

Integrating Evidence-Based Practices into Juvenile Justice in North Carolina

Prepared for: Mandy Ableidinger and Brandy
Bynum, Action for Children North Carolina

Prepared by: Megan Kauffmann
Master of Public Policy Candidate
The Sanford School of Public Policy
Duke University

Faculty Advisor: Philip J. Cook

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Executive Summary

Policy Question: How can the NCDJJDP integrate more evidence-based programs into the JCPC-funded program array?

How can the Juvenile Crime Prevention Council (JCPC) system, a system that provides county-level treatment options to juvenile delinquents, increase the percentage of funding going to evidence-based programming? While much of the current programming in the JCPC system reflects a high degree of service provider commitment to the community, very few of the current programs are evidence-based. By providing a limited amount of evidence-based programming, the North Carolina Department of Juvenile Justice and Delinquency Prevention (NCDJJDP) risks promoting treatment programs for youth that have no effect. A lack of information about the effectiveness of treatment programs can lead to the misallocation of funding.

Methodology

The research methodology consisted of a literature review, close examination of state juvenile justice policies, and interviews of 17 JCPC council members, area consultants, program providers, and court counselors. The literature review began with the quest to identify evidence-based practices in juvenile justice and explore more deeply the cost-benefit argument for quality juvenile justice programs. To explore these issues, over 30 academic articles and chapters discussing evidence-based practices and programs in juvenile justice were thoroughly reviewed.

In order to better understand the regulatory relationship between the NCDJJDP and the JCPCs, policy memos on the NCDJJDP website describing the operations of the JCPC system and the regulations concerning the funding of JCPC-funded programs were also reviewed. To gain a deeper understanding of the array of programs offered within the JCPC system, annual progress reports from the last 7 years, accessible on the NCDJJDP website, were reviewed.

Three counties in North Carolina were selected to be the focus of the research. These three counties were Cumberland, Durham, and Rowan Counties. In each county, JCPC members and program directors were interviewed in person and recorded. Interviewees were asked to comment on their perception of evidence-based programming in juvenile justice and their opinion on how to encourage the use of evidence-based programming within the JCPC system.

Criteria

There is one criterion for the policy options: the options must contribute to a reduction in the recidivism of juveniles. In addition to this criterion, there are constraints to what is feasible policy for the NCDJJDP. First, as there is a likelihood the NC General Assembly will cut the NCDJJDP's budget in the future, the policy options presented must not cause the NCDJJDP to incur large additional costs. Second, as the NCDJJDP is not the sole funder of many of the JCPC-funded programs, the NCDJJDP must not establish requirements for funding that exclude or place a burden on programs; rather, the NCDJJDP should help currently funded programs make the transition towards providing evidence-based programming. Third, these policy options must increase education and training in evidence-based programs for the JCPC community.

Results of Analysis

This paper found that the JCPC system is an excellent framework for providing services to juveniles, but that the number of evidence-based programming options available in each county should be increased. The literature review revealed that many states, most notably Washington State and New York State, are moving towards implementing only evidence-based programs for juvenile justice. These states are relying upon evidence-based curriculum providers as a source for high quality, evidence-based programming, and North Carolina could follow their example.

Interviews with JCPC program providers and JCPC members revealed that while the NCDJJDP has made a strong effort to integrate more evidence-based practices into the juvenile justice system through the SPEP (Standardized Program Evaluation Protocol) intervention, this intervention did not result in a marked increase in evidence-based programs in the system. This result occurred for several reasons: SPEP was difficult for program providers to understand, the score results of the SPEP evaluation were not used for funding decisions, and there was not enough technical support from the JCPCs or the NCDJJDP to help program providers transition their current programming to more evidence-based programming.

Furthermore, interviews with JCPC members, program providers, and area consultants revealed a hesitance towards evidence-based programs because of the perception that they are more expensive than current JCPC-funded programs. The cost analysis in this paper reveals that many of the evidence-based program options for juveniles are within the same price range as the programs currently receiving funds, showing that evidence-based programs need not be cost-prohibitive. These interviews also revealed that the JCPC network would greatly benefit from more training on what evidence-based programming is and how to identify it.

The interview process also revealed one unexpected result, that JCPC-funded programs often receive a majority of their funding from sources other than the JCPC. This finding was crucial in that any policy recommendations have to consider that the JCPC has a limited amount of influence over the programmatic choices of program providers.

Policy Recommendations

The recommendations below are strategies for how the NCDJJDP could integrate more evidence-based programs into the JCPC-funded program array.

Recommendation 1. Mandate or Create Incentives for Evidence-based Programs

The NCDJJDP could create a list of programs that are evidence-based and mandate that all program providers choose to implement a program from the list in order to receive funding. Alternatively, instead of mandating their adoption, the department could create a financial incentive for their adoption by lowering the match contribution requirement for program providers who provide a program on the list.

Recommendation 2. Improve the Coordination of Funding for Youth Services

The NCDJJDP could convene key decision makers within the state's welfare agencies and the juvenile justice system to write a joint plan for funds directed towards juveniles within the social services system. This plan would coordinate services available for juveniles within the county, which would free up financial resources that could be directed towards evidence-based programs. When program providers became aware that more financial resources would be available for programs that were evidence-based, they would respond to this demand and adapt their programming.

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Integrating Evidence-Based Practices into Juvenile Justice in North Carolina

I. Introduction

This paper examines how the Juvenile Crime Prevention Council (JCPC) system, a system that provides county-level treatment options to juvenile delinquents, could integrate more evidence-based programming in their services. This paper provides an overview of the evidence-based movement in juvenile justice nationally and in North Carolina, and then explores ways in which the North Carolina Department of Juvenile Justice and Delinquency Prevention (NCDJJD) can influence the regulatory and supportive functions of JCPCs to integrate more evidence-based programs into the array of services provided.

Methodology

The research methodology consisted of a literature review, close examination of state juvenile justice policies, and interviews of 17 JCPC council members, area consultants, program providers, and court counselors. The literature review began with the quest to identify evidence-based practices in juvenile justice and explore more deeply the cost-benefit argument for quality juvenile justice programs. To explore these issues, over 30 academic articles and chapters discussing evidence-based practices and programs in juvenile justice were thoroughly reviewed. In order to better understand both the regulatory relationship between the NCDJJD and the JCPCs, policy memos on the NCDJJD website describing the operations of the JCPC system and the regulations concerning the funding of JCPC-funded programs were also reviewed. To gain a deeper understanding of the array of programs offered within the JCPC programs, annual progress reports from the last 7 years, accessible on the NCDJJD website, were reviewed.

Three counties in North Carolina were selected to be the focus of the research. These three counties were Cumberland, Durham, and Rowan Counties. These three counties were

chosen because they each had a unique component. Cumberland County was chosen because it was reputed to have a well-organized and dedicated council. Durham County was chosen because of the large number of juveniles served and the wide array of programming offered. Rowan County was selected for comparative purposes to Cumberland County and Durham County, because Rowan County is a small county serving far fewer juveniles than the other two counties. In each county, JCPC council members and program directors were interviewed in person and recorded. Interviewees were asked to comment on their perception of evidence-based programming in juvenile justice and their opinion on how to encourage the use of evidence-based programming within the JCPC system.

Findings

This paper found that the JCPC system is an excellent framework for providing services to juveniles, but that the number of evidence-based programming options available in each county should be increased. Many of the JCPC-funded programs exhibit the same elements as evidence-based programs, but because they have not been rigorously evaluated, the effects of these programs on juvenile behaviors, most specifically, recidivism, are unknown. Some of the JCPC-funded programs do follow evidence-based models, but a majority of the programs do not.

While the NCDJJDP has made a strong effort to integrate more evidence-based practices into the juvenile justice system through the SPEP intervention, this intervention did not result in a marked increase in evidence-based programs in the system for several reasons, namely because SPEP was difficult for program providers to understand, the score results of the SPEP evaluation had no tie to funding, and there was not enough support from the JCPCs or the NCDJJDP to help program providers transition their current programming to more evidence-based programming.

Furthermore, interviews with JCPC members, program providers, and area consultants revealed a hesitance towards evidence-based programs because of the perception that they are more expensive than current JCPC-funded programs. The cost analysis in this paper reveals that many of the evidence-based program options for juveniles are within the same price range as the programs currently receiving funds, showing that evidence-based programs need not be cost-prohibitive.

Applying lessons from the SPEP intervention and knowledge of the evidence-based program options available, this research has illuminated options that the NCDJJDP could follow to integrate more evidence-based programs into the JCPC system. The two policy options that are most promising for the NCDJJDP to pursue vary in the degree to which they require regulation over program content. The two options are to: mandate or create incentives for evidence-based programming and improve the coordination of funding for youth services.

Organization of the Paper

This paper will provide a brief overview of the creation of the JCPC system, followed by an explanation of the regulatory framework of the NCDJJDP, a summary of the evidence-based movement in juvenile justice, and an analysis of JCPC program providers' perception of the evidence-based movement. The paper will then provide an overview of the NCDJJDP's current attempts at integrating evidence-based practices into the service array through the SPEP intervention, and will follow with a set of recommendations for how the NCDJJDP can integrate more evidence-based programs into the JCPC-funded program array.

II. Background

North Carolina's Juvenile Justice System is a centralized, state-managed system under the North Carolina Department of Juvenile Justice and Delinquency Prevention (NCDJJD). Despite the centralized nature of the system, a majority of treatment services for juvenile offenders are provided at the county level (NCDJJD, 2008). Service providers at the county level run Juvenile Crime Prevention Council programs, or JCPC programs.

Juvenile Crime Prevention Councils

In North Carolina, the majority of community-level services offered to juveniles are delivered by programs funded partially through the Juvenile Crime Prevention Council system, which was established in 1998 by the NCDJJD. Youths enter JCPC programs at several stages in the juvenile justice process. Youths may enter the system at diversion *before* intake, when they may be referred to the JCPC programs by law enforcement officials; they may enter at diversion *at* intake, when they may be referred to JCPC programs by law enforcement officials; and they may enter *after* adjudication, when they may be referred to JCPC programs by a court counselor. For a diagram of the juvenile justice case flow and definitions of these three diversion stages, please see Appendix A.

A Juvenile Crime Prevention Council is a committee made up of community leaders appointed by the County Board of Commissioners. The JCPCs meet monthly in each county, and membership on the council is voluntary. Each year, the NCDJJD allocates approximately \$23 million to the councils, who distribute this money to programs in their county that serve undisciplined and delinquent youth (NCDJJD, 2010). In 2008, the JCPC programs served 24,425 youth, meaning that the JCPC system spent roughly \$1,000 per youth (NCDJJD, 2010).

The councils in each county identify appropriate programs by first conducting an assessment of needs, determining the appropriate services to address those needs, and then developing a request for proposals for programs that provide need-specific services. After selecting programs to fund, councils are then also responsible for evaluating program performance (NCDJJDP, About JCPC).

Juvenile Crime Prevention Council programs serve undisciplined juveniles, delinquent juveniles, and at-risk youth. As defined by the NCDJJDP, an undisciplined juvenile is “a young person between 6 and 15 years old who is unlawfully absent from school or is regularly disobedient to and beyond the disciplinary control of the juvenile's guardian, is regularly found in places where it is unlawful for a juvenile to be, or has run away from home for a period of more than 24 hours” (NCDJJDP, Policy Definitions). The NCDJJDP also defines a delinquent juvenile as “a youth less than 16 years old who commits a crime or infraction under state law or under an ordinance of local government, including violation of motor vehicle laws” (NCDJJDP, Policy Definitions). An "at-risk youth" is "a juvenile who has not been adjudicated delinquent or undisciplined; and, has demonstrated significant inappropriate or anti-social behavior that would suggest a high probability of court involvement; and/or has one or more identified risk factors for delinquency" (NCDJJDP, Policy Definitions).

To clarify how JCPC programs fit into the process above, JCPC programs work with youths at the diversion stage, at the protective supervision stage, and at the probation stage (at probation levels 1 and 2). When youth enter the protective supervision or the probation stage, they are no longer considered at-risk, but are considered juvenile. JCPC programs differ in their service provision, but all of the programs can fit into one of these 6 categories:

- Assessment Programs
- Clinical Treatment Programs

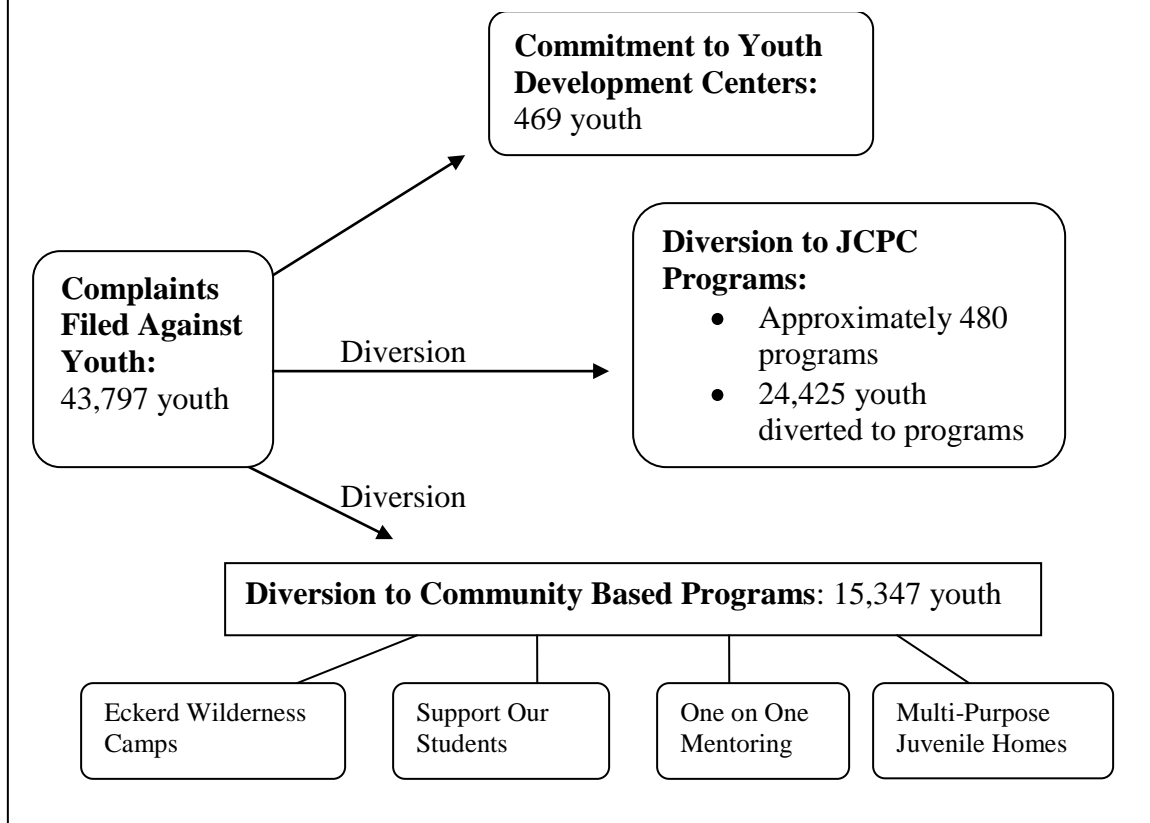
- Community Day Programs
- Residential Programs
- Restorative Programs
- Structured Activities Programs

Programs administered by the Juvenile Crime Prevention Councils vary from county to county. The program services vary from psychological assessment, to substance abuse prevention and counseling, sex offender assessment and counseling, life-skills building, mentoring programs, home based family counseling, restitution, mediation, conflict resolution and teen court, among many other services.

Since the JCPC system's creation, JCPC programs have served a majority of youth who pass through the juvenile justice system. Currently, there are over 400 JCPC programs across the state. (NCDJJDP, JCPC Programs by County). Diverting juveniles to JCPC programs is an important step in the system; in 2008, 43,797 complaints were filed against youth, and of these youth involved in the complaints, over half (24,425) were diverted to JCPC programs, 469 were held in the youth detention centers, and approximately 15,347 participated in other community-based programs, such as the Eckerd Wilderness Camps, the One-on-One mentoring program, and Support Our Students after-school programs (NCDJJDP, 2008 County Databook, 2008).

The Eckerd Wilderness Camps, the One-on-One mentoring program, and Support Our Students after-school programs serve both juveniles involved in the justice system and at-risk youth who have never entered the system; they are not mandated to prioritize treatment to either group. In contrast to these programs, JCPC-funded programs are mandated to serve court-involved youth before they serve at-risk youth (Leak, 2010).

Flow Chart for the Division of Treatment Options



Room for Improvement in the System

The JCPC system design follows evidence-based practice; by providing community-based services, the system follows the recommendation of research showing that juveniles respond best to treatments that are administered in the context of their family and their community (Mendel, 2001). However, the quality of JCPC programming can be improved upon by integrating more evidence-based programs into the funding array.

By not using evidence-based practices, the NCDJJD risks promoting treatment programs for youth that have no positive effect on their behavior. A lack of information about the effectiveness of treatment programs can lead to the misallocation of funding. As noted above,

the NCDJJDP continues to spend around \$20 million annually to fund JCPC programs. If a framework were in place whereby programs that produced the most results per dollar spent were encouraged, the department would be spending its money more wisely.

Inconsistent Evaluation: Barriers to Judging Effectiveness

JCPC programs collect a minimal amount of data for evaluation, and it is difficult to compare their effectiveness (Whiteside, 2009). Program providers are not able to compare the youth they serve with a control group of juveniles who don't receive their services. Furthermore, program providers don't have direct access to recidivism data, which poses a challenge for them in evaluating their treatment programs. As one program provider said, "The best data we get is when we pick up the newspaper and see that one of our kids has been arrested" (Carpenter, 2010). Without the appropriate methods of program evaluation, it is difficult for program providers to judge whether they are reducing recidivism among the juveniles they treat.

Budget Shortfall Limits Implementation of Evidence-based Programs

The limiting factor in what the JCPCs can accomplish through their programming is the limited budget (Whiteside, 2009). As the JCPC programs were recently at risk of losing funding in the 2008 budget cycle, it is imperative that the department think about how the effects of JCPC programs can be correlated with costs, and how to achieve more effect (less recidivism) with less money. An argument showing that JCPC-funded programs are cost-effective could be appealing to the General Assembly as they allocate funds to the JCPC system in future budget cycles.

III. The Regulatory Relationship Between NCDJJD and JCPC

The NCDJJD has set up an intricate system for monitoring the operations and finances of JCPCs and JCPC-funded programs. The regulations are focused around the selection and placement process, financial monitoring, site visits, and evaluation of effectiveness.

Selection Process

Every year, JCPCs review a risk and needs assessment of court-involved youth in their county to understand the kind of services that JCPC-funded programs will need to provide in the coming year (Parmar, 2009). This data is compiled at the state level and then given to each county (Parmar, 2009). The risk assessment and needs assessment display the demographic and offense characteristics of all of the youth that have been seen in court and needed services the previous year (Parmar, 2009). A copy of the needs and risk assessment data compilation for Durham County is attached in Appendix B.

After the council reviews the risk and needs assessment, they identify between 10 and 16 services they need JCPC-funded programs to provide (Parmar, 2009). The council votes on these priorities (Parmar, 2009). During the selection of priorities, input from the court counselors regarding the services for which they see a need is weighed heavily (Parmar, 2009). A Request for Proposals (RFP) is created based upon these priorities.

In Durham County, the RFP is usually posted for a month on the county website. As applications come in, each council member receives a copy. Program providers come in to interview (Parmar, 2009). After each program comes in to interview, the JCPC deliberates, and then each council member makes a recommendation to fund or not to fund the program (Parmar, 2009). The funding or executive committee of the JCPC compiles the recommendations (Parmar, 2009).

There are a set of criteria for selection of programs that is outlined on the JCPC state website (NCDJJDP, JCPC Policies and Forms). The criteria are set out by program type for these categories: assessment programs, clinical treatment programs, community day programs, residential services, restorative programs, structured activities programs. The criteria include duration of program, age group of served population, juvenile to staff ratio, frequency, and other stipulations specific to the kind of program (NCDJJDP, JCPC Policies and Forms). In addition to meeting operational criteria, programs also must be able to match 30% or 20% of the JCPC financial contribution to the program (Dees, 2010). This match requirement varies by county (Dees, 2010).

Placement Process

JCPCs are mandated to serve court-involved youth before they serve at-risk youth (Leak, 2010). When a juvenile is brought in for intake, the court counselor assesses their needs and refers them to the JCPC-funded program they deem appropriate (Roberts, 2010). At-risk youth may also be referred by the School Resource Officers or school administrators to JCPC-funded programs (Roberts, 2010). As every JCPC-funded program is mandated to serve a certain amount of court-involved youth, it is very important for court counselors to make referrals to JCPC-funded programs, or the program's funds may be revoked (Ligo, 2010). Court counselors are considered to be case managers for the court-involved youth they refer (Leak, 2010).

Financial Monitoring

All JCPC-funded programs across the state are required to report the same financial information. Every JCPC-funded program must maintain financial and client tracking records and be able to report this information to the JCPCs (NCDJJDP, Program Reporting Requirements, 2010). Every JCPC-funded program must also produce a JCPC Program

Agreement, which must be signed by the NCDJJD, county government, program provider, and the JCPC (NCDJJD, Program Reporting Requirements, 2010). This annual agreement details the services provided along with projected revenues and expenditures. JCPC programs must also complete the Final Accounting Form, which details actual expenditures and identifies any unexpected balance. The county finance officer, program provider, and program finance officer must sign this form (NCDJJD, Program Reporting Requirements, 2010).

JCPC-funded program providers are also required to fill out a Third Quarter Accounting Form at the end of the eighth month of the fiscal year to detail projected unexpended funds (NCDJJD, Program Reporting Requirements, 2010). The program provider and the program finance officer prepare this to be reviewed by the county, JCPC, and area consultant, and then the form is turned in to the NCDJJD (NCDJJD, Program Reporting Requirements, 2010).

Every JCPC-funded program must also produce client tracking data on a monthly basis to establish a record of demographic data and program performance data for each court-involved youth served in the program (NCDJJD, Program Reporting Requirements, 2010). This data is found on the client tracking forms, and is collected upon admission and termination of the youth from the program (NCDJJD, Program Reporting Requirements, 2010). This form is used to monitor program compliance with the program agreement (NCDJJD, Program Reporting Requirements, 2010). A transfer file that summarizes all of the client tracking data is to be turned in to the NCDJJD area office monthly (NCDJJD, Program Reporting Requirements, 2010).

JCPC program providers are also required to report property that is purchased or maintained with JCPC funds, as well as all invoices, payroll documentation and other reports

required by either the JCPC, county government, or the NCDJJD (NCDJJD, Program Reporting Requirements, 2010).

Site Visits

JCPC-funded programs are visited both by the JCPC monitoring committee and the JCPC area consultant (NCDJJD, Program Oversight and Monitoring, 2010). The JCPC monitoring committee visits the programs at least once a year to review the program agreement and revisions, juvenile records, client tracking data, and financial records requested (NCDJJD, Program Oversight and Monitoring, 2010). The area consultant visits new programs at orientation and at the end of the year to ensure that the program is abiding by program operation standards (NCDJJD, Program Oversight and Monitoring, 2010). After the first year, they are only required to visit once every three years, but they still check for compliance annually (NCDJJD, Program Oversight and Monitoring, 2010).

Evaluating for Effectiveness

The NCDJJD has created guidelines for how the programs should measure their effectiveness at decreasing recidivism and increasing school performance. Laid out in the “Program Reporting Requirements” memo on the NCDJJD state website, the guidelines for evaluating effectiveness are:

- “a) All programs shall collect and submit statistical information designed to measure the impact and outcomes of program objectives.
- b) Programs must develop strategies for measuring key behavior changes for at least 12 months after termination of services, and related outcomes such as recidivism.
- c) Each program shall design an evaluation tool that includes the following components: (1) The expected benefits of the program; (2)

The particular data that will document success; (3) A specific schedule for reporting results; (4) The comparison to research based best practice; and (5) A list of agencies and individuals that will receive the evaluation results” (NCDJJDP, Program Reporting Requirements, 2010).

In practice, some of these requirements are difficult to meet. For example, in order to meet requirement b, the requirement to track recidivism rates 12 months after completion of the program, program directors must make a list of the names of juveniles who participated in their programs and ask court counselors to look up whether or not these juveniles recidivated. Court counselors are not explicitly obligated to perform this search. In addition, if court counselors do not report back to the program directors, the program directors have no way to track recidivism themselves, as they do not have access to court data (Roberts, 2010).

JCPC-funded programs satisfy the requirements of evaluation by defining measurable objectives, usually 4 objectives, that they intend to meet during the year. They report these objectives to the JCPCs. Examples of these objectives are, "Provide Parent/Family Skill Building classes for 90 parents," or "80% of parents will successfully complete Parent/Family Skill Building classes" (NCDJJDP, JCPC Program Agreement for Youth Services Bureau, 2009-2010). While tracking the fulfillment of these objectives is important, most of these objectives reflect outputs of the programs and not the desired outcomes.

Termination of Contract

Program directors in Durham and Rowan County say that customarily, termination depends upon whether or not the program meets its measurable objectives, and whether or not the enrollment of court-involved kids in the program is sufficient (Ligo, 2010 ; Sherrill, 2010).

The receipt of funding for the programs is not explicitly tied to fulfillment of measurable objectives (Ligo, 2010).

The program agreement form stipulates that the only factors that warrant termination are if the JCPCs cease to receive funding from the state or if the program doesn't fulfill its financial reporting or match contribution obligations (NCDJJDP, JCPC Program Agreement for Youth Services Bureau, 2009-2010).

A close understanding of the regulatory relationship between the NCDJJDP, JCPCs, and JCPC-funded programs is important in order to make recommendations for how the NCDJJDP can integrate more evidence-based programs into the system. The next section of this paper will provide an overview of the history of evidence-based practices in juvenile justice and will present some of the most prominent programs being implemented across the nation.

IV. National Evidence-Based Practices in Juvenile Justice

How Evidence came to Inform Juvenile Justice Programming

During the 1980s and early 1990s, reported juvenile arrests for violent crimes greatly increased (Howell and Lipsey, 2004). Between 1985 and 1995, the rate of violent crime (including murder, forcible rape, robbery, and aggravated assault) doubled for juveniles aged 15-17 and 18-20 (Haskins, 2008). The media responded by frequently reporting that an "epidemic" of juvenile violence was underway, often depicting violent juvenile offenders as "superpredators" (Howell and Lipsey, 2004). State legislatures across the country responded by implementing a "tough on crime" agenda for juvenile delinquents.

By the late 1990s, every state had increased the proportion of juveniles incarcerated in detention centers and adult prisons, extended confinement periods, increased the number of offenses considered criminal, lowered the age for transfer to the criminal justice system, and

excluded more juvenile offenders from jurisdiction in the juvenile courts (Howell and Lipsey, 2004). These policies resulted in an increased financial burden on criminal justice systems and the under-funding of community-based programs, as detention-based programs are markedly more expensive than community-based programs (Howell and Lipsey, 2004).

The violent crime rate for juveniles, however, began decreasing rapidly in the mid-1990s, falling approximately 50% for 15-17 year olds, and 35% for 18-20 year olds (Haskins, 2008). Many social scientists doubted that the decrease was entirely attributable to increased punishment for juveniles, as many other factors could have had an effect on the decrease in crime, including changes in the drug markets, policing practices, the availability of handguns, and the age composition of the population (Haskins, 2008).

As the causal effect of tough-on-crime policies on crime rates was unclear, social scientists began to question whether the negative effects of detention and prosecuting youth as adults should justify the reversal of the harsh penalty policies (Haskins, 2008). A 2007 Center for Disease Control review of the effects of policies that transferred juveniles to the adult criminal system found that the transfer policies had the general effect of increasing juvenile crime, including violent crime (McGowan, 2007). A study conducted by Donna Bishop from Northeastern University also found that juvenile offenders transferred to the adult system were more likely to recidivate and experience more vulnerability to negative outcomes than juveniles who were not transferred (Bishop, 2000).

In the 2000s, social scientists also started to call into question the culpability of adolescents. Haskins and Steinberg in their article, "Keeping Adolescents Out of Prison," call attention to a fundamental principle in the American justice system called "penal proportionality." The principle holds that "fair criminal punishment is based not only on the

harm caused by the crime, but also on the blameworthiness of the perpetrator" (Haskins, 2008). This principle is crucial in that it represents a pledge on the part of the justice system to consider that the emotional and intellectual immaturity of juveniles might call their culpability into question. Social science researchers, in particular Laurence Steinberg, have pushed policymakers further to reconsider the culpability of juvenile delinquents by conducting rigorous social science evaluations that examine how the stages of brain development have an effect on cognitive capacities such as emotional regulation and decision making (Steinberg, 2009). In his most current summary of the literature on adolescent brain development, Steinberg has made four very important observations about the adolescent brain:

- 1) During adolescence, major improvements in basic information processing and logical reasoning occur.
- 2) Concentrations of dopamine in the brain change during puberty, which may have implications for increased sensation-seeking.
- 3) The brain's process of improving the efficiency of neural signaling is only partially completed during adolescence, meaning that neural functions related to response inhibition, planning ahead, weighing risks and rewards, and considering multiple sources of information may not be functioning as smoothly in adolescents as they do in adults.
- 4) Brain anatomy development that relates to emotional regulation and the processing of emotional and social information continues to happen into late adolescence.

These observations all imply that the cognitive abilities of adolescents may be fundamentally different from those of adults in logical reasoning, weighing the consequences of their actions, and regulating emotions (Steinberg, 2009). As the use of logic and understanding the consequences of one's actions are crucial to the "blameworthiness" of a perpetrator, under the

doctrine of penal proportionality, adolescents, whose mental capacities do not equal that of adults, should not be punished as adults (Haskins, 2008).

Led by evidence that teen culpability is questionable and that incarceration with adults may be harmful, social scientists in the late 1990s and early 2000s created a movement for decentralizing the punishment of juveniles and introducing less severe punishment options. Policy makers in criminal justice systems across the country have responded by enacting state legislation to focus more on the rehabilitation needs of juveniles; in particular, Pennsylvania, Illinois, Washington, and Louisiana have been active states in juvenile justice reform (Models for Change, 2010). As a positive example of collaboration between policy makers and social scientists, social scientists are also calling attention to the features of effective programs that cause a reduction in recidivism.

Key Features of Effective Programs

The technique of meta-analysis has allowed researchers such as Mark Lipsey to identify which common features from a variety of rehabilitation programs tend to affect recidivism. Peter Greenwood also published an article in 2008 looking at social science research from the past 15 years that examines which program features work for decreasing recidivism. The features below have been outlined by both Lipsey and Greenwood as being important features in reducing recidivism.

One important feature of effective programs is that they take place in a community setting and apply treatment to the juvenile, the family, and others in the community (Greenwood, 2008). Community-based programs produce lower recidivism rates than state institution rehabilitative programs (Tyler, Ziedenberg, and Lotke, 2006). Many of the benefits of community-based services are framed as the avoidance of costs associated with placing juveniles

in the adult system, which include: juveniles learning criminal habits in detention centers and not learning alternatives to delinquent behavior, limited academic achievement and employment opportunities in confinement, and a feeling of separateness from mainstream society that arises from confinement (Tyler, Ziedenberg, and Lotke, 2006). Community-based alternatives to incarceration allow juveniles to maintain relationships with family and community members instead of relocating to a state facility.

Another important evidence-based feature of effective programs is goal-setting between a counselor and juvenile, where goals are set and a plan for sticking to those goals is created (Greenwood, 2008). Lipsey also argues that the greatest program effects come from programs that target a way to change behavior or impart skills or training in a structured way (Lipsey, 1996).

Another important feature in achieving effectiveness is to avoid excessive or harsh punishment (Greenwood, 2008). Some harsh punitive programs, such as shock incarceration, can have the negative effect of increasing recidivism (Lipsey, 1996).

Researchers have also found that adhering to program fidelity in implementation is important for treatment programs to be effective (Greenwood, 2008; Lipsey, 1996). Lipsey notes that researcher involvement in treatment design and implementation is associated with the recidivism rate of program participants, because the researcher's presence ensures that the program is implemented as intended (Lipsey, 1996).

Through meta-analysis, Lipsey concluded that programs that make the greatest reductions in recidivism target high-risk individuals (Lipsey, 1996). High-risk juvenile offenders are youth that exhibit several high-risk factors, including: rebelliousness, exposure to family abuse,

academic failure, negative peer group influence, living in communities of economic deprivation and high crime, and being arrested at an early age (Lipsey, 1996; Mendel, 2002).

Finally, another important feature of effective programs is that the dosage of treatment is high. High dosage is treatment given for more than 26 weeks at more than two contacts per week. Lipsey found that the most effective programs were those that were monitored by a researcher *and* implemented at a high dose (Lipsey, 1996).

Trademark Programs

Some juvenile justice programs have curricula that are trademarked. These programs are often proven to be effective at reducing recidivism through rigorous, randomized trial experiments. If implemented with fidelity, these programs have a predicted effect on recidivism.

Three of these trademark programs in particular are receiving attention from juvenile justice departments across the United States, especially in Washington, Oregon, New York, and Tennessee (Mendel, 2002). These three programs are Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Multidimensional Treatment Foster Care (MTFC). Table 2 highlights the key features of these programs.

Two of these programs are being implemented by JCPC-funded programs in North Carolina for this latest funding cycle; Multisystemic Therapy is being implemented in Cleveland, Lincoln, and Mecklenburg counties, and Functional Family Therapy is being implemented in Durham County.

Trademark programs are certified much in the same way that prescription drugs are certified. For example, for a prescription drug to be certified, the drug's effectiveness needs to be proven through clinical trials, trials that are often paid for by the drug company that has created the drug. The same process occurs with trademark programs for juveniles: randomized

controlled experiments prove the effectiveness of these programs at reducing recidivism. These experiments allow programs to state that they are evidence-based, and then the program goes through a patenting process to become a trademark program. When a program provider or social service agency buys a trademark program, they are buying both the curriculum and the assurance that they will implement the program with fidelity, because trademark program staff monitor the implementation of the program at the local level through site visits, trainings, and phone calls. In this manner, the effect of the trademark program on juvenile recidivism is highly predictable.

The NCDJJDJP recognizes the need to integrate more evidence-based practices into the juvenile justice system (Howell and Lipsey, 2004). However, rather than encouraging the implementation of trademark programs such as MST, FFT, and MTFC statewide, the NCDJJDJP has taken the approach of trying to improve current programs by integrating evidence-based practices into existing programs. The next section will describe the department's use of the SPEP tool to achieve this goal in more detail.

Table 2. Description of Key Trademark Programs in Juvenile Justice

Program	Reduces Crime	Cost Per Youth	Program Features
Functional Family Therapy (FFT)	15.9%	\$2,325	FFT is a structured family-based intervention that is intended for youth with conduct disorder and violent acting out. FFT can be implemented in a clinic or at home. The clinical model consists of assessing the client's individual needs, addressing risk and protective factors, creating an assessment focus that hones in on changing behavior and relationships, empowering families to understand how to avoid or lessen the impact of future conflict.
Multisystemic Therapy (MST)	10.5%	\$4,264	MST focuses on counseling the entire family, and improving the family's ability to address the underlying cause of delinquency. MST helps parents to learn behavioral management techniques for their children and encourage pro-social relationships, while directing other family members to community resources to address the manifold struggles the families are facing. MST coaches help families identify the root causes of delinquency. The main difference between MST and FFT is that MST therapists are on call to respond to crises at all times.
Multidimensional Treatment Foster Care (MTFC)	22.0%	\$27,300 (\$3,900 per month, average duration 7 months)	Multidimensional Treatment Foster Care (MTFC) is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community. MTFC combines short-term foster care with counseling with the natural family, followed by a rapid reunification of the child with his/her natural family, accompanied with ongoing counseling and support.

Sources: Washington Institute for Public Policy Research, Center for the Study and Prevention of Violence, American Youth Policy Forum, and FFT practitioner Nicole Partridge

V. Attitudes Toward Trademark Programs in the JCPC System

In order to understand the perception of trademark programs from stakeholders within the JCPC system, this research relies on interviews of JCPC regional consultants, JCPC-funded program executive directors, JCPC council members, and JCPC court counselors in three counties, Cumberland, Durham, and Rowan. During the interview process, 3 regional consultants, 10 JCPC-funded program providers, and 6 JCPC members were interviewed.

As we will see in the next section, NCDJJD officials decided that while trademark programs are an excellent way to achieve desired results, they would not be feasible for economic reasons. Many program providers, regional consultants, court counselors, and JCPC members echoed this sentiment. Many other barriers to using trademark programs are prevalent in the interviewees' attitudes, including resistance to perceived duplication of services and a concern about whether the results of experimental studies could be anticipated in their counties.

However, interviewees in all three counties also expressed how using trademark programs could improve services for juveniles if the costs of trademark programs were comparable to current programs and if programs could eliminate the need for evaluation. This section will explore these viewpoints in more detail below.

Cost Barriers

JCPC council members have certain expectations for how much a juvenile rehabilitation program should cost, and many JCPC council members and program providers alike perceive trademark programs as cost-prohibitive. The perception that trademark programs are more expensive than current programs, the belief that disproportionate spending per youth is unfair, and the challenge posed by the instability of the JCPC budgets contributes to the concern that trademark programs are cost-prohibitive.

Table 3 (below), recreated from the 2009 Juvenile Crime Prevention Council Report, displays the average cost of a given program per youth, as well as the average NCDJJDP contribution towards the program per youth. This table also shows us that a large amount of funds, sometimes the majority in some program categories, are coming from sources outside of

Table 3. Average Cost Per Youth of JCPC Programs					
Type of Program	Total Budget	NCDJJDP Allocation	# of Youth	Average Cost Per Youth	Average NCDJJDP Cost Per Youth
Residential Services	\$7,127,645	\$2,686,263	1,129	\$7,135	\$2,689
Assessment Programs	\$1,801,446	\$1,265,629	1,788	\$1,259	\$884
Restorative Services	\$8,445,276	\$5,820,294	12,798	\$809	\$557
Clinical Treatment Services	\$10,203,191	\$4,851,680	4,062	\$3,038	\$1,444
Community Day	\$6,342,808	\$2,340,003	1,914	\$3,641	\$1,343
Structured Activities	\$7,580,051	\$4,354,178	7,095	\$1,231	\$707
Total	\$41,500,417	\$21,318,04	28,786	\$1,442	\$741

Source: Department of Juvenile Justice and Delinquency Prevention, "Juvenile Crime Prevention Council Report, 2009"

the NCDJJDP. In addition, this table shows us that the average cost per youth of some currently funded programs surpasses the cost per youth for trademark programs. Of course, the average contribution per youth from the *NCDJJDP* is not enough to fund the youth's participation in trademark programs; but the programs themselves are currently finding enough sources in addition to NCDJJDP resources to fund programs that are *more* expensive than trademark programs.

Table 3 shows us that NCDJJDP currently spends between \$500 and \$2700 per youth, and that some program providers are spending up to \$7,000 per youth. Trademark programs like MST and FFT cost between \$2,500-\$4,200 per youth; other trademark programs, such as SNAP

and Aggression Replacement Therapy, are even less expensive, costing around \$1,000 per youth (OJJDP Model Programs Guide, 2009; Drake, 2009). Despite the fact that the cost per youth of currently funded JCPC programs is comparable to the cost per youth of trademark programs, the belief remains within the JCPC network that trademark programs are too expensive.

There is also a belief that spending a majority of JCPC funds for only a small portion of youth served is unfair, and that if JCPCs were to invest in trademark programs, they would have less funds to direct towards other program providers. However, currently the NCDJJDP's portion of funding ranges from \$500 per youth to over \$2,000 per youth, suggesting that this disparity in funding across youths already exists.

Finally, there is a concern among JCPCs that they might have to give part of their budget for fiscal year 2009-2010 back to the state (Roberts, 2010).

Table 4 illustrates some of the comments made by interviewees regarding costs.

Table 4. Direct Quotes from JCPC staff

"MST is very, very expensive. We'd love to have it. But they've priced themselves out of the conversation." (Hallock, 2010)

"You have to pay attention to how much money you're going to have. If you're going to throw it all into one pot, and then it's only going to (serve) these few kids, what's going to happen to all the rest of these services?" (Roberts, 2010)

"I can tell you what my JCPC would say if we wanted to do that (fund expensive trademark programs), 'What, are you going to serve one kid?' ". (Carpenter, 2010)

"You can't buy the most expensive services. You have to provide a blend of services for all of the kids, not just a sub-group of kids." (Smith, 2009)

Strengthening Existing Systems of Care

Both the Cumberland and Rowan County JCPC members felt as if the services provided by JCPC-funded programs, while not comprehensive at the individual program level, when taken together provided a web of services that were comprehensive. These JCPC members felt as if their county provided the services for juveniles that they needed, that they were effective, and that when possible, they aimed to integrate promising practices into their existing programs (Hallock, 2010). As Lee Roberts said, "We've paid attention to things that are effective and looked at, wow, ok, we really can't pay for that, but is there something that we can pay for? Can we use the concept, can we build on it in a different way" (Roberts, 2010). Karen Carpenter also said something similar in her interview, "I found a restitution program that was so intensive and so involved...there was no way we could have funded it here. But what we've tried to do is incorporate pieces of that" (Carpenter, 2010).

Generalisability

Among JCPC program providers and JCPC members in the three counties, there was a strong sentiment that trademark programs should not supplant all of the current programming in their county. Many interviewees expressed that sometimes programs can be effective even if they are not evidence-based (Leak, 2010 ; Carpenter, 2010). They also expressed the importance of respecting the creativity of programs that are provided by county residents and reflect a deep knowledge of the community needs (Carpenter, 2010). As Helen Leak, JCPC Chair of Rowan County, said, "Sometimes they (evidence-based programs) lack the flexibility that you need for certain populations" (Leak, 2010). In addition, interviewees expressed the importance of trademark programs that have been implemented in sites with a population similar to their own

(Carpenter, 2010 ; Dees, 2010 ; Wilson, 2010). As Maggie Dees, JCPC Coordinator for Cumberland County said, "Best practices need to be best practices for our county" (Dees, 2010).

Identifying Low-Cost Evidence-Based Practices

Karen Carpenter, JCPC-funded program director in Rowan County, remarked that evidence-based practices have a place in the JCPC program system because many of these programs don't have the resources to evaluate their effect on recidivism. Therefore, the best alternative is to use trademark or best-practice models to ensure that certain results will happen. She said, "The best thing that we can do is try to use as much as possible evidence-based and best-practices programs that have been evaluated in other places as being successful....as much fidelity as we can apply to that model, then we can be more confident that at least we've done the best that we could" (Carpenter, 2010).

Jeannie Sherrill, director of Strengthening Families in Rowan County, expressed that if she were on the JCPC, she would not fund anything that wasn't a best-practice (Sherrill, 2010). Sherrill added that a significant amount of donor agencies expect a high degree of accountability, and that many donors wish to invest wisely by funding programs that use evidence-based practices (Sherrill, 2010). Both Sherrill and Carpenter added that it is possible to use evidence-based models that are not as expensive as the trademark curricula (Carpenter, 2010 ; Sherrill, 2010).

VI. Overview of the Standardized Program Evaluation Protocol in North Carolina

Why is the SPEP approach preferred by NCDJJD?

The Juvenile Justice Reform Act of 1998 required that in order to receive state funding, programs and services for juvenile offenders had to be evidence-based (Howell and Lipsey,

2004). The NCDJJDP began the NC SPEP Project in 2001 to help the state meet this requirement. When deciding which approach to use to evaluate the extent to which JCPC programs were evidence based, the NCDJJDP had to consider which approach was most feasible in North Carolina. Mark W. Lipsey and Buddy Howell had an instrumental role in helping the NCDJJDP decide which approach to take (Howell and Lipsey, 2004).

The NCDJJDP considered three approaches to ensuring that juvenile justice services were evidence based: 1) Adopt “model” or trademark programs that have been evaluated by several sources and are proven to be effective; 2) Directly evaluate the effectiveness of each existing JCPC-funded program, and continually improve the programs based on the evaluations; 3) Extract practices from evidence-based programs proven to be effective and apply them in existing programs.

The NCDJJDP decided that the most feasible approach was the third approach. The first approach was not feasible because it was perceived to be more expensive than funding existing programs (as trademark programs were considered costly), and implementing trademark programs with fidelity was a great challenge. The second approach was not feasible because conducting a credible evaluation was also expensive and required trained evaluators who needed time and equipment to conduct sophisticated analyses. Both the first and second approach required additional funds, and as the state did not appropriate funds for the purpose of making JCPC-funded programs evidence-based, the NCDJJDP believed these approaches could not be considered (Howell and Lipsey, 2004).

Using the third approach to guide them, Howell and Lipsey created the SPEP tool. The SPEP tool allowed JCPC-funded programs to become aware of which practices are proven to be effective and to strive towards integrating these practices piecemeal into their overall programs.

In addition, Howell and Lipsey believed the SPEP tool could be introduced to JCPC program directors at little cost.

What is the Standardized Program Evaluation Protocol (SPEP)?

As Howell and Lipsey mention in their Final Evaluation Report of the SPEP implementation in North Carolina, the SPEP tool “evaluates how closely a program’s characteristics match with those shown by the available research literature to be associated with reduced recidivism” (Howell and Lipsey, 2007). Essentially, SPEP uses a score card to rate the effectiveness of JCPC funded programs according to the extent to which the programs incorporate evidence-based practices for reducing recidivism.

An example of the scorecard is attached in Appendix D. With the SPEP scorecard, programs are rated using a points system. For each favorable program quality, the program is given points. The total number of points ranges from the lowest score of 40 to the highest score of 100. Points are granted if a quality of a program matches an evidence-based practice or characteristic. Points are granted for the following categories: type of service, supplementary services, duration of service, face-to-face contact days between service providers and the juvenile, risk level for a majority of juveniles in the program, and the age of the juveniles.

The scorecard shows that programs with a higher score use more evidence-based practices than programs with a lower score; therefore, programs with a higher score are assumed to be more effective at reducing recidivism.

The Reception of SPEP

SPEP has had an ambivalent reception within the network of JCPC program providers, council members, and regional consultants. This section draws on the interview responses of 5 current JCPC members and 9 program providers in Cumberland, Durham, and Mecklenburg

counties, and 3 regional consultants. The response to SPEP as an evaluation tool varies widely; some individuals think SPEP is appropriate, and others think it is an improper tool for measuring a program's effect. However, all of these interviewees stressed one common point: that SPEP has not been as successful as hoped at integrating more evidence-based practices into the JCPC-funded programs.

SPEP is an Appropriate Tool

In their “Final Evaluation Report of the SPEP Implementation in North Carolina,” Lipsey and Howell display the results of a survey given to JCPC program providers to assess the success of the implementation. Of those who responded, 56% said that SPEP was useful for improving their program and 20% reported that they had made changes as a result of SPEP (Howell and Lipsey, 2007). These results show that SPEP was received positively by a large amount of the JCPC-funded program provider population. Two of the program providers interviewed mentioned that the SPEP implementation was positive because it forced program providers to think more intensely about the outcomes they were producing and about the need to account for their performance to the NCDJJD (Rider, 2010; Carpenter, 2010). As Karen Carpenter said, “Before... a lot of what we were measuring was output. We weren't really measuring outcomes” (Carpenter, 2010).

SPEP Could be Improved Upon

Some of the respondents felt that the implementation of SPEP was not successful. Of those who responded to Howell and Lipsey's survey, 53% reported having some difficulty working with the SPEP; particularly, respondents had difficulty understanding how to use it to improve their programs (Howell and Lipsey, 2007). Of those who responded, 35% did not like working with the SPEP, 35% did not think it was a useful tool for program improvement, and 23%

did not feel as if they received the appropriate amount of assistance from the JCPC about using SPEP.

One program provider in Durham explained that the data used to calculate SPEP scores during the implementation pilot project might not have been reliable, as the data form used was the client tracking form, and some program providers might not have been filling out the client tracking form with care (Rider, 2010). Another program provider in Cumberland County mentioned that the SPEP approach was very difficult to understand, and that the score her program received was too low, because SPEP only evaluated one of the programs that she offered and didn't consider the full effect of the combined services of all of her programs (Hopkins, 2010). A program provider in Rowan County added that having a SPEP score was helpful, but she felt as if there was not enough support from the NCDJJD in terms of learning how to improve her SPEP score (Carpenter, 2010). She would have liked to have had an example of a model program that scored high on the SPEP rating (Carpenter, 2010).

Learning From SPEP: What Worked to Integrate More Evidence Based Practices

In summary, what was positive about the SPEP implementation is that it encouraged program providers to think in an outcomes-driven way, to focus on quality of service to the client, and to understand the need for accountability to the NCDJJD. The next effort of the NCDJJD at integrating evidence-based practices into the system must continue to require program providers to think critically about the outcomes of their programs and become more accountable for them.

The implementation of SPEP was lacking in that program providers didn't fully understand how it was created, didn't receive enough assistance regarding how to improve their programs with it, and felt as if the scores didn't capture the value of their programs. The SPEP

evaluation system also was flawed in that program providers didn't fully understand the relevance of the data they were providing to the data collection tool.

If the NCDJJDOP hopes to engage the JCPC program providers, the next effort of NCDJJDOP to integrate evidence-based practices into the system has to take the approach of teaching rather than evaluating. In the next effort, the NCDJJDOP should also provide clear guidelines for program providers about how to identify and implement evidence-based programs, and institute a punitive response if program providers make no effort to implement evidence-based programs. Finally, this next effort must also find a way to value the creativity and uniqueness of "mom and pop" programs that originate within the community.

VII. Policy Options

Criteria and Constraints

The NCDJJDOP has a wide array of policy options to choose from for integrating more evidence-based programs into the JCPC-funded program array. This section presents two policy options that could help the NCDJJDOP achieve the integration of more evidence-based practices. There is one criterion that both of the options must satisfy in order to be considered: they must contribute to a reduction in the recidivism of juveniles. In addition to this criterion, there are constraints to what is feasible policy for the NCDJJDOP. First, as there is a likelihood of budget cuts from the NC General Assembly to the NCDJJDOP in the future, the policy options presented must not cause the NCDJJDOP to incur large additional costs. Second, as the NCDJJDOP is not the sole funder of many of the JCPC-funded programs, and as many counties have few agencies that provide juvenile treatment services, the NCDJJDOP must not establish requirements for funding that exclude or place a burden on programs; rather, the NCDJJDOP should help currently funded programs make the transition towards providing evidence-based programming. Third, these

policy options must increase education and training in evidence-based programs for the JCPC community, since the community will not fully accept the need to move towards evidence-based programs unless they understand how these programs can improve the lives of the young people they serve.

Policy Option 1: Mandate or Create Incentives for Evidence-based Programs

Mandate the Adoption of Evidence-Based Programs

Before the NCDJJDP moves towards mandating the adoption of evidence-based programs, the department should create a standard for what an evidence-based program is. In order to do this, the department would need to consult the literature about what evidence-based means and gain a strong understanding for how a JCPC-funded program should meet that standard. Appendix E provides a brief definition of what evidence-based means, which could be helpful to the NCDJJDP in creating new standards.

After developing this standard, the NCDJJDP should create a list of evidence-based programs that correspond with the 6 categories of programs for youth: assessment programs, clinical treatment programs, community day programs, residential services, restorative programs, structured activities programs. In order to create this list, the NCDJJDP could reference the list of cost-beneficial juvenile treatment programs created by the Washington State Institute for Public Policy (WSIPP). The list for juvenile offenders programs is included in Appendix F. By including programs recommended by the WSIPP's cost-benefit analysis, the NCDJJDP could demonstrate to legislators its commitment to implementing cost-beneficial programs.

In addition, in order for this option to be feasible, the evidence-based programs on the list would have to be affordable, meaning that the programs would cost no more per youth than current programs. For a program to be on the list, the entire cost of the program would lie within

the range of \$800-\$7000, with the average program costing the NCDJJDP around \$1,500 per youth.

Only programs on this list would be approved for funding by JCPCs. JCPCs, JCPC program providers, and court counselors would be trained on how to verify that the models in these evidence-based programs are being followed. JCPC program providers would also be trained in how to implement these programs. Monitoring visits occurring 4 times a year by JCPC members, and 1 visit per year from JCPC regional area consultants, would verify model fidelity.

If the NCDJJDP were to only fund evidence-based programs on a given list, the predicted effect on juveniles participating in these programs would be a decrease in their recidivism. This policy option also keeps NCDJJDP spending on JCPC programs at the same level as current levels, as the affordable evidence-based programs should not cost more than current programs. However, costs may increase for trainings of JCPC program providers and an increase in the number of monitoring visits. This policy option also allows JCPC funded programs the opportunity to improve their programs or to change their programs entirely before funding is revoked.

Create Incentives for Evidence-based Programming

Instead of mandating that JCPC-funded programs adopt one of the programs on the list, the NCDJJDP could use positive financial incentives to encourage JCPC program providers to implement a program on the list. For example, this approach has been used in Pennsylvania. In Pennsylvania, the state wanted to discourage counties from sending juveniles to the state institution for minor crimes, which counties did often since it cost them less to send youths to the state institution instead of treating the youth within the county. In response to this, the state

enacted Act 148, which provided 80% reimbursement of the costs of community-based services designed to keep children at home. In this fashion, the state adjusted reimbursement rates for the programs it wanted to encourage or discourage. The incentive mechanism had a startling effect; from 1981 to 1984, state institution placements dropped by 24%, and community placements increased by 20% (Tyler, Ziedenberg, and Lotke, 2006).

Likewise, North Carolina could provide an incentive for providers to adopt evidence-based programs by lowering the match requirement for programs that adopt an evidence-based model from the approved list of programs. Currently, local programs are required to raise local funds to match 20% to 30% of the NCDJJD's contribution. If the NCDJJD were to lower that match requirement to 10% -15% for program providers who implement evidence-based programs, that could provide a strong incentive. For example, for the average residential treatment program, the incentive of having 15% less of a match requirement has a value of \$16,200 dollars per program, or around \$400 per youth.

Offering a financial incentive to program providers will most likely result in the integration of more evidence-based programs that will have the effect of reducing recidivism in treated juveniles. This policy option allows JCPC-funded programs the opportunity to improve their programs at their own pace and only if they desire to. For this reason, this option would be popular with JCPC program providers and JCPCs. This option would also likely increase the number of evidence-based programs within the system as there would be great financial incentive to do so. However, this option would cost the NCDJJD more than they are currently spending on the JCPC system, as the NCDJJD would be requiring less of a match grant from many of the JCPC-funded programs.

Policy Option 2. Improve Coordination of Funding for Youth Services

In order to maximize the use of funds, North Carolina state agencies could create a process for convening key decision makers within the state's welfare agencies and the juvenile justice system to write a joint plan for funds directed towards juveniles within the social services system. Pennsylvania has taken this approach, creating a process called Needs-Based Planning and Budgeting (Tyler, Ziedenberg, and Lotke, 2006). This process brings each county's welfare agency to the table with the juvenile judge and probation department, and as a group these agencies develop a plan that details the predicted service needs for court-involved youth and how much those services will cost in the coming year. This plan is called the Integrated Children's Services Plan and is created in each county. The plan also takes care to include mental health and drug and alcohol services. This integrated children's services plan informs the budget for the county. The county then sends this joint budget to the legislature for approval.

As the JCPC already consists of designees from each county's welfare agencies, it is a perfect forum for creating an integrated services plan for youth. This plan could coordinate all of the services available for juveniles within the county and allow resources to be used more effectively. For example, if the Department of Social Services' mental health division has extra funds, then juveniles with mental health needs can be referred there, and DSS funds could pay for those services, freeing up more NCDJJD funds to be spent on rehabilitation programs.

It is assumed here, based upon interviews with the JCPC regional consultants, that if the NCDJJD had increased funds, it would invest in evidence-based programs (Smith, 2009). Therefore, if collaboration between the state welfare agencies loosened up funding for the NCDJJD, the NCDJJD would be able to invest in more evidence-based programs. If the NCDJJD wanted to take a market-based approach to encouraging the implementation of

evidence-based programs, it could inform the provider community that more funds would be available for programs that demonstrate they are evidence-based. Program providers would respond to this demand by adapting their programs to meet evidence-based requirements.

Policy Options Out of Consideration

There are other policy options that this paper does not consider. For instance, one policy option would be to eliminate the JCPCs and establish a direct relationship between the NCDJJDP and the juvenile treatment programs, as this would free up the funding dedicated to the administrative activities of the JCPCs. This policy option argues that much of the selection and regulatory activities conducted by the JCPCs could be conducted by JCPC area consultants or other NCDJJDP staff. Furthermore, as JCPC members are volunteers, they have less incentive than paid NCDJJDP staff to dedicate their full attention to the selection and regulation of juvenile treatment programs.

Despite these arguments, eliminating the JCPC would be an unwise policy. First, JCPCs give community members a chance to be part of the decision-making process by holding open monthly meetings. The council meetings also allow stakeholders from various county public and private agencies including representatives from Department of Social Services, The United Way, school superintendents, and members of the business and faith communities to be apprised of the gravity (or levity) of the juvenile delinquency problem in their county, and to add their perspective to the program selection process.

Furthermore, the JCPCs strengthen the communication relationship between funded programs and the NCDJJDP; program staff can easily turn to their JCPCs for guidance on how to meet the NCDJJDP's report requirements or budget requirements. If JCPCs were eliminated, it is unlikely that the NCDJJDP, in its current fiscal conservatism, would hire 100 new staff

members to be liaisons for each of North Carolina's 100 counties to answer these kinds of questions.

Another policy option that was not considered was to set up a method for evaluating all of the locally envisioned programs which were not proven to have a statistically significant effect of reducing recidivism. While this option would please JCPC-funded program providers and JCPCs who support the "social entrepreneurial" approach of locally envisioned programs, and it would highlight North Carolina as a state committed to innovation in juvenile justice treatment provision, this option would simply be too expensive. A rigorous evaluation would require a treatment and control group, and meticulous collection of data and model implementation, which would be too expensive, and might also be considered unethical, as it would require that some juveniles not receive treatment.

VIII. Recommendations

This paper recommends that the NCDJJD consider two policy options: mandate or create an incentive for evidence-based program implementation, and improve the coordination of funding for youth services.

The option that will most directly lead to an increase in the number of evidence-based programs available is the mandate and the incentive option. As the main criterion is to reduce recidivism among the juvenile population through the integration of more evidence-based treatment programs, this option should be pursued first by the NCDJJD.

IX. Conclusion

The JCPC system in North Carolina is a major shift from the pre-1998 juvenile justice system in the state, whereby a majority of juveniles received treatment in the state institutions. The post-1998 JCPC system ensures that youth can maintain ties to their families and their

communities while receiving treatment. The JCPC system also benefits from professional expertise; many of the staff providing services to youth have a background in mental health or social work, and they bring their professional expertise into the program design. JCPC programs also reflect the creative passion of community leaders who want to ensure a positive future for their youth.

However, many of the juvenile treatment programs offered within the JCPC system could be greatly improved. There is much at stake in treatment of juveniles; if a program does not have a proven effect, that juvenile has an increased likelihood of recidivating and experiencing other negative outcomes, from dropping out of high school to becoming involved in the adult criminal justice system.

The NCDJJDP addressed this risk by making an attempt with the SPEP to inform JCPC program providers of evidence-based practices and encourage their use. However, the SPEP did not succeed in these goals, as the concept of SPEP was difficult for program providers to comprehend, and there was no opportunity for program providers to learn from their SPEP scores and improve their programs.

The SPEP experience provided some lessons, mainly that for evidence-based programs to be implemented within the JCPC system, they had to be affordable, and they had to be introduced to program providers in a way that they could adapted into their current programs.

Given the lessons learned from SPEP, the NCDJJDP's best policy option is to mandate that all programs be evidence-based or to provide incentives for the adoption of evidence-based programs. This new option would be unlike the SPEP, because programs would face negative consequences (withdrawal of funding) if they did not meet the evidence-based requirements. As

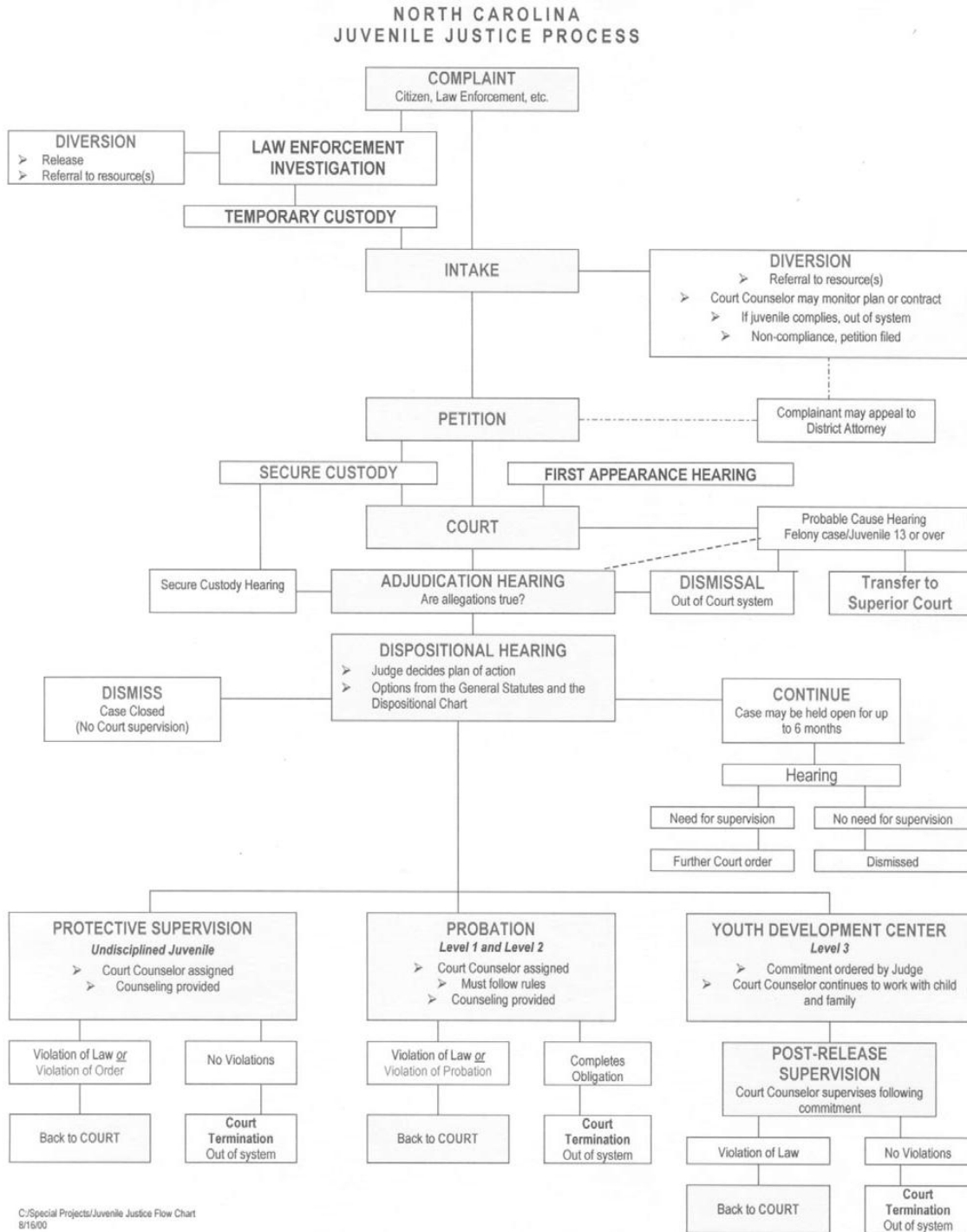
this option ensures that more programs are evidence-based, this option will likely improve state legislators' faith in the efficacy of JCPC-funded programs.

If the NCDJJD embraces this option, counties across North Carolina will likely experience a decrease in crime rates over the next decade, giving many juveniles a second chance at living a life made of better choices.

X. Appendices

Appendix A: The Juvenile Justice System Case Flow

Source: NCDJJD, 2000 Annual Report



If a juvenile in North Carolina is 15 or younger and he commits a crime, then his or her case falls under the purview of the North Carolina Department of Juvenile Justice and Delinquency Prevention (NCDJJD). If a young person is 16 years old or more and commits a crime, he or she will be tried as an adult.

Young people enter the NCDJJD's justice system when any citizen accuses them of a crime or misdemeanor. Oftentimes, it is the parents, school officials, or law enforcement who begin the process of filing a complaint against a juvenile (Rosch, 09). During the law enforcement investigation of the juvenile, the juvenile is held under the supervision of law enforcement (the juvenile is not arrested, but he is held in temporary custody) (Rosch, 09).

After a law enforcement investigation, the youth may be released if there is little evidence against him or her, and this is the first moment in the process where "diversion" is possible. At this point, the law enforcement officer can formally divert the youth (refer the youth to community resources for treatment services rather than process the youth for adjudication) (NCDJJD, 2000).

Diversion may also take place at intake through an agreement between the juvenile's parent, guardian, or custodian and the court counselor where the complaint against the juvenile is diverted from court and the juvenile agrees to certain expectations and/or is referred to a resource for services (NCDJJD, 2000). Resources for service in the diversion stage are provided through community programs (such as Eckerd Wilderness camps, One-on-One, or Support our Students) and Juvenile Crime Prevention Council (JCPC) programs.

If the youth is not diverted at this stage, then he or she goes through an intake process with a NCDJJD juvenile court counselor. The counselor evaluates the complaints and the evidence, and he or she determines whether the complaints are serious enough to warrant court

action. The court counselor has 2-4 weeks to decide whether or not the complaint warrants court action.

If the complaint does not warrant court action, then the case may be closed. However, if the court counselor believes the youth may benefit from a community resource, the counselor may create a diversion plan with the youth and his or her parents. At this stage, youth can receive services from community-based intervention services (such as Eckerd Wilderness camps, One-on-One, or Support our Students) or JCPC programs.

If the complaint does warrant court action, it is filed as a petition. After the petition is filed, the youth is tried in the state court, has an adjudication hearing where allegations are proven or disproven, and then has a dispositional hearing where the judge decides the plan of action.

If the judge decides not to dismiss the case during the dispositional hearing, there is a need for supervision for however long the judge deems necessary. The supervision options include protective supervision and supervision at probation levels 1, 2 and 3. Protective supervision is only applicable for undisciplined offenses (NCDJJD, Memo 3.2.). Probation is only applicable for delinquent offenses. Probation level three is a Youth Development Center (YDC), which is the highest level of punishment within the juvenile justice system.

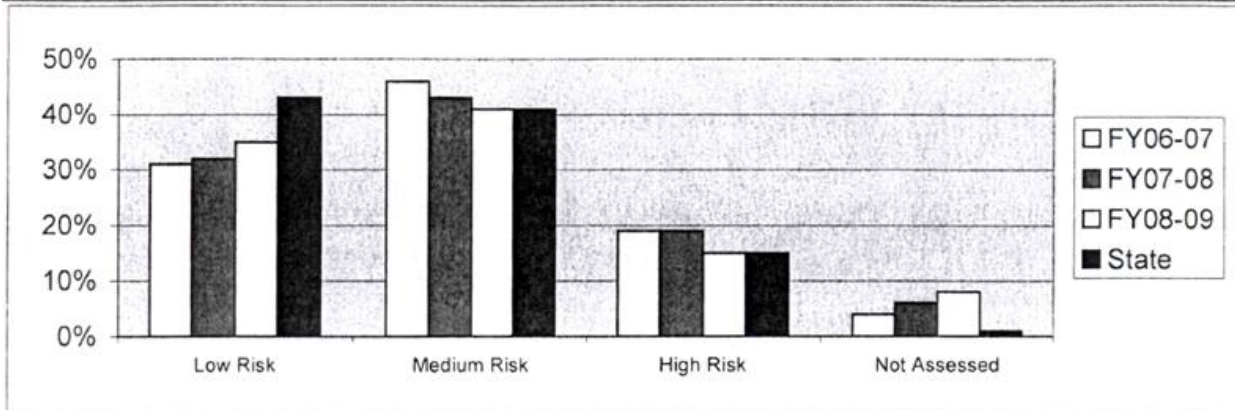
When termination of supervision occurs, there is a continuation of services which is up to the chief court counselor's discretion as to whether or not they will be offered. At this point, the court counselor, juvenile, juvenile's parent/legal guardian/custodian and/or service provider will develop a service plan with identification of community resources for the youth. The juvenile and parent/legal guardian/custodian shall be given the option to accept or refuse continuation services by the court counselor.

Appendix B. Durham County's Risk and Needs Assessments
 Source: Durham County JCPC

RISK ASSESSMENT COMPARISON DATA TREND DATA **Durham**

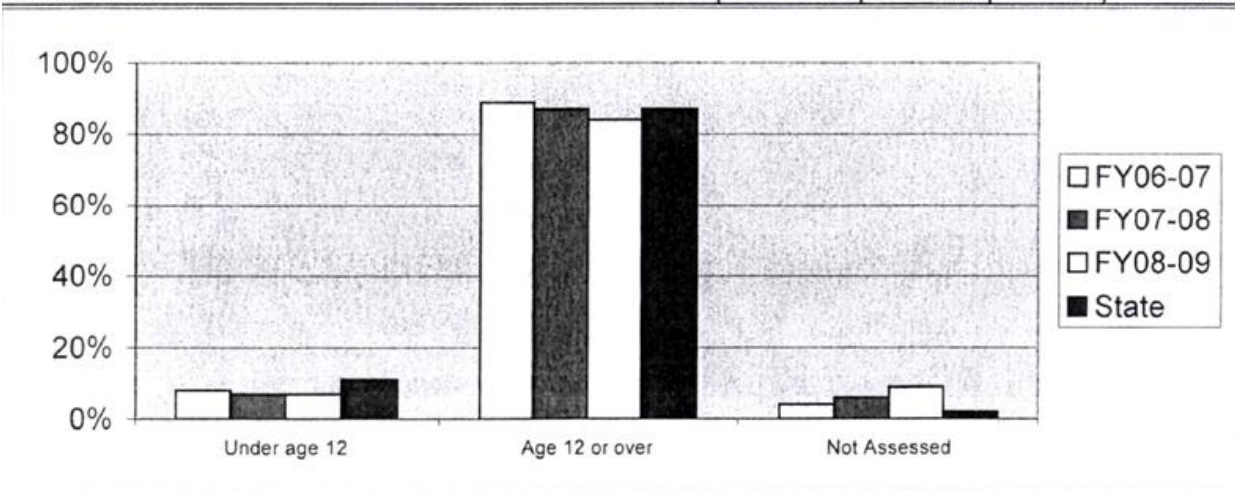
	FY06-07	FY07-08	FY08-09	State
Total Dispositions	250	243	275	8922

Overall Risk Level	FY06-07	FY07-08	FY08-09	State
Low Risk	31%	32%	35%	43%
Medium Risk	46%	43%	41%	41%
High Risk	19%	19%	15%	15%
Not Assessed	4%	6%	8%	1%



Observations:

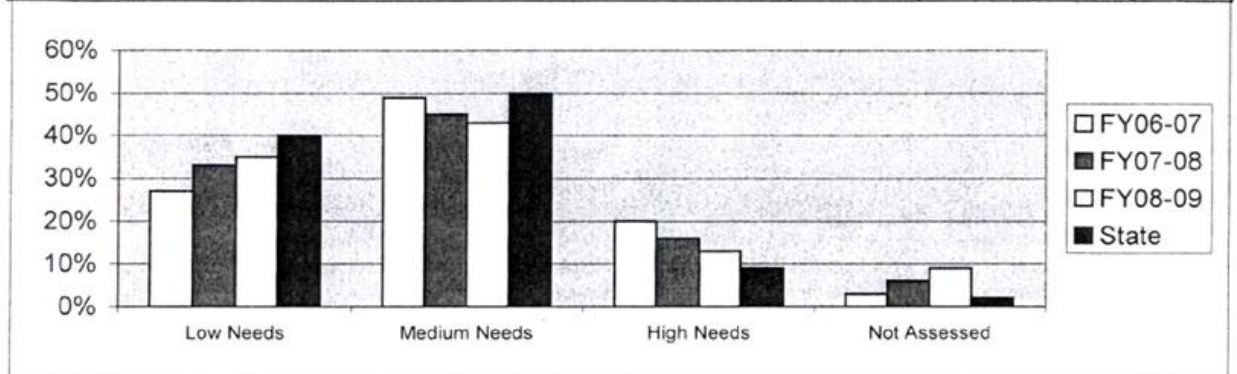
R1 - Age When First Delinquent Offense Alleged in a Compl	FY06-07	FY07-08	FY08-09	State
Under age 12	8%	7%	7%	11%
Age 12 or over	89%	87%	84%	87%
Not Assessed	4%	6%	9%	2%



NEEDS ASSESSMENT COMPARISON DATA 3-YEAR TREND DATA Durham

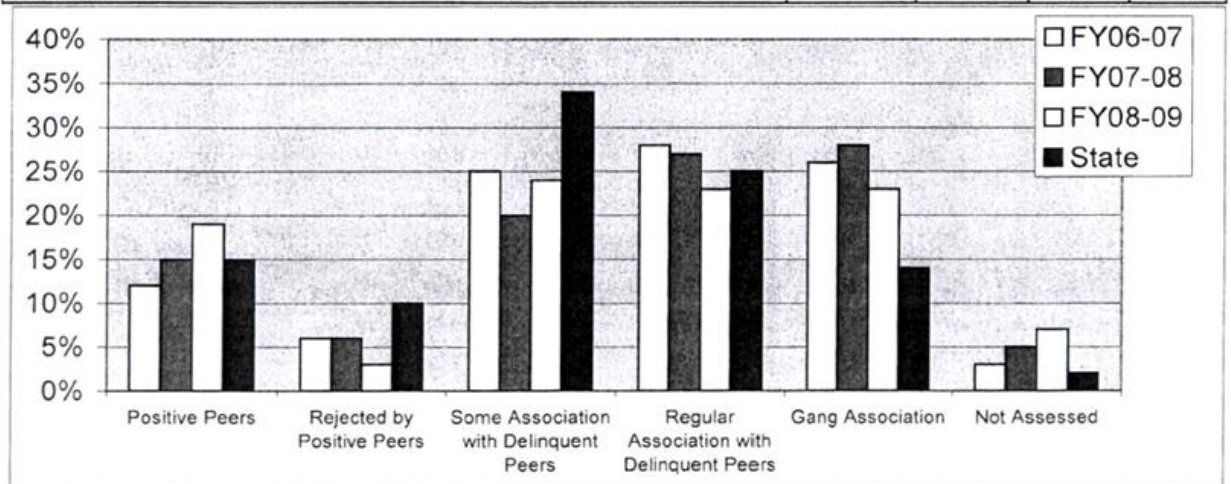
	FY06-07	FY07-08	FY08-09	State
Total Dispositions	250	243	275	8910

Overall Needs Levels of Disposed Youth	FY06-07	FY07-08	FY08-09	State
Low Needs	27%	33%	35%	40%
Medium Needs	49%	45%	43%	50%
High Needs	20%	16%	13%	9%
Not Assessed	3%	6%	9%	2%



Observations:

Y1 - Peer Relationships	FY06-07	FY07-08	FY08-09	State
Positive Peers	12%	15%	19%	15%
Rejected by Positive Peers	6%	6%	3%	10%
Some Association with Delinquent Peers	25%	20%	24%	34%
Regular Association with Delinquent Peers	28%	27%	23%	25%
Gang Association	26%	28%	23%	14%
Not Assessed	3%	5%	7%	2%



Appendix C. SPEP Scorecard
 Source: Howell and Lipsey, 2007

Delinquency Prevention Programs	
<p><i>Interpersonal Skills</i> [Social and communication skills, interpersonal problem solving, conflict resolution, assertiveness.]</p> <p style="text-align: center;">Typical programs of this type are effective, and above average</p>	Points <div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">60</div>
Supplementary Services (check the one most applicable) [13 max]	
<input type="checkbox"/> Family counseling [13 pts] <input type="checkbox"/> Parent training/counseling [3 pt] <input type="checkbox"/> Individual counseling [12 pts] <input type="checkbox"/> None of these [0 pts]	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
Duration of Service (check one) [9 max]	
% of Juveniles with 17 weeks or more: <input type="checkbox"/> 0-32% [0 pts] <input type="checkbox"/> 67-94% [6 pts] <input type="checkbox"/> 33-66% [3 pts] <input type="checkbox"/> 95-100% [9 pts]	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
Face-to-Face Contact Days (check one) [12 max]	
% of Juveniles with over 30 contact days: <input type="checkbox"/> 0-32% [0 pts] <input type="checkbox"/> 67-94% [8 pts] <input type="checkbox"/> 33-66% [4 pts] <input type="checkbox"/> 95-100% [12 pts]	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
Risk Level for Majority of Juveniles (check one) [4 max]	
<input type="checkbox"/> Lower risk [2 pts] <input type="checkbox"/> Upper risk [4 pts]	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
Age of Juveniles (check one) [2 max]	
<input type="checkbox"/> Average 14 years old or under [1 pts] <input type="checkbox"/> Average 15 years old [2 pts]	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
Total Points	
<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	

Appendix D: What are Evidence-Based Practices and Why Should Policymakers Encourage Their Use?

As articulated in the Center for Child and Family Policy's 2009 briefing report, "Evidence-based Policy: Strategies for Improving Outcomes and Accountability": "Evidence-based policy is public policy informed by rigorously established objective evidence. The goal of evidence-based policy is not simply to increase reliance on research results to inform decision making, but to increase reliance on "good" (i.e. rigorous) research" (Rosanbalm, 2008). For evidence to be reliable, the study that produces the evidence must be rigorous. In order to produce a rigorous, high quality research study, the following elements should be incorporated into the research design and implementation:

- Includes a Control and Treatment(s) Group - In order to establish that an intervention has had an effect, it is important that the study establish that groups who did not receive the intervention did not experience a similar effect.
- External Validity – It is important that the study, if it is a randomized controlled trial study, be "generalisable" enough so that results from the study can be useful to other environments
- Internal Validity – The study must firmly establish that intervention X leads to effect Y. Internal validity is very important, as it is important to make the argument that no other causes outside of X could have led to Y.
- Construct Validity – It is important that the study identifies valid outcome measures. For example, a study that used the IQ test to measure and intelligence outcome would not be respected by practitioners, as the IQ is shown to have a bias in measurement.
- Unbiased Selection of Control/Treatment Participants – The best studies are those where random assignment takes place at multiple levels.

- Double Blind Implementation – In the study, intervention implementers must not be aware of which subjects are in the treatment group and which are in the control group.
- Statistical Conclusion Validity – The researcher must use the appropriate statistical methods to infer whether or not a relationship exists between the intervention and the effect.

These elements are only a few of the many elements necessary for a rigorous study. To see a more comprehensive list of these elements, refer to the Center for Child and Family Policy's "Key Elements of a Well-Designed Randomized Controlled Trial," from their brief, "Evidence-based Policy: Strategies for Improving Outcomes and Accountability."

While no one expects legislators to memorize the tenets of quality study design, one can expect legislators to understand that *not all research is created equal*. Social science can firmly link the cause of a policy intervention to the desired effect. It is important for legislators to distinguish between studies that can prove effectiveness and those that cannot. For a full explanation of how to differentiate between rigorous and less rigorous research studies, please refer to Brief 1 (page 5) of the Center for Child and Family Policy's "Evidence-Based Policy: Strategies for Improving Outcomes and Accountability."

The use of evidence from rigorous social science research to inform policy is evidence-based policy. Programs and practices that are based on models studied to be effective are evidence-based practices. Evidence-based practices are those that, through the results of rigorous studies, are proven to "work."

Appendix E: Washington State Institute for Public Policy's Cost-Benefit List
 Source: Drake et al, 2009

Table 1: (Continued)

	Effect on Crime Outcomes: Percent Change in Crime Outcomes and the Number of Evidence-Based Studies on Which the Estimate is Based (in Parentheses)	Benefits and Costs (Per Participant, Net Present Value, 2007 Dollars)			
		Benefits to Crime Victims (of the Reduction in Crime)	Benefits to Taxpayers (of the Reduction in Crime)	Costs (Marginal Program Cost, Compared to the Cost of Alternative)	Benefits (Total) Minus Costs (per Participant)
	(1)	(2)	(3)	(4)	(5)
<u>Programs for Youth in the Juvenile Offender System</u>					
Multidimensional treatment foster care (versus regular group care)	-17.9% (3)	\$69,519	\$26,360	\$6,926	\$88,953
Functional family therapy on probation	-18.1% (7)	\$35,470	\$16,686	\$2,380	\$49,776
Adolescent diversion project (for lower risk offenders)	-17.6% (6)	\$34,318	\$16,145	\$1,975	\$48,488
Family integrated transitions	-10.2% (1)	\$39,678	\$15,045	\$9,970	\$44,753
Sex offender treatment	-9.7% (5)	\$49,443	\$8,061	\$33,842	\$23,662
Aggression replacement training	-8.3% (4)	\$16,276	\$7,657	\$918	\$23,015
Multisystemic therapy	-7.7% (10)	\$15,001	\$7,057	\$4,364	\$17,694
Teen courts	-14.0% (5)	\$11,401	\$5,507	\$937	\$15,971
Restorative justice for low risk offenders	-8.0% (21)	\$6,479	\$3,130	\$907	\$8,702
Boot camp to offset institution time	0% (14)	\$0	\$0	-\$8,325	\$8,325
Interagency coordination programs	-1.9% (14)	\$3,726	\$1,753	\$210	\$5,269
Regular surveillance-oriented parole (versus no parole supervision)	0% (2)	\$0	\$0	\$1,237	-\$1,237
Intensive probation supervision programs	0% (3)	\$0	\$0	\$1,650	-\$1,650
Wilderness challenge	0% (9)	\$0	\$0	\$3,185	-\$3,185
Intensive parole supervision	0% (10)	\$0	\$0	\$6,670	-\$6,670
Scared straight	+6.1% (10)	-\$11,840	-\$5,570	\$60	-\$17,470
Behavior modification	-7.6% (4)	\$29,443	\$11,164	n/e	n/e
Cognitive-behavioral treatment	-2.6% (8)	\$5,007	\$2,356	n/e	n/e
Counseling/psychotherapy	-16.6% (6)	\$32,528	\$15,303	n/e	n/e
Court supervision versus simple release without services	0% (8)	\$0	\$0	n/e	n/e
Diversion programs with services (versus simple release)	0% (7)	\$0	\$0	n/e	n/e
Diversion programs with services (versus regular juvenile court)	-3.1% (20)	\$2,553	\$1,233	n/e	n/e
Education programs	-19.4% (3)	\$75,722	\$28,713	n/e	n/e
Guided group interaction	0% (4)	\$0	\$0	n/e	n/e
Intensive probation (as alternative to incarceration)	0% (5)	\$0	\$0	n/e	n/e
Life skills education programs	-2.5% (3)	\$9,585	\$3,635	n/e	n/e
Other family-based therapy programs	-13.3% (12)	\$26,047	\$12,254	n/e	n/e
Team child	-9.7% (2)	\$7,860	\$3,797	n/e	n/e
<u>Prevention Programs (Crime Reduction Effects Only)</u>					
Pre-K education for low-income 3- and 4-year-olds	-16.6% (8)	\$9,882	\$5,579	\$612	\$14,848
Nurse family partnership: children	-15.7% (1)	\$8,515	\$4,808	\$756	\$12,567
Nurse family partnership: mothers	-38.2% (1)	\$8,093	\$5,676	\$5,580	\$8,189
Guiding good choices	-7.2% (1)	\$959	\$1,627	n/e	n/e
High school graduation	-21.1% (1)	\$3,647	\$5,915	n/e	n/e

Appendix F: List of Interviewees

	County	Name	Title	Date of Interview
1	Cumberland	John Clark	Program Director Juvenile Assessment Center	February 10, 2010
2	Cumberland	Maggie Dees	JCPC Coordinator	February 10, 2010
3	Cumberland	Tina Estle	Program Director Teen Court	February 10, 2010
4	Cumberland	Sarah Hallock	JCPC Member	February 10, 2010
5	Cumberland	Shauna Hopkins	Program Staff Find a Friend	February 10, 2010
6	Cumberland	Lee Roberts	JCPC Chair	February 10, 2010
7	Cumberland	Johnny Wilson	Program Staff Find a Friend	February 10, 2010
8	Durham	Nathan Ligo	Program Director Youth Warriors	February 25, 2010
9	Durham	Gudrun Parmar	JCPC member	November 9, 2009
10	Durham	Nicole Rider	Program Staff Parenting of Adolescents	February 5, 2010
11	Rowan	Karen Carpenter	Program Director Youth Services Bureau	February 26, 2010
12	Rowan	Helen Leak	JCPC Chair	February 26, 2010
13	Rowan	Jeannie Sherrill	Program Staff Strengthening Families	February 26, 2010
14	Rowan	Sandy Walser	Program Staff Strengthening Families	February 26, 2010
15	Piedmont Area	Rich Smith	JCPC Area Consultant	September 20, 2009
16	Eastern Area	Pamela Stokes	JCPC Area Consultant	November 3, 2009
17	Western Area	Massey Whiteside	JCPC Area Consultant	October 23, 2009
18	Action for Children	Mandy Ableidinger	Director of Policy and Budget Analysis	October 9, 2009
19	Action for Children	Brandy Bynum	Director of Policy and Outreach	October 9, 2009

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