiting adjudication of more than one offense had an average length of stay of almost three months (86 days).⁸¹

State data on length of stay in juvenile correctional facilities varies significantly because each state reports the data in different ways. Wisconsin, for example, reports an average length of stay for juvenile offenders in their juvenile correctional facilities of eight to nine months, while an average length of stay for offenders defined as committing a "very serious crime" is 18 to 24 months.⁸² Texas reported an average length of stay in their juvenile correctional facilities of 22.7 months in 2002.⁸³ California reported an average length of stay in their juvenile correctional facilities of 35.9 months in 2002.⁸⁴ In juvenile correctional facilities in 2002, Florida reported an overall average length of stay of eight months, but broke down the length of stay by offender severity--the average length of stay was 4.6 months for "low-risk offenders;" 7.6 months for "moderate-risk offenders;" 11.2 months for "high-risk offenders;" and 19.8 months for "maximum-risk offenders."⁸⁵ In 2002, New York reported an overall average length of stay of 15.75 months,

* October 29, 1997--the most recent CJRP data available for this analysis.

but broke down the length of stay by two categories of offender severity--"juvenile delinquents" who are under the age of 16 and adjudicated delinquent had an average length of stay of 11 months, while "restricted juvenile delinquents/juvenile offenders" who were found to have committed a more serious crime had an average length of stay of 23.5 months.⁸⁶

The Demographics of Juvenile Crime

Age Distribution Remains Stable

In 2000, 57.7 percent (943,134) of all delinquency cases processed by the juvenile courts,⁸⁷ including 739,417 cases involving substance-involved juveniles, were of youth age 15 or younger at the time of referral to juvenile court,⁸⁸ compared with 60.6 percent in 1991.⁸⁹ In 2000, 10.3 percent involved children age 12 and younger.⁹⁰ Of all drug law violation cases handled by the juvenile courts in 2000, 41.1 percent involved youth age 15 or younger compared with 40.5 percent in 1991.⁹¹

Income Disparities

Arrested juveniles are likelier than their non-arrested peers to come from impoverished homes. In 2002,^{*} 67.5 percent of teens aged 12 to 17 who had had at least one arrest in the previous year reported an annual family income of less than \$50,000 compared with 52.8 percent of teens who had not been arrested; 26.1 percent of arrested juveniles reported an annual family income of less than \$20,000 compared with 17.4 percent of non-arrested youth.⁹²

Racial Disparities

Black juveniles are 3.5 times likelier than white juveniles to be arrested for committing a violent crime (787.9 vs. 222.5 arrests per 100,000 juveniles age 12 to 17) and 1.8 times likelier to be arrested for committing a drug crime (1072.1 vs. 575.1).⁹³ White juveniles are 4.2 times

likelier than black juveniles to be arrested for driving under the influence (73.1 vs. 17.2); 4.3 times likelier to be arrested for liquor law violations (568.0 vs. 131.3) and 2.5 times likelier to be arrested for drunkenness (80.0 vs. 30.5).⁹⁴

In 1999,[†] while blacks comprised just 15 percent of the juvenile population⁹⁵ and black families represented 19 percent of the low-income population,[‡]⁹⁶ black juveniles represented 28 percent of all cases referred to juvenile courts and 36 percent of detained cases.⁹⁷ By comparison, while whites comprised 79 percent of the juvenile population⁹⁸ and white families represented 56 percent of the low-income population,⁹⁹ they represented 68 percent of all cases referred to juvenile courts and 61 percent of detained cases.¹⁰⁰

In 1999,[§] the total case rate (cases referred to juvenile courts per 1,000 individuals ages 10 to 17) for black juveniles (106.0) was more than twice the rate for white juveniles (49.0) and more than three times the rate for youth of other** races (34.6).¹⁰¹ This pattern held true for all age groups.¹⁰² (Table 2.6)

Table 2.6
Delinquency Case Rates by Race
(cases per 1,000 juveniles ages 10 to 17), 1999

Age	Black	White	Other Races
10	11.4	4.2	3.6
11	23.9	8.3	6.8
12	49.0	18.6	13.7
13	87.4	36.5	28.2
14	130.4	57.8	42.7
15	176.4	78.3	57.0
16	206.6	97.4	66.2
17	219.9	101.2	61.2
Total	106.0	49.0	34.6

Source: Puzzanchera, C, Stahl, A., Finnegan, T., Tierney, N. & Snyder, H. (2003).

[†] 2000 statistics were not available for this analysis.

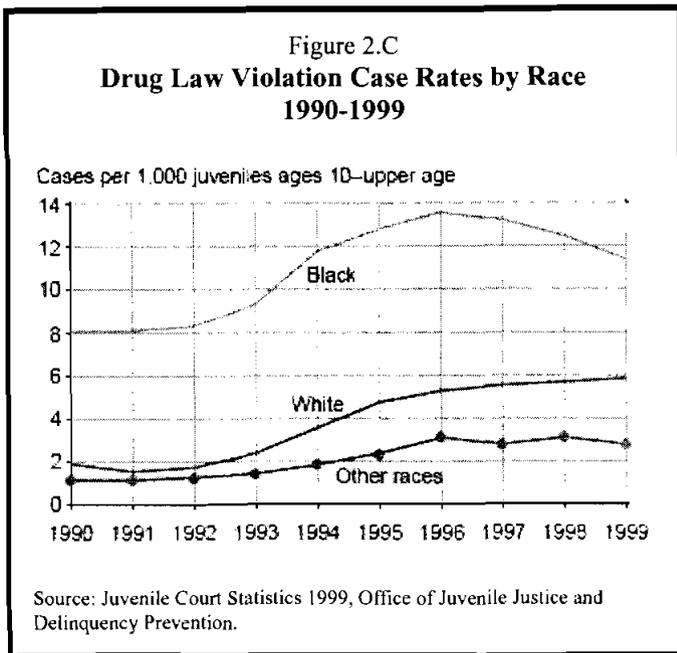
[‡] Family incomes of less than \$20,000.

[§] 2000 statistics were not yet available for this analysis.

** Other races include Asians, American Indians and Pacific Islanders.

* 2002 NSDUH data were the most recent data available for this analysis.

Between 1990 and 1999,* drug law violation case rates increased for all racial groups: 212 percent for white youth, 40 percent for black youth and 140 percent for youth of other races.¹⁰³ Nevertheless, the drug law violation case rate in 1999 for blacks (11.3) was nearly twice the rate of whites (5.8) and four times the rate of youth of other races (2.7).¹⁰⁴ (Figure 2.C)



Black juveniles are more likely to be detained during juvenile court processing, waived to criminal court, formally processed and placed in out-of-home residential facilities, including juvenile correctional facilities, than white juveniles.¹⁰⁵ The further one moves into the system, the greater the concentration of minority youth. (Figure 2.D)

The 1999[†] juvenile residential placement rate for black youth (1,004 per 100,000 black juveniles) was almost five times higher than that of white youth (212 per 100,000 white youth); the rate for American Indians was three times higher (632 per 100,000) and the rate for Hispanics was more than twice as high (485 per 100,000).¹⁰⁶

* 2000 statistics were not yet available for this analysis.

† 2000 statistics were not available for this analysis.

In 2000, the national rate of incarceration in adult prisons and jails for black youth under age 18 was more than five times higher than that of white youth (86 vs. 16 per 100,000 youth under age 18).¹⁰⁷ The incarceration rate in adult prisons for Hispanic and Latino youth was two times higher than that of white youth (32 vs. 16 per 100,000).¹⁰⁸ The incarceration rate in adult prisons for drug offenses for black youth was more than eight times that for white youth (490 black vs. 60 white youth per 100,000).¹⁰⁹

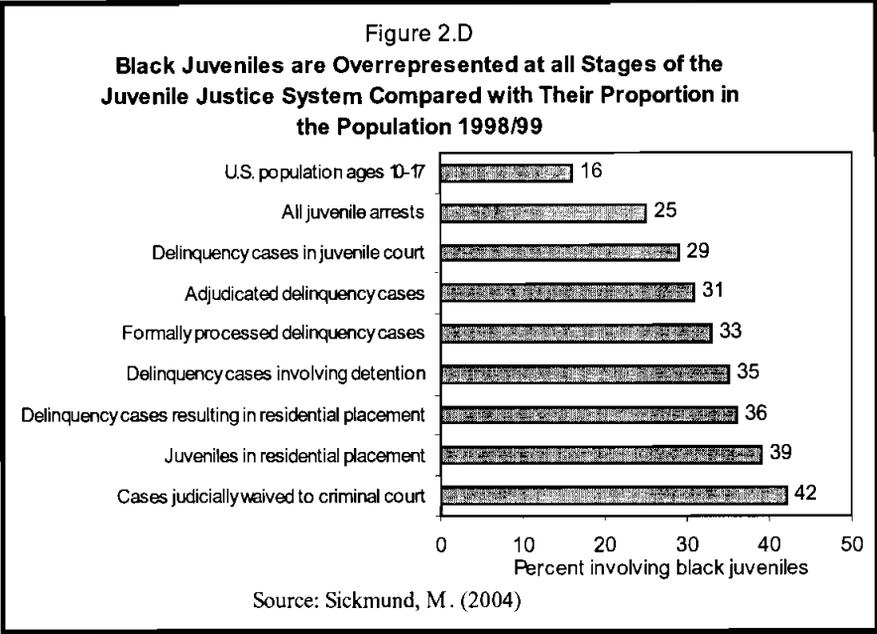
Gender Disparities

Female cases referred to juvenile court have increased significantly in recent years, bringing more and more girls into juvenile justice systems.¹¹⁰ In 2000, 24.6 percent (402,200) of all cases referred to juvenile courts involved a female juvenile.¹¹¹ Between 1991 and 2000, the number of cases referred to juvenile courts involving females increased 51.0 percent (from 266,400 to 402,200), compared to a 7.3 percent increase for males (from 1,147,100 to 1,231,200).¹¹²

The sharpest increase from 1991 to 2000 for both males and females was in drug law violation cases--the total number of drug law violation cases for females grew 311.4 percent, compared to 181.2 percent for males.¹¹³ Between 1990 and 1999,[‡] there was a 50 percent increase in the number of female juveniles entering detention compared with a four percent increase for males.¹¹⁴ Girls often experience their first arrest at ages 13 and 14¹¹⁵ and are involved in one-third of all arrests of children ages 13- to 15-years old.¹¹⁶

Girls often come to juvenile justice systems through different paths than young males¹¹⁷ and the nature of their delinquency often is different from that of boys.¹¹⁸ Physical, emotional and/or sexual abuse frequently is the first step on a girl's path into a juvenile justice system.¹¹⁹ Girls are less likely than boys to be charged with

‡ 2000 statistics were not yet available for this analysis.



their crime, 60.2 percent reported being under the influence of marijuana, 37.8 percent reported being under the influence of alcohol and five percent reported being under the influence of cocaine.¹²⁵ (Table 2.7)

Of juvenile arrestees who tested positive for drugs in 2000, 92.2 percent tested positive for marijuana and 14.2 percent tested positive for cocaine.¹²⁶ (Table 2.8) Most (80.2 percent) tested positive for one drug and 19.8 percent tested positive for multiple drugs.¹²⁷

violent offenses such as murder or assault and more likely to be charged with crimes such as prostitution, running away, truancy or curfew violations.¹²⁰ In 2000, although girls represented 28 percent of arrested juveniles, they accounted for 59 percent of all arrests for running away and 55 percent of all arrests for prostitution.¹²¹ Examination of the case files of these girls indicates that the assault charges against them are likelier to be the result of non-serious, mutual combat confrontations with parents, often initiated by the parents.¹²² Girls accounted for 31 percent of all arrests for liquor law violations and 15 percent of all arrests for drug law violations in 2000.¹²³

Most Substance-Involved Juveniles Use Marijuana and Alcohol

While 18.2 percent of arrested juveniles report being under the influence of alcohol or drugs at the time of their crime, 53.9 percent test positive for drugs at the time of arrest, not including alcohol since alcohol is not part of the standard drug test.¹²⁴

Of juvenile arrestees who reported being under the influence of alcohol and/or drugs during

Table 2.7
Substance-Involved Arrestees Who Reported Being Under the Influence of Alcohol/Drugs During their Crime, by Type of Substance Used, 2000

Drugs Used During Crime	Percent of Substance-Involved Arrestees Who Reported Being Under the Influence*
Marijuana	60.2
Alcohol	37.8
Cocaine	4.8
Other drugs	14.8

* Results add up to more than 100 percent because some juveniles reported using more than one drug.
 Source: CASA analysis of 2000 ADAM data.

Self-report data are a significant under-representation of substances used compared with urinalysis results. For example, among the 18.2 percent of arrestees who reported being under the influence of alcohol/drugs at the time of their crime, only 60.2 percent reported being under the influence of marijuana while 53.9 percent of arrestees tested positive for drugs, and 92.2 of them tested positive for marijuana. Urinalysis

tests used for arrestees detect the presence of marijuana, cocaine and other drugs, however they do not detect the presence of alcohol.

Table 2.8
Type of Drug Used by Substance-Involved Arrestees Who Tested Positive for Drugs, 2000

Drugs Tested [*] Positive	Percent of Substance-Involved Arrestees Who Tested Positive for Drugs ^{**}
Marijuana	92.2
Cocaine	14.4
Amphetamines	8.8
Methamphetamine	7.6
Opiates	2.3

^{*} Urinalysis tests used by *ADAM* detect the presence of marijuana, cocaine and other drugs, however they do not detect the presence of alcohol.

^{**} Results add up to more than 100 percent because some juveniles tested positive for more than one drug.

Source: CASA analysis of 2000 *ADAM* data.



Chapter III

The Nature and Extent of Drug Involvement Among Juvenile Offenders

Substance abuse helps propel millions of young Americans into juvenile justice systems, fills the juvenile courts, crams juvenile prisons and ruins so many young lives. On any given day 3,400 substance-involved juveniles face juvenile court.¹ Substance-involved youth are much likelier than those who do not use these substances to commit juvenile offenses and go on as adults to commit criminal acts. Juvenile alcohol and drug use also increases the risk of adult substance dependence, which increases the likelihood of criminal involvement.

Substance Abuse, Delinquency and Crime

To understand the link between juvenile substance use and crime, CASA analyzed the number of juvenile arrests and the rates of past year alcohol and drug use among 12- to 17-year olds from the *2002 National Survey on Drug Use and Health (NSDUH)*.^{*} CASA found that those juveniles who reported using alcohol or drugs in the past year were much likelier than those who did not to be arrested and to be arrested more than once.² The more often a juvenile was arrested in the past year, the likelier he or she was to abuse alcohol and drugs.^{† 3} These findings were consistent for all substances, including alcohol, marijuana, Ecstasy, cocaine/crack, heroin and prescription drugs.⁴

^{*} This survey formerly known as the *National Household Survey on Drug Abuse (NHSDA)* and is the latest data available for this type of analysis. (Appendix A)

[†] Because the *NSDUH* is based on personal interviews performed in a household and children are only interviewed when a parent is in the home, responses may represent an underestimation of substance use.

Juveniles who had ever been arrested for breaking the law were nearly twice as likely as those who were never arrested to have used alcohol in the past year (60.6 percent vs. 31.9 percent).⁵ Juveniles who were arrested once in the past year were more than twice as likely as those with no past year arrests to have used alcohol (69.3 percent vs. 32.7 percent) and those with three or more arrests in the past year were nearly two and a half times likelier than those with no past year arrests to have used alcohol (80.2 percent vs. 32.7 percent).⁶ (Table 3.1)

Table 3.1
**Percent of Arrested Juveniles Who Use Alcohol and Drugs
 Ages 12 to 17, 2002**

Substance Use in Past Year	Arrests*					
	Ever Arrested		Number of Arrests in Past Year			
	Yes	No	0	1	2	3 or more
Alcohol	60.6	31.9	32.7	69.3	78.1	80.2
Marijuana	43.1	13.1	14.1	49.5	58.1	65.3
Prescription drugs for non-medical purposes	24.0	7.7	8.1	26.8	37.0	50.1
Cocaine/Crack	11.6	1.1	1.4	13.0	22.5	34.4
Ecstasy	10.4	1.5	1.7	12.1	13.9	32.8
Heroin	1.5	0.1	0.1	2.0	1.7	7.1

* Offenses surveyed include murder, arson, DUI, drunkenness, drug sale, forcible rape, other sexual offenses, car theft, larceny/theft, burglary, aggravated assault, robbery, fraud and prostitution.

Source: CASA's analysis of 2002 National Survey on Drug Use and Health data.

Marijuana use is associated more strongly with juvenile crime than alcohol use. Youth ever arrested were more than three times likelier than those who were never arrested to have used marijuana in the past year (43.1 percent vs. 13.1 percent).⁷ Juveniles arrested once in the past year were more than three and a half times likelier than youth with no past year arrests to have used marijuana (49.5 percent vs. 14.1 percent) and those arrested three or more times in the past year were more than four and a half times likelier to have used marijuana than those with no past year arrests (65.3 percent vs. 14.1 percent).⁸ (Table 3.1)

Juvenile use of cocaine/crack, heroin, Ecstasy and prescription drugs is strongly linked to increased juvenile arrests. Youth arrested three or more times in the past year were more than six times likelier to abuse prescription drugs (50.1 percent vs. 8.1 percent), more than 19 times likelier to use Ecstasy (32.8 percent vs. 1.7 percent), nearly 25 times likelier to use cocaine/crack (34.4 percent vs. 1.4 percent) and 71 times likelier to use heroin (7.1 percent vs. 0.1 percent) in the past year than those with no past year arrests.⁹ (Table 3.1)

Children and teens who have used both alcohol and marijuana are much likelier to be involved in vandalism, stealing, fighting and selling drugs than those who have not used these drugs. CASA's analysis of the 1997 National Longitudinal Survey of Youth (Appendix A) reveals that adolescents aged 12 to 17 who report using both alcohol and marijuana are nine times likelier to be involved in three or more delinquent activities* than adolescents who do not use these drugs (56.1 percent vs. 6.1 percent).¹⁰ (Figure 3.A) Juveniles who use drugs heavily† are more likely to be involved with property crime, and juvenile drug dealing is associated with a higher likelihood of assault crimes.¹¹

Juvenile arrestees were nearly three times likelier to have used alcohol in the past month than adolescents ages 12 to 17 in the general population (48.0 percent vs. 16.4 percent), and

* Includes such activities as stealing and destroying property, assaulting a person with intent to cause serious harm, selling drugs and ever being arrested.

† Heavy drug users are defined as smoking marijuana 24 or more times and/or using other illicit drugs six or more times in the past year.

were more than five and a half times likelier to have used marijuana in the past month (40.2 percent vs. 7.2 percent), 16 times likelier to have used heroin (1.6 percent vs. 0.1 percent) and more than 18 times likelier to have used cocaine (9.1 percent vs. 0.5 percent).¹² (Table 3.2)

There are no current national estimates on juvenile recidivism; however, previous research has shown that, in general, recidivism rates among juveniles who have been incarcerated are quite high, ranging from 55 percent to 75 percent¹³ and that a large percentage of incarcerated juvenile offenders continue their criminal involvement into adulthood.¹⁴

The younger a child is when he or she first uses alcohol and drugs, the greater the risks for juvenile crime. The younger a child is when he or she is first arrested, the likelier that child will commit more serious crime. Research since early in the 20th century has found that being young at the time of one's first arrest is linked with habitual and frequent recidivism.¹⁵ Offenders younger than age 13 are two to three times likelier to become serious, violent and chronic adult offenders than adolescents whose delinquent behavior begins later in their teens.¹⁶

Substance-involved juvenile offenders are more likely to recidivate than other juvenile offenders.¹⁷ In 2000, compared to non-substance-involved juvenile offenders, those who were substance involved were nearly one and a half times likelier to have at least one previous arrest in the past year (58.1 percent vs. 40.6 percent) and were almost twice as likely to have two or more prior arrests in the past year (31.5 percent vs. 18.0 percent).¹⁸

The younger an offender is when incarcerated, the more likely he or she is to recidivate.¹⁹ In a 2002 study of the rearrest, reconviction and

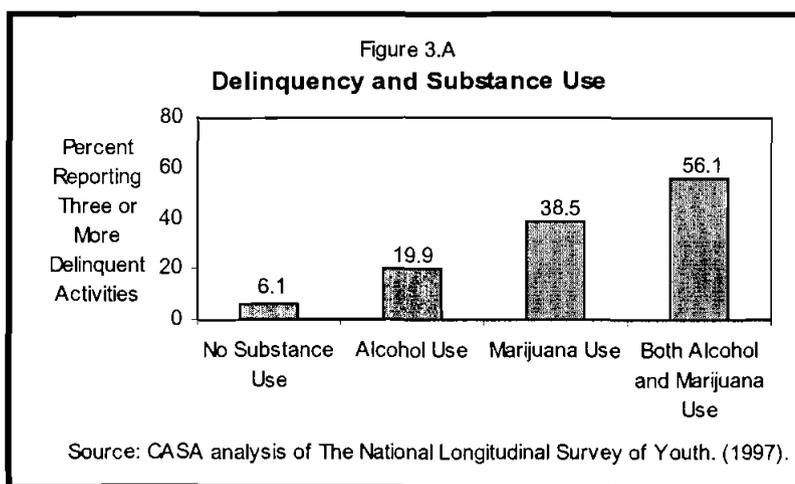


Table 3.2
Past-Month Substance Use of Juvenile Arrestees Compared to the General Population Ages 12 to 17, 2000

Drugs Used in Past 30 Days	Percent of Juvenile Arrestees	Percent of General Population Age 12 to 17
Alcohol	48.0	16.4
Marijuana	40.2	7.2
Cocaine	9.1	0.5
Heroin	1.6	0.1

Source: CASA analysis of 2000 ADAM data and 2000 National Household Survey on Drug Abuse data.

reincarceration of nearly 300,000 prisoners released in 1994 (representing two-thirds of all state prisoners released in the United States that year), 82.1 percent of those under age 18 at release were rearrested within three years, compared with 68.8 percent of those ages 30 to 34 at release and 45.3 percent of those 45 or older at release.²⁰ Within three years of release from incarceration, 14- to 17-year olds were nearly twice as likely to be rearrested (82.1 percent vs. 45.3 percent) and reconvicted (55.7 percent vs. 29.7 percent) and more than twice as likely to be returned to prison with a new prison sentence (38.6 percent vs. 16.9 percent), compared with those 45 or older at release.²¹

An estimated 30 percent of incarcerated adults have been arrested as juveniles.*²² In a national sample of incarcerated adult offenders, nearly 92 percent of inmates who had at least one adolescent incarceration continued their criminal careers into young adulthood and middle age.^{† 23} These “career criminals” were incarcerated at the average age of 15 and continued committing crimes and being incarcerated until they were an average age of 45.²⁴ They committed more crimes per inmate and spent more time in confinement than inmates first imprisoned as adults.²⁵ While two out of three of all of the inmates surveyed (64.4 percent) had an alcohol problem that had led them to alcohol abuse treatment at some point in their life, 72 percent of the “career criminals” had been in alcohol abuse treatment programs.²⁶

Increased Substance Involvement Equals Increased Incarceration or Detention

In 2002,[‡] almost 1.5 million youths aged 12 to 17 (six percent) had been incarcerated or held in a juvenile detention center at least once in their lifetime.²⁷ Males were almost twice as likely as females to have been incarcerated or held in a detention center at least once in their lives (7.7 percent vs. 4.2 percent).²⁸ Black and Hispanic youths were 1.6 times likelier than white youths to have been incarcerated or held in a detention

* The only national data on the percent of adult incarcerated offenders who had been arrested as juveniles (27.2 percent) are self-report data by inmates and the response rate is only 12.8 percent. These data and other smaller studies report percentages of adults with juvenile records between 5.6 percent and 73.8 percent, with an average of 31 percent. Since many juvenile records are expunged, inmates may not reveal a juvenile arrest background.
[†]This finding does not suggest that most adolescent offenders continue their criminal careers into adulthood. Some juvenile offenders end their criminal careers in adolescence; hence they would not have been participants in this research study as this is an investigation of currently incarcerated adults (Langan & Greenfeld, 1983).

[‡] The detention variable was added to the NSDUH survey in 2000.

at least once in their lives (8.0 and 7.9 percent vs. 5.0 percent).²⁹

Youth who have been incarcerated or in a detention center, regardless of gender or race, are more likely to smoke, drink and use drugs than those who have not been confined.³⁰ Compared to those who were never incarcerated or in a detention center, those who have been incarcerated or detention at least once are:

- One and a half times likelier to have used alcohol in the past year (49.1 percent vs. 33.7 percent);
- Almost two times likelier to have used inhalants (8.1 percent vs. 4.1 percent);
- More than twice as likely to have smoked cigarettes (41.4 percent vs. 19.0 percent);
- More than twice as likely to have used any illicit drug in the past year (42.4 percent vs. 20.9 percent);
- More than twice as likely to have used marijuana (31.7 percent vs. 14.7 percent);
- Two and a half times likelier to have misused prescription drugs (21.2 percent vs. 8.4 percent);
- Almost four times likelier to have used hallucinogens (12.3 percent vs. 3.3 percent);
- Five times likelier to have used heroin (1.0 percent vs. 0.2 percent);
- More than six times likelier to have used cocaine (9.9 percent vs. 1.6 percent); and
- Three times likelier to have abused or been dependent on alcohol or drugs (23.8 percent vs. 8.0 percent).³¹

The further a young person moves into a juvenile justice system, the likelier he or she is to be involved with alcohol or drugs.³²

A June 2004 study of 1,829 juveniles sampled from intake at the Cook County Juvenile Temporary Detention Center in Chicago, Illinois, revealed that 85.4 percent of the youth entering detention had used drugs in the past six months; virtually all (94.0 percent) had used drugs during their lifetime³³ and two-thirds (66.4 percent) tested positive for drugs when entering the detention center.³⁴ A disturbing 10 percent of juvenile detainees reported first using drugs at or before age 11 and 25 percent reported first using drugs at or before age 12.³⁵ Ten percent of the juvenile detainees who reported using cocaine said they first used it before age 11 and 50 percent reported first use before age 15.³⁶

Juvenile Substance Use and Delinquency Linked to Adult Crime and Substance Dependence

Juveniles who drink and use drugs are likelier than those who do not to be arrested and be arrested multiple times. Each felony conviction a youth receives increases the likelihood of becoming an adult felon by 14 percent; each misdemeanor conviction increases the risk by seven percent.³⁷

The earlier a young adult begins to abuse drugs, the likelier he or she is to be arrested. Conversely, the older the age of onset of alcohol and other drug use, the less likely it is that a juvenile or young adult will be arrested.³⁸ Nearly 14 percent of individuals aged 18 to 25 who had first used alcohol at age 11 or younger were arrested in the past year compared with 3.2 percent of those who had begun alcohol use at age 18 or later and 1.4 percent who had never used alcohol.³⁹ This relationship holds true for marijuana as well.⁴⁰ The lowest arrest rates were observed among those who had never used these substances.⁴¹ (Table 3.3)

* The following examination of co-occurrence of juvenile substance use and adult criminal involvement is based on CASA's analysis of the 2002 National Survey on Drug Use and Health (NSDUH). (Appendix A)

Table 3.3
Juvenile Alcohol and Marijuana Use and Young Adult Crime, 2002

Age of First Use	Percent of 18- to 25-Year Olds Arrested in Past Year*	
	Alcohol	Marijuana
11 or younger	13.7	21.6
12	10.8	13.7
13	9.0	13.7
14	8.3	12.2
15	7.2	9.6
16	6.7	9.7
17	6.6	8.0
18 or older	3.2	5.7
Never used	1.4	2.1

* Offenses surveyed include murder, arson, DUI, drunkenness, drug sale, forcible rape, other sexual offenses, car theft, larceny/theft, burglary, aggravated assault, robbery, fraud and prostitution.

Source: CASA's analysis of 2002 National Survey on Drug Use and Health data.

CASA found that among individuals aged 18 or older who were arrested in the past year, 83.5 percent had initiated alcohol or illicit drug use at age 17 or younger, compared to 54.1 percent of those who were not arrested in the past year.⁴² (Table 3.4)

Table 3.4
Percent Initiating Substance Use by Age, 2002

Age First Used Alcohol or Drugs	Not Arrested in Past Year	Arrested in Past Year
17 or younger	54.1	83.5
18 or older	33.4	14.6
Never used drugs	12.5	1.9

Source: CASA's analysis of 2002 National Survey on Drug Use and Health data.

State adult prisons are crowded with individuals who began using alcohol and drugs as juveniles. CASA's analysis of the 1997 Survey of Inmates in State and Federal Correctional Facilities revealed that 73.7 percent of the men and women behind state prison bars in 1997 first used alcohol and drugs[†] at age 17 or younger,⁴³ compared to 47.4 percent of the non-

[†] This includes alcohol, marijuana, cocaine/crack, heroin, barbiturates, inhalants, hallucinogens and tranquilizers.

institutionalized population.*⁴⁴ These patterns of early involvement with alcohol and drugs among adult inmates were found consistently across various crime types.⁴⁵ Most adult dependent users of illicit drugs began their substance abuse careers as juvenile users. The younger children are when they start using alcohol and drugs, the likelier they are to become dependent on drugs as adults. National data show that 90 percent of adults aged 18 to 25 who have developed dependence on illicit drugs had first used alcohol or marijuana at age 17 or earlier.⁴⁶ They also tended to have early involvement with cigarettes.⁴⁷ CASA's analysis reveals that 14.1 percent of 18- to 25-year olds who had started using alcohol at age 11 or younger were dependent on illicit drugs in the past year compared to 1.8 percent who began alcohol use at age 18 or older and only 1.1 percent who never used alcohol.⁴⁸ This relationship holds true for tobacco and marijuana as well.⁴⁹ (Table 3.5)

Table 3.5
Juvenile Alcohol, Marijuana and Cigarette Dependency by Age of First Use, 2002

Age of First Use	Percent Dependent on Drugs in Past Year Among 18- to 25-Year Olds*		
	Alcohol	Marijuana	Cigarette
11 or younger	14.1	16.7	11.4
12	12.7	17.7	9.9
13	8.7	16.5	10.0
14	9.9	14.5	8.6
15	8.3	13.4	7.0
16	4.9	8.2	5.5
17	3.3	6.3	5.0
18 or older	1.8	5.0	4.0
Never used	1.1	0.4	0.9

* Dependency is diagnosed when the respondent meets two of the seven DSM IV diagnostic criteria. Illicit drugs include marijuana, hallucinogens (PCP, Ecstasy, LSD), inhalants, cocaine/crack, misuse of prescription drugs and heroin.

Source: CASA analysis of 2002 National Survey on Drug Use and Health data.

Juvenile Justice Involvement is Linked to Less Education and Employment

Young people who become involved in juvenile justice systems are less educated and less prepared for employment than their peers.⁵⁰ CASA's analysis of 2002 NSDUH data found that eight percent of juveniles aged 12 to 17 who reported at least one arrest in the past year were not enrolled in school compared to only 1.5 percent of those without a past year arrest.⁵¹ Leaving school early places limits on children's future employment and earning potential, and children who become involved with juvenile justice systems find it difficult to learn marketable skills or compete for employment.⁵²

Once released from juvenile detention and incarceration, juveniles may face increased difficulty in school because they have spent time away and missed a portion of the regular academic program. Likewise, because juveniles may not have received appropriate vocational training in skills needed in the marketplace while in detention, they may face difficulty in securing employment.⁵³ They also must confront the stigma of their past arrest, and teachers, administrators, employers and job trainers may be reluctant to commit

Barriers to Participation in the Labor Market by Court-Involved Youth⁵⁴

- Lack of basic skills
- Low educational attainment
- Poor workforce preparation
- Poor social skills
- Absence of peer and adult role models
- Lack of mobility due to probation requirements
- Disorganized and/or inadequate treatment and aftercare services
- Negative peer influences
- Security/safety risk
- Low expectations by self and others
- Negative perceptions by community/employers

* In order to draw a comparison between the 1997 prison survey population and the general, non-institutionalized population, CASA analyzed 1997 NHSDA data of individuals ages 12 and over.

resources to court-involved youth.⁵⁵ Juveniles who are alcohol and/or drug abusers face an added burden in getting a job--substance-involved employees have lower productivity, jeopardize product quality and increase insurance costs.⁵⁶

Girls may face even greater difficulties finding employment since alcohol and drug use and delinquent behavior are correlated with higher rates of unintended teen pregnancy.⁵⁷ CASA's analysis of 2002 NSDUH data demonstrates that pregnant teenage girls were more than one and a half times likelier to use alcohol (54.9 percent vs. 35.4 percent) or illicit drugs (34.0 percent vs. 21.8 percent), and more than five times likelier to be involved in delinquent activities than girls who were not pregnant (12.3 percent vs. 2.4 percent).⁵⁸ (Table 3.6)

Table 3.6
**Pregnancy, Substance Use and Delinquency Among
 Females Aged 12-17, 2002**

Pregnancy Status	Percent of Past Year Substance Use and Arrest		
	Alcohol	Illicit drugs	Arrested
Pregnant	54.9	34.0	12.3
Not pregnant	35.4	21.8	2.4

Source: CASA analysis of 2002 *National Survey on Drug Use and Health data*.



Chapter IV

Missed Opportunities for Prevention

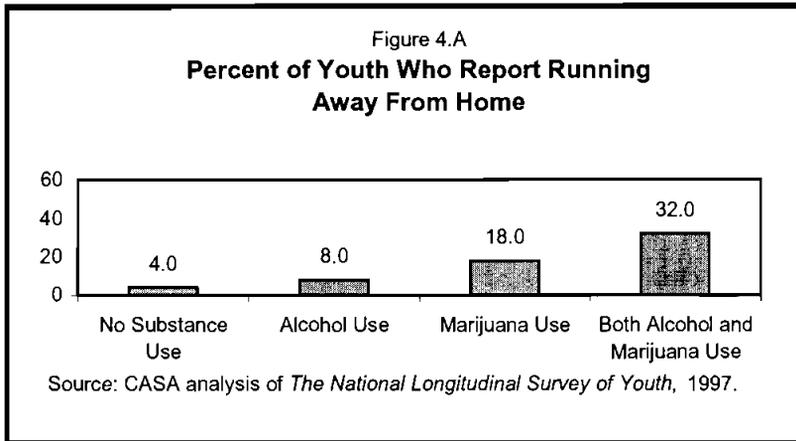
By the time children reaches a juvenile justice system, virtually every prevention and support system in America--family, neighborhoods, schools, health care--has failed them. They are likely to be hanging out with other troubled peers, engaging in risky sex and lacking spiritual grounding. Substance abuse is one of a cluster of problems these children face that increase their risk of juvenile crime.

Off to a Rocky Start

Growing up in families experiencing multiple forms of violence--including partner violence, a hostile family climate and child abuse--increases the risk that the children themselves will be involved with violent crime.¹ Compared to youth from non-violent families, youth exposed to one of these three forms of family violence are more than one and a half times likelier (60 percent vs. 38 percent); youth exposed to two forms of family violence, almost twice as likely (73 percent vs. 38 percent) and youth exposed to all three forms of family violence, more than twice as likely to be involved in violent juvenile crime (78 percent vs. 38 percent).²

Children and teens who use both alcohol and marijuana are eight times likelier to have run away from home than youth who are not involved in substance use (32.0 percent vs. 4.0 percent).³ (Figure 4.A)

Poor parenting also can contribute to teens' involvement with juvenile offenders, which in turn is related to their own substance use and crime.⁴ While teens who report using alcohol and drugs also report less parental monitoring,⁵ families characterized by warm interpersonal relationships and effective parenting are associated with a lower likelihood of affiliation with juvenile offenders and of juvenile crime.⁶



Substance-Abusing Parents

Children of substance-abusing parents are at a higher risk of using alcohol and drugs themselves, and are more likely to commit crimes as juveniles than their peers whose parents do not abuse alcohol or drugs.⁷ An estimated 8.3 million children live with at least one parent who is in need of substance abuse treatment.⁸ (Figure 4.B)

Neglect and Abuse

Approximately 70 percent of all cases of neglect and abuse are caused or exacerbated by substance abuse and addiction.⁹ Neglected and abused children are likelier to commit juvenile crimes (42 percent vs. 33 percent), use drugs (43 percent vs. 32 percent), have a lower grade point average (33 percent vs. 23 percent) and have mental health problems (26 percent vs. 15 percent) than non-maltreated children.¹⁰ (Figure 4.C)

Girls who enter juvenile justice systems often have histories of victimization in the form of physical, emotional or sexual abuse.¹¹ Female juvenile offenders are up to three times likelier than male juvenile offenders to have been sexually abused.¹² Past victimization is a significant predictor of future crime for young girls.¹³ Girls who suffered abuse also are likelier to engage in early sexual experimentation and substance use and to have such problems as lowered self-esteem, inability to trust, academic failure, eating disorders and pregnancy.¹⁴

Ninety-two percent of girls interviewed in the California juvenile justice system reported experiencing one or more forms of physical, sexual or emotional abuse.¹⁵

A 1997 survey of state child welfare agencies found that they are able to provide relevant services to less than a third of all parents with substance abuse problems.¹⁶ Once in the child welfare

system, children still are unlikely to receive the services and support they need.¹⁷ As a result, these children are likelier to end up in juvenile justice systems than other children.¹⁸

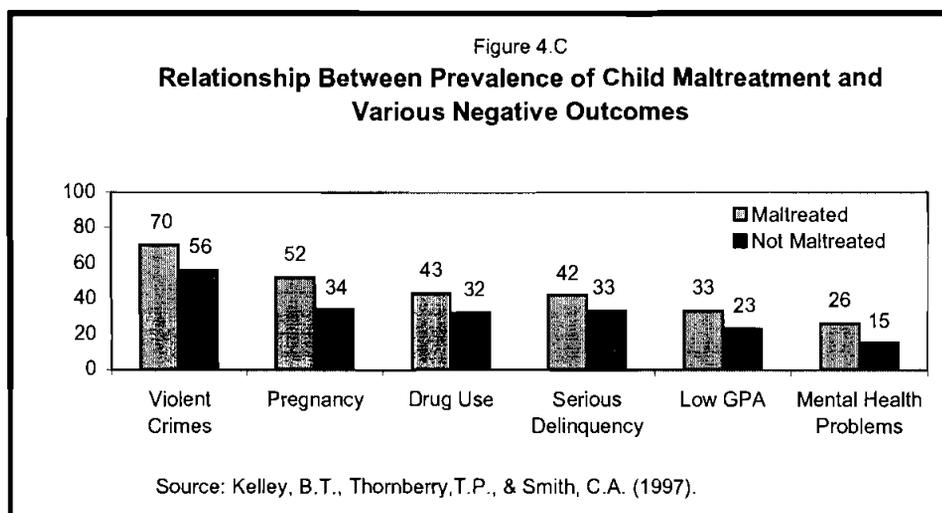
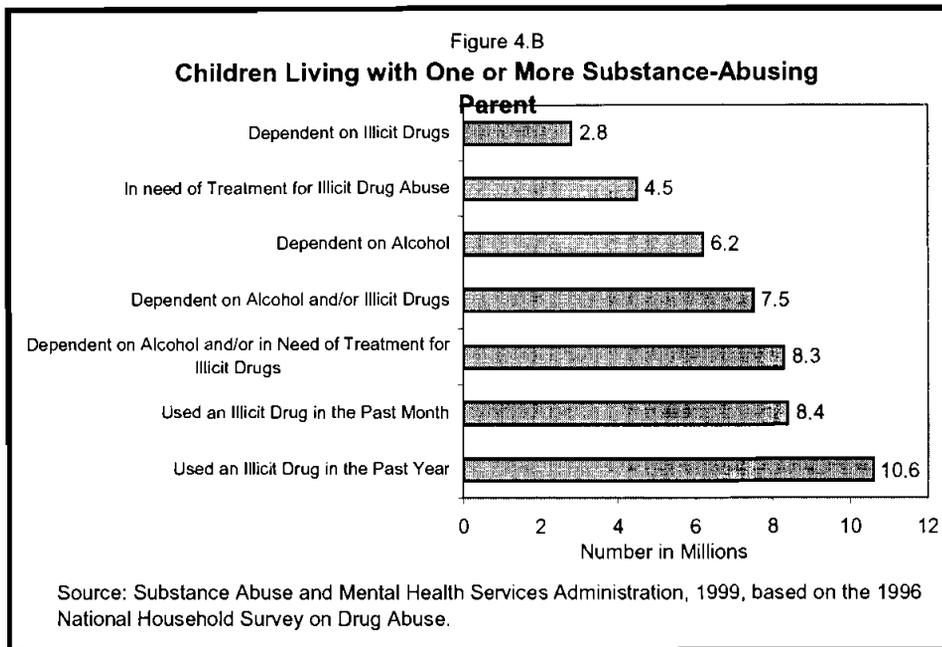
*The Child Welfare System is a feeder system for the juvenile justice system.*¹⁹

--Jess M. McDonald
Co-Director, Fostering Results
Children and Family Research Center
School of Social Work
University of Illinois at Urbana-Champaign

Impoverished and Dangerous Neighborhoods

Growing up in economically destitute or dangerous neighborhoods can put juveniles at greater risk for substance use and crime.²⁰ Being raised in poverty or living in communities plagued by crime, drug selling, gangs, poor housing and firearm availability, all contribute to increased involvement in delinquent and violent behavior.²¹

Within a neighborhood, factors such as low socioeconomic status, high population turnover, and high housing density also are strong predictors of crime and violence.²² These conditions lower a neighborhood's capacity for social organization and its ability to implement informal social control.²³ A lack of



Lack of Attachment to School

Attachment to school can be a powerful protection against juvenile substance abuse and crime.²⁶ Teens who report no juvenile offenses or drug use are almost twice as likely to feel attached to school as teens who report being involved in both (70 percent vs. 38 percent).²⁷

Adolescent attachment to school reduces the prevalence, intensity and frequency of juvenile offenses.²⁸ High-risk children (e.g., living in poverty, children of teenage mothers, victims of child abuse) who are not involved in

neighborhood cohesiveness including low levels of communication between neighbors, lack of support or sense of belonging, or little involvement in neighborhood groups and events can increase the risks of substance abuse and crime for children and teens.²⁴ Similarly, the lack of informal social controls within a neighborhood, including a lack of natural surveillance of public places or response to behavior such as juvenile crime, vagrancy or truancy,²⁵ increases the risk that young people will become involved in substance abuse and crime.

juvenile crime or drug use are more likely to be committed to school and the importance of education.²⁹

Poor academic achievement and failure are strongly and consistently linked with juvenile crime.³⁰ School failure is even more closely linked with juvenile crime for girls than for boys.³¹ For girls, the most significant risk factor for early onset of juvenile offending was poor academic performance.³²

Truants at Higher Risk of Substance Abuse and Delinquency

CASA's analysis shows that the more substances used by juveniles, the more likely they are not to be in school.³³

Juveniles who test positive for one drug are almost twice as likely not to be in school as non drug-using juveniles (28.2 percent vs. 15.3 percent).³⁴

Juveniles who test positive for multiple drugs are more than two and a half times likelier to not be in school than non drug-using juveniles (40.1 percent vs. 15.3 percent). (Figure 4.D)

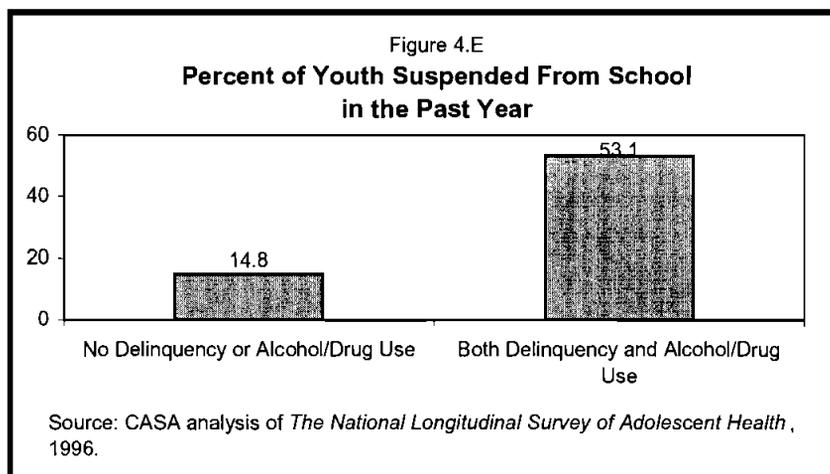
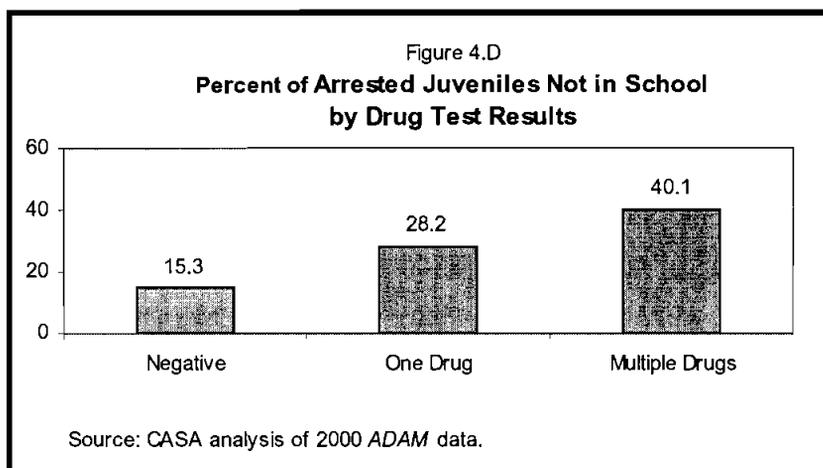
Truancy has become a major issue for schools in America, with daily absentee rates as high as 30 percent in some cities.³⁵

Drug-using youth are likelier to be truant³⁶ and truant teens are at higher risk for being drawn into alcohol and drug abuse and juvenile crime.³⁷ In an analysis of juveniles arrested in San Diego, those who did not attend school were likelier to test positive for drug use than those who did attend school (67 percent vs. 49 percent).³⁸

Nationwide, police departments report a rise in daytime crime rates in part because delinquent teens are committing crimes instead of going to class.³⁹ Because truant teens are likely to fall behind academically, many drop out of school finding it easier to quit altogether than trying to catch up.⁴⁰

Delinquent and Drug-Using Children Likelier to be Below Grade Level or Suspended

Drug-using youth are likelier to be suspended from school⁴¹ and to be functioning below their grade level.⁴² CASA's analysis found that children who reported being involved in



delinquent behavior* and alcohol or drug use are more than three and a half times likelier to be suspended from school than children who reported no delinquent behavior or alcohol or drug use (53.1 percent vs. 14.8 percent).⁴³ (Figure 4.E)

Self-reports from children who have been adjudicated and processed through the Juvenile Assessment Center (JAC) in Florida[†]

* Includes such activities as stealing and destroying property, motor vehicle theft, burglary, weapon use, selling drugs and gang initiation.

† The Florida JAC is a multiagency receiving and processing facility for truant teens and those taken into custody (Dembo, Schmeidler, Nini-Gough, Sue, Borden, & Manning, 1998). Information presented here was collected from more than 9,000 juveniles who passed through the JAC from 1993 to 1995.

reveal that 55 percent of those who are using alcohol and drugs are two years behind their grade level compared to 23 percent of those who are not using alcohol and drugs.⁴⁴ (Figure 4.F)

Bullying

Bullying can affect the social environment of a school, thereby creating a climate of fear among students, inhibiting the learning process and leading to other problem behaviors.⁴⁵ Victims of bullying are more likely to have trouble making social and emotional adjustments, have difficulty making friends and have poor relationships with classmates, and often suffer humiliation, insecurity and a loss of self-esteem.⁴⁶ Children and teens who are bullied are at greater risk of suffering from depression and other mental health problems, and bullying behavior has been linked to other problem behaviors such as vandalism, shoplifting, truancy, school dropout, fighting and tobacco, alcohol and drug use.⁴⁷

Limited Health Care

Children coming from troubled, low-income, impoverished families may be missed altogether by health care systems; in other cases, overworked health care professionals and counselors may miss the signs of trouble or, even if they recognize these signs, fail to intervene effectively. The American Academy of Pediatrics' guidelines recommends that child development be assessed routinely and that young children have regular pediatric visits during which developmental disabilities and risks can be identified.⁴⁸ However, the *National Survey of Early Childhood Health (NSECH)*, conducted in 2000,⁴⁹ found that only 57 percent of children 10 to 35 months of age ever received a developmental assessment from their pediatrician and only 42 percent of parents recalled ever being told by their child's pediatrician that a developmental assessment was done.⁵⁰ Less than half (44 percent) of parents report receiving advice on alcohol and drug use.⁵¹

Mental Health and Substance Abuse Disorders

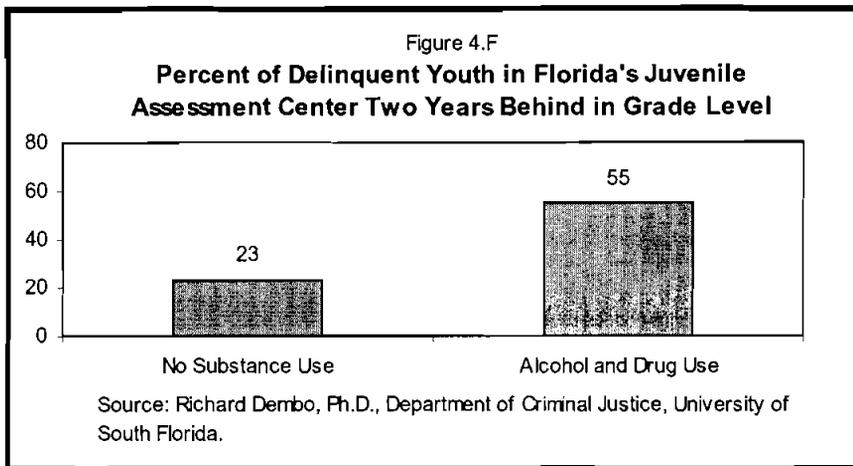
Mental illness, learning disorders and high stress all increase the chances of substance abuse and delinquency.⁵²

No national dataset provides information on the mental health of the juvenile justice population. One estimate by the Coalition for Juvenile Justice* is that 50 to 75 percent of incarcerated children had a diagnosable mental health disorder in 2000⁵³ compared with 20 percent of 9- to 17-year olds,⁵⁴ and that more than half of them abused or were addicted to alcohol and drugs.⁵⁵ CASA's analysis of the 2002 *National Survey on Drug Use and Health* found that 44 percent of juveniles arrested in the past year meet the clinical DSM-IV criteria of substance abuse or dependence compared with 7.4 percent of non-arrested youth; 27.8 percent meet the clinical criteria of substance dependence compared with 3.4 percent of non-arrested youth.^{† 56}

Nearly 64 percent of male juvenile detainees and 71 percent of females have been found to have one or more psychiatric disorders.⁵⁷ Twenty-six percent of detained juveniles had some type of

* The Coalition for Juvenile Justice serves as a national resource on delinquency prevention and juvenile justice issues.

† According to the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition), substance abuse is defined as recurrent substance use that does not meet the definition of dependence but results in one or more of the following, within a 12-month period: 1) failure to fulfill major obligations at work, school, or home; 2) use in hazardous situations; 3) legal problems; 4) social or interpersonal problems. Substance dependence is defined as recurrent substance use resulting in three or more of the following within the same 12-month period: 1) tolerance; 2) withdrawal; 3) substance taken in larger amounts or over longer period of time than intended; 4) persistent desire or unsuccessful efforts to cut down or control use; 5) a great deal of time is spent in obtaining the substance or recover from its effects; 6) important social, occupational, or recreational activities are given up or reduced because of use; 7) continued use despite physical or psychological problems.



anxiety disorder* and 23 percent had an affective disorder,† including 17 percent with major depression and 14 percent with dysthymia.‡ 58 Nearly half (48 percent) of these children suffered from substance abuse or dependence disorders.59

It is hard to imagine a worse place to house a child that requires healthcare treatment and services for their mental illness. Surely we would not dream of placing a child with another serious illness, like cancer for example, in a juvenile detention center to await a hospital bed or community based treatment. It is outrageous that we do this to children with mental illnesses, as young as seven years old...the more experiences that youth with mental illnesses have in juvenile detention centers, the more likely it is that they will descend deeper and deeper into the criminal justice system. The initial placement in juvenile detention becomes a self-fulfilling prophecy.60

--Carol Carothers, Executive Director
National Alliance for the Mentally Ill (NAMI) Maine
In a statement before the U.S. Senate Committee on
Governmental Affairs, July 7, 2004

* Anxiety disorders include panic disorder, separation anxiety disorder, overanxious disorder, generalized anxiety disorder and obsessive-compulsive disorder.
† Affective disorders include major depression, dysthymia and manic episodes.
‡ Dysthymia is characterized by at least one year or more of depression, coupled with at least two of the following symptoms: poor appetite or overeating, insomnia or excessive sleepiness, fatigue, low self-esteem, difficulties concentrating or making decisions and feelings of hopelessness.

The National Center for Mental Health and Juvenile Justice estimates that at least 80 percent of all young offenders have a diagnosable conduct disorder. § 61

One study found that diagnosable substance use disorders are two to five times more prevalent among children with a conduct disorder.62

Adolescents with self-

reported emotional problems are nearly three times likelier to be dependent on alcohol or other drugs than other adolescents, one and a half times likelier to have used marijuana and other illicit substances in the previous month and almost twice as likely to have used hallucinogens, inhalants and prescription drugs for nonmedical purposes in the past year.63

An estimated 20 percent of young offenders are suspected of having serious mental disorders64 compared to five to nine percent of 9- to 17-year olds.65

The criminalization of mental illness. A recent report by the U.S. House of Representatives' Committee on Government Reform, Minority Staff Investigations Division revealed that eight percent of all youth with mental health disorders held in juvenile detention were improperly incarcerated because

§ Symptoms of conduct disorder include repeated aggressive behavior toward people or animals, destruction of property, lying and theft.

** For juvenile offenders, "serious mental disorders" refer to diagnosable mental health disorders that result in functional impairment affecting family, school or community activities, and often refers to specific diagnostic categories such as schizophrenia, major depression and bipolar disorder. For children and teens in the general population, "serious emotional disturbance" refers to youth with diagnosable mental health disorders that severely disrupt their ability to function socially, academically and emotionally.

no mental health services were available.*⁶⁶ This report, the first national study of its kind, found that two-thirds of juvenile detention facilities held youth who are waiting for community mental health treatment.⁶⁷ Seventy-one detention centers in 33 states held mentally ill youth with no charges against them.⁶⁸ Youth incarcerated while waiting for mental health treatment were found to be as young as seven years old.⁶⁹ Two-thirds of juvenile detention facilities that held youth waiting for community mental health services reported that some of these youth have attempted suicide or attacked others.⁷⁰ Juvenile detention facilities spend an estimated \$100 million each year to house youth who are waiting for community mental health services, not including any of the additional costs associated with services and staff time directly related to holding youth in need of mental health services.⁷¹

Special problems for girls. Female juvenile offenders are three times likelier to have clinical symptoms of depression or anxiety compared with female adolescents in the general population.⁷² Female juvenile detainees have higher rates of psychiatric disorders including major depressive episodes and anxiety disorders than males.⁷³ In one study of juvenile detainees, 31 percent of females suffered from an anxiety disorder, 28 percent an affective disorder, 46 percent a disruptive behavior disorder and 47 percent substance abuse or dependence.⁷⁴ An estimated 60 percent of girls in juvenile correctional facilities have a mental or emotional disorder such as depression connected to physical or sexual abuse.⁷⁵

Depressed girls are likelier than girls who are not depressed to be involved in juvenile crime.⁷⁶ Compared to girls who are not depressed, those who are depressed are 1.7 times likelier to engage in property crimes (68 percent vs. 40 percent);⁷⁷ more than twice as likely to engage in crimes against other persons (92 percent vs. 42 percent);⁷⁸ and more than four times likelier to engage in higher levels of aggressive behavior (57 percent vs. 13 percent).⁷⁹

* This survey covered a six-month period, from January 1 to June 30, 2003.

Learning Disabilities

Children with learning disabilities[†] are likelier to suffer from low self-esteem, family problems, depression and poor peer relationships than other adolescents⁸⁰--characteristics that closely mirror the risk factors for substance abuse.⁸¹ These children with learning disabilities are arrested at higher rates than their non-disabled peers.⁸² Children in juvenile justice systems are much likelier than those in public schools to have learning disabilities.⁸³

Children with learning disabilities may find it difficult to do well in school and may experience academic failure; they may express their frustrations through inappropriate behavior and heighten their risk of dropping out or being kicked out of school, thereby increasing their opportunities to interact with delinquent peers.⁸⁴

An estimated 50 to 80 percent of all confined juveniles qualify for education services designed to address learning disabilities, such as special education classes.⁸⁵ The number of juvenile offenders identified as eligible for special education prior to their incarceration is at least three to five times greater than that of the learning-disabled public school population.⁸⁶

Attention Deficit Hyperactivity Disorder (ADHD). Some 53 percent of the children and teens involved in the juvenile drug court system are affected by ADHD,⁸⁷ compared to three to five percent of school-age children.⁸⁸ Boys with ADHD are at particularly increased risk for juvenile crime.⁸⁹ The principal symptoms of ADHD include inattention, hyperactivity and impulsivity.⁹⁰ ADHD can lead to socialization problems, truancy and school failure, which in turn increases the risk of juvenile drug abuse and crime.⁹¹

[†] Learning disabilities are neurological conditions that affect a person's aptitude to take in, process or express information. (National Center for Learning Disabilities, 2000).

High Stress

High stress can increase the chances that children and teens will smoke, drink and use drugs and commit juvenile offenses.⁹² CASA's report, *National Survey of American Attitudes on Substance Abuse VIII: Teens and Parents*, found that highly stressed teens are twice as likely as less stressed teens to smoke, drink, get drunk and use illegal drugs.⁹³ (Table 4.1) In a study of high school youth in Boston, researchers found that youth exposure to stress was linked with high levels of anger, anxiety, crime and drug use.⁹⁴ In a study of urban youth in the *Rochester Youth Development Study*, the *Denver Youth Survey* and the *Pittsburgh Youth Survey*, researchers found that youth exposed to increased stress as a result of certain family transitions (i.e., parental separation, divorce, family relocation) were likelier to engage in crimes and drug use than youth with no such family transitions.⁹⁵

Table 4.1
Teen Substance Abuse and Reported Stress

Substance	High Stress	Moderate Stress	Low Stress
Have tried:			
Cigarettes	31	16	13
Alcohol	52	37	29
Marijuana	27	14	10
Been drunk at least once in the last month	15	9	6

Source: The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003).

Girls and young women are likelier than boys and young men to turn to substance use as a way of coping with stress.⁹⁶ One study revealed that 66 percent of girls report smoking, 38 report drinking and 41 percent report drug use for purposes of stress relief.⁹⁷

Intravenous Drug Use

Teens at high risk of juvenile crime or adolescents who already are incarcerated are likelier to be intravenous drug users than the general teen population.⁹⁸ For example, one study found that almost half (45 percent) of

homeless, runaway and "street" youth* interviewed reported injecting drugs during their lifetime, with 55 percent reporting injecting in the last 30 days.⁹⁹ Of those young people who reported past month use, 44 percent reported using a needle or syringe that someone else had used the last time they injected.¹⁰⁰

Running With the Wrong Crowd

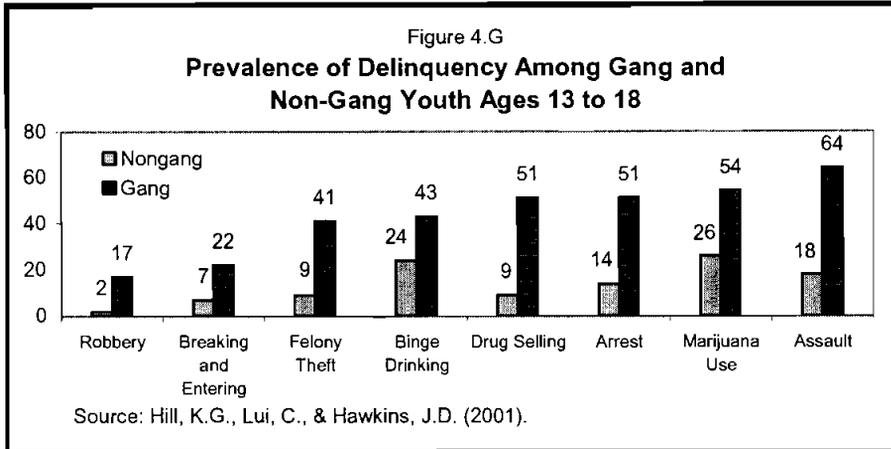
Children who are involved with juvenile offenders and drug-using peers are more likely to be arrested and use drugs themselves.¹⁰¹ Teens are twice as likely to engage in risky behavior such as smoking cigarettes or marijuana, drinking alcohol or engaging in risky sex if their peers had already engaged in the activity in the past.¹⁰² CASA's analysis of the 1996 *National Longitudinal Study of Adolescent Health* found that children with marijuana-using peers were 10 times likelier to use marijuana than children with no marijuana using peers (70 percent vs. seven percent).¹⁰³ In another study, 83 percent of juveniles who reported using an illegal drug had friends who were daily smokers and weekly alcohol drinkers, marijuana smokers and illicit drug users.¹⁰⁴ The link between arrests and peers may be driven by peer group members having similar attitudes that breed and reinforce their behavior.¹⁰⁵

Gang Activity

Youth gang members engage in more criminal activity, binge drinking, marijuana use and drug selling than their peers who are not in gangs.¹⁰⁶

Compared with youth who are not gang members, youth who are gang members are likelier to commit assault, robbery, breaking and entering, and felony theft; indulge in binge drinking; use and sell drugs; and be arrested.¹⁰⁷ (Figure 4.G) Gangs contribute significantly to school-related delinquent behavior and victimization in schools across the nation.¹⁰⁸ Risk factors that predict gang membership often

* "Street" youth are youth who subsist through involvement in the illegal street economy, including drug dealing, stealing, prostitution, mugging or panhandling.



appear by age 10 and 12¹⁰⁹ and the more risk factors present in a youth's environment, the likelier he or she is to join a gang.¹¹⁰

Youth in gangs are more than twice as likely to carry guns and three times likelier to sell drugs than their non-gang member peers.¹¹² Youth gangs are a serious problem throughout the nation, threatening public safety and damaging young lives not only in large urban areas, but also in many smaller cities and rural areas.¹¹³

Juveniles who join gangs are likelier to come from troubled homes and neighborhoods, do poorly in school and have behavioral problems.¹¹⁴ Young people who have the most severe behavioral and social problems in childhood are more likely to remain in gangs for several years.¹¹⁵ The more risk factors (see text box) present in a youth's environment, the likelier he or she is to join a gang.¹¹⁶

Risky Sexual Behavior

Incarcerated juveniles are likelier to be sexually active, to have initiated sex at an earlier age, to have had more sexual partners and to have less consistent condom use than their non-incarcerated peers.¹¹⁷ Up to 94 percent of detained youth held in detention facilities across the country are reportedly sexually active¹¹⁸ compared with 46 percent of high school students who have engaged in sexual activity.¹¹⁹

Incarcerated juveniles are at even greater risk for exposure to STDs and HIV infection.¹²⁰

In 1989 and 1990 interviews with incarcerated youth, 97 percent of boys and 94 percent of girls were sexually active with an average of 15 lifetime sexual partners.¹²¹

Sixty-five to 67 percent of these youth reported never using condoms; only four to seven percent reported consistent condom use.¹²² Nearly 12 percent of males and seven percent of females had traded sex for money; and 10 percent of males and 20

Youth Risk Factors for Gang Membership¹¹¹

Individual risk factors:

- Early marijuana use
- Early violence
- Antisocial beliefs
- Early drinking
- Poor peer refusal skills

Family risk factors:

- One-parent households
- One parent plus other non-parent adults
- Parental attitudes tolerating violence
- Low-income households
- Sibling antisocial behavior
- Poor family management

Peer group risk factors:

- Association with peers with problem behaviors

School risk factors:

- Learning disabled
- Low academic achievement
- Low school attachment
- Low school commitment
- Low academic aspirations

Neighborhood risk factors:

- Availability of marijuana
- Neighborhood youth in trouble
- Low neighborhood attachment

percent of females reporting having sexual intercourse with an injection drug user.¹²³ In another study, 76 percent of incarcerated juveniles reported having had three or more partners; seven percent reported having engaged in sexual activity with a person known to be at high risk for STD and HIV; 19 percent had at least one currently diagnosed STD; and 22 percent reported a past history of STDs.¹²⁴

Girls and Risky Sexual Activity

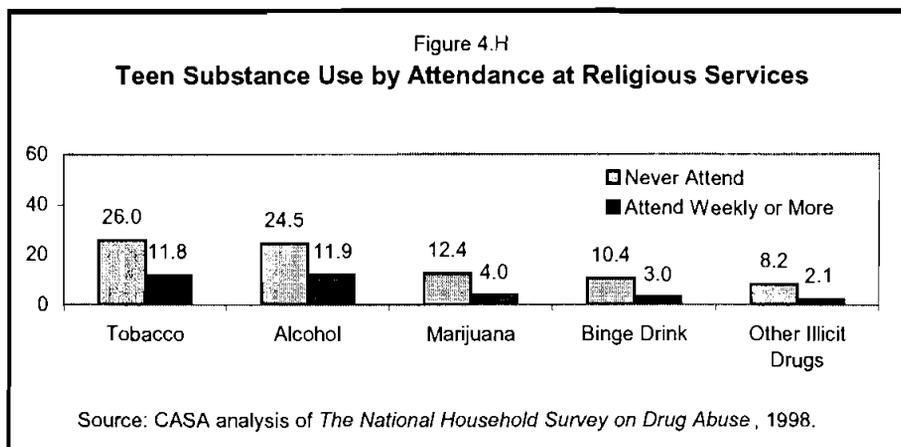
Female juvenile offenders are likelier to engage in sexual activity at an earlier age than female non-offenders,¹²⁵ and are likelier to face problems such as unplanned pregnancy¹²⁶ and increased STD risk.¹²⁷ For example, 16 percent of girls interviewed in the California juvenile justice system report being pregnant while in custody, while 29 percent report having been pregnant at least once in their lifetime.¹²⁸ These girls in the 15- to 19-year old age range have the highest case rates for STDs representing 46 percent of the infections.¹²⁹

Lack of Spiritual Grounding

Adolescent engagement in religion or spiritual practice may reduce juvenile crime by increasing disapproval of such behavior and providing support for not being involved in crime.¹³⁰ Such engagement reduces the risk of teen smoking, drinking and drug use. Juveniles who have been arrested one or more times in the past year are almost one and a half times likelier to never attend religious services than teens who have not been arrested (41.7 percent vs. 31.0 percent).¹³¹

CASA's 2001 report, *So Help Me God: Substance Abuse, Religion and Spirituality*,

revealed that teens who do not consider religion important are almost three times likelier to smoke, drink and binge drink, almost four times likelier to use marijuana and seven times likelier to use illicit drugs than teens who strongly believe that religion is important.¹³² Teens who never attend religious services are twice as likely to drink, more than twice as likely to smoke, more than three times likelier to use marijuana and binge drink and almost four times likelier to use illicit drugs than teens who attend religious services at least weekly.¹³³ (Figure 4.H)



CASA's report, *Back to School 1998--National Survey of American Attitudes on Substance Abuse IV: Teens, Teachers and Principals*, reported similar findings, showing that youth who attend religious services less than once a month are three times likelier (39 percent vs. 13 percent) to use marijuana than youth who attend services four or more times a month.¹³⁴

Police Often Involved With Troubled Youth Before Arrest

Children and teens caught up in substance use and crime often have numerous encounters with law enforcement officers well before an arrest.¹³⁵ Police officers placed in schools as probation officers¹³⁶ or as safety officers often come into contact with at-risk youth.¹³⁷ Law enforcement officers may identify youth at risk of juvenile crime when responding to calls about domestic violence, drug and alcohol abuse, gang activity, neglect and other criminal behavior.¹³⁸ Yet there are few systematic attempts to train

police in how to deal with these juveniles, to develop working relationships with social and health services agencies and schools and to insure that needed services are available.

Troubled youth can be arrested eight or more times for selling drugs before receiving formal punishment.

--The Honorable Richard Riordan
Secretary for Education, State of California
Former Mayor, Los Angeles

Short of arrest, police officers have discretion as to how to respond to youth involved in troubled behavior, including using verbal persuasion on the streets and at schools, taking the youth to the police station for a more formal warning, or imposing certain conditions on the youth such as community service.¹³⁹ After exhausting these corrective measures, young people who further engage in delinquent behavior and commit a delinquent offense are likely to be arrested.¹⁴⁰

Substance Abuse is One of Many Problems

Alcohol and drug use and abuse are part of a cluster of problems that increase the risk of involvement in juvenile justice systems. Unstable families, impoverished or dangerous neighborhoods, schools with insufficient resources, limited health care, risky sex, lack of spiritual grounding and negative peer groups all are markers of future trouble. The more of these factors present in a child's life, the greater the risk for juvenile substance abuse and crime.¹⁴⁶ These problems signal important opportunities to intervene in order to get juveniles back on track, but for youth in juvenile justice systems, we have either missed these signals altogether or have failed to respond effectively.

Law Enforcement Responses to Mischievous Youth

Street corner adjustment: Officers use verbal persuasion or order youth to go home.¹⁴¹

School-based adjustment: Police officers are placed in schools to supervise juveniles placed on probation as well as monitor and patrol the school grounds to ensure school security.¹⁴²

Station house adjustment: Officers take the youth to police headquarters, provide stern warnings, enter the youth's name and address into the police database and then release the youth with no official complaint filed with the courts.¹⁴³

Station house adjustment with parental involvement: Officers involve parents in station house adjustments.¹⁴⁴

Police diversion: Officers bring the youth to the station and agree not to arrest or file an official complaint if the youth agrees to meet certain conditions such as attending counseling or performing community service.¹⁴⁵



Chapter V

Criminal Neglect

Juvenile justice systems represent an ideal opportunity not only to hold juveniles accountable for their actions but also to provide a wide range of services to meet their needs and help them become productive citizens. However, the nation's juvenile justice systems are failing to help teens get on the track to responsible adulthood.

Although there are limited data documenting services provided to juveniles in justice systems, available data suggest that youth in custody rarely receive the services they need.¹ Indeed, juvenile justice systems themselves may make matters worse, pushing young offenders toward increased substance abuse and crime.

Overcrowding

In the 2000 Juvenile Residential Facility Census, 40 percent of facilities reported having more residents than available beds.² Facilities with fewer beds than residents were more likely than non-crowded facilities (45 percent vs. 38 percent) to report that they transported youth to emergency rooms because of injuries resulting from interpersonal conflict in the month prior to the census.³

In 1995, almost 60 percent of the children admitted to secure detention found themselves in overcrowded facilities, with the greatest impact felt in urban areas.⁴ Children in crowded detention centers are more likely to be injured, spend less time in school, participate in fewer constructive programs, receive fewer family visits, have fewer opportunities to participate in religious activities and get sick more often. Juvenile detention also increases the likelihood of future incarceration and exposes children to violence and negative peer influence.⁵ Being detained is a strong predictor of continued involvement in the juvenile and adult criminal justice systems.⁶ Most children released from

detention face serious obstacles in re-enrolling in school and finding employment.⁷

When kids go there [California Youth Authority], their lives can be ruined. They go there for treatment, and instead they are subjected to brutal sexual and physical violence and there's very little rehabilitation.¹⁶

--Don Spector
Prison Law Office
Marin County, CA

Juveniles in Adult Facilities

Children confined in adult facilities are five times more likely to be sexually assaulted, eight times more likely to commit suicide, twice as likely to be assaulted by staff, and 50 percent more likely to be attacked with a weapon than children in juvenile facilities.⁸ Recidivism rates are much higher among juveniles transferred to adult court than among those retained in juvenile justice systems.⁹ Transferred juveniles are more likely to reoffend, do so more quickly, and with more serious offenses than juveniles retained in the juvenile court.¹⁰

Treatment in State and Local Facilities

Recent reports in individual state systems suggest that juvenile correctional facilities nationwide are in dangerous disarray, with violence a common occurrence and rehabilitation rare to non-existent.¹² Abuse of juvenile inmates by staff often is routine.¹³ For example, at the Charles H. Hickey Jr. School, a juvenile correctional facility in Baltimore, reports found that staffers used force on juveniles 550 times between July 2002 and December 2003.¹⁴ Staff violence also was found at other juvenile correctional facilities across the nation, including facilities in California, Connecticut, Florida, Mississippi, Nevada, and New York.¹⁵

The mission of the California Youth Authority (CYA), which runs the state's 10 juvenile

prisons, is to educate and rehabilitate offenders sentenced by juvenile courts.¹⁷ A State review, prompted by a class action lawsuit brought by a group of incarcerated juveniles, found in February 2004 that the CYA system fails even in its most fundamental tasks of providing safety and security for reasons including antiquated facilities, under-trained employees and violence endemic within its walls.¹⁸

The California report found that juvenile inmates with mental disorders are ignored or overmedicated, classes are canceled arbitrarily, learning disabilities go untreated with no remedial education, and individual inmates or entire institutions are locked down for days or weeks at a time because of recurring gang violence.¹⁹ Young offenders often are kept locked up for 23 hours a day in decrepit living units for as long as three months at a time, and small cages are used to isolate prisoners from one another and from staff members during instruction or counseling.²⁰ The result of such conditions, according to the expert reviews, is that many juveniles leave the CYA worse off than when they entered.²¹

In one survey conducted in the New York state juvenile justice system, 45 percent of juveniles in need received no mandated counseling and 36 percent did not receive substance abuse treatment.²²

Services Needed by Youth in Juvenile Justice Systems¹¹

- medical care
- mental health services
- education
- employment training
- special education for the learning disabled
- social, cognitive, communication and life skills development
- substance abuse treatment
- counseling
- transitional support/aftercare for youth and their families for successful reentry into their families, schools and communities

In Florida, a report of the Inspector General, issued in March 2004, faulted employees at the Miami-Dade Regional Juvenile Detention Center for failing to act as a 17-year old begged for help but slowly died of a ruptured appendix in June 2003.²³

Another example of our inattention to the state of juvenile justice systems was revealed in a videotape released in June 2004 by Connecticut's Attorney General Richard Blumenthal documenting abuse of detained juveniles by staff members of the Connecticut Juvenile Training School.²⁴ "The tape shows staff members pulling boys by the hair and ears, kicking them in the ribs and tackling them."²⁵ This \$57 million complex opened in August 2001 and cost the state \$325,000 per resident.²⁶

Under the federal *Civil Rights of Institutionalized Persons Act* (CRIPA), U.S. Department of Justice has the authority to investigate conditions in public residential facilities including juvenile correctional facilities and to take appropriate action if a pattern or practice of unlawful conditions deprives persons confined in the facilities of their constitutional or federal statutory rights.²⁷ If unlawful conditions are uncovered during CRIPA investigations, negotiations and conciliation efforts can be initiated between the Attorney General's Special Litigation Sections of the Civil Rights Division or CRIPA lawsuits will be filed against the violating correctional facilities.²⁸ In some instances, rather than contest litigation, the correctional facility will agree to voluntarily cooperate and implement a settlement agreement created by the Attorney General's office and the court.²⁹

A 2002 investigation by the U.S. Attorney General's Office of the Nevada Youth Training Center found that staffers repeatedly used excessive forces against youths--"punching youth in the chest, kicking their legs, grabbing shirts and shoving youths against lockers and walls, throwing youths to the floor, slapping youths in the face, smashing youths' heads in doors and pulling youths from their beds to the floor"--and frequently subjected youth to "verbal abuse in which their race, family, physical

appearance and stature, intelligence or perceived sexual orientation were aggressively attacked."³⁰ As a result of this investigation, a CRIPA agreement was reached and entered into in February 2004 in which specific requirements outlined the proper ways of dealing with issues such as the use of force, incident reviews and abuse investigations, staff training, youth grievance reports, time out and disciplinary room confinement, screening and censoring of outgoing mail, mental health care and safety.³¹

A settlement agreement released in August 2004 was directed at remedying the conditions of confinement found in the Los Angeles County juvenile halls.³² The agreement stipulated requirements to provide mental health care including treatment for substance abuse disorders, suicide prevention services, medical care and education including services for youth with learning disabilities. It also addressed juvenile justice practices within the facilities including staffing requirements, use of force, behavioral management, safety and sanitation, quality assurance, and monitoring and enforcing the agreement.³³

In 2003, the U.S. Attorney General's office issued a report of an investigation of the Oakley and Columbia Training Schools in Mississippi, finding that conditions at these schools "violate the constitutional and statutory rights of juveniles."³⁴ Deficiencies in sanitation, mental health and medical care, protection from harm and juvenile justice management were cited.³⁵ For example, youth in both correctional facilities were confined in unsafe living conditions and received inadequate treatment and care.³⁶ Suicidal girls were stripped naked and placed in a locked, windowless isolation cell with no light and only a drain in the floor for a toilet; other kids were hogtied and shackled to poles and hung out on public display for hours.³⁷ In July 2004, the U.S. Attorney General filed a lawsuit against the State of Mississippi regarding the conditions of confinement in these two juvenile correctional facilities. The lawsuit alleges that "conditions at these facilities routinely and systematically deprive juveniles of federally protected civil rights" and claims numerous civil rights violations including "staff violence and

abusive institutional practices, unreasonable use of isolation and restraints, and inadequate medical, mental health and educational services.”³⁸

Lacking political clout, juvenile justice facilities are chronically short of money, which means fewer staff, more overcrowding—in short, more trouble. Then there’s the problem of turnover. State juvenile corrections directors can be expected, on average, to stay in their jobs only about three years. The California Youth Authority, for instance, has had five directors since 1995. Similar problems affect the direct-care staff, whose annual salaries range from \$20,000 to \$32,000. About a quarter of Arizona’s staff, for instance, has turned over annually in recent years.³⁹

Lack of Educational Services

Many juvenile justice educational programs do not meet minimal educational criteria and have not been approved by state education departments; programs often are not designed to address each student’s individual educational needs, leaving youth with learning disabilities to fend for themselves. Juveniles often cannot receive academic credit for institutional classes toward earning diplomas upon their transfer or release.⁴⁰ Juvenile facilities frequently have uncredentialed teachers, crowded classrooms (if any), inadequate facilities and no educational plan or curriculum.⁴¹ Unfortunately for those already involved in juvenile justice systems, school programs in correctional settings often fall short of minimum professional standards associated with the operation of public schools.⁴²

Lack of Aftercare

When youth leave juvenile justice systems, much needed aftercare services—comprehensive health, mental health, education, family and vocational services and drug and alcohol treatment—often do not follow.⁴³ Aftercare is defined as a period during which the juvenile is under supervision of the court or the juvenile corrections department, similar to adult parole, during which reintegrative services are provided to prepare out-of-home placed juveniles for

reentry into the community.⁴⁴ An aftercare plan establishes the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision.⁴⁵ If the juvenile does not follow the conditions of aftercare, he or she may be recommitted to the same facility or to another facility.⁴⁶

Comprehensive aftercare programs are designed to minimize recidivism by changing youth behavior patterns while protecting the community from further harm and delinquency.⁴⁷ Relapse among adolescents is found an average of six to 12 months after formal treatment services,⁴⁸ with a majority of relapse taking place in the first six months.⁴⁹ The greatest risk of relapse seems to occur within the first two months after formal treatment services.⁵⁰ Because relapse among adolescents is high and adolescent substance abusers are more likely to become substance abusers as adults,⁵¹ aftercare services to keep the youth on track are even more important.⁵² However, few juveniles receive such services. For example, only eight percent of youth released from the New York juvenile system received adequate aftercare.⁵³

There is no rehabilitation. There is only punishment and a lot of abuse.⁵⁴

--Laura Talkington
Mother of 19-year old boy
held in the California Youth
Authority prison for over four years

For many very troubled youth, juvenile justice systems seal their fate of lost hope rather than offer an opportunity to join society as productive, law-abiding, tax paying citizens. These juvenile offenders may have engaged in delinquent behavior or other illegal activity, but our indifference to their needs can only be characterized as criminal neglect.



Chapter VI

What Would It Take To Prevent Substance Abuse and Delinquency?

There are no Edens where crime would not exist, but there are circumstances that seed juvenile delinquency and that can be prevented: Adult substance abuse, child abuse and neglect, family violence, poor parenting, inadequate health care, lack of connection to schools, gangs, poverty, ready availability of alcohol, drugs and guns, and lack of hope.¹

While comprehensive prevention approaches offer the most hope for juveniles at risk for substance abuse and delinquency, few program models exist and those that demonstrate promise have not been taken to scale.² According to the 2001 Surgeon General's Report on youth violence, nearly half of the most thoroughly evaluated violence prevention strategies in use today are ineffective.³

A comprehensive model would include attention to strengthening families and neighborhood resources, addressing the issues of poverty and crime-ridden neighborhoods, reducing availability of alcohol and drugs, increasing school engagement, reinforcing positive peer groups, catching health problems early and offering spiritual guidance. The earlier prevention efforts start, the more likely they are to actually succeed in preventing substance abuse and delinquency.⁴

Strengthening Families

The greatest opportunity to prevent juvenile substance abuse and crime can be found in our families. Strong and positive families have an early and sustained impact on reducing substance abuse, increasing school bonding and academic performance, dealing with conduct disorders, avoiding delinquent peers and reducing juvenile crime.⁵ The most critical family characteristics that help youth avoid associations with delinquent peers are parental

supervision and monitoring and parental care and support.⁶ Some research suggests that the primary reason young people decide not to use drugs is parental disapproval.⁷ Interventions designed to reduce family conflict and increase family involvement and parental monitoring have been shown to reduce juvenile substance abuse and crime.⁸

Principles of Effective Family Prevention Approaches

Focus on the family as a whole. Prevention programs that focus on the entire family are more effective than programs that focus solely on the child or solely on the parents.⁹ Effective family programs improve family communication, parental monitoring, supervision and discipline.¹⁰

Start early. Interventions that begin early in the child's life are more effective,¹¹ including interventions targeting pregnant drug-abusing women.¹²

Last long enough to make a difference. Family programs must produce constructive changes within the family that allow long-lasting solutions.¹³ The more risk factors present in a family, the more time and attention is needed to deal with the problems.¹⁴

Be culturally competent and developmentally appropriate. Tailoring the family intervention to the language and cultural traditions of the families improves recruitment, retention and effectiveness.¹⁵ Interventions are most effective if they are geared to the development stage of the child.¹⁶

Link to neighborhood resources. Family prevention programs should be linked to other neighborhood resources, including schools, health care, volunteer and social services, child care and religious institutions to address the full range of family problems.¹⁷

Use trained staff. Persons delivering the services must receive the appropriate training prior to program implementation in order to deliver and teach the prevention strategies.¹⁸

Improving Child Protection Services

A potentially powerful yet often overlooked strategy to strengthen families and reduce problem behavior among juveniles involves reducing the incidence of child abuse and neglect.¹⁹ In its report, *No Safe Haven: Children of Substance-Abusing Parents*, CASA estimated that substance abuse causes or contributes to seven of 10 cases of child maltreatment.²⁰ Children who are abused or neglected tend to be angry, antisocial, physically aggressive and even violent.²¹ They frequently perform poorly in school and engage in delinquent and criminal behavior.²² The consequences of such abuse often include low self-esteem, depression, hopelessness, suicide attempts and self-mutilation.²³ Abused children may suffer panic attacks and be sexually promiscuous.²⁴ These children also are at high risk of being substance abusers and addicts.²⁵ Child welfare agencies can have a significant impact in delinquency prevention, if they attend to the full range of needs of these children.²⁶

Promising Family Prevention Programs

Examples of family prevention programs for high-risk and in-crisis families include the Strengthening Families Program, the Brief Strategic Family Therapy program and the Creating Lasting Family Connections program. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP) have recognized these programs as promising family strengthening programs.²⁷ These examples are presented with further detail in Appendix C.

Strengthening Neighborhood Resources

Neighborhood crime, availability of drugs and firearms and community laws and norms favorable toward drug use all can place children within the neighborhood at high risk for delinquency and substance use, as do high mobility among community members, low

Promising Family Prevention Programs for High-Risk Families

- **Strengthening Families Program** - A family skills training program that involves the whole family rather than the parents or child alone. It is designed to increase resilience and reduce risk factors for substance abuse, depression, violence, aggression, delinquency and school failure among high-risk six- to 12-year old children and their parents.
- **Brief Strategic Family Therapy** - A short-term, problem-focused, family-based prevention and intervention program that targets families and children ages eight to 17 who exhibit or are at risk for developing behavioral problems, including substance abuse. The goal is to improve youth behavior by improving family interactions that are presumed to be directly related to the child's problems, thereby reducing risk factors and strengthening protective factors for adolescent drug abuse and problem behavior.
- **Creating Lasting Family Connections** - A comprehensive family strengthening, substance abuse and violence prevention curriculum for youth ages nine to 17 and families in high-risk environments. Provides parents and children skills for personal growth, family enhancement and interpersonal communication, including refusal skills for both parents and youth.

(See Appendix C)

neighborhood attachment, poor community organization and economic deprivation.²⁸

Neighborhoods can help reduce delinquency and substance abuse among youth by enforcing underage drinking, drug and gun laws, enacting neighborhood policing practices and providing positive opportunities for teens to engage constructively in the community.²⁹

Principles of Effective Neighborhood Prevention Approaches

Enforce underage drinking, drug and gun laws. Comprehensive and coordinated neighborhood initiatives can help to enforce laws that prohibit the sale of alcoholic beverages to minors, prevent the purchase or consumption

of alcoholic beverages by minors, reduce drug sales, and reduce guns and weapons on the street.³⁰ State and local law enforcement and prosecution task forces can be effective in targeting neighborhood establishments suspected of consistently selling alcohol to minors.³¹ Neighborhoods can implement public education activities--ranging from sponsoring media contests to creating billboard messages.³² Community members can be appointed to act as liaisons between youth and communities on the issue of underage drinking.³³ Neighborhoods and law enforcement can jointly support community policing to reduce gun violence and drug sales.³⁴

Provide after-school programs for youth.

After-school programs can help combat negative peer influences, strengthen students' academic achievement and provide students with safe and engaging activities that make drug use and delinquency less attractive.³⁵ The types of activities common to after-school programs can include tutoring in basic school subjects, drug and violence prevention curricula and counseling, youth leadership activities, volunteer and community service opportunities and supervised recreation and athletic programs and events.³⁶

Provide adult mentoring programs. One of the most effective ways to counter the steady stream of negative influences in a child's life is to offer caring and responsible adult role models who can make positive, lasting impressions and help children resist problem behaviors.³⁷ Much depends on the quality of the mentoring relationship, but youth involved in peer mentoring programs are less likely to experiment with drugs and alcohol, less likely to exhibit aggressive behavior and less likely to skip school than their peers who are not involved.³⁸ When compared with non-mentored children, children mentored in the *Big Brothers Big Sister (BBBS)* program, for example, were likelier to maintain their initial grade and attendance levels and less likely to use drugs or alcohol.³⁹

Consider setting curfews. In some situations, juvenile curfews can be an effective means to

combat juvenile crime and to protect youth from becoming crime victims.⁴⁰ Neighborhood curfew programs that offer a range of services are more easily and effectively enforced, have neighborhood support and are more successful in preventing juvenile delinquency.⁴¹ Key components of effective curfew programs include: a center to receive juveniles; social service staff; referral options for health and social services; recreation, jobs and mentoring services; and procedures for handling repeat offenders (e.g., assessment, services, fines, community service).⁴²

Involve youth in civic life. Involving youth in their neighborhoods, either through supporting neighborhood causes or campaigns or fundraising for local charities, can be important for healthy, productive social development, positive family and peer relationships and neighborhood vitality.⁴³ Civic engagement can help youth make new friends, provide a heightened sense of responsibility to peers and the neighborhood, and improve leadership skills, self-esteem and self-confidence.⁴⁴

Engage local police in identifying and diverting high-risk youth. Many law enforcement officials have contact with troubled juveniles many times before they are arrested, yet there are few programs designed to identify the needs of these young people and get them the help they need.⁴⁵ Through collaboration between police and community service agencies, police can identify high-risk youth and community organizations can provide assessments and services to interrupt a child's path to juvenile crime.

Raise public awareness. Educating the public is an essential strategy for preventing or reducing juvenile delinquency and substance abuse.⁴⁶ Public awareness campaigns can range from local poster contests to local television or radio shows, all with the purpose of getting the key prevention messages out to the target audience--children, teens, parents, schools, clergy--and encouraging them to take action in preventing or reducing juvenile crime and substance use.⁴⁷ By reminding a neighborhood of the problems that exist with its children and

showing them how they can help address the problems, neighborhoods are better able to take action.⁴⁸

Promising Neighborhood Prevention Programs

Examples of neighborhood prevention programs designed specifically with high-risk youth in mind include CASASTART (CASA's Striving Together to Achieve Rewarding Tomorrows program) and the Across Ages program. These examples are presented with further detail in Appendix E.

Promising Neighborhood Prevention Programs for High-Risk Youth

- ***CASASTART (Striving Together to Achieve Rewarding Tomorrows)*** - Neighborhood-based, school-centered program designed to keep high-risk youth ages eight to 13 free of drug and crime involvement. Uses an intense, coordinated mix of preventive services and neighborhood-based law enforcement and addresses individual needs and family and neighborhood problems by building resiliency, strengthening families and making neighborhoods safe. Brings together key players in the neighborhood (schools, law enforcement, social services and health agencies) and provides case managers to work daily with high-risk youth.
- ***Across Ages*** - School and neighborhood-based drug prevention program for high-risk youth ages nine to 13 that seeks to strengthen the bonds between adults and youth and to provide opportunities for positive neighborhood involvement. Uses mentoring, community service, social competence training and family activities to build youths' sense of personal responsibility for self and neighborhood. Aims to increase knowledge of health and substance abuse, improve school bonding and problem-solving skills, and increase protective factors to prevent, reduce or delay substance use and its associated problems.

(See Appendix E)

Increasing School Engagement

The school has a large responsibility for substance abuse and delinquency prevention. It is the primary institution (aside from the family) with access over extended periods of time to most of the youth population.⁴⁹ Second, school engagement and academic performance are tightly linked with substance abuse and delinquency.⁵⁰

Ineffective instruction, inconsistent and punitive behavior management, unclear rules and expectations regarding appropriate behavior and failure to supervise student behavior may contribute to problem behavior rather than prevent it and undermine student engagement in education.⁵¹ Few school staff members are trained to recognize and respond to substance abuse and addiction and the quality of prevention activities in the nation's schools generally is poor. Most schools rely on simple, unproven, pre-packaged prevention programs and may, in poor neighborhoods, lack the resources to provide effective programs.⁵²

Principles of Effective School Prevention

Start early. Schools should intervene in order to reach and teach young children who develop conduct problems, aggressive, hyperactive and impulsive behavior or associate with troubled peers.⁵³ Schools also should identify and target additional support to students when they suspect problems at home such as substance abuse or violence.⁵⁴

Increase student attachment to school.

Perhaps the greatest prevention service a school can render is to nourish student attachment to school from an early age since students who develop a positive bond with their school are more likely to perform well academically and less likely to engage in substance use and delinquency.⁵⁵ Schools can identify barriers to school attachment--problems at home, learning disabilities, emotional and health problems--and help families address them. Schools can encourage students to set high, yet attainable, academic goals and to become involved in extracurricular and after-school activities.⁵⁶ Schools also can implement truancy reduction

programs including parental involvement, sanctions or consequences for truancy, incentives for school attendance and engagement of neighborhood resources and law enforcement to address the root causes of truancy in order to stop progression to more serious problem behaviors.⁵⁷

Set clear and consistent expectations for student behavior. Schools should provide clear and consistent messages regarding their expectations for student behavior, and communicate their disciplinary policies and practices to all students, parents and staff.⁵⁸ Schools should employ a range of appropriate responses to misconduct, but disciplinary responses should be consistent.⁵⁹ Inconsistent punitive responses to student misbehavior rather than reliance on positive reinforcement of desirable behavior can exacerbate student disciplinary problems and threaten school safety.⁶⁰

Identify high-risk students. Schools are in a unique position to provide early identification, assessment, referral and follow-up to students in need of support services--including substance-abuse treatment programs, mental health services, counseling, teen pregnancy programs, dropout prevention, health care, child-abuse programs, gang diversion programs, conflict resolution programs, literacy training, tutoring and remedial education and mentoring.⁶¹ While schools themselves are not in a position to provide students with all these services, they should accept shared responsibility with families and neighborhoods to guide students toward needed services and help ensure that those services are obtained.⁶²

Identify times of higher risk. Key times in students' lives, such as school transitions (e.g., from elementary to middle school and from middle to high school) and family relocations, increase student risk for substance use and other problem behavior.⁶³ Acknowledging that these times can be stressful and helping students move through them by planning social activities, mediating student conflict, helping to acclimate them into their new environment, and teaching

them means of stress management can reduce substance abuse and other problem behavior.⁶⁴

Involve parents. Involving parents in their children's education not only helps students achieve better academic performance and engage in less problem behavior, but helps enhance the parent-child relationship.⁶⁵ Parents shoulder primary responsibility for such involvement, but schools can facilitate it with parent-teacher-student conferences, engaging parents' help to set school disciplinary and substance abuse policies and signing contracts about observance of these policies.⁶⁶ Schools can provide needed information to parents about the dangers, symptoms and prevalence of substance use and the critical role they play in prevention.⁶⁷ Schools can work with community partners to offer parent education and training programs in family management and ways to talk to children about alcohol, drugs and other problem behavior.⁶⁸

Train staff to spot problems. All school staff should be trained to recognize the signs and symptoms of substance abuse and other problems that signal high risk for substance abuse and delinquent behavior and to know how to respond.⁶⁹

Reinforce positive peer groups. Peer mentoring programs that match older students with younger students is one promising school-based approach to reducing problem behavior.⁷⁰ An older youth can provide encouragement, friendship and sound advice and help build strength, self-confidence and resiliency in the younger student.⁷¹ Schools can develop programs to train students to be peer counselors, conflict mediators and educators to help students with problems related to stress, poor coping skills and low self-esteem.⁷² In order to be successful and effective, peer mentoring programs should screen and train potential mentors, carefully match mentors and at-risk children and provide ongoing support to develop and sustain the mentoring relationship.⁷³

Reduce gangs in schools. Schools should identify and target youth at-risk for gang involvement and actively engage these students

in school,⁷⁴ providing students with the tools to resist the pressures of gang involvement and teaching students about the negative aspects and consequences of gang membership.⁷⁵ School programs that teach conflict resolution skills and cultural sensitivity also should be introduced to school curriculums.⁷⁶ Schools may need to collaborate with law enforcement and other neighborhood agencies to properly address the gang issue and ensure the safety and security of their students.⁷⁷

Reduce juvenile bullying. Schools should involve staff, students and parents in sending a message to all of their students that bullying behavior is not acceptable,⁷⁸ raise awareness about bullying, improve student relations, develop clear and consistent rules against bullying and intervene in bullying behavior.⁷⁹

Personal development. Some researchers have argued that improving the conduct of American youth through character building programs will help to reverse the rise of a variety of social problems including substance abuse and delinquency as well as improve students' academic achievement.⁸⁰ While research on the effectiveness of such programs is inconclusive at best, many argue that there is merit in having schools partner with parents and neighborhoods to address the personal development of every student.⁸¹

Promising School Prevention Programs

Examples of comprehensive school prevention programs designed specifically with high-risk youth in mind include The Incredible Years Training Series, Project SUCCESS (Schools Using Coordinated Neighborhood Efforts to Strengthen Students) and Reconnecting Youth. These examples are presented with further detail in Appendix D.

Promising School Prevention Programs for High-Risk Youth

- ***The Incredible Years Training Series*** - Three comprehensive, multifaceted, developmentally-based curricula for parents, teachers and children age two to eight to prevent delinquency, drug abuse and violence. Designed to reduce conduct problems at home and in the classroom and promote social, emotional and academic skills. Promotes parental competence and strengthens family skills by increasing communication skills and school involvement. Promotes teacher competence and strengthens school-home connections by strengthening teachers' classroom management strategies, increasing teachers' collaborative efforts in promoting parental involvement and developing behavior modification plans that connect school and home environments, and increase teachers' ability to offer social skills and problem-solving training in the classroom.
- ***Project SUCCESS (Schools Using Coordinated Neighborhood Efforts to Strengthen Students)*** - Prevents and reduces substance use among high-risk, multi-problem high school youth age 14 to 18 by placing trained professionals in schools to provide a full range of substance use prevention and early intervention services. It also links schools to the neighborhood's continuum of care when necessary by referring both students and families to human services and substance abuse treatment agencies.
- ***Reconnecting Youth*** - School-based prevention program for youth ages 14 to 18 (grades nine through 12) who exhibit multiple problem behaviors such as substance abuse, aggression, depression or suicide risk, and are at risk for school dropout. A partnership model involving peers, school personnel and parents delivers interventions to decrease substance use and emotional distress, and increase school performance.

(See Appendix D)

Catching Health Problems Early

Health professionals should routinely screen young patients for substance use, depression, sexual and physical abuse, eating disorders, and stress and provide appropriate referrals.⁸² They should intervene with pregnant teens to help them quit smoking, drinking and drug use as well as with those who have recently given birth to prevent relapse.⁸³ Providers also should assure that treatment programs are sensitive to the different needs of girls and boys and include family members in the treatment process.⁸⁴

Providing Spiritual Guidance

CASA's report, *So Help Me God: Substance Abuse, Religion and Spirituality*, found that for many young people, religion and spiritual guidance and practice may provide an untapped resource in preventing problem behavior, but that clergy are not trained to recognize the signs and symptoms of substance abuse and know how to respond.⁸⁵ Attendance at religious services by teens and a belief that religion or spirituality is important are associated with significantly lower rates of substance use and delinquency.⁸⁶ Schools of theology and seminaries should train clergy about the risks for substance use and juvenile delinquency that children in their neighborhoods may be exposed to, ways to incorporate prevention into their ministries and how to connect young people and their families to needed intervention and treatment resources.⁸⁷

Special Issues for Girls

Rates of delinquency among girls are rising more rapidly than those of boys. While few programs are designed around factors that specifically and uniquely influence girls to refrain from using substances,⁸⁸ research suggests some factors that may enhance the effectiveness of prevention programs for girls:

- **Family.** Although family supervision and support are important in preventing substance use among both girls and boys,

they appear to be especially important for girls.⁸⁹

- **School.** Feeling connected to school may be an even stronger predictor of school performance for girls at high risk than for such boys.⁹⁰
- **Female Role Models.** Programs that provide girls with positive female role models may improve intervention effectiveness for girls.⁹¹
- **Life Skills.** Since relationships and attachments to others are central to girls' growth and development,⁹² the acquisition of life skills and social skills may be of particular importance to prevention programs for girls.⁹³
- **Timing.** Prevention programs that begin early, in grades four through eight--generally before girls begin using substances--have been found to be especially effective for girls.⁹⁴

Prevention efforts should target girls most at risk: those who have a history of sexual or physical abuse, have moved frequently, are depressed, anxious or suicidal, experience early puberty or teen pregnancy or are overly concerned about their weight and appearance.⁹⁵ Timely intervention, sensitive to the many differences in the needs of girls and boys, is critical since girls can sink more quickly into abuse and addiction than boys.⁹⁶



Chapter VII

What Would It Take to Treat Substance-Involved Juvenile Offenders?

While juveniles must be held accountable for their actions, law enforcement agencies, juvenile court personnel and other sources of referral have the opportunity to assess and evaluate them in order to determine the intervention and treatment they need to develop their talent and get on the road to a productive adulthood.

Although in some states parents who believe their child has a substance abuse problem can refer their child to the juvenile court,¹ there are generally seven main points of contact where a juvenile comes in contact with the system and at which assessment, diversion and referral to services should take place: (1) at initial contact with a police officer, prior to any arrest, where the officer may warn a youth and notify parents that their child's behavior can lead to arrest if repeated, (2) after arrest but before any further court system involvement, where referral to a non-justice system agency is possible, (3) at court intake, (4) when a juvenile is placed in a detention facility prior to adjudication, (5) after adjudication, but before imposition of a sentence, (6) after a sentence is imposed and the juvenile is incarcerated or placed in a residential facility or on probation, and (7) aftercare upon release.

Treatment Matters Yet Few Receive It

A comprehensive approach of providing substance abuse treatment and other services for juvenile offenders has shown a range of positive outcomes including decreased substance use, crime, homelessness and high-risk sexual behavior; improved school performance, productivity, employment and future earning power; and better health and psychological adjustment.² An analysis of 200 studies of different treatment and intervention programs revealed that, overall, recidivism rates decreased for juveniles who received some form of

treatment.³ This would be particularly relevant for the four out of five who have substance abuse problems. While the effects of different intervention programs vary considerably, interventions showing most promise for reducing recidivism include individual counseling, interpersonal skills training, behavioral programs and community-based, family-style group homes for institutionalized juveniles.⁴

Substance abuse treatment also has a demonstrated effect on adolescents with comorbid mental* and substance use disorders.⁵ The *Drug Abuse Treatment Outcome Studies for Adolescents (DATOS-A)* found that after drug treatment, adolescents with comorbid disorders were able to reduce alcohol and drug use and problem behaviors, although not to the extent of those without a comorbid disorder.⁶

Nationwide, only 36.7 percent of juvenile correctional facilities provided on-site substance abuse treatment services, ranging by state from 13 to 63 percent.⁷ Treatment services include detoxification, group counseling, rehabilitation, methadone or other pharmaceutical treatment.⁸ These facilities provide treatment to an estimated 20,000 juveniles⁹--only 16 percent of the 122,696 substance-involved juvenile offenders incarcerated in juvenile correctional facilities.¹⁰ Another 4,500 juvenile offenders receive substance abuse treatment through drug courts. Together this adds up to only 24,500 juveniles of the 1.9 million substance-involved arrests for which CASA can document receipt of any form of substance abuse treatment--about 1.3 percent. Even if we assumed that a full 20 percent of juveniles who received "other sanctions" (community service, restitution, fines, social services, treatment) were placed in substance abuse treatment, the percentage of substance involved arrested juveniles who receive any form of treatment would only be 3.6 percent.[†] Moreover, mental health services are

* Defined in the study as individuals with emotional or behavioral problems like conduct disorder, depression or ADHD.

† There were 304,800 adjudicated juvenile offenders who received "other sanctions;" 242,883 were

scarce and most education programs fail to meet even minimum state educational criteria.

Fifty-nine percent of the juvenile on-site facilities reported that they conduct some type of drug testing, with 25 percent testing on a random basis, 52 percent testing on the basis of reasonable suspicion, 17 percent testing residents on admission and only eight percent testing residents at release.¹¹

With respect to services other than substance abuse treatment, not all juvenile correctional facilities offer a range of services and some facilities offer no services at all--77.1 percent report offering some type of education services, 63.5 percent report offering assessments, 42.2 percent report offering self-help programs and 5.1 percent report offering detoxification.¹² The nature and extent of these services are unknown as is the number of juveniles who actually receive them.

Among all youth ages 12 to 17 who met the DSM IV criteria of substance dependence (including alcohol dependence) in 2001, only 11.4 percent (55,611) received some kind of alcohol or drug treatment.¹³ While total admissions of youth ages 12 to 17 to treatment facilities increased by 38 percent, from 95,000 in 1992 to 141,403 in 2001,¹⁴ only 10.2 percent of the estimated 1.1 million adolescents age 12 to 17 who needed treatment for an illicit drug abuse problem received it in 2001.¹⁵ The growth in adolescent treatment admissions is attributable to an increase in admissions involving marijuana.¹⁶

In 2001, approximately half of adolescent admissions (50.8 percent) to substance abuse

substance involved. If we were to assume that each of the five types of sanctions (community service, restitution, fines, social services and treatment) were equally likely to occur, then 20 percent or 48,577 would have received some form of substance abuse treatment, including those in drug courts. Adding these juveniles to the 20,000 who are receiving treatment while incarcerated would mean that 68,577 juveniles receive treatment. Dividing by the number of substance involved arrested juveniles (1.9 million) yields 3.6 percent receiving treatment.

treatment were referred through juvenile justice systems.¹⁷ The remainder were from self-referrals (17.8 percent), schools (11.9 percent), community sources (8.4 percent), substance abuse care providers (5.9 percent), health care providers (5.0 percent) and employers (0.2 percent).¹⁸ The primary substances of abuse for youth treatment admissions among juvenile justice system referrals were marijuana (66.6 percent) or alcohol (22.4 percent).¹⁹ The majority of youth in treatment referred by juvenile justice systems in 2001 were male (76.6 percent) and ages 15 to 17 (85.5 percent),²⁰ 63.3 percent were white, 19.8 percent were black and 16 percent identified themselves as Hispanic.²¹

Eighteen percent of juvenile justice system referrals in treatment in 2001 had some type of psychiatric problem in addition to substance abuse problems.²² While placements in mental health facilities are the least likely outcome relative to other placement decisions, such as dismissal or probation,²³ female and white juvenile justice clients are more likely to be placed in psychiatric settings than male and black juvenile justice clients.²⁴ In addition, younger, less experienced offenders are more likely to receive a mental health placement than their older, more experienced offenders.²⁵

Assessing the Needs of Juvenile Offenders

Juvenile justice systems must balance the multiple goals of offender accountability, public safety and habilitation to help troubled youth become responsible and productive members of society.²⁶ The system not only must assess the risk the juvenile offender poses to the community, but also must determine their habilitative needs.²⁷ Quality assessments can determine whether juvenile offenders represent a risk to the community and also can form the basis for effective treatment plans to reduce the likelihood of recidivism.²⁸

Substance abuse is only one of the problems that many juvenile offenders face. Children and teens entering juvenile justice systems may be struggling with emotional and psychological

problems, family problems, physical and sexual abuse and learning disabilities, just to name a few.³² Research-based practice recommendations are that comprehensive assessments be conducted for every child who enters the system, regardless of his or her charge and that such assessments should take place within 24 hours of a youth entering the system and be repeated at the various stages of progression in the system (intake, pre-adjudication, post-adjudication).³³ If indicated, full assessments should be conducted that not only include a juvenile's reported behavior, but also the input of informed parents, guardians and other adults, as well as medical reports including drug tests.³⁴

Most jurisdictions do little or no effective assessment.³⁵ Typically, if a young offender is assessed, it is only at the point of initial contact with the system and queries are limited to their conduct in the hours before the delinquent act, rather than behavioral patterns they have developed over the years leading up to the offense.³⁶ Although substance use and other health, mental health or educational problems may be identified, there may be little medical

Standard Screening Tools for Substance Use and Abuse

- **Problem Oriented Screening Instrument for Teenagers (POSIT).** A brief yes/no questionnaire, targeting youth ages 12 to 19 designed to identify needs in areas such as substance use and abuse, mental and physical health, family and peer relations, vocation and special education.²⁹
- **Substance Abuse Subtle Screening and Assessment (SASSI).** A concise psychological screening measure able to measure substance dependence/abuse with 94 percent accuracy among adolescents.³⁰
- **Teen Addiction Severity Index (Teen ASI).** A 133 item questionnaire administered by a trained technician that measures psychoactive substance use, school or employment status, family function, peer-social relationships, legal status and psychiatric status.³¹

history from which to determine the best course of treatment.³⁷

Some of the standard screening tools for substance use and abuse include: Problem Oriented Screening Instrument for Teenagers, Substance Abuse Subtle Screening and Assessment and the Teen Addiction Severity Index. Currently there is no comprehensive screening tool used throughout juvenile justice systems to assess juvenile needs. Available assessment tools do not measure co-occurring mental health issues effectively and may not recognize important gender, age, cultural and language differences.³⁸ Multidisciplinary assessment teams that bring together a broad range of juvenile justice service personnel (e.g., intake, probation, parole, substance abuse, education, social services, mental health) are key to determine the treatment and rehabilitative needs of each juvenile and to develop effective and individualized treatment plans.³⁹ Table 7.1 provides a list of matters that should be

addressed when assessing juveniles for substance abuse and other problems.

Linking Juvenile Offenders to Treatment

Juvenile justice systems present numerous opportunities to assess the needs of juvenile offenders and divert those who can benefit from treatment programs. In addition to substance abuse treatment, diversion can encompass a spectrum of program components and interventions, ranging from short-term home detention and community service to recreation, health and mental health services, vocational or educational training and group, individual or family counseling.⁴⁰ Services should be culturally and gender appropriate. The most important aspect of diversion is recognizing that without help a child or teen is unlikely to break the cycle of delinquency, substance use and other problem behavior.

Diversion programs employ the authority of the court and the threat of incarceration as an incentive to staying in treatment and complying with the diversion programs.⁴¹ Diversion alternatives are created by the collaboration of juvenile courts, substance abuse treatment providers, physical and mental health professionals, social service personnel and community organizations.⁴² Typically, with the support of the court, treatment providers also are granted the authority to require treatment compliance and attendance from adolescents.⁴³ Diversion programs also can require young offenders to provide restitution to victims.⁴⁴

Young offenders diverted out of juvenile justice systems have reduced rates of recidivism if they participate in programs that include individual counseling, interpersonal skills training and counseling for behavioral problems.⁴⁵ The success of diversion programs--as measured by police contact, arrest, officially recorded contact with juvenile court or offense-based probation violations--is more significant for more serious offenders when compared with less serious offenders, and is greater when juveniles are engaged for longer periods of time.⁴⁶

Table 7.1

Juvenile Assessments Should Address:

- History of substance use and/or abuse
- History of past substance abuse treatment
- Drug tests
- Medical history and physical exam
- Mental health history
- History of behavioral problems
- Family health and criminal history
- Parental substance abuse
- School history
- Learning disabilities
- Vocational history
- Peer relationships
- Past juvenile justice system involvement and delinquency history
- Involvement with social service agencies
- Strengths and resiliency (e.g., self-esteem, coping mechanisms, response to peer pressure and stress)
- Weaknesses (e.g., anger management, conduct, emotional problems)
- History of past involvement in prevention/intervention programs
- Involvement in the community
- Community issues (e.g., availability of drugs and guns, gang activity)

Diverting Youth Early, Prior to Arrest

Because children and teens caught up in substance use and delinquent behavior often have numerous encounters with law enforcement officers well before an actual arrest, police are in a unique position to identify potential juvenile offenders, intervene early and help channel these youth to needed assistance before their behavior leads to arrest. Police officers who are placed in schools⁴⁷ or who respond to calls in homes where youth have been exposed to domestic violence, neglect, substance abuse, gang activity, and other criminal behavior, are in a position to recognize youth in trouble and take action.⁴⁸

Because police officers have discretion as to how to respond to youth involved in delinquent behavior, they are in an ideal position to require assessments and refer and even require these youth to programs and treatment services. Diversion at this stage requires that law enforcement officers be trained and assessment services be made available.

Diverting Juveniles After Arrest

After arrest and before a court referral or release decision is made, a thorough assessment and comprehensive evaluation should be made of the arrested juvenile. A thorough evaluation could reveal, for example, an alcohol or drug use problem where referral to substance abuse treatment could make the greatest difference in the youth's life, or mental health problems, learning disabilities or untenable family circumstances that could be addressed.

Diversion at Court Intake

If a juvenile is referred to juvenile court, the court intake department independently screens cases to decide whether to dismiss the case, to handle the case informally or to request formal intervention by the juvenile court.⁴⁹ The intake department is therefore in a unique position to

* This decision is made, in most cases, after speaking with the victim, juvenile and parents and after reviewing the juvenile's prior contacts with juvenile justice systems.

require a comprehensive assessment of the needs of each juvenile.

Assessment and Treatment in Detention

Being detained in a secured facility prior to court appearance is a strong predictor of continued involvement in the juvenile and adult criminal justice systems and exposes already troubled youth to an environment that may exacerbate their problems.⁵⁰ Since detained youth are a captive audience, juvenile justice systems should use this time to intervene aggressively in these youths' lives by conducting any further assessments required or placing them in intervention or treatment programs.

Diversion After Adjudication and Before Sentencing

Judges also have discretion to refer juveniles to a diversion program such as a juvenile drug court, rather than impose a sentence of probation, residential placement or incarceration or they can mandate successful completion in order to avoid further sentencing by the juvenile court. Prosecutors as well are in a position to make diversion recommendations. (See Chapter VIII)

Treatment for Adjudicated Offenders

At juvenile court dispositional hearings, juvenile court judges determine the most appropriate sanction for youth adjudicated delinquent.⁵¹ The juvenile court can assure that a thorough assessment has been conducted of the juvenile offender's problems and needs and require attention to those needs as part of the probation or out-of-home placement plan. Assuring that needed treatment and services are provided to adjudicated juveniles is critical whether as an additional requirement to a probation order, an integral part of residential placement or a mandate while the youth is placed in a juvenile institution. There should be a continuum of treatment and services available for these adjudicated juveniles so that the juvenile court judge has options in choosing where to place

each juvenile based on what is most appropriate for that individual juvenile's needs.

Providing Hope and Spiritual Support

While CASA was unable to identify spiritually-based programs for juvenile offenders aimed at reducing juvenile substance abuse and crime that have been evaluated, a model does exist for adult offenders. Prison Fellowship (PF), a non-profit religious ministry to prisoners, demonstrated reductions in recidivism for up to three years post release.⁵² Given the growing body of research demonstrating the beneficial effects of religion and spiritual practice on health and mental health, including substance abuse, spirituality-based programs should be available to juveniles in the justice systems.⁵³

The greatest gap in services I have experienced is in the area of quality intensive aftercare. The dilemma we face...is that juveniles are returned to the community with precious little follow up. Most are ill prepared to enter the workforce and need to be taught basic life skills such as getting the requisite documents to be able to work (e.g., ID cards, Social Security numbers, mentoring on how to dress and approach job interviews...). Too often what would do the most significant amount of long-term good is overlooked due to the community's failure to diagnose and commit to provide and coordinate obviously simple but necessary mentoring and follow-up.

--Judge Jose Rodriguez
Orange County Juvenile Drug Court
Orlando, FL

Aftercare Services

Following release from juvenile correctional institutions, youth should be provided with comprehensive, reintegrative services that prepare them for reentry into the community.⁵⁴ Aftercare services should provide youth with comprehensive health, mental health, education, family and vocational services. Collaborative arrangements with the community should be established to ensure the delivery of needed services and supervision. Appropriate responses and sanctions should be imposed if the juvenile

Promising Treatment Programs Designed for Juveniles in Juvenile Justice Systems

- ***Residential Student Assistance Program*** - A substance abuse prevention program designed for high-risk teens placed in residential facilities. Residents provided with prevention and early intervention through information dissemination, education, problem identification and referral to services. Focus is on youth with multiple problems, including early substance use; substance-abusing parents; violence or delinquency; histories of physical, sexual or emotional abuse; chronic school failure; and mental health problems. Goal is to decrease risk factors for substance abuse and increase overall resiliency.
- ***The 8% Solution: Reducing Chronic Repeat Offenders*** - An early prevention program that targets first-time offenders who became involved in crime at an early age and exhibit three of the following: (1) significant family problems; (2) problems at school; (3) substance abuse; and (4) behaviors such as gang involvement, running away and stealing. Goals are to increase family structure, supervision and support; make youth accountable; ensure the importance of school; and promote pro-social behavior. Agencies collaborate to assess a youth's needs and devise a strategy. The program provides onsite school; transportation; substance abuse counseling; mental health services; health screenings and education; employment training and job placement; afternoon programs; life skills classes and community service projects; intensive family counseling; parenting classes; and weekend community service activities.
- ***Multisystemic Therapy*** - A family-oriented, home-based program that targets chronically violent, substance-abusing juvenile offenders 12- to 17-years old by using methods that promote positive social behavior and decrease antisocial behavior, including substance abuse, in order to change how youth function in their home, school and neighborhood. Goals are to reduce criminal activity, antisocial behavior, substance abuse incarceration and out-of-home placement.
- ***PEPNet: Connecting Juvenile Offenders to Education and Employment*** - Provides information and materials to organizations working with young offenders; identifies and promotes effective programs; and maintains an extensive database. *PEPNet's* criteria state that programs must be rehabilitative rather than disciplinary; collaboration must be strong; programs must look beyond problems and stress strengths and assets to encourage growth; programs must integrate academic, vocational and work readiness; and programs should document outcomes in terms of rearrest, reincarceration and postcompletion employment over at least a one-year period.

(See Appendix F)

does not follow the conditions of aftercare.⁵⁵ Aftercare services are critical for juvenile offenders because research suggests that relapse among adolescents is high and that adolescent substance abusers are more likely to become substance abusers as adults.⁵⁶

What Is Working for Juvenile Offenders

Youth are more likely to succeed in treatment if they take an active role in their own recovery.⁵⁷ Behavioral improvement is associated with specific behavioral treatment goals.⁵⁸ Each treatment plan should have timely sanctions and incentives where youth are held accountable for their actions and rewarded for compliance.⁵⁹ *The American Probation and Parole Association (APPA)* suggests that consequences for non-compliance should take place between three to seven days of a violation.⁶⁰ Drug use can be monitored through close supervision and ongoing drug testing while the participant is involved with the juvenile justice system, with consequences imposed for positive drug tests. (Chapter VIII offers a further examination of the use of graduated sanctions and drug testing in juvenile drug courts.)

Juvenile substance abuse treatment programs are often criticized because they are based largely on approaches that have demonstrated to be successful for adults even though youth differ from adults intellectually, developmentally and emotionally.⁶¹ Highly verbal adult therapies that require the participant to draw on insights may not be appropriate for youth who do not have the same verbal skills, insights and life experiences as adults. Juveniles often are referred to free, community-based, adult-focused self-help services, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Al-Anon, or to other county mental health agencies as part of their probation orders or as part of a custodial disposition.⁶² These programs do not necessarily address the issues unique to youth substance abuse. Intervention services that address abuse, self-esteem and empowerment issues as well as vocational goals may be particularly important for girls.⁶³ Treatment

services must also assure that youth from different cultures and backgrounds be able to fully understand and reap the benefits of their program.⁶⁴

Investments in effective programs for juvenile offenders have been found to have high net benefits.⁶⁵ Examples of initiatives that appear promising in treating juveniles in juvenile justice systems include the Residential Student Assistance Program, *The 8% Solution: Reducing Chronic Repeat Offenders*, *Multisystemic Therapy* and *PEPNet: Connecting Juvenile Offenders to Education and Employment*. These examples are presented with further detail in Appendix F.



Chapter VIII

Juvenile Drug Courts: An Innovative Intervention

Juvenile drug courts provide intensive treatment and monitoring for substance-abusing juvenile offenders. They regard treatment and accountability as complementary rather than mutually exclusive objectives. Collaborative partners include the juvenile court, prosecution, police, substance abuse treatment and other health, education and social service agencies.

What is a Juvenile Drug Court?

Juvenile drug courts (JDCs) are special courts established within traditional juvenile court systems to handle selected cases of substance-involved juvenile offenders.¹ A designated JDC judge provides intensive and continuous supervision through frequent, often weekly or bi-weekly, status hearings with the parties involved.² JDCs operate as intensive treatment programs, assuring that needed services are provided to juvenile offenders and teens and their families.³ The JDC team includes the judge, defense attorney, prosecutor, substance abuse treatment provider, case manager, family therapist, probation official, law enforcement official and the juvenile's family.⁴ It also may include a school representative, a mental health and health care professional, a vocational training representative, a social worker or other community service provider.⁵ The team decides how best to deal with the substance abuse and related problems of each juvenile and family.⁶ Nearly all JDCs require regular school attendance as part of the JDC program.⁷

Juvenile Drug Court Goals

The goals of the JDCs are for juvenile offenders to stop their drug use and crime and become productive members of the community.⁸ JDCs also aim to reduce parents' substance abuse, improve juveniles' school performance, and improve family functioning.⁹

Distinguishing Between JDCs and Traditional Juvenile Justice Systems

JDCs perform much earlier and more comprehensive intake assessments of juvenile offenders than are done in traditional juvenile justice systems, and they are more likely to use the results of these assessments in making case decisions.¹⁰

JDCs are likelier than traditional justice systems to provide support services such as mentoring programs to help teens find positive motivation, and parenting programs to help parents or guardians take a more active and responsible role in their children's lives.¹¹ And, JDCs provide more active and continuous judicial supervision of the juvenile's progress in treatment, participation in activities and compliance with the program.¹²

JDCs impose sanctions for noncompliance, provide incentives to recognize and encourage progress and conduct regular drug testing in order to monitor the youth's adherence to the JDC treatment program.¹³

Juvenile Drug Court Standards and Guidelines

Until recently, there were no operational guidelines or standards for JDC programs; therefore JDCs generally incorporated the core operating principles of adult drug courts.¹⁵ However, in recognizing the fundamental differences in the needs of juvenile and adult offenders, in March 2003, the National Drug Court Institute and the National Council of Juvenile and Family Court Judges convened a group of JDC practitioners, researchers and educators to develop a set of guidelines, strategies and recommendations for planning, implementing and evaluating JDCs.¹⁶ (See text box.)

* Their recommendations are summarized in *Juvenile Drug Courts: Strategies in Practice*.

Juvenile Drug Court Strategies¹⁴

- Collaboration
- Teamwork
- Clearly defined target population and eligibility criteria
- Judicial involvement and supervision
- Monitoring and evaluation to maintain quality of service, assess program impact and contribute to knowledge in the field
- Community partnerships to expand the range of opportunities available to youth and their families
- Comprehensive treatment planning tailored to the complex and varied needs of youth and their families
- Developmentally-appropriate services
- Gender-appropriate services
- Cultural competence with policies and procedures responsive to cultural differences
- Focus on strengths of youth and their families during program planning and in every interaction between the court and those it serves
- Family engagement
- Educational linkages to coordinate with schools to ensure that each participant enrolls in and attends an educational program
- Frequent, random and observed drug testing
- Goal-oriented incentives and sanctions
- Confidentiality policies and procedures that guard the privacy of the youth while allowing the drug court team to access key information

How Juvenile Drug Courts Work

JDCs target juveniles identified as having substance abuse problems who have committed non-violent drug or drug-related offenses, although some programs include certain assault cases involving substance abuse such as fighting at school.¹⁷ The defense counsel advises juveniles on JDC treatment requirements and assures protection of the juvenile's rights.¹⁸

After a finding of delinquency by trial or plea, the JDC suspends the sentence while the offender attends the JDC program.¹⁹ A post-adjudication rather than diversion model is preferred by many JDCs because the court has more authority once guilt has been established

and more options available if the youth fails to complete the program.²⁰ Also, in a post-adjudication model the juvenile knows that punishment will be swift and certain if they fail the JDC program.²¹ The JDC program generally can last anywhere from four to 18-months.²² Participants move through the program at their own pace, assuming greater responsibility and enjoying fewer restrictions as they move toward graduation.²³

In response to a juvenile's noncompliance, the judge holds a court hearing within a few days in which sanctions are imposed.²⁴ Sanctions can include imposition of a curfew, community service, writing assignments, increased frequency of court and/or treatment contacts and drug tests or program expulsion.²⁵ In recognition of progress, positive rewards and incentives are given, including promotion to a subsequent program phase, gift vouchers, event tickets, certificates and tokens, relaxed curfews and praise by the judge in open court.²⁶

Presiding over this non-traditional, problem-solving court is one of my most satisfying experiences in a 15-year judicial career. Working with these wonderful kids, gradually building rapport with them, breaking down barriers and earning their trust, becoming their surrogate father figure, struggling with them through their lows, celebrating their highs, is a tremendously fulfilling experience . . . [W]hen I asked a young man who was obviously struggling with his recovery from drugs what more we as a team could do to help him, [h]e looked me straight in the eye and said, 'Just keep believing in me.' . . . We refuse to give up on them and will not allow them to give up on themselves. Our goal is to create a supportive environment within which they can develop to their full potential.²⁹

--Judge Anthony J. Sciolino
 Presiding judge of the Monroe County
 Juvenile Drug Treatment Court
 Monroe County, NY

Table 8.1 provides an example of how a Juvenile Drug Court works.

Key Components of Juvenile Drug Courts

Judicial Leadership, Monitoring and Supervision

A trademark of JDCs is the intensive, continuous judicial monitoring and supervision of JDC participants.²⁷ Judges may serve as authority figures and role models for participants, often developing personal relationships with each participant, and providing resources, encouragement and immediate interventions for compliance and non-compliance.²⁸

Individual Treatment Plans

Most JDCs develop an individual treatment plan for each participant that identifies goals and objectives specific to the juvenile's needs,³⁰ and includes developmentally based, gender-specific and culturally appropriate treatment services and ongoing assessment and reevaluation.³¹

Family Involvement

All programs require a parent or guardian to sign a waiver for the youth's participation in the program and a contract outlining the youth's requirements for compliance.³² Many JDCs require parents or other adults in the juvenile's life to participate in court proceedings, family counseling and/or parenting skills work groups.³³ Of those JDCs requiring mandatory family participation, family members may be subject to consequences for non-compliance with the program.³⁴

The Jefferson County Juvenile Drug Court, established in 1997 as the first JDC in Kentucky, encourages all immediate family members, including everyone with whom the client is living, to attend group and court status sessions. At least one parent or guardian is *required* to participate in the JDC program and may be sanctioned to jail or fined if they fail to comply.³⁵

Table 8.1

**How One Program Works:
Valencia County (New Mexico) JDC Program Phase Requirements³⁶**

Phase I	Phase II	Phase III	Phase IV/Aftercare
Minimum Stay: 4 weeks	Minimum Stay: 8 weeks	Minimum Stay: 6 weeks	Minimum Stay: 4 months
Client/Family Requirements			
<ul style="list-style-type: none"> client is on house arrest; can't leave home without staff permission must attend school must attend JDC every Friday random drug tests at least 3 times/week must attend group & individual counseling once a week parents must attend group counseling once a week must create an individualized treatment plan with defined problems, goals & completion dates 	<ul style="list-style-type: none"> must attend JDC every other Friday curfew is 8 PM weekdays; 9 PM weekends must maintain sobriety random drug tests at least once a week must attend group & individual counseling once a week parents must attend group counseling once a week begin a daily journal of sobriety and behavior must create a "Drug Use Patterns" paper to identify drug use patterns, personal triggers, relapse and peer pressures 	<ul style="list-style-type: none"> must attend JDC once a month curfew is 10 PM weekdays; 11 PM weekends must maintain sobriety random drug tests at least once a week must attend group & individual counseling once a week parents must attend group counseling once a week continue to work on daily journal write a relapse prevention plan with their therapist 	<ul style="list-style-type: none"> no longer attend JDC sessions curfew is 10 PM weekdays; 11 PM weekends must maintain sobriety random drug tests once bi-weekly work on aftercare plan – 10 things they have to do work on relapse prevention workbook called "Staying Quit" must attend group & individual counseling; tapered off from individual counseling must complete all components of aftercare plan
Requirements to Advance to Next Phase			
<ul style="list-style-type: none"> clean and sober for 4 consecutive weeks Judge/Team decides whether juvenile will advance participated in counseling on a regular basis must present treatment plan to team and have it approved must present paper to Judge must present letter requesting next phase to Judge 	<ul style="list-style-type: none"> clean and sober for 8 consecutive weeks Judge/Team decides whether juvenile will advance participated in counseling on a regular basis must write paper identifying 10 situations in which participant has used drugs and 10 reasons why participant used drugs must present copy of "Drug Use Patterns" paper to Judge must be doing well & compliant with probation must present letter requesting next phase to Judge 	<ul style="list-style-type: none"> clean and sober for 6 consecutive weeks participated in counseling on a regular basis must present aftercare plan to treatment team and Judge must be compliant with probation must present letter requesting next phase to Judge 	<p>In order to graduate:</p> <ul style="list-style-type: none"> clean and sober for duration of Phase IV, which generally is 4 months must complete aftercare plan and achieved goals must be doing well in group counseling must be in school and/or working daily at a job must be doing well and be compliant with probation

Graduated Sanctions and Incentives

Graduated sanctions hold juveniles accountable for their actions.³⁷ Rewards offer positive incentives towards rehabilitation.³⁸ The hallmarks to sanctions and incentives are consistency, predictability and immediacy.³⁹

Substance Abuse Treatment

JDC treatment programs are tailored to the strengths and weaknesses of the youth and his or her family and structured to address how substance abuse is related to other problem behaviors and to characteristics of the family and community.⁴¹ JDC treatment programs actively engage youth and their families in treatment planning in order to give youth a stronger sense of personal involvement in his recovery.⁴²

Relationships With Local Schools

Most JDCs try to develop close relationships with local schools in order to keep the children in school⁴³ or ensure that participants can re-enroll, and to obtain any necessary special support services once there, such as tutoring and mentoring groups.⁴⁴

A close working relationship is maintained with school districts that are attended by JDC participants. School reports are provided on a weekly basis to the JDC judge and indicate the juvenile's attendance record and academic progress. If not attending school, (age 16 or above) and unable to return to school, the juvenile is required to either acquire employment or be engaged in an educational (e.g., GED) or vocational training program.⁴⁰

--Passaic County, New Jersey
Juvenile Drug Court Program
Program Outline

Aftercare

Growing interest by some JDC graduates has compelled programs to begin to develop aftercare and alumni activities for youth once they have left the JDC.⁴⁶

The very recent development of the Juvenile Re-entry Drug Court (JRDC) provides a promising approach to closing this gap in aftercare services.⁴⁷ The primary focus of the JRDC is to provide community structure, continuity of treatment, transition from a secure residential institutional setting to the less restrictive and less intensive outpatient treatment regime in the juvenile's community and ultimately to help reduce recidivism.⁴⁸

The San Francisco Juvenile Drug Court, Youth Treatment and Education Court⁴⁵

San Francisco's JDC, the "Youth Treatment and Education Court" (Y-TEC), is an intensive day-treatment program with an on-site high school (Y-TEC Academy) that serves juvenile offenders, ages 14 to 18, with a history of criminal and substance abuse problems. Y-TEC, which offers a six to 12-month treatment and education program, is a collaboration between the California Superior court in San Francisco, the Juvenile Probation and Public Health Departments, the District Attorney, the Public Defender, local law enforcement agencies and the Unified School District. It is funded by the Mayor's Office of Criminal Justice and the U.S. Department of Justice.

Y-TEC offers substance abuse/health, literacy, employment, family and mentorship services. The Y-TEC Academy, through a rigorous daily schedule, provides an opportunity for participants to earn high school credits at an accelerated level. The school curriculum, held in a multi-cultural therapeutic environment and integrated with treatment activities, includes academics, expressive arts, character development, vocational preparation, life skills, literacy development, critical thinking workshops, one-on-one tutoring, peer support groups, community decision-making and planning, individual and family therapy, and family and community dinners and workshops. After graduation, Y-TEC participants receive three months of follow-up support through aftercare and leadership programs, and each participant's outstanding charges are dismissed.

Our Re-entry Drug Court initially held in-court reviews with juveniles one or two times per month. The graduation rate stood at 20 percent. The process was adjusted requiring the participants to appear on a weekly basis. The graduation rate increased 58% directly attributable to the increased judicial interaction. In court, some of the youth have openly acknowledged that the weekly court appearances are the cause of their continued abstinence.

--Judge Jose Rodriguez
Orange County Juvenile Drug Court
Orlando, FL

Growth of Juvenile Drug Courts

The first juvenile drug court began operations in Las Vegas, Nevada in 1994.⁴⁹ As of November 2003, there were 294 JDCs operating in 46 states and an additional 112 were in the planning stages.⁵⁰ As of June 2001, there were an estimated 12,500 participants who had been enrolled in JDC programs since their inception, 4,000 graduates, and 4,500 current participants.⁵¹

Juvenile Drug Court Participant Characteristics

Sociodemographics

Fifty-six percent (2,520) of JDC participants are 16- and 17-year olds; 37 percent (1,665) are 14- and 15-year olds.⁵² As of June 2001, males made up 82 percent (3,690) of the participants.⁵³ Forty-seven percent (2,565) of all JDC clients are Caucasian, 35 percent (1,575) are African American and 15 percent (675) are Hispanic.⁵⁴ Only 30 percent (1,350) were living with both parents and seven percent (315) of the participants had at least one child of their own.⁵⁵

Prior Contacts With Justice Systems and Treatment Services

Ninety-two percent of JDC participants have had at least one prior juvenile arrest, including 37 percent with three or more prior arrests.⁵⁶ Sixty-nine percent had never participated in a

treatment program.⁵⁷ JDCs differ in terms of the severity of their participants' criminal histories.⁵⁸

An Innovative Addition to the Juvenile Drug Court: Orange County (FL) Juvenile Re-Entry Drug Court

The Orange County, Florida, Juvenile Re-Entry Drug Court (JRDC)--a new program developed at the existing JDC--uses intensive, judicially supervised treatment, mandatory periodic drug testing, oversight by a probation officer and graduated sanctions to reintegrate juveniles back into their families and communities after they are released from a juvenile justice commitment program.⁵⁹

Either the judge or a member of the juvenile justice department can refer a juvenile to the JRDC program if the youth presents the need for continued substance abuse treatment. The JRDC program includes outpatient treatment services such as group and individual counseling sessions, family support meetings, self-help meetings such as Narcotics Anonymous, and appearances before the JRDC judge every week.⁶⁰

The services involve a six to nine month intensive outpatient regimen.⁶¹ Graduation from the JRDC program requires the juvenile to successfully complete the program, have a history of negative urinalysis results, have a safe and stable residence and be enrolled in school or a vocational program or have a full-time job.⁶²

Family History

It is not unusual for a parent, sibling, or other family member of a JDC participant to be involved in a criminal or child abuse or neglect offense or have a substance abuse problem.⁶³ One study of participants in the Orange County, Florida JDC program found that 39 percent had a relative who had been incarcerated and 47 percent had a relative with a substance abuse problem.⁶⁴ In another study of JDC participants in the Albuquerque, New Mexico JDC program, 85 percent had a history of alcohol abuse in their family.⁶⁵

Education, Special Needs and Mental Health

At the time of program entry as of June 2001, 88 percent of JDC participants were receiving some type of schooling: 56 percent were in mainstream schools, 24 percent in an alternative school and eight percent were in a GED or vocational training school.⁶⁶ Ninety percent of JDC programs listed academic underachievement as a special need of their clients and 80 percent listed reading below grade level; 53 percent reported participants with ADHD and 45 percent reported participants with learning disabilities.⁶⁷ Further, 92 percent of the programs reported low self-esteem among their participants, 97 percent reported unhealthy peer relationships and 79 percent reported immaturity in terms of thought processes.⁶⁸ The percentage of programs reporting co-occurring mental health problems varies considerably.⁶⁹ For example, the Orange County, Florida JDC reported that 10 percent of their participants had a history of mental health problems.⁷⁰ The Summit County, Ohio JDC reported that 43 percent of their participants were dually diagnosed and 33 percent had ever been on medication for psychological problems.⁷¹

Significant numbers of participants report taking prescription drugs for physical conditions (64 percent), mental health conditions (81 percent) or behavioral conditions (e.g., ADHD) (79 percent).⁷²

Substance Use and Abuse

According to self-report data, 90 percent of JDC participants report having used drugs for over one year at the time of program entry and 25 percent had been using drugs for over three years.⁷³ Twenty-one percent reported their age at first use to have been 11 years or under and 45 percent reported their age at first use to have been 12 or 13.⁷⁴ Forty percent of JDC participants report alcohol and 45 percent report marijuana as the first drugs used.⁷⁵ Marijuana is the drug of choice for most JDC participants: 94 percent in Orange County, FL, 80 percent in Summit County, OH, 100 percent in Beckham

County, OK and 77 percent in Second Judicial District, Albuquerque, NM.⁷⁶ Almost three-fourths of Los Angeles County, CA JDC participants used marijuana daily prior to admission into the program.⁷⁷ While alcohol and marijuana are reported as the principal drugs used by JDC participants, by the time of program entry, a variety of other drugs also are being used.⁷⁸ Well over half of JDC participants (62 percent) report smoking cigarettes at the time of program entry.⁷⁹ No data are available on abuse of prescription drugs.

Are Juvenile Drug Courts Doing the Job?

Few juvenile drug courts have been evaluated.⁸⁰ Given that the majority of JDCs have been implemented only in the past few years, it still is too soon to reach definitive conclusions about the JDC movement. In many cases, programs are just now seeing their first graduates, while others have had only a short time to monitor former graduates in order to track recidivism and drug use rates. Nevertheless, based on limited program data currently available, most JDCs report some success in achieving the principal goals of decreasing substance use and reducing recidivism.⁸¹

Juvenile Drug Court Participant Outcomes

Recidivism. CASA found only limited data on outcomes for juvenile drug courts. A 2003 preliminary criminal recidivism study conducted at the Missoula, Montana Youth Drug Court matched a control group with the JDC participants based on age of first court involvement, substance abuse, type of charges, gender and ethnicity.⁸² The study found that JDC graduates had fewer encounters with law enforcement (1.15) compared to youth expelled from the program (3.12) and those in the control group (2.09).⁸³ The study also found that JDC graduates had fewer citations (1.58) than those in the expelled group (4.15) and the control group (2.6), and that the percentage of JDC graduates cited for at least one felony (three percent) was less than that of the expelled group

(21.2 percent) and the control group (27.1 percent).⁸⁴

Studies from combined juvenile and adult drug courts suggest that recidivism rates for participants while in the program are substantially lower than would be anticipated if they had never entered the drug court.⁸⁵ Comparisons are difficult however, since drug courts define recidivism in different ways. According to a 2002 evaluation of Los Angeles County drug court programs, participants in drug court programs--including both juvenile and adult courts--generally were less likely to be re-arrested in the year after graduation than non-participants (20 percent vs. 51 percent).^{†86} A recent report commissioned by the National Institute of Justice, which followed more than 2,000 graduates in 1999 and 2000 from 95 adult drug courts, reported that the recidivism rate for drug court graduates was just 16.4 percent one year after drug court graduation and 27.5 percent at the two-year mark,^{‡87} compared with 43.5 percent and 58.6 percent, respectively, for offenders who were imprisoned for drug offenses instead of entering drug court.⁸⁸

Retention. Based on June 2001 data, JDC participant retention rates were over 68 percent, defined as the total number of current participants plus the total number of graduates divided by the total number ever enrolled.⁸⁹

Drug testing. Drug testing is an essential component of all JDC programs and some programs even require parents or guardians to submit to drug testing as well.⁹⁰ As of June 2001, 27 percent of drug court participants had been drug-free for 30 days, 21 percent were drug-free for 60 days and 18 percent were drug-free for 90 days.⁹¹

[†] This report included both juvenile and adult drug courts but did not distinguish between them.

[‡] This study estimated recidivism rates based on individuals who were arrested and charged with a serious offense within one year and two years of graduation or release from prison. Serious crimes were defined as any arrest and charge with a crime that carries a sentence of at least one year upon conviction.

Other Outcomes. Sixty-nine percent of JDC participants remained or returned to school full-time and 30 percent obtained employment.⁹² The Fairfield County JDC evaluation found a 26 percent reduction of unruly or truancy filings by schools within Fairfield County and a 92 percent overall school attendance rate of JDC participants.⁹³ JDC programs reported other benefits including: improved academic performance and relationships with family, improvements in emotional and other mental health problems, and increased involvement in church or faith group activities.⁹⁴ Other outcomes resulting from JDC program participation include increased involvement in school activities, improved physical fitness and nutritional habits, increased involvement in the community and the arts and increased involvement in athletics and other physical activity.⁹⁵

Unmet Needs and Challenges Still Ahead

Initial findings suggest that JDCs offer a promising approach to addressing juvenile substance abuse in the justice system for non-violent drug law violators; however more research is needed to determine efficacy. JDCs only serve a fraction of the juvenile arrestee population and it is not certain whether expanding the JDC approach to more juvenile offenders will be successful.⁹⁶ JDCs also have scarce resources.⁹⁷

JDC programs struggle with motivating participants to want to live drug-free lives and getting families involved.⁹⁸ They must contend with a substantial number of participants with co-occurring mental health problems, including affective, anxiety and behavioral disorders.⁹⁹ Other challenges include finding available services that are culturally and developmentally appropriate for youth,¹⁰⁰ completion of thorough youth assessments while complying with confidentiality requirements and assuring collaboration among a multitude of agencies.¹⁰¹

A Prosecutorial Option

Prosecutors also can play an important role in addressing the needs of substance-involved juvenile offenders and diverting juveniles from correctional facilities. A model that has shown success in the criminal justice system as an alternative for adult, drug-addicted repeat offenders and has potential for adaptation to juveniles is the Drug Treatment Alternative-to-Prison (DTAP) Program in Brooklyn, New York.¹⁰² Established in 1990 by Kings County District Attorney Charles J. Hynes, DTAP is designed to reduce the costly consequences of substance abuse-related crime by targeting residential treatment to drug-addicted, nonviolent repeat felony adult offenders who face mandatory punishment under New York State's second felony offender law.¹⁰³ In addition to 15 to 24 months of residential treatment, DTAP provides vocational training and social and mental health services.¹⁰⁴

The prosecutor's office requires defendants entering treatment to plead guilty to a felony, thereby ensuring a mandatory prison sentence if the defendant absconds from the program.¹⁰⁵ Sentencing is deferred pending completion of the program, at which point the guilty plea is withdrawn and the charges dismissed.¹⁰⁶

Candidates are chosen by the District Attorney's Office after intensive review and are then screened for their clinical suitability for treatment at a select group of private, residential drug treatment programs.¹⁰⁷ These drug treatment programs are organized around the therapeutic community (TC) model.¹⁰⁸ They provide a highly structured, hierarchical environment with clearly established rules, timetables and goals enforced not only by the staff, but also by the participants themselves.¹⁰⁹ Only candidates who show a willingness to engage in treatment and communal living, and who do not have a history of violence or a severe mental disorder, are considered for the DTAP program.¹¹⁰

CASA's five year evaluation of the DTAP program found that DTAP graduates had rearrest

rates that were 33 percent lower (39 percent vs. 58 percent); conviction rates that were 45 percent lower (26 percent vs. 47 percent); and were 87 percent less likely to return to prison (two percent vs. 15 percent) than a matched prison comparison.¹¹¹ DTAP participants remain in treatment six times longer (a median of 17.8 months vs. three months) than those in the most recent national study of the long-term residential drug treatment population, and they are three and one-half times likelier to be employed than they were before arrest.¹¹²

These results are achieved at about half the average cost of incarceration.¹¹³ The average cost of placing a participant in DTAP, including the costs of residential drug treatment, vocational training and support services, was \$32,975 compared to an average cost of \$64,338 if the individual had been placed in prison.¹¹⁴



Chapter IX

The Costs of Substance Abuse and Delinquency

CASA's analysis of all available data in 2000 was only able to identify the federal, state and local juvenile justice systems costs of law enforcement and the courts, detention, residential placement and incarceration, federal formula and block grants to states and substance abuse treatment. That amount is at least \$14.4 billion--an average annual spending of \$7,579 for every arrestee and \$43,000¹ for each juvenile who is incarcerated or in other out-of-home placement. One percent (\$139 million) of this spending is for treatment of substance abuse and addiction. (Appendix G) CASA was unable to determine the costs of probation, physical and mental health, child welfare and family services, school costs and the costs to victims that together could more than double this \$14.4 billion figure. Investing in targeted prevention and treatment services holds enormous potential for reducing crime, lowering costs and helping substance-involved juveniles lead productive lives.

Government Costs of Substance-Involved Juveniles in Juvenile Justice Systems

Law Enforcement and Court Costs

CASA's analysis finds that the cost of law enforcement (e.g., police protection and arrests) and courts (e.g., civil and criminal courts and associated expenses such as those for law libraries, juries, court reporters, probate functions) for substance-involved juveniles was \$10.4 billion.

To identify total law enforcement costs linked to substance-involved juvenile crime, CASA estimated the law enforcement cost per arrested juvenile (\$4,149) and multiplied it by the number of juvenile arrests of substance-involved youth (1,857,610), arriving at a total of \$7.7 billion. In order to estimate the total court cost

for cases involving substance-involved juveniles, CASA estimated the court cost per court case (\$2,121) and multiplied it by the number of substance-involved cases referred to juvenile court (1,280,507), resulting in a total of \$2.7 billion.

Detention, Residential Placement and Incarceration Costs

CASA's analysis found that the cost of substance-involved juveniles for the 258,563 detained while awaiting adjudication, the 122,696 in out-of-home placement, including the 116,973 who were incarcerated following an adjudication of guilt, was an estimated \$3.6 billion. The average annual cost of juvenile incarceration is \$43,000.² Costs range by facility and state from \$23,000 to \$64,000 per year.³

There are no national data that incorporate the costs of detention, residential placement and incarceration. However, in 2001 CASA documented in its report, *Shoveling Up: The Impact of Substance Abuse on State Budgets*,⁴ that states spent \$4.4 billion in 1998 on "juvenile detention and corrections and the construction and maintenance of juvenile correctional facilities"⁵--\$4.6 billion adjusting for 2000 dollars. This estimate is in line with other national estimates by the National Association of State Budget Officers (NASBO) of \$4.2 billion in fiscal year (FY) 1998,⁶ and the American Correctional Association of \$3.8 billion in FY 1998-99.⁷ When a national analysis conducted of children in detention, residential placement and incarceration using 1994 data is updated to 2000, this estimate comes to \$4.6 billion. Since CASA's estimate is based on detailed budget reports from 45 states, the District of Columbia and Puerto Rico, it was used for this analysis. Multiplying \$4.6 billion by the percentage of substance-involved juveniles (78.4 percent) yields an estimated cost of \$3.6 billion for corrections costs for juveniles with substance abuse and addiction problems.

Grant Programs

The Office of Juvenile Justice and Delinquency Prevention (OJJDP), a component of the U.S. Department of Justice, Office of Justice Programs, was established by the Juvenile Justice and Delinquency Prevention Act of 1974 to provide national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization; support states and communities in their efforts to develop and implement effective and coordinated prevention and intervention programs; and improve juvenile justice systems so that they protect public safety, hold offenders accountable, and provide treatment and rehabilitative services tailored to the needs of juveniles and their families.⁸ The OJJDP awards grants to states and localities through formula and block grant programs.⁹ The three main formula and block grant programs that provided funds to states and localities for juvenile justice programs in FY 2000 were the Juvenile Accountability Incentive Block Grants Program (\$221 million), the Formula Grants Program (\$70 million) and the Community Prevention Grants Program (\$36 million), totaling \$327 million.¹⁰ Assuming 78.4 percent of these costs were spent on cases involving substance-involved juveniles, the estimated grant-related costs were \$256 million.

Substance Abuse Treatment

There are no national data sets documenting spending on juvenile justice-based substance abuse treatment. While some state juvenile correctional budgets include treatment costs, in other states these costs may be hidden in the budgets of state agencies for families and children's services, health, mental health or the single state agencies for substance abuse. Based on its study of substance abuse and state budgets, *Shoveling Up: The Impact of Substance Abuse on State Budgets*, CASA estimates the total state cost for substance abuse

treatment of juvenile offenders was \$139 million.^{*} ¹¹

Excluded Costs

This estimate of the costs of substance-involved youth to juvenile justice systems does not include a number of costs for which national data are not available:

- Juvenile probation, both formal and informal. There are 516,499 substance-involved juveniles on probation. While the average cost of maintaining a juvenile on probation is unknown, the estimated cost of maintaining an adult on probation in the United States for a year is \$1,173.¹² Even if we assume that costs of juvenile probation are only half this amount, then total costs of probation for substance-involved juveniles would be \$303 million.
- Medical and mental health services provided to juvenile offenders; and,
- Other hidden or ancillary costs such as family services, child welfare and school program costs.

Other Costs to Society

In addition to the costs to governments, substance-involved juvenile offenders impose other costs on society. One example is the victimization costs associated with juvenile offenses. One estimate of the annual victim cost for a juvenile offense is between \$15,000 and \$62,000, based on an average of two offenses per year.¹³ Another estimate based on data from Dallas County, Texas, estimates average victimization costs for a juvenile felony of at

^{*} On one hand, this may be an underestimate because of expenditures included in other state agency budgets such as mental health or child welfare. On the other hand, this estimate may overstate treatment expenditures by including items such as lectures, pamphlets or other educational activities not part of a clinical definition of treatment. Moreover, there is no information on the quality or efficacy of treatment provided.

least \$10,290 excluding the value of stolen goods and quality of life losses.[†] ¹⁴ Counting only those juveniles arrested for felonies (860,000) and assuming the lowest of these estimates (\$15,000 for two crimes per year), victimization costs linked to juvenile felonies would be approximately \$12.9 billion per year.

According to a RAND study, habitual juvenile offenders--those most likely to be incarcerated--commit not just two but an average of 30 crimes a year.¹⁵ Assuming an average of 30 crimes per year and the minimum annual victimization costs for two juvenile felonies of \$15,000, total victimization costs linked just to the 122,696 juveniles in out of home placement could easily reach \$27.6 billion, excluding the value of stolen goods and quality of life losses.

Estimates of the total costs to society of substance-involved juvenile crime are difficult to calculate; however, one analysis conducted in 1998 estimated that the total cost[‡] to society of just one juvenile who drops out of high school and becomes a substance-involved juvenile and adult offender is between \$1.7 and \$2.3 million over the juvenile's lifetime.¹⁶ This estimate includes costs of juvenile and adult crime, the juvenile and adult criminal justice system, medical treatment, lost productivity and premature death.[§] ¹⁷

In sum, the estimated cost of substance-involved offenders to juvenile justice systems totaled \$14.4 billion in 2000. If we add to that

[†] Includes outlays for emergency responses by fire, ambulance and police services; medical expenses to treat injuries; social services (mainly for child victims); mental health outlays to redress psychological harm; and, foregone output due to death, injury, court appearances, or other events causing loss of time that might otherwise be used for productive activity.

[‡] Costs discounted to present value, 1997.

[§] This estimate is based on providing targeted prevention services to high risk juveniles up to age 13. Benefits are assumed to accrue from age 14 onward, as a youth is saved from becoming a "typical" juvenile offender and/or high school dropout between age 14 and 17 and a career criminal or drug abuser from age 18 on.

estimates of costs of probation (\$303 million) and victimization just for juvenile felonies (\$12.9 to \$27.6 billion), the nation could be paying an annual bill of between \$27.5 and \$42.2 billion.

Benefits of Prevention and Treatment

Even the most basic data on average length of stay, recidivism, services provided and costs of such services for juveniles do not exist at the national level. Therefore, CASA has been unable to conduct a national return on investment analysis of prevention and treatment of substance abuse and related mental illness and education problems of juvenile offenders.

The U.S. Surgeon General's 2001 report on youth violence found that preventive approaches prior to contact with juvenile justice systems are more beneficial and cost less over the long run than "get-tough" approaches such as more incarceration, longer sentences and more juveniles in adult prison.¹⁸ School-based prevention programs, for example, targeting disadvantaged youth that include graduation incentives (such as cash) have been found to be 10 times more cost effective than waiting until juvenile offenders hit adult corrections systems and requiring mandatory sentences for repeat offenders.¹⁹ Even early childhood intervention such as prenatal home visitation and enhanced day care can reduce child abuse, improve educational achievement and reduce juvenile crime.²⁰

A study of costs and benefits of programs to reduce crime in the State of Washington after a juvenile has been arrested identified a range of juvenile offender programs that yield benefits to taxpayers and reduce crime and victimization costs.²¹ For example, the Adolescent Diversion Project where juvenile offenders are diverted from the juvenile court and paired with trained community advocates, costs the state \$1,681 per child and yields taxpayer benefits and reductions in crime and victimization costs of \$18,649. Multi-systemic therapy, an intensive home-based intervention for chronic, violent or

substance-abusing juvenile offenders ages 12 to 17, costs the state \$5,374 per child and yields taxpayer benefits and reductions in crime and victimization costs of \$14,187.²²

We have developed an array of interventions of well-documented effectiveness in helping young people whose lives are already marked by a propensity for violence.²³

--Steven E. Hyman, MD
Former Director
National Institute of Mental Health

--Jeffrey P. Koplan, MD, MPH
Former Director
Centers for Disease Control and Prevention

--Joseph H. Autry III, MD
Former Acting Administrator
Substance Abuse and Mental Health Services
Administration

Some programs such as most juvenile boot camps and scared-straight types of programs in the Washington study were found not to be cost effective and to result in higher recidivism rates than those of juveniles who had been incarcerated.²⁴

While some strategies of confinement of juveniles without substance abuse treatment and other services can lower arrest rates, it is an expensive way to reduce crime in the short term and may increase the risk of more offenses over the longer term.²⁵ For example, a study of the juvenile justice policies in Dallas County, Texas, showed that a \$2.6 million investment in incarceration for 100 juveniles would have prevented an estimated two felonies costing victims \$114,000.²⁶ Spending \$2.6 million in other types of investments both in and outside of juvenile justice systems (such as comprehensive home-based services or other forms of adolescent and family therapy) may be more productive ways to prevent crime and lower costs.²⁷

* These are 2000 estimates based on 2003 reported costs and benefits.

Another approach to intervention is juvenile drug courts (see Chapter VIII) that provide a comprehensive array of substance abuse treatment and other services. Such a juvenile drug court system typically costs between \$2,500 and \$4,000 annually for each offender and offers treatment, drug testing, mandatory school attendance, counseling and meetings with the judge.²⁸ Cost effectiveness analyses are not available for these programs.

Prevention and Treatment Pay Off

Preventing each substance-related crime of a juvenile avoids, on average, \$7,579 in juvenile justice costs alone.* Preventing an arrested substance-involved juvenile from entering a correctional facility avoids on average \$43,000 in incarceration costs, assuming the average stay is one year.²⁹

There are no national data on average length of stay for juvenile offenders. CASA reviewed state specific data in five states and found an average of 18.2 months: California, 35.9 months; Florida, 8.0 months; New York, 15.8 months; Texas, 22.7 months; and Wisconsin, 8.5 months. For purposes of this analysis, CASA is conservatively estimating an average stay of one year.³⁰

Not all incarcerations can be avoided and providing services to troubled substance-abusing youth in juvenile justice systems will involve additional costs. However, for each future arrest and incarceration that can be avoided, the benefits taxpayers alone total \$49,270 in one year, including reduced incarceration costs of \$43,000 and law enforcement and court related costs of \$6,270. And, if society were to invest, for example, \$5,000 in substance abuse treatment and getting comprehensive services and programs like drug courts just for each of the approximately 123,000 substance-involved juveniles who would otherwise be incarcerated, we would break even on our investment in the

* \$14.4 billion divided by 1.9 million substance-involved juvenile arrestees.

first year if only 12 percent of these youth stayed in school and remained drug and crime free.[†] And the benefits don't stop there. An estimated 30 percent of the 2.1 million incarcerated adults have been arrested as juveniles[‡] and 80 percent of them are substance involved, as reported in CASA's report *Behind Bars: Substance Abuse and America's Prison Population*.³¹ This evidence suggests that approximately 504,000 substance-involved adult inmates in America's jails and prisons today were arrested as juveniles.

CASA's report *Behind Bars* estimated that in 1997 total financial benefits that would accrue in the first year for each substance-involved adult inmate who recovered and avoided future crime and incarceration was \$68,800³²--\$73,816 in 2000 dollars.[§] Benefits per inmate per year include reduced crime (\$5,365), arrest and prosecution (\$7,832), incarceration (\$21,029) and health care costs (\$5,150) and increased economic benefits of employment (\$34,440).^{** 33} The average time adults serve in prison is 53 months³⁴ yielding expected benefits of \$299,261

[†] Estimated \$5,000 in costs times 122,696 juveniles in out-of-home placement equals \$613 million. Estimated \$43,000 in juvenile justice benefits times 122,696 juveniles in out-of-home placement equals \$5.276 billion. Costs (\$613 billion) divided by benefits (\$5.276 billion) equals needed success rate to break even of 12 percent. By comparison, comprehensive, family therapy costs an additional \$5,374 per juvenile and comprehensive drug courts cost \$2,000 to \$4,000 per year.

[‡] The only national data on the percent of adult incarcerated offenders who had been arrested as juveniles (27.2 percent) are self-report data by inmates and the response rate is only 12.8 percent. These data and other smaller studies report percentages of adults with juvenile records between 5.6 percent and 73.8 percent, with an average of 31 percent. Since many juvenile records are expunged, inmates may not reveal a juvenile arrest background.

[§] *Behind Bars* estimate updated to 2000 dollars.

^{**} *Behind Bars* estimates updated to 2000 dollars.

per inmate.* If we were able to prevent the crimes and incarceration of just 12 percent of adults now incarcerated who had juvenile arrest records, we would have over 60,480 fewer inmates and realize reduced criminal justice and health costs and employment benefits of \$18 billion.³⁵ Also, we would have at least 5.9 million fewer crimes, conservatively assuming the average substance-involved adult criminal commits 22 crimes per year.^{† 36}

Key to achieving these significant returns is careful screening of all arrested youth and targeting services to their needs. The Surgeon General's report on youth violence concludes that in the long run preventing a juvenile arrest is more cost effective than incarceration and that the largest economic returns are found with interventions targeted to juvenile offenders who exhibit the greatest risk of re-offending.³⁷ As CASA found in its analysis of adult offenders, recidivism is highest among those who abuse alcohol and drugs. Because substance-involved juveniles are likelier to have more co-occurring mental health problems, learning disabilities and family and emotional problems than other juveniles, they are likely to be more expensive to the juvenile justice systems.

We cannot expect to eliminate juvenile crime in its entirety; however, careful and targeted investments in prevention and intervention for juveniles at high risk for ending up in juvenile justice systems hold enormous promise for reducing crime, lowering both immediate and long term costs and helping young people become productive, law abiding citizens.

Providing more intensive services prior to the point where a juvenile must be incarcerated may offer the best long term return on investment because we would be intervening at a point where children may be more amenable to change. Intervening at any point prior to adulthood, however, still holds enormous potential for avoiding later costs linked to adult crime, incarceration and lost productivity.

* Arrest and prosecution costs (\$7,832) are incurred once per arrest. Deducting them from \$73,816 in total financial benefits for one year = \$65,984 in annual benefits. Adjusting \$65,984 for the average prison term of 53 months yields \$291,429 in potential benefits per individual that was added to the \$7,832 in avoided arrest and prosecution costs for a total benefit of an avoided prison term of \$299,261.

† The average number of crimes per year committed by habitual offenders is estimated to be 22; active drug sellers are estimated to commit more than 100 crimes per year.



Chapter X Opportunities and Next Steps

The findings of this report document the result of profound societal inattention to the needs of 2.4 million children engaged in juvenile justice systems and millions of others following in their footsteps. Substance abuse is tightly linked with the offenses of 78.4 percent of juveniles who are taken into custody, yet at every point in the system we fail to address substance abuse and the constellation of related problems these juveniles face.

Juvenile crime and substance use are rooted in a host of interrelated social problems including adult substance abuse, child abuse and neglect, family violence, poor parenting, uneducated and undereducated youth, lack of appropriate health care, lack of community ties and support, increased availability of guns, gangs and poverty. Ideally, we should catch these signs of trouble early--in our homes, physicians' offices, schools and neighborhoods. Ideally we would provide support to troubled families, invest in improving dangerous neighborhoods, hold schools accountable for engaging all students, assure the availability of needed health and social services and reduce poverty. These long-term goals must be addressed.

But when children arrive at the courthouse doors, we still deny the services that could make a difference and instead demand accountability without habilitation. Our profound indifference to these children's needs is criminal neglect.

Even if the help these young people need is provided, some juveniles still will become criminals. But the overwhelming proportion of them could become productive citizens, responsible parents and taxpaying law-abiding members of society if they receive the help they so desperately need.

Recommendations

CASA recommends a top to bottom overhaul of the way the nation treats juvenile offenders. This overhaul should be designed to achieve two fundamental goals, while assuring that juvenile offenders are held accountable for their actions:

- Assure that each child entering the systems receives a comprehensive assessment in order to determine their needs. Assessment should include:
 - Individual strengths, behavioral problems, delinquency history;
 - Family health and criminal history, parental substance abuse, economic status;
 - School history, vocational aptitude, learning disabilities;
 - Medical history, physical exam, drug tests, substance abuse history, past treatment, mental health issues; and
 - Peer relationships, gang activity, social services contacts, neighborhood involvement.
- Take advantage of opportunities within juvenile justice systems to divert juveniles from further substance use and crime by providing appropriate treatment and other needed services in custody and detention, during incarceration or other out-of-home placement, while on probation and in aftercare.

To accomplish these goals, CASA recommends:

Creation of a Model Juvenile Justice Code, setting forth standards of practice and accountability for states in handling juvenile offenders. This model code should incorporate practice requirements stipulated in recent settlement agreements between the U.S. Department of Justice and states and counties operating juvenile justice facilities including

staffing and training, screening, assessments, treatment planning, case management, substance abuse, mental health and education services, counseling, access to care and record keeping.

Training all juvenile justice system staff--law enforcement, juvenile court judges and other court personnel, prosecutors and defenders, correctional and probation officers-- to recognize substance-involved offenders and know how to respond.

Diversion of juvenile offenders from deeper involvement with juvenile justice systems through such promising practices as comprehensive in-home services, juvenile drug courts including re-entry courts and other drug treatment alternatives to incarceration which assure comprehensive services as well as accountability.

Treatment, health care, education and job training programs, including spiritually-based programs, should be available to juveniles who are incarcerated.

Development of a state and national data system through which we can establish a baseline and judge progress in meeting the many needs of these children.

Expansion of grant programs of the U.S. Office of Juvenile Justice and Delinquency Prevention that provide federal funds to states and localities, conditioning grants under such programs on providing appropriate services to juvenile offenders.

If we implement these recommendations, we believe we can save citizens billions of tax dollars, reduce crime and help thousands of children who would otherwise be left behind, grow up to lead productive law-abiding lives.

Appendix A

Data Analysis

For purposes of this report, CASA analyzed data from the National Institute of Justice's *Arrestee Drug Abuse Monitoring (ADAM) Program 2000*, the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) *Juvenile Court Statistics 2000*, and juvenile arrest data from the OJJDP's *Juvenile Arrests 2000* publication which analyzed data from the *Federal Bureau of Investigation: Uniform Crime Reports, Crime in the United States 2000*. The most recent *Juvenile Court Statistics* available for this analysis are 2000 data, to be released in late 2004. Although more recent statistics are available from the *ADAM* program and from FBI arrest data, 2000 data were used throughout this report in order to provide a consistent comparison for different aspects of the juvenile justice system.

CASA also analyzed data from the *National Survey on Drug Use and Health (NSDUH)* (formerly called the *National Household Survey on Drug Abuse (NHSDA)*), the *National Longitudinal Survey of Youth (NLSY)* and the *National Longitudinal Survey of Adolescent Health*.

Arrestee Drug Abuse Monitoring (ADAM) Program

The National Institute of Justice's *Arrestee Drug Abuse Monitoring (ADAM) Program* tracks trends in prevalence and types of drug use among arrestees in urban communities across the United States. The U.S. Justice Department has chosen to phase out the *ADAM Program* in response to overall Congressional budget cuts leaving no national data on juvenile arrestees; 2003 was the last year that data were collected.

In 2000, the *ADAM Program* interviewed and drug tested 2,106 juvenile male detainees at nine sites across the nation: Birmingham, AL; Cleveland, OH; Denver, CO; Los Angeles, CA; Phoenix, AZ; Portland, OR; San Antonio, TX;

San Diego, CA; and Tucson, AZ. Despite the fact that ADAM data represents an urban sample, research has shown that crime rates in both rural and metropolitan areas show striking similarities and that crime trends are comparable. CASA's report, *No Place to Hide: Substance Abuse in Mid-Size Cities and Rural America*, revealed that teens in small metropolitan and rural areas are even likelier to use most drugs of abuse than those in large metropolitan areas.

Drug use and related behavior among juvenile detainees* are measured by means of a questionnaire and onsite urinalysis. Four hundred twenty-three juvenile female detainees also were interviewed and drug tested in all of the same sites, except for Cleveland. Juvenile arrestees interviewed ranged from ages nine to 18, with the largest proportion between ages 15 and 17 in 2000.

Interviews are conducted four times a year among male and female juvenile detainees who have been in a booking facility for less than 48 hours. They take place typically over an eight-hour period every day for one to two weeks. At each ADAM site, trained interviewers conduct voluntary and anonymous interviews (approximately 30 minutes in length) and collect urine specimens from recent (past 48 hours) juvenile male and juvenile female arrestees. The interview is conducted under terms of strict confidentiality pursuant to federal regulations. The interview process cannot be linked to the person's name and cannot be used for or against the person during booking or adjudication. Arrestees are approached within 48 hours of their arrest and asked to participate in the study. In most sites, more than 85 percent of the individuals approached agree to the interview and, of those, more than 85 percent agree to give urine specimens.

Although data from the ADAM Program, formerly the Drug Use Forecasting (DUF) Program, is not a nationally representative sample, it is the only dataset available nationwide that provides information on the

substance involvement of persons in the juvenile justice systems, and is the only regular source of information available to communities about local drug trends among arrestees.

CASA analyzed ADAM data in order to evaluate the substance involvement of the juvenile arrestee population.

Juvenile Court Statistics

The *Juvenile Court Statistics* report is a product of the *National Juvenile Court Data Archive*, which is funded by grants from OJJDP, U.S. Department of Justice, and describes cases handled by juvenile courts in all 50 states and the District of Columbia. The most recent *Juvenile Court Statistics* data available to analyze the number of juveniles in juvenile justice systems are 2000 preliminary data on the OJJDP Web site; the final data are scheduled to be released in late 2004. *Juvenile Court Statistics 2000* profiles the 1.6 million delinquency cases handled by juvenile courts in 2000, reviews judicial trends since 1985, and analyzes offenses, demographic characteristics, sources of referral and case processing (detention, intake decisions, waiver to criminal court, adjudication and disposition). *Juvenile Court Statistics 1999* data are used where certain detailed 2000 data are not yet available.

CASA analyzed *Juvenile Court Statistics* in order to determine the number of juveniles involved in the juvenile justice system and to examine how juvenile cases are handled and disposed of by the juvenile courts.

Juvenile Arrest Data

The OJJDP's *Juvenile Arrests 2000* publication includes data from the *Federal Bureau of Investigation: Uniform Crime Reports, Crime in the United States 2000* and reports the estimated number of arrests made in 2000 of persons under age 18. The FBI arrest statistics report the number of arrests made by law enforcement agencies in a particular year--not the number of individuals arrested, nor the number of crimes committed. The number of arrests is not

* The ADAM survey also includes adult offenders.

equivalent to the number of people arrested because an unknown number of individuals are arrested more than once in the year. Arrest statistics do not represent counts of crimes committed by arrested individuals because a series of crimes committed by one individual may culminate in a single arrest, or a single crime may result in the arrest of more than one person. Although more recent FBI arrest data are available, 2000 data on juvenile arrests are used throughout this report in order to provide a consistent comparison with juvenile court data.

CASA analyzed FBI juvenile arrest statistics in order to evaluate the flow into the juvenile justice system at its initial point of entry.

The National Survey on Drug Use and Health (NSDUH)

The *NSDUH*, formerly called the *National Household Survey on Drug Abuse (NHSDA)*, is designed to produce drug and alcohol use incidence and prevalence estimates and report the consequences and patterns of use and abuse in the general U.S. civilian population aged 12 and older. Questions include age at first use, as well as lifetime, annual and past-month use of the following drugs: tobacco, alcohol, marijuana, cocaine (including crack), hallucinogens, heroin, inhalants, pain relievers, tranquilizers, stimulants and sedatives. The survey covers substance abuse treatment history and perceived need for treatment, and includes questions from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* that allow diagnostic criteria to be applied. Respondents also are asked about personal and family income sources and amounts, health care access and coverage, problems resulting from the use of drugs, perceptions of risks and needle-sharing, and illegal activities and arrest record: *NSDUH* arrest data differ from *ADAM* data in that the *NSDUH* surveys the non-institutionalized population ages 12 and older who may have been arrested in the past while *ADAM* data surveys the current arrestee population. *NSDUH* does not include juveniles who have been arrested and are incarcerated. *NSDUH* demographic data include gender, race, age,

ethnicity, educational level, job status, income level, veteran status, household composition and population density. The *NSDUH* is conducted by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Office of Applied Studies.

CASA analyzed *NSDUH* data in order to evaluate the links between juvenile and adult substance abuse and crime.

The National Longitudinal Survey of Youth (NLSY)

The *NLSY* 1997 dataset consists of a nationally representative sample of approximately 9,000 youths who were 12- to 16-years old as of December 31, 1996. Round 1 of the survey took place in 1997. In that round, both the eligible youth and one of that youth's parents received hour-long personal interviews. In addition, during the screening process, an extensive two-part questionnaire was administered that listed and gathered demographic information on members of the youth's household and on his or her immediate family members living elsewhere. Youths are interviewed on an annual basis.

The *NLSY* 1997 dataset is designed to document the transition from school to work and into adulthood. It collects extensive information about youths' labor market behavior and educational experiences over time. Educational data include youths' schooling history, performance on standardized tests, course of study, the timing and types of degrees and a detailed account of progression through post-secondary schooling.

The *NLSY* 1997 dataset also contains detailed information on other topics such as youths' relationships with parents, contact with absent parents, marital and fertility histories, dating, sexual activity, onset of puberty, training, participation in government assistance programs, expectations, time use, alcohol and drug use, and criminal behavior. *NLSY* data on criminal behavior differs from *ADAM* data because the *NLSY* surveys the non-institutionalized

population of 12- to 16-year olds who may have been involved in criminal behavior and/or alcohol and drug use while *ADAM* data surveys the current arrestee population and their involvement with alcohol and drugs. *NLSY* does not include juveniles who have been arrested and are incarcerated.

CASA analyzed *NLSY* data in order to evaluate the links between juvenile substance abuse and juvenile criminal behavior, family relationships and school attendance.

The National Longitudinal Survey of Adolescent Health

The *National Longitudinal Study of Adolescent Health (Add Health)* is a nationally representative school-based study that explores the causes of health-related behaviors of adolescents in grades seven through 12 and their outcomes in young adulthood. *Add Health* examines how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence adolescents' health and risk behaviors. The *Add Health* dataset contains detailed information on topics such as daily activities, general health, academics and education, pregnancy, AIDS, sexually transmitted disease risk perceptions, family and peer relationships, involvement with tobacco, alcohol, neighborhoods, religion, and drugs and delinquency. The *Add Health* data differs from *ADAM* data because *Add Health* surveys the non-institutionalized population of adolescents in grades seven through 12 who may have been involved in delinquent behavior and/or alcohol and drug use while *ADAM* data surveys the current arrestee population and their involvement with alcohol and drugs. *Add Health* does not include juveniles who have been arrested and are incarcerated.

Initiated in 1994 under a grant from the National Institute of Child Health and Human Development with co-funding from 17 other federal agencies, *Add Health* is the largest, most comprehensive survey of adolescents ever undertaken. Data at the individual, family, school and community levels were collected in

two waves between 1994 and 1996. In 2001 and 2002, *Add Health* respondents, 18- to 26-years old, were re-interviewed in a third wave to investigate the influence that adolescence has on young adulthood.

CASA analyzed *Add Health* data to evaluate the links between drug-using children and their peers.

Appendix B

History of Juvenile Justice Systems

America's juvenile justice system had its beginnings in the early 19th century in New York where reformers developed the idea of establishing a separate institution, away from adult offenders, in which to rehabilitate juvenile offenders. In 1824, New York State opened a House of Refuge for troubled and homeless young offenders considered amenable to reform.¹ Similar institutions soon began to appear in major cities throughout the country.² By mid-century, however, disagreement emerged over the appropriate way to handle these children who were being warehoused in poor institutional conditions. These conditions prompted campaigns for reform which culminated in the establishment of the first juvenile court in Illinois in 1899.³

The First Juvenile Court

The *Illinois Juvenile Court Act of 1899* established the nation's first official juvenile court in Cook County, Illinois.⁴ The motivating principle behind the creation of the juvenile court was to protect and reform juveniles who commit crimes and to provide for the "care, custody and discipline" of the children in a way that would closely approximate that which should be given by parents.⁵ The *Illinois Juvenile Court Act* offered a comprehensive set of rules to regulate the treatment and control of dependent, neglected children and young offenders.⁶

By 1910, 32 states had established juvenile courts and/or probation services and by 1925 all but two states had followed suit.⁷ The philosophy of the juvenile justice systems was: (1) that juvenile offenders were regarded as inherently less guilty than adult offenders and, therefore, more amenable to reform; (2) that because juveniles were more amenable to change, they should be treated differently from adults for their crimes, therefore establishing the goal of the juvenile court as rehabilitation rather than punishment; and (3) that juveniles should

be protected from the stigmatizing label of "criminal" and from incarceration with hardened adult criminals.⁸

During the next 50 years, most juvenile courts had exclusive original jurisdiction over all children under age 18 who were charged with violating all criminal laws. Only if the juvenile court waived its jurisdiction could a child be transferred to criminal court and tried as an adult.⁹ These transfer decisions were made on a case-by-case basis using the "best interest of the child and public" standard.¹⁰ The juvenile court controlled its own intake, considering extra-legal factors such as family history and socioeconomic status, as well as legal factors in deciding how to handle cases, and using its discretion to handle cases informally thereby bypassing judicial action altogether.¹¹ Juvenile court hearings also were much less formal than adult criminal proceedings--for example, attorneys were not considered essential and the due process protections afforded to adult criminal defendants were deemed unnecessary.¹²

Because the explicit purpose of the juvenile court was to protect children, due process protections afforded to adult defendants were deemed unnecessary, and attorneys for the state and the juvenile were not considered essential to the operation of the system, especially in less serious cases.¹³ The judge also had a range of dispositions available to rehabilitate the juvenile, from warnings to probation to training school confinement.¹⁴ Dispositions were tailored to "the best interests of the child" and could last until the child was considered rehabilitated or reached adulthood, whichever came first.¹⁵

In the 1950s and 1960s, many began to question the ability of the juvenile court to rehabilitate delinquent youth and public confidence in the treatment model deteriorated.¹⁶ While the goal of rehabilitation was not in question, many were concerned about the increasing number of juveniles institutionalized indefinitely, all in the name of rehabilitation.¹⁷

The Supreme Court and Juvenile Justice

Beginning in the late 1960s, radical changes were made by the U.S. Supreme Court to the procedures of the juvenile court system.¹⁸ The Court imposed certain due process safeguards on juvenile courts and juveniles gained many rights that were once exclusively available to adults.¹⁹ For example, juveniles facing transfer of their case to adult criminal court were now entitled to a formal waiver hearing, meaningful representation by counsel and a statement of reasons for the transfer.²⁰ Youth subject to delinquency proceedings and facing possible confinement now had the right to receive notice of charges against them and an opportunity to be heard, to present witnesses, to cross-examine witnesses, to have an attorney and to protect themselves against self-incrimination.²¹ States now had to prove a youth guilty of charges "beyond a reasonable doubt," rather than by merely "a preponderance of evidence," before a judicial judgment could be made that the child was responsible for the act.²² The Supreme Court also held that the double jeopardy clause prohibits states from transferring a youth to adult court after finding the juvenile delinquent.²³ However, the Court still found that there were enough differences between criminal and juvenile courts to hold that youth are not entitled to jury trials in juvenile court.²⁴

The Juvenile Justice and Delinquency Prevention Act

In 1968, Congress passed the *Juvenile Delinquency Prevention and Control Act*, recommending that children charged with non-criminal (status) offenses be handled outside the court system.²⁵ Status offenses are non-criminal acts that are violations of the law only because the individual is a juvenile.²⁶ Such acts, including running away from home, truancy, ungovernability, curfew violations and alcohol possession or use, would not be illegal if committed by an adult.²⁷ Until the 1960s, both criminal and status offenses were considered to be forms of delinquency and therefore no distinction was made between status offenders

and delinquents.²⁸ This Act was later revised in the *Juvenile Justice and Delinquency Prevention Act of 1974*, which required the “deinstitutionalization of status offenders,” specifying that juveniles not charged with acts that would be crimes for adults could not be placed in secure detention facilities or correctional facilities. This act also required the “sight and sound separation” of juvenile delinquents from incarcerated adult offenders when juveniles are held in adult jails or lock-up facilities.²⁹

The Act authorized the creation of the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) through the Department of Justice, marking the first time Congress created a law specifically to improve the quality of juvenile justice systems.³⁰ The law established the Coordinating Council of Juvenile Justice and Delinquency Prevention, an independent body within the executive branch whose primary function is to coordinate all federal programs that address juvenile delinquency, detention or care of unaccompanied juveniles and missing and exploited children.³¹

In the 1980 amendments to the 1974 Act, Congress added the “jail and lockup removal” provision, requiring that juveniles were to be removed from adult jails and facilities and were not to be detained or confined in such facilities in the future except for limited times before or after a court hearing, in rural areas or in unsafe travel conditions.³² A 1992 amendment to the Act recognized the huge and disproportionate numbers of minority children behind bars by adding the “disproportionate confinement of minority youth” provision which required that States determine the existence and extent of the problem in their State and demonstrate efforts to reduce it.³³ The 1992 amendments also required the establishment of programs to provide “gender-specific services” in order to combat gender bias in juvenile justice and provide appropriate services for females who entered the juvenile justice system.³⁴

Movement Toward a More Punitive Juvenile Justice System

Although the juvenile justice system was created to protect youth by focusing on prevention and rehabilitation, the 1980s introduced a trend toward a more punitive system of retribution and punishment, thereby moving away from the treatment and rehabilitation needs of substance-involved juveniles.³⁵ During the 1980s the public perceived that serious juvenile crime was on the rise and that the juvenile justice system was too lenient with offenders.³⁶ In response to this public perception of a juvenile crime epidemic and the resulting increased public scrutiny of the juvenile justice system’s ability to effectively control juvenile offenders, many states passed more punitive laws.³⁷ In an effort to crack down on juvenile crime, states enacted laws that removed certain classes of offenders (such as capital crimes and murders) from the juvenile system, handling them instead as adult criminals in criminal courts by “mandatory waivers.”³⁸ Some states required juvenile courts to treat these certain classes of juvenile offenders as criminals within the juvenile system.³⁹

This trend increased during the 1990s, allowing more children to be transferred to the criminal justice system and tried as adults; treating more juvenile offenders as criminals; expanding sentencing and dispositional options for criminal and juvenile courts; removing or modifying traditional juvenile court confidentiality provisions by making records and proceedings more open; and abandoning long-time protections to help rehabilitate delinquent youths and prevent future crimes.⁴⁰ By abandoning a commitment to rehabilitation, a more punitive approach renders these juvenile justice systems a dead end for substance-involved youth rather than an opportunity to reshape their lives.

Defining “Juvenile” Today

Upper Age Limits

While the jurisdiction of the juvenile court differs from state to state, in 37 states and the District of Columbia, the juvenile court has original jurisdiction over all youth charged with violating the law who were below the age of 18 at the time of the offense, arrest or referral to court.⁴¹ In 10 states, the upper age limit is 16, and in three states, the upper age limit is 15.⁴² (Table B.1) In status offense cases, many states have higher upper ages limits (generally through age 20).⁴³ Many juvenile courts also have original jurisdiction over young adults who committed offenses while juveniles.⁴⁴

Table B.1
Oldest Age for Original Juvenile Court Jurisdiction in Delinquency Matters

State	Age
Connecticut, New York, North Carolina	15
Georgia, Illinois, Louisiana, Massachusetts, Michigan, Missouri, New Hampshire, South Carolina, Texas, Wisconsin	16
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	17

Source: Snyder, H. & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report*. Washington, DC: U.S. Government Printing Office.

In many states, juvenile court authority may extend beyond the upper age limit of original jurisdiction, thereby enabling the court to provide sanctions and services for a length of time that is in the best interests of the juvenile and the public.⁴⁵ In some states, however, the juvenile court may impose adult correctional sanctions on adjudicated delinquents that extend confinement beyond the upper age limit of juvenile court jurisdiction, known as “blended

sentencing” to represent both juvenile and adult sanctions.⁴⁶ (Table B.2)

Table B.2
Oldest Age Over Which the Juvenile Court May Retain Jurisdiction for Dispositional Purposes

State	Age
Arizona, North Carolina	17
Alaska, Iowa, Kentucky, Nebraska, Oklahoma, Tennessee	18
Mississippi, North Dakota	19
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Hampshire, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	20
Kansas	22
California, Montana, Oregon, Wisconsin	24
Colorado, Hawaii, New Jersey	**

** Until the full term of the disposition order
Source: Snyder, H. & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report*. Washington, DC: U.S. Government Printing Office.

Lower Age Limits

Sixteen states set a lower age limit for original juvenile court jurisdiction in delinquency matters.⁴⁷ The most common lower age limit is set at 10, however in North Carolina, children as young as six fall under the juvenile court’s jurisdiction.⁴⁸ (Table B.3)

Table B.3
Youngest Age for Original Juvenile Court Jurisdiction in Delinquency Matters

State	Age
North Carolina	6
Maryland, Massachusetts, New York	7
Arizona	8
Arkansas, Colorado, Kansas, Louisiana, Minnesota, Mississippi, Pennsylvania, South Dakota, Texas, Vermont, Wisconsin	10

Source: Snyder, H. & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report*. Washington, DC: U.S. Government Printing Office.

Appendix C

Select Family Prevention Programs*

Program Name	Description	Target Population	Key Strategies	Key Outcomes
Strengthening Families Program <i>University of Utah, Department of Health Promotion and Education, Salt Lake City, UT</i>	<p>A family skills training program that involves elementary school-aged children (six to 12) and their families in family skills training sessions. Uses family and cognitive-behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic and social problems. Builds on protective factors by improving family relationships and parenting skills and increasing youth's social and life skills. Offers incentives for program participation, attendance, good behavior and homework completion. Program can be set up in urban, suburban and rural community centers, housing communities, mental health centers, schools, faith communities, jails, homeless shelters, protective service agencies, and social and family service agencies.</p>	<ul style="list-style-type: none"> Originally designed for six to 12-year-old children of parents in substance abuse treatment Now widely used with non-substance-abusing parents in elementary schools African American, Hispanic/Latino, Native American, and Asian/Pacific Islander 	<ul style="list-style-type: none"> Provide education services in a 14-session behavioral skills training program of two hours each Develop youth coping and life skills, and teach youth to control anger, resist peer pressure, comply with rules, solve problems and communicate Provide parent education/training to learn about communication, effective discipline, youth substance use, problem solving and limit setting Families engage in structured, alternative drug-free activities. 	<ul style="list-style-type: none"> Decreased alcohol, tobacco and illicit drug use Improved social/life skills, parent/child attachment, parenting skills and family relations Decreased family conflict and stress Improved resilience and protective factors and decreased risk factors in children and parents Decreased children's behavioral problems and conduct disorders.
Brief Strategic Family Therapy <i>University of Miami, Center for Family Studies, Miami, FL</i>	<p>A problem-focused approach to eliminate substance abuse risk by reducing problem behaviors in youth age six to 17 and strengthening their families. Provides families with tools and strategies to improve family relations. Targets acting-out behavior, associations with antisocial peers, early substance use and problematic family relations. Fosters parental leadership, appropriate parental involvement, support, communication, problem solving, clear rules, nurturing and shared responsibility. Provides specialized outreach strategies to bring families into therapy. Program can be set up in urban, suburban and rural homes, community social service agencies, mental health and family clinics and health agencies.</p>	<ul style="list-style-type: none"> Youth age six to 17 who exhibit rebelliousness, truancy, delinquency, early substance use and association with problem peers African American and Hispanic/Latino 	<ul style="list-style-type: none"> Eight to 12 weekly one to one and a half hour sessions Organize counselor-family team; diagnose strengths and weaknesses in family functioning; develop a strategy to enhance strengths and correct weaknesses; implement changes and reinforce family behaviors Build parenting skills, improve family communication, conflict resolution and problem solving skills Provide home-based services. Engage resistant clients in therapy 	<ul style="list-style-type: none"> 42 percent improvement in acting-out behavioral problems 75 percent reduction in marijuana use 58 percent reduction in association with antisocial peers Retained over 75 percent of youth in program Improved youth's self-concept and self-control Improved family functioning, parental involvement, communication, conflict resolution and problem-solving skills.

* Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Program Name	Description	Target Population	Key Strategies	Key Outcomes
<p data-bbox="110 310 274 432"><i>Creating Lasting Family Connections</i></p> <p data-bbox="110 464 274 625"><i>Council on Prevention and Education: Substances, Inc. (COPEs), Louisville, KY</i></p>	<p data-bbox="297 310 602 751">A comprehensive family strengthening, substance abuse and violence prevention curriculum for youth ages nine to 17 and families in high-risk environments. Provides parents and children skills for personal growth, family enhancement and interpersonal communication, including refusal skills for both parents and youth. Program can be set up in schools, faith communities, recreation centers, community settings and juvenile justice facilities.</p>	<ul data-bbox="625 310 859 583" style="list-style-type: none"> • Youths age nine to 17 and their families in high-risk environments • African American, Hispanic/Latino, Asian American, Native American, White and mixed ethnicity 	<ul data-bbox="881 310 1166 1098" style="list-style-type: none"> • Identify, recruit, assess and select community systems that will serve as the focal point of the program • Create, orient and train community volunteers to advocate for, recruit and retain high risk youth and their families • Recruit youth and families who are willing to participate • Administer six highly interactive training sessions, three each to parents and youth separately (on substance abuse issues, personal and family responsibilities and communication and refusal skills) • Provide early intervention services and follow-up to connect families to community resources and appropriate alternative activities. 	<ul data-bbox="1190 310 1494 611" style="list-style-type: none"> • Delayed onset of substance use for participating youth • Decreased use of substances among participating youth • Increased parents' knowledge and appropriate beliefs about substance abuse • Increased parental involvement in setting rules about substance use.

Appendix D

Select School Prevention Programs*

Program Name	Description	Target Population	Key Strategies	Key Outcomes
<p><i>The Incredible Years Training Series</i></p> <p><i>Incredible Years Program Office, Seattle, WA</i></p>	<p>Three comprehensive, multifaceted, developmentally based curricula for parents, teachers and children age two to eight to prevent delinquency, drug abuse and violence. Designed to reduce conduct problems at home and in the classroom and promote social, emotional and academic skills. Promotes parental competence and strengthens family skills by increasing communication skills and school involvement. Promotes teacher competence and strengthens school-home connections by strengthening teachers' classroom management strategies, increasing teachers' collaborative efforts in promoting parental involvement and developing behavior modification plans that connect school and home environments, and increases teachers' ability to offer social skills and problem-solving training in the classroom. Program can be set up in urban, suburban and rural preschools and elementary schools.</p>	<ul style="list-style-type: none"> • Designed for two- to eight-year old children with conduct problems and their parents • African American, Hispanic/Latino, Asian American 	<ul style="list-style-type: none"> • Uses three curricula: BASIC (basic parenting skills), ADVANCE (parental communication and anger management, and SCHOOL (parents promoting children's academic skills) • 18 to 22 weekly two hour sessions for children; 60 lesson plans delivered one to three times a week in 45 minute class periods; 12 to 14 weekly two hour sessions for BASIC series and 10 to 12 weekly two hour sessions for ADVANCE and SCHOOL series • 14 two hour sessions or four day intensive classroom training • Group parent skills training; Group teacher classroom management training; group support for parents, teachers and children; self-management skills training; peer support; decision-making skills training • Improve communication skills, limit setting, problem solving and anger management. 	<ul style="list-style-type: none"> • 66 percent of children previously diagnosed with conduct disorders were in normal range at 1- and 3-year followup • Reduced behavior problems • Increased prosocial behavior • Improved family relationships and peer interactions • Improved bonding to school and behavior at school

* Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Program Name	Description	Target Population	Key Strategies	Key Outcomes
<i>Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)</i>	Places trained professionals in schools to provide a full range of substance use prevention and early intervention services for multi-problem high school youth age 14 to 18. It also links schools to the community's continuum of care when necessary by referring both students and families to human services and substance abuse treatment agencies. Program can be set up in urban, suburban and rural alternative high schools.	<ul style="list-style-type: none"> • Designed for 14- to 18-year old youth who attend an alternative school that separates them from the general school population and who are from low to middle income families with substance-abusing parents • African American, Hispanic/Latino, Asian American and White 	<ul style="list-style-type: none"> • Partnership made between prevention agency and alternative school • Trained staff recruited to work in the alternative school as a program counselor; provides school with a full range of substance abuse prevention and early intervention services to help decrease risk factors and enhance protective factors related to substance abuse • Prevention education series (eight sessions); individual assessment; individual and group counseling (eight to 12 sessions); parent programs; referral for students and parents who need substance abuse treatment, more counseling or other services. 	<ul style="list-style-type: none"> • 23 percent reported ending substance use compared to adolescents who did not participate in the program • 37 percent decrease in overall substance use compared to adolescents who did not participate in the program • 45 percent reported ending marijuana use compared to adolescents who did not participate in the program • 33 percent reported ending alcohol use compared to adolescents who did not participate in the program • 23 percent reported ending tobacco use compared to adolescents who did not participate in the program • Decreased problem behaviors • Decreased associations with peers who use substances
<i>Student Assistance Services Corp., Tarrytown, NY</i>				

Program Name	Description	Target Population	Key Strategies	Key Outcomes
<p>Reconnecting Youth</p> <p><i>Reconnecting Youth Prevention Research Program, University of Washington School of Nursing, Seattle, WA</i></p>	<p>School-based prevention program for youth age 14 to 18 (grades nine through 12) who exhibit multiple problem behaviors such as substance abuse, aggression, depression or suicide risk, and are at risk for school dropout. A partnership model involving peers, school personnel and parents delivers interventions to decrease substance use and emotional distress, and increase school performance. Program can be set up in urban and suburban high schools.</p>	<ul style="list-style-type: none"> • Designed for high school youth age 14 to 18 at risk for school dropout • Multiple ethnic groups 	<ul style="list-style-type: none"> • RY Class for 50 minutes daily for one semester (80 sessions), covering self-esteem, decision-making, personal control and interpersonal communication. • School bonding activities such as social, recreational, school and weekend activities that are designed to reconnect students to school. • Parental involvement • School Crisis Response: provides teachers and school staff with guidelines for recognizing warning signs of suicidal behaviors and suicide prevention approaches • Mentoring and social support 	<ul style="list-style-type: none"> • 18 percent improvement in all grades in all classes compared to adolescents who did not participate in the program • 7.5 percent increase in credits earned per semester compared to adolescents who did not participate in the program • 54 percent decrease in hard drug use compared to adolescents who did not participate in the program • 48 percent decrease in anger and aggression problems compared to adolescents who did not participate in the program • 32 percent decrease in perceived stress compared to adolescents who did not participate in the program • 23 percent increase in self-efficacy compared to adolescents who did not participate in the program • Decrease deviant behavior and deviant peer bonding

Appendix E

Select Neighborhood Prevention Programs*

Program Name	Description	Target Population	Key Strategies	Key Outcomes
<p>CASASTART</p> <p><i>(Striving Together to Achieve Rewarding Tomorrows)*</i></p>	<p>Community-based, school-centered program designed to keep high-risk youth eight to 13 free of drug and crime involvement. Uses an intense, coordinated mix of preventive services and community-based law enforcement and addresses individual needs and family and community problems by building resiliency, strengthening families and making neighborhoods safe. Brings together key players in the community (schools, law enforcement, social services and health agencies) and provides case managers to work daily with high-risk youth. Program can be set up in urban, suburban and rural schools and community centers.</p>	<ul style="list-style-type: none"> Youth age eight to 13 who display at least four risk factors (i.e., drug use, delinquency, emotional problems, gang membership, poor academics, family violence) African American, Hispanic/Latino and White 	<ul style="list-style-type: none"> Intensive case management to coordinate and provide services to counteract the factors that lead children to substance use and delinquency Biweekly case review conferences and quarterly meetings Case manager serves 15 children and their families; provide comprehensive services Each site develops its own design and delivers services consistent with local culture and practice Every child receives: social support, family and educational services, after-school and summer activities, mentoring, community policing and enhanced enforcement and juvenile justice intervention Improve youths' attachment to prosocial individuals and institutions Increase youths opportunities to achieve positive goals Provide parent education/training. 	<ul style="list-style-type: none"> Reduced drug use; 20 percent less likely to use drugs in past 30 days compared to adolescents who did not participate in the program 60 percent less likely to sell drugs compared to adolescents who did not participate in the program Reduced association with delinquent peers and violent offenses; 20 percent less likely to commit a violent act compared to adolescents who did not participate in the program Increased positive peer influence More likely to be promoted to the next grade in school.
<p><i>The National Center on Addiction and Substance Abuse (CASA) at Columbia University, programs in 43 schools, 10 states, one tribal land and the District of Columbia</i></p>				

* Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Program Name	Description	Target Population	Key Strategies	Key Outcomes
<p data-bbox="99 323 337 485"><i>Across Ages</i></p> <p data-bbox="99 491 337 1102"><i>Temple University's Center for Intergenerational Learning, Philadelphia, PA</i></p>	<p data-bbox="342 323 613 1102">School and community-based drug prevention program for high-risk youth nine to 13 that seeks to strengthen the bonds between adults and youth and to provide opportunities for positive community involvement. Uses mentoring, community service, social competence training and family activities to build youths' sense of personal responsibility for self and community. Aims to increase knowledge of health and substance abuse, improve school bonding and problem-solving skills, and increase protective factors to prevent, reduce or delay substance use and its associated problems. Program can be set up in urban, suburban and rural middle schools and community centers.</p>	<ul data-bbox="618 323 889 506" style="list-style-type: none"> • Youth age nine to 13 • African American, Hispanic/Latino, White, Asian, Native American, Pacific Islander middle school students (6th grade) 	<ul data-bbox="894 323 1247 919" style="list-style-type: none"> • Uses mentoring, community service, social competence training and family activities • Pairs older adult mentors (55+) with middle school youth, spend a minimum of two hours each week in one-on-one contact with youth • Youth spend one to two hours per week doing community service • Provides social competence training in 26 weekly lessons, 45 minutes each • Monthly weekend events held for youth, their families and mentors • Targets substance abuse, school bonding and achievement, relationships with adults and peers, and problem-solving skills. 	<ul data-bbox="1252 323 1505 751" style="list-style-type: none"> • Decreased alcohol and tobacco use • Increased knowledge/negative attitude about drug use • Increased school attendance, decreased suspensions, improved grades • Improved attitudes toward school and future • Improved attitudes toward adults.

Appendix F

Select Treatment Programs for Juveniles in Juvenile Justice Systems

Program Name	Description	Target Population	Key Strategies & Services	Key Outcomes
Residential Student Assistance Program (RSAP) * <i>Student Assistance Services (SAS) Corporation, Tarrytown, NY</i>	<p>A substance abuse early intervention and treatment program designed specifically for high-risk teens voluntarily or involuntarily placed (by the juvenile justice system) in residential facilities. The program places trained professionals in residential facilities to provide residents with a full range of substance abuse services through education, problem identification, individual and group counseling and referral to treatment programs, more intensive counseling services or 12-step programs. A partnership is established between a prevention agency and the residential facility where counselors provide the facility with a full range of services that aim to help residents decrease their risk factors for substance abuse and increase their overall resiliency. The program educates facility staff; individually assesses residents to determine their level of substance abuse, family substance abuse and need for treatment; provides individual and group counseling after assessment based on their substance abuse patterns; and refers residents in need to substance abuse treatment.</p>	<ul style="list-style-type: none"> • High risk teens ages 14 to 17 either voluntarily or involuntarily placed in out-of-home residential facilities by the juvenile justice system • Primarily African American and Hispanic/Latino • Focus is on youth with multiple risk factors and problems, including early substance use; parents who are substances abusers; participation in violent or delinquent acts; histories of physical, sexual or emotional abuse; chronic school failure; and mental health problems. 	<ul style="list-style-type: none"> • Information dissemination • Normative and preventive education, including eight-session substance use education program • Problem identification and referral • Individual and small group counseling • Individual assessments to determine their level of substance use, family substance abuse and need for additional services • After assessment, a series of eight to 12 group-counseling sessions are held; groups are based on developmental differences, substance use patterns and family history of substance abuse; individual sessions are held as needed • Referrals are made for residents who require treatment, more intensive counseling or 12-step groups 	<ul style="list-style-type: none"> • 68 percent decrease in overall substance use compared to adolescents who did not participate in the program • 72 percent reported ending alcohol use compared to adolescents who did not participate in the program • 59 percent reported ending marijuana use compared to adolescents who did not participate in the program • 27 percent reported ending tobacco use compared to adolescents who did not participate in the program

* Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Program Name	Description	Target Population	Key Strategies & Services	Key Outcomes
<p><i>The 8% Solution: Reducing Chronic Repeat Offenders</i>[†]</p> <p><i>Orange County Probation Department, Orange County, CA</i></p>	<p>This program targets first-time offenders and is based on research that found that a small percentage (eight percent) of juveniles arrested are chronic, repeat offenders, and that the differences between these youth and other juvenile offenders were evident at their first arrest and referral to juvenile court. Its goals are to increase family structure, supervision and support; make potential “8-percenters” accountable; ensure that youth and families understand the importance of school; and promote pro-social values, behavior and relationships. Probation officers identify cases that are appropriate for the program and refer them to the Youth and Family Resource Centers where agencies collaborate as a team to assess a youth’s needs and devise a case strategy.</p>	<ul style="list-style-type: none"> Youth no older than 15½ who became involved in crime at an early age and exhibit three of the following four risk factors: (1) significant family problems (e.g., abuse, neglect, criminal family members, lack of parental supervision and control); (2) problems at school (e.g., truancy, failing multiple courses, recent suspension or expulsion); (3) alcohol and drug abuse; and (4) behaviors such as gang involvement, running away and stealing. 	<ul style="list-style-type: none"> The program provides onsite school at the Youth and Family Resource Centers for students in junior and senior high school; transportation to and from home; alcohol and drug abuse counseling; mental health evaluations and services; health screenings and health education; employment training and job placement services; afternoon programs; life skills classes, study hall and community service projects; at-home, intensive family counseling; parenting classes; and weekend community service activities. 	<ul style="list-style-type: none"> Preliminary evaluation of the project found that the number of chronic juvenile recidivists can be reduced through coordinated programs of aggressive early intervention and treatment of high-risk youth and families. Even a modest reduction in recidivism rates for the 8 percent problem group can result in major, long-term savings.
<p><i>Multisystemic Therapy</i></p> <p><i>Family Services Research Center, Medical University of South Carolina, Charleston, SC</i></p>	<p>A family-oriented, home-based program that targets chronic, violent or substance-abusing juvenile offenders age 12 to 17 by using methods that promotes positive social behavior and decrease antisocial behavior and substance abuse in order to change how youth function in their home, school and neighborhood. Goals are to reduce criminal activity, antisocial behavior, substance abuse, incarceration and other out-of-home placement. Program can be set up in urban, suburban and rural homes.</p>	<ul style="list-style-type: none"> Youth age 12 to 17 who are chronic, violent or substance-abusing juvenile offenders at risk of out-of-home placement African American and White 	<ul style="list-style-type: none"> Home-based model of service delivery. Therapists have small caseloads of four to six families and are available 24 hours a day, seven days a week; average treatment is 60 contact hours over four-month period. Focus on empowering parents by identifying strengths and developing support systems with family, friends and community. Focus on reducing individual, family, school, peer, school and neighborhood risk factors for substance abuse and delinquency. 	<ul style="list-style-type: none"> Decreased adolescent substance abuse and psychiatric symptoms Reduced long-term rearrest rates 25 to 70 percent compared to adolescents who did not participate in the program Reduced long-term out-of-home placement 47 to 64 percent compared to adolescents who did not participate in the program Improved family relations and functioning Increased school attendance

[†] Office of Juvenile Justice and Delinquency Prevention. (2001). *The 8% solution: OJJDP fact sheet #39* (NCJ Pub. No. FS-200139). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Program Name	Description	Target Population	Key Strategies & Services	Key Outcomes
<p>PEPNet (Promising and Effective Practices Network): Connecting Juvenile Offenders to Education and Employment[†]</p>	<p>PEPNet provides information, materials and publicity to organizations working with young offenders in both residential and community settings; identifies and promotes effective youth development and employment programs; and maintains an extensive database resource.</p> <p>PEPNet has created criteria for effective practices as a framework for developing quality juvenile justice programming and has designated 58 programs as PEPNet awardees--each of these designated programs incorporate PEPNet's youth development framework.</p>	<ul style="list-style-type: none"> Organizations working with young offenders in residential and community settings. 	<ul style="list-style-type: none"> PEPNet's framework states that in order to be effective juvenile justice programs must be rehabilitative rather than disciplinary; leverage available resources; stress strengths and assets; integrate academic, vocational and work readiness instruction; and document the outcomes of their graduates in terms of rearrest, reincarceration and postcompletion employment over as least a one-year period. 	<ul style="list-style-type: none"> All of PEPNet's programs have achieved reduced recidivism rates, prepared youth offenders for economic self-sufficiency and helped them to develop the work and life skills and resources necessary to achieve long-term success.
<p><i>The National Youth Employment Coalition (NYEC), U.S. Department of Labor</i></p>				

[†] O'Sullivan, K., Rose, N., & Murphy, T. (2001). *PEPNet: Connecting juvenile offenders to education and employment: OJJDP fact sheet #29* (NCJ Pub. No. FS-200129). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Appendix G

Estimating the Costs of Substance Abuse to Juvenile Justice Systems

CASA estimates that the costs of substance abuse to federal, state and local juvenile justice programs are conservatively \$14.4 billion annually, including costs of police protection and court processing, detention, residential placement, incarceration, federal block grants to states for increased accountability and substance abuse treatment.

State and local governments assume the majority of the burden of juvenile justice expenditures. The costs of arresting a juvenile offender are generally borne by local and county governments that fund local law enforcement. County and state governments usually bear the burden of court processing, including intake, prosecution, defense, adjudication and probation costs. The cost of detention for juveniles awaiting adjudication and the cost of out-of-home placements following adjudication are generally funded by states. For each of these components, cost and budget data are difficult to obtain. In some states, for example, expenditures for services to deal with delinquent juveniles may be part of a state's child welfare services budget or may be included in the overall state or county court budgets, making costs linked to juvenile justice difficult or impossible to isolate.

Within these constraints, however, CASA has estimated costs within four categories: (1) law enforcement and courts; (2) detention, residential placement and incarceration; (3) federal grants programs; and (4) substance abuse treatment.

Law Enforcement and Court Costs

Unfortunately, there are no reliable national statistics for state and local law enforcement or court expenditures for juveniles. The criminal justice system expenditure data collected periodically by the Bureau of Justice Statistics

do not distinguish between adult and juvenile case costs, nor do state and local criminal court budgets generally break costs down separately for juvenile cases. Similarly, no data on juvenile prosecution, defense attorney or probation costs are available. Accordingly, juvenile police protection and court costs must be estimated based on their proportion of all arrests and court cases from available national data.

The cost of law enforcement* (e.g., police protection and arrests) and courts† for juveniles (e.g., civil and criminal courts and associated expenses such as these for law libraries, juries, court reporters, probate functions) was an estimated \$10.4 billion in 2000:

- To estimate the total law enforcement costs for substance-involved juveniles, CASA estimated the average cost per arrest in 2000 and multiplied it by the number of juvenile arrests of substance-involved youth in 2000.
- To estimate the total court costs for cases involving substance-involved juveniles, CASA estimated the judicial and legal cost per court case and multiplied it by the number of delinquency cases involving substance-involved juveniles.

Law Enforcement Costs

Periodic surveys by the Bureau of Justice Statistics collect data on state and local criminal justice expenditures that include information on both adult and juvenile crimes. In 2000, state and local governments‡ combined spent \$58 billion on law enforcement costs linked to arrests.¹

* Police protection is the function of enforcing the law, preserving order and apprehending those who violate the law. These activities may be performed by city police departments, sheriffs' departments, state police or federal law enforcement agencies (e.g., FBI, DEA).

† Court costs include all civil and criminal courts and activities associated with courts.

‡ Specifically, state governments spent \$9.8 billion on police protection in 2000. Local governments spent \$48.2 billion on police protection in 2000.

In 2000,[§] law enforcement agencies made an estimated 13,980,297 adult and juvenile arrests,² yielding an average cost of \$4,149 per arrest.

CASA next estimated the number of juvenile arrests of substance-involved youth by multiplying total juvenile arrests (2,369,400 in 2000) by the proportion of juvenile offenders who are substance involved--78.4 percent. CASA then multiplied the average cost of arrest (\$4,149) by the number of juvenile arrests of substance-involved youth (1,857,610) to arrive at the total estimated arrest costs for substance-involved juvenile arrests in 2000 of \$7.7 billion.

Court Costs

In 2000, state and local governments** combined spent \$28 billion on court costs.³ To estimate the average court costs per case, total state and local government spending court costs should be divided by the number of cases that actually enter the juvenile and adult court systems. Because arrestees sometimes are diverted out of the justice system before being referred to court intake, the number of persons that actually enter both the adult and juvenile court systems is somewhat lower than the number of persons arrested. Of the estimated 2,369,400 juveniles arrested in 2000, 736,100 were diverted from the juvenile court system into alternative programs prior to referral to juvenile court intake, leaving an estimated 1,633,300 million delinquency cases for the juvenile court system to handle in 2000. Unfortunately, there are no data available to estimate the number of arrested adults diverted from the court system after arrest. Therefore, it is impossible to estimate the total number of adult cases that actually enter the court system. To be conservative, CASA

[§] Although more recent arrest data are available, preliminary 2000 juvenile court statistics (to be released in late 2004) are the most recent data available at the time of writing; therefore 2000 data were used throughout the report in order to provide a consistent comparison and present a complete picture of the state of the juvenile justice system.

** Specifically, state governments spent \$13.2 billion on judicial and legal costs in 2000. Local governments spent \$14.8 billion on judicial and legal costs in 2000.

included the total number of adult arrests in the denominator along with the number of juvenile cases that enter the juvenile system, although the number of adult cases that actually enter the court system is inevitably lower. Because the total number of arrests for adults is higher than the total number of adult court cases, this calculation under-estimates the average judicial and legal cost per court case. CASA conservatively estimates that the average judicial and legal cost per arrest is \$2,121 (\$28 billion judicial and legal costs divided by 13,244,197--the sum of juveniles entering the court system (1,633,300) and the number of adult arrests (11,610,897)).

Of the estimated 1,633,300 processed delinquency cases in 2000, an estimated 1,280,507 (78.4 percent) involved substance-involved juveniles.* Based on CASA's estimation of the average judicial and legal cost of \$2,121 per arrest, the estimated total cost for all processed delinquency cases involving substance-involved juveniles (1,280,507) in 2000 was \$2.7 billion.

Total Law Enforcement and Court Costs

Using these analytical strategies, in 2000, substance-involved juvenile law enforcement and court costs are estimated at \$10.4 billion (\$7.7 billion in juvenile law enforcement costs and at \$2.7 billion in juvenile court costs).

Detention, Residential Placement, and Incarceration Costs

There are no national data sets that document the costs of detention, residential placement and incarceration. However, in 2001, CASA documented in its report, *Shoveling Up: The Impact of Substance Abuse on State Budgets*,⁴ that states spent \$4.4 billion in 1998 on "juvenile detention and corrections and the construction and maintenance of juvenile correctional

* This estimate is based on the 78.4 percent of substance-involved youth calculation from CASA's analysis of 2000 ADAM data.

facilities."⁵ † Adjusting for 2000 dollars, these costs would equal \$4.6 billion. This estimate is reasonably consistent with other national estimates by the National Association of State Budget Officers (NASBO) of \$4.2 billion in FY 1998⁶ and the American Correctional Association of \$3.8 billion in FY 1998-99.⁷ When a national analysis conducted of children in detention, residential placement and incarceration using 1994 data is updated to 2000, this estimate comes to \$4.6 billion. Since CASA's estimate is based on detailed budget reports from 45 states, the District of Columbia and Puerto Rico, it was used for purposes of this analysis.

To estimate the costs of detention, residential placement and incarceration for substance-involved juvenile offenders, CASA multiplied the estimated total costs of \$4.6 billion times the percentage of substance-involved juveniles (78.4 percent) yielding an estimated \$3.6 billion for corrections costs for substance-involved juveniles.

Grant Programs

The Office of Juvenile Justice and Delinquency Prevention (OJJDP), a component of the U.S. Department of Justice, Office of Justice

† CASA's survey was sent to all 50 states, Puerto Rico and the District of Columbia in order to determine the cost of substance abuse to state governments. The survey was broken into 10 broad budget areas: human/social services, mental health and developmental disabilities, health, education, corrections, public safety, judiciary, regulatory/compliance, capital spending and state workforce. Within these main areas were several program groupings, including juvenile programs under the corrections category. The juvenile programs sub-category was defined to include any program that provides resources that are used at the state and local level to reduce juvenile delinquency. This includes both juvenile detention and correction centers and early-intervention services for families and children. This includes psychiatric, education, job training and juvenile camp programs. Programs that provide education, training and resources to local and non-profit organizations also are included. Any substance abuse prevention and treatment programs and facilities for juvenile prisoners are also included.

Programs, was established by the Juvenile Justice and Delinquency Prevention Act of 1974 to provide national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization; support states and communities in their efforts to develop and implement effective and coordinated prevention and intervention programs; and improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families.⁸ The OJJDP awards grants to states and localities through formula and block grant programs.⁹ The three main formula and block grant programs that provided funds to states and localities for juvenile justice programs in FY 2000 were the Juvenile Accountability Incentive Block Grants Program (\$221 million), the Formula Grants Program (\$70 million) and the Community Prevention Grants Program (\$36 million), totaling \$327 million.¹⁰ Assuming 78.4 percent of these costs were spent on cases involving substance-involved juveniles, the amount was \$256 million.

Substance Abuse Treatment Costs

There are no national data documenting spending on juvenile justice-based substance abuse treatment. Some state juvenile correctional budgets include treatment costs as a specific budget item under a general medical or health cost category and other states pay for treatment out of non-correctional budgets or contract with private agencies to provide treatment and other health services. Juvenile justice treatment costs may be hidden in the budgets of state agencies for families and children's services, departments of health or mental health, or the single state agencies for substance abuse.

In its study of substance abuse and state budgets, *Shoveling Up: The Impact of Substance Abuse on State Budgets*, CASA estimated that state costs for substance abuse treatment of juvenile offenders were \$133 million¹¹ in 1998. Adjusting for 2000 dollars, these costs would equal \$139 million. However, this may be an

underestimate of actual expenditures because expenditures might be included in other state agency budgets such as mental health or juvenile and family services departments.

Excluded Costs

This estimate does not include a number of costs for which national data or other estimates either are not available or cannot be made from available data. These excluded costs are:

- Juvenile probation, both formal and informal;
- Medical and mental health services; and
- Other hidden or ancillary costs such as family services, child welfare and school program costs.

Total Costs of Substance Abuse to the Juvenile Justice System

Using these analytical strategies, in 2000, the total cost of substance abuse to the juvenile justice system is estimated at \$14.4 billion-- including \$10.4 billion for substance-involved juvenile police protection and court processing costs; \$3.6 billion for substance-involved detention, residential placement and incarceration costs; \$256 million for federal grant costs; and \$139 million for substance abuse treatment of juvenile offenders.

* Sixty-three percent of adjudicated cases resulted in formal probation. These expenditure estimates do not include conjectures about the cost to oversee 393,300 cases sent to formal probation. Nor does the estimate include the voluntary or informal probationary costs for youth who are not adjudicated. In 2000, 12 percent of non-adjudicated cases resulted in formal probation and 33 percent of the informally processed (non-petitioned) cases resulted in informal probation. These estimates also do not include probationary costs for adjudicated youth after release from detention.

Chapter II

Notes

- ¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ³ Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice; Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴ National Center for Juvenile Justice. (2003). *Juvenile arrest rates by offense, sex, and race (1980-2001)*. [On-line]. Retrieved March 26, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁷ Arrestee Drug Abuse Monitoring Program. (2000). *1999 Annual Report on Drug Use Among Adult and Juvenile Arrestees (ADAM)* (GPO Item No. 0717-J-01). Washington, DC: U.S. Government Printing Office.
- ⁸ Osgood, D. W., & Chambers, J. M. (2003). *Community correlates of rural youth violence* (NCJ Pub. No. 193591). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁹ Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ¹⁰ Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ¹¹ Stevenson, C. S., Larson, C. S., Carter, L. S., Gomby, D. S., Terman, D. L., & Behrman, R. E. (1996). The juvenile court: Analysis and recommendations. *Future of Children*, 6(3), 4-28.
- ¹² Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹³ Sabo, S. (1996). Rights of passage: An analysis of waiver of juvenile court jurisdiction. *Fordham Law Review*, 64(5), 2425-2454.
- ¹⁴ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁵ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁶ National Center for Juvenile Justice. (2004). *NCJJ state juvenile justice profiles*. [On-line]. Retrieved September 24, 2004 from the World Wide Web: <http://www.ncjj.org/stateprofiles/>.
- ¹⁷ Snyder, H. N. (2002). *Juvenile arrests 2000* (NCJ Pub. No. 191729). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹⁸ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹⁹ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

- ²⁰ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²¹ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²² Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice; Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²³ Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ²⁴ Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ²⁵ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²⁶ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²⁷ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²⁸ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²⁹ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³⁰ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³¹ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice; Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 1999* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ³⁴ Snyder, H. N. (2002). *Juvenile arrests 2000* (NCJ Pub. No. 191729). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³⁵ Snyder, H. N. (2002). *Juvenile arrests 2000* (NCJ Pub. No. 191729). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³⁶ Snyder, H. N. (2002). *Juvenile arrests 2000* (NCJ Pub. No. 191729). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³⁷ National Center for Juvenile Justice. (2003). *Juvenile arrest rates by offense, sex, and race (1980-2001)*. [Online]. Retrieved March 26, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.

- ³⁸ National Center for Juvenile Justice. (2003). *Juvenile arrest rates by offense, sex, and race (1980-2001)*. [On-line]. Retrieved March 26, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ³⁹ National Center for Juvenile Justice. (2003). *Juvenile arrest rates by offense, sex, and race (1980-2001)*. [On-line]. Retrieved March 26, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>; Federal Bureau of Investigation. (2001). *Crime in the United States 2000: Uniform Crime Reports*. Washington, DC: U.S. Government Printing Office.
- ⁴⁰ National Center for Juvenile Justice. (2003). *Juvenile arrest rates by offense, sex, and race (1980-2001)*. [On-line]. Retrieved March 26, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ⁴¹ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴² Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Snyder, H. N. (2002). *Juvenile arrests 2000* (NCJ Pub. No. 191729). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Snyder, H. N. (1992). *1992 juvenile arrests: FBI Uniform Crime Reports data*. [On-line]. Retrieved April 4, 2004 from the World Wide Web: <http://www.ncjrs.org>; Butts, J. A. (1992). *Delinquency cases in juvenile court, 1992 [Fact sheet]* (NCJ Pub. No. FS-9418). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁴⁴ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁴⁵ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴⁶ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴⁷ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴⁸ Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ⁴⁹ Stahl, A., Finnegan, T., & Kang, W. (2002). *Easy access to juvenile court statistics: 1985-2000*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ⁵⁰ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁵¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁵² Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁵³ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁵⁴ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

- ⁵⁵ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁵⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁵⁷ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁵⁸ Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ⁵⁹ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁶⁰ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁶¹ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁶² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁶³ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁶⁴ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁶⁵ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁶⁶ Puzzanchera, C. M. (2003). *Juvenile delinquency probation caseload, 1990-1999: OJJDP fact sheet #6*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁶⁷ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁶⁸ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁶⁹ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁷⁰ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁷¹ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁷² Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.

- ⁷³ Puzzanchera, C. M. (2003). *Juvenile court placement of adjudicated youth, 1990-1999: OJJDP fact sheet #5*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁷⁴ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁷⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁷⁶ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁷⁷ Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁷⁸ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁷⁹ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁸⁰ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁸¹ Faruqee, M., & Juvenile Justice Project. (2002). *Rethinking juvenile detention in New York City: A report by the Juvenile Justice Project or the Correctional Association of New York*. [On-line]. Retrieved March 2, 2004 from the World Wide Web: <http://www.correctionalassociation.org>.
- ⁸² State of Wisconsin Department of Corrections, Division of Juvenile Corrections. (2004). *Type 1 facilities: Secured juvenile correctional facilities*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.wi-doc.com>.
- ⁸³ Texas Youth Commission. (2003). *Overview of the Juvenile Corrections System in Texas*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.tyc.state.tx.us>.
- ⁸⁴ California Department of the Youth Authority, Research Division. (2003). *Characteristics of the CYA population: Calendar year 2002*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.cya.ca.gov>.
- ⁸⁵ Justice Research Center, & Florida Department of Juvenile Justice, Bureau of Data and Research. (2003). *2003 outcome evaluation report*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.djj.state.fl.us>.
- ⁸⁶ New York State Office of Children and Family Services, Division of Rehabilitative Services. (2003). *Youth in care: 2002 annual report*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.ocfs.state.ny.us>.
- ⁸⁷ Stahl, A., Finnegan, T., & Kang, W. (2002). *Easy access to juvenile court statistics: 1985-2000*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ⁸⁸ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ⁸⁹ Stahl, A., Finnegan, T., & Kang, W. (2002). *Easy access to juvenile court statistics: 1985-2000*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ⁹⁰ Stahl, A., Finnegan, T., & Kang, W. (2002). *Easy access to juvenile court statistics: 1985-2000*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ⁹¹ Stahl, A., Finnegan, T., & Kang, W. (2002). *Easy access to juvenile court statistics: 1985-2000*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ⁹² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁹³ CASA analysis of National Center for Juvenile Justice. (2003). *Juvenile arrest rates by offense, sex, and race (1980-2001)*. [On-line]. Retrieved March 26, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ⁹⁴ CASA analysis of National Center for Juvenile Justice. (2003). *Juvenile arrest rates by offense, sex, and race (1980-2001)*. [On-line]. Retrieved March 26, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.

- ⁹⁵ Bilchik, S. (1999). *Minorities in the juvenile justice system* (NCJ Pub. No. 179007). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁹⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁹⁷ Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ⁹⁸ Stahl, A. L. (2001). *Delinquency cases in juvenile courts, 1998* (NCJ Pub. No. FS-200131). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁹⁹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ¹⁰⁰ Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ¹⁰¹ Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ¹⁰² Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ¹⁰³ Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ¹⁰⁴ Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ¹⁰⁵ Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ¹⁰⁶ Sickmund, M. (2004). *Juveniles in corrections* (NCJ Pub. No. 202885). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹⁰⁷ Human Rights Watch. (2002). *Race and incarceration in the United States: Human Rights Watch briefing, February 27, 2002*. [On-line]. Retrieved June 28, 2004 from the World Wide Web: <http://www.hrw.org>.
- ¹⁰⁸ Human Rights Watch. (2002). *Race and incarceration in the United States: Human Rights Watch briefing, February 27, 2002*. [On-line]. Retrieved June 28, 2004 from the World Wide Web: <http://www.hrw.org>.
- ¹⁰⁹ Sickmund, M. (2004). *Juveniles in corrections* (NCJ Pub. No. 202885). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁰ Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- ¹¹¹ Puzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹² Puzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹³ Puzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁴ Harms, P. (2003). *Detention in delinquency cases, 1990-1999* (NCJ Pub. No. FS-200307). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁵ Acoca, L. (1999). Investing in girls: A 21st century strategy. *Juvenile Justice*, 6(1), 3-13.

- ¹¹⁶ Snyder, H. N. (2002). *Juvenile arrests 2000* (NCJ Pub. No. 191729). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁷ Acoca, L. (1999). Investing in girls: A 21st century strategy. *Juvenile Justice*, 6(1), 3-13.
- ¹¹⁸ Federal Bureau of Investigation. (1999). *Crime in the United States 1998: Uniform Crime Reports*. Washington, DC: U.S. Government Printing Office.
- ¹¹⁹ Community Research Associates. (1998). *Juvenile female offenders: A status of the states report*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.ojjdp.ncjrs.org>; American Bar Association, & National Bar Association. (2001). *Justice by gender: The lack of appropriate prevention, diversion and treatment alternatives for girls in the justice system*. Washington, DC: American Bar Association, National Bar Association; Acoca, L. (1998). Outside/inside: The violation of American girls at home, on the streets, and in the juvenile justice system. *Crime and Delinquency*, 44(4), 561-589.
- ¹²⁰ Snyder, H. (2000). *Juvenile arrests 1999* (NCJ Pub. No. 185236). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹²¹ Snyder, H. N. (2002). *Juvenile arrests 2000* (NCJ Pub. No. 191729). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹²² Acoca, L. (1999). Investing in girls: A 21st century strategy. *Juvenile Justice*, 6(1), 3-13.
- ¹²³ Snyder, H. N. (2002). *Juvenile arrests 2000* (NCJ Pub. No. 191729). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹²⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ¹²⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ¹²⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ¹²⁷ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Chapter III

Notes

- ¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁷ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁸ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ¹⁰ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Longitudinal Survey of Youth 1997* [Data file]. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics.
- ¹¹ Altschuler, D. M., & Brounstein, P. J. (1991). Patterns of drug use, drug trafficking, and other delinquency among inner-city adolescent males in Washington, DC. *Criminology*, 29(4), 589-621.
- ¹² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Household Survey on Drug Abuse (NHSDA), 2000* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- ¹³ Krisberg, B., Austin, J., & Steele, P. A. (1989). *Unlocking juvenile corrections: Evaluating the Massachusetts Department of Youth Services*. San Francisco: National Council on Crime and Delinquency.
- ¹⁴ Hamparian, D. M., Davis, J. M., Jacobson, J. M., & McGraw, R. E. (1984). *The young criminal years of the violent few*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, National Institute for Juvenile Justice and Delinquency Prevention.
- ¹⁵ McCord, J., & Conway, K. P. (2002). *Patterns of juvenile delinquency and co-offending*. [On-line]. Retrieved March 30, 2004 from the World Wide Web: <http://www.ncjrs.org>.
- ¹⁶ Loeber, R., Farrington, D. P., & Petechuk, D. (2003). *Child delinquency: Early intervention and prevention: Child delinquency bulletin series* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁷ Dembo, R., Schmeidler, J., Nini-Gough, B., Chin Sue, C., Borden, P., & Manning, D. (1998). Predictors of recidivism to a juvenile assessment center: A three year study. *Journal of Child and Adolescent Substance Abuse*, 7(3), 57-77.

- ¹⁸ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ¹⁹ Langan, P. A., & Levin, D. J. (2002). *Recidivism of prisoners released in 1994* (NCJ Pub. No. 193427). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²⁰ Langan, P. A., & Levin, D. J. (2002). *Recidivism of prisoners released in 1994* (NCJ Pub. No. 193427). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²¹ Langan, P. A., & Levin, D. J. (2002). *Recidivism of prisoners released in 1994* (NCJ Pub. No. 193427). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- ²² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Religiousness and Post-release Community Adjustment in the United States 1990-1998* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 1997 Survey of Inmates in State and Federal Correctional Facilities* [Data file]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 1976 Survey of California Prison Inmates* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Cross-validation of the Iowa Offender Risk Assessment Model in Michigan, 1980-1982* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Employment Services for Ex-offenders, 1981-1984: Boston, Chicago, and San Diego* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Profiling Inmates in the Los Angeles County Jail, 1996-1998* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Psychological Classification of Adult Male Inmates in Federal Prison in Indiana, 1986-1988* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research; Edmund S. Muskie School of Public Service. (2003). *Reoccurring criminal behavior analysis: Snapshot survey of 400 Maine state prisoner files*. [On-line]. Retrieved September 23, 2004 from the World Wide Web: <http://www.state.me.us>; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *CASA analysis of the Drug Treatment Alternative-to-Prison (DTAP) Program* [Data file]. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ²³ Langan, P. A., & Greenfeld, L. A. (1983). *Career patterns in crime* (NCJ Pub. No. 88672). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- ²⁴ Langan, P. A., & Greenfeld, L. A. (1983). *Career patterns in crime* (NCJ Pub. No. 88672). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- ²⁵ Langan, P. A., & Greenfeld, L. A. (1983). *Career patterns in crime* (NCJ Pub. No. 88672). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- ²⁶ Langan, P. A., & Greenfeld, L. A. (1983). *Career patterns in crime* (NCJ Pub. No. 88672). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- ²⁷ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2004). *Substance use, abuse, and dependence among youths who have been in a jail or a detention center: The NSDUH report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ²⁸ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2004). *Substance use, abuse, and dependence among youths who have been in a jail or a detention center: The NSDUH report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ²⁹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2004). *Substance use, abuse, and dependence among youths who have been in a jail or a detention center: The NSDUH report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ³⁰ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2004). *Substance use, abuse, and dependence among youths who have been in a jail or a detention center: The NSDUH report*. Rockville,

MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

³¹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2004). *Substance use, abuse, and dependence among youths who have been in a jail or a detention center: The NSDUH report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

³² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

³³ McClelland, G. M., Teplin, L. A., & Abram, K. M. (2004). *Detection and prevalence of substance use among juvenile detainees* (NCJ Pub. No. 203934). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

³⁴ McClelland, G. M., Teplin, L. A., & Abram, K. M. (2004). *Detection and prevalence of substance use among juvenile detainees* (NCJ Pub. No. 203934). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

³⁵ McClelland, G. M., Teplin, L. A., & Abram, K. M. (2004). *Detection and prevalence of substance use among juvenile detainees* (NCJ Pub. No. 203934). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

³⁶ McClelland, G. M., Teplin, L. A., & Abram, K. M. (2004). *Detection and prevalence of substance use among juvenile detainees* (NCJ Pub. No. 203934). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

³⁷ Washington State Institute for Public Policy. (1997). *The class of 1988, seven years later: How a juvenile offender's crime, criminal history, and age affect the chances of becoming an adult felon in Washington State*. [Online]. Retrieved August 26, 2004 from the World Wide Web: <http://www.wsipp.wa.gov>.

³⁸ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

³⁹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

⁴⁰ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

⁴¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

⁴² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

⁴³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 1997 Survey of Inmates in State and Federal Correctional Facilities* [Data file]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

⁴⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Household Survey on Drug Abuse (NHSDA), 1997* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

⁴⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 1997 Survey of Inmates in State and Federal Correctional Facilities* [Data file]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

⁴⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

⁴⁷ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

⁴⁸ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

⁴⁹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

⁵⁰ Tanner, J., Davies, S., & O'Grady, B. (1999). Whatever happened to yesterday's rebels? Longitudinal effects of youth delinquency on education and employment. *Social Problems, 46*(2), 250-274.

⁵¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

⁵² Frey, H. E. (1999). *Employment and training for court-involved youth: An overview* (NCJ Pub. No. FS-99102). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁵³ Task Force on Employment and Training for Court-Involved Youth, & Office of Juvenile Justice and Delinquency Prevention. (2000). *Employment and training for court-involved youth* (NCJ Pub. No. 182787). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁵⁴ Task Force on Employment and Training for Court-Involved Youth, & Office of Juvenile Justice and Delinquency Prevention. (2000). *Employment and training for court-involved youth* (NCJ Pub. No. 182787). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁵⁵ Task Force on Employment and Training for Court-Involved Youth, & Office of Juvenile Justice and Delinquency Prevention. (2000). *Employment and training for court-involved youth*

tion and Substance Abuse (CASA) at Columbia University. (1996). Substance abuse and urban America: Its impact on an American city, New York. New York: The Nation &

Northwest Regional Educational Laboratory. (1998). *Guiding principles for promising female programming: An inventory of best practices*. [On-line]. Retrieved June 8, 2001 from the World Wide Web: <http://ojjdp.ncjrs.org>; Caspi, A., Lynam, D., Moffitt, T. E., & Silva, P. A. (1993). Unraveling girls' delinquency: Biological, dispositional, and contextual contributions to adolescent misbehavior. *Developmental Psychology, 29*(1), 19-30.

⁵⁸ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Chapter IV Notes

- ¹ Thornberry, T. P. (1994). *Violent families and youth violence*. [On-line]. Retrieved August 13, 2004 from the World Wide Web: <http://www.ncjrs.org>.
- ² Thornberry, T. P. (1994). *Violent families and youth violence*. [On-line]. Retrieved August 13, 2004 from the World Wide Web: <http://www.ncjrs.org>.
- ³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Longitudinal Survey of Youth 1997* [Data file]. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics.
- ⁴ Henry, D. B., Tolan, P. H., & Gorman-Smith, D. (2001). Longitudinal family and peer group effects on violence and nonviolent delinquency. *Journal of Clinical Child Psychology, 30*(2), 172-186.
- ⁵ Svensson, R. (2003). Gender differences in adolescent drug use: The impact of parental monitoring and peer deviance. *Youth and Society, 34*(3), 300-329.
- ⁶ Henry, D. B., Tolan, P. H., & Gorman-Smith, D. (2001). Longitudinal family and peer group effects on violence and nonviolent delinquency. *Journal of Clinical Child Psychology, 30*(2), 172-186.
- ⁷ Schneider Institute for Health Policy, Brandeis University. (2001). *Substance abuse: The nation's number one health problem: Key indicators for policy update*. Princeton, NJ: Robert Wood Johnson Foundation.
- ⁸ Substance Abuse and Mental Health Services Administration, Office of the Assistant Secretary for Planning and Evaluation. (1999). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection*. [On-line]. Retrieved February 27, 2004 from the World Wide Web: <http://www.hhs.gov>.
- ⁹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1999). *No safe haven: Children of substance abusing parents*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ¹⁰ Kelley, B. T., Thornberry, T. P., & Smith, C. A. (1997). *In the wake of childhood maltreatment* (NCJ Pub. No. 165257). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹ Community Research Associates. (1998). *Juvenile female offenders: A status of the states report*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.ojjdp.ncjrs.org>; American Bar Association, & National Bar Association. (2001). *Justice by gender: The lack of appropriate prevention, diversion and treatment alternatives for girls in the justice system*. Washington, DC: American Bar Association, National Bar Association; Acoca, L. (1998). Outside/inside: The violation of American girls at home, on the streets, and in the juvenile justice system. *Crime and Delinquency, 44*(4), 561-589.
- ¹² Greene, Peters and Associates, & Northwest Regional Educational Laboratory. (1998). *Guiding principles for promising female programming: An inventory of best practices*. [On-line]. Retrieved June 8, 2001 from the World Wide Web: <http://ojjdp.ncjrs.org>; McKnight, L. R., & Loper, A. B. (2002). The effect of risk and resilience factors on the prediction of delinquency in adolescent girls. *School Psychology International, 23*(2), 186-198; Siegel, J. A., & Williams, L. M. (2003). The relationship between child sexual abuse and female delinquency and crime: A prospective study. *Journal of Research in Crime and Delinquency, 40*(1), 71-94; Morris, R. E., Harrison, E. A., Knox, G. W., Tromanhauser, E., Marquis, D. K., & Watts, L. L. (1995). Health risk behavioral survey from 39 juvenile correctional facilities in the United States. *Journal of Adolescent Health, 17*(6), 334-344.
- ¹³ Siegel, J. A., & Williams, L. M. (2003). The relationship between child sexual abuse and female delinquency and crime: A prospective study. *Journal of Research in Crime and Delinquency, 40*(1), 71-94; Community Research Associates. (1998). *Juvenile female offenders: A status of the states report*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.ojjdp.ncjrs.org>; Mason, W. A., Zimmerman, L., & Evans, W. (1998). Sexual and physical abuse among incarcerated youth: Implications for sexual behavior, contraceptive use, and teenage pregnancy. *Child Abuse and Neglect, 22*(10), 987-995.
- ¹⁴ Greene, Peters and Associates, & Northwest Regional Educational Laboratory. (1998). *Guiding principles for promising female programming: An inventory of best practices*. [On-line]. Retrieved June 8, 2001 from the World Wide Web: <http://ojjdp.ncjrs.org>; Anderson, N. L. R., Nyamathi, A., McAvoy, J. A., Conde, F., & Casey, C. (2001). Perceptions about risk for HIV/AIDS among adolescents in juvenile detention. *Western Journal of Nursing Research, 23*(4), 336-359.
- ¹⁵ Acoca, L. (1998). Outside/inside: The violation of American girls at home, on the streets, and in the juvenile justice system. *Crime and Delinquency, 44*(4), 561-589.

- ¹⁶ Child Welfare League of America. (1998). *Alcohol and other drug survey of state child welfare agencies*. Washington, DC: Child Welfare League of America; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1999). *No safe haven: Children of substance abusing parents*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ¹⁷ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1999). *No safe haven: Children of substance abusing parents*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ¹⁸ McDonald, J. M. (2004). *Major innovation and challenges in child welfare practice, policy and research*. Paper presented at the Justine Wise Polier Memorial Lecture, New York; Wiebush, R., Freitag, R., & Baird, C. (2001). *Preventing delinquency through improved child protection services* (NCJ Pub. No. 187759). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹⁹ McDonald, J. M. (2004). *Major innovation and challenges in child welfare practice, policy and research*. Paper presented at the Justine Wise Polier Memorial Lecture, New York.
- ²⁰ Farrington, D. (2000). Explaining and preventing crime: The globalization of knowledge: The American Society of Criminology 1999 presidential address. *Criminology*, 38(1), 1-24; Brooks-Gunn, J., Duncan, G. J., & Aber, J. L. (1997). *Neighborhood poverty*. New York: Russell Sage Foundation; Brooks-Gunn, J., Duncan, G. J., Klebanov, P. K., & Sealander, N. (1993). Do neighborhoods influence child and adolescent development? *American Journal of Sociology*, 99(2), 353-395; Preski, S., & Shelton, D. (2001). The role of contextual, child, and parent factors in predicting criminal outcomes in adolescence. *Issues in Mental Health Nursing*, 22(2), 197-205; Elliott, D., Wilson, W. J., Huizinga, D., Sampson, R., Elliott, A., & Rankin, B. (1996). The effects of neighborhood disadvantage on adolescent development. *Journal of Research in Crime and Delinquency*, 33(4), 389-426.
- ²¹ Elliott, D., Huizinga, D., & Menard, S. (1989). *Multiple problem youth: Delinquency, substance use, and mental health problems*. New York: Springer-Verlag; Hawkins, J. D., Herrenkohl, T., Farrington, D., Brewer, D., Catalano, R., Harachi, T., et al. (2000). *Predictors of youth violence* (NCJ Pub. No. 179065). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Fingerhut, L. A., Kleinman, J. C., Godfrey, E., & Rosenberg, H. (1991). Firearm mortality among children, youth, and young adults: 1-34 years of age, trends, and current status: United States, 1979-88. *Monthly Vital Statistics Report*, 39(Suppl. 11); Thornton, T. N., Craft, C. A., Dahlberg, L. L., Lynch, B. S., Baer, K., Potter, L., et al. (2002). *Best practices of youth violence prevention: A sourcebook for community action*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention.
- ²² Laub, J. H. & Lauritsen, J. L. (1998). The interdependence of school violence with neighborhood and family conditions. In D. S. Elliott, B. A. Hamburg, & K. R. Williams (Eds.), *Violence in American schools: A new perspective* (pp. 127-155). New York: Cambridge University Press.
- ²³ Laub, J. H. & Lauritsen, J. L. (1998). The interdependence of school violence with neighborhood and family conditions. In D. S. Elliott, B. A. Hamburg, & K. R. Williams (Eds.), *Violence in American schools: A new perspective* (pp. 127-155). New York: Cambridge University Press.
- ²⁴ Elliott, D., Wilson, W. J., Huizinga, D., Sampson, R., Elliott, A., & Rankin, B. (1996). The effects of neighborhood disadvantage on adolescent development. *Journal of Research in Crime and Delinquency*, 33(4), 389-426.
- ²⁵ Sampson, R. J., & Raudenbush, S. W. (1999). Systematic social observation of public spaces: A new look at disorder in urban neighborhoods. *American Journal of Sociology*, 105(3), 603-651; Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 266(5328), 918-924.
- ²⁶ Anderson, B. J., Holmes, M. D., & Ostresh, E. (1999). Male and female delinquents' attachments and effects of attachments on severity of self-reported delinquency. *Criminal Justice and Behavior*, 26(4), 435-452; Tiet, Q. Q., Bird, H. R., Davies, M., Hoven, C., Cohen, P., Jensen, P. S., et al. (1998). Adverse life events and resilience. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(11), 1191-1200; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ²⁷ Carolina Population Center. (1998). *National Longitudinal Study of Adolescent Health* [Data file]. Chapel Hill, NC: Carolina Population Center.
- ²⁸ Dornbusch, S. M., Erickson, K. G., Laird, J., & Wong, C. A. (2001). The relation of family and school attachment to adolescent deviance in diverse groups and communities. *Journal of Adolescent Research*, 16(4), 396-422.

- ²⁹ Smith, C., Lizotte, A., Thornberry, T., & Krohn, M. (1995). Resilient youth: Identifying factors that prevent high-risk youth from engaging in delinquency and drug use. In J. Hagan (Ed.), *Delinquency and disrepute in the life course* (pp. 217-247). Greenwich, CT: JAI Press.
- ³⁰ Gottfredson, M. R., & Hirschi, T. (1990). *A general theory of crime*. Stanford, CA: Stanford University Press.
- ³¹ Acoca, L. (1998). Outside/inside: The violation of American girls at home, on the streets, and in the juvenile justice system. *Crime and Delinquency*, 44(4), 561-589.
- ³² Dryfoos, J. (1990). *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press;
- Yoshikawa, H. (1994). Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks. *Psychological Bulletin*, 115(1), 28-54; Greenwood, P., Model, K., Rydell, C., & Chiesa, J. (1996). *Diverting children from a life of crime: Measuring costs and benefits*. Santa Monica, CA: Rand Corporation.
- ³³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ³⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ³⁵ Garry, E. (1996). *Truancy: First step to a lifetime of problems* (NCJ Pub. No. 161958). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ³⁷ Garry, E. (1996). *Truancy: First step to a lifetime of problems* (NCJ Pub. No. 161958). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³⁸ Garry, E. (1996). *Truancy: First step to a lifetime of problems* (NCJ Pub. No. 161958). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³⁹ Garry, E. (1996). *Truancy: First step to a lifetime of problems* (NCJ Pub. No. 161958). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴⁰ Garry, E. (1996). *Truancy: First step to a lifetime of problems* (NCJ Pub. No. 161958). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Longitudinal Study of Adolescent Health (Add Health), 1996* [Data file]. Chapel Hill, NC: University of North Carolina at Chapel Hill, Carolina Population Center.
- ⁴² Dembo, R. (2000). *Analysis done by Richard Dembo for CASA of delinquent youth in Florida's Juvenile Assessment Center* [Data file]. Miami, FL: Juvenile Assessment Center; Dembo, R., Schmeidler, J., Nini-Gough, B., & Manning, D. (1998). Sociodemographic, delinquency-abuse history, and psychosocial functioning differences among juvenile offenders of various ages. *Journal of Child and Adolescent Substance Abuse*, 8(2), 63-78.
- ⁴³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Longitudinal Study of Adolescent Health (Add Health), 1996* [Data file]. Chapel Hill, NC: University of North Carolina at Chapel Hill, Carolina Population Center.
- ⁴⁴ Dembo, R. (2000). *Analysis done by Richard Dembo for CASA of delinquent youth in Florida's Juvenile Assessment Center* [Data file]. Miami, FL: Juvenile Assessment Center.
- ⁴⁵ Ericson, N. (2001). *Addressing the problem of juvenile bullying: OJJDP fact sheet #27* (NCJ Pub. No. FS-200127). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴⁶ Ericson, N. (2001). *Addressing the problem of juvenile bullying: OJJDP fact sheet #27* (NCJ Pub. No. FS-200127). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴⁷ Ericson, N. (2001). *Addressing the problem of juvenile bullying: OJJDP fact sheet #27* (NCJ Pub. No. FS-200127). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴⁸ Blumberg, S. J., Halfon, N., & Olson, L. M. (2004). The National Survey of Early Childhood Health. *Pediatrics*, 113(6), 1899-1906.
- ⁴⁹ Blumberg, S. J., Halfon, N., & Olson, L. M. (2004). The National Survey of Early Childhood Health. *Pediatrics*, 113(6), 1899-1906.

- ⁵⁰ Halfon, N., Regalado, M., Sareen, H., Inkelas, M., Reuland, C. H. P., Glascoe, F. P., et al. (2004). Assessing development in the pediatric office. *Pediatrics*, 113(6), 1926-1933.
- ⁵¹ Kogan, M. D., Schuster, M. A., Yu, S. M., Park, C. H., Olson, L. M., Inkelas, M., et al. (2004). Routine assessment of family and community health risks: Parent views and what they receive. *Pediatrics*, 113(6), 1934-1943.
- ⁵² White, H. R., Loeber, R., Stouthamer-Loeber, & Farrington, D. (1999). Developmental associations between substance use and violence. *Development and Psychopathology*, 11(4), 785-803.
- ⁵³ Coalition for Juvenile Justice. (2000). *Coalition for Juvenile Justice 2000 annual report*. Washington, DC: Coalition for Juvenile Justice.
- ⁵⁴ Office of the Surgeon General. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health; Coalition for Juvenile Justice. (2000). *Coalition for Juvenile Justice 2000 annual report*. Washington, DC: Coalition for Juvenile Justice.
- ⁵⁵ Coalition for Juvenile Justice. (2000). *Coalition for Juvenile Justice 2000 annual report*. Washington, DC: Coalition for Juvenile Justice; Beitchman, J. H., Adlaf, E. M., Douglas, L., Atkinson, L., Young, A., Johnson, C. J., et al. (2001). Comorbidity of psychiatric and substance use disorders in late adolescence: A cluster analytic approach. *American Journal of Drug and Alcohol Abuse*, 27(3), 421-440.
- ⁵⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁵⁷ Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59(12), 1133-1143.
- ⁵⁸ Teplin, L. (2001). *Mental health: An emerging issue*. Paper presented at the Annual Conference of the American Correctional Health Services Association, Atlanta, GA.
- ⁵⁹ Teplin, L. (2001). *Mental health: An emerging issue*. Paper presented at the Annual Conference of the American Correctional Health Services Association, Atlanta, GA.
- ⁶⁰ Carothers, C. (2004). *Juvenile detention centers: Are they warehousing children with mental illness: Hearing before the Senate Committee on Governmental Affairs*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://www.senate.gov>.
- ⁶¹ Cocozza, J., & Skowrya, K. (2000). Youth with mental health disorders: Issues and emerging responses. *Juvenile Justice*, 7(1), 3-13.
- ⁶² Winters, K. (1998). Kids and drugs: Treatment recognizes link between delinquency and substance abuse. *Corrections Today*, 60(6), 118-121.
- ⁶³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁶⁴ Cocozza, J., & Skowrya, K. (2000). Youth with mental health disorders: Issues and emerging responses. *Juvenile Justice*, 7(1), 3-13.
- ⁶⁵ Office of the Surgeon General. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- ⁶⁶ U.S. House of Representatives, Committee on Government Reform-Minority Staff, Special Investigations Division. (2004). *Incarceration of youth who are waiting for community mental health services in the United States: Prepared for Rep. Henry A. Waxman and Sen. Susan Collins*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.senate.gov>.
- ⁶⁷ U.S. House of Representatives, Committee on Government Reform-Minority Staff, Special Investigations Division. (2004). *Incarceration of youth who are waiting for community mental health services in the United States: Prepared for Rep. Henry A. Waxman and Sen. Susan Collins*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.senate.gov>.
- ⁶⁸ U.S. House of Representatives, Committee on Government Reform-Minority Staff, Special Investigations Division. (2004). *Incarceration of youth who are waiting for community mental health services in the United States: Prepared for Rep. Henry A. Waxman and Sen. Susan Collins*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.senate.gov>.
- ⁶⁹ U.S. House of Representatives, Committee on Government Reform-Minority Staff, Special Investigations Division. (2004). *Incarceration of youth who are waiting for community mental health services in the United States:*

Prepared for Rep. Henry A. Waxman and Sen. Susan Collins. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.senate.gov>.

⁷⁰ U.S. House of Representatives, Committee on Government Reform-Minority Staff, Special Investigations Division. (2004). *Incarceration of youth who are waiting for community mental health services in the United States: Prepared for Rep. Henry A. Waxman and Sen. Susan Collins*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.senate.gov>.

⁷¹ U.S. House of Representatives, Committee on Government Reform-Minority Staff, Special Investigations Division. (2004). *Incarceration of youth who are waiting for community mental health services in the United States: Prepared for Rep. Henry A. Waxman and Sen. Susan Collins*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.senate.gov>.

⁷² Kataoka, S. H., Zima, B. T., Dupre, D. A., Moreno, K. A., Yang, X., & McCracken, J. T. (2001). Mental health problems and service use among female juvenile offenders: Their relationship to criminal history. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(5), 549-555.

⁷³ Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59(12), 1133-1143.

⁷⁴ Teplin, L. (2001). *Mental health: An emerging issue*. Paper presented at the Annual Conference of the American Correctional Health Services Association, Atlanta, GA.

⁷⁵ Montgomery, I. (2000). *Mentally ill juvenile offenders: Responding to a critical need for services, assessment and collaboration*. Pittsburgh, PA: National Center for Juvenile Justice.

⁷⁶ Obeidallah, D. A., & Earls, F. J. (1999). *Adolescent girls: The role of depression in the development of delinquency*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

⁷⁷ Obeidallah, D. A., & Earls, F. J. (1999). *Adolescent girls: The role of depression in the development of delinquency*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

⁷⁸ Obeidallah, D. A., & Earls, F. J. (1999). *Adolescent girls: The role of depression in the development of delinquency*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

⁷⁹ Obeidallah, D. A., & Earls, F. J. (1999). *Adolescent girls: The role of depression in the development of delinquency*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

⁸⁰ Karacostas, D., & Fisher, G. (1993). Chemical dependency in students with and without learning disabilities. *Journal of Learning Disabilities*, 26(7), 491-495.

⁸¹ Beitchman, J. H., Adlaf, E. M., Douglas, L., Atkinson, L., Young, A., Johnson, C. J., et al. (2001). Comorbidity of psychiatric and substance use disorders in late adolescence: A cluster analytic approach. *American Journal of Drug and Alcohol Abuse*, 27(3), 421-440.

⁸² Chesapeake Institute. (1994). *National agenda for achieving better results for children and youth with serious emotional disturbance*. Washington, DC: U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs; SRI International, & Center for Education and Human Services. (1997). *The National Longitudinal Transition Study: A summary of findings*. Washington, DC: U.S. Department of Education, Office of Special Education Programs.

⁸³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2000). *Substance abuse and learning disabilities: Peas in a pod or apples and oranges?* New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University; Burrell, S., & Warboys, L. (2000). *Special education and the juvenile justice system* (NCJ Pub. No. 179359). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁸⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2000). *Substance abuse and learning disabilities: Peas in a pod or apples and oranges?* New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University; Malmgren, K., Abbott, R. D., & Hawkins, J. D. (1999). LD and delinquency: Rethinking the "link". *Journal of Learning Disabilities*, 32(3), 194-200.

⁸⁵ Stephens, R., & Arnette, J. (2000). *From the courthouse to the schoolhouse: Making successful transitions: OJJDP juvenile justice bulletin* (NCJ Pub. No. 178900). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Portner, J. (1996). Jailed youths shortchanged on education. *Education Week*, 16(5), 1.

⁸⁶ Leone, P. E., & Meisel, S. (1999). *Improving education services for students in detention and confinement facilities*. [On-line]. Retrieved October 9, 2001 from the World Wide Web: <http://www.edjj.org/>.

⁸⁷ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.

- ⁸⁸ Stern, K. (2001). *A treatment study of children with attention deficit hyperactivity disorder* (NCJ Pub. No. FS-200120). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁸⁹ Stern, K. (2001). *A treatment study of children with attention deficit hyperactivity disorder* (NCJ Pub. No. FS-200120). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁹⁰ Scott, M. E. (1987). *Attention deficit disorder (ADD): Digest #445* (ERIC Id. No. ED287261). Reston, VA: ERIC Clearinghouse on Handicapped and Gifted Children.
- ⁹¹ Molina, B. S. G., & Pelham, W. E. (2001). Substance use, substance abuse, and LD among adolescents with a childhood history of ADHD. *Journal of Learning Disabilities, 34*(4), 333-342; Richardson, W. (1997). *The link between A.D.D. and addiction: Getting the help you deserve*. Colorado Springs, CO: Pinon Press; Stern, K. (2001). *A treatment study of children with attention deficit hyperactivity disorder* (NCJ Pub. No. FS-200120). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Milberger, S., Biederman, J., Faraone, S. V., Chen, L., & Jones, J. (1997). ADHD is associated with early initiation of cigarette smoking in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*(1), 37-44; Wilens, T. E., Biederman, J., Spencer T.J., & Frances, R. J. (1994). Comorbidity of attention-deficit hyperactivity and psychoactive substance use disorders. *Hospital and Community Psychiatry, 45*(5), 421-423.
- ⁹² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *National survey of American attitudes on substance abuse VIII: Teens and parents*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University; Aseltine, R. H., Gore, S., & Gordon, J. (2000). Life stress, anger and anxiety, and delinquency: An empirical test of general strain theory. *Journal of Health and Social Behavior, 41*(3), 256-275; Thornberry, T. P., Smith, C. A., Rivera, C., Huizinga, D., & Stouthamer-Loeber, M. (1999). *Family disruption and delinquency: OJJDP juvenile justice bulletin* (NCJ Pub. No. 178285). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁹³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *National survey of American attitudes on substance abuse VIII: Teens and parents*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ⁹⁴ Aseltine, R. H., Gore, S., & Gordon, J. (2000). Life stress, anger and anxiety, and delinquency: An empirical test of general strain theory. *Journal of Health and Social Behavior, 41*(3), 256-275.
- ⁹⁵ Thornberry, T. P., Smith, C. A., Rivera, C., Huizinga, D., & Stouthamer-Loeber, M. (1999). *Family disruption and delinquency: OJJDP juvenile justice bulletin* (NCJ Pub. No. 178285). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁹⁶ Byrne, D. G., Byrne, A. E., & Reinhart, M. I. (1995). Personality, stress and the decision to commence cigarette smoking in adolescence. *Journal of Psychosomatic Research, 39*(1), 53-62; Aseltine, R. H., Gore, S., & Gordon, J. (2000). Life stress, anger and anxiety, and delinquency: An empirical test of general strain theory. *Journal of Health and Social Behavior, 41*(3), 256-275.
- ⁹⁷ Schoen, C., Davis, K., Collins, K. S., Greenberg, L., Des Roches, C., & Abrams, M. (1997). *The Commonwealth Fund Survey of the Health of Adolescent Girls*. New York: Commonwealth Fund.
- ⁹⁸ Diclemente, R. J., Lanier, M. M., Horan, P. F., & Lodico, M. (1991). Comparison of AIDS knowledge, attitudes, and behaviors among incarcerated adolescents and a public school sample in San Francisco. *American Journal of Public Health, 81*(5), 628-630.
- ⁹⁹ Martinez, T. E., Gleghorn, A., Marx, R., Clements, K., Boman, M., & Katz, M. H. (1998). Psychosocial histories, social environment, and HIV risk behaviors of injection and noninjection drug using homeless youths. *Journal of Psychoactive Drugs, 30*(1), 1-10.
- ¹⁰⁰ Martinez, T. E., Gleghorn, A., Marx, R., Clements, K., Boman, M., & Katz, M. H. (1998). Psychosocial histories, social environment, and HIV risk behaviors of injection and noninjection drug using homeless youths. *Journal of Psychoactive Drugs, 30*(1), 1-10.
- ¹⁰¹ Svensson, R. (2003). Gender differences in adolescent drug use: The impact of parental monitoring and peer deviance. *Youth and Society, 34*(3), 300-329; Brendgen, M., Vitaro, F., & Bukowski, W. M. (2000). Deviant friends and early adolescents' emotional and behavioral adjustment. *Journal of Research on Adolescence, 10*(2), 173-189.
- ¹⁰² Maxwell, K. A. (2002). Friends: The role of peer influence across adolescent risk behaviors. *Journal of Youth and Adolescence, 31*(4), 267-277; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Longitudinal Study of Adolescent Health (Add Health), 1996* [Data file]. Chapel Hill, NC: University of North Carolina at Chapel Hill, Carolina Population Center.

- ¹⁰³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Longitudinal Study of Adolescent Health (Add Health), 1996* [Data file]. Chapel Hill, NC: University of North Carolina at Chapel Hill, Carolina Population Center.
- ¹⁰⁴ Quensel, S., McArdle, P., Brinkley, A., & Wiegersma, A. (2002). Broken home or drug using peers: "Significant relations"? *Journal of Drug Issues*, 32(2), 467-490.
- ¹⁰⁵ Brendgen, M., Vitaro, F., & Bukowski, W. M. (2000). Deviant friends and early adolescents' emotional and behavioral adjustment. *Journal of Research on Adolescence*, 10(2), 173-189.
- ¹⁰⁶ Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹⁰⁷ Youth were interviewed at ages 13 to 16 and 18. In each interview, youth reported activities for the past month (except for drug selling and arrest, which were reported for the past year). For gang members, prevalence reflects only the year(s) of membership. Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹⁰⁸ Howell, J. C., & Lynch, J. P. (2000). *Youth gangs in schools: OJJDP juvenile justice bulletin* (NCJ Pub. No. 183015). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Office of Juvenile Justice and Delinquency Prevention. (2003). New program supports community anti-gang efforts. *OJJDP News at a Glance*, 2(5).
- ¹⁰⁹ Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁰ Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹¹ Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹² Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹³ Office of Juvenile Justice and Delinquency Prevention. (2003). New program supports community anti-gang efforts. *OJJDP News at a Glance*, 2(5).
- ¹¹⁴ Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁵ Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁶ Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹¹⁷ Diclemente, R. J., Lanier, M. M., Horan, P. F., & Lodico, M. (1991). Comparison of AIDS knowledge, attitudes, and behaviors among incarcerated adolescents and a public school sample in San Francisco. *American Journal of Public Health*, 81(5), 628-630.
- ¹¹⁸ Morris, R. E., Harrison, E. A., Knox, G. W., Tromanhauser, E., Marquis, D. K., & Watts, L. L. (1995). Health risk behavioral survey from 39 juvenile correctional facilities in the United States. *Journal of Adolescent Health*, 17(6), 334-344.
- ¹¹⁹ Grunbaum, J. A., Kann, L., Kinchen, S. A., Williams, B., Ross, J. G., Lowry, R., et al. (2002). Youth risk behavior surveillance: United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4).
- ¹²⁰ Canterbury, R. J., McGarvey, E. L., Sheldon-Keller, A. E., Waite, D., Reams, P., & Koopman, C. (1995). Prevalence of HIV-related risk behaviors and STDs among incarcerated adolescents. *Journal of Adolescent Health*, 17(3), 173-177.
- ¹²¹ Morris, R., Baker C., & Huscroft, S. (1992). Incarcerated youth at-risk for HIV infections. In R. Diclemente (Ed.), *Adolescents and AIDS: A generation in jeopardy* (pp. 52-70). Newbury, CA: Sage.

- ¹²² Morris, R., Baker C., & Huscroft, S. (1992). Incarcerated youth at-risk for HIV infections. In R. Diclemente (Ed.), *Adolescents and AIDS: A generation in jeopardy* (pp. 52-70). Newbury, CA: Sage.
- ¹²³ Morris, R., Baker C., & Huscroft, S. (1992). Incarcerated youth at-risk for HIV infections. In R. Diclemente (Ed.), *Adolescents and AIDS: A generation in jeopardy* (pp. 52-70). Newbury, CA: Sage; Baker, C., Morris, R., & Huscroft, S. (1991). *Survey of sexual behaviors as HIV risk factors in incarcerated minors*. Paper presented at the VII International Conference on AIDS, Florence, Italy.
- ¹²⁴ Canterbury, R. J., McGarvey, E. L., Sheldon-Keller, A. E., Waite, D., Reams, P., & Koopman, C. (1995). Prevalence of HIV-related risk behaviors and STDs among incarcerated adolescents. *Journal of Adolescent Health, 17*(3), 173-177.
- ¹²⁵ Greene, Peters and Associates, & Northwest Regional Educational Laboratory. (1998). *Guiding principles for promising female programming: An inventory of best practices*. [On-line]. Retrieved June 8, 2001 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- ¹²⁶ Centers for Disease Control and Prevention. (2002). *Health topics: Sexual behaviors*. [On-line]. Retrieved March 26, 2003 from the World Wide Web: <http://www.cdc.gov>.
- ¹²⁷ Kiragu, K. (2001). *Youth and HIV/AIDS: Can we avoid catastrophe?* Baltimore, MD: Johns Hopkins University Bloomberg School of Public Health, Population Information Program.
- ¹²⁸ Acoca, L. (1998). Outside/inside: The violation of American girls at home, on the streets, and in the juvenile justice system. *Crime and Delinquency, 44*(4), 561-589.
- ¹²⁹ Centers for Disease Control and Prevention. (2001). *Chlamydia in the United States*. [On-line]. Retrieved March 27, 2003 from the World Wide Web: <http://www.cdc.gov>.
- ¹³⁰ Johnson, B. R., Jang, S. J., Larson, D. B., & de Li, S. (2001). Does adolescent religious commitment matter? A reexamination of the effects of religiosity on delinquency. *Journal of Research in Crime and Delinquency, 38*(1), 22-43.
- ¹³¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ¹³² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *So help me God: Substance abuse, religion and spirituality*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ¹³³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *So help me God: Substance abuse, religion and spirituality*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ¹³⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998). *Back to school 1998: National survey of American attitudes on substance abuse IV: Teens, teachers and principals*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University. Again, however, these analyses did not control for age or gender. Therefore, it is possible that older children are less likely to attend religious services and more likely to have tried marijuana in their lifetime. In order to feel more confident that there is a relationship between drug use and the number of times one attends a religious service, age and gender would have to be controlled.
- ¹³⁵ Wyrick, P. A. (2000). *Law enforcement referral of at-risk youth: The SHIELD program* (NCJ Pub. No. 184579). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹³⁶ Griffin, P. (1999). *Juvenile probation in the schools*. Pittsburgh, PA: National Center for Juvenile Justice.
- ¹³⁷ Mino, M. (2003). *Implementing a school safety project: An evaluation of the I.S. 275 Brownsville Youth for Peace School Safety Project*. New York: Vera Institute of Justice.
- ¹³⁸ Wyrick, P. A. (2000). *Law enforcement referral of at-risk youth: The SHIELD program* (NCJ Pub. No. 184579). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹³⁹ Coalition for Juvenile Justice. (2003). *Understanding the system*. [On-line]. Retrieved July 23, 2003 from the World Wide Web: <http://www.juvjustice.org>.
- ¹⁴⁰ Coalition for Juvenile Justice. (2003). *Understanding the system*. [On-line]. Retrieved July 23, 2003 from the World Wide Web: <http://www.juvjustice.org>.
- ¹⁴¹ Coalition for Juvenile Justice. (2003). *Understanding the system*. [On-line]. Retrieved July 23, 2003 from the World Wide Web: <http://www.juvjustice.org>.

¹⁴² Griffin, P. (1999). *Juvenile probation in the schools*. Pittsburgh, PA: National Center for Juvenile Justice; Mino, M. (2003). *Implementing a school safety project: An evaluation of the I.S. 275 Brownsville Youth for Peace School Safety Project*. New York: Vera Institute of Justice.

¹⁴³ Coalition for Juvenile Justice. (2003). *Understanding the system*. [On-line]. Retrieved July 23, 2003 from the World Wide Web: <http://www.juvjustice.org>.

¹⁴⁴ Coalition for Juvenile Justice. (2003). *Understanding the system*. [On-line]. Retrieved July 23, 2003 from the World Wide Web: <http://www.juvjustice.org>.

¹⁴⁵ Coalition for Juvenile Justice. (2003). *Understanding the system*. [On-line]. Retrieved July 23, 2003 from the World Wide Web: <http://www.juvjustice.org>.

¹⁴⁶ Smith, C., & Carlson, B. (1997). Stress, coping, and resilience in children and youth. *Social Service Review*, 71(2), 231-256.

Chapter V

Notes

- ¹ Pfeiffer, M. B. (2004). *Juvenile detention system struggles: Use of force a focal point: Boy critically hurt in Lansing*. [On-line]. Retrieved February 17, 2004 from the World Wide Web: <http://www.theithacajournal.com>.
- ² Sickmund, M. (2002). *Juvenile residential facility census, 2000: Selected findings* (NCJ Pub. No. 196595). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³ Sickmund, M. (2002). *Juvenile residential facility census, 2000: Selected findings* (NCJ Pub. No. 196595). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴ Annie E. Casey Foundation. (1997). *Juvenile Detention Alternatives Initiative: A progress report*. Baltimore, MD: Annie E. Casey Foundation.
- ⁵ Faruqee, M., & Juvenile Justice Project. (2002). *Rethinking juvenile detention in New York City: A report by the Juvenile Justice Project or the Correctional Association of New York*. [On-line]. Retrieved March 2, 2004 from the World Wide Web: <http://www.correctionalassociation.org>.
- ⁶ Faruqee, M., & Juvenile Justice Project. (2002). *Rethinking juvenile detention in New York City: A report by the Juvenile Justice Project or the Correctional Association of New York*. [On-line]. Retrieved March 2, 2004 from the World Wide Web: <http://www.correctionalassociation.org>.
- ⁷ Faruqee, M., & Juvenile Justice Project. (2002). *Rethinking juvenile detention in New York City: A report by the Juvenile Justice Project or the Correctional Association of New York*. [On-line]. Retrieved March 2, 2004 from the World Wide Web: <http://www.correctionalassociation.org>.
- ⁸ Building Blocks for Youth. (2002). *Children in adult jails: Incarcerating youth with adult inmates ends in tragedies*. [On-line]. Retrieved December 20, 2002 from the World Wide Web: <http://www.buildingblocksforyouth.org>.
- ⁹ Howell, J. (1998). Abolish the juvenile court? Nonsense! *Juvenile Justice Update*, 4(1), 1-2, 10-13.
- ¹⁰ Howell, J. (1998). Abolish the juvenile court? Nonsense! *Juvenile Justice Update*, 4(1), 1-2, 10-13.
- ¹¹ Stephens, R., & Arnette, J. (2000). *From the courthouse to the schoolhouse: Making successful transitions: OJJDP juvenile justice bulletin* (NCJ Pub. No. 178900). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Gemignani, R. J. (1994). *Juvenile correctional education: A time for change: OJJDP update on research* (NCJ Pub. No. 150309). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹² Cannon, A. & Beiser, V. (2004, August 9). Juvenile injustice: Overcrowding, violence, and abuse: State juvenile justice systems are in a shockingly chaotic state: Now, finally, the feds are stepping in. *U.S. News and World Report*, 137(4), 28-33; Fiscal year 2002 activities under the Civil Rights of Institutionalized Persons Act. (2002). *Fiscal year 2002 activities under the Civil Rights of Institutionalized Persons Act*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.usdoj.gov>; Broder, J. M. (2004, February 15). Dismal California prisons hold juvenile offenders. *New York Times*, p. 18; Warren, J., Leovy, J., & Zamichow, N. (2004, February 17). A daily lesson in violence and despair: For many juveniles in the state's youth penal system, the effort to survive overshadows hope for rehabilitation. *Los Angeles Times*, p. A1; Agreement between the United States, Los Angeles County and the Los Angeles County Office of Education to resolve the United States' investigation regarding conditions of confinement in the Los Angeles County Juvenile Halls. (2004). *Agreement between the United States, Los Angeles County and the Los Angeles County Office of Education to resolve the United States' investigation regarding conditions of confinement in the Los Angeles County Juvenile Halls*. Unpublished manuscript; Stowe, S. (2004, June 29). Tape shows boys' abuse at correctional center. *New York Times*, p. B5; Florida Department of Juvenile Justice, Office of the Inspector General, Bureau of Investigations. (2004). *Executive summary*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.djj.state.fl.us>; Boyd, R. F. (2003). *CRIPA investigation of Oakley and Columbia Training Schools in Raymond and Columbia, Mississippi*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.openminds.com/indres/dojmississippi.htm>; U.S. Department of Justice, Civil Rights Division, Special Litigation Section. (2004). *Request for information of Mississippi juvenile facilities*. [On-line]. Retrieved September 14, 2004 from the World Wide Web: <http://www.usdoj.gov>; Boyd, R. F. (2004). *Investigation of Nevada Youth Training Center*. [On-line]. Retrieved September 14, 2004 from the World Wide Web: <http://www.usdoj.gov>; Pfeiffer, M. B. (2004). *Juvenile detention system struggles: Use of force a focal point: Boy critically hurt in Lansing*. [On-line]. Retrieved February 17, 2004 from the World Wide Web: <http://www.theithacajournal.com>.

¹³ Cannon, A. & Beiser, V. (2004, August 9). Juvenile injustice: Overcrowding, violence, and abuse: State juvenile justice systems are in a shockingly chaotic state: Now, finally, the feds are stepping in. *U.S. News and World Report*, 137(4), 28-33.

¹⁴ Cannon, A. & Beiser, V. (2004, August 9). Juvenile injustice: Overcrowding, violence, and abuse: State juvenile justice systems are in a shockingly chaotic state: Now, finally, the feds are stepping in. *U.S. News and World Report*, 137(4), 28-33.

¹⁵ Cannon, A. & Beiser, V. (2004, August 9). Juvenile injustice: Overcrowding, violence, and abuse: State juvenile justice systems are in a shockingly chaotic state: Now, finally, the feds are stepping in. *U.S. News and World Report*, 137(4), 28-33; Broder, J. M. (2004, February 15). Dismal California prisons hold juvenile offenders. *New York Times*, p. 18; Stowe, S. (2004, June 29). Tape shows boys' abuse at correctional center. *New York Times*, p. B5; Florida Department of Juvenile Justice, Office of the Inspector General, Bureau of Investigations. (2004). *Executive summary*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.djj.state.fl.us>; Boyd, R. F. (2003). *CRIPA investigation of Oakley and Columbia Training Schools in Raymond and Columbia, Mississippi*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.openminds.com/indres/dojmississippi.htm>; Boyd, R. F. (2004). *Investigation of Nevada Youth Training Center*. [On-line]. Retrieved September 14, 2004 from the World Wide Web: <http://www.usdoj.gov>; Pfeiffer, M. B. (2004). *Juvenile detention system struggles: Use of force a focal point: Boy critically hurt in Lansing*. [On-line]. Retrieved February 17, 2004 from the World Wide Web: <http://www.theithacajournal.com>.

¹⁶ Statement by Don Spector, director of the Prison Law Office in Marin County, CA in Benson, C. (2004, February 3). Youth prison system blasted: CYA units plagued by violence and lack services, reports say. *Sacramento Bee*.

¹⁷ Broder, J. M. (2004, February 15). Dismal California prisons hold juvenile offenders. *New York Times*, p. 18.

¹⁸ Broder, J. M. (2004, February 15). Dismal California prisons hold juvenile offenders. *New York Times*, p. 18.

¹⁹ Broder, J. M. (2004, February 15). Dismal California prisons hold juvenile offenders. *New York Times*, p. 18.

²⁰ Broder, J. M. (2004, February 15). Dismal California prisons hold juvenile offenders. *New York Times*, p. 18;

Warren, J., Leovy, J., & Zamichow, N. (2004, February 17). A daily lesson in violence and despair: For many juveniles in the state's youth penal system, the effort to survive overshadows hope for rehabilitation. *Los Angeles Times*, p. A1; Benson, C. (2004, February 3). Youth prison system blasted: CYA units plagued by violence and lack services, reports say. *Sacramento Bee*.

²¹ Warren, J., Leovy, J., & Zamichow, N. (2004, February 17). A daily lesson in violence and despair: For many juveniles in the state's youth penal system, the effort to survive overshadows hope for rehabilitation. *Los Angeles Times*, p. A1.

²² Pfeiffer, M. B. (2004). *Juvenile detention system struggles: Use of force a focal point: Boy critically hurt in Lansing*. [On-line]. Retrieved February 17, 2004 from the World Wide Web: <http://www.theithacajournal.com>.

²³ Cannon, A. & Beiser, V. (2004, August 9). Juvenile injustice: Overcrowding, violence, and abuse: State juvenile justice systems are in a shockingly chaotic state: Now, finally, the feds are stepping in. *U.S. News and World Report*, 137(4), 28-33; Florida Department of Juvenile Justice, Office of the Inspector General, Bureau of Investigations. (2004). *Executive summary*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.djj.state.fl.us>.

²⁴ Stowe, S. (2004, June 29). Tape shows boys' abuse at correctional center. *New York Times*, p. B5.

²⁵ Stowe, S. (2004, June 29). Tape shows boys' abuse at correctional center. *New York Times*, p. B5.

²⁶ Stowe, S. (2004, June 29). Tape shows boys' abuse at correctional center. *New York Times*, p. B5.

²⁷ (2002). *Fiscal year 2002 activities under the Civil Rights of Institutionalized Persons Act*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.usdoj.gov>.

²⁸ (2002). *Fiscal year 2002 activities under the Civil Rights of Institutionalized Persons Act*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.usdoj.gov>.

²⁹ (2002). *Fiscal year 2002 activities under the Civil Rights of Institutionalized Persons Act*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.usdoj.gov>.

³⁰ Boyd, R. F. (2004). *Investigation of Nevada Youth Training Center*. [On-line]. Retrieved September 14, 2004 from the World Wide Web: <http://www.usdoj.gov>.

³¹ Memorandum of understanding by and between the United States and the State of Nevada. (2004). *Memorandum of understanding by and between the United States and the State of Nevada*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.usdoj.gov>.

³² Agreement between the United States, Los Angeles County and the Los Angeles County Office of Education to resolve the United States' investigation regarding conditions of confinement in the Los Angeles County Juvenile Halls. (2004). *Agreement between the United States, Los Angeles County and the Los Angeles County Office of*

Education to resolve the United States' investigation regarding conditions of confinement in the Los Angeles County Juvenile Halls. Unpublished manuscript.

³³ Agreement between the United States, Los Angeles County and the Los Angeles County Office of Education to resolve the United States' investigation regarding conditions of confinement in the Los Angeles County Juvenile Halls. (2004). *Agreement between the United States, Los Angeles County and the Los Angeles County Office of Education to resolve the United States' investigation regarding conditions of confinement in the Los Angeles County Juvenile Halls.* Unpublished manuscript.

³⁴ Boyd, R. F. (2003). *CRIPA investigation of Oakley and Columbia Training Schools in Raymond and Columbia, Mississippi.* [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.openminds.com/indres/dojmississippi.htm>.

³⁵ Boyd, R. F. (2003). *CRIPA investigation of Oakley and Columbia Training Schools in Raymond and Columbia, Mississippi.* [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.openminds.com/indres/dojmississippi.htm>.

³⁶ Boyd, R. F. (2003). *CRIPA investigation of Oakley and Columbia Training Schools in Raymond and Columbia, Mississippi.* [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.openminds.com/indres/dojmississippi.htm>.

³⁷ Boyd, R. F. (2003). *CRIPA investigation of Oakley and Columbia Training Schools in Raymond and Columbia, Mississippi.* [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.openminds.com/indres/dojmississippi.htm>.

³⁸ U.S. Department of Justice, Civil Rights Division, Special Litigation Section. (2004). *Request for information of Mississippi juvenile facilities.* [On-line]. Retrieved September 14, 2004 from the World Wide Web: <http://www.usdoj.gov>.

³⁹ Cannon, A. & Beiser, V. (2004, August 9). Juvenile injustice: Overcrowding, violence, and abuse: State juvenile justice systems are in a shockingly chaotic state: Now, finally, the feds are stepping in. *U.S. News and World Report*, 137(4), 28-33.

⁴⁰ Stephens, R., & Arnette, J. (2000). *From the courthouse to the schoolhouse: Making successful transitions: OJJDP juvenile justice bulletin* (NCJ Pub. No. 178900). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴¹ Portner, J. (1996). Jailed youths shortchanged on education. *Education Week*, 16(5), 1.

⁴² Meisel, S., Henderson, K., Cohen, M., & Leone, P. (2000). *Collaborate to educate: Special education in juvenile correctional facilities.* [On-line]. Retrieved October 9, 2001 from the World Wide Web: <http://www.edjj.org>.

⁴³ Gies, S. V. (2003). *Aftercare services: OJJDP juvenile justice services* (NCJ Pub. No. 201800). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Task Force on Employment and Training for Court-Involved Youth, & Office of Juvenile Justice and Delinquency Prevention. (2000). *Employment and training for court-involved youth* (NCJ Pub. No. 182787). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁴ Altschuler, D. M., & Armstrong, T. L. (2001). Reintegrating high-risk juvenile offenders into communities: Experiences and prospects. *Corrections Management Quarterly*, 5(3), 72-78; Gies, S. V. (2003). *Aftercare services: OJJDP juvenile justice services* (NCJ Pub. No. 201800). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁵ Gies, S. V. (2003). *Aftercare services: OJJDP juvenile justice services* (NCJ Pub. No. 201800). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁶ Gies, S. V. (2003). *Aftercare services: OJJDP juvenile justice services* (NCJ Pub. No. 201800). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁷ Gies, S. V. (2003). *Aftercare services: OJJDP juvenile justice services* (NCJ Pub. No. 201800). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁸ Spear, S. F. & Skala, S. Y. (1995). Posttreatment services for chemically dependent adolescents. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions: NIDA research monograph 156* (NIH Pub. No. 95-3908) (pp. 341-364). Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

⁴⁹ Spear, S. F. & Skala, S. Y. (1995). Posttreatment services for chemically dependent adolescents. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions: NIDA research monograph 156* (NIH Pub. No. 95-3908) (pp. 341-364). Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

⁵⁰ Spear, S. F. & Skala, S. Y. (1995). Posttreatment services for chemically dependent adolescents. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions: NIDA research monograph 156* (NIH Pub. No. 95-3908) (pp. 341-364). Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

⁵¹ Spear, S. F. & Skala, S. Y. (1995). Posttreatment services for chemically dependent adolescents. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions: NIDA research monograph 156* (NIH Pub. No. 95-3908) (pp. 341-364). Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

⁵² Hawkins, J. D., & Catalano, R. F. (1985). Aftercare in drug abuse treatment. *International Journal of the Addictions*, 20(6-7), 917-945.

⁵³ Pfeiffer, M. B. (2004). *Juvenile detention system struggles: Use of force a focal point: Boy critically hurt in Lansing*. [On-line]. Retrieved February 17, 2004 from the World Wide Web: <http://www.theithacajournal.com>.

⁵⁴ Statement by Laura Talkington, Fresno CA in Broder, J. M. (2004, February 15). Dismal California prisons hold juvenile offenders. *New York Times*, p. 18.

Chapter VI

Notes

- ¹ Kumpfer, K. L., & Alvarado, R. (1998). *Effective family strengthening interventions* (NCJ Pub. No. 171121). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ² Substance Abuse and Mental Health Services Administration. (2001). *Youth violence: A report of the Surgeon General*. Washington, DC: U.S. Government Printing Office.
- ³ Substance Abuse and Mental Health Services Administration. (2001). *Youth violence: A report of the Surgeon General*. Washington, DC: U.S. Government Printing Office; Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.wsipp.wa.gov>.
- ⁴ Loeber, R., Farrington, D. P., & Petechuk, D. (2003). *Child delinquency: Early intervention and prevention: Child delinquency bulletin series* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁵ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>.
- ⁶ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ⁷ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>.
- ⁸ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>.
- ⁹ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>; Kumpfer, K. L., & Alvarado, R. (1998). *Effective family strengthening interventions* (NCJ Pub. No. 171121). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹⁰ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>; Kumpfer, K. L., & Alvarado, R. (1998). *Effective family strengthening interventions* (NCJ Pub. No. 171121). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.
- ¹¹ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>; Kumpfer, K. L., & Alvarado, R. (1998). *Effective family strengthening interventions* (NCJ Pub. No. 171121). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ¹² Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>.
- ¹³ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>; Kumpfer, K. L., & Alvarado, R. (1998). *Effective family strengthening interventions* (NCJ Pub. No. 171121). Washington, DC: U.S. Department of Justice, Office

of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

¹⁴ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>.

¹⁵ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web:

<http://www.strengtheningfamilies.org>; Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention; Dishion, T. J. (1996). *Advances in family-based interventions to prevent adolescent drug abuse: NIDA National Conference on Drug Abuse Prevention Research: Plenary session 7*. [On-line]. Retrieved May 12, 2003 from the World Wide Web: <http://www.drugabuse.gov>.

¹⁶ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web:

<http://www.strengtheningfamilies.org>; Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

¹⁷ Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

¹⁸ Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

¹⁹ Wiebush, R., Freitag, R., & Baird, C. (2001). *Preventing delinquency through improved child protection services* (NCJ Pub. No. 187759). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

²⁰ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1999). *No safe haven: Children of substance abusing parents*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

²¹ Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press; American Medical Association, Council on Scientific Affairs. (1993). Adolescents as victims of family violence. *JAMA*, 270(15), 1850-1856.

²² Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press; American Medical Association, Council on Scientific Affairs. (1993). Adolescents as victims of family violence. *JAMA*, 270(15), 1850-1856; Dembo, R., Berry, E., Williams, L., Getreu, A., Washburn, M., Wish, E. D., et al. (1988). The relationship between physical and sexual abuse and illicit drug use: A replication among a new sample of youths entering a juvenile detention center. *International Journal of the Addictions*, 23(11), 1101-1123; Wiebush, R., Freitag, R., & Baird, C. (2001). *Preventing delinquency through improved child protection services* (NCJ Pub. No. 187759). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

²³ Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press; Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.

²⁴ Brohl, K. (1996). *Working with traumatized children: A handbook for healing*. Washington, DC: CWLA Press.

²⁵ Langeland, W., & Hartgers, C. (1998). Child sexual and physical abuse and alcoholism: A review. *Journal of Studies on Alcohol*, 59(3), 336-348; Jennison, K. M., & Johnson, K. A. (1998). Alcohol

- dependence in adult children of alcoholics: Longitudinal evidence of early risk. *Journal of Drug Education*, 28(1), 19-37; Cohen, F. S., & Densen-Gerber, J. (1982). A study of the relationship between child abuse and drug addiction in 178 patients: Preliminary results. *Child Abuse and Neglect*, 6(4), 383-387; Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press; Dembo, R., Berry, E., Williams, L., Getreu, A., Washburn, M., Wish, E. D., et al. (1988). The relationship between physical and sexual abuse and illicit drug use: A replication among a new sample of youths entering a juvenile detention center. *International Journal of the Addictions*, 23(11), 1101-1123; Downs, W., & Harrison, L. (1998). Childhood maltreatment and the risk of substance problems in later life. *Health and Social Care in the Community*, 6(1), 35-45; Fendrich, M., Mackesy-Amity, M. E., Wislar, J. S., & Goldstein, P. J. (1997). Childhood abuse and the use of inhalants: Differences by degree of use. *American Journal of Public Health*, 87(5), 765-769; Harrison, P. A., Fulkerson, J. A., & Beebe, T. J. (1997). Multiple substance use among adolescent physical and sexual abuse victims. *Child Abuse and Neglect*, 21(6), 529-539; Miller, B. A. (1990). The interrelationships between alcohol and drugs and family violence. In M. De la Rosa, E. Y. Lambert, & B. Gropper (Eds.), *Drugs and violence: Causes, correlates, and consequences: NIDA research monograph 103* (pp. 177-207). Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse; National Institute on Alcohol Abuse and Alcoholism. (1997). *Ninth special report to the U.S. Congress on alcohol and health: From the Secretary of Health and Human Services* (NIH Pub. No. 97-4017). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism; Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- ²⁶ Wiebush, R., Freitag, R., & Baird, C. (2001). *Preventing delinquency through improved child protection services* (NCJ Pub. No. 187759). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²⁷ Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>; Kumpfer, K. L., & Alvarado, R. (1998). *Effective family strengthening interventions* (NCJ Pub. No. 171121). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²⁸ Bownes, D., & Ingersoll, S. (1997). *Mobilizing communities to prevent juvenile crime* (NCJ Pub. No. 165928). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ²⁹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ³⁰ McKinney, K. (1999). *Enforcing the underage drinking laws program: OJJDP fact sheet #107* (NCJ Pub. No. FS-99107). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Sheppard, D., Grant, H., Rowe, W., & Jacobs, N. (2000). *Fighting juvenile gun violence* (NCJ Pub. No. 182679). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³¹ McKinney, K. (1999). *Enforcing the underage drinking laws program: OJJDP fact sheet #107* (NCJ Pub. No. FS-99107). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³² McKinney, K. (1999). *Enforcing the underage drinking laws program: OJJDP fact sheet #107* (NCJ Pub. No. FS-99107). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³³ McKinney, K. (1999). *Enforcing the underage drinking laws program: OJJDP fact sheet #107* (NCJ Pub. No. FS-99107). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³⁴ Sheppard, D., Grant, H., Rowe, W., & Jacobs, N. (2000). *Fighting juvenile gun violence* (NCJ Pub. No. 182679). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ³⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001).

Malignant neglect: Substance abuse and America's schools. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

³⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001).

Malignant neglect: Substance abuse and America's schools. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

³⁷ Novotney, L., Mertinko, E., Lange, J., & Baker, T. (2000). *Juvenile mentoring program: A progress review*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Grossman, J. B., & Johnson, A. (2002). Assessing the effectiveness of mentoring programs. *Prevention Researcher*, 9(1), 8-11.

³⁸ Office of Juvenile Justice and Delinquency Prevention. (1999). *Make a friend: Be a peer mentor: Youth in action* (NCJ Pub. No. 171691). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

³⁹ Grossman, J. B., & Johnson, A. (2002). Assessing the effectiveness of mentoring programs. *Prevention Researcher*, 9(1), 8-11.

⁴⁰ LeBoeuf, D., & Brennan, P. (1996). *Curfew: An answer to juvenile delinquency and victimization?* (NCJ Pub. No. 159533). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴¹ LeBoeuf, D., & Brennan, P. (1996). *Curfew: An answer to juvenile delinquency and victimization?* (NCJ Pub. No. 159533). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴² LeBoeuf, D., & Brennan, P. (1996). *Curfew: An answer to juvenile delinquency and victimization?* (NCJ Pub. No. 159533). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴³ Lovell, P., & Price, A. (2000). *Involving youth in civic life* (NCJ Pub. No. YFS-00005). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁴ Lovell, P., & Price, A. (2000). *Involving youth in civic life* (NCJ Pub. No. YFS-00005). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁵ Wyrick, P. A. (2000). *Law enforcement referral of at-risk youth: The SHIELD program* (NCJ Pub. No. 184579). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁶ National Crime Prevention Council. (2000). *Raising awareness and educating the public* (NCJ Pub. No. 178926). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁷ National Crime Prevention Council. (2000). *Raising awareness and educating the public* (NCJ Pub. No. 178926). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁸ National Crime Prevention Council. (2000). *Raising awareness and educating the public* (NCJ Pub. No. 178926). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁹ Gottfredson, G. D., Gottfredson, D. C., Czeh, E. R., Cantor, D., Crosse, S. B., & Hantman, I. (2000). *National study of delinquency prevention in schools*. Ellicott City, MD: Gottfredson Associates.

⁵⁰ Sprague, J., & Walker, H. (2002). *Creating schoolwide prevention and intervention strategies: Safe and secure: Guides to creating safer schools: Guide 1*. Portland, OR: Northwest Regional Educational Laboratory.

⁵¹ Sprague, J., & Walker, H. (2002). *Creating schoolwide prevention and intervention strategies: Safe and secure: Guides to creating safer schools: Guide 1*. Portland, OR: Northwest Regional Educational Laboratory.

⁵² Sprague, J., & Walker, H. (2002). *Creating schoolwide prevention and intervention strategies: Safe and secure: Guides to creating safer schools: Guide 1*. Portland, OR: Northwest Regional Educational Laboratory; Gottfredson, G. D., Gottfredson, D. C., Czeh, E. R., Cantor, D., Crosse, S. B., & Hantman, I. (2000). *National study of delinquency prevention in schools*. Ellicott City, MD: Gottfredson Associates; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001).

Malignant neglect: Substance abuse and America's schools. New York: The National Center on Addiction

and Substance Abuse (CASA) at Columbia University.

⁵³ Loeber, R., Farrington, D. P., & Petechuk, D. (2003). *Child delinquency: Early intervention and prevention: Child delinquency bulletin series* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.

⁵⁴ Loeber, R., Farrington, D. P., & Petechuk, D. (2003). *Child delinquency: Early intervention and prevention: Child delinquency bulletin series* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.

⁵⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁵⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁵⁷ Baker, M., Sigmon, J., & Nugent, M. (2001). *Truancy reduction: Keeping students in school* (NCJ Pub. No. 188947). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁵⁸ Gottfredson, G. D., Gottfredson, D. C., Czeh, E. R., Cantor, D., Crosse, S. B., & Hantman, I. (2000). *National study of delinquency prevention in schools*. Ellicott City, MD: Gottfredson Associates; The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁵⁹ Gottfredson, G. D., Gottfredson, D. C., Czeh, E. R., Cantor, D., Crosse, S. B., & Hantman, I. (2000). *National study of delinquency prevention in schools*. Ellicott City, MD: Gottfredson Associates.

⁶⁰ Gottfredson, G. D., Gottfredson, D. C., Czeh, E. R., Cantor, D., Crosse, S. B., & Hantman, I. (2000). *National study of delinquency prevention in schools*. Ellicott City, MD: Gottfredson Associates.

⁶¹ North Central Regional Educational Laboratory. (2001). *Critical issue: Restructuring school to support school-linked services*. [On-line]. Retrieved September 27, 2004 from the World Wide Web: <http://www.ncrel.org>.

⁶² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁶³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁶⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁶⁵ Stein, M., & Thorkildsen, R. (1999). *Parental involvement in education: Insights and applications from the research*. Bloomington, IN: Phi Delta Kappa.

⁶⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁶⁷ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁶⁸ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁶⁹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁷⁰ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University; Office of Juvenile Justice and Delinquency Prevention. (1999). *Make a friend: Be a peer mentor: Youth in action* (NCJ Pub. No. 171691). Washington,

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

⁷¹ Office of Juvenile Justice and Delinquency Prevention. (1999). *Make a friend: Be a peer mentor: Youth in action* (NCJ Pub. No. 171691). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁷² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁷³ Office of Juvenile Justice and Delinquency Prevention. (1999). *Make a friend: Be a peer mentor: Youth in action* (NCJ Pub. No. 171691). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁷⁴ Esbensen, F.-A. (2000). *Preventing adolescent gang involvement: OJJDP bulletin* (NCJ Pub. No. 182210). U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁷⁵ Esbensen, F.-A. (2000). *Preventing adolescent gang involvement: OJJDP bulletin* (NCJ Pub. No. 182210). U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁷⁶ Esbensen, F.-A. (2000). *Preventing adolescent gang involvement: OJJDP bulletin* (NCJ Pub. No. 182210). U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁷⁷ Howell, J. C., & Lynch, J. P. (2000). *Youth gangs in schools: OJJDP juvenile justice bulletin* (NCJ Pub. No. 183015). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁷⁸ Ericson, N. (2001). *Addressing the problem of juvenile bullying: OJJDP fact sheet #27* (NCJ Pub. No. FS-200127). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁷⁹ Ericson, N. (2001). *Addressing the problem of juvenile bullying: OJJDP fact sheet #27* (NCJ Pub. No. FS-200127). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁸⁰ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁸¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Malignant neglect: Substance abuse and America's schools*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁸² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *The formative years: Pathways to substance abuse among girls and young women ages 8-22*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁸³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *The formative years: Pathways to substance abuse among girls and young women ages 8-22*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁸⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *The formative years: Pathways to substance abuse among girls and young women ages 8-22*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁸⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *So help me God: Substance abuse, religion and spirituality*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁸⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *So help me God: Substance abuse, religion and spirituality*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁸⁷ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *So help me God: Substance abuse, religion and spirituality*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁸⁸ Blake, S. M., Amaro, H., Schwartz, P., & Flinchbaugh, L. J. (2001). A review of substance abuse prevention interventions for young adolescent girls. *Journal of Early Adolescence*, 21(3), 294-324.

- ⁸⁹ Amaro, H., Blake, S. M., Schwartz, P., & Flinchbaugh, L. J. (2001). Developing theory-based substance abuse prevention programs for young adolescent girls. *Journal of Early Adolescence, 21*(3), 256-293;
- Springer, J. F., Sambrano, S., Sale, E., Kasim, R., & Hermann, J. (2002). *The National Cross-site Evaluation of High-risk Youth Programs: Making prevention effective for adolescent boys and girls: Gender differences in substance use and prevention: Monograph series no. 4* (DHHS Pub. No. SMA-25-01). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.
- ⁹⁰ Springer, J. F., Sambrano, S., Sale, E., Kasim, R., & Hermann, J. (2002). *The National Cross-site Evaluation of High-risk Youth Programs: Making prevention effective for adolescent boys and girls: Gender differences in substance use and prevention: Monograph series no. 4* (DHHS Pub. No. SMA-25-01). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.
- ⁹¹ Blake, S. M., Amaro, H., Schwartz, P., & Flinchbaugh, L. J. (2001). A review of substance abuse prevention interventions for young adolescent girls. *Journal of Early Adolescence, 21*(3), 294-324; Guthrie, B. J., & Flinchbaugh, L. J. (2001). Gender-specific substance prevention programming: Going beyond just focusing on girls. *Journal of Early Adolescence, 21*(3), 354-372.
- ⁹² Amaro, H., Blake, S. M., Schwartz, P., & Flinchbaugh, L. J. (2001). Developing theory-based substance abuse prevention programs for young adolescent girls. *Journal of Early Adolescence, 21*(3), 256-293.
- ⁹³ Blake, S. M., Amaro, H., Schwartz, P., & Flinchbaugh, L. J. (2001). A review of substance abuse prevention interventions for young adolescent girls. *Journal of Early Adolescence, 21*(3), 294-324; Springer, J. F., Sambrano, S., Sale, E., Kasim, R., & Hermann, J. (2002). *The National Cross-site Evaluation of High-risk Youth Programs: Making prevention effective for adolescent boys and girls: Gender differences in substance use and prevention: Monograph series no. 4* (DHHS Pub. No. SMA-25-01). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.
- ⁹⁴ Blake, S. M., Amaro, H., Schwartz, P., & Flinchbaugh, L. J. (2001). A review of substance abuse prevention interventions for young adolescent girls. *Journal of Early Adolescence, 21*(3), 294-324.
- ⁹⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *The formative years: Pathways to substance abuse among girls and young women ages 8-22*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ⁹⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *The formative years: Pathways to substance abuse among girls and young women ages 8-22*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

Chapter VII

Notes

- ¹ McPhail, M. W., & Wiest, B. M. (1995). *Combining alcohol and other drug abuse treatment with diversion for juveniles in the justice system* (DHHS Pub. No. (SMA) 95-3051). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ² Center for Substance Abuse Treatment, & Denver Juvenile Justice Integrated Treatment Network. (2000). *Strategies for integrating substance abuse treatment and the juvenile justice system: A practice guide* (DHHS Pub. No. (SMA) 00-3369). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ³ Lipsey, M., Wilson, D., & Cothorn, L. (2000). *Effective intervention for serious juvenile offenders* (NCJ Pub. No. 181201). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Offenders; Lipsey, M. W. (1999). Can intervention rehabilitate serious delinquents? *Annals of the American Academy of Political and Social Science*, 564, 142-166.
- ⁴ Lipsey, M., Wilson, D., & Cothorn, L. (2000). *Effective intervention for serious juvenile offenders* (NCJ Pub. No. 181201). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Offenders.
- ⁵ Grella, C. E., Hser, Y.-I., Joshi, V., & Rounds-Bryant, J. (2001). Drug treatment outcomes for adolescents with comorbid mental and substance use disorders. *Journal of Nervous and Mental Disease*, 189(6), 384-392.
- ⁶ Grella, C. E., Hser, Y.-I., Joshi, V., & Rounds-Bryant, J. (2001). Drug treatment outcomes for adolescents with comorbid mental and substance use disorders. *Journal of Nervous and Mental Disease*, 189(6), 384-392.
- ⁷ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2002). *Drug and alcohol treatment in juvenile correctional facilities: The DASIS report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁸ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2002). *Drug and alcohol treatment in juvenile correctional facilities: The DASIS report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ⁹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2002). *Drug and alcohol treatment in juvenile correctional facilities: The DASIS report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ¹⁰ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- ¹¹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2002). *Drug and alcohol treatment in juvenile correctional facilities: The DASIS report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ¹² Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2002). *Drug and alcohol treatment in juvenile correctional facilities: The DASIS report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ¹³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.
- ¹⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.
- ¹⁵ Office of National Drug Control Policy. (2003). *Juveniles and drugs: ONDCP Drug Policy Information Clearinghouse fact sheet* (NCJ Pub. No. 196879). Washington, DC: Office of National Drug Control

Policy, Drug Policy Information Clearinghouse.

¹⁶ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.

¹⁷ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.

¹⁸ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.

¹⁹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.

²⁰ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.

²¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.

²² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.

²³ Herz, D. C. (2001). Understanding the use of mental health placements by the juvenile justice system. *Journal of Emotional and Behavioral Disorders*, 9(3), 172-181.

²⁴ Herz, D. C. (2001). Understanding the use of mental health placements by the juvenile justice system. *Journal of Emotional and Behavioral Disorders*, 9(3), 172-181.

²⁵ Herz, D. C. (2001). Understanding the use of mental health placements by the juvenile justice system. *Journal of Emotional and Behavioral Disorders*, 9(3), 172-181.

²⁶ Coordinating Council on Juvenile Justice and Delinquency Prevention. (1996). *Combating violence and delinquency: The National Juvenile Justice Action Plan: Summary*. Washington, DC: Coordinating Council on Juvenile Justice and Delinquency Prevention.

²⁷ Coordinating Council on Juvenile Justice and Delinquency Prevention. (1996). *Combating violence and delinquency: The National Juvenile Justice Action Plan: Summary*. Washington, DC: Coordinating Council on Juvenile Justice and Delinquency Prevention.

²⁸ Bilchick, S. (1998). *Mental health disorders and substance abuse problems among juveniles: OJJDP fact sheet #82* (NCJ Pub. No. FS-9882). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

²⁹ American Probation and Parole Association, & National Highway Traffic Safety Administration. (2001). *An implementation guide for juvenile holdover programs* (DOT Pub. No. HS 809 260). Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration.

³⁰ SASSI Institute. (2001). *The SASSI Institute's introduction*. [On-line]. Retrieved June 8, 2003 from the World Wide Web: <http://www.sassi.com>.

³¹ National Institute on Alcohol Abuse and Alcoholism. (2001). *Teen-Addiction Severity Index (T-ASI)*. [On-line]. Retrieved June 11, 2003 from the World Wide Web: <http://www.niaaa.nih.gov>.

³² Dembo, R. & Pacheco, K. (1999). Criminal justice responses to adolescent substance abuse. In R. Ammerman, P. Ott, & R. Tarter (Eds.), *Prevention and societal impact of drug and alcohol abuse* (pp. 185-199). Mahwah, NJ: Lawrence Erlbaum Associates.

³³ Winters, K. C. (1999). *Screening and assessing adolescents for substance use disorders: Treatment Improvement Protocol (TIP) series 31* (DHHS Pub. No. (SMA) 99-3282). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

³⁴ Winters, K. C. (1999). *Screening and assessing adolescents for substance use disorders: Treatment Improvement Protocol (TIP) series 31* (DHHS Pub. No. (SMA) 99-3282). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

- ³⁵ Krisberg, B. (1998). *Substance abuse and the juvenile justice system*. San Francisco: National Council on Crime and Delinquency.
- ³⁶ Winters, K. C. (1999). *Screening and assessing adolescents for substance use disorders: Treatment Improvement Protocol (TIP) series 31* (DHHS Pub. No. (SMA) 99-3282). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ³⁷ Winters, K. C. (1999). *Screening and assessing adolescents for substance use disorders: Treatment Improvement Protocol (TIP) series 31* (DHHS Pub. No. (SMA) 99-3282). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ³⁸ Loeber, R., & Farrington, D. (1998). Never too early, never too late: Risk factors and successful interventions for serious and violent juvenile offenders. *Studies on Crime and Crime Prevention*, 7(1), 7-30.
- ³⁹ Coordinating Council on Juvenile Justice and Delinquency Prevention. (1996). *Combating violence and delinquency: The National Juvenile Justice Action Plan: Summary*. Washington, DC: Coordinating Council on Juvenile Justice and Delinquency Prevention.
- ⁴⁰ Palmer, T. (1984). Treatment and the role of classification: A review of basics. *Crime and Delinquency*, 30(2), 245-267; Winters, K. C. (1999). *Treatment of adolescents with substance use disorders: Treatment Improvement Protocol (TIP) series 32* (DHHS Pub. No. (SMA) 99-3283). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ⁴¹ McPhail, M. W., & Wiest, B. M. (1995). *Combining alcohol and other drug abuse treatment with diversion for juveniles in the justice system* (DHHS Pub. No. (SMA) 95-3051). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ⁴² McPhail, M. W., & Wiest, B. M. (1995). *Combining alcohol and other drug abuse treatment with diversion for juveniles in the justice system* (DHHS Pub. No. (SMA) 95-3051). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ⁴³ McPhail, M. W., & Wiest, B. M. (1995). *Combining alcohol and other drug abuse treatment with diversion for juveniles in the justice system* (DHHS Pub. No. (SMA) 95-3051). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ⁴⁴ McPhail, M. W., & Wiest, B. M. (1995). *Combining alcohol and other drug abuse treatment with diversion for juveniles in the justice system* (DHHS Pub. No. (SMA) 95-3051). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- ⁴⁵ Lipsey, M. & Wilson, D. (1998). Effective intervention for serious juvenile offenders. In R. Loeber & D. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 313-345). Thousand Oaks, CA: Sage Publications.
- ⁴⁶ Lipsey, M., Wilson, D., & Cothorn, L. (2000). *Effective intervention for serious juvenile offenders* (NCJ Pub. No. 181201). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Offenders.
- ⁴⁷ Mino, M. (2003). *Implementing a school safety project: An evaluation of the I.S. 275 Brownsville Youth for Peace School Safety Project*. New York: Vera Institute of Justice.
- ⁴⁸ Wyrick, P. A. (2000). *Law enforcement referral of at-risk youth: The SHIELD program* (NCJ Pub. No. 184579). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴⁹ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁵⁰ Faruquee, M., & Juvenile Justice Project. (2002). *Rethinking juvenile detention in New York City: A report by the Juvenile Justice Project or the Correctional Association of New York*. [On-line]. Retrieved March 2, 2004 from the World Wide Web: <http://www.correctionalassociation.org>.
- ⁵¹ Puzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh,

PA: National Center for Juvenile Justice.

⁵² Johnson, B. R. (2004). Religious programs and recidivism among former inmates in prison fellowship programs: A long-term follow-up study. *Justice Quarterly*, 21(2), 123-148; Johnson, B. R., & Larson, D. B. (2003). *The InnerChange Freedom Initiative: A preliminary evaluation of a faith-based prison program*. Philadelphia: University of Pennsylvania, Center for Research on Religion and Urban Civil Society.

⁵³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *So help me God: Substance abuse, religion and spirituality*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁵⁴ Gies, S. V. (2003). *Aftercare services: OJJDP juvenile justice services* (NCJ Pub. No. 201800). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁵⁵ Spear, S. F. & Skala, S. Y. (1995). Posttreatment services for chemically dependent adolescents. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions: NIDA research monograph 156* (NIH Pub. No. 95-3908) (pp. 341-364). Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

⁵⁶ Hawkins, J. D., & Catalano, R. F. (1985). Aftercare in drug abuse treatment. *International Journal of the Addictions*, 20(6-7), 917-945; Leukefeld, C. G., & Tims, F. M. (1989). Relapse and recovery in drug abuse: Research and practice. *International Journal of the Addictions*, 24(3), 189-201.

⁵⁷ Gordon, D. A. & Arbuthnot, J. (1987). Individual, group, and family interventions. In H. Quay (Ed.), *Handbook of juvenile delinquency* (pp. 290-324). New York: John Wiley and Sons.

⁵⁸ Gordon, D. A. & Arbuthnot, J. (1987). Individual, group, and family interventions. In H. Quay (Ed.), *Handbook of juvenile delinquency* (pp. 290-324). New York: John Wiley and Sons.

⁵⁹ Gordon, D. A. & Arbuthnot, J. (1987). Individual, group, and family interventions. In H. Quay (Ed.), *Handbook of juvenile delinquency* (pp. 290-324). New York: John Wiley and Sons.

⁶⁰ American Probation and Parole Association. (1992). *Drug testing guidelines and practices for juvenile probation and parole agencies* (NCJ Pub. No. 136450). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁶¹ Krisberg, B. (1998). *Substance abuse and the juvenile justice system*. San Francisco: National Council on Crime and Delinquency.

⁶² Krisberg, B. (1998). *Substance abuse and the juvenile justice system*. San Francisco: National Council on Crime and Delinquency.

⁶³ Dembo, R., Pacheco, K., Schmeidler, J., Ramirez-Garmica, G., Guida, J., & Rahman, A. (1998). A further study of gender differences in service needs among youths entering a juvenile assessment center. *Journal of Child and Adolescent Substance Abuse*, 7(4), 49-77; Chesney-Lind, M., & Shelden, R. G. (1992). *Girls, delinquency, and juvenile justice*. Pacific Grove, CA: Brooks/Cole.

⁶⁴ New York Immigration Coalition. (2003). *Language access to health care: A study of four New York hospitals: Preliminary findings*. Unpublished manuscript.

⁶⁵ Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.wsipp.wa.gov>.

Chapter VIII

Notes

- ¹ National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance; Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ² National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ³ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁴ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁵ National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁶ National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁷ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁸ McGee, C. M., Parnham, J., Smith, T. T., Merrigan, M., & Cooper, C. S. (Eds.). (2000). *Applying drug court concepts in the juvenile and family court environments: A primer for judges*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.
- ⁹ Drug Strategies. (1997). *Cutting crime: Drug courts in action*. Washington, DC: Drug Strategies.
- ¹⁰ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ¹¹ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ¹² Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ¹³ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ¹⁴ National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.
- ¹⁵ National Association of Drug Court Professionals, & Drug Court Standards Committee. (1997) *Defining drug courts: The key components*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office; Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Looking at a decade of drug courts* (GPO Item No. 0717). Washington, DC: U.S. Government Printing Office.
- ¹⁶ National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.
- ¹⁷ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>; National

Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

¹⁸ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

¹⁹ Drug Strategies. (1997). *Cutting crime: Drug courts in action*. Washington, DC: Drug Strategies.

²⁰ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.

²¹ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.

²² Valencia County Juvenile Drug Court. (2002). *Valencia County Juvenile Drug Court Policies and procedures manual (with forms)*. [On-line]. Retrieved April 17, 2003 from the World Wide Web: <http://www.american.edu/justice>; National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

²³ National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

²⁴ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

²⁵ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

²⁶ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

²⁷ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Hora, P., Schma, W., & Rosenthal, J. (1999). Therapeutic jurisprudence and the drug treatment court movement: Revolutionizing the criminal justice system's response to drug abuse and crime in America. *Notre Dame Law Review*, 74(2), 439-537; National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

²⁸ National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Hora, P., Schma, W., & Rosenthal, J. (1999). Therapeutic jurisprudence and the drug treatment court movement: Revolutionizing the criminal justice system's response to drug abuse and crime in America. *Notre Dame Law Review*, 74(2), 439-537.

²⁹ Sciolino, A. J. (2002). Juvenile drug treatment court uses "outside the box" thinking to recover lives of youngsters. *New York State Bar Journal*, 74(4), 37-44.

³⁰ National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance; Cooper, C. S. (2002). Juvenile drug treatment courts in the United

States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

³¹ Kimbrough, R. J. (1998). Treating juvenile substance abuse: The promise of juvenile drug courts. *Journal of the Office of Juvenile Justice and Delinquency Prevention*, 5(2), 11-19; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.

³² Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.

³³ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.

³⁴ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.

³⁵ Logan, T. K., Williams, K., & Leukefeld, C. (2000). *Jefferson Juvenile Drug Court Program: Process evaluation*. Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research.

³⁶ Valencia County Juvenile Drug Court. (2002). *Valencia County Juvenile Drug Court Policies and procedures manual (with forms)*. [On-line]. Retrieved April 17, 2003 from the World Wide Web: <http://www.american.edu/justice>.

³⁷ VanderWaal, C. J., McBride, D. C., Terry-McElrath, Y. M., & VanBuren, H. (2001). *Breaking the juvenile drug-crime cycle: A guide for practitioners and policymakers* (NCJ Pub. No. 186156). Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

³⁸ VanderWaal, C. J., McBride, D. C., Terry-McElrath, Y. M., & VanBuren, H. (2001). *Breaking the juvenile drug-crime cycle: A guide for practitioners and policymakers* (NCJ Pub. No. 186156). Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

³⁹ National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance; Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.

⁴⁰ New Jersey Judiciary. (2001). *Passaic Vicinage Family Division*. [On-line]. Retrieved September 27, 2004 from the World Wide Web: <http://www.judiciary.state.nj.us/>; Superior Court of New Jersey Hudson Vicinage. (2000). *Juvenile drug court program: Manual of policies and procedures*. Jersey City, NJ: Superior Court of New Jersey Hudson Vicinage.

⁴¹ Kimbrough, R. J. (1998). Treating juvenile substance abuse: The promise of juvenile drug courts. *Journal of the Office of Juvenile Justice and Delinquency Prevention*, 5(2), 11-19.

⁴² Kimbrough, R. J. (1998). Treating juvenile substance abuse: The promise of juvenile drug courts. *Journal of the Office of Juvenile Justice and Delinquency Prevention*, 5(2), 11-19.

⁴³ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.

⁴⁴ Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

⁴⁵ City and County of San Francisco. (2002). *Mayor's Office of Criminal Justice, Youth Treatment and Education Court/Juvenile Drug Court description*. [On-line]. Retrieved February 5, 2003 from the World Wide Web: <http://www.sfgov.org>.

- ⁴⁶ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Cooper, C. S., Nerney, M., Parnham, J., & Smith, B. (2000). *Juvenile drug courts: Where have we been? Where would we be going?* Unpublished manuscript.
- ⁴⁷ Terry, W. C., & Kirchner, R. A. (2003). *Implementing a juvenile re-entry drug court in Orange county: Evaluating innovation in Florida's Ninth Judicial Circuit*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.fiu.edu>.
- ⁴⁸ Terry, W. C., & Kirchner, R. A. (2003). *Implementing a juvenile re-entry drug court in Orange county: Evaluating innovation in Florida's Ninth Judicial Circuit*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.fiu.edu>.
- ⁴⁹ Drug Strategies. (1997). *Cutting crime: Drug courts in action*. Washington, DC: Drug Strategies.
- ⁵⁰ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2003). *Summary of drug court activity by state and county: Juvenile family drug courts: November 7, 2003*. [On-line]. Retrieved September 27, 2004 from the World Wide Web: <http://www.american.edu>.
- ⁵¹ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁵² Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁵³ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁵⁴ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁵⁵ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁵⁶ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁵⁷ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁵⁸ Belenko, S. (2001). *Research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ⁵⁹ U.S. Department of Justice. (2001). *Attorney General Ashcroft highlights successful approach to holding drug offenders accountable [Press release]*. Washington, DC: U.S. Department of Justice.
- ⁶⁰ Terry, W. C., & Kirchner, R. A. (2003). *Implementing a juvenile re-entry drug court in Orange county: Evaluating innovation in Florida's Ninth Judicial Circuit*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.fiu.edu>.
- ⁶¹ Terry, W. C., & Kirchner, R. A. (2003). *Implementing a juvenile re-entry drug court in Orange county: Evaluating innovation in Florida's Ninth Judicial Circuit*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.fiu.edu>.
- ⁶² Terry, W. C., & Kirchner, R. A. (2003). *Implementing a juvenile re-entry drug court in Orange county: Evaluating innovation in Florida's Ninth Judicial Circuit*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.fiu.edu>.
- ⁶³ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ⁶⁴ Belenko, S. (2001). *Research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ⁶⁵ Belenko, S. (2001). *Research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

- ⁶⁶ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁶⁷ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁶⁸ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁶⁹ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs; Cooper, C. S., Nerney, M., Parnham, J., & Smith, B. (2000). *Juvenile drug courts: Where have we been? Where would we be going?* Unpublished manuscript.
- ⁷⁰ Applegate, B. K., Reuter, D., McCarthy, B. J., & Santana, S. (1999). *Evaluation of the Orange County Juvenile Substance Abuse Treatment Court Program*. Unpublished manuscript; Belenko, S. (2001). *Research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ⁷¹ University of Akron, Institute for Health and Social Policy. (2000). *Summit County Juvenile Court Drug Court: Evaluation report July 1, 1999 - June 30, 2000*. Unpublished manuscript; Belenko, S. (2001). *Research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ⁷² Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs; Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ⁷³ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ⁷⁴ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs; Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ⁷⁵ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs; Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ⁷⁶ Belenko, S. (2001). *Research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ⁷⁷ Belenko, S. (2001). *Research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ⁷⁸ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs; Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Cooper, C. S., & Bartlett, S. (1998). *Juvenile and family drug courts: Profile of program characteristics and implementation issues* (NCJ Pub. No. 171142). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁷⁹ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs; Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ⁸⁰ Belenko, S. (2001). *Research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University; Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.

- ⁸¹ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ⁸² Roche, B. K. (2002). *Missoula county youth drug court program evaluation*. Unpublished manuscript.
- ⁸³ Roche, B. K. (2002). *Missoula county youth drug court program evaluation*. Unpublished manuscript.
- ⁸⁴ Roche, B. K. (2002). *Missoula county youth drug court program evaluation*. Unpublished manuscript.
- ⁸⁵ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁸⁶ Center for Substance Abuse Research. (2003). Los Angeles County drug court graduates half as likely to be re-arrested. *CESAR Fax*, 12(12).
- ⁸⁷ Roman, J., Townsend, W., & Bhati, A. S. (2003). *Recidivism rates for drug court graduates: Nationally based estimates: Final report*. [On-line]. Retrieved August 17, 2004 from the World Wide Web: <http://www.ncjrs.org>.
- ⁸⁸ Office of National Drug Control Policy. (2003). *National Drug Control Strategy update 2003: II. Healing America's drug users: Getting treatment resources where they are needed*. [On-line]. Retrieved September 27, 2004 from the World Wide Web: <http://www.whitehousedrugpolicy.gov>.
- ⁸⁹ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁹⁰ Drug Strategies. (1997). *Cutting crime: Drug courts in action*. Washington, DC: Drug Strategies.
- ⁹¹ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁹² Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁹³ Thomas, S. K. (1999). *Process Evaluation: Fairfield County Juvenile Drug Court (Ohio)*. Unpublished manuscript.
- ⁹⁴ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁹⁵ Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- ⁹⁶ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ⁹⁷ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Cooper, C. S., & Bartlett, S. (1998). *Juvenile and family drug courts: Profile of program characteristics and implementation issues* (NCJ Pub. No. 171142). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- ⁹⁸ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ⁹⁹ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722; Teplin, L. (2001). *Mental health: An emerging issue*. Paper presented at the Annual Conference of the American Correctional Health Services Association, Atlanta, GA.
- ¹⁰⁰ Drug Strategies. (1997). *Cutting crime: Drug courts in action*. Washington, DC: Drug Strategies.
- ¹⁰¹ Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- ¹⁰² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *Crossing the bridge: An evaluation of the Drug Treatment Alternative-to-Prison (DTAP)*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ¹⁰³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *Crossing the bridge: An evaluation of the Drug Treatment Alternative-to-Prison (DTAP)*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

Chapter IX Notes

¹ Juvenile Justice FYI. (2004). *Juvenile justice FAQ*. [On-line]. Retrieved August 16, 2004 from the World Wide Web: <http://www.juvenilejusticefyi.com>.

² Juvenile Justice FYI. (2004). *Juvenile justice FAQ*. [On-line]. Retrieved August 16, 2004 from the World Wide Web: <http://www.juvenilejusticefyi.com>.

³ Juvenile Justice FYI. (2004). *Juvenile justice FAQ*. [On-line]. Retrieved August 16, 2004 from the World Wide Web: <http://www.juvenilejusticefyi.com>.

⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets*. Washington, DC: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets*. Washington, DC: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁶ National Association of State Budget Officers. (1999). *State juvenile justice expenditures and innovations*. [On-line]. Retrieved April 19, 2000 from the World Wide Web: <http://www.nasbo.org>.

⁷ American Correctional Association. (2000). *2000 directory: Juvenile and adult correctional departments, institutions, agencies and paroling authorities*. Lanham, MD: American Correctional Association.

⁸ U.S. General Accounting Office. (2001). *Juvenile Justice: OJJDP reporting requirements for discretionary and formula grantees and concerns about evaluation studies: Report to the honorable Bob Schaffer, House of Representatives* (GPO Item No. 0546-D). Washington, DC: U.S. General Printing Office.

⁹ U.S. General Accounting Office. (2001). *Juvenile Justice: OJJDP reporting requirements for discretionary and formula grantees and concerns about evaluation studies: Report to the honorable Bob Schaffer, House of Representatives* (GPO Item No. 0546-D). Washington, DC: U.S. General Printing Office.

¹⁰ U.S. General Accounting Office. (2001). *Juvenile Justice: OJJDP reporting requirements for discretionary and formula grantees and concerns about evaluation studies: Report to the honorable Bob Schaffer, House of Representatives* (GPO Item No. 0546-D). Washington, DC: U.S. General Printing Office.

¹¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets*. Washington, DC: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

CASA's study relied on detailed budget reports and analysis from the individual states, including telephone follow-up with the states to clarify budget figures, therefore this study's cost figure may be more accurate than the other estimates and is used for the present analysis

¹² There are no federal government estimates of the costs of probation for adults or juveniles. (Add source from Las Vegas costs of probation) reports a national average of \$3.13 per day to supervise each offender on probation or parole for a total of \$1,142 per year; adjusting to 2002 yields \$1,220 per year. Georgia's Department of Corrections reports costs for 2004 ranging from \$522 to \$21,152 per year, depending on the intensity of supervision. (add source)

¹³ Cohen, M. (1998). The monetary value of saving a high-risk youth. *Journal of Quantitative Criminology*, 14(1), 5-33.

¹⁴ Fass, S. M., & Pi, C.-R. (2002). Getting tough on juvenile crime: An analysis of costs and benefits. *Journal of Research in Crime and Delinquency*, 39(4), 363-399.

¹⁵ Petersilia, J., Greenwood, P. W., & Lavin, M. (1977). *Criminal careers of habitual felons*. Santa Monica, CA: RAND.

¹⁶ Cohen, M. (1998). The monetary value of saving a high-risk youth. *Journal of Quantitative Criminology*, 14(1), 5-33.

¹⁷ Cohen, M. (1998). The monetary value of saving a high-risk youth. *Journal of Quantitative Criminology*, 14(1), 5-33.

¹⁸ Substance Abuse and Mental Health Services Administration. (2001). *Youth violence: A report of the Surgeon General*. Washington, DC: U.S. Government Printing Office.

¹⁹ Greenwood, P., Model, K., Rydell, C., & Chiesa, J. (1996). *Diverting children from a life of crime: Measuring costs and benefits*. Santa Monica, CA: Rand Corporation; Substance Abuse and Mental Health Services Administration. (2001). *Youth violence: A report of the Surgeon General*. Washington, DC: U.S. Government Printing Office.

- ²⁰ Greenwood, P., Model, K., Rydell, C., & Chiesa, J. (1996). *Diverting children from a life of crime: Measuring costs and benefits*. Santa Monica, CA: Rand Corporation; Substance Abuse and Mental Health Services Administration. (2001). *Youth violence: A report of the Surgeon General*. Washington, DC: U.S. Government Printing Office.
- ²¹ Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Olympia, WA: Washington State Institute for Public Policy.
- ²² Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.wsipp.wa.gov>; Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Olympia, WA: Washington State Institute for Public Policy.
- ²³ Substance Abuse and Mental Health Services Administration. (2001). *Youth violence: A report of the Surgeon General*. Washington, DC: U.S. Government Printing Office.
- ²⁴ Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Olympia, WA: Washington State Institute for Public Policy.
- ²⁵ Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Olympia, WA: Washington State Institute for Public Policy; Fass, S. M., & Pi, C.-R. (2002). Getting tough on juvenile crime: An analysis of costs and benefits. *Journal of Research in Crime and Delinquency*, 39(4), 363-399.
- ²⁶ Fass, S. M., & Pi, C.-R. (2002). Getting tough on juvenile crime: An analysis of costs and benefits. *Journal of Research in Crime and Delinquency*, 39(4), 363-399.
- ²⁷ Fass, S. M., & Pi, C.-R. (2002). Getting tough on juvenile crime: An analysis of costs and benefits. *Journal of Research in Crime and Delinquency*, 39(4), 363-399; Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Olympia, WA: Washington State Institute for Public Policy.
- ²⁸ National Criminal Justice Reference Service. (2003). *Drug court resources: Facts and figures*. [On-line]. Retrieved October 24, 2003 from the World Wide Web: <http://www.ncjrs.org>.
- ²⁹ Juvenile Justice FYI. (2004). *Juvenile justice FAQ*. [On-line]. Retrieved August 16, 2004 from the World Wide Web: <http://www.juvenilejusticefyi.com>; Fass, S. M., & Pi, C.-R. (2002). Getting tough on juvenile crime: An analysis of costs and benefits. *Journal of Research in Crime and Delinquency*, 39(4), 363-399; Byrnes, M., Macallair, D., & Shorter, A. D. (2002). *Aftercare as afterthought: Reentry and the California Youth Authority: Prepared for the California State Senate Joint Committee on Prison and Construction Operations*. [On-line]. Retrieved September 23, 2004 from the World Wide Web: <http://www.cjcj.org>.
- ³⁰ California Department of the Youth Authority, Research Division. (2003). *Characteristics of the CYA population: Calendar year 2002*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.cya.ca.gov>; Justice Research Center, & Florida Department of Juvenile Justice, Bureau of Data and Research. (2003). *2003 outcome evaluation report*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.djj.state.fl.us>; New York State Office of Children and Family Services, Division of Rehabilitative Services. (2003). *Youth in care: 2002 annual report*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.ocfs.state.ny.us>; Texas Youth Commission. (2003). *Overview of the Juvenile Corrections System in Texas*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.tyc.state.tx.us>; State of Wisconsin Department of Corrections, Division of Juvenile Corrections. (2004). *Type I facilities: Secured juvenile correctional facilities*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.wi-doc.com>.
- ³¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998). *Behind bars: Substance abuse and America's prison population*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ³² The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998). *Behind bars: Substance abuse and America's prison population*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ³³ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998). *Behind bars: Substance abuse and America's prison population*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- ³⁴ Maguire, K., & Pastore, A.,(Eds.). (2000). *Sourcebook of Criminal Justice Statistics*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://www.albany.edu/sourcebook>.

³⁵ CASA analysis of data from The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998). *Behind bars: Substance abuse and America's prison population*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

³⁶ Petersilia, J., Greenwood, P. W., & Lavin, M. (1977). *Criminal careers of habitual felons*. Santa Monica, CA: RAND; Peterson, M. A., Braiker, H. B., & Polich, S. M. (1980). *Doing crime: A survey of California prison inmates*. Santa Monica, CA: RAND.

³⁷ Substance Abuse and Mental Health Services Administration. (2001). *Youth violence: A report of the Surgeon General*. Washington, DC: U.S. Government Printing Office.

Appendix B Notes

- ¹ Fox, S. J. (1996). The early history of the court. *Future of Children*, 6(3), 29-39.
- ² Fox, S. J. (1996). The early history of the court. *Future of Children*, 6(3), 29-39.
- ³ Fox, S. J. (1996). The early history of the court. *Future of Children*, 6(3), 29-39.
- ⁴ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁵ Stevenson, C. S., Larson, C. S., Carter, L. S., Gomby, D. S., Terman, D. L., & Behrman, R. E. (1996). The juvenile court: Analysis and recommendations. *Future of Children*, 6(3), 4-28.
- ⁶ Fox, S. J. (1996). The early history of the court. *Future of Children*, 6(3), 29-39.
- ⁷ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁸ Sabo, S. (1996). Rights of passage: An analysis of waiver of juvenile court jurisdiction. *Fordham Law Review*, 64(5), 2425-2454.
- ⁹ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁰ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹¹ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹² Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹³ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁴ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁵ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁶ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁷ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁸ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ¹⁹ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ²⁰ *Kent v. U.S.*, 383 U.S. 541 (66)
- ²¹ *In re Gault*, 387 U.S. 1 (67)
- ²² *In re Winship*, 397 U.S. 358 (70)
- ²³ *Breed v. Jones*, 421 U.S. 519 (75)
- ²⁴ *McKeiver v. Pennsylvania*, 403 U.S. 528 (71)
- ²⁵ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ²⁶ Stevenson, C. S., Larson, C. S., Carter, L. S., Gomby, D. S., Terman, D. L., & Behrman, R. E. (1996). The juvenile court: Analysis and recommendations. *Future of Children*, 6(3), 4-28.
- ²⁷ Stevenson, C. S., Larson, C. S., Carter, L. S., Gomby, D. S., Terman, D. L., & Behrman, R. E. (1996). The juvenile court: Analysis and recommendations. *Future of Children*, 6(3), 4-28.
- ²⁸ Stevenson, C. S., Larson, C. S., Carter, L. S., Gomby, D. S., Terman, D. L., & Behrman, R. E. (1996). The juvenile court: Analysis and recommendations. *Future of Children*, 6(3), 4-28.
- ²⁹ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ³⁰ Office of Juvenile Justice and Delinquency Prevention. (2004). *Legislation*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.

- ³¹ Coordinating Council on Juvenile Justice and Delinquency Prevention. (1996). *Combating violence and delinquency: The National Juvenile Justice Action Plan: Summary*. Washington, DC: Coordinating Council on Juvenile Justice and Delinquency Prevention.
- ³² Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ³³ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ³⁴ Juvenile Justice and Delinquency Prevention Act (as amended 1992), 42 U.S.C. § 5601 (2001).
- ³⁵ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ³⁶ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ³⁷ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ³⁸ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ³⁹ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴⁰ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴¹ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴² Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴³ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴⁴ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴⁵ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴⁶ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴⁷ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- ⁴⁸ Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.

Appendix G

Notes

¹ Bauer, L., & Owens, S. D. (2004). *Justice expenditure and employment in the United States, 2001* (NCJ Pub. No. 202792). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

² Federal Bureau of Investigation. (2001). *Crime in the United States 2000: Uniform Crime Reports*. Washington, DC: U.S. Government Printing Office.

³ Bauer, L., & Owens, S. D. (2004). *Justice expenditure and employment in the United States, 2001* (NCJ Pub. No. 202792). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

⁴ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets*. Washington, DC: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁵ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets*. Washington, DC: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

⁶ National Association of State Budget Officers. (1999). *State juvenile justice expenditures and innovations*. [Online]. Retrieved April 19, 2000 from the World Wide Web: <http://www.nasbo.org>.

⁷ American Correctional Association. (2000). *2000 directory: Juvenile and adult correctional departments, institutions, agencies and paroling authorities*. Lanham, MD: American Correctional Association.

⁸ U.S. General Accounting Office. (2001). *Juvenile Justice: OJJDP reporting requirements for discretionary and formula grantees and concerns about evaluation studies: Report to the honorable Bob Schaffer, House of Representatives* (GPO Item No. 0546-D). Washington, DC: U.S. General Printing Office.

⁹ U.S. General Accounting Office. (2001). *Juvenile Justice: OJJDP reporting requirements for discretionary and formula grantees and concerns about evaluation studies: Report to the honorable Bob Schaffer, House of Representatives* (GPO Item No. 0546-D). Washington, DC: U.S. General Printing Office.

¹⁰ U.S. General Accounting Office. (2001). *Juvenile Justice: OJJDP reporting requirements for discretionary and formula grantees and concerns about evaluation studies: Report to the honorable Bob Schaffer, House of Representatives* (GPO Item No. 0546-D). Washington, DC: U.S. General Printing Office.

¹¹ The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001). *Shoveling up: The impact of substance abuse on state budgets*. Washington, DC: The National Center on Addiction and Substance Abuse (CASA) at Columbia University. CASA's study relied on detailed budget reports and analysis from the individual states, including telephone follow-up with the states to clarify budget figures, therefore this study's cost figure may be more accurate than the other estimates and is used for the present analysis

Reference List

- Acoca, L. (1998). Outside/inside: The violation of American girls at home, on the streets, and in the juvenile justice system. *Crime and Delinquency*, 44(4), 561-589.
- Acoca, L. (1999). Investing in girls: A 21st century strategy. *Juvenile Justice*, 6(1), 3-13.
- Agreement between the United States, Los Angeles County and the Los Angeles County Office of Education to resolve the United States' investigation regarding conditions of confinement in the Los Angeles County Juvenile Halls.* (2004). Unpublished manuscript.
- Altschuler, D. M., & Armstrong, T. L. (2001). Reintegrating high-risk juvenile offenders into communities: Experiences and prospects. *Corrections Management Quarterly*, 5(3), 72-78.
- Altschuler, D. M., & Brounstein, P. J. (1991). Patterns of drug use, drug trafficking, and other delinquency among inner-city adolescent males in Washington, DC. *Criminology*, 29(4), 589-621.
- Amaro, H., Blake, S. M., Schwartz, P., & Flinchbaugh, L. J. (2001). Developing theory-based substance abuse prevention programs for young adolescent girls. *Journal of Early Adolescence*, 21(3), 256-293.
- American Bar Association, & National Bar Association. (2001). *Justice by gender: The lack of appropriate prevention, diversion and treatment alternatives for girls in the justice system.* Washington, DC: American Bar Association, National Bar Association.
- American Correctional Association. (2000). *2000 directory: Juvenile and adult correctional departments, institutions, agencies and paroling authorities.* Lanham, MD: American Correctional Association.
- American Medical Association, Council on Scientific Affairs. (1993). Adolescents as victims of family violence. *JAMA*, 270(15), 1850-1856.
- American Probation and Parole Association. (1992). *Drug testing guidelines and practices for juvenile probation and parole agencies* (NCJ Pub. No. 136450). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- American Probation and Parole Association, & National Highway Traffic Safety Administration. (2001). *An implementation guide for juvenile holdover programs* (DOT Pub. No. HS 809 260). Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration.
- Anderson, B. J., Holmes, M. D., & Ostresh, E. (1999). Male and female delinquents' attachments and effects of attachments on severity of self-reported delinquency. *Criminal Justice and Behavior*, 26(4), 435-452.

- Anderson, N. L. R., Nyamathi, A., McAvoy, J. A., Conde, F., & Casey, C. (2001). Perceptions about risk for HIV/AIDS among adolescents in juvenile detention. *Western Journal of Nursing Research, 23*(4), 336-359.
- Annie E. Casey Foundation. (1997). *Juvenile Detention Alternatives Initiative: A progress report*. Baltimore, MD: Annie E. Casey Foundation.
- Aos, S., Lieb, R., Mayfield, J., Miller, M., & Penucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.wsipp.wa.gov>.
- Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Olympia, WA: Washington State Institute for Public Policy.
- Applegate, B. K., Reuter, D., McCarthy, B. J., & Santana, S. (1999). *Evaluation of the Orange County Juvenile Substance Abuse Treatment Court Program*. Unpublished manuscript.
- Arrestee Drug Abuse Monitoring Program. (2000). *1999 Annual Report on Drug Use Among Adult and Juvenile Arrestees (ADAM)* (GPO Item No. 0717-J-01). Washington, DC: U.S. Government Printing Office.
- Aseltine, R. H., Gore, S., & Gordon, J. (2000). Life stress, anger and anxiety, and delinquency: An empirical test of general strain theory. *Journal of Health and Social Behavior, 41*(3), 256-275.
- Baker, C., Morris, R., & Huscroft, S. (1991, June). *Survey of sexual behaviors as HIV risk factors in incarcerated minors*. Paper presented at the VII International Conference on AIDS, Florence, Italy.
- Baker, M., Sigmon, J., & Nugent, M. (2001). *Truancy reduction: Keeping students in school* (NCJ Pub. No. 188947). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Bauer, L., & Owens, S. D. (2004). *Justice expenditure and employment in the United States, 2001* (NCJ Pub. No. 202792). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Beitchman, J. H., Adlaf, E. M., Douglas, L., Atkinson, L., Young, A., Johnson, C. J., et al. (2001). Comorbidity of psychiatric and substance use disorders in late adolescence: A cluster analytic approach. *American Journal of Drug and Alcohol Abuse, 27*(3), 421-440.
- Belenko, S. (2001). *Research on drug courts: A critical review 2001 update*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.
- Benson, C. (2004, February 3). Youth prison system blasted: CYA units plagued by violence and lack services, reports say. *Sacramento Bee*.
- Bilchick, S. (1998). *Mental health disorders and substance abuse problems among juveniles: OJJDP fact sheet #82* (NCJ Pub. No. FS-9882). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

- Bilchik, S. (1999). *Minorities in the juvenile justice system* (NCJ Pub. No. 179007). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Blake, S. M., Amaro, H., Schwartz, P., & Flinchbaugh, L. J. (2001). A review of substance abuse prevention interventions for young adolescent girls. *Journal of Early Adolescence, 21*(3), 294-324.
- Blumberg, S. J., Halfon, N., & Olson, L. M. (2004). The National Survey of Early Childhood Health. *Pediatrics, 113*(6), 1899-1906.
- Bownes, D., & Ingersoll, S. (1997). *Mobilizing communities to prevent juvenile crime* (NCJ Pub. No. 165928). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Boyd, R. F. (2003). *CRIPA investigation of Oakley and Columbia Training Schools in Raymond and Columbia, Mississippi*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.openminds.com>.
- Boyd, R. F. (2004). *Investigation of Nevada Youth Training Center*. [On-line]. Retrieved September 14, 2004 from the World Wide Web: <http://www.usdoj.gov>.
- Breed v. Jones, 421 U.S. 519 (1975).
- Brendgen, M., Vitaro, F., & Bukowski, W. M. (2000). Deviant friends and early adolescents' emotional and behavioral adjustment. *Journal of Research on Adolescence, 10*(2), 173-189.
- Broder, J. M. (2004, February 15). Dismal California prisons hold juvenile offenders. *New York Times*, p. 18.
- Brohl, K. (1996). *Working with traumatized children: A handbook for healing*. Washington, DC: CWLA Press.
- Brooks-Gunn, J., Duncan, G. J., & Aber, J. L. (1997). *Neighborhood poverty*. New York: Russell Sage Foundation.
- Brooks-Gunn, J., Duncan, G. J., Klebanov, P. K., & Sealander, N. (1993). Do neighborhoods influence child and adolescent development? *American Journal of Sociology, 99*(2), 353-395.
- Building Blocks for Youth. (2002). *Children in adult jails: Incarcerating youth with adult inmates ends in tragedies*. [On-line]. Retrieved December 20, 2002 from the World Wide Web: <http://www.buildingblocksforyouth.org>.
- Burrell, S., & Warboys, L. (2000). *Special education and the juvenile justice system* (NCJ Pub. No. 179359). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

- Butts, J. A. (1992). *Delinquency cases in juvenile court, 1992* [Fact sheet] (NCJ Pub. No. FS-9418). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Byrne, D. G., Byrne, A. E., & Reinhart, M. I. (1995). Personality, stress and the decision to commence cigarette smoking in adolescence. *Journal of Psychosomatic Research, 39*(1), 53-62.
- Byrnes, M., Macallair, D., & Shorter, A. D. (2002). *Aftercare as afterthought: Reentry and the California Youth Authority: Prepared for the California State Senate Joint Committee on Prison and Construction Operations*. [On-line]. Retrieved September 23, 2004 from the World Wide Web: <http://www.cjcj.org>.
- California Department of the Youth Authority, Research Division. (2003). *Characteristics of the CYA population: Calendar year 2002*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.cya.ca.gov>.
- Cannon, A., & Beiser, V. (2004, August 9). Juvenile injustice: Overcrowding, violence, and abuse: State juvenile justice systems are in a shockingly chaotic state: Now, finally, the feds are stepping in. *U.S. News and World Report, 137*(4), 28-33.
- Canterbury, R. J., McGarvey, E. L., Sheldon-Keller, A. E., Waite, D., Reams, P., & Koopman, C. (1995). Prevalence of HIV-related risk behaviors and STDs among incarcerated adolescents. *Journal of Adolescent Health, 17*(3), 173-177.
- Carolina Population Center. (1998). *National Longitudinal Study of Adolescent Health* [Data file]. Chapel Hill, NC: Carolina Population Center.
- Carothers, C. (2004). *Juvenile detention centers: Are they warehousing children with mental illness: Hearing before the Senate Committee on Governmental Affairs*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://www.senate.gov>.
- Caspi, A., Lynam, D., Moffitt, T. E., & Silva, P. A. (1993). Unraveling girls' delinquency: Biological, dispositional, and contextual contributions to adolescent misbehavior. *Developmental Psychology, 29*(1), 19-30.
- Center for Substance Abuse Research. (2003). Los Angeles County drug court graduates half as likely to be re-arrested. *CESAR Fax, 12*(12).
- Center for Substance Abuse Treatment, & Denver Juvenile Justice Integrated Treatment Network. (2000). *Strategies for integrating substance abuse treatment and the juvenile justice system: A practice guide* (DHHS Pub. No. (SMA) 00-3369). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- Centers for Disease Control and Prevention. (2001). *Chlamydia in the United States*. [On-line]. Retrieved March 27, 2003 from the World Wide Web: <http://www.cdc.gov>.
- Centers for Disease Control and Prevention. (2002). *Health topics: Sexual behaviors*. [On-line]. Retrieved March 26, 2003 from the World Wide Web: <http://www.cdc.gov>.

- Chesapeake Institute. (1994). *National agenda for achieving better results for children and youth with serious emotional disturbance*. Washington, DC: U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs.
- Chesney-Lind, M., & Shelden, R. G. (1992). *Girls, delinquency, and juvenile justice*. Pacific Grove, CA: Brooks/Cole.
- Child Welfare League of America. (1998). *Alcohol and other drug survey of state child welfare agencies*. Washington, DC: Child Welfare League of America.
- City and County of San Francisco. (2002). *Mayor's Office of Criminal Justice, Youth Treatment and Education Court/Juvenile Drug Court description*. [On-line]. Retrieved February 5, 2003 from the World Wide Web: <http://www.sfgov.org>.
- Coalition for Juvenile Justice. (2000). *Coalition for Juvenile Justice 2000 annual report*. Washington, DC: Coalition for Juvenile Justice.
- Coalition for Juvenile Justice. (2003). *Understanding the system*. [On-line]. Retrieved July 23, 2003 from the World Wide Web: <http://www.juvjustice.org>.
- Cocozza, J., & Skowyra, K. (2000). Youth with mental health disorders: Issues and emerging responses. *Juvenile Justice*, 7(1), 3-13.
- Cohen, F. S., & Densen-Gerber, J. (1982). A study of the relationship between child abuse and drug addiction in 178 patients: Preliminary results. *Child Abuse and Neglect*, 6(4), 383-387.
- Cohen, M. (1998). The monetary value of saving a high-risk youth. *Journal of Quantitative Criminology*, 14(1), 5-33.
- Community Research Associates. (1998). *Juvenile female offenders: A status of the states report*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.ojjdp.ncjrs.org>.
- Cooper, C. S., & Bartlett, S. (1998). *Juvenile and family drug courts: Profile of program characteristics and implementation issues* (NCJ Pub. No. 171142). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Cooper, C. S. (2001). *Juvenile drug court programs* (NCJ Pub. No. 184744). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Cooper, C. S. (2002). Juvenile drug treatment courts in the United States: Initial lessons learned and issues being addressed. *Substance Use and Misuse*, 37(12-13), 1689-1722.
- Cooper, C. S., Nerney, M., Parnham, J., & Smith, B. (2000). *Juvenile drug courts: Where have we been? Where would we be going?* Unpublished manuscript.

- Coordinating Council on Juvenile Justice and Delinquency Prevention. (1996). *Combating violence and delinquency: The National Juvenile Justice Action Plan: Summary*. Washington, DC: Coordinating Council on Juvenile Justice and Delinquency Prevention.
- Dembo, R., Berry, E., Williams, L., Getreu, A., Washburn, M., Wish, E. D., et al. (1988). The relationship between physical and sexual abuse and illicit drug use: A replication among a new sample of youths entering a juvenile detention center. *International Journal of the Addictions, 23*(11), 1101-1123.
- Dembo, R., & Pacheco, K. (1999). Criminal justice responses to adolescent substance abuse. In R. Ammerman, P. Ott, & R. Tarter (Eds.), *Prevention and societal impact of drug and alcohol abuse* (pp. 185-199). Mahwah, NJ: Lawrence Erlbaum Associates.
- Dembo, R., Pacheco, K., Schmeidler, J., Ramirez-Garmica, G., Guida, J., & Rahman, A. (1998). A further study of gender differences in service needs among youths entering a juvenile assessment center. *Journal of Child and Adolescent Substance Abuse, 7*(4), 49-77.
- Dembo, R. (2000). *Analysis done by Richard Dembo for CASA of delinquent youth in Florida's Juvenile Assessment Center* [Data file]. Miami, FL: Juvenile Assessment Center.
- Dembo, R., Schmeidler, J., Nini-Gough, B., Chin Sue, C., Borden, P., & Manning, D. (1998). Predictors of recidivism to a juvenile assessment center: A three year study. *Journal of Child and Adolescent Substance Abuse, 7*(3), 57-77.
- Dembo, R., Schmeidler, J., Nini-Gough, B., & Manning, D. (1998). Sociodemographic, delinquency-abuse history, and psychosocial functioning differences among juvenile offenders of various ages. *Journal of Child and Adolescent Substance Abuse, 8*(2), 63-78.
- Diclemente, R. J., Lanier, M. M., Horan, P. F., & Lodico, M. (1991). Comparison of AIDS knowledge, attitudes, and behaviors among incarcerated adolescents and a public school sample in San Francisco. *American Journal of Public Health, 81*(5), 628-630.
- Dishion, T. J. (1996). *Advances in family-based interventions to prevent adolescent drug abuse: NIDA National Conference on Drug Abuse Prevention Research: Plenary session 7*. [On-line]. Retrieved May 12, 2003 from the World Wide Web: <http://www.drugabuse.gov>.
- Dornbusch, S. M., Erickson, K. G., Laird, J., & Wong, C. A. (2001). The relation of family and school attachment to adolescent deviance in diverse groups and communities. *Journal of Adolescent Research, 16*(4), 396-422.
- Downs, W., & Harrison, L. (1998). Childhood maltreatment and the risk of substance problems in later life. *Health and Social Care in the Community, 6*(1), 35-45.
- Drug Strategies. (1997). *Cutting crime: Drug courts in action*. Washington, DC: Drug Strategies.
- Dryfoos, J. (1990). *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press.
- Edmund S. Muskie School of Public Service. (2003). *Reoccurring criminal behavior analysis: Snapshot survey of 400 Maine state prisoner files*. [On-line]. Retrieved September 23, 2004 from the World Wide Web: <http://www.state.me.us>.

- Elliot, D., Huizinga, D., & Menard, S. (1989). *Multiple problem youth: Delinquency, substance use, and mental health problems*. New York: Springer-Verlag.
- Elliott, D., Wilson, W. J., Huizinga, D., Sampson, R., Elliott, A., & Rankin, B. (1996). The effects of neighborhood disadvantage on adolescent development. *Journal of Research in Crime and Delinquency*, 33(4), 389-426.
- Ericson, N. (2001). *Addressing the problem of juvenile bullying: OJJDP fact sheet #27* (NCJ Pub. No. FS-200127). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Esbensen, F.-A. (2000). *Preventing adolescent gang involvement: OJJDP bulletin* (NCJ Pub. No. 182210). U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Farrington, D. (2000). Explaining and preventing crime: The globalization of knowledge: The American Society of Criminology 1999 presidential address. *Criminology*, 38(1), 1-24.
- Faruqee, M., & Juvenile Justice Project. (2002). *Rethinking juvenile detention in New York City: A report by the Juvenile Justice Project or the Correctional Association of New York*. [On-line]. Retrieved March 2, 2004 from the World Wide Web: <http://www.correctionalassociation.org>.
- Fass, S. M., & Pi, C.-R. (2002). Getting tough on juvenile crime: An analysis of costs and benefits. *Journal of Research in Crime and Delinquency*, 39(4), 363-399.
- Federal Bureau of Investigation. (1999). *Crime in the United States 1998: Uniform Crime Reports*. Washington, DC: U.S. Government Printing Office.
- Federal Bureau of Investigation. (2001). *Crime in the United States 2000: Uniform Crime Reports*. Washington, DC: U.S. Government Printing Office.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Fendrich, M., Mackesy-Amity, M. E., Wislar, J. S., & Goldstein, P. J. (1997). Childhood abuse and the use of inhalants: Differences by degree of use. *American Journal of Public Health*, 87(5), 765-769.
- Fingerhut, L. A., Kleinman, J. C., Godfrey, E., and Rosenberg, H. (1991). Firearm mortality among children, youth, and young adults: 1-34 years of age, trends, and current status: United States, 1979-88. *Monthly Vital Statistics Report*, 39(Suppl. 11).
- Fiscal year 2002 activities under the Civil Rights of Institutionalized Persons Act*. (2002). [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.usdoj.gov>.
- Florida Department of Juvenile Justice, Office of the Inspector General, Bureau of Investigations. (2004). *Executive summary*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.djj.state.fl.us>.

- Fox, S. J. (1996). The early history of the court. *Future of Children*, 6(3), 29-39.
- Frey, H. E. (1999). *Employment and training for court-involved youth: An overview* (NCJ Pub. No. FS-99102). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Garry, E. (1996). *Truancy: First step to a lifetime of problems* (NCJ Pub. No. 161958). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Gemignani, R. J. (1994). *Juvenile correctional education: A time for change: OJJDP update on research* (NCJ Pub. No. 150309). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Gies, S. V. (2003). *Aftercare services: OJJDP juvenile justice services* (NCJ Pub. No. 201800). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Gordon, D. A., & Arbuthnot, J. (1987). Individual, group, and family interventions. In H. Quay (Ed.), *Handbook of juvenile delinquency* (pp. 290-324). New York: John Wiley and Sons.
- Gottfredson, G. D., Gottfredson, D. C., Czeh, E. R., Cantor, D., Crosse, S. B., & Hantman, I. (2000). *National study of delinquency prevention in schools*. Ellicott City, MD: Gottfredson Associates.
- Gottfredson, M. R., & Hirschi, T. (1990). *A general theory of crime*. Stanford, CA: Stanford University Press.
- Greene, Peters and Associates, & Northwest Regional Educational Laboratory. (1998). *Guiding principles for promising female programming: An inventory of best practices*. [On-line]. Retrieved June 8, 2001 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- Greenwood, P., Model, K., Rydell, C., & Chiesa, J. (1996). *Diverting children from a life of crime: Measuring costs and benefits*. Santa Monica, CA: Rand Corporation.
- Grella, C. E., Hser, Y.-I., Joshi, V., & Rounds-Bryant, J. (2001). Drug treatment outcomes for adolescents with comorbid mental and substance use disorders. *Journal of Nervous and Mental Disease*, 189(6), 384-392.
- Griffin, P. (1999). *Juvenile probation in the schools*. Pittsburgh, PA: National Center for Juvenile Justice.
- Grossman, J. B., & Johnson, A. (2002). Assessing the effectiveness of mentoring programs. *Prevention Researcher*, 9(1), 8-11.
- Grunbaum, J. A., Kann, L., Kinchen, S. A., Williams, B., Ross, J. G., Lowry, R., et al. (2002). Youth risk behavior surveillance: United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4).
- Guthrie, B. J., & Flinchbaugh, L. J. (2001). Gender-specific substance prevention programming: Going beyond just focusing on girls. *Journal of Early Adolescence*, 21(3), 354-372.

- Halfon, N., Regalado, M., Sareen, H., Inkelas, M., Reuland, C. H. P., Glascoe, F. P., et al. (2004). Assessing development in the pediatric office. *Pediatrics*, *113*(6), 1926-1933.
- Hamparian, D. M., Davis, J. M., Jacobson, J. M., & McGraw, R. E. (1984). *The young criminal years of the violent few*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, National Institute for Juvenile Justice and Delinquency Prevention.
- Harms, P. (2003). *Detention in delinquency cases, 1990-1999* (NCJ Pub. No. FS-200307). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Harrison, P. A., Fulkerson, J. A., & Beebe, T. J. (1997). Multiple substance use among adolescent physical and sexual abuse victims. *Child Abuse and Neglect*, *21*(6), 529-539.
- Hawkins, J. D., & Catalano, R. F. (1985). Aftercare in drug abuse treatment. *International Journal of the Addictions*, *20*(6-7), 917-945.
- Hawkins, J. D., Herrenkohl, T., Farrington, D., Brewer, D., Catalano, R., Harachi, T., et al. (2000). *Predictors of youth violence* (NCJ Pub. No. 179065). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Henry, D. B., Tolan, P. H., & Gorman-Smith, D. (2001). Longitudinal family and peer group effects on violence and nonviolent delinquency. *Journal of Clinical Child Psychology*, *30*(2), 172-186.
- Herz, D. C. (2001). Understanding the use of mental health placements by the juvenile justice system. *Journal of Emotional and Behavioral Disorders*, *9*(3), 172-181.
- Hill, K. G., Lui, C., & Hawkins, J. D. (2001). *Early precursors of gang membership: A study of Seattle youth: OJJDP juvenile justice bulletin* (NCJ Pub. No. 190106). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Hora, P., Schma, W., & Rosenthal, J. (1999). Therapeutic jurisprudence and the drug treatment court movement: Revolutionizing the criminal justice system's response to drug abuse and crime in America. *Notre Dame Law Review*, *74*(2), 439-537.
- Howell, J. (1998). Abolish the juvenile court? Nonsense! *Juvenile Justice Update*, *4*(1), 1-2, 10-13.
- Howell, J. C., & Lynch, J. P. (2000). *Youth gangs in schools: OJJDP juvenile justice bulletin* (NCJ Pub. No. 183015). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Human Rights Watch. (2002). *Race and incarceration in the United States: Human Rights Watch briefing, February 27, 2002*. [On-line]. Retrieved June 28, 2004 from the World Wide Web: <http://www.hrw.org>.
- In re Gault, 387 U.S. 1 (1967).

- In re Winship, 397 U.S. 358 (1970).
- Institute of Medicine. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.
- Jennison, K. M., & Johnson, K. A. (1998). Alcohol dependence in adult children of alcoholics: Longitudinal evidence of early risk. *Journal of Drug Education, 28*(1), 19-37.
- Johnson, B. R. (2004). Religious programs and recidivism among former inmates in prison fellowship programs: A long-term follow-up study. *Justice Quarterly, 21*(2), 123-148.
- Johnson, B. R., Jang, S. J., Larson, D. B., & de Li, S. (2001). Does adolescent religious commitment matter? A reexamination of the effects of religiosity on delinquency. *Journal of Research in Crime and Delinquency, 38*(1), 22-43.
- Johnson, B. R., & Larson, D. B. (2003). *The InnerChange Freedom Initiative: A preliminary evaluation of a faith-based prison program*. Philadelphia: University of Pennsylvania, Center for Research on Religion and Urban Civil Society.
- Justice Research Center, & Florida Department of Juvenile Justice, Bureau of Data and Research. (2003). *2003 outcome evaluation report*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.djj.state.fl.us>.
- Juvenile Justice and Delinquency Prevention Act (as amended 1992), 42 U.S.C. § 5601 (2001).
- Juvenile Justice FY1. (2004). *Juvenile justice FAQ*. [On-line]. Retrieved August 16, 2004 from the World Wide Web: <http://www.juvenilejusticefyi.com>.
- Karacostas, D., & Fisher, G. (1993). Chemical dependency in students with and without learning disabilities. *Journal of Learning Disabilities, 26*(7), 491-495.
- Kataoka, S. H., Zima, B. T., Dupre, D. A., Moreno, K. A., Yang, X., & McCracken, J. T. (2001). Mental health problems and service use among female juvenile offenders: Their relationship to criminal history. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*(5), 549-555.
- Kelley, B. T., Thornberry, T. P., & Smith, C. A. (1997). *In the wake of childhood maltreatment* (NCJ Pub. No. 165257). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Kent v. U.S., 383 U.S. 541 (1966).
- Kimbrough, R. J. (1998). Treating juvenile substance abuse: The promise of juvenile drug courts. *Journal of the Office of Juvenile Justice and Delinquency Prevention, 5*(2), 11-19.
- Kiragu, K. (2001). *Youth and HIV/AIDS: Can we avoid catastrophe?* Baltimore, MD: Johns Hopkins University Bloomberg School of Public Health, Population Information Program.

- Kogan, M. D., Schuster, M. A., Yu, S. M., Park, C. H., Olson, L. M., Inkelas, M., et al. (2004). Routine assessment of family and community health risks: Parent views and what they receive. *Pediatrics*, 113(6), 1934-1943.
- Krisberg, B. (1998). *Substance abuse and the juvenile justice system*. San Francisco: National Council on Crime and Delinquency.
- Krisberg, B., Austin, J., & Steele, P. A. (1989). *Unlocking juvenile corrections: Evaluating the Massachusetts Department of Youth Services*. San Francisco: National Council on Crime and Delinquency.
- Kumpfer, K. L. (1999). *Strengthening America's families: Exemplary parenting and family strategies for delinquency prevention*. [On-line]. Retrieved March 29, 2004 from the World Wide Web: <http://www.strengtheningfamilies.org>.
- Kumpfer, K. L., & Alvarado, R. (1998). *Effective family strengthening interventions* (NCJ Pub. No. 171121). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Langan, P. A., & Greenfeld, L. A. (1983). *Career patterns in crime* (NCJ Pub. No. 88672). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Langan, P. A., & Levin, D. J. (2002). *Recidivism of prisoners released in 1994* (NCJ Pub. No. 193427). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Langeland, W., & Hartgers, C. (1998). Child sexual and physical abuse and alcoholism: A review. *Journal of Studies on Alcohol*, 59(3), 336-348.
- Laub, J. H., & Lauritsen, J. L. (1998). The interdependence of school violence with neighborhood and family conditions. In D. S. Elliott, B. A. Hamburg, & K. R. Williams (Eds.), *Violence in American schools: A new perspective* (pp. 127-155). New York: Cambridge University Press.
- LeBoeuf, D., & Brennan, P. (1996). *Curfew: An answer to juvenile delinquency and victimization?* (NCJ Pub. No. 159533). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Leone, P. E., & Meisel, S. (1999). *Improving education services for students in detention and confinement facilities*. [On-line]. Retrieved October 9, 2001 from the World Wide Web: <http://www.edjj.org/>.
- Leukefeld, C. G., & Tims, F. M. (1989). Relapse and recovery in drug abuse: Research and practice. *International Journal of the Addictions*, 24(3), 189-201.
- Lipsey, M., & Wilson, D. (1998). Effective intervention for serious juvenile offenders. In R. Loeber & D. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 313-345). Thousand Oaks, CA: Sage Publications.

- Lipsey, M., Wilson, D., & Cothorn, L. (2000). *Effective intervention for serious juvenile offenders* (NCJ Pub. No. 181201). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Offenders.
- Lipsey, M. W. (1999). Can intervention rehabilitate serious delinquents? *Annals of the American Academy of Political and Social Science*, 564, 142-166.
- Loeber, R., & Farrington, D. (1998). Never too early, never too late: Risk factors and successful interventions for serious and violent juvenile offenders. *Studies on Crime and Crime Prevention*, 7(1), 7-30.
- Loeber, R., Farrington, D. P., & Petechuk, D. (2003). *Child delinquency: Early intervention and prevention: Child delinquency bulletin series* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- Logan, T. K., Williams, K., & Leukefeld, C. (2000). *Jefferson Juvenile Drug Court Program: Process evaluation*. Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research.
- Lovell, P., & Price, A. (2000). *Involving youth in civic life* (NCJ Pub. No. YFS-00005). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Maguire, K., & Pastore, A. (Eds.). (2000). *Sourcebook of Criminal Justice Statistics*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://www.albany.edu/sourcebook>.
- Malmgren, K., Abbott, R. D., & Hawkins, J. D. (1999). LD and delinquency: Rethinking the "link". *Journal of Learning Disabilities*, 32(3), 194-200.
- Martinez, T. E., Gleghorn, A., Marx, R., Clements, K., Boman, M., & Katz, M. H. (1998). Psychosocial histories, social environment, and HIV risk behaviors of injection and noninjection drug using homeless youths. *Journal of Psychoactive Drugs*, 30(1), 1-10.
- Mason, W. A., Zimmerman, L., & Evans, W. (1998). Sexual and physical abuse among incarcerated youth: Implications for sexual behavior, contraceptive use, and teenage pregnancy. *Child Abuse and Neglect*, 22(10), 987-995.
- Maxwell, K. A. (2002). Friends: The role of peer influence across adolescent risk behaviors. *Journal of Youth and Adolescence*, 31(4), 267-277.
- McClelland, G. M., Teplin, L. A., & Abram, K. M. (2004). *Detection and prevalence of substance use among juvenile detainees* (NCJ Pub. No. 203934). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- McCord, J., & Conway, K. P. (2002). *Patterns of juvenile delinquency and co-offending*. [On-line]. Retrieved March 30, 2004 from the World Wide Web: <http://www.ncjrs.org>.

- McDonald, J. M. (2004, February). *Major innovation and challenges in child welfare practice, policy and research*. Paper presented at the Justine Wise Polier Memorial Lecture, New York.
- McGee, C. M., Parnham, J., Smith, T. T., Merrigan, M., & Cooper, C. S. (Eds.). (2000). *Applying drug court concepts in the juvenile and family court environments: A primer for judges*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.
- McKeiver v. Pennsylvania, 403 U.S. 528 (1971).
- McKinney, K. (1999). *Enforcing the underage drinking laws program: OJJDP fact sheet #107* (NCJ Pub. No. FS-99107). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- McKnight, L. R., & Loper, A. B. (2002). The effect of risk and resilience factors on the prediction of delinquency in adolescent girls. *School Psychology International*, 23(2), 186-198.
- McPhail, M. W., & Wiest, B. M. (1995). *Combining alcohol and other drug abuse treatment with diversion for juveniles in the justice system* (DHHS Pub. No. (SMA) 95-3051). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- Meisel, S., Henderson, K., Cohen, M., & Leone, P. (2000). *Collaborate to educate: Special education in juvenile correctional facilities*. [On-line]. Retrieved October 9, 2001 from the World Wide Web: <http://www.edjj.org>.
- Memorandum of understanding by and between the United States and the State of Nevada*. (2004). [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.usdoj.gov>.
- Milberger, S., Biederman, J., Faraone, S. V., Chen, L., & Jones, J. (1997). ADHD is associated with early initiation of cigarette smoking in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(1), 37-44.
- Miller, B. A. (1990). The interrelationships between alcohol and drugs and family violence. In M. De la Rosa, E. Y. Lambert, & B. Gropper (Eds.), *Drugs and violence: Causes, correlates, and consequences: NIDA research monograph 103* (pp. 177-207). Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.
- Mino, M. (2003). *Implementing a school safety project: An evaluation of the I.S. 275 Brownsville Youth for Peace School Safety Project*. New York: Vera Institute of Justice.
- Molina, B. S. G., & Pelham, W. E. (2001). Substance use, substance abuse, and LD among adolescents with a childhood history of ADHD. *Journal of Learning Disabilities*, 34(4), 333-342.

- Montgomery, I. (2000). *Mentally ill juvenile offenders: Responding to a critical need for services, assessment and collaboration*. Pittsburgh, PA: National Center for Juvenile Justice.
- Morris, R., Baker C., & Huscroft, S. (1992). Incarcerated youth at-risk for HIV infections. In R. Diclemente (Ed.), *Adolescents and AIDS: A generation in jeopardy* (pp. 52-70). Newbury, CA: Sage.
- Morris, R. E., Harrison, E. A., Knox, G. W., Tromanhauser, E., Marquis, D. K., & Watts, L. L. (1995). Health risk behavioral survey from 39 juvenile correctional facilities in the United States. *Journal of Adolescent Health, 17*(6), 334-344.
- National Association of Drug Court Professionals, & Drug Court Standards Committee. (1997) *Defining drug courts: The key components*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office.
- National Association of State Budget Officers. (1999). *State juvenile justice expenditures and innovations*. [On-line]. Retrieved April 19, 2000 from the World Wide Web: <http://www.nasbo.org>.
- National Center for Juvenile Justice. (2003). *Juvenile arrest rates by offense, sex, and race (1980-2001)*. [On-line]. Retrieved March 26, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- National Center for Juvenile Justice. (2004). *NCJJ state juvenile justice profiles*. [On-line]. Retrieved September 24, 2004 from the World Wide Web: <http://www.ncjj.org/stateprofiles/>.
- National Crime Prevention Council. (2000). *Raising awareness and educating the public* (NCJ Pub. No. 178926). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- National Criminal Justice Reference Service. (2003). *Drug court resources: Facts and figures*. [On-line]. Retrieved October 24, 2003 from the World Wide Web: <http://www.ncjrs.org>.
- National Drug Court Institute, & National Council of Juvenile and Family Court Judges. (2003). *Juvenile drug courts: Strategies in practice* (NCJ Pub. No. 197866). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.
- National Institute on Alcohol Abuse and Alcoholism. (1997). *Ninth special report to the U.S. Congress on alcohol and health: From the Secretary of Health and Human Services* (NIH Pub. No. 97-4017). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.
- National Institute on Alcohol Abuse and Alcoholism. (2001). *Teen-Addiction Severity Index (T-ASI)*. [On-line]. Retrieved June 11, 2003 from the World Wide Web: <http://www.niaaa.nih.gov>.
- New Jersey Judiciary. (2001). *Passaic Vicinage Family Division*. [On-line]. Retrieved September 27, 2004 from the World Wide Web: <http://www.judiciary.state.nj.us/>.

- New York Immigration Coalition. (2003). *Language access to health care: A study of four New York hospitals: Preliminary findings*. Unpublished manuscript.
- New York State Office of Children and Family Services, Division of Rehabilitative Services. (2003). *Youth in care: 2002 annual report*. [On-line]. Retrieved September 20, 2004 from the World Wide Web: <http://www.ocfs.state.ny.us>.
- North Central Regional Educational Laboratory. (2001). *Critical issue: Restructuring school to support school-linked services*. [On-line]. Retrieved September 27, 2004 from the World Wide Web: <http://www.ncrel.org>.
- Novotney, L., Mertinko, E., Lange, J., & Baker, T. (2000). *Juvenile mentoring program: A progress review*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- O'Sullivan, K., Rose, N., & Murphy, T. (2001). *PEPNet: Connecting juvenile offenders to education and employment: OJJDP fact sheet #29* (NCJ Pub. No. FS-200129). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Obeidallah, D. A., & Earls, F. J. (1999). *Adolescent girls: The role of depression in the development of delinquency*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Juvenile and family drug courts: An overview*. [On-line]. Retrieved February 3, 2003 from the World Wide Web: <http://www.american.edu>.
- Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (1998). *Looking at a decade of drug courts* (GPO Item No. 0717). Washington, DC: U.S. Government Printing Office.
- Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2001). *Juvenile drug court activity update: Summary information July 1, 2001*. Washington, DC: American University, School of Public Affairs.
- Office of Justice Programs, Drug Court Clearinghouse, & Technical Assistance Project. (2003). *Summary of drug court activity by state and county: Juvenile family drug courts: November 7, 2003*. [On-line]. Retrieved September 27, 2004 from the World Wide Web: <http://www.american.edu>.
- Office of Juvenile Justice and Delinquency Prevention. (1999). *Make a friend: Be a peer mentor: Youth in action* (NCJ Pub. No. 171691). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Office of Juvenile Justice and Delinquency Prevention. (2001). *The 8% solution: OJJDP fact sheet #39* (NCJ Pub. No. FS-200139). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Office of Juvenile Justice and Delinquency Prevention. (2003). New program supports community anti-gang efforts. *OJJDP News at a Glance*, 2(5).

- Office of Juvenile Justice and Delinquency Prevention. (2004). *Legislation*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- Office of National Drug Control Policy. (2003). *Juveniles and drugs: ONDCP Drug Policy Information Clearinghouse fact sheet* (NCJ Pub. No. 196879). Washington, DC: Office of National Drug Control Policy, Drug Policy Information Clearinghouse.
- Office of National Drug Control Policy. (2003). *National Drug Control Strategy update 2003: II. Healing America's drug users: Getting treatment resources where they are needed*. [On-line]. Retrieved September 27, 2004 from the World Wide Web: <http://www.whitehousedrugpolicy.gov>.
- Office of the Surgeon General. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.
- Osgood, D. W., & Chambers, J. M. (2003). *Community correlates of rural youth violence* (NCJ Pub. No. 193591). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Palmer, T. (1984). Treatment and the role of classification: A review of basics. *Crime and Delinquency*, 30(2), 245-267.
- Petersilia, J., Greenwood, P. W., & Lavin, M. (1977). *Criminal careers of habitual felons*. Santa Monica, CA: RAND.
- Peterson, M. A., Braiker, H. B., & Polich, S. M. (1980). *Doing crime: A survey of California prison inmates*. Santa Monica, CA: RAND.
- Pfeiffer, M. B. (2004). *Juvenile detention system struggles: Use of force a focal point: Boy critically hurt in Lansing*. [On-line]. Retrieved February 17, 2004 from the World Wide Web: <http://www.theithacajournal.com>.
- Portner, J. (1996). Jailed youths shortchanged on education. *Education Week*, 16(5), 1.
- Preski, S., & Shelton, D. (2001). The role of contextual, child, and parent factors in predicting criminal outcomes in adolescence. *Issues in Mental Health Nursing*, 22(2), 197-205.
- Puzzanchera, C. M. (2003). *Juvenile court placement of adjudicated youth, 1990-1999: OJJDP fact sheet #5*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Puzzanchera, C. M. (2003). *Juvenile delinquency probation caseload, 1990-1999: OJJDP fact sheet #6*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Puzzanchera, C., Stahl, A., Finnegan, T., Tierney, N., & Snyder, H. (Forthcoming). *Juvenile court statistics 2000*. Unpublished manuscript, U.S. Department Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

- Puzzanchera, C., Stahl, A. L., Finnegan, T. A., Tierney, N., & Snyder, H. N. (2003). *Juvenile court statistics 1999: Celebrating 100 years of the juvenile court, 1899-1999* (NCJ Pub. No. 201241). Pittsburgh, PA: National Center for Juvenile Justice.
- Quensel, S., McArdle, P., Brinkley, A., & Wiegersma, A. (2002). Broken home or drug using peers: "Significant relations"? *Journal of Drug Issues*, 32(2), 467-490.
- Richardson, W. (1997). *The link between A.D.D. and addiction: Getting the help you deserve*. Colorado Springs, CO: Pinon Press.
- Roche, B. K. (2002). *Missoula county youth drug court program evaluation*. Unpublished manuscript.
- Roman, J., Townsend, W., & Bhati, A. S. (2003). *Recidivism rates for drug court graduates: Nationally based estimates: Final report*. [On-line]. Retrieved August 17, 2004 from the World Wide Web: <http://www.ncjrs.org>.
- Sabo, S. (1996). Rights of passage: An analysis of waiver of juvenile court jurisdiction. *Fordham Law Review*, 64(5), 2425-2454.
- Sampson, R. J., & Raudenbush, S. W. (1999). Systematic social observation of public spaces: A new look at disorder in urban neighborhoods. *American Journal of Sociology*, 105(3), 603-651.
- Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 266(5328), 918-924.
- SASSI Institute. (2001). *The SASSI Institute's introduction*. [On-line]. Retrieved June 8, 2003 from the World Wide Web: <http://www.sassi.com>.
- Scalia, J. (1997). *Juvenile delinquents in the federal criminal justice system*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Schinke, S., Rounstein, P., & Gardner, S. E. (2002). *Science-based prevention programs and principles 2002: Effective substance abuse and mental health programs for every community* (DHHS Pub. No. (SMA) 03-3764). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.
- Schneider Institute for Health Policy, Brandeis University. (2001). *Substance abuse: The nation's number one health problem: Key indicators for policy update*. Princeton, NJ: Robert Wood Johnson Foundation.
- Schoen, C., Davis, K., Collins, K. S., Greenberg, L., Des Roches, C., & Abrams, M. (1997). *The Commonwealth Fund Survey of the Health of Adolescent Girls*. New York: Commonwealth Fund.
- Sciolino, A. J. (2002). Juvenile drug treatment court uses "outside the box" thinking to recover lives of youngsters. *New York State Bar Journal*, 74(4), 37-44.

- Scott, M. E. (1987). *Attention deficit disorder (ADD): Digest #445* (ERIC Id. No. ED287261). Reston, VA: ERIC Clearinghouse on Handicapped and Gifted Children.
- Sheppard, D., Grant, H., Rowe, W., & Jacobs, N. (2000). *Fighting juvenile gun violence* (NCJ Pub. No. 182679). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Sickmund, M. (2002). *Juvenile residential facility census, 2000: Selected findings* (NCJ Pub. No. 196595). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Sickmund, M. (2004). *Juveniles in corrections* (NCJ Pub. No. 202885). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Siegel, J. A., & Williams, L. M. (2003). The relationship between child sexual abuse and female delinquency and crime: A prospective study. *Journal of Research in Crime and Delinquency*, 40(1), 71-94.
- Smith, C., & Carlson, B. (1997). Stress, coping, and resilience in children and youth. *Social Service Review*, 71(2), 231-256.
- Smith, C., Lizotte, A., Thornberry, T., & Krohn, M. (1995). Resilient youth: Identifying factors that prevent high-risk youth from engaging in delinquency and drug use. In J. Hagan (Ed.), *Delinquency and disrepute in the life course* (pp. 217-247). Greenwich, CT: JAI Press.
- Snyder, H., & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (GPO Item No. 0718-A-05). Washington, DC: U.S. Government Printing Office.
- Snyder, H. (2000). *Juvenile arrests 1999* (NCJ Pub. No. 185236). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Snyder, H. N. (1992). *1992 juvenile arrests: FBI Uniform Crime Reports data*. [On-line]. Retrieved April 4, 2004 from the World Wide Web: <http://www.ncjrs.org>.
- Snyder, H. N. (2002). *Juvenile arrests 2000* (NCJ Pub. No. 191729). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Snyder, H.N. (2004). *Juvenile arrests 2002* (NCJ 204608). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Spear, S. F., & Skala, S. Y. (1995). Posttreatment services for chemically dependent adolescents. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions: NIDA research monograph 156* (NIH Pub. No. 95-3908) (pp. 341-364). Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse.

- Sprague, J., & Walker, H. (2002). *Creating schoolwide prevention and intervention strategies: Safe and secure: Guides to creating safer schools: Guide 1*. Portland, OR: Northwest Regional Educational Laboratory.
- Springer, J. F., Sambrano, S., Sale, E., Kasim, R., & Hermann, J. (2002). *The National Cross-site Evaluation of High-risk Youth Programs: Making prevention effective for adolescent boys and girls: Gender differences in substance use and prevention: Monograph series no. 4* (DHHS Pub. No. SMA-25-01). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.
- SRI International, & Center for Education and Human Services. (1997). *The National Longitudinal Transition Study: A summary of findings*. Washington, DC: U.S. Department of Education, Office of Special Education Programs.
- Stahl, A. L. (2001). *Delinquency cases in juvenile courts, 1998* (NCJ Pub. No. FS-200131). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Stahl, A., Finnegan, T., & Kang, W. (2002). *Easy access to juvenile court statistics: 1985-2000*. [On-line]. Retrieved September 28, 2004 from the World Wide Web: <http://ojjdp.ncjrs.org>.
- State of Wisconsin Department of Corrections, Division of Juvenile Corrections. (2004). *Type I facilities: Secured juvenile correctional facilities*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.wi-doc.com>.
- Stein, M., & Thorkildsen, R. (1999). *Parental involvement in education: Insights and applications from the research*. Bloomington, IN: Phi Delta Kappa.
- Stephens, R., & Arnette, J. (2000). *From the courthouse to the schoolhouse: Making successful transitions: OJJDP juvenile justice bulletin* (NCJ Pub. No. 178900). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Stern, K. (2001). *A treatment study of children with attention deficit hyperactivity disorder* (NCJ Pub. No. FS-200120). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Stevenson, C. S., Larson, C. S., Carter, L. S., Gomby, D. S., Terman, D. L., & Behrman, R. E. (1996). The juvenile court: Analysis and recommendations. *Future of Children*, 6(3), 4-28.
- Stowe, S. (2004, June 29). Tape shows boys' abuse at correctional center. *New York Times*, p. B5.
- Substance Abuse and Mental Health Services Administration. (2001). *Youth violence: A report of the Surgeon General*. Washington, DC: U.S. Government Printing Office.
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2002). *Drug and alcohol treatment in juvenile correctional facilities: The DASIS report*.

Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2004). *Substance use, abuse, and dependence among youths who have been in a jail or a detention center: The NSDUH report*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Substance Abuse and Mental Health Services Administration, Office of the Assistant Secretary for Planning and Evaluation. (1999). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection*. [On-line]. Retrieved February 27, 2004 from the World Wide Web: <http://www.hhs.gov>.

Superior Court of New Jersey Hudson Vicinage. (2000). *Juvenile drug court program: Manual of policies and procedures*. Jersey City, NJ: Superior Court of New Jersey Hudson Vicinage.

Svensson, R. (2003). Gender differences in adolescent drug use: The impact of parental monitoring and peer deviance. *Youth and Society*, 34(3), 300-329.

Tanner, J., Davies, S., & O'Grady, B. (1999). Whatever happened to yesterday's rebels? Longitudinal effects of youth delinquency on education and employment. *Social Problems*, 46(2), 250-274.

Task Force on Employment and Training for Court-Involved Youth, & Office of Juvenile Justice and Delinquency Prevention. (2000). *Employment and training for court-involved youth* (NCJ Pub. No. 182787). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Teplin, L. (2001, March). *Mental health: An emerging issue*. Paper presented at the Annual Conference of the American Correctional Health Services Association, Atlanta, GA.

Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59(12), 1133-1143.

Terry, W. C., & Kirchner, R. A. (2003). *Implementing a juvenile re-entry drug court in Orange county: Evaluating innovation in Florida's Ninth Judicial Circuit*. [On-line]. Retrieved March 20, 2003 from the World Wide Web: <http://www.fiu.edu>.

Texas Youth Commission. (2003). *Overview of the Juvenile Corrections System in Texas*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.tyc.state.tx.us>.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1996). *Substance abuse and urban America: Its impact on an American city, New York*. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998). *Back to school 1998: National survey of American attitudes on substance abuse IV*:

Teens, teachers and principals. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998).
Behind bars: Substance abuse and America's prison population. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1999).
No safe haven: Children of substance abusing parents. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2000).
Substance abuse and learning disabilities: Peas in a pod or apples and oranges? New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001).
Malignant neglect: Substance abuse and America's schools. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001).
Shoveling up: The impact of substance abuse on state budgets. Washington, DC: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2001).
So help me God: Substance abuse, religion and spirituality. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003).
CASA analysis of the Drug Treatment Alternative-to-Prison (DTAP) Program [Data file]. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003).
Crossing the bridge: An evaluation of the Drug Treatment Alternative-to-Prison (DTAP). New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003).
National survey of American attitudes on substance abuse VIII: Teens and parents. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003).
The formative years: Pathways to substance abuse among girls and young women ages 8-22. New York: The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Cross-validation of the Iowa Offender Risk Assessment Model in Michigan, 1980-1982* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Profiling Inmates in the Los Angeles County Jail, 1996-1998* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Psychological Classification of Adult Male Inmates in Federal Prison in Indiana, 1986-1988* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Religiousness and Post-release Community Adjustment in the United States 1990-1998* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 1976 Survey of California Prison Inmates* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 1997 Survey of Inmates in State and Federal Correctional Facilities* [Data file]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the 2001 Treatment Episode Data Set (TEDS)* [Data file]. Ann Arbor, MI: Substance Abuse and Mental Health Data Archive.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 1999* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the Arrestee Drug Abuse Monitoring Program (ADAM) 2000* [Data file]. Washington, DC: U. S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Household Survey on Drug Abuse (NHSDA), 1997* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Household Survey on Drug Abuse (NHSDA), 2000* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Longitudinal Study of Adolescent Health (Add Health), 1996* [Data file]. Chapel Hill, NC: University of North Carolina at Chapel Hill, Carolina Population Center.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Longitudinal Survey of Youth 1997* [Data file]. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of the National Survey on Drug Use and Health, 2002* [Data file]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2004). *CASA analysis of Employment Services for Ex-offenders, 1981-1984: Boston, Chicago, and San Diego* [Data file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.
- Thomas, S. K. (1999). *Process Evaluation: Fairfield County Juvenile Drug Court (Ohio)*. Unpublished manuscript.
- Thornberry, T. P. (1994). *Violent families and youth violence*. [On-line]. Retrieved August 13, 2004 from the World Wide Web: <http://www.ncjrs.org>.
- Thornberry, T. P., Smith, C. A., Rivera, C., Huizinga, D., & Stouthamer-Loeber, M. (1999). *Family disruption and delinquency: OJJDP juvenile justice bulletin* (NCJ Pub. No. 178285). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Thornton, T. N., Craft, C. A., Dahlberg, L. L., Lynch, B. S., Baer, K., Potter, L., et al. (2002). *Best practices of youth violence prevention: A sourcebook for community action*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention.
- Tiet, Q. Q., Bird, H. R., Davies, M., Hoven, C., Cohen, P., Jensen, P. S., et al. (1998). Adverse life events and resilience. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(11), 1191-1200.
- U.S. Department of Justice. (2001). *Attorney General Ashcroft highlights successful approach to holding drug offenders accountable* [Press release]. Washington, DC: U.S. Department of Justice.
- U.S. Department of Justice, Civil Rights Division, Special Litigation Section. (2004). *Request for information of Mississippi juvenile facilities*. [On-line]. Retrieved September 14, 2004 from the World Wide Web: <http://www.usdoj.gov>.
- U.S. General Accounting Office. (2001). *Juvenile Justice: OJJDP reporting requirements for discretionary and formula grantees and concerns about evaluation studies: Report to the honorable Bob Schaffer, House of Representatives* (GPO Item No. 0546-D). Washington, DC: U.S. General Printing Office.

- U.S. House of Representatives, Committee on Government Reform-Minority Staff, Special Investigations Division. (2004). *Incarceration of youth who are waiting for community mental health services in the United States: Prepared for Rep. Henry A. Waxman and Sen. Susan Collins*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.senate.gov>.
- University of Akron, Institute for Health and Social Policy. (2000). *Summit County Juvenile Court Drug Court: Evaluation report July 1, 1999 - June 30, 2000*. Unpublished manuscript.
- Valencia County Juvenile Drug Court. (2002). *Valencia County Juvenile Drug Court Policies and procedures manual (with forms)*. [On-line]. Retrieved April 17, 2003 from the World Wide Web: <http://www.american.edu/justice>.
- VanderWaal, C. J., McBride, D. C., Terry-McElrath, Y. M., & VanBuren, H. (2001). *Breaking the juvenile drug-crime cycle: A guide for practitioners and policymakers* (NCJ Pub. No. 186156). Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Warren, J., Leovy, J., & Zamichow, N. (2004, February 17). A daily lesson in violence and despair: For many juveniles in the state's youth penal system, the effort to survive overshadows hope for rehabilitation. *Los Angeles Times*, p. A1.
- Washington State Institute for Public Policy. (1997). *The class of 1988, seven years later: How a juvenile offender's crime, criminal history, and age affect the chances of becoming an adult felon in Washington State*. [On-line]. Retrieved August 26, 2004 from the World Wide Web: <http://www.wsipp.wa.gov>.
- White, H. R., Loeber, R., Stouthamer-Loeber, & Farrington, D. (1999). Developmental associations between substance use and violence. *Development and Psychopathology*, *11*(4), 785-803.
- Wiebush, R., Freitag, R., & Baird, C. (2001). *Preventing delinquency through improved child protection services* (NCJ Pub. No. 187759). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Wilens, T. E., Biederman, J., Spencer T.J., & Frances, R. J. (1994). Comorbidity of attention-deficit hyperactivity and psychoactive substance use disorders. *Hospital and Community Psychiatry*, *45*(5), 421-423.
- Winters, K. (1998). Kids and drugs: Treatment recognizes link between delinquency and substance abuse. *Corrections Today*, *60*(6), 118-121.
- Winters, K. C. (1999). *Screening and assessing adolescents for substance use disorders: Treatment Improvement Protocol (TIP) series 31* (DHHS Pub. No. (SMA) 99-3282). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

- Winters, K. C. (1999). *Treatment of adolescents with substance use disorders: Treatment Improvement Protocol (TIP) series 32* (DHHS Pub. No. (SMA) 99-3283). Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
- Wyrick, P. A. (2000). *Law enforcement referral of at-risk youth: The SHIELD program* (NCJ Pub. No. 184579). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Yoshikawa, H. (1994). Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks. *Psychological Bulletin*, 115(1), 28-54.