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Why Not Evidence-Based Solutions to Juvenile Delinquency? A Review and Conclusions from the Social Science Literature

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Marla Kelly

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Walden University

2023

Abstract

Why Not Evidence-Based Solutions to Juvenile Delinquency? A Review and
Conclusions from the Social Science Literature

by

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MS, Georgia State University

BS, South Carolina State University

Dissertation in Partial Fulfillment
of the Requirements for the Degree of

Doctor of Philosophy

Human Services/Counseling

Walden University

November 2023

Abstract

Most states changed their juvenile justice statutes during the early 1990s, often holding youth as young as 12 and 13 years old as criminally accountable as adults, with many youths receiving similarly long sentences in secure confinement, whether they were violent. However, most youth being detained are diagnosable with treatable mental health disorders per earlier trauma. In addition, these latest juvenile justice statutes are inadvertently disproportionately applied to African American, American Indian, and Hispanic/Latinx youth resulting in disproportionate minority confinement (DMC) or REDs. Although intervention and prevention scientists seek to scale-up evidence-based interventions in juvenile justice systems to promote public health, the literature revealed only 10 to 12 states are using evidence- or research-based programs as alternatives to incarceration in their juvenile justice systems, with some use as prevention in communities. The first states to transition to more evidence-based clinical programs are largely racially homogenous white states or do so in mostly racially homogenous white communities, but including the one majority Hispanic/Latinx state. Most other states beginning to make the transition began after legal action or public demand due to poor conditions in their juvenile justice systems, and or were motivated by greater efficiency in state budgets, because evidence-based services are more cost efficient. The purpose of this systematic literature review was to review the recent history to most current social science literature on U.S. Juvenile Justice systems to provide an overview and determine how states are using evidence-based interventions in policies, programs, and practices to prevent and resolve juvenile delinquency.

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Dedication

This study is dedicated to the children of the United States who have come in contact with the U.S. Justice System, a system which in general, but specifically over the last four decades have legislated and systematically acted with too little regard for the humanity and underdevelopment of the nation's youth. Although, overwhelmingly disproportionately African American youth, so many among all the nation's youth at risk have suffered. This study is also dedicated to the U. S. Congress and all state governments of the United States, most whom have ignored the human sciences, specifically developmental science as a guide for humane juvenile justice policies, which has facilitated the minimization and often the exclusion of science-based professionally developed human services programs and practices. Over the last four decades alone, the overreliance on police and secure confinement and the exclusion of community, evidence-based human services programs have caused immeasurable systemic damages to literally millions of mostly minority male youth, but girls as well. As a nation, let's end the systemic devastation and suffering of children at-risk by funding the development of community, evidence-based clinical services. Although safe, respectful, and proficient police officers are required, they are not the community services providers children at risk need most.

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Chapter 1: Introduction to the Study

Since the early 1990s, both federal and state governments have struggled to meet the challenges presented by an increasing population of youth with mental health disorders within the juvenile justice systems (Abram, et al 2003; Berkley Center for Criminal Justice, 2010; Karnik, et al., 2009). Mass homicides and suicides, documented neglect, and inadequate services and conditions for youth within detention facilities has led to federal policy initiatives (Bureau of Justice Assistance (BJA), 2000; Coccozza & Skowyra, 2000; Mlyniec, 2010). Although laws now mandate states to screen for mental health disorders, as well as provide evidence-based community services, most states continue the use of secure confinement as the primary response to juvenile delinquency (Annie E. Casey Foundation [AECF], 2020; Coccozza & Skowyra, 2000; Justice Policy Institute, 2013; 2022; Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2020).

Although public demand brought small increases in funding, the U.S. Congress continues to constrain budgets that would supply the necessary funding and trained personnel required to address and resolve many of the emotional/behavioral, and learning problems facilitating delinquent behavior (Bureau of Justice Assistance, 2000; Coccozza & Skowyra, 2000; NGO Kids Rights Index, 2020; Satpathy, 2011). As Congress and most states fail to earmark sufficient funding for evidence-based clinical services, many communities also fail to recognize that these services are needed because current services have not met these needs (National Research Council [NRC], 2014a; Teske, 2015). Yet, secure confinement of juvenile offenders, and more so in adult prisons and jails, is

associated with increased mental health diagnoses among youth within secure facilities (BJA, 2000; Coccozza & Skowya, 2000; Karnik, et al., 2009; Murrie, et al., 2009; Ng et al., 2011).

States have not turned to professionally developed and administered human services as a priority for youth involved with the justice system although the mental health of these youths is clearly in jeopardy. The risks are greater for those held in secure facilities, thus far greater for many minority youths. Despite a significant decrease in youth incarceration over the last decade, almost three quarters of youth detained (74%) and 63% of those committed to secure facilities are minorities, and most are African Americans (OJJDP, 2020). African American youth are reportedly 14% of U. S. youth (Health and Human Services, 2019), but were almost half of those detained (46%) and 38% of those committed, almost three times their representation in the U. S. population, as reported by juvenile justice systems as recently as the OJJDP census in 2019 (OJJDP, 2022).

I have completed a systematic literature review on U. S. Juvenile Justice Systems to provide overview, including the above-mentioned critical issues, then insight into how states are utilizing the scientific evidence in addressing delinquency. Within this chapter 1, I have provided background, presented the problem, the purpose, and, research question. In addition, I have reviewed many key study issues relevant to the proposed discussion.

Background

The U.S. Juvenile Court celebrated its 100th birthday in 1999 but was no longer committed to rehabilitation as its purpose as it had been for almost the last 100 years (Steiner & Wright, 2006). By 1995 juvenile crime rates had declined almost as sharply as they had risen during the 1980s to early 1990s (Kalogerakis 2003), but “getting tough on juvenile crime” had become the new mantra from which to serve youthful offenders their “just deserts” (Steiner & Wright, 2006, p.1225). Most states made significant changes to their juvenile justice laws during the late 1980s (Forum on Public Policy [Heitzeg], 2009; Steiner & Wright, 2006). The most significant change was the enactment or modification of waiver laws, allowing prosecutors to waive prosecution in juvenile court and charge juveniles directly in criminal court. Direct file in criminal courts is a literal overturning of the first juvenile justice case to reach the Supreme Court, *Kent v. United States*, which granted all youth being charged with an offense, a juvenile court hearing. Direct file of criminal charges against youth in criminal court, unsupportive of a rehabilitative goal, was a return to a past over 100 years earlier.

The stated purpose for the increase in modifications of waiver laws was to decrease recidivism and deter crime (Steiner & Wright, 2006). However, the available research findings indicate direct file waiver laws that allow state attorneys to file cases against accused youthful defendants directly in criminal court have no deterrent effect on juvenile crime (Cocozza & Skowyra, 2000; Kalogerakis, 2003; Kruh & Brodsky, 1997; Matsuda, 2009; National Research Council, 2013; Steiner & Wright, 2006; Swartz, 1989), but violates the international standard of the human rights of children which

requires a juvenile court hearing (Amnesty International, 1998; Human Rights Watch, 2002; Mlyneic, 2010; United Nations, 2021). Trying youth under the standard age of majority, 18 years, continue in criminal courts, as does sentencings to adult prisons. Although incidents have decreased from that of previous decades, youth suicides, homicides, and other victimizations continue greater occurrences in prisons than in juvenile facilities (BJA, 2000, 2022; Fritz, 2006; Matsuda, 2009; OJJDP, 2009, 2020). As late as 2018, and possibly beyond, most correctional facilities, as many as 87% of prisons house youth along with adult prisoners, including many before adjudication in pretrial detention (Sarri & Shook, 2002, 2022).

The Federal law enacted to protect the rights of children in the judicial system, the Juvenile Justice and Delinquency Prevention Act of 1974 (JJDPA) originally had only two core protections: (a) children could not be incarcerated for status offenses (conduct that is not criminal if committed by an adult, such as truancy or running away from home), and (b) youth must have sight and sound separation from adult inmates. Within the 1998 reauthorization of the JJDPA, two more protections were added that included another prohibition of incarceration of children with adults while they awaited trial as juveniles. The original requirement of separating children by sight and sound from adult inmates had been unfulfilled in some states (Coalition on Juvenile Justice (CJJ)/ juvjustice.org, n.d.). The second protection of 1998 was the requirement of states to address disproportionate minority contact (DMC). The 1988 requirement of states to resolve disproportionate minority confinement had also failed.

The 2009 Senate Bill 678 was an attempt by a Democratic Senate at the reauthorization of the Juvenile Justice and Delinquency Prevention Act of 1974 (JJDP). The Act was last reauthorized under the Bush Administration in 2002 and expired in 2007. The Democrat's Bill SB678 yet again included efforts to prohibit youth incarceration in adult jails and prisons, significant funding for the required community, evidence-based mental health programs, and specific formulas for states to utilize in resolving *disproportionate minority contact* (DMC). However, the bill failed to pass the House of Representatives.

Nine years after the Democrats' attempt at the reauthorization of the JJDP, the Republican lead Congress, reauthorized the most important law in the nation protecting the rights of children in the judicial system with minimal changes. The reauthorization occurred in December 2018; Congress passed H.R. 6964 with broad, bipartisan support. Core requirements remained almost the same. To receive federal funding from the JJDP, states must commit to achieve and maintain the four requirements: (a) decriminalization and deinstitutionalization of status offenders; (b) separation of youth from adults in secure facilities; (c) no later than 3 years after the enactment, removal of youth from adult jails and lockups including those who are being tried as adults; and (d) address disproportionate minority contact, which will now be known as Racial and Ethnic Disparities (REDS; Coalition for Juvenile Justice and National Criminal Justice Association, 2019).

All studies by researchers examining the racial demographics of youth encountering the U. S. Juvenile Justice System, affirm severe racial disparities in all 51

separate systems (see Dalton et al., 2009; McCarter, 2009, 2011; Moriearty, 2011; National Research Council, 2014b; OJJDP, 2011, 2014, 2020; Poe-Yamagata & Jones, 2000; Schutte, 2010). Minority youth are highly overrepresented at all stages and decision points of the judicial system including arrests, initial recommendation for court referral, detention prior to court hearings, actual court referrals, transfers to adult courts, and incarceration in both juvenile facilities and adult prisons (Annie E. Casey Foundation, [AECF], 2021; Dalton et al., 2009; Mendel, 2022; OJJDP, 2020; Poe-Yamagata & Jones, 2000). The percentages of black youth only grow larger at each decision point (Bureau of Justice Assistance, 2000; Crane & Ellis, 2004; McCarter, 2009; 2011; Mendel, 2022; OJJDP, 2000; 2014; Poe-Yamagata & Jones, 2000). During the 1980s black youth were recognized as only overrepresented in secure detention facilities, leading the 1988 reauthorization of the Juvenile Justice and Delinquency Prevention Act (JJDPA) to acknowledge and seek to address the national problem known as disproportionate minority confinement (DMC; Satpathy, 2011). The JJDPA was amended requiring states to take assessment of the problem and make viable proposals of how states would resolve the overwhelmingly large disproportionate numbers of more than 40% of youth confined in secure facilities being African Americans, who are less than 15% of the nation's youth. By 1998, DMC became disproportionate minority contact, acknowledging racial disparities in all areas of the juvenile justice system. From the early 1990s to 2007 the number of delinquency cases for black children increased by 100%). Hispanic children in the judicial system also grew by as much as 43% during this time

but are difficult to calculate as more states have begun identifying Hispanic origin as White only without further distinction.

Since the early 1980s, the preponderance of research on resolving both serious juvenile crime and status offenses have yielded findings supporting the use of community, evidence-based human services programs as the more effective means of reducing youth crime, and restoring the lives of youth at risk of offending (Bernfield, et al., 2001; Chilenski et al., 2019; Elliott et al., 2020; Erickson, 2012; Greenwood & Turner, 2009; Henggeler et al., 1992; Henggeler & Schoewald, 2011; Loeber & Farrington, 1998; Mendel, 2022; Swenson et al., 2005; Thornberry et al., 1995; Welsh et al., 2014). Evidence-based, community programs are not only more effective, but continue to indicate economic advantages (Dopp et al., 2014). In addition, research findings also strongly suggest that transfer of youth into adult courts and longer sentences do not contribute to reductions in juvenile crime rates but are associated with exacerbation and or onset of mental health problems among incarcerated youth (see Dalton et al., 2009; Karnik et al., 2009; Mendel, 2022; Murrie et al., 2009; Ng et al., 2011).

A study funded by the National Institute of Justice (Willison et al., 2010) assessed the opinions of juvenile court professionals across the nation on juvenile justice policy options (APO). A total of 534 juvenile court personnel including judges, prosecutors, probation officers, defense attorneys, and court administrators from 44 states and the District of Columbia were participants. Some conclusions drawn were that most of these juvenile justice professionals across the nation strongly agreed on three top critical need

priorities. The first priority was alternatives to incarceration ranked the highest (51%). Policy support for rehabilitation ranked second (50.7%). Developmentally appropriate services ranked third (48.4%). While these policy issues ranked highest among the juvenile justice practitioners as critical needs to improve juvenile justice, these critical policy concerns contrasted with the actual priorities to which their jurisdictions focused. Although to a lesser degree, alternatives to secure confinement (33.3%) was in fact indicated as the actual top priority for jurisdictions, effective prosecution (24.9%) and effective defense counsel (24.5%) held second and third places as actual priorities in jurisdictions.

The Federal Advisory Committee on Juvenile Justice (FACJJ), the federal body that advises both the President and Congress on juvenile justice issues found similar results in their 2007 report to those found by the AOP report (Willison et al., 2010). The FACJJ surveyed State Advisory Group (SAG) members who help states in the development of juvenile justice policies. The FACJJ found disproportionate minority contact (DMC), mental health treatment, and detention reform were the major issues reported by these state level juvenile justice policy advisors. These state advisors also suggested that substance abuse treatment, coordination of services and resources, and more evidence-based services are important policy concerns. Although not among top priorities of critical needs or actual priorities in the AOP survey, participants mentioned disproportionate minority contact (DMC) more generally among priorities (Willison et al., 2010). However, almost 40% of prosecutors and more than a quarter of judges disagreed or strongly disagreed that DMC should be a priority.

Juvenile justice practitioners seemed abreast of juvenile justice research findings as indicated in both the AOP and SAG surveys. Most of the same critical needs identified to improve juvenile justice also ranked highest as policies and practices that are most effective in reducing crime. Within the AOP survey substance abuse treatment, general mental health treatment, treatment for sex offenders, re-entry services, release planning, and coordination of community-based wrap around services, all ranked highest as crime solutions.

Although most of the juvenile justice practitioners seemed to understand the research on juvenile justice issues, nevertheless, states continue to rely heavily on punishment as the official response to delinquency and juvenile crime. States continue severe punitive measures, generally longer terms of secure confinement in juvenile detention centers, adult prisons, and jails (Amnesty International, 1998; Bureau of Justice Assistance, 2000; Mendel, 2022; Mlyniec, 2010; National Research Council, 2013b, 2014; Satpathy, 2011; Steiner & Wright, 2006). According to Loughran (2011) and Steiner and Wright (2006) and is apparent, the U. S. Juvenile Justice system has once again retreated from its previous goals of rehabilitation and positive reentry into society for delinquent youth and returned to punishment and retribution.

Punishment and retribution provided as longer sentences to secure confinement perhaps once yielded deleterious results, but now pose known severe mental health risks (Karnik, et al., 2009; Murrie et al., 2009; Ng et al., 2011). Thus, this literature review will provide overview and insight into U.S. juvenile justice systems' policies and practices and answer the question of how states are utilizing evidence-based interventions to

address delinquency. Current juvenile justice policies and practices fail to address several critical issues. The first issue was that most youth within the justice systems are nonviolent (AECF, 2021; U.S. SB678, 2009; OJJDP, 2014, 2020) and have diagnosable mental health disorders (Fazel et al., 2008; Kang, et al., 2015; Karnik, 2009) per their immediate and extenuating environments, usually including early traumatic experiences (Bronfenbrenner, 1994; Bronfenbrenner & Ceci, 1994; Freud, trans. 1962a; Dunn & Mezzich, 2007; National Research Council (NRC), 2013). Second, disproportionate numbers of African American youth are channeled from their schools per school behavior problems into damaging juvenile and criminal justice systems (Heitzeg, 2009; Kelly, 2010; Ng et al., 2011; Teske & Huff, 2011; 2020; Thompson, 2010). Third although community, evidence-based programs (EBPs) are effective and more cost efficient, most of the children do not receive evidence-based services (Elliott et al., 2020; Lipsey, 2020; Henggeler & Schoenwald, 2011; Willison et al., 2010).

As evidence-based treatment programs (EBPs) proved effective in altering aberrant behaviors of serious youthful offenders, a growing convergence between schools and the legal system has continually emerged (Heitzeg, 2009), not schools and community-based evidence-based human services agencies. Serious or violent youth are reportedly *less than 10% of youth detained by the Justice Systems* (Hartinger-Saunders, et al., 2019; Loeber & Farington, 1997; OJJDP, 2014; Sarri & Shook, 2002, 2022; Schwalbe et al., 2008), which leaves 90 percent nonviolent and an overwhelming majority with mental health disorders.

The U. S. Senate previously acknowledged more than 70% of children coming into U. S. Justice Systems to be nonviolent (SB678, 2009). However, minimally shared with the public, the largest category of children in the justice system are those with school behavior problems (Schwalbe, et al., 2008). As many as 40% of minority students and 50% or more of minority male students are dropping out or forced out of most high schools across the nation at ninth grade (Kelly, 2018; Somers & Pilawsky. Sweeten, 2006; The Schott Report, 2010). Today, police and the judiciary system are more often the primary interveners of school behavior problems and contribute to downward life trajectories for largely black youth, but not white youth who present similar acting out behaviors (Heitzeg, 2010; Nicholson-Crotty et al., 2009; Thompson, 2011).

Youthful offenders and other youth-at-risk generally consists of youth in the emotional /behavioral disorders (ED/BD) category including attention deficit-hyperactivity disorder, conduct disorder, oppositional defiant disorder, bipolar disorder, major depression, anxiety disorders, psychotic illness and learning disabilities (Dalton et al., 2009; Fazel et al., 2008; Greenwood & Turner, 2009; Grisso, 2008; Kang et al., 2015; Katner, 2006). All these categories of youth are perhaps inadvertently, but nevertheless violated by the criminal and juvenile justice systems and child welfare systems, and too often with the evidence-based human services/mental health communities out of the realm of services provision.

Problem Statement

Since the 1980s, research has shown that the most effective way to prevent delinquency and reduce juvenile recidivism are evidence-based human services and

mental health programs (Bernfield et al., 2001; Clayton, 2012; Brooks & Roush, 2014; Elliott et al., 2020; Greenwood & Turner, 2009; Henggeler et al., 1992; Lipsey, 2020; Loeber & Farrington, 1998; Swenson et al., 2005; Sexton & Turner, 2011; Thornberry et al., 1995; Tolan et al., 2007; Wolf et al., 1987). Still, most U.S. states continue to rely heavily on severe punitive measures, including children certified as adults and transferred to criminal courts by state attorneys without juvenile court hearings, longer terms of secure confinement in juvenile detention centers, adult prisons, and jails (Amnesty International, 1998; Bureau of Justice Assistance, 2000; Gonzalez, 2018; Human Rights Watch, 2002b; Mendel (TSP), 2019; Mlyniec, 2010; Satpathy, 2011; Steiner & Wright, 2006). Not only have these punitive measures proven ineffective in deterring juvenile delinquency but increases recidivism and are associated with increased mental health problems among a population of youth with known significantly higher rates of mental illness (Grisso et al., 2001; Grisso, 2008; Karnik et al., 2009; Katner, 2006; Ng et al., 2011).

Policies and practices in U.S. juvenile justice systems at the time of this study (2023) also sustain racial bias and facilitate much higher rates of recidivism and re-incarceration of hundreds of thousands of disproportionately minority youth each year (Benekos & Merlo, 2019; Moriarty, 2010; OJJDP, 2001, 2011; Poe-Yamagata & Jones, 2000; Satpathy, 2011; Urbina & White, 2012). I believe the statistics remain in question due to inadequate reporting from most states (OJJDP, 2011). Racial bias increases wrongful judgment and more severe sentencing for those discriminated against, building juvenile and criminal court records, and reducing possibilities for high school completion

and an upwardly mobile future (Heitzeg [Forum on Public Policy, 2010]; Moriearty, 2010; Thompson, 2009). However, this does not minimize the wrongful placement and maltreatment of tens of thousands of primarily indigent to middle income white youth each year diagnosable with mental health disorders, many of whom are also status and nonviolent offenders, including largely property offenses (Moriearty, 2010) and alcohol and drug use (Hayes-Smith & Hayes-Smith, 2009).

The problem is that U. S. state governments have not demonstrated consideration for the evidence yielded from research in the formation and implementation of justice strategies that will alleviate delinquency and promote healthy child development. Most of the children in the justice systems are nonviolent and have treatable mental illness and other emotional problems. Too many youths are removed from their academic tracks, placed in harm's way with known serious threats to both their mental and physical health within secure facilities. These actions often contribute or directly result in downward life trajectories from school-to-prison (Boyd, 2010; Children's Defense Fund, 2009; Heitzeg [Forum on Public Policy], 2010; NAACP, 2005; Nicholson -Crotty et al., 2009; Thompson, 2011). Delinquency and other unfavorable behavioral and emotional outcomes, emanating from environmental conditions of childhood for too many American youth, especially black, red, and brown, and many among poor and middle-income white youth as well, now often costs their mental health and their entire futures (AECF, 2021; Heitzeg, 2010; NAACP, 2005, nd; Urbina & White, 2012). This review of the scientific literature will broaden insight into the institution of U. S. Juvenile Justice,

including how states utilize evidence-based principles and treatment programs to prevent and resolve juvenile delinquency.

Purpose of the Study

The purpose of this systematic literature review is to review the recent history to most current social science literature on U.S. Juvenile Justice systems to provide an overview and determine how states are using evidence-based interventions in policies, programs, and practices to prevent and resolve juvenile delinquency. This study will provide insight into the overarching question of why secure confinement remains a priority in U.S. Juvenile Justice Systems, which do not reflect the widely endorsed community, evidence-based programs and practices (EBPs) that support the prevention and treatment of delinquency. This literature review seeks to assess the kinds and levels of state uses of evidence-based programs and practices (EBPS) to address delinquency and youth crime.

Research Question

RQ: How are states using evidence-based interventions in policies, programs, and practices to prevent and resolve delinquency?

Conceptual Framework

The overarching foundation for this study is urban studies and developmental science, which supports this empirical foundation of human development. The underlying premise is that the social and behavioral sciences can effectively resolve social and behavioral problems when the political will, professional skills and necessary resources are available. Believing as President John F. Kennedy (1963) (jfklibrary.org) said, “Our

problems are manmade; therefore, they can be solved by man” (implying humanity as a whole). Presented are synopses of two seminal theories of human development. Specifically, Freud’s psychoanalytic theory (Fine 1962; Freud, trans.1962a; trans 1962b; 2006 version), and Bronfenbrenner’s bioecological model (Bronfenbrenner, 1979; 1986, Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2000) are presented in synopses, then synthesized and posited as a more comprehensive model of human development. Together these theories, or empirical paradigms, support that the personality and character of the developing person are primarily an outcome of the immediate and extenuating environmental factors, including the history of the developing person’s immediate and extenuating environments.

Freud (trans. 1962a) was among the first to discover the unconscious mind and its role in overall human development. After intensive analyses of his patients, Freud delineated internal mental processes as these interact with the outside environment tracing both the development of normal as well as abnormal development.

Bronfenbrenner (1979; 1986; 1994) theorized that the core physiology of the self or heritability (h^2) interacting with not only the immediate environment, but extenuating environments surrounding the immediate environment of the developing person are the engines of human growth.

Psychoanalytic theory and the bioecological model are the underlying foundation to developmental psychology/developmental science (Cairns et al., 1996; Fine, 1962; Matsomoto, 2001; Henggeler & Schoenwald, 2011). Although the completeness or interrelatedness of the theoretical paradigms of Freud and Bronfenbrenner have been

rarely if ever espoused, they nevertheless are capable of synchronization, and together present a comprehensive model of how human personality develops, both normal development, and dysfunction. Psychoanalytic theory remains the core of developmental psychology, now at the core of the broader developmental science, as Bronfenbrenner expanded scholars' understanding of human development. Because these are empirical, together, these essential paradigms are the building blocks of developmental science, from which evidence-based interventions originate. The synthesis of psychoanalytic theory and the bioecological model is a single paradigm of developmental science, which produces the evidence to which this study refers.

While both these theorists examined human development from their own unique vantage point, each one nevertheless arrived at similar and related conclusions to the other. Freud, a renowned neurologist of his time, unrelentingly sought to discover the neurological or physiological causes of his patients' often severe symptomatology, their neuroses (Fine, 1992; Freud, trans. 1962a). However, Freud's intense analyses led him not into findings of physiological causes of neurotic illness, but largely into the world of human instinct, affective and cognitive processes as these are affected by the outside world. Thus, out of sensitivity, necessity, and practicality, the neurologist had become a psychiatrist. Freud's patients' symptoms had no determinable biological origin, but were the results of environmental factors; his patients had suffered early trauma.

Bronfenbrenner, a psychologist with intercontinental explorations, his study of human personality led him to examine the specific effects and outcomes of human interactions within varying environments as these impact cognition and emotion (1979;

1986). Although some still believe human personality development to be primarily organic, as Freud initially believed (Albee & Ryan, 1998; Kaslow, 2006), but presented is an inalienable body of interactive psychological processes that demonstrate the building of human personality.

If the personalities and characters of children can be assured of being normal and competent, (e.g., lacking in the abnormality and dysfunction of delinquency and criminality to the extent they must be incarcerated), the assurance of the normality of children can only benefit society. Since the early 1980s, the social sciences have clarified human development as being of a psychological nature. Individuals are the products of our human experience. Thus, this synthesis, a practical model of human development, provides insight into the youth within the system, those who operate the system, and how they will use iterations of this critical model. Psychoanalytic theory and the bioecological model are both synopsized in Chapter 2. The synthesis of these proven paradigms in developmental science follows, and is the foundation to this study. Although developmental science continues to new developments, its beginnings are elaborated in Chapter 2.

Nature of the Study

The nature of this study is systematic literature review. A comprehensive review of the findings on U.S. Juvenile Justice Systems will be presented. Although all specific uses of evidence-based policies, programs, and practices by all states are unlikely to be recorded in this systemic review of the literature, this study should provide important

insight on state policies, programs, and practices in juvenile justice services provision, including capture most efforts to provide evidence-based programs and services.

Not only as a researcher, but also as a science-based youth/human services practitioner, I conducted a full review of the literature over the last 20 years including the most current literature on U.S. Juvenile Justice, as well as the history of services provision in U.S. Juvenile Justice Systems to understand how we arrived to its current state of operations.

Definitions

Affective processes: related to, arriving from, or influencing feelings or emotions; emotional components of psychological development as separate from cognitive components or processes (Kohlberg, 1971).

Developmental psychology: Originally, a subfield of psychology posited as the science of genetic epistemology by Jean Piaget, includes the study of the changes in mental processes and functioning from birth to old age and more recently includes the role of the environment in personality development (Mischel, 1971).

Developmental science: is the science examining conditions and the processes which produce consistency in change long term in biopsychological features of human beings – whether it is over a lifetime, sequential generations, backwards through history, or forecasting possibilities implied for the course of human development (Bronfenbrenner & Evans, 2000).

Disproportionate Minority Confinement (DMC): the large ratio of minority children being held in secure confinement throughout the United States regarding their representation in the general population (Satpathy, 2011).

Disproportionate Minority Contact (DMC): the revision of DMC terminology after reauthorization of the JJDP A 2002 which broadened the definition to include the disproportionately large number of minority children encountering all points of the juvenile justice system (Satpathy, 2011).

Evidence-based interventions (EBIs) – Inclusive of all evidence-based policies, programs, and practices (Fagan, 2018).

Evidence-based practices (EBPs): The Cochran library inspired the Campbell collaboration of educational and social interventions, which also included corrections services. The new *evidence-based social science library* had its first scientific conference in April 2001, but had already accumulated more than 10,000 entries entitled, The Social, Psychological, Educational, and Criminological Trials Register (the SPECTR database) (Bernfeld et al., 2001). EBPs are individual practices that have demonstrated and proven effectiveness in altering or preventing problem behavior (Greenwood, 2008).

Evidence-based programs: Specific clinical community- based programs that have consistently demonstrated effectiveness in correcting or preventing problem behavior (Elliott et al., 2020).

Human development: The process in which the developing person grows in an area distinguishable and with a valid conception of the natural environment, and becomes independently interested in pursuing activities that reveal the elements of, as well as

either maintain or reorganize the ecology at stages of similar or greater intricacy in form and content (Bronfenbrenner, 1979, 1986).

Intervention Science: “the study of the development, testing, dissemination, and implementation of effective treatments and prevention models in service of at-risk and vulnerable groups” (Elliott et al., 2020, p. 1).

Juvenile delinquency: the behavior of youth under 18 years old that falls outside of the law unless the youth exhibiting the behavior is *certified as an adult* by a state attorney or judge.

Mental disorder: dysfunctions in both mood and or cognition, difficulties in the integrative aspects of behavior, including social skills and planning ahead (Report of the Surgeon General, 2010).

Mental illness: an historical term referring to the collective of all diagnosable mental illnesses (Report of the Surgeon General, 2010).

Prevention science: “Investigation on the etiology and prevention of social, physical, mental health, and academic problems and on the translation of that information to promote health and well-being” (Fagan et al., 2019, p. 1153).

Youth at-risk of dysfunctional development: Youth under 18 years old who experience stressors for extended periods overtaxing their personal resources of coping skills, self-esteem, and social support, placing them at risk of psychological harm (Lewis et al, 2002).

Scope and Delimitations

The scope of this dissertation includes a review of the current and historical literature over the last two decades. This comprehensive literature review focuses on the question: How are states utilizing evidence-based interventions in policies, programs, and practices to prevent and resolve delinquency? This is a salient question because delinquency has been well-established as largely a community mental health problem (see Albee & Ryan, 1998; Bernfeld et al., 2001; Greenwood & Turner, 2009; Grisso, 2008; Hardy & Laszloffy, 2005; National Research Council, 2013). Moreover, severe racial bias in the system is sustained, often cementing the exclusion of many among an already marginalized minority group from mainstream participation in society, and this occurs during their childhoods (Fishbein & Kingston, 2020; Mendel, 2022; National Research Council, 2014a, 2014b; OJJDP, 2002; Schutte, 2010; Shepard, 1995; Satpathy, 2011; Stevens, 2014). Although a collection of raw data from state juvenile justice officials like State Advisory Group members (SAG) on juvenile justice to state governments or state legislators themselves, may have been more conclusive, a comprehensive review of the literature is more practical and may provide greater insight.

A traditional theory of human behavior such as behaviorism was not used as foundational to this study because I did not seek to explain the behavior of troubled youth within a vacuum, nor the personalities, value systems, and decisions of state officials in isolation. The literature review provides an empirical account of delinquency within the broader context of interrelated society, which could not be explained by behaviorism alone.

A single theory of human development, such as the bioecological model (Bronfenbrenner, 1979, 1986) could provide an adequate foundation to explain the roles of the immediate and extenuating environments on personality development of the youth at risk of involvement in the judicial system, as well as the principle leaders of juvenile justice systems. However, because earlier and more immediate environmental factors also contributed to the perspectives and values of both the youth at risk and those governing these systems, the synthesis of the two paradigms on human development present a more comprehensive model, a full scope of human development (Bronfenbrenner, 1979; 1986; Freud, trans. 1962a), while providing further evidence of the empirical nature of developmental science, and why it works.

Developmental science is both the foundation and the subject of this proposal. Evidence-based programs yield evidence of effectiveness in resolving juvenile delinquency because they are based on developmental science, yet thus far, developmental science-based programs are not the bedrock of juvenile justice policy. Thus, this study seeks to understand how and to what extent states are using evidence-based interventions to redress and prevent juvenile delinquency.

Limitations

This review included a comprehensive overview of U. S. juvenile justice systems and examined how states are using evidence-based interventions. However, the study is limited by the method of research itself. The changes in state reforms may not all be recorded in the scientific literature, and if so, I may have not captured all that are included in the vast literature. Nevertheless, this literature review included a large sample

of the peer-reviewed articles and all studies identified that show how states are using evidence-based interventions in juvenile justice systems. Important recommendations for the future were the result.

Significance

This review of the scientific literature on the U.S. Juvenile Justice System contributes to the recognition and further development of evidence-based Human Services Administration as a professional field, widely acknowledged as the rightful purview for troubled youth and their families. However, services must be evidence-based to effectively treat those with emotional/behavioral disorders, and learning problems. This literature review also contributes to the end of public sector bureaucratic organization and administration of social services, social work, and community mental health, too often without scientifically sound oversight, presenting few measures of successful outcomes. These dynamics inevitably lead to unnecessary suffering and loss of human lives among children already at risk, as well as unnecessary losses of viable futures for many among these vulnerable youth. This study included a review of the social science literature on U. S. Juvenile Justice Systems to provide an overview and determine the extent states are implementing evidence-based solutions to juvenile delinquency. This study sought to encourage and support the movement for positive social change within U. S. Juvenile Justice Systems.

A history of skepticism in the U.S. exists on the question of whether youth who have committed criminal, delinquent, or status offenses can be redirected to lives of healthy development, particularly as late as adolescence. Although this question had

largely been answered during the 1960s and 1970s, and once again during the 1990s, several social and behavioral science intervention programs demonstrated the answer to this question is still yes. However, despite these findings, a lack of commitment to utilizing the evidence on juvenile delinquency continues (Willison, et al., 2010).

This study is a comprehensive examination of extant research encompassing juvenile justice policies and practices. The research literature strongly suggested the need for changes within the venue of U.S. juvenile justice systems that include refraining from the practice of secure confinement of nonviolent court-involved youth and the broader development and administration of community, evidence-based human service/mental health programs (Albee & Ryan, 1998; Bernfeld et al., 2001; Chilenski et al., 2019; Elliott et al., 2020; Fagan et al., 2019; Greenwood; Lewis et al., 2002; Lipsey & Wilson, 1993; Loeber et al., 2022; 1997; National Research Council, 2013, 2014a; Swenson et al., 2005; Thornberry et al., 1995; Willison et al., 2010). This comprehensive review of the scientific literature may improve understanding of some of the more critical issues that remain unaddressed in the U.S. Juvenile Justice systems (National Research Council, 2014a). With greater understanding of how states are responding to the evidence on juvenile delinquency, a more critical assessment of that yet to be achieved toward reducing delinquency can be estimated.

Summary

Chapter 1 has introduced a critical problem within most, if not all juvenile justice systems throughout the states. Secure confinement remains a mainstay of juvenile justice practices, as opposed to evidence-based clinical services in communities to redress

delinquency. The mental health of the youth who enter secure facilities is at stake, and with the accompanying role of racial bias and disparity, African American and indigenous youth are exponentially affected (AECF, 2021; Berkley Center for Criminal Justice, 2010; Bureau of Justice Assistance (BJA), 2000, 2020; Karnik et. al., 2009; Mendel, 2022; Satpathy, 2011; OJJDP, 2020). The history and more recent events shaping the current situation within the system of entities that compose and provide what should be juvenile justice or fair treatment of children who violate statutory or criminal law has been presented.

A systematic literature review of the social science literature on U. S. juvenile justice systems was conducted to make a comprehensive assessment of how the federal and state governments are utilizing the research on delinquency prevention and treatment. As foundation to the study, two seminal theories on human development were introduced in synopses and proposed that in synchronization, these present an empirical view of human development. Our instinctual affective and cognitive processes within layered environments build our unique personalities, some successfully, and unfortunately, some dysfunctional, but can be recovered (Bronfenbrenner, 1986; 1999; Bronfenbrenner & Ceci, 1994; Freud, trans. 1962a).

Chapter 1 clarified terms, the scope and delimitations of this study, and the limitations of systemic literature review, as opposed to data collection and analysis. Yet, the significance of the study was presented as contributing to the understanding that indeed human personality can change as late as adolescence even after a complicated start if more conducive environments for development become available. Greater variety

in human interactions and positive life experiences can not only improve development among youth at risk who subsequently become involved in the justice systems, but also true for adults who continue in development as varieties in our human experiences continue. Human development is usually a continuous and fluid process throughout the life span (Bronfenbrenner, 1979; 1986; Freud, trans. 1962a; Kohlberg, 1971; 1994).

Chapter 1 posited that increased understanding of human personality development may bring greater tolerance for children with major depression, bipolar disorder, ADHD, CD, SED, and other disruptive behavior disorders followed by more interest in what are evidenced as effective treatments and solutions. Also suggested, the criminal justice system should no longer be a panacea for troubled youth, but that science based human services within communities should have a larger role, restored wider acceptance as a professional field, both alleviating unnecessary human suffering and loss of life, as well as alleviating unnecessary excessive federal, state, and local spending on not only ineffective, but costly iatrogenic punitive measures. Chapter 1 suggested injustices within state juvenile justice systems are the purview of the Federal government, and the scientific community as well.

Chapter 2 synthesizes and synthesizes the two seminal theories of human development that were introduced in Chapter 1. A more comprehensive explanation of how human personality develops is presented. These theories are in fact evidence-based paradigms on which evidence-based human services/mental health services are built.

Chapter 2 broadens the view of U. S. juvenile justice through an extensive review of the literature including all key variables and concepts. Beginning with what may be the most

critical issue, ratios of mental health diagnoses among youth coming into and within the judicial system are examined. Types of mental health diagnoses and kinds of needs assessments and results are presented. Disproportionate minority contact and confinement and other questions on civil and human rights of U.S. children are examined with the international community in the background, having signed a treaty on the rights of children decades ago, with the United States as the only exception abstaining from ratification (Limber & Wilcox, 1996; Mlyniec 2010; United Nations, 2021).

The parallel roles between the evidence-based human services/mental health community and the criminal justice system are further explored with race as the dividing line. The media, Wall Street, and racial politics that sustain the injustices within the system are all assessed (Heitzeg, 2010; James, 2012; Jamieson, 2012; Moriearty, 2010; Thompson, 2010), leading the way to the question of how states are utilizing the science of human development to improve the lives of children who may encounter the U.S. juvenile justice systems, and particularly for those who do.

Chapter 2: Literature Review

Since the early 1990s, the preponderance of research findings on resolving juvenile crime and delinquency have continually shown that evidence-based human services and mental health programs within communities are the effective means of reducing recidivism rates (see Chilenski, 2019; Coccozza & Skowyr, 2000; Greenwood & Turner, 2009; Grisso, 2008; Henggeler, et al., 1992; National Research Council (NRC), 2013; 2014a; Office of Juvenile Justice and Delinquency Prevention (OJJDP), 2000; Sexton & Turner, 2011). Nevertheless, most states continue to rely on the more

punitive measures of the Juvenile and Criminal Justice Systems including secure confinement (AEFC, 2020; Amnesty International, 1998; Conklin, 2012; Heitzeg, 2010; Human Rights Watch, 2002; OJJDP, 2014, 2020). Not only has secure confinement failed to reduce recidivism rates (Bureau of Justice Assistance, 2000; Greenwood, 2008; National Research Council, 2014b; Steiner & Wright, 2006), it is associated with increased mental health diagnoses among youth being held in these facilities who are already found to have a higher incidence of mental illness (Abram et al., 2003; Fazel, et al., 2008; Grisso, 2008). Karnik et al. (2009) found after 9 months stay in juvenile detention centers across the nation, 88% of boys and 92% of girls met criteria for at least one mental health disorder and 50% met DSM -IV criteria for two mental health disorders. These researchers are not alone in their findings; most studies of the mental health status of youth in secure facilities report average rates of at least 70% of youth diagnosable with at least one mental health disorder (Abram, et al., 2003; Dalton et al., 2009; Grisso, 2008; Murrie et al., 2009).

Studies continue to show high rates of mental illness among youth in secure facilities. Nevertheless, the mental health status of youth in secure detention is only part of the problems distorting U.S. juvenile justice. Current disciplinary policies and practices within the U.S. justice systems sustain racial bias resulting in severe disproportionate minority contact and confinement (DMC/C), among African American youth, Native Americans, and Hispanic youth as well (Bishop & Frazier, 1996; Crane & Ellis, 2004; Heitzeg, 2010; Human Rights Watch, 2002; Justice Policy Institute, 2013; Mendel, 2022; National Research Council, 2013; McCarter, 2009, 2011; Moriearty,

2010; Satpathy, 2011; Thompson, 2011). Although most studies that examine delinquency rates reflect minimal differences in delinquent or criminal infractions across race (e.g., Dryfoos, 1990; Ellickson, et al., 1997; Heitzeg, 2010; Moriearty, 2011; Poe-Yamagata & Jones, 2000; Thompson, 2011; OJJDP, 2000), African American youth comprise more than 58% of youth in secure confinement annually, although African American youth make up less than 15% of the U.S. youth population (Justice Policy Institute, 2013, 2020).

Systemic racial bias is across the board of public sector institutions (Heitzeg, 2010; Thompson, 2011). Studies show many school districts guided by zero tolerance policies often mimic the racial bias found in the justice systems, propelling disproportionate numbers of minority youth toward and into the judicial system (e.g., Children's Defense Fund, 2008; Heitzeg, 2010; Justice Policy Institute, 2013; NAACP, nd.; National Research Council, 2014b; Nicholson-Crotty et al., 2009; Thompson, 2011). The practice of placing police officers in schools increased arrests of students for school behavioral problems which significantly increased school referrals to juvenile justice systems (Cobb, 2010; Thompson, 2011). In one instance, placing police officers in schools in Clayton County Georgia resulted in a 600% increase in school referrals over a 3-year-period, but was not a unique occurrence; similar results occurred in Philadelphia, Denver, and Broward County Florida (Cobb, 2010; Thompson, 2011).

Racial bias is also integral to disproportionality in high school drop-out rates and the interrelationship to juvenile delinquency (Kelly, 2006). The United States currently has the highest high school drop-out rate in the world (OECD, 2006; NCEE, 2008) at

least partially facilitated by federal and state statutes, fueling the world's largest juvenile detention rate (ACLU, 2008; NCEE, 2008). Although rarely mentioned in the public domain and mass media, the United States not only has one of the lowest ascensions into higher education in the industrialized world, but the highest dissension into juvenile detention facilities in the world, feeding into U.S. prisons. If statistical probability was fulfilled, at least sixty-eight percent of black males born in the 1970s who failed to complete high school went to prison before age 34. This is indicative of the school-to-prison pipeline, which comparatively includes only 28% of white males from this generation who failed to graduate high school (National Research Council, 2014b).

The United States remains the only member of the United Nations who has not ratified the Convention on the Rights of the Child (CRC), the international treaty protecting the human and civil rights of children (Amnesty International, 1998; Libal, et al., 2011; Mendel, 2022; Mylniec, 2010; United Nations, 2004, 2022). Contrarily, during the late 1980s and early 1990s while most nations were ratifying the CRC the United States not only failed to ratify the international agreement on children's rights, but most states revised their juvenile justice statutes for much broader inclusion of children to be tried as adults in criminal courts, receive adult sentences and often without juvenile court hearings, all in contravention of the CRC.

This chapter continues with the Literature Search Strategy which presents the key words and phrases originally researched and the specific library databases and search engines utilized which provided access to most of the literature within this study. The Theoretical Foundation presents the two central theories of human development,

synthesized, and posited as an empirical foundation of human development as introduced in Chapter 1. How these empirical findings overlap and support the other is presented, as well as how some supposed contrasts between theoretical propositions can be resolved and corroborate a mutual perspective. Together, these paradigms lay the foundation for understanding how science-based human services and mental health programs can be developed and why these are effective.

The literature review includes overview of the most current and critical issues in juvenile justice systems. Initially, findings that present measures and assessments of the rates and kinds of mental illness among juvenile detainees and other youth encountering the U.S. Justice Systems are discussed. Studies of racial disproportionality among youth within the Justice Systems are reviewed, including availability of treatment across race. Juvenile Justice System intake assessment instruments analyze youth offender profiles into five categories of needs assessments, which could be more adequately addressed outside of the criminal justice system. The roles of federal, state, and school district policies on high school drop-out rates are explored and the subsequent impact on justice system contact. Several federal policies governing juvenile justice are examined, including contrasts with international standards of children's human and civil rights. The return of human bondage as private market human capital and the insidious (yet overt) Wall Street profit motive is discussed. Ultimately some of the contending evidence-based human services programs are reviewed, moreover, with the universal principles of human development behind evidence-based programs and practices (EBPs) having been presented and assessed. The Summary and Conclusions section encapsulates the

highlights of the preceding outlined literature and suggests how the study will fulfill a significant omission or gap in knowledge.

Literature Search Strategy

The research strategy for this literature review began with searching the psychology, counseling, and human services databases of the Walden University Library, all of which suggested beginning with the PsycInfo database. The PsycInfo database, Criminal Justice database, and the multidisciplinary databases Academic Search Complete and ProQuest were all used in the search of the terms *juvenile justice and evidence-based programs*. Because the study seeks to document a comprehensive overview of U. S. juvenile justice and its relationship to evidence-based programs and practices, as peer reviewed articles were returned by the search terms *juvenile justice and evidence-based programs*, unique issues were identified and subsequent searches for the terms *juvenile delinquency, secure confinement of youthful offenders, mental health diagnoses and juvenile offenders, disproportionate minority confinement, zero tolerance policies, school referrals to juvenile court, juvenile justice and U.S. Supreme Court*, and others were searched within the PsycInfo database, as well as many of the other previously mentioned data bases.

The search began in 2013 through 2016, seeking current journal articles no more than 5 years old, but the search terms often produced articles of relevant and unique subject matter that were more than 5 years old, which suggested a lack of more recent research. This study resumed in November 2022 and after almost a decade from the start, the more current research on the most critical issues under assessment, reflected some

progress. This literature review provides comprehensive insight into the institution of U.S. Juvenile Justice and its relationship to evidence-based programs and practices. More than 275 peer-reviewed works were reviewed.

The seminal theories on human development of Freud and Bronfenbrenner were researched by authors' names using the CAT system through the university library. The Georgia State University Library, Atlanta Public Library, and the Dekalb County Public Library were used to supply the books authored by these theorists among others who were included in this study. The Office of Juvenile Justice and Delinquency Prevention website and other websites including The Sentencing Project were important resources for acquiring current statistical data on the youth within the system, as well as recommended policies and programs.

Conceptual Framework: The Process of Human Development

The synthesis of two theories of human development underlie my review of the literature: Freud's psychoanalytic theory and Bronfenbrenner's bioecological model. Contrary to the beliefs or values of many, the social and behavioral sciences can effectively resolve most social and behavioral problems, including juvenile delinquency when the political will, professional skills and necessary resources are available. Synopses of the two seminal theories are presented, then synthesized, collectively demonstrating the etiology of human personality development. The Kuhn paradigm (Kuhn 1970), Freudian psychoanalytic theory (Fine 1962; Freud, 1953; trans. 1962a; 2006 version), is followed by Bronfenbrenner's repeatedly validated bioecological model (Bronfenbrenner, 1979; 1986; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans,

2000). Together, these two paradigms, present a more comprehensive model of human development. This empirical synthesis is a foundation to this study and to evidence-based human services delivery systems.

Psychoanalytic Theory: Understanding the Core of Personality Development

The discovery of the unconscious mind (Freud, 1953; trans. 1962a) and its role in both normal and abnormal personality development were significant breakthroughs in social science. The Freudian model of the mind's mental processes consisting of the *id*, the *ego*, and the *super ego* are barely mentioned in current literature, but the psychological principles behind each concept continually recur. Perhaps equally obscure are references to sexual and ego instincts, but these also recur in new terminology, as does the roles of trauma and anxiety in neurotic and psychotic illnesses. The principles of psychoanalytic theory remain an essential model of human development providing the foundation of both developmental and clinical psychology (Fine, 1962; Matsomoto, 2001).

Freud contended the process begins at birth (trans. 1962a). From the beginning, the only mental process is the sexual instinct, a reservoir of primordial urges operating under what he considered the pleasure principle, a search for pleasure and avoidance of pain and discomfort. The infant's focus is instinctual sucking for nurturance, but also receives stimulation of the labial, a pleasure received with or without nurturance. *This is the oral phase of infantile sexuality (Freud, trans. 1962b) which ranges from birth to approximately 1.5 years.* Infants utilizing their original instinct of sucking their mother's breast for nurturance is also taking their first step in the pathogenesis of sexuality. Freud

(trans.1962b) believed this pleasurable experience stimulates the labial, sensitive skin of the inner lips causing the desire to repeat the pleasure, often leading to the autoerotic pleasure of thumb sucking, or possibly another convenient part of the body.

Within Freud's model of mental processes, the ego is the mental process which deals with the external world through perception and consciousness (Freud, 1953; trans.1962a, 2006). Freud (1953; 2006 version) saw the ego as operating under what he called the reality principle, which after a successful oral phase of pleasure, comfort, nurturance, and security the ego in its healthiest state brings balance and equilibrium to the pleasure seeking instinct, which Freud referred to as the id. The ego itself can vary from normal to psychotic, depending on its experience of the outside world. The strength of the ego's capacity to function is presumed in some part to be a factor of heredity, but its quality or level of functioning is subject to critical outside influence. The stronger the *ego*, the better overall mental health functioning. The weaker the ego the more difficulties there are in mental functioning. A test of its strength is how well it handles reality, as it confronts the outside world and its own world within.

Freud (2006 version) eventually discovered other significance of the oral phase. This is an important time and necessity of the infant closely bonding with the mother, the role of these initial interactions cannot be overstated to develop healthy affective processes of trust and security. An unsuccessful oral phase later proved to be significant in the development of schizophrenia (Fine, 1962). According to Rutter and Robbins (1990), many of the earlier object relations theorists including Bowlby, Ainsworth, and Klein posited the importance of stable nurturing relationships in the first year of life;

disruptions of these initial relationships were found to lead to future psychological disturbance. The findings of these object relations theorists were also supportive of the findings of Cadoret, Troughton, Merchant & Whitter (Rutter & Robbins, 1990) who also found evidence of social disruption during infancy to be salient in later life affective disorders.

The second phase of infantile sexuality and focus is the anal phase, which begins at approximately 1.5 to 3.5 years old. This phase was also marked by the infant's focus on an important biological function to which there is also an attached erogenous zone and focus. The infant's concentration on the timing of bowel movements and pleasurable stimulation of the mucous membranes of the anus is now a central focus. Specific character traits were and have been traced back to conflicts and successes surrounding early bowel or potty training. Freud described the traits of orderliness, parsimony, and obstinacy and later discovered the connection between anal eroticism and obsessional neurosis.

The third phrase of infantile sexuality, the phallic phase begins at approximately 4 years old. Freud believed the child to be consumed with curiosity about the genitals, generally about the penis, or lack of the penis. Freud (trans. 1962b) suggested boys of this age unaware there is another genitalia and on becoming aware of a girl's private area sees the female as having suffered castration; and girls at this phase becoming aware of the male genitalia see themselves as lacking and envious of boys. Freud (trans. 1962b) suggested during the phallic phase children generally live within their own private worlds and are less inclined to share their thoughts as often and openly with their parents as

before. However, they are asking and wondering where babies come from, and when these questions are unanswered Freud assured, they will answer these questions for themselves in fantasies. He believed among his most significant discoveries not only infantile sexuality, but also a complex of thoughts which occur during the phallic phase, he termed the *Oedipus complex*.

In theory, within the nuclear two parent family the father more often shares more intimate interactions with the girl infant and the mother shares more intimate interactions with the baby boy. The infant is conscious of these feelings and develops more loving feelings for the parent of the opposite sex and secretly wishes to replace the other parent for whom he or she develops feelings of jealousy and rivalry. Freud (trans. 1962b) was emphatic, this complex of repressed memories, which he referred to as the Oedipus complex, is at the core of all psychosexual development and also at the core of all psychoneuroses. Freud stipulated that the neurotic personality is fixated at one phase of infantile sexuality, and that the earlier the phase to which the neurotic personality is fixated the deeper the neurosis or psychosis. Although in normal development there is no fixation the influence of the Oedipus complex remains in the unconscious and begins the selection of object choice, or sexual preference. Freud (trans. 1962b) said about all phases of infancy:

All its details leave behind the deepest (unconscious) impressions in the subject's memory, determine the development of his character, if he is to remain healthy, and the symptomatology of his neurosis if he is to fall ill after puberty. In the latter case we find that this sexual period has been forgotten and that the

conscious memories that bear witness to it have been displaced. Psychoanalytic investigation enables us to make what had been forgotten conscious and thus do away with a compulsion that arises from the unconscious psychological material. (p. 55)

After the three phases of infantile sexuality Freud theorized a latency phase from approximate age 5 years old to puberty. This is a phase in which sexual impulses generally subside fully or at least partially. During this phase feelings of shame, disgust, and moral indignity develop, which later limit the sexual instinct after puberty. Freud (trans. 1962b) insisted these feelings and emotions originate through an organic biological process but conceded that society and cultural values do play a role as generally often believed. The overcoming of the Oedipus complex and the building of the barrier against incest are among the more significant aspects of this phase.

Just as the ego emerges and separates from the id, a third differentiation in the mind develops at approximately 4 to 5 years old. During the early latency phase; the Oedipus complex is overcome, a difficult emotional process of the first broken strongly felt emotional bond, as an unrealistic love for a parent is overcome. Freud (2006 version) called this process identification; the developing person takes on the parent's identities which are combined and internalized becoming what we generally consider the conscience, which he termed the super-ego. The super-ego dictates commands and prohibitions and monitors moral standards. The super-ego is the standard by which the ego measures actual performance.

The final phase of psychosexual development is puberty. Freud (trans. 1962b) described as taking place within the middle of the second decade, approximately 15 years old. The major developments of this phase are that all other sources of excitation become subordinate to the genital areas as the primary erogenous zone, and the sexual instinct is no longer auto-erotic, but now seeks a sexual object. Freud (trans. 1962b) saw the new sexual aim of the male as more direct, the discharge of sexual products for pleasure but subordinated to the reproduction process. He suggested the aim of the female sexual instinct was more complicated, but also subordinated to reproduction. Freud continued to believe impressions from the phallic phase weighed significantly in the final selection of object choice and sexual preference. Freud believed the Oedipus complex plays a defining role. In other words, the character and quality of interpersonal relationships with parents at 4 to 5 years old weighs heavily in future development of sexual preference.

Overall, Freud (trans. 1962a; trans. 1962b) was not completely satisfied with his findings because he believed there to be so much more to learn about the biological processes of sexual development. Freud believed the sexual instinct to be significant in general psychological development. Ultimately, he conceded the possibility that biological constitution (e.g., heredity) maybe the most significant factor predisposing an individual to an abnormal sexual life leading to neurosis, and it is conceivable (although he suggested improbable) that this factor alone could yield this result. However, he assured “perverse deviations from normal sexual life later observed in neurosis and in

those practicing perversions develop from the very first from early childhood impressions” (Freud, trans.1962b, p.108).

In addition to a plausible theory of human instincts and the role these play in development, Freud (2006 version) posited his findings on *anxiety*, as having major significance in overall human functioning. Repression does not lead to anxiety as originally believed, anxiety causes repression and several other defenses taken by the ego (instinct). As the *ego* perceives danger and becomes *anxious* it defends itself in any one of several ways. Fine (1962) clarified the concept of repression as now the concept of defense mechanisms, of which repression is only one, “anxiety can also lead to other defenses including sublimation, reaction formation, regression, isolation and undoing” (p. 226). Through control of perception, the *ego* can protect the self from *anxiety* provoking circumstances (Freud, 2006). While easier to protect the self from outside dangers, such as insults or imminent physical threats through flight if necessary or direct confrontation, it is more difficult to protect the self from the internal dangers of instinctual impulses. As affirmed of other mental illnesses today, Freud was among, if not the first to posit neurosis as a regression or fixation to a phase of infancy. These implications are that traumatic experiences were suffered during a particular phase of infancy or early childhood, and although now forgotten or repressed, continue in the subconscious as a source of pain. This unresolved pain is often reflected in symptoms of the individual’s neurosis or other psychopathology.

The discovery of the super-ego began with clinical observations of melancholia, or clinical depression as scholars refer to it today. Freud (2006 version) proposed the

etiology of melancholia as an object-choice which had been lost is now set up again inside the ego. A person suffering from a painful depression has lost a loved one to whom they were deeply attached and now carries the lost loved one as part of him or herself, internalized within his or her ego. In Freud's (trans. 1962a) other words "an object cathexis had been replaced by identification" p.677. Freud came to realize the significance and prevalence of this process and later postulated and verified that loss object cathexes (emotionally charged relationship) are generally replaced by identifications (internalization of the character of a person to whom one was once very closely bonded, but now no more), and is a significant factor in overall character development, a kind of strengthening or weakening of the ego, of the self.

Freud (1953; trans. 1962a; 2006 version) believed the *ego* to be originally fragile. Essentially, the character of the ego is built up of abandoned object cathexes and holds the history of its object choices internalized as part of its character. Particularly in the earlier years of development, identifications occur often, and no matter what the capacity of the character may be in later years to resist abandoned object cathexes, the effects of the first identifications made in earlier childhood will be general and lasting. Although personality can grow and change, the basic character of personality is established in early childhood.

These findings of the significance of object cathexes into identifications caused Freud (1953; 2006 version) to look back at the original identification. In the simplest schematic of the Oedipus *complex* of a male child: the boy at an early age develops object cathexes for his mother and relates to his father by identifying himself with him.

The relationship works well until age 3 to 5 when the boy's sexual wishes or impulses for his mother become more intense and his father is now seen as an obstruction to his wishes, which is the origin of the Oedipus complex. The boy's identification with his father now has hostile overtones and turns into a wish to get rid of his father to take his place with his mother. Here forward he has an ambivalent relationship with his father and an object relationship of a purely affectionate nature with his mother (Freud, 2006 version).

For practical purposes the simplest schematic of the Oedipus complex is sufficient. However, Freud (2006 version) suggested awareness and consideration of the "complete Oedipus complex", which contains both positive and negative components due to what he always believed to be the bisexual nature or constitution of children. His analyses assured him that sexual orientation developed largely out of psychological processes as opposed to biology, although conceding there could be a constitutional predisposition. Freud (1953; 2006 version) explained "a boy has not merely an ambivalent attitude towards his father and an affectionate attitude towards his mother, but at the same time he also behaves like a girl and displays an affectionate feminine attitude towards his father and a corresponding jealousy towards his mother" (p. 28-29).

The very first identification or internalization of character is an identification with a parent (Freud, trans. 1962a; 2006 version). This identification is in effect a cornerstone of an infant's character. At four or five years old during the early latency phase he or she comes to terms with the Oedipus complex, the strong attraction for a parent; the child realizes the passionate love he or she feels for his or her mother or father is not practical

and begins overcoming the first lost object cathexes or broken strong emotional bond. The developing person replaces it by identifying with the parent whose unfeasible emotional bond is broken or the parent of the same gender with whom the child had begun identifying. Freud (2006 version) believed early identifications with parents to pose important implications for both character development and future object choice. He proposed the first identifications in whatever their combination of the two parents are internalized and form a precipitate in the ego. This modification of the original fragile ego retains not only a lasting impression, but a special position; it confronts the other contents of the ego as an ego-ideal, or super-ego, an original conscience monitoring and judging overall behavior.

The regression of object cathexes into identifications is not only significant in normal development and in depression, but also in manic depression, paranoia, and schizophrenia (Freud, trans 1962a; 2006 version). These mental illnesses were categorized as *narcissistic disorders*, which generally result from childhood frustrations in love for parents for whom there is a lacking healthy admiration. In these illnesses, the libido is no longer turned outwards onto an object, but turned inward onto the *ego*. Freud believed their capacity for passionate love is only for themselves.

Narcissistic neuroses and psychoses were untreatable by psychoanalysis during Freud's life (Fine, 1962). This was because of the incapacity of the patient to establish a relationship with the analyst, unlike those afflicted with *transference neuroses* (Fine, 1962). The transference neuroses are conflicts between the ego and id, an internal struggle an individual suffers when he or she wants to satisfy instinctive desires for which

he or she is conflicted with guilt. The more serious narcissistic neuroses and psychoses are conflicts between the ego and the super-ego, a more severe internal struggle involving any of a range of emotions including severe guilt, isolation, delusion, mania, anger, and pain. Further investigations of narcissism have led to greater understanding and treatment of schizophrenia, and other psychotic illness. According to Fine (1962) Freud's theories of structural mental processes and psychosexual development provide the foundation for clinical psychology.

Freud conceded the possibility that the most significant factor in human development may be biological constitution. However, Freud remained confident that beyond heredity there are other factors that determine whether a person arrives at healthy personality and character or unhealthy neurotic and psychotic states. Freud (trans. 1962b) contended chief among accidental factors are childhood experiences. Thus, withstanding physiological abnormality, including mental retardation, and when heredity is accounted for, childhood experiences is the most significant variable in determining who a person becomes as an individual personality. Freud (trans. 1962a) once said "the unconscious is made up of the child that languishes within the adult" p. 433. Freud's contemporary, Adler (1938 version) believed striving to overcome feelings of inferiority (now low self-esteem) to be a central component in poor mental health and Freud eventually focused on and brought the *weak ego* into a clinical perspective. Both Freud and Adler theorized that by age four or five significant components of an individual's personality are already established, largely because of the interpersonal relationships with parents and/or other caregivers. Simply stated, effective parenting from birth to 5 years old (given a normal

constitution) leads to a strong ego or good self-esteem. Poor parenting or worse yet, abusive parenting from birth to 5 years leads to feelings of inferiority, or a weak ego, low self-esteem, or at worst, predisposed to neurotic or psychotic personality disorders in the future.

Although Freud's extensive explanation of the existence and the continued development of the sexual instinct in children leading to a polymorphous perverse disposition was never fully accepted, contrary to what many have wanted to believe, Freud (trans. 1962b) did not completely withdraw his original *seduction theory*. Freud simply modified his theory to account for the possibility that some of the cases he encountered were the result of sexual fantasy as opposed to all being the result of actual sexual seduction and experiences as young children (p. 108 -109). Perhaps, in summary, the most significant implications of Freud's analyses are that after accounting for heredity and other organic contributions, the most essential difference between normal and abnormal mental health is the difference between (a) effective parenting including successful nurturing and training and protection from abuse, or (b) ineffective parenting including a lack of essential nurturing and training (neglect), and/or sexual, physical, and verbal abuse.

The Bioecological Model as an Expansion of Psychoanalytic Theory

Most adults do not remember the critical events of early childhood, but a preponderance of evidence suggests who we become as adults is the sum of our genetic inheritance and the accumulation of our life experiences, of which early childhood is the root (Freud, trans. 1962a). While psychoanalytic theory explains the significance of initial

and subsequent interactions with the immediate outside environment after birth, usually with parents or other primary caretakers as the beginning of perception and awareness of the self, and the beginning of development, these interactions are not isolated developmental processes, but are also subject to outside influences (Bronfenbrenner, 1979; 1986).

The evolving bioecological model, previously ecological systems, (Bronfenbrenner, 1986) like much of current human development theory has its focus on interactions within the immediate environment. Parents and the family unit are observed as a salient facilitator of psychological development. However, unlike many other predominating theories of human development, ecological systems theory posited the environments surrounding the immediate environment of the developing person as equally salient to overall human growth (Bronfenbrenner, 1979, 1986; Bronfenbrenner & Ceci, 1994).

Freud's conclusions were drawn from extensive analyses of his patients, yielding important insight into the development and functioning of human mental processes that only an extremely sensitive, meticulous, and patient analyst could glean. Thus, Freud's theories are ones of the intra-psychical processes as these develop normally or abnormally in response to the outside world as it is experienced. Contrarily, Bronfenbrenner's (1979) conception of human development originated from experiences in cross-cultural research where although his findings took him back to the family unit as the primary developmental setting overlapping with Freudian psychoanalytic theory, as Freud looked inwards into the developing person from the vantage point of the family

unit, Bronfenbrenner looked outwards from this same vantage point, but proposed a new terrain for developmental research: the evolving interactions between the developing person and not only his or her intra-familial relationships, but also his or her larger extenuating environments. Indeed, as psychoanalytic theory answered the question of how intra-familial relations and interactions affect intra-psychical mental processes and development, from Bronfenbrenner's (1986) ecological systems perspective, the research question became "How are intra-familial processes affected by extra-familial conditions?" (p. 1).

According to Bronfenbrenner (1979; 1986) the ecology of human development is the scientific research of the ongoing relationship between an actively growing human being and the changing characteristics of the person's immediate environments, particularly as these environments are affected by the interactions with the larger contexts in which the immediate environment is engrained. The process in which the developing person grows distinguishably and with a clear understanding of the complexities of the natural environment, and becomes independently committed to pursuing activities that reveal the elements of, as well as either maintain or reorganize the ecology at stages of similar or greater intricacy in form and content (Bronfenbrenner, 1979; 1986).

Within the original ecological systems theory, development was defined as "a lasting change in the way in which a person perceives and deals with his environment" (Bronfenbrenner, 1979, p.3). Ecological systems (Bronfenbrenner, 1979; 1986) is a research model that conceives human development as extending beyond the behavior of individual persons, but incorporates functional systems of behavior within unique settings

as well as between settings. Because these systems can be modified and expanded, Bronfenbrenner (1979) saw his new concepts as contrasting some of the pervasive scientific models which typically did not require the researcher to observe the environmental conditions which could potentially hinder or improve the incredible potential of human beings if provided an ecologically compatible milieu.

Bronfenbrenner (1979) believed the failure of previous theoretical models to examine environmental influences on human development resulted in an underestimation of human potential. He believed if provided an amicable environment human potential could be much greater. Although limited models exist, ecological systems theory is more accurately an extension or expansion of the predominant psychoanalytic model than it is a contrast to this early and enduring human development model (Kelly, 2010). Although often overlooked, Freudian psychoanalytic theory also posited interactions with the immediate environment as causal in developmental processes, not only in normal human development, but also as causal factors in abnormal psychological development (Freud, trans. 1962a). The psychoanalytic model continues to present the core or root of human development (Fine, 1962) and the evolving bio-ecological systems theories are the branches on this tree.

Five Ecological Systems of Human Development

The original ecological systems theory (Bronfenbrenner, 1979; 1986) conceived a complex of intricate interrelations with the immediate setting or the *microsystem* of the developing person. All settings in which the developing person directly participates are microsystems, such as home with the family, at school with teachers and classmates, and

among peers in the community. A microsystem is a usual scheme of activities, roles and relationships. Bronfenbrenner believed critical to the microsystem is the word *experienced*. That within the environment, which has most meaning to the developing person is the more salient in guiding his/her development. Dewey (1959; trans.1998) emphasized the necessity of including the 'everyday experience' of the child in the development of school curriculum.

An important principle is the interconnectedness between microsystems, and between a microsystem and other settings with equal force and consequences for development (Bronfenbrenner, 1979; 1986). Linkages between microsystems where the developing person is always a participant, as well as linkages between microsystems and other settings that the developing person may never enter, but where activities within the peripheral setting affect the immediate environment of the developing person are also salient factors in development. These linkages between systems are referred to as *mesosystems* (Bronfenbrenner, 1979; 1986). These linkages are communications between settings, such as a note from the teacher to parents or parents attending the PTA meetings or parents being a friend of the principal or teacher. A mesosystem is formed whenever the developing person moves into a new setting as well as several other forms. The developmental potential of settings is enhanced to the extent that the communication between them is personal. Mesosystems also most enhance development when persons involved in joint activities in the different settings form a closed activity network, and is optimal when every member of one setting becomes involved in joint activity with all

members in the other setting. Bronfenbrenner became concerned about schools becoming increasingly isolated from the home.

A mesosystem is a link between microsystems, but also links between other peripheral settings called *exosystems*. *Exosystems* affect the developing person's immediate environment, but which the developing person may never enter. An exosystem is defined as one or more settings where the developing person is not physically present, but nevertheless events within the setting are affected by or affect events in his or her microsystem. A causal sequence connects events across the two settings. Events within the exosystem indirectly affect events in a microsystem of the developing person or may also run in the opposing direction. For a child, the exosystem usually includes the parents' place of employment and social network. These environments have impact on the parents which affect the home environment and subsequently affect the developing child. The exosystem has no direct interaction with the developing child, but direct interaction with those within the child's microsystem. These environmental events and conditions seemingly completely removed from the microsystem can play important roles and have powerful effects on that system, and thus on the developing person within that setting or microsystem.

The *macrosystem* (Bronfenbrenner, 1979) represents the consistencies within the design and content of lower-level microsystems, mesosystems, and exosystems, subcultures of, and the entire culture, as well as any ideological consistencies underlying the overall culture. However, macrosystem patterns vary within social classes, ethnicity, race, religion, or likely any subcultures reflecting different values and ways of life. These

individual differences within subcultures of the macrosystem help to perpetuate unique ecological environments for specific groups but nevertheless share similar format and content to each other and the overhead system. Subcultures of macrosystems are homogenous in many respects including the types of settings inside, the types of settings people enter sequentially as they go through life, the content and how events are prearranged, the varying roles and relationships ordinarily found within each unique setting and the nature of the connections between settings that affect a person's development. Additionally, these consistencies in behavior are reinforced by the value systems of the members of the culture and subcultures. The macrosystem is the consistencies in form and contents revealed in assessing the other three levels of the ecology within the environment.

The passage of time in human development research had previously focused on the analysis of psychological change as the individual ages (Bronfenbrenner & Crouter, 1983). However, during the 1970s more researchers, and perhaps foremost among them, Bronfenbrenner began investigations utilizing designs which assessed changes throughout the life cycle as impacted by the era of time in which the person is developing. His designs can assess and measure the effects of interactions between the person and his or her environment over time (Bronfenbrenner, 1986; Bronfenbrenner & Crouter, 1983). Bronfenbrenner added to his theories the concept of *chronosystem*.

The chronosystem generally focuses on life transitions which are more normative such as entering school, puberty, and marriage or changing careers. Chronosystems can also involve less normative or non-normative life transitions such as severe illness or death in

the family, divorce, or the arrival of sextuplets. More sophisticated chronosystem designs can also examine the cumulative effects of a sequence of developmental transitions over an extended period or even the entire life course. The development of someone who grew up in the early nineteenth century would be uniquely impacted by the immediate but also the extending environment of the era, unique from someone growing up in the early twentieth century. Although Bronfenbrenner focused on the new terrain of the interaction of person and multi-leveled environment and now included the era of the surrounding environment of the developing person, he nevertheless, seemed not to consider the role of the Freudian super-ego in bringing the ancestral history of the developing person forward and how this interrelates with his new chronosystem analysis extending forward.

Ecological Systems as Research Subjects and Methodology

The qualities of the developing person, the structure of the environmental settings, and the interactions between these are interdependent with measurements of the effects of these interactions (Bronfenbrenner, 1986; 1994; Bronfenbrenner & Ceci, 1994). The developmental status of the person is identified by the variety and complexity of his or her activities independently selected and maintained without outside influences. While developmental status is an independent analysis of the developing person, the developmental process consists of the substantive variety and structural complexity of prolonged activities engaged with others in the person's psychological field, either by enjoining the person in participation or by attracting their attention.

Once two people began paying attention to one another's activities they are more likely to become jointly engaged in those activities, which Bronfenbrenner (1979)

referred to as an observational dyad becoming a joint activity dyad. Important to this human development process, is the likelihood that once engaged in joint activities more differentiated and enduring feelings will develop, creating a *primary dyad*. This is important because the developmental effect of a dyad increases as respect, emotional closeness, and mutual positive regard increases; the person experiencing the greater development also having the greater growth in self-esteem and influence in the relationship. This is similar or identical to the Freudian process of identification. Even observational learning is increased when the observer and the observed see themselves as doing something together. Conversely, mutual antagonism in a dyad is disruptive of development or learning. Understandably, when teachers and students lack a healthy mutual respect learning can be a real challenge.

Although a dyad or relationship between two people may have potential as a context for development, it cannot thrive without the support of other dyadic relationships with third parties (Bronfenbrenner, 1979). The original interpersonal relationship is enhanced as a context for development to the extent that interconnecting, yet external relationships have mutual positive feelings and the third parties are supportive of the developmental activities within the original dyadic relationship (e.g., a student's capacity for learning from a teacher with whom he or she has an excellent relationship may ultimately be incapacitated by a principal who does not believe the student should be in the teacher's class). The developmental capacity of the original relationship is impaired to the extent that interconnecting external relationships involve

negative feelings and or do not support the developmental activities within the initial dyadic relationship.

Whereas human development is facilitated through human interactions, it is maximized by the more interactions with a variety of persons in different roles and an increasing repertoire of roles for the developing person (Bronfenbrenner, 1979, 1986). Development also excels with the increasing number in variety of settings where the developing person shares joint activities and close one on one interactions (primary dyads), particularly with persons more experienced and educated, or a higher stage of development (Bronfenbrenner, 1986;). Development is enhanced when the developing person experiences variety in cultural or subcultural contexts, including differences in terms of ethnicity, social class, religion, age group, or other background. Essentially, full integration of the human experience is the food of human psychological growth.

Settings as Contexts for Development

Bronfenbrenner (1979) hypothesized that the developmental potential of a microsystem is a function of the extent to which the roles, activities, and relations serve over time to facilitate and sustain patterns of motivation and actions by the developing person that ultimately become autonomous. Subsequently, when the person enters a new setting, the developmental gains of the previous setting carries over, and *in the absence of disruption by other forces* become larger and more intense. Microsystems with these qualities are primacy settings and the persistent drive these settings produce, are what Bronfenbrenner called *developmental trajectories*. It was believed that whatever developmental effects or trajectories achieved within one primacy setting would not be

determinable until the person has transitioned to another setting requiring the person to take initiative to find new sources of stimulation and support. Thus, Bronfenbrenner believed not only is the degree of psychological growth governed by the quantity and quality of opportunities to enter settings conducive to development in various domains, but also development cannot be measured until after having transitioned to other available primary settings. Within a successful school, a third-grade student's level of development could not be measured until he/she was in the fourth grade.

Bronfenbrenner (1979; 1986) contended differences in roles, relations, and activities are maximized when developmental settings are in different cultures and subcultures. For example, these are phenomena like a child growing up in the United States and attending Catholic church until the age of twelve who then relocates to Egypt where she begins attending a mosque and practicing the Muslim faith and has healthy familial relationships and friendships within both countries is more likely to have higher levels of cognitive function and social skills than someone of the same age and status whose experience and successful relationships are only in one or the other country and religious experience. A person's capacity to benefit from a developmental experience will vary with the number of trans-textual dyads across a variety of settings in which he or she has participated prior to the new experience.

Before a variety of trans-textual dyads can occur, opportunities for developing important initial dyadic relationships begin in original settings, microsystems such as home and school. All settings have developmental potential to the extent that they have links to power settings to which members of the microsystem or original setting can

influence the allocation of resources as well as influence decisions that respond to the needs of the developing person (Bronfenbrenner, 1979; 1986). The more intermediate links in the network chain before linking the original setting to a setting of power, the lesser the developmental potential the original setting has for the developing person (e. g., a school in a low-income community has more intermediate links between itself and settings of power and resources than a school in a high-income community and therefore is a setting providing lesser developmental potential for students).

The developmental potential of a setting is a function of the extent it provides roles and interrelationships that serve to motivate the developing person to sustaining actions that take on momentum of their own (Bronfenbrenner, 1979; 1986). These sustained motives and behaviors are carried over to subsequent settings where if supported will become more intense. Microsystems that are sufficiently linked to power settings in mesosystems, exosystems, and macro- systems that can produce and sustain the roles and interrelationships that induce sustained motivations in the developing person are optimal environments for child development, and ongoing growth in adulthood.

Successful outcomes of autonomous motivation are the developmental trajectories or sustained motivational patterns and behaviors resulting from these primacy settings. Although the developmental effects of a current primacy setting are not likely discernible until the person enters another potential primacy setting, development after transition to the new setting is measurable by the initiative taken to find new sources of stimulation and support. The developmental effect is also a measure of the match between the

developmental trajectory generated by the original setting and the balance of challenge and support provided by the new setting. The combination of the balance is a function of the conditions of the extenuating ecological systems conduciveness to psychological growth, regarding the person's stage of development, physical health, and the degree of integration with the existing social order, as opposed to alienation from it. Essentially, the degree of psychological development of the developing person is relative to the availability of opportunities to enter primacy settings in various supportive domains.

From Ecological Systems to the Bioecological Model

During the early 1990s the ecological paradigm was re-conceptualized to include the role of genetics in human development (Bronfenbrenner & Ceci, 1994). Similarly, Freud who was originally a neurologist, reportedly worked very hard in his efforts to identify biological causes of his patients' neuroses, only ultimately having to concede his findings indicated psychological causes. Nevertheless, Freud always maintained that biology inevitably played a role in personality development, but believed whatever the role of biology or heredity, these contributions to personality development were likely overcome by environmental factors (Freud, trans.1962a). Although Bronfenbrenner had long posited interactions between the bio-psychological human organism and the environmental systems which surround the developing organism as salient factors in human development, the new formulation now gave more consideration to the initial bio-psychological human organism. This change in formulation presented a challenge to the field of behavior genetics (Bronfenbrenner & Ceci, 1994). The new formulation more

directly called into question some of the main beliefs or values supporting the established *percentage of variance* model among researchers in behavior genetics.

By the early 1990s, the evolving ecological systems model was no longer limited to measures of the environment allowing for the synergy of genetics-environment interactions, but posited *proximal processes* as the empirically assessable mechanisms through which genotypes are transformed into phenotypes (Bronfenbrenner & Ceci, 1994). Through the evolved paradigm, now the bioecological model, Bronfenbrenner and colleagues posited that human development is an ongoing process throughout life and is facilitated through proximal processes, the continuous sustained and increasingly intricate reciprocal engagement between an evolving bio-psychological human organism and other biopsychological beings, and the surrounding things and symbols in his/her immediate environment (as these immediate environments are affected by their extenuating environments) (Bronfenbrenner, 1999; Bronfenbrenner & Ceci, 1994).

The most important theoretical development in the new model was the critical distinction between environment and process, with the latter occupying a central role (Bronfenbrenner & Ceci, 1994). This postulation of proximal processes or sustained interactions with the environment as not only salient in personality development, but superseding genetic contributions (Bronfenbrenner & Morris, 1998) is also consistent with psychoanalytic theory (Freud, 1962a). Indeed, initially the bio-psychological organism is only instinctual, seeking pleasure and avoidance of pain, then consciousness and interaction with his or her environment, particularly sustained interactions, whether

nurturing or abusive is the beginning of normal or abnormal personality development (Freud, 1962a).

Heritability as defined by behavior geneticists is the “proportion of the total phenotypic variance that is due to additive genetic variation” (Bronfenbrenner & Ceci, 1994). However, what has been considered heritability is now challenged by new research suggesting it is highly influenced by events and conditions in the environment (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 1998). Heritability is believed to vary demonstrably and substantially as a direct function of the magnitude of proximal processes and the quality of the environment in which these occur. Bronfenbrenner hoped others would care that if indeed that which is traditionally held as heritability is greatly influenced by human interactions and the quality of the environment, this means that previous values of heritability as reported in the research literature are in fact skewed appreciably higher in many instances, as well as skewed considerably lower in many other cases where environmental systems were unaccounted. Historically, measures of genetic potential will have been flawed, often overestimated, and often underestimated.

The Future of Developmental Science

Bronfenbrenner and Evans (2000) hoped that within what had been termed developmental science by Cairns, Elder and Costello in 1996 would continue theoretical models and research designs that would lead to further progress in discovering the processes and conditions that shape the course of human development. With this goal Bronfenbrenner and Evans (2000) continued the reformation and extension of the model:

A proximal process involves a transfer of energy between the developing human being and the persons, objects, and symbols in the immediate environment. The transfer may be either direction or both; that is from the developing person to features of the environment to the developing person, or in both directions, separately or simultaneously. (Bronfenbrenner & Evans, 2000, p. 118)

Proximal processes are the engines of development and can be categorized under two major developmental outcomes, one of competence and one of dysfunction. This proposition of development of competence or dysfunction was also posited by Freud in his theories on normal and abnormal development propagated through effective and ineffective parenting, a healthy microsystem as opposed to a dysfunctional or weaker microsystem (Bronfenbrenner & Evans, 2000; Freud, trans. 1962a). Bronfenbrenner and Evans (2000) defined competence as the ability to demonstrate accumulated knowledge and skills with the capacity to conduct your behavior across varying circumstances. A demonstration of competence can occur in all areas, including interpersonal, intellectual, or physical, either alone or combined with other activities. Dysfunction is continuous difficulties in controlling and integrating behavior across situations and in different settings.

Overall, bio-ecological systems theories provide scientific models that in many cases when applied will demonstrate empirically that which has been evident in social and behavioral science and often in everyday observations for some time. Perhaps the greatest value of the bioecological model and research designs are that they provide hope for the tearing down of ideological walls that continue to ward off progress in human

development. Bronfenbrenner (1979) expressed this hope in poetic soliloquy early in his writings:

Species Homo Sapiens appear to be unique in its capacity to adapt to, to tolerate, and especially to create the ecologies in which it lives and grows. Seen in different contexts, human nature, which I had once thought of as a singular noun, turns out to be plural and pluralistic; for different environments produce discernible differences, not only across but within societies, in talent, temperament, human relations, and particularly within the ways in which each culture and subculture bring up the next generation. The process and product of making human beings human clearly varies by place and time. Viewed in historical as well as cross-cultural perspective, this diversity suggests the possibility of ecologies yet untried that hold a potential for human natures yet unseen, perhaps possessed of a wiser blend of power and compassion than has thus far been manifested. (p. xiii)

Theoretical Synthesis: The Source of Human Development

The seminal Kuhn (1970) paradigm, Freudian psychoanalytic theory and Bronfenbrenner's seminal bioecological model are both supported by empirical findings and are unarguably the foundation of what has become *developmental science*. These theories and empirical findings together present interlocking and supportive structures of universal principles of human development. Inasmuch as psychoanalytic theory explains normal to abnormal personality development as an outcome of a range of healthy to unhealthy childhood experiences (human interactions), and the bioecological model

posited human development as an outcome of proximal processes, or elongated human interactions as these are affected by extenuating environments, these findings within developmental science unanimously support *varieties in human interaction are the source of human personality development*.

The bioecological model is effortlessly positioned as an extension of psychoanalytic theory providing considerable support and expansion and *no theoretical conflicts*. Freud postulated the beginning of human personality as primordial human instinct interacting with its immediate environment. Bronfenbrenner extended this model, positing not only the developmental processes of the immediate environment or micro system, but how the extenuating environments' interaction with the immediate environment of the developing person is also impactful and significant in the developmental process.

The synthesis of psychoanalytic theory and the bioecological model provide a secure foundation of interlocking and supportive patterns of how human personality evolves. Understanding the drivers of both competent and dysfunctional personality development are the foundation of both effective human services interventions for corrective human development and for effective preventative services, largely circumventing mental illness including behavioral disorders and delinquency and promoting mental health, social skills, and progressively higher levels of human functioning. This synthesis provides guidance for examination of evidence-based programs and practices or lack thereof in any human services system, including U. S. Juvenile Justice systems.

Bronfenbrenner's (1979; 1986) theory and evidence of the salient role of varieties in human interactions within distinct social systems, microsystems, exosystems, mesosystems, and macrosystems can be construed, or are in fact representative of the role of culture. Additionally, the role of chronosystems also affirms the role of heritage, or history of culture, brought forward by the superego or subconscious conscience (Freud, trans. 1962a). Thus, not only present culture, but the history of the culture of the developing person permeates and facilitates personality development. We are the summation of our ancestors' beliefs and values and our current interactive experiences.

Freud (trans. 1962a) posited that "conscience" (super-ego) is developed from identification with parental values, not necessarily moral values, but nevertheless, a value system inherited from parents and forefathers through *repeated prolonged interactions* with parents or *proximal processes* (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2000). The values and beliefs built from the strong unconscious process of the development of conscience (the overcoming the Oedipus complex, built of emotion or affective processes, can be and often is overcome by the conscious ego, depending on the strength of the ego. The developing person has the capacity to grow cognitively, overcoming emotionally driven values, through the ego's conscious perception, developed through its variety of interactions thus far. Whether values formed from emotion can or will be overcome by conscious perception of the ego, depends on the strength of the ego, as determined by the quality and variety of proximal processes (elongated developmental interactions) thus far, and the ongoing variety of proximal processes. The higher quality of proximal processes strengthens perception, thus

strengthening the ego, the self. Though parental values set up as the conscience or super-ego is the initial value system, whether it is moral, these emotionally felt values are often overcome. However, this super-ego (largely affective or based in emotion) continually overshadows and remains integrated within the ongoing cognitive development (perception and ego instinct), but to a lesser and lesser extent *or continues ongoing dominance*, depending on ego-strength facilitated through the developing person's own set of continued experiences and interactions (proximal processes) (Bronfenbrenner, 1979; 1986; Freud, trans. 1962a).

The super-ego or conscience set up from parental values brings the heritage of the developing person forward (Freud, trans. 1962a; 2006 version). Only with continuing powerful proximal processes (sufficient varieties of extended human interactions in different roles in primacy settings) (Bronfenbrenner, 1979; 1986) does the ego overcome the original value system (Freud, trans. 1962a) and attain higher stages of overall development including moral judgment (Freud, trans. 1962 a). The available proximal processes experienced determine the course of cognitive development of ego instinct, therefore development can be limited or extended for individuals accordingly as the larger culture limits or extends the kinds of proximal processes available (Bronfenbrenner, 1986; Bronfenbrenner & Crouter, 1983).

Although Freud (trans. 1962a) discovered that human personality has taken shape with many defining traits as early as four years old, including the development of conscience with the overcoming of the Oedipus complex), development can continue throughout the lifespan. In addition to the striving conscious ego as it interacts in the

outside world, the super-ego or unconscious conscience continues to evolve with the loss of each object cathexes from childhood on, dependent on the strength of the ego. Personality (character) is altered not only by early identification with parents, but also as the developing person continues in life, conscience is affected or altered by the traits of any person with whom the developing person shares deep emotional ties, particularly if then separated or lost, and if self-esteem or ego is not strong enough to overcome these emotions, there is identification, an alteration in character. One process of human development results from the ongoing tension between conscience, which may or may not be objectively moral (in the Kohlbergian sense), and the morally instinctive ego as it experiences its own set of proximal processes. However, proximal processes can also be traumatic experiences with damaging results on character development, leading to abnormalities in personality (Freud, trans. 1962) or dysfunctional personality (Bronfenbrenner, 1979; 1986). Simply fewer, and or weaker developmental proximal processes and settings result in slower development.

Literature Review

Mental Health Diagnoses and Disproportionate Minority Contact and Confinement

Prevalence of Mental Illness Among Youth in U. S. Justice Systems

Taking a look at the big picture across the western world in juvenile justice systems, in 2008, Dr. Fazel of the Department of Psychiatry and Dr. Doll of the Department of Public Health and Primary Care, both from the University of Oxford, were joined by Dr. Langstrom from the Center for Violence Prevention of the Karolinska Institutet in Sweden, and conducted an extensive systematic meta-analysis of the research

literature on the prevalence of mental disorders in adolescents in juvenile detention and correctional facilities (Fazel, et al., 2008). Twenty-five surveys meeting their inclusion criteria were identified for a total of 16,750 adolescents, 13,778 were boys and 2,972 were girls. The sample was composed of surveys taken from the following: fifteen conducted in the United States composed 89% of the total sample ($N = 15,628$), four in the United Kingdom ($N = 264$), and one each in Australia ($N = 100$), Russia ($N = 370$), Holland ($N = 204$), Denmark ($N = 100$), Canada ($N = 49$), and Spain ($N = 35$). The studies used the following instruments: DISC, the Diagnostic Interview for Children and Adolescents Revised, research Diagnostic Criteria for Depression, the Schedule for Affective Disorders for School-Age Children, Preset Lifetime or Epidemiologic Version, the Adolescent Psychopathology Scale and Juvenile Detention Interview, the Practical Adolescent Dual Diagnostic Interview, the Salford Needs Assessment Schedule for Adolescents, and a semi-structured instrument. All except 1% of the total studies yielded DSM diagnoses.

The study results reported 3.3% (95% CI) of boys were diagnosed with psychotic illness, 10.6% with major depression, 11.7% with ADHD, and 52.8% with conduct disorder. Among girls, 2.7% were diagnosed with psychotic illness, 29.2% with major depression, 18.5% with ADHD, and 52.8% with conduct disorder. Meta-regression suggested surveys using the Diagnostic Interview Schedule for Children yielded lower prevalence estimates of ADHD, conduct disorder, and depression, while studies with psychiatrists acting as interviewers had lower prevalence estimates only for depression. Meta-regression was also used to estimate the extent to which study origin (e.g., United

States versus elsewhere could explain observed differences in prevalence estimates), but no findings were reported other than this factor appeared not to contribute to differences in rates of psychoses. However, with 89% of the sample from the United States, this suggests researchers' general findings are significant to the United States.

Adolescents in detention and correctional facilities were about 10 times more likely to suffer from psychosis than the general adolescent population (Fazel, et al., 2008). However, taken in perspective of those in secure facilities, this is a small fraction of the youth in confinement (3.3% boys and 2.7% of girls). Although these researchers find this estimate of psychotic illness to be very high among youth in secure facilities, this finding seems low for the juvenile justice system population in the United States particularly because these researchers included bipolar affective disorder as psychotic illness, which should have raised the percentages. Also, they did not account for anxiety disorders unless these were included as unipolar affective disorder, which were also included in psychotic illness. The common diagnosis of oppositional-defiant disorder presumably was included in conduct disorder, which perhaps not surprisingly was the highest percentage of diagnoses across gender with both boys and girls at 52.8%.

Perhaps because these researchers and practitioners were only assessing the prevalence of diagnoses found in their sample, they did not address the fact that a diagnosis of conduct disorder is most often, if not always a symptom of another affective disorder or emotional trauma (Freud, trans. 1962a; Heitzeg, 2010; Kelly, 2010; Parke et al., 2006). The lack of the dual diagnoses follows the common lack of diagnoses of emotional or affective disorders in the United States, particularly among minority youth

(Dalton et. al, 2009; Dishon & Stormshak, 2007), the population from which most of the sample was selected.

One of the primary barriers to agreement on functional definitions of mental health diagnoses in the United States is philosophical difference on criteria (Berkley Center for Criminal Justice, 2010), however when DSM-IV or DSM-5 definitions are accepted conduct disorder and oppositional defiant disorder are regarded and treated as mental illnesses, while many other stake holders in the United States believe that many behavioral problems are normal, non-diagnosable adolescent behavior, and are unwilling to see or acknowledge the underlying emotional distress and likely precipitating trauma. For those who accept the latest editions of the DSM definitions and believe behavior problems are diagnosable mental health problems, all the following categories each with unique criteria apply: oppositional defiant disorder, conduct disorder, attention deficit/hyperactivity disorder, major depression, bipolar disorder, and anxiety disorder (Berkley Center for Criminal Justice, 2010). Particularly within the United States, many believe that behavioral disorders should be excluded in mental health diagnoses (Cohen & Pfiefer, 2008 cited in Berkley Center for Criminal Justice, 2010). This philosophical position is seen in the United States with some states having no requirement for teachers in public schools that specialize in the special education designation of emotional/behavioral disorders (Kelly, 2010), yet complain of student behavior as one of the more prevalent problems within the school districts.

Researchers (Fazel et al., 2008) reported a high prevalence of both undiagnosed and untreated physical and mental health problems among U.S. detained youth with

estimates of mental disorders ranging from 40% to 70% of these adolescents. However, this overall high estimate of diagnosable mental health disorders among youth in U. S. Juvenile Justice systems is considerably lower than suggested by several other studies in the United States (Grisso, 2008; Karnik, et al., 2009). Fazel et al (2008) omitted substance misuse from their study stating its “prevalence would likely be substantially affected by various reporting and ascertainment biases, including the availability of drugs at a particular time and context” (p. 1011). While this may be true, given the high prevalence of substance misuse in the United States, this also indicates that the international study yielded estimates of diagnosable mental health disorders that are much lower than probable rates within U. S. juvenile justice systems.

Murrie et al. (2009) administered the Massachusetts Youth Screening Instrument- Version 2 (MAYSI- 2) to a sample of sixty-four 16 and 17- year- old boys incarcerated in Texas’ adult prison system. Results revealed most youth (51%) scored above the highest clinical cut off, the warning range on at least one subscale. Even more youth, as many as 54% to 70% depending on the subscale, also scored above the caution range on all subscales other than *suicidal ideation*, of which 32% were above the caution range and 20% in the warning range for suicide. *Suicide remains the leading cause of death among incarcerated youth (BJS, 2020).*

Karnik et al. (2009) found after a spending nine months in secure confinement in youth detention centers throughout the nation, 92% of girls and 88% of boys were diagnosable with at least one mental health disorder and 50% met DSM -IV criteria for minimally two mental disorders. Also consistent with these data, Dalton, Evans, Cruise,

and Kendrick (2009) reported the National Center for Mental Health and Juvenile Justice found over 70% of youth detained in secure facilities in Louisiana, Texas, and Washington had a diagnosable mental illness.

Mapson (2005), Pasko (2010), and Baumle (2018) affirmed most girls held in secure juvenile facilities present with mental health issues. Mental health diagnoses often include substance abuse because of family dysfunction, which often includes sexual and or physical abuse. Most studies of mental illness prevalence among youth in the justice system have shown girls to have higher rates of mental illness than boys (Drerup et al, 2008; Murrie et al., 2009; Vincent et al., 2008). However, girls in secure facilities remain much fewer than boys, although their numbers are rising. The mental health of youth involved with the justice system is clearly in jeopardy, yet most states have not turned to the evidence on community mental health services to meet these needs.

Unique in the United States, Drerup et al. (2008) conducted a study where participants were 88% white/Caucasian with no other racial/ethnic group above the number of 10. However, Drerup et al. (2008) suggested their findings were not unusual, but consistent with other recent studies assessing the mental health status of juvenile inmates. They found 92% of males diagnosable with at least one disorder, and 32% diagnosable with three or more disorders. The results were similar but higher among females, 97% and 60% respectively. Further, more than two thirds of those meeting minimum criteria exceeded the minimum, and those meeting criteria for substance dependence fell within the *highest severity range*.

The Fazel et al. (2008) western meta-analyses findings were lower than those of Drerup et al (2008), but more consistent with those later reported by Dalton, et al. (2009) who said the National Center for Mental Health and Juvenile Justice (Shufelt & Cocozza, 2006) found over 70% of youth in detention centers and secure facilities in Louisiana, Texas, and Washington State had a diagnosable mental illness. Dalton et al., (2009) also reported that the original study that provided normative data for the Massachusetts Youth Screening Instrument-2 (MAYSI-2) which was conducted within juvenile justice settings also found more than half the youth in secure facilities had elevated levels on the screening measures and at least 40% were within the Depressed-Anxious, Angry-Irritable, Somatic Complaints and thought disturbance domains. However, subsequent studies found even higher prevalence rates, such as those reported by Drerup et al., (2008) and Karnik et al., (2009) who reported after a nine month stay in secure confinement, rates were as high as 88% of boys and 92% of girls meeting criteria for at least one mental health disorder. Murrie et al. (2009) also found youth in adult prisons to have even greater prevalence of mental illness than in juvenile facilities, and particularly in need of psychiatric treatment.

Racial Differences in Mental Illness Prevalence and Treatment

Dalton et al. (2009) reported differences in mental health diagnoses and treatment by race in juvenile detention and secure confinement, a factor not mentioned in the Fazel et al. (2008) meta-analysis. Across western countries, the Fazel et al study participants were largely racially homogenous other than the United States and the United Kingdom. Fazel et al. (2008), however, reported deliberate self-harm and repeat offending are

common with substance misuse and conduct disorder within the United States and the United Kingdom. These international researchers of mental illness prevalence in juvenile justice systems (Fazel et al., 2008) also suggested it is widely believed that U.S. juvenile justice systems as well as those in the United Kingdom do not provide sufficient screenings for mental disorders, nor account for mental disorders in sentencing, and that secure facilities lack qualified staff and appropriate treatment.

Dalton et al. (2009) shared findings from Shufelt and Cozozza (2006) who administered the Voice-Diagnostic Interview Schedule for Children –IV to 640 youth in secure facilities in three states, and found 74% of both black and white youth in Louisiana were diagnosed with a mental health disorder, while 75% of white and 65% of black detained youth in Texas and Washington State had mental disorders. In a sample of youth in detention in Chicago, Teplin et al. (2002) defied public perception by finding higher rates of disruptive behavior disorders, including conduct disorder and substance use disorders among white youth than among black youth. The study showed no racial differences for the more severe psychotic disorders, nor anxiety or affective disorders. However, there was an exception, black youth suffered more separation anxiety disorders.

Mental health concerns in U.S. juvenile justice systems are further complicated by the overrepresentation of African American youth in the system (Dalton et al., 2009). In most states, African American youth in the justice systems continue to increase from the point of entry to the final point of incarceration in a secure facility (Benekos & Merlo, 2019; Poe-Yamagata & Jones, 2000). Dalton et al. points out that concerns have been

raised about the role of race in decision-making at every juncture of the justice system.

Despite African American overrepresentation several studies have found Caucasian youth are more likely to be referred for mental health services.

Findings from studies suggest similar rates of mental illness occur across race, but white/Caucasian youth have greater access to mental health services in juvenile justice systems (Dalton et al., 2009). However, at least one large study suggests race is not a primary factor determining who receives treatment. So, within their own study Dalton et al. (2009) directly investigated the relationship between race and mental health services within a long-term secure care facility for male adolescents. The state- operated secure facility screened all youth for mental disorders at intake. The main purpose of the assessment was to identify youth with serious mental illness (SMI) which in turn served as the conduit for specialized mental health treatment. The Dalton et al. study sought to answer two questions: (a) Were there significant differences in the assessment or screening results between African American youth and Caucasian youth and (b) were there racial differences in SMI status assignments for confined youth.

Dalton et al. (2009) utilized a sample from archived assessment records from 937 male youth who were consecutively admitted at intake between 2003 and 2005. The overwhelming majority were African American (N=759, 81%), and the rest identified as Caucasian (N=178, 19%). The data used in the study were produced from the initial screen, the Massachusetts Youth Screening Instrument-2 (MAYSI-2) and the Youth Level of Services Case Management Inventory (YLS/CMI). The clinical assessment team in the facility used the data from these screenings and clinical interviews to agree on

diagnoses and the assignment of SMI status; the result of a settlement agreement between the state who undertook the study and the Department of Justice. The goal was to ensure that the most seriously mentally ill youth were being diagnosed and receiving appropriate treatment. The diagnosis of SMI provided entry to specialized mental health treatment for those receiving this designation.

The results were that 32.8% of youth from the current sample were designated SMI, with Caucasian or white youth nearly four times more likely designated SMI status than African American or black youth (OR=3.97; 95% CI=2.8-5.6; $\chi^2 = 68.6$, $p < .001$). Among African American youth, 26.6 % received the SMI designation, while 59% of Caucasian youth were diagnosed SMI, or having serious mental illness. In attempt to explain the racial differences in SMI assignment an analysis of YLS/CMI total score was done to determine any racial group differences that might have contributed to the disparity. However, there were no significant differences between racial groups on the overall risk score. There were no significant racial differences in YLS total score means of 1.2, SD = .48(white youth) and .63 (black youth).

The large Breda (2003) study had found legal status to be a moderating variable between race and treatment referral, so the offense scale of the YLS/CMI was analyzed separately, but yielded no differences between black and white youth on offenses committed. Additionally, racial differences in elevations on the MAYSI-2 were analyzed in a series of chi-square analyses (except for alcohol and drug use, which in the study setting were referred to separate treatment facilities than for other mental health issues so were excluded from this study). White youth had a significantly higher frequency of

elevations on the Somatic Complaints scale than black youth ($\chi^2 = 4.74, p < .05$). The Angry-Irritable, Depressed-Anxious, Suicide Ideation, and Thought Disturbance scales revealed no significant differences by race. Although Caucasian youth reported a more extensive mental health treatment history than African American youth, even when controlling for history of receiving mental health treatment and differences in MAYSI-2, Caucasian youth received access to mental health services at higher rates than African American youth. This study affirmed race as a likely salient factor in mental health treatment referral in U.S. juvenile justice settings. In addition, the study strongly suggests serious mental illness among youth in juvenile justice facilities is likely at least 60% or more when racial bias is removed, and even higher when alcohol and other substance abuse is taken into the accounting. Remarkably, *large numbers of African American youth are in secure facilities and have undiagnosed and untreated serious mental illness.*

Although alcohol and drug use were excluded from the Dalton et al. (2009) study (as it was in the Fazel et al., 2008 study), the chi square analyses on alcohol and drug use between racial groups could have offered important insight, further affirmation or fail to support other studies that have found juvenile offenses involving alcohol and drug use and abuse to be considerably higher among white youth than black youth (Poe-Yamagata & Jones, 2000; Schwalbe, Macy et al., 2008; Hays-Smith & Hays-Smith, 2009) whom are both more often arrested and sentenced to secure facilities on these charges than white youth (Hayes-Smith & Hayes-Smith, 2009). The Drerup et al (2008) study of largely White youth found those meeting the DSM –IV criteria for substance dependence, 75% of the time fell within the highest severity range; suggesting referral for alcohol and

substance addiction in juvenile justice settings may indeed raise mental health prevalence rates considerably in both the Fazel, et al. (2008) and the Dalton et. al, (2009) studies. Alcohol and drug abuse offenses also seem to prospectively raise mental health referral rates among Caucasian youth even higher, and in this case, for legitimate reason, not racial bias in decision-making.

Young et al. (2007) reported a high prevalence rate of multiple substance use disorders among Cook County Illinois juvenile detainees (although unstated were more likely largely African American) with nearly half the detainees found to have a substance abuse disorder, most involving alcohol and marijuana use. However, Swenson et al. (2005) previously reported findings from a large sample of Cook County Illinois detainees that met diagnostic criteria for a substance use disorder, were only 10% of juvenile detention detainees. According to Swenson et al. (2005), some researchers and federal agencies have agreed on measuring the extent of drug use involvement on a continuum of substance use to substance dependence. The substance use continuum ranges from no substance use to experimental use, early abuse, abuse and to dependence. Consensus on using this type of scale could make a difference in clarifying the prevalence of youth substance abuse.

Because of their unique sample of 88% Caucasian youthful offenders Drerup et al (2008) reported other findings important to understanding mental health issues across race and gender in U. S. juvenile justice. As supported by other studies with more racial diversity (Mapson, 2005; Pasko, 2010; Ravoira, et al., 2012) Drerup et al also found significantly more females were detained for family related issues such as unruly

behavior and physical violence or both with family members. Girls also more often reported traumatic life experiences and issues with parents. A need for gender specific juvenile justice services is evident (Mapson, 2005; Ravoria et al., 2012). Sixty-nine percent of girls from the Drerup et al. (2008) study reported some kind of maltreatment and trauma, compared to 50% of boys who also reported suffering some kind of abuse. Among boys acknowledging abuse, 48% met criteria for one or more affective disorders, compared to 22% without having suffered acknowledged abuse and trauma.

Not unlike studies with the usual racial diversity including higher percentages of African American youth, Drerup et al. (2008) also found most adolescents in their largely Caucasian sample to come from predominantly single parent homes or other arrangements, and only 15% reported living with both parents. Also consistent with other studies with more racially diverse samples, educational achievement was lower than in the general population. Although 75% of the sample were 16 years old and above, almost 40% of these youth had not passed above 8th grade in school. Almost half had been in special education classes and 19% reported serious reading difficulties. Many among minority youth in juvenile justice facilities also have histories in special education classes, higher rates of retention in grades and reading difficulties. Apparently, learning disabilities across race are a common factor among youth coming into contact with U.S. justice systems.

It is unclear what percentage of the unique Drerup et al (2008) study sample of 88% Caucasian youth were in secure confinement because participants were selected from “several diversion courts” and two juvenile facilities. The fact many of the youth

were not likely part of the secure confinement population is important to note for at least two reasons: (a) this study supports the findings of other studies that have found the most severe differential treatment between black and white defendants in juvenile and criminal courts have been in drug related cases, often with courts even “withholding adjudication” in some instances largely among white youth (Hayes-Smith & Hayes-Smith, 2009), and (b) the high rate of mental illness diagnoses within this sample affirms mental illness is prevalent at intake, while some studies suggest mental health is compromised by length of stay in secure confinement, the trauma of secure confinement and being away from home. Apparently, these stressors are not always the salient factors in onset of mental illness among many youths in secure facilities.

In addition, however, as indicated in the Dalton et al. (2009) study Caucasian youth are almost twice as likely to have received outpatient mental health treatment as African American youth, as well as within detention facilities. Drerup et al (2008) offers substantial supporting evidence of the high rate of mental health treatment among Caucasian youth who come in contact with the justice systems. At the time of the intake interview 36% were on medication and another 28% had been on medication prior to intake, for a total of 64% of youth in the sample with current or previous diagnosable mental illness and current or previous treatment at intake.

Dual Systems for Mentally Ill Youth

Controlling for previous mental health treatment in the Dalton et al. (2009) study demonstrated that even among African American youth who had previously received mental health treatment were still less likely to be referred for treatment within a juvenile

justice facility than Caucasian youth. Previously investigating a related scenario, researchers Cauffman et al. (2005) contended understanding the process by which some mentally ill youth stay in the mental health system while others end up in the juvenile justice system is relatively undeveloped. These researchers pointed out that it is well established that many youths have dual involvement with the mental health system and the juvenile justice system, but asserted little is known about the factors that increase the risk of mentally ill adolescents becoming involved with the juvenile justice system. They suggested at least part of the phenomena of dual system involvement simply reflected the fact that mental disorders in adolescents manifest themselves in behaviors that could be considered antisocial or criminal. Also, families and communities may call on either the mental health system or the juvenile justice system to help resolve the adjustment problems demonstrated by adolescents. Cauffman et al. (2005) pointed out that the Department of Health and Human Services (2001) using cross sectional data drawn from both the mental health system and the juvenile justice system found that race-ethnicity served as the most influential factor on who gets controlled by which system; juvenile justice samples are overwhelmingly composed of minority youth while mental health samples are predominantly white.

Cauffman et al. (2005) prospectively examined a sample of 659 youth between the ages of 8 and 17 years who were enrolled in Medicaid with a psychiatric diagnosis considered seriously emotionally disturbed (SED). It was a 12-month longitudinal study. Researchers wanted to know more about (a) the differences between youth with a juvenile justice system history and those without previous history in the juvenile justice

system, and (b) identify prospectively variables related to new justice system involvement for the youth without a history of involvement. Although their methods are not discussed here, researchers appeared to take extensive precautions in their analyses. Bivariate tests of differences showed that participants with prior histories in the justice system were more often older, $t = -11.78, p < .0001$; male, $\chi^2 = 102.45, p = .0001$; and had more disruptive behaviors, $t = -3.03, p < .005$; and often more impairment (CIS: $t = -1.92, p = .06$) than those with no history of delinquency.

Parents and other caregivers who experienced more difficulties and strain in caring for children with emotional and or behavioral problems were also more likely to have children involved in the juvenile justice system: $t = -3.13, p < .005$. Logistic regression showed that youth above age 15 years, non-White, and enrolled in managed care were more likely to have been previously involved in the justice system, although girls were less likely to be involved. More simply stated, older Black boys were much more likely to have prior juvenile justice involvement. However, symptoms with no disruptive behaviors were associated with lower odds of involvement in the Justice System (OR = 0.97; CI = 0.95 – 0.99), indicating that for every 1-point decrease in the CBCL internalizing score, the probability of juvenile justice involvement decreased by 3%; those with one standard deviation below the mean on the CBCL internalizing score had probabilities 36% less for involvement in juvenile justice systems.

The Cauffman et al. (2005) study findings indicated that 12% of seriously emotionally disturbed (SED) youth with no prior contact with the juvenile justice system come into contact with the juvenile justice system within a year, and that as minority

boys with SED age, and have more externalizing behaviors (although undefined) they are likely to have juvenile justice system involvement. The researchers point out that parents who have difficulty caring for an emotionally disturbed youth were also more likely to have youth with prior juvenile justice system involvement. Parents of mentally ill youth with acting out behaviors may turn to the juvenile justice system for help. They point to a national study of families who have youth with mental illness conducted by the National Alliance for the Mentally Ill in 1999, that found more than one third of parents reported that their youth were placed in the juvenile justice system because services were unavailable. Within this survey, 23% of the parents reported the requirement to relinquish custody of their youth to receive mental health care.

Cauffman et al. (2005) are in agreement with the American Academy of Child and Adolescent Psychiatry Task Force on Juvenile Justice Reform (in Arroyo et al., 2001) that a comprehensive medical and mental health system must be developed order to address the unmet needs of justice system-involved youth. It is this researcher's contention that these needs should be met outside the justice systems.

Federal and State Legislation in School Disciplinary Programs: Structures of the School-to-Prison Pipeline

While Cauffman et al. (2005) assessed the prospects for seriously mentally ill youth to enter the juvenile justice system and found probability for African American youth in particular to be high, and Dalton et al. (2009) found the prospects for African American youth to receive mental health treatment once inside the justice system to be low, even more disconcerting is the number of students who enter the juvenile justice

system via their schools, and again, particularly among African American youth. On some level, most Americans are aware that this nation has significantly increased the purview of the criminal justice system over the last three decades, but few grasp the pervasive and destructive political and policy shift that has occurred (Thompson, 2011).

Sociology Professor, Heitzeg observed over the previous decade what she considered a growing convergence between school systems and the legal system (see Heitzeg, 2010). Federal and state policies have increased the risk of negative outcomes for students including higher suspensions and arrest rates (Mallett, 2016), and black youth are very disproportionately affected. Nicholson-Crotty et al. (2009) found that even controlling for differential treatment between white and black youth by law enforcement officials, the decisions of school districts themselves create patterns of disproportion that are later reflected in justice system contacts.

The Safe and Drug-Free Schools and Communities Act of 1994 (SDF-SCA) and its subpart the Guns Free School Act of 1994 (GFSA) is the federal legislation that ushered in zero tolerance policies in schools (Cobb, 2010; Teske, 2011). Ironically, the GFSA was enacted after the tragedy of the school shootings at Columbine High School, a largely white suburban school, as are the locations of most mass school shootings (Cobb, 2010; Hardy & Laszloffy, 2005; Kalogerakis, 2003; Thompson, 2010). The SDF-SCA and its subpart GFSA and the Consequences for Juvenile Offenders Act of 2002 (first proposed in 1996) are the underlying federal legislation that provide the momentum for States to translate into zero tolerance school policies. These misguided federal policies are even further misconstrued and rewritten by states and over the last fifteen years have

increased the inherent inequities in public education (Heitzeg, 2010; Kelly, 2010; Thompson, 2011). These recent school policies and practices have minimized atmospheres of engagement and learning, and now blur the lines between school and jail (Heitzeg, 2010; Kelly, 2010; Thompson, 2011).

Like the exponential increase in arrest and incarceration rates and the severe racial disparities facilitated by the policies constituting the *war on drugs*, the *zero tolerance policies* in schools have produced equally biased results (Heitzeg, 2010; Thompson, 2011). Once again, the risk is not random, but affects the poor, students with disabilities and mental illness, and especially African Americans of both lower and middle income, resulting in higher rates of suspensions, expulsions and even arrests at school, regardless of similar rates of behavioral infractions across race (Heitzeg, 2010; Nicholson-Crotty et al., 2009; Thompson, 2011; U.S. DOE, 2013).

The new practice of placing a police presence inside schools has exponentially increased police involvement in non-criminal incidents resulting in significant increases in school referrals to the juvenile justice system (Cobb, 2010; Thompson, 2010). In one instance, placing police officers in schools in Clayton County Georgia resulted in a 600% increase in school referrals over a three-year period, but was not a unique occurrence; similar results occurred in Philadelphia, Denver, and Broward County Florida (Cobb, 2010).

Heitzeg (2010) and Thompson (2011) see the channeling of black students into the criminal justice system or the *school-to-prison pipeline* as a result of schools now criminalizing minor infractions interpreted by zero tolerance policies. School disciplinary

issues that were once handled by school administration are now considered “crimes” and students are either arrested directly at school or reported to the police (Heitzeg, 2010). Thompson (2011) said “even though America’s school-age children have since time immemorial engaged in fights, been disrespectful to teachers, skipped classes, bullied one another, and engaged in acts of vandalism” (p. 24) the criminalization of these school behaviors began in the late 1960s in response to the Civil Rights Movement. Hayes-Smith and Hayes-Smith (2009) also submit to this belief, sharing the theory of racial threat developed by Blalock (1967) who proposed Whites were becoming more fearful of Blacks who were gaining more rights and power. Blalock suggested the Civil Rights Movement was an incentive for increasing control of Black communities with larger police forces, more punitive criminal justice legislation, and extreme increases in incarceration.

The *criminalization of disruptive school behavior of black youth* actually began in the 1960s, but the evidence suggests the more recent legislation of the 1990s, and even as late as 2002 have led to an increased rate of racial disproportionality in school suspensions so pronounced that in 21 states the rate of black students suspended is more than twice their rate in the student population (Heitzeg, 2010). Additionally, expulsion rates of Black youth are 6 times that of White youth in many states, with some districts rising to ten times more than white youth (Heitzeg, 2010). In both cases of suspensions and expulsions these do not correlate with actual racial differences in disruptive classroom behaviors, but are associated with unequal applications in zero tolerance policies (Cobb, 2010; Heitzeg, 2010; Thompson, 2011). Black youth are estimated to

account for 17% of the k-12 students, but were 37% of those suspended and 35% of expulsions in 2007 (Witt, 2007 in Heitzeg, 2010). School suspensions escalated to more than 3.3 million annually and expulsions rose above 100,000 each year (NCES, 2009).

Zero tolerance rhetoric was borrowed from the *War on Drugs* and became wide spread as school officials were influenced by the impending crime wave being widely reported as *anticipated* by much of the media during the 1990s (Cobb, 2010; Heitzeg, 2010; Moriearty, 2010; Thompson, 2011). Despite school and juvenile crime rates in decline, related policies were being implemented throughout the 1990s focusing on drugs and guns (Kalogerakis, 2003; Moriearty, 2010; Skiba, 2001). Media coverage of the school shootings, especially of Columbine High School led to states and school administrators adding increased security measures in schools including security cameras, metal detectors, and a police presence, but these measures were mostly taken in urban schools with high percentages of black and brown students regardless of the high profile of most school shootings being committed by white students in suburban schools (Cobb, 2010; Heitzeg, 2010; Thompson, 2011).

At least ostensibly, the original intent of GFSA was to require severe punishments for serious crimes involving weapons, but are often applied to minor offenses such as tardiness, acting out or clowning behavior (Thompson, 2011). The American Bar Association (ABA) reported zero tolerance policies have not distinguished between serious and non-serious school violations, but cast a wide net and students have been suspended or expelled for nail clippers, Advil, and mouthwash. Additionally, the American Psychological Association (APA) reported finding no evidence of zero

tolerance policies being effective in reducing school system violence, but instead, did find these policies to be associated with negative outcomes for youth in many domains including academically, socially, emotionally, and behaviorally (Heitzeg, 2010). These new policies have also led to school environments that have lessened some students' commitment to education due to perceptions and apparent reality of unfair treatment (Anum & Preiss, 2009).

Thompson (2011) reported in a number of urban districts the common truancy can send a student to the district attorney's offices and can lead to the student wearing electronic ankle devices and being shackled like parolees. States and school districts taking these extreme punitive measures suggest their goal is to have the student return to his/her classroom. However, as truancy was criminalized, in new ways, the criminalization of other school behaviors resulted in longer suspensions and expulsions from both class and the school in record rates. Students are now suspended and often arrested for behavior such as smoking, talking back, having a cell phone in class, or having any sharp object in their back packs, all while most have not begun high school (Thompson, 2011).

A study of the Philadelphia school system revealed that students expelled in the 2008-2009 school year were between the ages of eight and 14, with most being 11 and 12-year-olds (Thompson, 2011). Studies of the Broward County School District in Florida revealed similar school policies and practices, which usually left African American boys in particular out of an education. Thompson (2011) said that sociologists, John Hagen, Carla Shedd, and Monique Payne reported that by the end of the 1990s

every Chicago school had police officers patrolling the hallways. The city also passed a loitering law which permitted police to arrest anyone they believed may be involved in a gang if they were standing in the halls or in groups with no apparent purpose. This particular zero tolerance policy resulted in more than 42,000 arrests. Reportedly, the policy also led to an agreement between the Chicago public schools and the Chicago Police Department in which the police department would report the names of any students arrested off campus to school administrators who used the information to justify school suspensions and expulsions. Urban school districts and law enforcement have continued to merge facilitating a downward spiral of largely minority youth.

Within her study, Thompson (2011) found children in inner-city schools to be less often involved in violent behavior than in the previous decade, and also were less often involved in lawless behaviors than white youth their age in what are often seen as the safer school districts. For the 2008-2009 school year, researchers compared 'School Safety Incident' data from the Philadelphia public schools with similar data from the remaining mostly rural State of Pennsylvania, they found five times as many incidents in rural areas and in Philadelphia, but students in Philadelphia were arrested for these incidents almost twice as often as rural area students. Thompson (2011) also reported the ACLU and the Education Law Project found students in urban school districts including Philadelphia, were arrested at least three to 25 times more often than students in rural school districts. However, not only in Pennsylvania, but other states including Florida, most school children being arrested are for what could only be classified as misdemeanors even by prosecutors whom are generally the 'toughest on crime'.

Similarly, to the ‘tough on crime’ policies adopted in the 1990s to “address juvenile crime”, the zero tolerance policies were proliferated without evidence that they actually improve school safety and security (Hetzeg, 2010; Thompson, 2011). Similarly, to harsh penalties in the judicial system, harsh school penalties have not proven effective or needed. To the contrary, just as “get tough on crime” policies result in more problems than solutions, so have zero tolerance policies in schools. Zero tolerance policies often engender a complete denial of educational opportunities through long term suspensions, expulsions, and referrals to alternative schools. A complete lack of tolerance for the students that schools are supposed to educate can be very stressful and disheartening for the students. Zero tolerance lowers self-esteem among many students and discourages commitment to the school and its educational programs, inevitably resulting in lower test scores and higher drop-out rates.

Once students are severely penalized, they rarely get on track to educational success (Heitzeg, 210; Teske, 2020). Although ill-advised altogether, zero tolerance laws were supposed to be equally applied regardless of race, but similarly to get-tough on crime laws, a growing body of research indicates neither group of these laws are applied equally. Gender and socioeconomic status are highly correlated with risk of suspension and expulsion; male students who are eligible for free or reduced lunch programs are at higher risk for suspension and expulsion than females and middle-income students (Heitzeg 2010). However, the strongest predictor is race (Skiba, 2011), with black students being far more likely to be suspended or expelled than white students for similar

behavioral infractions (Heitzeg, 2010; Nicholson-Crotty et al., 2009; Thompson, 2011; U.S. Secretary of Education, Arnie Duncan, MSNBC, 2013).

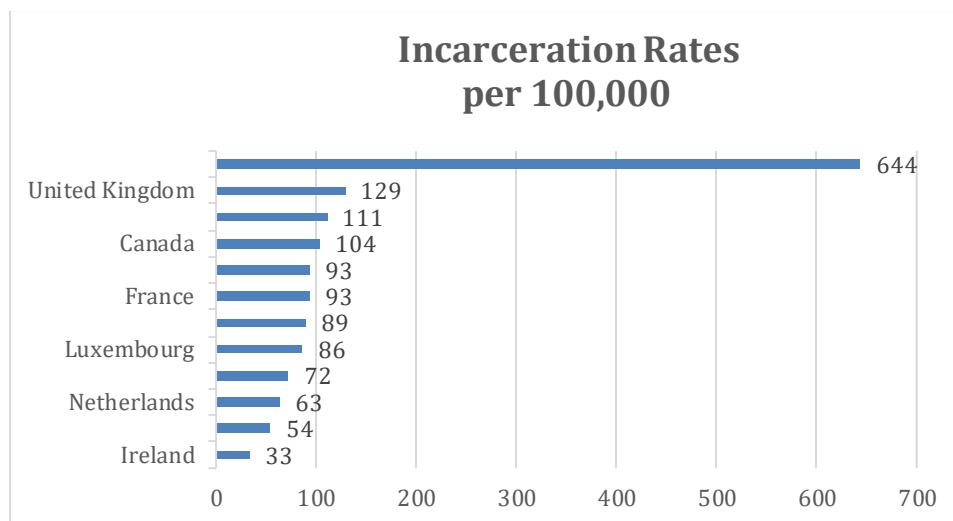
Some research indicates that teachers and school administrators often define the disruptive behaviors of white students as indications of a need for medical attention, not the punitive consequences imposed by zero tolerance policies (Dishon, & Stormshak, 2007; Heitzeg, 2010). The diagnosis and treatment of disorders of infancy, childhood and adolescence (DICA) appear to be a new growth sector of psychiatry that overlaps with educational and legal labels (Heitzeg, 2010). Disruptive behavioral problems common to students generally classified as severely emotionally disturbed/behavior disordered (SED/BD) in particular are being reassessed and reclassified; these diagnoses include attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD). Some other diagnoses also often in question between those with philosophical differences are major depression, bipolar disorder, and anxiety disorders (Berkley Center for Criminal Justice, 2010; Kaslow & Patterson, 2006). All of these diagnoses offer alternative mechanisms for parents, schools, and law officials to address students' behavior problems and drug use. Socioeconomic status, the availability of insurance coverage, and race are the larger indicators of who receives mental health treatment (Berkley Center for Criminal Justice, 2010; Cauffman, et al., 2010; Dalton et al., 2009, Heitzeg, 2010). Heitzeg (2010) reported that Currie (2005) and Safer and Malever (2001) found racial disparities in the diagnosis of ADHD, as well as the other disruptive behavior disorders, and teachers most often define ADHD as an issue for white boys.

Despite a lack of differences in rates of offending, the poor, the undereducated, those with disabilities including mental illness and particularly African American youth continue to be very disproportionately affected by zero tolerance policies and practices. Nationally, one in three Black boys born in 2001 are at risk of imprisonment in their lifetimes unless the legislated structure of the cradle-to-prison pipeline is dismantled (Children's Defense Fund, 2009; Heitzeg, 2010). The risks for Black youth are also increased by the rate of incarceration of black adults. Among black youth born in 1990, 1 in 4 had a father in prison by age 14. Of those whose father did not complete high school, 50% of these Black youth had a father in prison. African American youth are increasingly at risk of out of home placement due to incarceration of their parents and are now more than 50% of children in foster care (Bernstein, 2005; Brewer, 2007; Roberts, 2004 in Heitzeg, 2010).

The U. S. Prison System and Juvenile Justice

With as many as 2.1 million people in prisons and jails, another 5 million on probation or parole (Walmsley World Prison Population List, 2018; Prison Policy Initiative, 2019), although less than 4% of the world's population, the United States has the largest prison population in the world (Prison Policy Initiative, 2019; Walmsley, 2018), more than five times larger than the next largest NATO founding nation (Prison Policy Initiative, 2019). Twenty-five percent of the world's inmates occupy U.S. prisons, of which almost half originate from the less than 6% of its population of African American men (Jung, et al., 2010), providing new meaning to the words *endangered minority population*. According to Heitzeg (2010), of the remaining U. S. prisoners 30%

were Caucasian and 17.5% were Hispanic in 2010. More recently, African Americans are still roughly 13% of the U.S. population but are 38%, almost 3 times their representation among those in secure facilities, but less than 10 to 13 years ago. Contrarily, White non-Hispanic Americans are reportedly 60% of the population but are also 38% of those incarcerated, extremely underrepresented, but not as severe as 10 to 13 years earlier. As late as 2014 1 of every 3 Black men in their 20s was in prison or jail, on probation, or parole, or otherwise under the control of the criminal justice system (U.S. Department of Justice, 2014).

Figure 1*Incarceration Rates among Founding NATO Countries*

Note: Data taken from Prison Policy Initiative 2023/prisonpolicy.org

Similarly, to that of adults, racial disparities within the juvenile and criminal justice systems are as severe or worse for black youth; an estimated 14% of the youth population in 2017, but black male youth were and may remain 42% of youth in secure facilities and black girls are 35% of those incarcerated in most states. The Prison Policy Initiative (2019) reports African American youth were well-above half of those judicially transferred to criminal court (54%), although this percentage is likely dwarfed by those still being directly filed in criminal courts (Brown (NCSL, 2015; Interstate Commission for Juveniles, 2023)). By contrast, in 2017, white youth were an estimated 31% of judicial transfers, and generally have been even fewer among those directly filed in criminal court.

Among the most insidious and nefarious facets of this era in mass criminalization and incarceration is that it has become a for-profit business enterprise (Davis, 2003 in

Heitzeg, 2010; James, 2012). The U. S. Prison System, in more recent decades includes an array of privately owned and operated prisons that have established themselves as for-profit corporations seeking and receiving federal funding while permitted to use prisoners as cheap labor. Further, these for-profit prison corporation sell themselves as employment opportunities for economically suppressed areas (James, 2012). Many among African American men, women, and children are essentially U. S. capital once again (Kelly, 2010). The prison industrial complex is a syndicate of special interests that include politicians who exploit and distort crime rates to win so-called conservative votes. Private prisons have made huge profits from largely African American nonviolent drug offenders, though preponderance of the evidence supports that white Americans commit more drug related offenses (Benekos et al., 2011; Hayes-Smith & Hayes-Smith, 2010). Private prisons are now focusing their sights on Latino immigrants (James, 2012).

According to James (2012), the subcontracting of prison services from national and local governments to private companies is a relatively new development, and not only in the United States. There is a Corrections Corporation of Australia and similar companies in Canada as well. However, the United States is the leader in this new capitalist endeavor, and was found to provide the least effective protections for communities and prisoners in contractual agreements (James, 2012). The international community is involved in debate over the human rights of prisoners as workers in prison labor forces producing goods and services which provide profits to private sector corporations and or the state. Sometimes these contractual agreements are relatively effective by some standards, although questions of human rights of the prisoners and the

members of communities where these private prisons are built remain questionable, and sometimes these contracts fail altogether. The severe failure of these contracts has been clearly demonstrated in the United States.

The problem of *prisons for profits* is exemplified in the case of the previous judge, Mark Ciavarella of Lucerne County in Pennsylvania, who was found guilty of felony corruption charges during the summer of 2011 and sentenced to 28 years in prison and ordered to pay 1.17 million dollars to youth he falsely imprisoned, less than half of the 2.8 million he and another judge received in kickbacks from the two *private prison corporations* (Schwartz, 2011). Judge Ciavarella and at least one other judge routinely sentenced teenagers to two for-profit detention centers in Pennsylvania that were owned and operated by Pennsylvania Child Care, LLC and Western Pennsylvania Childcare, LLC. The judges' arrangement included the closing of the county's own detention center which was potentially competition for the private prisons. The corruption only came to the attention of the public due to complaints from parents after over 3000 youth (MSNBC, 2013) received long unreasonable sentences from these judges, and not because of violations of any state laws or local ordinances (James, 2012).

Brewer and Heitzeg (2008) assessed the U. S. prison system and found it to be as self-sustaining as any highly functioning proficient business enterprise due to its interactive mutually beneficial political support, including policies which ensure an ongoing stream of "clients". Although unsupported by the research, these corporations also claim benefits to the economy, including reducing unemployment rates, due to work provided by the prisons and the labor of those once imprisoned no longer unemployed.

“Get tough on crime” public safety rhetoric allows Congress to funnel more funds for police and criminal justice system agencies.

The arguments for private prisons are very creative, and often profess to serve the public good, although little if any evidence supports this proposition (ACLU, 2011; Heitzeg, 2010; James, 2012). Private prison corporations and many among politicians often claim that private prisons promote the free market and competition for contracts, but the private prison industry in the United States is dominated by only two major companies, the Corrections Corporation of America (CCA) and Wackenhut, who own and control 75% of U.S. private prisons, a monopoly on state and federal contracts, hardly an open (slave) market.

Private prisons are often promoted as bringing economic revitalization to economically suppressed rural areas, providing jobs and opportunities, with the *prison population being sold as a growing market in the U. S.* many small-town officials have responded and turned to prisons for economic development (James, 2012; Silverstein, 2003). However, while private prison companies promote greater incarceration rates as a marketable commodity, ironically, as governments largely deregulate and pass public responsibility to the private market these measures actually create downward economic and social trajectories for communities seeking economic growth. Once private prisons move in and begin business operations, community resources are more often usurped by the prison.

Many of the larger private prisons generally hire few personnel, often having shifts of as little as five guards per 750 prisoners (James, 2012). Jobs are generally low

paying without health or other benefits, and the profit motive to incarcerate more and more people for longer periods of time slowly erodes communities (Bonds, 2006 in James, 2012; Heitzeg, 2010). The cycle of poverty is usually exacerbated in communities where privatized prisons are built, and the quality of life is reduced including fewer and less quality educational opportunities and less economic mobility for community members. Private prison corporations also usually promise tax revenue to communities in which they seek to build prisons, but often have prearranged agreements with local politicians that guarantee they will not have to pay property taxes for many years. Additionally, given the prison companies' goals of profits for prison system owners and shareholders, local and state funding is also often diverted from schools and other preventative front-end programs to the prison, a back-end facility of human rights violations (James, 2012; Kelly, 2010). Contrarily, in communities where adequate resources are provided to meet all basic human needs, including affordable housing, food programs and early education and community mental health programs on the front end, the children are far less likely to end up in prison, unless government policies are written and funded toward the goal of greater incarceration.

Public Campaign (2011) suggested there is no way to reduce the expensive trend in mass incarceration without reducing the influence of private prison companies and *their money*. This alarming sentiment suggests as long as there is money in violating human rights there will be no regard for human rights in America. The American Civil Liberties Union (ACLU) pointed out that while private prison companies lobby for laws that result in higher incarceration rates, which result in more government contracts, it is

these lucrative government contracts that is the primary source of revenue for the prison companies. The unrelenting source of private prison revenue, as well as publicly operated prison revenue, are actually taxpayer dollars, most of which could and unarguably should be relented and more wisely and efficiently invested on the front end of human development.

Given the reality that prisons in general only have purpose when front end investments are too minimal and fail, the ACLU pointed out the motivation of private prisons will never be the greater good, the common good, the human rights or the rehabilitation and reintegration of prisoners back into society. Nor will the motivation of prisons private or public ever be community development where prisons are located. The motivation of privatized prisons will remain the same as other private industries: reaping profits, and in their case, promoting and incarcerating as many people as possible to that end. Thus, these *industries* are motivated to continue undermining schools and other community and human services and mental health programs.

Gopnik (in James, 2012) said the history of the American zeal for punishment can be traced back to a Northern and a Southern explanation: “The Northern explanation has its focus on the notorious Eastern State Penitentiary in Philadelphia and in “reformist” tradition, and the Southern explanation which sees the prison system as essentially a slave plantation continued by other means” (p.90). Gopnik suggested these indicate “a scientific taste to reduce men to numbers and the slave owners’ urge to reduce Blacks to brutes” (James, p. 90). While the current U.S. prison system does appear the result of a blatant return or continuation of a plantation mindset, the suggestion of the Northern

explanation of severe punishment as rehabilitation is less than *scientific*. Nevertheless, James (2012) suggested that the neo-liberal interest and belief in the reformative power of the penal system and the southern tradition's interest in control of people of color collided, consoling a variety of interests in the nation that prisons will take care of the problem of what to do with "them", that prisons will take care of "it".

Professor and scholar, Angela Davis has said "prisons relieve society of the responsibility of seriously engaging with the problems of society, particularly those produced by racism, and increasingly global capitalism; mass imprisonment generates profits as it devours social wealth, and reproduces the conditions that lead people into prison" (Davis in James, 2012, p. 91). Nicely articulated, but lacks acknowledgement of the costs of exploitation and levels of human suffering involved. Perhaps the larger point, capitalists exploit and capitalize on racism in all public domains at the expense of society, including the return to the ultimate exploitation, capitalization of human bondage, again primarily at the cost of black youth and young adults, the future of African America. However, mass incarceration for profits is also at the cost of larger society, and only by society confronting and coming to terms with the problem of racism can society progress; that is, become upwardly mobile, intellectually, socially, and economically.

Corporate profits largely from lucrative government contracts, as well as federal allocations over funding law enforcement agencies and job creation for criminal justice *professionals* are real motives for the criminal justice industry including private prisons. Similarly, to both the rationale and the reality of slavery, whether conscious or unconscious, white supremacy is established as a U.S. institution, while minorities

literally live and die in a policed state. Simultaneously, most other industrialized nations, particularly those with homogeneous populations are successfully educating their poor and lower income populations, incorporating them into their economies, and have surpassed the United States in educational achievement (NCEE, 2008), the nation falling below mid-level on international education assessments (IEA, 2011), all within the same time frame of the last thirty years or so as the prison industrial complex has risen. The prison *industry* is at tremendous cost to all of society.

The U. S. Prison System included over 3300 jails, over 1500 state prisons, and 100 federal prisons (Heitzeg, 2010), and unlikely to have changed to date. It's unclear whether these numbers included contracted private prisons, but according to James (2012) in 1998 there were only five private prisons in the United States guarding 2000 prisoners, but as of 2012 there were 100 private prisons receiving per diem rates for 62000 inmates. If the current trend continues it is anticipated that private prisons will house and oversee more than 360,000 inmates within the next decade. Political Action Group, Public Campaign (in James, 2012) in 2011 published findings indicating that private prison lobbyists regularly buy influence with both state and federal officials. Their purchases include both assurances of lucrative government contracts, but also assurances of policy changes and policy preservation that increases sentencing and keeps people behind bars.

Profits for the largest private prison corporation, the Corrections Corporation of America (CCA), rose by 58% from 1997 to 1998 from \$293 million to \$462 million, and continued to increase for at least the next decade (James, 2012). With most states

spending at least a billion dollars annually on the justice system and prisons, and further generously supplemented by the federal government, the U. S. Criminal Justice System, is an industry circulating more than \$300 billion within small circles of the economy (MSNBC, 2015).

Exponential increases in profits posed and likely continue serious ramifications for prisoner sentences (Heitzeg, 2010; James, 2012). Private prison administrators, acting as chief executive officers have the capacity to do so, and are believed to more often add time to prisoners' sentences than public sector wardens in order to maximize profits (James, 2012), while public sector wardens may be inclined to reduce crowding. Once inside private prisons in particularly, prisoners have little recourse in the event of civil or human rights violations and mistreatment, poor medical care, access to sufficient law libraries or otherwise; their complaints are often thrown out of state courts with the courts stating they failed to meet *total exhaustion* requirements within the prison.

Further complicating the lives of those ensnared in the justice systems, are punitive policies that continue to cost those imprisoned beyond the time served. Heitzeg (2010) pointed to what Mauer and Chesney-Lind (2002) considered *invisible punishments*, the lingering results that bring further destruction to Black communities with increasing poverty and greatly declining access to political power. More criminalization and incarceration further disenfranchise those with felony convictions even after time served; in most states they are ineligible to vote, ineligible for federal housing programs or educational benefits, little access to healthcare, opportunities for employment have been almost eliminated. Previous felons also receive accelerated time

lines for loss of parental rights. For those convicted of drug crimes, extenuating consequences are severe, and these are most of those incarcerated. Felony drug convictions prohibit access to Medicaid, food stamps, social security disability, SSI, federal educational financial aid, and housing assistance. After physical release from prison, in many ways remain imprisoned, with little to no access to the economy, no way to survive outside of prison. All of these policies dramatically reduce possibilities for successful reentry into society, and substantially increase probabilities for recidivism and return to prison (Nieuwbeerta et al., 2009).

The U.S. prison system leaves an estimated 1.5 to 2 million minor children separated from their parents annually (Bocknek et al., 2009). Almost half of prisoners with children say they lived with their children prior to imprisonment, but few reports visiting with their children since incarceration. A paucity of studies examines the effects of imprisoned parents on their children, but at least 2 undertaken reported children to have symptoms related to posttraumatic stress disorder including depression, anxiety, aggression, and guilt. Ineffective coping with their grief for their losses also include decreased mental functioning (Bocknek, et al., 2009; Chui, 2010). These emotionally and physically detached youth are a large percentage of those who continue the cycle and enter the judicial system (Schwalbe et al., 2008).

The legislative policies that support and maintain the *prison industrial complex* require heavy police presences in poor neighborhoods and communities of color, necessitate racial profiling and discourage sufficient funding for public schools (Heitzeg, 2010). Zero tolerance for emotionally troubled and/or behaviorally disordered youth of

color combined with legislation that authorizes prosecutors to certify youth as adults, increases the long-term viability of the prison industry. Legislated mandatory minimum sentences permit judges less discretion and therefore less guilt in sentencing for youth and young adults. In addition, reductions in necessary human services in poor prison conditions and legislated collateral consequences all but guarantee participation in *crime* and increased recidivism rates. Thus, the return of parents to the prison industrial complex holds ominous implications for youth of all imprisoned parents, but especially for black and brown youth.

The companies serving the criminal justice system require prisoners to sustain their long-term growth (Heitzeg, 2010). Heitzeg suggests this industry will do what it must do to maintain long term operations, just as other businesses. Whether crime rates are high or low, criminal justice policies must ensure enough Americans are imprisoned to meet the needs of the prison industry. Within this age of mass incarceration as a prison industry, a continuous flow of prisoners is required, and minority youth, particularly African American youth are most often chosen for this burdensome role (Heitzeg, 2010).

The Role of Mass Media in Disproportionate Minority Contact and Confinement

Most people are susceptible to the influence of the media on the subconscious (Moriearty, 2010). In addition to several studies affirming juvenile crime rates to be almost consistent across race (Bishop & Frazier, 1996; Crane & Ellis, 2004; Dalton et al., 2009; Dryfoos, 1990; Jones & Poe-Yamagata, 2000; McCarter, 2009; Nicholson-Crotty et al., 2009), and drug offenses much higher among white youth (Hayes-Smith & Hayes-Smith, 2009) a number of studies also affirm that the general public has been seriously

affected by the media's portrayal of black and brown youth, particularly boys as predators (Moriearty, 2010; Thompson, 2011). Along with the concept of wilding, which was introduced in 1989 implying cavalier violent crime by minority youth appeared 156 times in New York City newspapers alone over eight years; 6 years later *super predators* became the terminology highly promoted in the media during the late 1990s suggesting minority adolescents suffered from a condition of abject moral poverty, with no respect for human life or sense of the future (Moriearty, 2010). According to Moriearty (2010) and the resulting severely disproportionate number of black youth incarcerated or otherwise involved in the justice systems, "the iconographic image of the juvenile super predator proved to be an especially salient symbol for a discourse whose racial connotations were clear; juvenile offenders were violent, amoral, and dark" (p. 864).

The American public was literally saturated with images of largely African American youth as perpetrators throughout the 1990s (Cobb, 2010; Moriearty, 2010). In crucial ways, the super predator discourse distorted reality, the media often implied that adolescent crime rates were increasing, when in fact after 1994 juvenile crime rates declined with a significant drop to similar rates of the 1970s (Human Rights Watch, 2002), declining simultaneously with the waning of the influx of crack cocaine into impoverished communities and some new gun control laws over automatic weapons (Kalogerakis, 2003). The media suggested violent crime was rampant, but most juvenile crime during the 1990s were property crimes, most of which were committed by white youthful offenders (Human Rights Watch, 2002a; Moriearty, 2010).

Even as juvenile crime rates dropped precipitously, crime news coverage skyrocketed, and the general public believed juvenile crime was out of control (Moriearty, 2010; Thompson, 2011). Politicians were paying attention to the media hype, and not to empirical evidence, thus with federal consent from Congress, between 1992 and 1997 nearly every state in the nation passed legislation making it easier to prosecute juveniles as adults (Kalogerakis 2003; Moriearty, 2010; Steiner & Wright, 2008). By 1997, African American youth were an estimated 15% of the U. S. youth population, but were now more than half of youth transferred to adult courts, a disparity for which differential crime commission rates could not begin to account (Huizinga et al., 2007; Poe-Yamagata & Jones, 2000; Moriearty, 2010; Satpathy, 2011). It became apparent to many interested social scientists that racial bias was affecting judicial outcomes for African American and other minority youth (Heitzeg, 2010; Moriearty, 2010; Satpathy, 2011).

Moriearty (2010) suggested the super predator discourse throughout the 1990s not only influenced the political, penal, and legal orientation of the criminal and juvenile justice systems, but also shaped the unconscious mental processes of those who administer the law, indeed amplifying the racial biases of juvenile court insiders. As long as the general public were convinced that minority offenders were inherently more deviant and predatory than white offenders, insiders had political incentive to *get tough* on minority youth. The media in effect enhanced and proliferated racial bias leading to more intense racial discrimination in the juvenile and criminal courts, in effect, systematically extinguishing the futures of many minority, primarily African American

youth. Some researchers believe much of the media has since tried to become more responsible in their reporting, but also believe the damage was done (Heitzeg, 2010; Moriearty, 2010; Thompson, 2011). As recently as 2013, the popular television series *Law and Order* showed an episode presenting an African American 6-year-old boy as a vicious killer, who was handcuffed and taken off to jail. While in an actual case, in Avon Park, Florida, school officials called the police when an African American kindergartner (under six) threw a temper tantrum involving kicking and scratching in class. The girl was arrested, handcuffed and charged with a felony and two misdemeanors (Cobb, 2010).

Measuring Disproportionality in Minority Contact and Confinement

In 2010 minority youth comprised 67.6% of youth confined in detention facilities, a much larger percentage than they did in 2001 at 60.3% (Justice Policy Institute, 2013). African American youth continue to be most of youth confined and encountering the justice systems irrespective of comprising an estimated 14% of the U.S. youth population. Contrarily, the majority White/non-Hispanic youth population are an estimated 64% of the U. S. population (U.S. Census Quick Facts, 2010; 2020) and were 32.4% of the confined youth population in 2010, down from 39.7% in 2001 (Justice Policy Institute, 2013). Among confined youth, being black has taken precedent over being poor. African American youth, not only from impoverished single parent homes, but middle-income homes as well, are arrested and formally charged, adjudicated or prosecuted in juvenile and criminal courts well above their representation in the general population, including within similar risk groups within other races, other than American Indians.

During the 1980s and 1990s minority youth were recognized as only overrepresented at some stages in the justice system, largely in secure confinement, leading the 1988 reauthorization of the Juvenile Justice and Delinquency Prevention Act (JJDPA) to acknowledge the national problem of disproportionate minority confinement. The JJDPA now required states to assess the problem and make viable proposals of how the state would resolve the problem of large disproportionate numbers of African Americans confined in secure facilities. However, with more studies of the problem it became clear that black youth are highly overrepresented at all stages and decision points of the judicial system including arrests, initial recommendation for court referral, detention prior to court hearings, actual court referrals, transfers to adult courts, and incarceration in both juvenile facilities and adult prisons. From the early 1990s to 2007 the number of delinquency cases for black children increased by 100% (Satpathy, 2011); black children were an estimated 16% of the youth population in 2007 and were 33% of delinquency cases that year, more than twice their representation in the population. Hispanic children in the judicial system also grew by as much as 43% during this same time period, but are becoming more difficult to calculate as more states identify Hispanic origin as white without further distinction (Satpathy, 2011).

Regardless of the number of studies and meta-analyses of studies that find disproportionately large percentages of African American youth to be both formally processed and detained more than white youth in all offense categories (Benekos & Merlo, 2019; Jones & Poe-Yamagata, 2000) even when referred for similar offenses, not everyone had accepted racial bias as the cause of DMC within the juvenile justice

systems. Crane and Ellis (2004) found other researchers who suggested indirect social factors related to race are the more likely cause of the large disproportionate numbers of African American youth in the justice systems. Other social and economic inequalities including high unemployment rates, marginalization into low-income communities with poor schools, poor family structure, and a severe lack of community resources are often presented as probable causes leading to more delinquency among many African American youth. All these additional factors may be contributors to the differences in arrests and processing rates, but, other researchers acknowledged the vast differences in rates of arrests and all stages of juvenile justice processing were too extreme to be accounted for by crime rate differentials (Huizinga et al., 2007).

Nicholson-Crotty et al. (2009) wanted to test their theory that the application of school disciplinary policies in jurisdictions influenced the aggregate level of racial disproportion in the county justice systems. For this reason, they used 53 Missouri counties in 2005 and 2006 as the units of analysis. The researchers agreed that certain individual and community characteristics including gender, socioeconomic status, income inequality, and urbanization increases the likelihood that minority youth will come in contact with the justice system but suggested these risk factors may be often taken for granted as alternative explanations for DMC/C and sometimes as moderators of the impact of race.

Nicholson-Crotty et al., (2009) found disparate rates of out of school suspensions for black students that could not be explained by differences in delinquent behavior from that of white students. And the disparate rates were strongly associated with similar levels

of racial disproportion in juvenile court referrals. The association between disproportionate rates of school disciplinary actions and court referrals were consistent after controlling for poverty, urbanization, and other relevant factors. Heitzeg (2010) pointed to the fact that zero tolerance policies have no measurable effects on school safety, which they were to address, but have had a number of negative and very costly effects, including racial disproportionality in practice, increased suspensions and expulsions, higher school drop-out rates and multiple legal issues related to a lack of due process for youth.

Although white police officers are more likely to arrest minority youth than white youth, this seems to be one of the lesser contributing factors in DMC/C (Rodney & Tachia, 2004). White youth are arrested often in higher numbers, sometimes closer to racial proportionality, but the problem of racial disproportionality increases at each decision point as minority youth progress through the system while white youth do not. As a result of the initial JJDP A 1988 requirement of states to study and show plans for reduction of DMC in order to receive full grants from the JJDP A, one of the first studies in the southwest found although minorities were 49% of one state's population between the ages of 10 and 16, they were 66% of those referred to court and 73% of those detained. The referral rate for black youth was three and a half times above that of white youth, and Hispanic youth were referred twice as often as white youth. These referral rates led to the population of the state's corrections facilities to house 80% minorities with the commitment rate for Blacks being 8 times that of Whites, and Hispanics 3 times that of Whites. Among nonviolent youth who were arrested for the first time and had no

prior residential placement 61% of black youth were committed, 55% of Hispanics, and 28% of white youth (Rodney & Tachia, 2004). According to Rodney and Tachia (2004) the findings from this initial study in the southwest were consistent with most national studies that preceded it.

Rodney and Tachia (2004) also reported on the follow up study to the original southwest study which was completed in 2000, almost ten years after the initial study. The subsequent study examined minority over-representation in three rural Texas counties. The study examined factors contributing to minority over representation including racial bias, the primary reasons for entry into the system, and categories of offenses committed. Police arrests were the reasons most youth entered the system, accounting for 75% of Black youth, 79% of White youth, and 92% of Hispanic youth; parents brought 5% of Black youth and 3% of White youth. No indication of how the others arrived at intake was provided, but the intake totals were 39.9% black, 47.6% white, and 12.5% Hispanic. African Americans were 17.4% of the youth population, White youth were 61.7%, and Hispanics were 12.5% of the youth population. The rate of disproportionality of Black youth in the system at intake was more than double their representation in the population and statistically significant.

Within six broad categories, black youth had a 42.2% chance of being involved in a theft or burglary, a 21.9% chance of involvement with an assault, a 6.3% chance of both a school related incident as well as drug or alcohol involvement, a 4.7% chance of breaching law enforcement, and an 18.8% chance of falling into the category *other*. Among White youth there was a 39.2% chance of theft or burglary, a 22.8% chance of

assault, a 12.7% chance of drug or alcohol involvement, a 10.1% chance of involvement in a school related offense, an 8.9% chance of breaching law enforcement, and a 6.3% chance of being arrested for some “other” offense. For Hispanic youth, there was a 29.4% chance of involvement with an assault, a 23.5% chance of a theft or burglary as well as involvement with drugs or alcohol, and a 17.6% chance of being arrested for something falling into to the other category. Of the most severe of the six offenses, black and white youth accounted respectively for 47.5% and 52.5% of arrests for burglary and respectively 43.8% and 56.3% for physical/sexual assaults (Rodney & Tachia, 2004).

Because of the small number, Hispanic youth were excluded from the disposition analysis. For the crime of theft/burglary 41.2% of black youth were placed on probation compared to 33.3% of white youth placed on probation, 11.8% black youth and 6.7% white youth were detained, 17.6% black youth and 26.7% white youth received community service, and 25.5% of black youth and 6.7% of white youth received *some other type of disposition* (Rodney & Tachia, 2004, p. 8), presumably transfer to criminal court. No further information was provided for the remaining 6% of Blacks and 26.6% of Whites in the theft/burglary category. For physical and sexual assault offenses 44.4% of Blacks and 14.3% of Whites were given community service. No further information was provided on the disposition for the remaining 55.6% of black and 85.7% of white youth adjudicated for physical/sexual assault.

Black youth comprised 17.4% of youth between the ages of 10 and 17 within the three Texas counties where the study was conducted (U.S. Census, 2000 as cited in Rodney & Tachia, 2004), but Black youth were 40.2% of the intake sample, although

authors do not state if the sample of 316 intake cases were randomly selected. Probation officers in the three counties responded to an eleven-page questionnaire on the sample subjects taking the responses from the subjects' files. Black youth were found to be overrepresented at all decision points and rates of disproportion were statistically significant at all decision points. Researchers point out that not quite 33% of black offenders were from two parent homes compared to 41% of white offenders.

Rodney and Tachia (2004) indicated that some other researchers and members of law enforcement attribute the higher rates of Black youth involvement with the justice systems to the differential between single and two parent homes for Black and White youth. Rodney and Tachia (2004) also speculated that the perceived weaker home structure attributed to the courts' decisions to detain more Black youth. However, researchers did not test either theory, but did validate racial disproportionality at several decision points for similar offenses.

Similarly, to the study in Texas, but a more organized study of Virginia's youth population in the juvenile justice system (McCarter, 2009) found more race related factors and race itself to be salient in minority disproportionality in juvenile justice sanctions. McCarter's study (2009) was one of few studies utilizing mixed methods to assess disproportionate minority confinement/contact. The quantitative data was collected by the Joint Legislative audit and Review Commission (JLARC), which was an examination of court processing and outcomes of delinquents and status offenders in Virginia; McCarter was granted permission to use the data by families whom she interviewed. McCarter (2009) asked the questions directly, whether a disparity existed in

juvenile justice processing between African American and Caucasian youth in Virginia, whether a disparity existed in juvenile justice sanctions between African American and White youth, and if disparities do exist, what role does race play.

The study examined several legal and extralegal factors including race as these related to processing and sanctions for 2233 Black and White males in Virginia's juvenile justice system. McCarter (2009) presented the initial premise of her study stating that an analysis of federal and state efforts to address disproportionate minority confinement (DMC) in 2001 found minority youth to be overrepresented at every decision point in every state reviewed (McCarter, 2009). Minorities, presumably overwhelmingly African American youth were found to be on average greater than 2 to 2.5 times their percentage in the population of those in secure detention, secure corrections, adult jails, adult lock-ups, transfers to adult courts, and probation. The exception was arrests, although minorities were still overrepresented 1.38 times their percentage, their percentages increased at each point of contact as they proceeded through the system.

McCarter (2009) clarified that the large disparities between the percentages of White and Black youth in the juvenile and criminal justice systems cannot be accounted for by crime rate differentials. Using both official records and self-report data of serious juvenile offenders in Philadelphia and Phoenix, (Piquero & Brame, 2008 in McCarter, 2009) no significant difference in juvenile crime rates by race and ethnicity were found. Moreover, most self-report studies of delinquent behavior challenge arrest rates because they do not support significant racial differentials (Elliot et al., 1983; Piquero & Brame, 2008; Weis, 1986 in McCarter, 2009). McCarter among other researchers agree, available

studies clarify that even if minorities were to commit more crime disproportionate to their percentage in the population the rate would be insufficient to begin to account for their arrest rates and certainly not the disparity in confinement rates (Blumstein, 1993; Huizinga & Elliot, 1987; Joseph, 1995; Walker et al., 1996 in McCarter, 2009). Western countries with racially diverse populations generally result in severe overrepresentation of minorities in the justice system and secure facilities, including juvenile justice, with many among the majority believing minorities of color deserve and require more intense punishment (Komen & Schooten, 2009; Reil et al., 2021; Satpathy, 2011; Steiner & Wright, 2006, Willison et al., 2010).

Many social factors may contribute to disproportionate minority contact and confinement. McCarter conducted univariate and bivariate analyses on the variables: diversion, incarceration, family income level, grade repeated, family structure, genotype, severity of last crime committed, and number of prior misdemeanors. Answering the questions posed, 86% of the African American subsample (excluding missing data) compared to 63% of the White subsample reported an annual income of less than \$25,000.00. African American males were also more likely to have repeated a grade in school, with 39.3% Black youth to 28.1% of White youth having repeated. The most frequently reported family structure for African American males reported was single mother (42.8%), while the most frequently reported family structure for White males was two-parent household (44.2%). White families were almost evenly distributed across urban, suburban, and rural areas, while African American families were primarily located in urban areas, followed by rural, then suburban areas. No pattern of crime commission

emerged, but prior records revealed more White males had no prior misdemeanors, 73.8% compared to 59.8% African American males. Juvenile justice processing was measured by an initial step in the process, whether diversion from the system or incorporated into the system; 22.55 of White youth were initially diverted compared to 15.3% of African American youth. Most youth were petitioned to court; Whites 76.9% to 84.4% of African American youth. Sanctions were measured by the most severe sanction in the juvenile justice system, incarceration in a secure facility, of which 8.9% of White males were incarcerated compared to 19.4% of African American males. Most youth from both groups received other sanctions. Although data were missing for 23.1% of the White sub-sample and 16.1% of the African American sub-sample, which complicated interpretation, African American males were clearly twice as likely to be incarcerated as White males.

A multivariate analysis evaluated the role of race while controlling for six other common major variables identified in the literature (McCarter, 2009). Two logit models were developed and run on the two dependent variables, (a) diverted, and (b) not diverted, and (a) incarcerated, and (b) not incarcerated. The independent variables were race, family income, family structure, genotype, severity of the crime committed, and number of prior misdemeanors. Severity of the crime was the only significant predictor variable in the diversion regression. With crimes coded from most severe to least severe, the logistic regression suggested that the less severe the crime committed by the youth, the more likely to receive diversion. The model demonstrated a 93.3% accuracy rate of a youth's chance of being diverted.

On the question of incarceration, four of the seven independent variables were significant in increasing chances of incarceration: race, having repeated a grade, severity of the crime committed, and number of prior misdemeanors. An exponentiated (B) of 1.6276 ($p < .01$) for race, an extra-legal factor, suggested that African American males were 1.62 times as likely to be incarcerated as Caucasian males (McCarter, 2009). Another extra-legal factor which increased the likelihood of incarceration was grade repeated. Youth who had repeated a grade were 1.6 times as likely to be incarcerated as those who had not repeated a grade. The legal factors were also predictive, with prior misdemeanors indicating 1.42 greater chance of incarceration and those committing more severe crimes having 1.04 greater chance of incarceration. This model demonstrated a 79.71% accuracy rate in measuring likelihood of being incarcerated. McCarter concluded the multivariate analyses did not show race as a predictor of diversion, but holding the other six major variables constant, African American male youth were 1.62 times more likely to be incarcerated than White male youth.

McCarter's (2009) qualitative analysis consisted of interviewing a total of 24 members of the judicial system including judges, Commonwealth's attorneys, defense attorneys, and police officers, as well as a selection of one parent from six families including their court involved male youth. Four of the families were African American and two were White. The quantitative findings were triangulated by the qualitative findings. The sample of parent-youth subjects were read the quantitative results and asked directly whether they believed their experiences with the Virginia Juvenile Justice System were congruent with the findings. The open-ended questions were reduced into

units that served as the basis for defining categories. The youth and parents were also asked to comment on the quantitative findings. Six of the twelve stated they believed they had been treated fairly, four stated they had not been treated fairly, one indicated *don't know* and the other said he had been treated both fairly and unfairly. Those indicating unfair treatment were asked if they believed the unfairness had anything to do with their (a) income, (b) education, (c) race, (d) person, or (e) politics/political reasons. Three each indicated income, race, and politics/political reasons, two indicated education, one indicated person, and one said he did not know.

The juvenile justice professionals were given the quantitative results and asked if they believed a disparity existed in processing and sanctions for African American males and White males. Eighteen stated they believed a disparity existed, four did not believe a disparity existed, and two were unsure. However, perhaps as expected, the juvenile justice professionals cited legal factors as the primary reasons influencing a youth's processing and sanctions in Virginia's juvenile justice system. When asked about extra-legal factors, if any they believed may influence processing and sanctions, several professionals cited family structure, although none of the parents or youth believed family structure was an influence, and neither logistic regression suggested an effect of family structure on either diversion or incarceration.

Univariate and bivariate findings suggested disparities in both processing and sanctions between African American male and White male youth in Virginia's juvenile justice system (McCarter, 2009). However, within the multivariate analysis, a legal factor, severity of the crime was the only factor that predicted diversion in the logit

model, the less severe the crime, the more likely diversion. Two legal and two extra-legal factors predicted incarceration: severity of the crime, more prior misdemeanors, being African American and having repeated a grade. Although no one in either group identified grade repeated as a factor influencing processing and sanctions, both groups, including the youth themselves discussed inadequate education as an important common denominator among juvenile offenders, and believed improving education was an important factor in avoiding contact with the justice system. The author suggested her study was unique in its mixed methods design and that her qualitative findings of ¾ of the juvenile justice professionals stating they believed a disparity existed in processing and sanctions between Caucasian males and African American males triangulated the quantitative findings adding depth to the conclusions that there is disparity, indeed racial bias in processing and sanctions between Caucasian males and African American males in Virginia's juvenile justice system.

More Institutionalized Human Rights and Civil Rights Challenges

Developmental Immaturity/incompetency to Stand Trial and Disproportionate

Sentencing

The U.S. judicial system having returned to the policies and practices in juvenile justice from over 110 years earlier has disregarded the advances of modern social science including human development for the last 110 years as well (e.g., Bronfenbrenner & Ceci, 1994; Dishon & Stormshak, 2007; Freud, 1962; Grisso et al., 2003; Hoglund & Leadbeater, 2004; National Research Council, 2013; Parke et al., 2006; Tolan, et al., 2007). The rationale for the establishment of the juvenile court itself has been completely

set aside which was based on the notion and beliefs that children were underdeveloped and had not attained the level of cognitive functioning and judgment as that of adults (Feld, 1987; Penn, 2001). The *parens patriae* role of the juvenile court was established not as a criminal court to judge and pronounce sentence on the child, but to provide adjudications in the best interest of the child's corrected development (Loughran, 2011).

In 2023, most U. S. criminal courts presume children have equal capacities in developmental maturity, cognitive functioning and judgment to that of adults and therefore are competent to stand trial and receive adult sentences (Carmichael, 2012; Gonzalez, 2017; Monahan et al., 2013; Teske, 2020). Children in the United States have in fact been eligible and have received capital punishment since the inception of the United States of America in 1642 with very few exceptions (Penn, 2001). The Supreme Court suspended the U.S. death penalty in 1972 but reinstated it in 1976, which is the only time children along with adults have been excluded from this penalty in U. S. history until 2005. In 2005 the Supreme Court ruled capital punishment to be cruel and unusual for youth under 18 years old (Guggenheim, 2012; Harris, 2007). However, many whose crimes were committed as juveniles remain on death row in the United States including some who did not commit a homicide (Baumgartner, 2022; Loughran, 2011; Steinberg & Scott, 2003). Since the 2005 Supreme Court ruling against death sentences for youth under the age of 18, racial disproportionality in death sentences actually increased for youth 18 to 20 years old, with death sentences for late adolescents of color rising 18.9% from 59.3% to 78.2%, and decreasing for white adolescents, dropping

14.7% from 35.1% to 20.4% (Baumgartner, 2022). The American Psychological Association has called for late adolescents to receive the same consideration of Roper.

Notwithstanding the high rates of mental health disorders among youth in the judicial systems, being held in adult prisons and other secure confinement, the issue of maturity equivalent to that of adults to stand trial is another issue confounding the U. S. Justice System's contention of just and fair treatment of children (Carmichael, 2012; Steinberg, 2000; Steinberg & Scott, 2003). Penal proportionality is the foundation of any legitimate system of state punishment (Bonnie, Coughlin, & Jeffries, 1997 as cited in Steinberg & Scott, 2003). Bonnie et al (1997) asks, in what ways are the lesser maturity of adolescent offenders relevant to their amount of blameworthiness for their criminal or delinquent acts (Steinberg & Scott, 2003)? Steinberg and Scott (2003) pointed out that under criminal law, culpability is mitigated when the person's decision-making capacity is diminished, the act was coerced, or out of character. On the issue of diminished capacity these professors of social science and law argued for immaturity as a mitigating circumstance which should reduce blameworthiness of an adolescent. The validity of their argument seems apparent, yet the more salient point may not be immaturity, but the more concise measure on a continuum, of less mature than adults. Developmental psychology supports the decision-making capacity of children and adolescents to be more often less than that of adults for several reasons including fewer opportunities for experience due to the time factor alone; children have been alive for a shorter period to have similar amounts of varied experiences to that of adults (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994).

A youth's lack of autonomy to function independently of parental authority is itself a diminished capacity to make decisions (see Steinberg & Scott, 2003). Many of the reasons a child is provided more legal limitations in general are due to diminished capacity; he or she is not allowed to vote in his or her own interests because of diminished capacity to do so. Children are not allowed the decision of whether to smoke or drink until age 21 because of diminished capacity to make the right choices for themselves and because these choices could have hazardous consequences. *Parens patriae* philosophy is continued by the state on these issues until age 21 across states at the national level when youth are presumed both more cognitively and emotionally mature to accept adult responsibility for themselves. However, children ages 10, 11, 12, 13, through 17 are being held legally responsible for the same decision-making capacity as adults in criminal courts (Carmichael, 2012; OJJDP, 2011; Benekos & Merlo, 2019). It was suggested possible for some children of eight and nine years old who have travelled the world or otherwise had an elaborate variety of experiences in different settings and roles to attain similar levels of development to that of many adults (Bronfenbrenner, 1979, 1986; Bronfenbrenner & Ceci, 1994; Kohlberg, 1971, 1994). However, such children are likely rare because such varieties of experiences are rare for this age. Even among those in higher income classes, proximal processes or elongated interactions are often limited to those within their economic class, ethnicity, religion, etc. Thus, the prospect of minority children from lower income communities achieving developmental maturity equivalent to that of adults is even less probable, considering they rarely interact with those among the majority from higher income communities or broader society. They

have fewer opportunities for a broader variety of experiences. In fact, to suppose their level of developmental maturity would allow the communication and understanding of the procedural process in a criminal court enough to assist in their defense is implausible (Grisso, et al., 2003).

Steinberg and Scott (2003) saw studies on brain development as also relevant to the amount of legal culpability of adolescents compared to that of adults committing similar crimes. Some of the more recent studies on the brain apparently support that some of the most important development in the brain occurs during adolescence within regions of the brain that are implicated in long-term planning, the regulation of emotion, impulse control, and the evaluation of risk and reward. As these authors also acknowledge, most of these developments in personality such as emotion regulation and impulse control have also been strongly linked to psychosocial factors ((Dishon & Stromshak, 2007; Dunn & Mezzich, 2007; Parke, et al., 2006).

Whether adolescents who have had the benefit of vast varieties of positive life experiences in different settings and roles, in fact also have different physical brain development than youth who have not had these benefits is another question. However, the answer to a similar question, whether heritability (h^2) is measured greater in persons whom have had vast variety in experiences was demonstrated empirically as yes (Bronfenbrenner & Ceci, 1994). The formula h^2 was demonstrated to only measure the portion of genetic inheritance that has been developed (Bronfenbrenner & Ceci, 1994). According to Bronfenbrenner and Ceci (1994) someone who has never been out of their own backyard and have met only few people may have great genetic inheritance for

intelligence, but heritability (h^2) would measure lower than their genetic inheritance because there will have been little development. Thus, according to both brain science and social science, children who have the physical brain development or life experience equivalent to that of adults, and thus equivalent developmental maturity would be rare exceptions. Other scientific findings have also been presented which support differences in adolescent susceptibility to coercion and peer pressure from that of adults (Steinberg & Scott, 2003). In addition, there is the difficulty in establishing what would be out of character for an adolescent whose *identity crisis* (Erikson, 1968 in Steinberg & Scott, 2003) is often unresolved until the early twenties. For all these reasons, Steinberg and Scott (2003) suggested that children should be held less culpable than adults who commit the same crime, due to diminished capacity.

The prominent MacArthur Study (Grisso et al., 2003) from the MacArthur Foundation compared adolescent and adult capacities to stand trial and found the developmental immaturity of many youths cast doubt on their ability to competently assist in preparing their defense, as Kruh and Brodsky (1997) also previously found, and Sellers and Arrigo (2009) subsequently found. Developmental immaturity combined with the failing mental health status of most youth in the system create challenges for state criminal and juvenile courts (Katner, 2006). The unprecedented changes in juvenile law during the 1980s and 1990s disregarded the purpose of the juvenile court as it disregarded developmental psychology and developmental science making it easier to transfer children into criminal court and receive expanded sentences. The number of adjudicated cases resulting in residential placements grew by 51% between 1987 and

1996, and the number of delinquency cases judicially waived to criminal court increased by 73% (Moriearty, 2010), truly, the building of a prison empire.

The findings of the MacArthur Study, Grisso et al., (2003) and other findings of youth incompetence led to states developing competency to stand trial policies, ignoring the inherent irony, considering the original purpose of the juvenile court (Harvey, 2011). Competency to stand trial is generally defined as a defendant's ability to consult with his or her attorney and understand the court proceedings including current charges. Many states are now applying the competency requirements for adults established by the Supreme Court in *Dusky v. United States*. However, it remains unclear how often these are employed by defense attorneys. Other jurisdictions have developed a different standard but is also problematic. The youth's attorney having met with the youth must have determined that he or she is either unable to effectively communicate with the attorney, is unable to understand the proceedings, or appears to have a mental condition that will prevent the youth from participating in his or her defense (Katner, 2006). All of these assessments of a youth's competency to stand trial are problematic for the youthful defendant who is most often without resources and eligible for a public defender. Public defenders usually carry excessive caseloads disallowing the likelihood of such assessments, even if the public defender can make mental health assessments (Katner, 2006).

The developmental psychology literature demonstrates there are objective differences between adult and adolescent decision-making based on immaturity and cognitive development and therefore differences in the legal culpability of youth and

adults (see Caufmann & Steinberg, 2000; Grisso et al., 2003). Many scholars have found adolescents to be more impulsive, less risk-averse and less future-oriented, and more susceptible to the influence of others, which contributes to differences in judgment with age, a finding well known by many lay people. Unsurprisingly, a lot of evidence supports the lesser judgment of children than adults, yet a conundrum seems to remain.

Some studies have shown significant variations in maturation and judgment independent of age. Caufmann and Steinberg (2000) found that judgment is the byproduct of psychosocial factors and cognitive abilities, and age is not always a significant predictor of decision-making capacity when emotional maturity is measured objectively with consideration to perspective and accountability. Grisso, et al. (2003) also found considerable variation in rate of maturation or development of adolescents. Traditionally, psychologists have also seen antisocial behavior receding with psychosocial maturation (Monahan et al., 2013), but seem to have little insight on the specific psychosocial causes of rates of maturation. However, there is no conundrum, the rate of emotional maturity and cognitive development have already been established in developmental science years earlier. The rate of development is relative to the varieties of interactions and roles in primary settings to which one has engaged (Bronfenbrenner, 1979, 1986; Kohlberg, 1971).

Younger age offers fewer opportunities for varieties in life experiences and development. Researchers assessing the recommendations of mental health experts' CST evaluations found that younger children are more often found to be incompetent to stand trial, as well as those that have intellectual impairments, a special education placement or

have been diagnosed with psychosis (Harvey, 2011). Also, in a study (Cooper, 1997 cited in Harvey, 2011) of delinquent youth ages 11-16 in their first institutional placement, age was found to be very significant in the assessment of competency to stand trial, although none of the children of any age met the threshold to be considered competent to do so. Additionally, after a 50-minute video about juvenile court personnel and proceedings although there was significant improvement among all participants older and younger, only two of 112 participants met the competency requirement, yet Cooper (1997) noted all had already been tried and sentenced.

Regardless of the findings of developmental psychologists, there are those who continue to argue that children should be held to the same standard as adults asserting children are indeed competent to stand trial (Sanborn, 2009). Sanborn (2009) purported that the standard for competency to stand trial in general is so low that of course children are competent to do so. Sanborn (2009) resists the idea of the need for the restoration of the juvenile court claiming youth are likely to receive the same lack of a defense and sentencing in juvenile court as in criminal court. Sanborn suggested there is no problem with sentencing children to similar sentences as adults because he believes children in general are competent to stand trial and this alleviates any necessity to consider reduced culpability. Sanborn does see a need for educating students by middle school on the functioning of the courts and the rights of juveniles. However, he believes those who are most affected may not benefit because truants and drop-outs will have themselves to blame for not having received the classroom instruction. Sanborn (2009) asserted that the motivations of the developmental psychologists whose findings lead them to believe the

juvenile court should be restored are ideological as opposed to seeking the constitutional rights of children. However, Sanborn never mentions his own motives for wanting children considered the same as adults in criminal justice while they are clearly not considered the same as adults in all other areas of society. Indeed, children are not considered the same as adults in the judicial systems of any other nations acclimated to information technology other than the United States.

Pretrial detention

A New York Family Court statute allowed a juvenile to be detained before a hearing, but the Second Circuit Court held this act of pre-trial detention to be unconstitutional due to imposing punishment before guilt had been established in accordance with the constitutional standard (Conklin, 2012). However, *overruling the Second Circuit Court, in the 1984 Schall v Martin case, the Supreme Court authorized preventative detention based on the future dangerousness of the youth*. The Court contended pre-trial detention of juveniles protected society and the youth from the “potential consequences of his criminal acts”. The youth can be held ahead of adjudication or trial for crimes the judge believes the youth may commit in the interim before his or her adjudication or trial and without a probable cause hearing as granted to adults.

The Schall opinion essentially decided that pre-trial detention did not violate due process because it served a legitimate government interest of protecting society and the youth from crimes he or she may potentially commit before his or her adjudication or trial at the judges’ discretion. Part of the ruling was based on *parens patriae* with the

Court equating being incarcerated with being in parental custody. The pretrial detention of the youth was believed to be for the welfare of the youth. Thus, the governmental interest of protecting society and the youth's welfare out-weighted the youth's right to liberty (Conklin, 2012). Given less than 10% of youth coming into the U.S. judicial system are considered serious or violent (Sarri & Schook, 2002; 2022), including only 4.7% violent crimes (Hartinger-Saunders, 2019), the Supreme Court ruling on *Schall v Martin* was less than validated. However, arguably even the minority of serious juvenile offenders deserve their constitutional rights to freedom before being adjudicated or tried. Nevertheless, after the Schall decision, most states changed their statutes to allow pre-trial detention for a host of other factors.

Conklin (2012) pointed out that minimal offense charges against youth leave them exposed to receiving pre-trial detention with little if any opportunity to contest their incarceration. One youth accused of bringing a nail file to school remained in detention for two months before her trial, and is not an unusual example. U.S. society has laws against striking a child as punishment but locking him or her in a 10 by 12 feet cell for extended periods of time is fine when deemed by a judge to be in his or her best interest and often without a judicial ruling. In addition, the stigma of being or having been incarcerated has additional negative effects, not only the psychological scars of feeling like a criminal, therefore more inclined to act like one, but judges have demonstrated prejudice against youth for having been in detention resulting in stiffer sentences (Conklin 2012). The Indiana Supreme Court ruled that time served in pre-trial detention after being found guilty of a felony would not be counted against the eventual sentence

rendered to a juvenile (Anonymous in Juvenile Justice Digest, 2006). The Indiana Supreme Court held that requiring credit for time served in predisposition confinement would wrongfully impinge upon the juvenile court's broad authority. In other words, the judge's rights would be impeded by not allowing violation of the child's right to receive the same rights provided adults, less than consideration for his or her status as a minor. For youth who avoid pretrial detention and receive pre-trial social services interventions, often these services are interrupted by the broken trust of providers whom are asked to report content of therapy sessions in the youth's eventual hearing (Lore III, 2006). Many forms of pretrial self-incrimination are also pit-falls court-involved youth face prior to adjudication.

Most youth in the justice system are status offenders or have committed misdemeanor offenses, but Conklin (2012) recalled one senior juvenile probation officer summed up the reality of the U.S. juvenile justice population bluntly stating, "these are kids we are angry with, not kids we are afraid of." p. 2178. Angry court and detention center personnel may contribute to the fact that youth in the criminal justice system generally receive longer sentences than adults who commit similar crimes (Human Rights Watch, 2005). Pre-trial detention, lack of protection from self-incrimination, and more severe sentences than those of adults who commit the same crime are all elements of a juvenile justice system that hinder justice for juveniles. Since the 1980s court-involved youth lack adequate due process protections (Annie E. Casey Foundation, 2011; Conklin, 2012; Lore III, 2006; Satpathy, 2011). Juvenile justice advocates seek federal legislation

that protects a youth's fundamental right to be free from bodily restraint and the provision of effective services (Conklin, 2012; The Sentencing Project, 2022).

Transfer

Most states have several methods of transferring youth under 18 years old into criminal court, under four broad categories. The most common across states is judicial waiver which has been utilized by 45 juvenile courts; most have used this judiciary procedure since the 1950s (OJJDP, 2011). These cases are filed in the juvenile court but are transferred to criminal court with the approval of the juvenile court judge, usually based on specific standards and after a formal hearing has taken place. Although most common, or at least available in more states than other methods of transferring youth into criminal court, judicial waiver is now the least often used method of transferring youth into adult court for criminal prosecution and believed responsible for less than 13% to 25% of cases transferred nationally.

Fifteen states have statutes that allow *prosecutorial discretion* (OJJDP, 2011). This provides concurrent jurisdiction for a class of cases or kinds of charges against a youth. The prosecutor has sole discretion to file charges in either juvenile or criminal court without a juvenile court hearing. Prosecutorial discretion is in violation of the first Supreme Court decision on U. S. juvenile justice, *Kent v United States* (1967) which was overturned only 5 years later in 1972 by *Bland v United States*, when the Supreme Court ruled in favor of prosecutorial discretion (Sarri & Schook, 2002). Prosecutorial discretion laws not only do not require a juvenile court hearing, but do not require an evidentiary record (OJJDP, 2011). Standing on *Bland* in favor of prosecutors, the civil rights of

children have been usurped circumventing at least five international human rights treaties of the United Nations (Sarri & Schook, 2002, 2022; Schutte, 2010). There is no opportunity for the young defendant to challenge the prosecutor's decision to file in criminal court, nor is there an opportunity for individual consideration provided. Only two states, Georgia and Florida had this transfer law before 1970 (U. S. DOJ, 2014).

In 2011, 29 states had other sweeping laws that disallowed juvenile court hearings for youth (OJJDP (NRS), 2011). This has changed in several states, but not most. *Statutory exclusion* laws grant criminal courts exclusive jurisdiction over certain classes of cases (charges); that is specific types of charges brought against a youth of a certain age must be filed directly in criminal court (OJJDP (NRS), 2011). Thus, discretion of the prosecutor is still the determining factor in whether the youth will be tried in criminal court. The human rights and civil rights of U.S. children are again disregarded against international law, and many would argue the U. S. Constitution itself. Yet another form of exclusion of juveniles from juvenile court are laws in 34 states that penalize the youth for having been previously denied statutory rights. '*Once an adult/always an adult*' laws require criminal prosecution if a youth has been criminally prosecuted in the past. This law does not consider the seriousness of the current offense or the seriousness of the past offense given the high probability that he or she was automatically transferred without a juvenile court hearing, then tried in criminal court without legal representation (Schwartz, 2011). Perhaps to the credit of 24 states, they have *reverse waiver* laws. These laws provide a small possibility for the youth to receive a juvenile court hearing. The problem is these laws place the responsibility on the child who has been transferred to criminal

court to petition the court to be transferred to juvenile court. However, in most instances, the child will have already been advised by a member of the court and foregone his or her right to counsel in as much as 90% of cases (Katner, 2006; Schwartz, 2011) and none of the states maintain statistical data on this occurrence (Katner, 2006; OJJDP (NRS), 2011). In the second possible scenario, however unlikely, when the youth has a public defender, he or she has likely met with this attorney once due to the typical size of a public defender's caseload, so there is minimal possibility that the opportunity for reverse waiver is pursued. Although for the much smaller percentage of transferred youth who can afford an attorney, reverse waiver laws may provide valuable life altering and lifesaving possibilities.

According to the National Report Series (OJJDP (NRS), 2011) of the OJJDP nearly 14000 transfers of youth under 18 years of age into criminal court could be accounted for in 2007, but 29 states were not included in this estimate because most states do not track and account for most of their juvenile transfer cases. In 2006, 20 of the 46 states with judicial waiver laws publicly reported the number of judicially waived cases but did not report the most typical transfers, those in other categories. Of the 29 states with statutory exclusion laws only two publicly reported the total number of transfers and these two states reported no further data. Only one of the 15 states that have prosecutorial discretion laws reported the total number of youths transferred into criminal court.

The National Center for Juvenile Justice (NCJJ) (2009) conducted a research effort entitled the Transfer Data Project in 2009, an attempt to document state transfer

reporting practices (NRS, 2011 of OJJDP). Because there is no single national database to which states report the data on youth that are prosecuted in criminal court an estimate can only be made by researching several state sources. Remarkably there is very little data to be found between the few sources, thus difficult to assess nationally the numbers of youth in criminal courts or youth profiles, processing, or sentences. The Transfer Data Project was able to place states in four categories with respect to how many transfers states reported (NCJJ, 2009).

First, only 13 states were found to publicly report the total number of transfers of youth into criminal court from all methods of transfer, not only through the more legitimate judicial waiver, but cases transferred to criminal court through prosecutorial discretion, statutory exclusion, and once an adult/always an adult statute. However, among these 13 states, only some reported more than the number of cases and provided information on the offense profiles and demographic characteristics of youth, as well as provided details on processing and sentencing. Second, although in 2006 as many as 20 states reported totals of judicially waived youth, in 2007 only 10 states reported cases that were judicially waived from the juvenile court, but none reported the estimated overwhelming majority of 75 to 87% of those that are filed directly in criminal court through statutory exclusion, prosecutor's discretion, or once an adult always an adult.

Within the third category, 14 states contributed information on judicially waived cases to the NJCD, but do not report to the public. Fourth, the remaining 14 states (and territories) did not report any data to the NJCD or to the public. No reports were found anywhere that minimally recorded the number of youths prosecuted in criminal court,

their profiles, charges, or sentences (NCJJ, 2009; OJJDP (NRS), 2022)). The National Research Council (2014a) recommends the OJJDP should be strengthened and guide a data improvement program. As of 2022, the OJJDP provides data only on juvenile court defendants with no reports of transferred youth or those otherwise filed directly in criminal court.

In 2011, the OJJDP(NRS) accounting of 14000 youth who were transferred to criminal court in 2007 had more than half of states missing and only minimal partial data reported from many of the states that did report data to the public and federal government. Most youth tried in criminal court across the nation are unaccounted for annually. Amnesty International and Human Rights Watch (2005) believed an estimated 55000 youth were transferred to criminal court in 2000, and believe only 13% of these were judicially transferred after a hearing. The vast majority, estimates ranging from 75% to 85% all the way up to 99% did not receive juvenile court consideration. Amnesty International and Human Rights Watch (2005) have been particularly concerned that prosecutorial discretion does not require at least a minimum of judicial supervision or public accountability. Prosecutors have no requirement to document reasons for the direct filing in criminal court (Merlo & Benekos, 2010).

Many presumptions are made regarding youth transferred to criminal court; according to Merlo and Benekos (2010) Sanborn and Salerno (2005) suggested “a judicial waiver typically signals the youth are beyond rehabilitation or redemption and has exhausted the resources of the juvenile court” (p. 8). Within perspective of developmental science, the typical youth transferred by judicial waiver is not beyond

correction considering less than 10% of those transferred are evaluated as high risk (Sarri & Shook, 2002), and most have not received opportunities for correction or rehabilitation, if they required it. However, in the statistically improbable event that only high-risk youth are being judicially waived to criminal court, according to Merlo and Benekos (2010) less than 1% of youth tried in criminal court arrive there as a result of judicial waiver, which leaves 99% of youth transferred to criminal court are without consideration for intervention and treatment.

First time offenders are being tried in criminal court, even those having committed the most trivial nonviolent offenses (Redding, 2008 in Merlo & Benekos, 2010). Fighting at school or in the community with and among peers can receive a violent felony offense charge. Juskiewicz (2000) reported findings from a study of prosecutorial discretion direct file cases that not only were youth charged as adults who committed nonviolent offenses, but many were sent back to juvenile court, as well as high release rates, high non-conviction rates and high probation rates. She believed many of the cases were not very serious.

The State Court Processing Statistics program (SCPS) was able to collect enough data to provide some insight into the transfer of youth in the nation's largest 75 counties. Less than 25% of the sample collected from 40 counties reached criminal court via judicial waiver; 42% had been excluded from juvenile court by the new state statutory exclusion laws of the 1980s and 1990s and 35% had been directly filed in criminal court at prosecutor's discretion per state statutes, also most from the late 1980s to early 1990s. The most serious charge at arrest in approximately half the cases was either robbery

(31%) or assault (21%), followed by drug trafficking (11%) and burglary (8%). The youth were 95.8% male and 4.2% female, 62.2% black, 19.9% white and 16.2% Hispanic. Robbery, assault, drug trafficking, and burglary are serious charges that obviously remain at the discretion of the police officers in and around schools in low income communities and prosecutors who do not have to account to the public. It is conceivable that a 14-year-old taking another child's lunch money is robbery in the eyes of a bored or racist police officer and a willing unaccountable prosecutor. Fighting in school is technically assault, but does the youth belong in criminal court on a felony assault charge that will in all probability ruin his life? In some states this felony assault conviction at 14 years old will mean in 4 years he will not be eligible to vote when he would have ordinarily been considered sufficiently mature to vote in his own interest at 18 years old. A youth or young man from Ferguson, Mo. reported this scenario on MSNBC television as his true story.

Estimates of the number of youths transferred nationally range extensively due to the unwillingness of states to collect and provide the data to the public (NRS, 2011). As Gardner and Belknap (2002) noted (as cited in Urbina & White, 2009) "the public remains grossly uninformed about the lives of girls [and boys] who reside in the 'deep end' of the justice system. Their main source of information, the media, fuels the flames of fear, anxiety, and racism with their portrayal of these youth, and their sensationalist stories of increasing crime rates" (p. 125). Although details of the lives of children in the 'deep in' of the justice system are clearly not reported, the states of California, Arizona, and Florida are three states that provide some data to the public. The three states differ

dramatically in their per capita rates of transfer (NRS, 2011). The state of Florida is a clear outlier, from years 2003 – 2008 Florida transferred youth into criminal court at almost twice the rate of Arizona, and 8 times the rate of California. The state of Florida's rate of transfer was 5 times the average rate of the other twelve states who reported total transfer rates. Judicial waiver accounted for only about 4% of the state of Florida's youth transferred into criminal court during the 6-year period. In Florida, most transferred youth were black (54%); white (29%) and Hispanic (12%) youth were almost as underrepresented as black youth were overrepresented. Hispanic youth are larger percentages of the population and were more often transferred in Arizona (57%) and California (56%). In Florida 44% of transfers involved person offenses compared to 60% in Arizona and 65% in California involved person offenses.

Insufficient data prevents comparison between the states of California, Arizona, and Florida or any other states regarding the vital issue of what happens to youth prosecuted in criminal court, with only California reporting processing outcomes for youth in criminal court. However, reviewing California data may provide some insight into what processing outcomes may look like across the nation. In California for years 2003 – 2008, 4604 youth were reported to be prosecuted in criminal court with 3407 (74%) convicted, and 2659 (78%) of these youth received some form of incarceration in prison, jail, or state youth authority. That is, almost 60% of those transferred to criminal court in California are eventually incarcerated, suggesting at least 8 times this number are incarcerated in Florida, an estimated 21,272 or more, per year. This differential is even more significant when considering Florida youth commit much fewer person offences

than California youth, and these are unclearly defined because there are no public records.

While the number of youths being transferred into criminal court across the nation is indeterminable, the National Council on Crime and Delinquency (2006) pointed to yet another startling fact regarding the number of children being tried as adults. Children being held to adult levels of responsibility, then provided what appears minimal opportunities to defend themselves from circumstances that will most likely destroy their futures and often their very lives are not limited to those being transferred at the prosecutor's discretion, or even perhaps more legitimately judicially waived into criminal court (if there is legitimacy in trying children in criminal court). In 13 states youth had become criminally responsible before their 18th birthday, thus most criminal prosecutions of children under 18 occur in states that exclude all youth of 17 or even all 16-year old youth accused of crimes from the jurisdiction of their juvenile courts.

States have always been able to draw the line on age limits between their juvenile and criminal court jurisdictions without federal intervention, but the lowering of the maximum age of juvenile court jurisdiction is yet another set of state statutes across many states enacted during the *war on drugs* of the late 1980s and 1990s. Rough estimates of the number of children being prosecuted in criminal courts that set the age limit of automatic criminal court jurisdiction at 16 or 17 years are possible based on population data and what is known about the offending behavior of 16 and 17 year old youth. It is estimated that in addition to the number of youths prosecuted in criminal court due to transfers, whatever the number, that number is crushed by the estimated 175,000 youth

being criminally prosecuted due to states that set age of automatic criminal court jurisdiction lower than 18 years old. This estimate combined with what may be a conservative estimate of 55000 youth transferred to criminal court in year 2000 provided by Amnesty International and Human Rights Watch, and the number of transfers has continued to increase suggest more than 250000 youth annually could be tried in criminal court in the United States over the last 20 years, largely African Americans. If the state of California's data presents a low estimate of what happens to youth prosecuted in criminal court with close to 60% of transferred youth receiving incarceration in prisons or jails, we can estimate that at least 150,000 or more youth find themselves in adult prisons and jails each year, beyond those adjudicated or tried and sentenced in juvenile court.

At the end of the 2018 legislative session, 28 states had statutes clarifying the age when youth could be transferred from juvenile to adult criminal courts with an average age of 13 years old, one year younger than the age of 14 years required by the international standard to be adjudicated in juvenile court, not criminal court. These U. S. state statutes contravene the United Nations treaty, the Convention on the Rights of the Child (CRC), which require youth be adjudicated in juvenile court after 14 years old and until 18 years old. U. S. states have made some progress in recent years in both these regards, with the state of California being the first state to legislate transfer age limited to 16 years and above, no transfers into adult court at 15 years or below. The state of Vermont is the first to raise juvenile court jurisdiction to include 18-year-olds. However, the United States remains an outlier to international standards. Children eight and nine years old can be and are adjudicated in juvenile courts, and children 13 years and under

are still transferred into adult criminal courts (National Governor's Association (NGA), 2019; United Nations, 2022).

The Continued Struggle for Evidence-Based Human Services as Juvenile Delinquency Intervention and Prevention

From Rehabilitation to Retribution

During the late 1980s after some reconciliation of theoretical differences within the mental health community, a stronger institution of mental health in the United States in solidarity tried to move forward with assessment and treatment of mental illness, including youth with disruptive behavior disorders and other emotional problems within the justice systems (Robbins & Rutter, 1990; Thornberry et al., 1995). However, over the next decade, their efforts were largely combated as they gave in to the politics of a juvenile justice system shifting away from rehabilitation and treatment toward severe retribution and punishment of a select mentally vulnerable minority, enhanced racial bias, the building of a prison empire, and further debilitation of a public education system and nation (James, 2012, Jamison, 2012; Loughran, 2011; National Center on Education and the Economy, 2008; National Research Council, 2013; Penn, 2001).

At the turn of the 21st century an increasing recognition of the mental health needs of youth in general in the country were noted by several authors who pointed to the inadequacy of policy, practice, and research in addressing the mental health needs of children and adolescents (Cocozza & Skowyr, 2000). Estimates at that time placed rates of serious emotional disturbance or SED in the general population at 9 to 13%, considerably higher than the .05 to 5% that many state policy makers were using

(Cocozza & Skowrya, 2000). The trend within the adult prison system increasingly becoming surrogate mental hospitals was also part of the impetus for concern for those within the juvenile justice system. Mental illness prevalence in adult corrections populations had been estimated at two to four times higher than the rates in the general adult population and concerns were growing as incarceration rates of youthful offenders exponentially increased during the 1990s as juvenile justice agency personnel were more often confronted with mentally ill youth. Jerry Powers, chief probation officer in Stanislaus County California said, “Youth with mental health issues are our biggest challenge. Delinquency we know; mental health we don’t” (Berkley Center for Criminal Justice, p. 2).

The new level of concern about the mental health needs of youth in the juvenile justice system was now in glaring contrast to the severity of past neglect. From 1998 to 2000 the Federal government paid more attention to the mental health needs of youth in the juvenile justice system than it had within the last three decades (Cocozza & Skowrya, 2000). The Department of Justice investigated and documented levels of inadequate mental health care in juvenile facilities in many states. The Department of Health and Human Services’ Center for Mental Health Services surveyed juvenile justice facilities to determine the availability of appropriate mental health treatment programs for youth involved in the justice systems followed by Congress’ *consideration* of several bills and amendments that would mandate the necessary comprehensive mental health and substance abuse screening and treatment programs.

Mental Health Screening at Intake in Juvenile Court

Researchers of few studies aggregate needs assessment data of any kind (Schwalbe et al., 2008), but Kelly, Macy and Mears (2005) reported on the needs profile of juveniles in the State of Texas Juvenile Justice System using a sample of 2100 youth and an OJJDP style instrument. They found the most commonly identified needs were (a) problems with parental supervision (47%), (b) school attendance (43%), (c) attendance at an alternative school or school drop-out (33%), family relationship problems (32%), and substance abuse (31%). Schwalbe et al. (2008) also reported that Barnoski (2004) found similar results from a large-scale examination of youth in the Washington State Juvenile Justice System. Studying a sample of 20,339 assessments of 16,593 youth adjudicated in 1999. Barnoski used the Washington State Pre-screen Assessment, 21 items that measure offending history and social history. The three most common indicators were (a) peer delinquency, (85%), (b) school problems, (78%), and (c) poor parental rule enforcement (69%).

Schwalbe et al. (2008) wanted to take needs assessment a step further, and describe patterns of needs across youth. They believe how needs cluster in groups can contribute to understanding developmental outcomes of youth. While few studies have aggregated needs assessment data from any juvenile justice system assessment instrument, these researchers utilized a person-centered analytic approach called latent class analysis (LCA) to do so. By applying LCA to needs assessment data of juvenile offenders, Schwalbe et al. (2008) presented an innovative way of using needs data to inform juvenile justice policy and practice. Historically, probation officers have classified

youth in the justice system based on impressions and subjective judgment resulting in wide variation between the judgments of different probation officers, which was not helpful in making agency-wide decisions.

LCA categorizes youth according to scores on a set of undisclosed or latent criteria. LCA is a method of categorizing within a set of parameters, estimated by the highest possibility, predicts membership within specific categories (Schwalbe et al., 2008). Like factor analysis where observed variables can be expressed as a linear combination of undisclosed variables, LCA however, assumes that population-based correlations among variables are by-products of variations in variable means among unobserved subgroups within the population. LCA detects hidden factors in groups that vary in mean values on the observed variables. LCA describes study participants in terms of their probability of group membership based on how closely individual variable levels correspond to group means. LCA is strategic in psychosocial assessments because its method is consistent with basic psychoanalyses that manifest as distinct profiles and yields four results: (a) detects statistically distinct groups within a sample, (b) specifies risk profiles that correspond to the groups, (c) approximates the prevalence of each group within the sample, and (d) categorizes the participants into the groups.

Schwalbe et al. (2008) applied LCA to a sample of court-involved youth whose assessments were completed with the Joint Risk Matrix (JRM), an assessment instrument developed and commonly used by State juvenile justice systems at intake although it contrasts those recommended by OJJDP. The purpose was to classify youthful offenders into common profiles and describe the characteristics of the profiles. Each of 39 court

districts in North Carolina submitted assessment data for a predetermined quota of adjudicated juveniles. The sample totaled 583 youth, 68% male, 45% African American, 47% non-Hispanic white youth, and 8% other racial groups. The most frequently reported need areas included (a) school behavior problems (90%), (b) peer delinquency (82%), and (c) mental health (73%). Of these three categories, school behavior problems were most distinctive having both the highest prevalence and a skewed distribution: 63% of youth had school behavior problems in the highest risk category.

The LCA yielded five classes which they referred to as Five Class Solutions. Class 1: Low Need was comprised of low-need youth, 60% had no school behavior problems and most were first time offenders. Class 2: Serious School Problems; the largest group, 32% of the sample, were youth with high rates of moderate to severe school behavior problems, but low needs in other areas. Class 3: Hostility-Inattention, was the second largest group, 23% of the sample was the first of three multiple problem classifications. The group had various relatively high rates of school behavior problems, peer delinquency, and mental health problems. Three identified needs distinguished class 3 from all other classes: (a) attention deficit/hyperactivity disorder (ADHD); (b) hostility towards others; and (c) a lack of cooperation; possible oppositional defiance. Class 4: High-Risk and Family-History was the smallest group of 11% of the sample, were distinguished from other classes with higher average scores on current family involvement with the criminal or juvenile justice system, 93% had parents or siblings who were on probation, parole, or incarcerated at the time of the assessment. In addition, Class 4 was least likely to be white and most likely to be black as compared to other

classes. Class 5: Substance Abuse and Peer Delinquency group was distinguished from other classes by higher average scores on substance use or abuse and peer delinquency. Eighty-one percent were rated as having substance abuse problems compared to 0 to 5% of other classes. In addition, 78% of Class 5 juveniles had ratings in the top two levels of the measure of peer delinquency compared to 14% to 46% of juveniles in other classes.

Classification reduces complicated information into conceptually meaningful categories or risk profiles (Schwalbe et al., 2008). Parental noncooperation was very low with a mean average of 9%, ranging from 3% for class 1 to 15% for Class 5, but was statistically significant, however did not distinguish strongly between classes. School behavior problems were also highly prevalent and less distinguishable across groups, but meaningful differences were observed in Class 1 compared to other groups. The researchers were satisfied that the five categories that emerged suggested that a limited number of specialized intervention packages may be enough to respond to the needs of most youth who come in contact with the juvenile courts.

The LCA offers impressive capacity to classify or categorize court involved youth, however it appears important just which kind of assessment tool was utilized to collect the initial data. It seems clear had the LCA been applied to the data collected by the Kelly, Macy, Smears (2005) study which utilized an OJJDP recommended type instrument, a different (however similar) set of categories would have resulted, likely including a class of youth at higher risk per lack of parental supervision. Parental supervision was the primary risk factor in the Kelly et al. (2005) study and parental rule enforcement the third risk factor in the Barnoski (2004) study, however parental

supervision appears further down the 'prevalence of need' at number seven in the LCA because the JRM apparently places less weight on this risk. However, school behavior problems present highest risk in the LCA, and second in both other studies aggregating needs of court involved youth suggesting addressing school behavior problems will have significant impact on reducing juvenile offence rates.

Evidence-Based Human Services Versus the Nothing Works Debate

For research findings to promote real advances in knowledge and practice they must be systematically reviewed and integrated into the current knowledge base and practices (Bernfeld et al., 2001). Amazingly, it was not until 1979 that a medical epidemiologist, Cochran, provided the framework for systematic review of research findings (Bernfeld et al., 2001). Dr. Cochran challenged his field when he posed the question of whether medicine and other related health research fields could honestly claim to have solid empirical foundations when there were no records of the research findings supporting the various interventions. Years later in 1993 the Cochran Collaboration was created, consisting of an international network of researchers from Europe, North and South America, Australia and South Africa. In fifteen different sites the international network identified, evaluated, and integrated the results of well-designed intervention studies, most often randomized controlled trials. By 1999, the Cochran Database of Systematic Reviews contained over 250,000 entries, all accessible through the Cochran Library via the internet, and is continually updated.

The Cochran Library inspired the development of the Campbell Collaboration of Educational and Social Interventions, which also includes corrections services. Its first

scientific conference was held in April 2001, but even then, had accumulated more than 10,000 entries entitled the Social, Psychological, Educational, and Criminological Trials Register (the SPECTR database) (Bernfeld et al., 2001). As a result of Cochran's insight, across many fields, a standard philosophy exists acknowledging the scientific seal of approval captured in the phrase evidence-based practices (EBPs) and is regarded as a cornerstone of synthesizing scientific knowledge. Many scientists and researchers believe evidence-based practice should be prerequisite to the design and delivery of all services and of consultation between researchers, practitioners, and policymakers (Bernfeld et al., 2001).

Before the development of the SPECTR database, the program literature on the corrections field during the late 1970s and beyond led to what was considered the *nothing works debate*. While the corrections field contended that nothing works in addressing juvenile delinquency it prompted more interest among social/behavioral scientists in assessment and treatment of aberrant human behavior in children. However, the mantra of "nothing works" also provided fodder for many politicians and policymakers in criminal justice, many who were already inclined and promoting the *get tough and just deserts* policies for youthful offenders. More than two decades later, an accumulation of quantitative studies informing prediction and outcome literature had continued to grow; an actual science of delinquency and systems of service delivery capable of largely promoting positive outcomes among behavior disordered and delinquent youth had been developed. Nevertheless, confronting an essentially evidence-based practice, the nothing works debate had laid a foundation for the continuation of the corrections programs of

high levels of incarceration and probation in juvenile justice that has continued to fly in the face of science.

The transfer of the primarily academic-based knowledge in human services to applied settings was and continues to be a challenging endeavor (Fagan et al., 2019; Knight et al, 2016). Bernfeld et al. (2001) recalled, the literature is filled with many examples of programs that were either well-conceived, but poorly implemented or well implemented, but poorly sustained. In some situations, a purposeful undermining of programs that have demonstrated success in research but were not sustained in practice settings is suspected given the cynical intentions of some policy and program “experts” who would prefer not to undermine their own convictions, particularly in criminal justice. According to Bernfeld et al. (2001) Andrews and Bonta (1998) referred to the intentional undermining of evidence-based practices as *knowledge destruction*; incidences of knowledge destruction have been found in both the young offender literature and substance abuse literature. The techniques of knowledge destruction in the literature utilize what appears to be sophisticated use of scientific principles, but are misused to negate scientific fact. Bernfeld et al. (2001) suggested the use of these techniques often reveal the negative beliefs or attitudes on the part of those seeking to suppress the progress in knowledge from being realized in practice, with dismissal as the intent.

Changing Environments, Changing Human Development

Human Services Providers in Preparation for Mental Health Treatment in the 21st Century

Just as the world is changing quickly, producing new environments that are not all for the better, at least not for all, leading to greater numbers of diverse people with mental health needs, so must human services providers also change and expand their visions of their roles to meet the greater needs (Fagan et al, 2019; Lewis et al., 2002; Swenson et al., 2005; Sexton & Turner, 2011). Human services providers must be enlightened with a vision of what is possible so they can see themselves within that future and gain a new sense of purpose and direction. By developing a new vision of their professional roles human services providers can more effectively meet the growing needs of their client youth and families. Given the changing world and the clarity brought to human development by old and new paradigms in developmental science more human services practitioners recognize its time to move beyond the traditional roles of counselors, social workers, psychologists and psychiatrists alike. However, many human services practitioners remain committed to an outdated paradigm. All human services practitioners are needed to broaden their scope and develop a more comprehensive vision of their roles if they are to maximize their value to the nation's mental health and educational systems, lest these institutions remain or become even more bureaucratic and only serve themselves at the expense of society.

Many investigators have identified a host of social factors that contribute to the emotional difficulties experienced by hundreds of thousands of youth each year, as well

as social factors that place countless more youth at risk for a range of psychological problems in the future. According to Lewis et al (2002) and suggested by other researchers (Fazel et al., 2008; Katner, 2006; Keyes, 2006), as late as the new century as much as 60% to 80% of youth in need of mental health services in the United States were not receiving treatment at all. Many of those who do receive mental health care, receive less than proficient services (Fagan et al., 2019; National Research Council, 2013; Swenson et al., 2005; Young, Dembo, & Henderson, 2007). The traditional counseling paradigm utilized by most counselors has been quantitatively ineffective, thus the cumulative impact has failed to improve the quality of the nation's social and mental health (Lewis et al., 2002). A paradigm shift in counseling and other helping professions is necessary and require fundamental changes in the way many practitioners think and perform (Albee & Ryan, 1998; Lewis et al., 2002) is a sentiment that continues (Gottfredson et al., 2018; Sexton & Turner, 2011; Welsh & Greenwood, 2015).

Lewis et al (2002) suggested the inherent limitations of the traditional counseling paradigm is itself a basis for new visions of counseling and other helping professions. These researchers and practitioners saw the traditional methods of counseling and psychotherapy that seek to facilitate change within the individual rather than in his or her environment as largely obsolete, and is largely affirmed by the evidence produced by new paradigms (Greenwood & Turner, 2009; Letourneau et. al., 2013; Sexton & Turner, 2011; Welsh, et al., 2014). There is much to be gained in understanding a psychodynamic perspective, and an expansion of this perspective extending outward to the bio-ecological systems, the basic foundation to most evidence-based community mental health

programs. Ideally, human services practitioners should understand comprehensive human development. This literature review comes to a close with a review of four evidence-based program therapies being practiced with youth and families in the United States and several other countries with demonstrated efficacy with both serious juvenile offenders, and certainly the overwhelming majority of nonviolent court-involved youth, most with mental health diagnoses.

Evidence-Based Human Services

Multi-Systemic Therapy. Several evidence-based family therapies and interventions are based on the foundational principles of Bronfenbrenner's bio-ecological model. One of the most practiced and examined is *multi-systemic therapy*, an evidence-based community-based treatment program. Within multi-systemic therapy (MST), interventions target the reciprocal interactions within and between systems, such as those between parents, between parents and children, between families and schools, and/or between the child and his or her peer network (Bernfeld, et al., 2001). Nine treatment principles guide the nature of contact between therapists and families and the development and implementation of treatment interventions. Together, these interventions empower parents with the skills and resources to address difficulties in rearing adolescents, and empower the youth themselves to cope and successfully manage family, peers, school, and neighborhood problems.

The treatment in MST programs is usually delivered in a home-based intensive time-limited model of three to five months (Bernfeld, et al., 2001; Letourneau, 2013; Swenson et al., 2005; Henggeler & Schaeffer, 2016). Treatment sessions are active,

collaborative, highly focused and held as often as daily during the early weeks of treatment. Although sessions are usually conducted in the home, they are also held in other settings in the child's natural ecology, including the school, recreational center, or other settings where family members feel comfortable. Because the work with families is very intensive, therapists carry low caseloads of no more than four to six families and families always have continuous access to their therapist or a member of the therapist team around the clock as needed. Although each therapist carries their own unique caseload, they work together in small teams of two to four therapists receiving supervision from the more experienced and trained practitioners in the MST model and providing coverage for one another as needed.

MST uses intensive quality assurance programming. Because several published studies have demonstrated that therapist fidelity to MST principles is strongly associated with attaining key outcomes for youth, such as avoidance of re-arrest, and families improved functioning, MST administrators provide considerable attention to its quality-assurance system provided by its overhead administration, MST Services, which has the exclusive license for the transport of MST technology and intellectual property through the Medical University of South Carolina. However, it is important to note, these successful researchers do not have exclusive rights to practice bioecological model-based therapies.

Functional Family Therapy-Clinical Services System (FFT-CCS). The U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) continues to *recommend* that states utilize community-based prevention programs that focus on strengthening the

family unit of delinquent youth because many of these programs have demonstrated effectiveness in both reducing recidivism rates among youthful offenders as well as reducing the onset of delinquent behavior in siblings (Sexton & Alexander, 2000).

Functional family therapy appears to be the current leader among programs in presenting evidence of effectiveness and has demonstrated efficacy as both intervention and prevention of delinquency (Sexton & Alexander, 2000; Penn State EPIS Center, 2011; Sexton & Turner, 2011; Washington State Institute for Public Policy, 2004). Functional family therapy (FFT) is named to indicate that the primary intervention focuses on the family unit and that positive and negative behaviors are functional, both influence and are influenced by multiple relational systems; that is, like many other recent therapies, FFT is also multi-systemic, focusing on the multiple domains and systems in which youth and their families live (Sexton & Alexander, 2000; Sexton & Turner, 2011).

FFT was developed over thirty years ago by the University of Utah's Family Clinic to provide needed services at-risk youth and their families (Sexton & Alexander, 2000). Traditionally the populations served lacked resources, were difficult to treat and were often perceived by services providers as minimally or unmotivated for treatment. These perceptions were often true as many of the youth referred for treatment to school counseling programs, mental health or the juvenile justice system shared a common disposition of anger and hopelessness and indeed were resistant to traditional modes of treatment.

The creators of FFT recognized that successful treatment of diverse and often marginalized populations would require service providers who were sensitive to the

needs of these youth and families. FFT services providers must understand more is required than an attempt to change bad behavior of the adolescent, but must motivate families to change by utilizing their strengths, and helping them to build on those strengths. Thus, necessarily, FFT focuses on therapists' characteristics and in-session processes from an integrated perspective of research and practice (Sexton & Alexander, 2000; Sexton & Turner, 2011). Most clinicians who have successfully implemented FFT have been trained professionals with master's level degrees, although less often bachelor level practitioners from a wide variety of fields, most within the social and behavioral sciences including public health nursing, social work, marriage and family counseling, probation services, criminology, psychiatry and recreation therapy have also been successful practitioners.

The training of therapists may be the most important aspect of successful service delivery (Clayton, 2012; Sexton & Turner 2011; Washington State Institute for Public Policy, 2004) and this reality has led to a unique method of training for therapists to identify step-by-step interventions and to recognize their impact on the youth and other family members. During the late 1990s FFT was further refined by developing a systematic approach to training and program implementation, adding a comprehensive system of client, process, and outcome assessment, implemented through a computer-based client tracking and monitoring system known as the Functional Family Therapy-Clinical Services System (FFT-CSS; Sexton & Alexander, 2000). This iteration helps practitioners identify and implement goals for therapeutic change in a way that also increases accountability through process and outcome evaluation. FFT is now a clinical

intervention model that includes systematic training, supervision, process and outcome assessment components.

The FFT model is multi-systemic and multilevel focus on the treatment system, the family, the level of functioning of each member, and the therapist as the major components. Within this context, the first goal of FFT is to develop the family's inner strengths and confidence in themselves that they can improve their circumstances, although perhaps one step at a time. The family is provided a foundation for change that extends beyond the support of the therapist or other social systems, but leads to greater self-sufficiency, fewer treatment needs and lower costs. The revised and improved FFT-CSS model is systematic and simplifies replication in local communities.

Because FFT aims to achieve cognitive and behavioral changes in the family system it is considered a cognitive-behavioral therapy, as opposed to the pursuit of insight (Gehart & Tuttle, 2003). Within the FFT model the therapist challenges negative traits attributed to others in the family focusing on underlying beliefs, cognitions and attributions that maintain the problem situation. For example, analysis of a marital relationship identifies how spouses interact and reciprocate behavior and feelings and the extent how mutually satisfying these interactions are (Gehart & Tuttle, 2003). The overall goal of cognitive-behavioral approaches is to alter unproductive behavior and cognitive patterns to alleviate the problem and maladaptive symptoms.

FFT in practice has three intervention phases and a model of assessment which is applicable at each phase (Gehart & Tuttle, 2003; Sexton & Alexander, 2000; Sexton & Turner, 2011). The phases are (a) Engagement and Motivation, (b) Behavior Change, and

(c) Generalization. Although phases have separate goals, they are interdependent and sequentially linked. Each phase has distinct assessment objectives as well as addresses different risks and protective factors. The FFT therapist must have an extensive array of skills, drawing from the repertoire as required by the goals of the current phase. FFT interventions are organized coherently, allowing the therapist to maintain focus in context which often involve extensive family and individual disruption (Sexton & Alexander, 2000).

The Functional Family Assessment Protocol is a systemic approach to understanding families, an assessment tool which facilitates model adherence and outcome assessment. The Clinical Services System (CSS) is an implementation tool that allows therapists to stay abreast of activities including session goals, client assessments, and treatment outcomes. Through the CSS computer-based operation therapists have easy access to both process and assessment information. The program improves efficiency in clinical decisions and evaluation of case outcomes.

As of year, 2000, FFT had 50 certified service sites in 15 States, which served thousands of adolescents and their families in several settings, from home-based, clinic based and school based (Sexton & Alexander, 2000). These service sites included programs grounded in diversion, probation, alternatives to incarceration, and reentry from high security severely restrictive institutional settings. As of 2000, the Family Project in Las Vegas was the largest FFT research and practice site in the country. The University of Nevada partnered with the Clark County Department of Family and Youth Services. Clinic based therapists provided FFT services to 231 families with youth referred by

juvenile probation over a period of two years. Eighty percent completed the FFT program, a high rate of completion, and of those completing the program only 19.8 percent committed an offense within one year compared with 36 percent of the treatment as usual comparison group. The data suggested FFT reduced recidivism by an approximate 50%, consistent with previous FFT randomized clinical trials and replication studies. Another important outcome measure is costs effectiveness. During the two-year period the average cost of FFT services per family was between \$700.00 and \$1000, by comparison the average cost of detention was at least \$6000.00 per adolescent, and the average cost of the county residential program was at least \$13,500.00 per adolescent, and had a three-year 90% recidivism rate. The Family Project's use of the FFT model proved not only effective, but very cost effective.

A continuing statewide testament to FFT began in 1997 when the Washington State legislature passed the Community Juvenile Accountability Act (CJAA) (Washington State Institute for Public Policy, 2004). The goal of the legislation was to reduce costs of juvenile crime by utilizing the scientific research in program development for the State's juvenile courts. The CJAA legislation provided funding for the first state-wide research-based juvenile justice programs, but selected programs with demonstrated success in pilot projects. The question was how effective were these programs in the larger real world. Functional Family Therapy once again produced consistent results, but with an important caveat.

The basic findings were that when Functional Family Therapy (FFT) was "delivered competently", the program reduced felony recidivism by 38% (Washington

State Institute for Public Policy, 2004). The cost-benefit analysis found FFT to generate \$2.77 in savings from avoided crime costs for each taxpayer dollar spent on the program regardless of the competency level of the therapists, but for competent therapists the savings were greater, as much as \$10.69 in savings per dollar spent on the program.

The Teaching-Family Model. The Teaching-Family model group care home is one of the oldest alternative programs to secure confinement for juvenile offenders in the U. S. having its beginning in 1967 at the University of Kansas with the opening of Achievement Place (Bernfeld et al., 2001; Kirgin, et al., 1982). The previously famous Achievement Place group care program admitted 41 boys, 61% were white, 21% were black, seven percent were American Indian, and two percent were Mexican American. The youth were academically an average two grade levels behind with over half (57%) having been retained at least once. Sixty-five percent of the youth were suspended from school at the time of admission to Achievement Place and all youth had been adjudicated in juvenile court, of which 52% were felonies.

Achievement Place was described as a community-based, family-styled, behavior modification group home treatment for delinquent youth (Blasé et al., 1984). The goal of the emerging Teaching-Family Model was to teach the youth appropriate social skills including introductions, polite conversation, table manners, and improve academic skills by encouraging and supporting consistent study habits. Self-help skills including meal preparation and personal hygiene are also basics of the program (Blasé et al., 1984). Acting as an alternative to institutionalization for most of the resident youth at Achievement Place had lower recidivism rates than youth in an institutional program

during a two-year follow-up period. While in treatment there were significant increases in school attendance and paralleling reductions in arrests and court contact. Achievement Place residents also had lower school dropout rates than institutionalized youth after returning to their communities (Bernfeld et al., 2001; Blasé et al., 1984).

Stakeholders were pleased and considered the project successful, but conclusions were considered tentative due to methodological problems including small sample sizes. However, the program provided a training program that produced 35 replications of the original program and within the model's first fifteen years in practice over 100 descriptions and evaluations had been done. One study of twelve replications of Achievement Place and nine comparison group care homes showed a 54% reduction in mean criminal offense rates for the Teaching-Family boys during treatment compared to an 81% increase in mean criminal offense rates for the non-Teaching-Family boys during treatment (Kirigin et al., 1982). During the first-year post treatment, although the Teaching-Family mean criminal offense rate committed during treatment was maintained, the mean criminal offense rate for the non-Teaching Family boys also dropped to similar rates.

Juvenile offense rates for girls were and continue considerably lower than those of boys, but the results between the Teaching-Family girls' group care homes and the non-Teaching-Family girls' group care homes were very similar to the boys' results. During treatment the Teaching-Family girls had a statistically significant decrease in criminal offense rates while the non-Teaching-Family girls had a statistically significant increase in criminal offense rates during treatment. Also like the boys' results, the year post

treatment the Teaching-Family girls maintained a similar rate of criminal offenses and the non-Teaching-Family girls' rate of criminal offenses decreased to a similar rate to that of the Teaching-family girls as well. These results suggested again that Teaching-Family group care homes were superior to non-Teaching-Family group care on during treatment measures. It appears Teaching-Family provided a set of conditions that reduced delinquent behavior during treatment. Consumer surveys were also taken; the youth's ratings of the group homes' staffs were the most highly correlated with reduction in criminal offenses from the pretreatment to the during treatment interval, the higher the youth's ratings of fairness, concern, effectiveness, and pleasantness of the staff, the lower the criminal offense ratios. Regarding the non-Teaching-Family group care homes, researchers pointed out they were not the first to find increases in delinquency during group care treatment pointing to a study of group home care in the State of Washington (O'Connell, 1977) that also found increases in delinquency during treatment.

Kirigin et al. (1982) also shared results of a national evaluation of the Teaching-Family Model (Jones, Weinrott, & Howard, 1981) which evaluated 26 community-based programs that were using the Teaching-Family Model at the time the study began and 25 comparison programs. The results showed few significant differences between the Teaching-Family programs and comparison group care homes, both sets of homes yielded similar results almost across the board on measures of official offense rates, self-reported offense rates, institutionalization, self-esteem, and acquisition of adult roles. However, positive findings for the Teaching-Family programs were that they were significantly better on measures of school grades during treatment and on measures of

consumer ratings, and costs per youth was 20% less than the comparison programs. In further defense of the Teaching-Family programs, Kirigin et al. (1982) reported that the Jones et al national study (1981) of the Teaching-Family programs utilized three separate training sites of which two were new when the study began. Researchers say although Jones et al (1981) did not report data for the three separate training sites, they did have it available. Data for the original Kansas training site revealed levels of criminal offenses 'during treatment' were about half the levels of the comparison programs, like what they found in their study.

The Teaching-Family Model began as three program components: (a) a multilevel token economy system, (b) a social reinforcement system, and (c) a self-government system (Kirigin et al., 1982). The model was designed to teach youth appropriate behaviors in a family-like setting. The model assumed that a delinquent youth had not learned the appropriate behaviors that would enable him or her to interact in a socially appropriate manner. The main emphasis of the program was on teaching the youth the appropriate behaviors needed to be successful participants in their communities and beyond. As with most effective human services the central thrust of the program was the services providers themselves, each group home was originally staffed with a married couple as teaching-parents who received extensive training in the three components of the model.

Today in 2023, teaching parents may be two same gender staff who live in the group care home 24-hours-per-day and often 7-days-per-week (Teaching-Family Association, 2013; 2023). The teaching parents and one or two assistants are the essential

personnel staffing a group care home for six to eight youth in treatment. The teaching-parents also engage the client youth's natural parents and teachers improving developmental properties within microsystems of home and school by improving mesosystems between the two with improved parent-teacher communication.

The community-based group care home keeps the youth in daily contact with his or her community and in so doing offers many opportunities for teaching-parents to observe and modify deviant behaviors and to teach the youth alternative ways to deal with their parents, teachers and peers. The teaching parents receive support from the training/consultant/evaluators (TCEs) who provide the original training to teaching-parents, then consult with them and evaluate their performance and proficiency in the model. The training/consultant/evaluators (TCEs) are minimally graduate level clinical counselors and social workers, psychologists and other social and behavioral science specialists.

After an evaluation of over 300 group home replications of the Teaching-Family Model the creators recognized an important caveat of program survival rates: full program administration and support services made all the difference (Bernfeld et al., 2001). Only 17% of 219 group care homes that received the full complement of site services (i. e., selection, training, consultation, evaluation, administration) closed within five years, while 85% of 84 group homes attempting to operate more independently, with only partial services (training and evaluation) closed within five years. Thus training/consultant/evaluators TCEs are imperative staff to model development and implementation. Bernfeld et al (2001) advised if we are to solve important social

problems in general such as child abuse, delinquency and illiteracy, we must begin with the research that leads to effective programs that can be replicated, and human service providers must implement the programs with fidelity.

Aggression Replacement Training (ART). Human Services practitioners of all kinds including counselors, teachers, and juvenile corrections staff and no doubt many others realize adolescents who present with aggression are often deficient in pro-social behaviors (Bernfeld, et al., 2001). ART is a research-based program response designed to decrease aggressive antisocial behavior and increase pro-social behavior. It is a multi-modal, psycho-educational intervention that consists of three components: (a) skill streaming, (b) anger control training, and (c) moral reasoning training. Together the three components constitute a cognitive-behavioral intervention that focuses directly on the youth's thoughts, emotions, and behaviors.

Summary and Transition

The U. S. Juvenile Justice System utilizes secure confinement as its primary response to juvenile delinquency although 90% of youth in the system are nonviolent, at least 70% are diagnosable with mental health disorders, and all are more effectively treatable in their communities by evidence-based human services and mental health practitioners. Moreover, racial bias in the system has largely contributed to minority youth comprising more than 67% of youth confined and are feeding into the U. S. prison systems, many offering stocks on Wall Street. The United States continues to be the only nation in the United Nations that has not ratified the international treaty on children's

human rights; The Convention on the Rights of the Child, leaving American youth unprotected from internationally recognized human rights violations.

The synthesis of two paradigms was posited as a comprehensive model of human development that grounds this study in the empiricism of the social sciences, particularly developmental science. According to the findings of Freud and Bronfenbrenner, human development is primarily of a psychological nature, facilitated through our unique interactions in varieties of roles and settings. We are the sum of our experiences, but only as far as we overcome the belief systems of our ancestors acquired during childhood.

The inner struggle between our unconscious value systems of ancestral beliefs and our conscious perception of the world around us continues. As the Federal and state governments struggle with new knowledge from developmental science, the inner struggle continues for legislators, who are now undoubtedly aware that children and adolescents do not have emotional, nor cognitive development equivalent to that of adults, and thus should not be held to the same standard of criminal liability. The ancestors of most Americans did not value science as a method of measuring reality but did have other values. Ancestral values may guide many of today's Federal and state policies, including for juvenile justice systems.

During the 1990s the number of youths held in detention centers and prisons more than doubled and more attention came to the mental health of youth in secure facilities than ever before in U. S. history. Numerous studies of youth being held in secure confinement revealed 70% are diagnosable with at least one mental health disorder, half

are diagnosable with more than one disorder, and 20% are in the warning range for suicide.

Although the overwhelming population of those confined are boys, the numbers of girls detained rose after status offenses were recriminalized. Girls also have higher rates of mental illness than boys, generally related to previous trauma including sexual assault and other abuses resulting from family dysfunctions. The criminalization of status offenses has not been outlawed by Federal legislation, but continually admonished. Many states continue to use secure confinement for status offenders instead of appropriate community, evidence-based human services. Secure confinement is yet another traumatic experience compounding the original problems of these youth. Additionally, although federal law prohibits institutionalized racial bias, over 67% of youth confined across the nation are African American and other minorities, having increased from 60% in 2001.

Withstanding the actions of police and the judicial system, many school districts themselves take racially biased disciplinary actions and contribute to the school-to-prison pipeline of minority youth. Zero tolerance laws and practices are strongly associated with significant increases in truancy, school drop-out rates, and subsequent involvement with the judicial systems, while learning disabilities and mental health problems are the real issues to be addressed.

Evidence-based human services and mental health programs are those which provide measurable outcomes of effectiveness in resolving delinquency and other emotional, behavioral, and learning problems. Although highly recommended by the Federal Office of Juvenile Justice and Delinquency Prevention, these programs remain

outliers to services provision for prevention and treatment of delinquency across most states. The lack of demand for community, evidence-based clinical services systems has contributed to a shortage of evidence-based human services providers.

Traditional MSW, human services, and mental health providers must train and prepare to meet the needs of the 21st century. This review of the literature suggests schools collaborating with community, evidence-based human services agencies as opposed to police and the judicial system, would significantly reduce not only the small percentage of violent behaviors, but the largely nonviolent behaviors of the youth that transgress the laws. Much of delinquency and youth crime would be circumvented, and at less the financial costs to Federal, state, and local budgets. Most importantly, saving many of the lives and much human suffering among the nation's most vulnerable children and youth.

This study provides a comprehensive review of much of the scientific literature on U. S. Juvenile Justice systems for all stakeholders: Federal and state legislators, local governments, state human services administrators, state Juvenile Justice Department administrators, school district superintendents, universities, researchers, and services providers including social workers, psychologists, psychiatrists, and other mental health practitioners. Chapter 3 outlines the methods of organizing this systemic literature review and summarizes the conclusions from articles and findings from studies which are most relevant to answering the research question: How are states utilizing evidence-based interventions in policies, programs, and practices to prevent and resolve delinquency?

Chapter 3: Research Method

The goal of this systematic literature review was to provide insight into the recent history to date on some of the more critical issues in U.S. juvenile justice systems and to answer the research question: How are U.S. states using evidence-based interventions in policies, programs, and practices to prevent and resolve delinquency? The literature reveals at least three critical issues in U.S. Juvenile Justice systems: (a) Mental health diagnoses among most youth encountering the justice systems (Abram et al., 2004; Berkley Center for Criminal Justice, 2010; Dalton et al., 2009; Fazel, et al., 2008; Murrie et al., 2009); (b) Disproportionate minority contact and confinement and other human rights challenges (Benekos & Merlo, 2011, 2019; Boyd, 2010; Bureau of Justice Assistance, 2000; Hayes-Smith & Hayes-Smith, 2009; Heitzeg, 2010; Satpathy, 2011; Thompson, 2011); and (c) a slow start from state governments to respond to the growing body of research requiring evidence-based programs and practices for the prevention and intervention of delinquency and youth crime (Carmichael, 2012; Crowley & Scott, 2023; Elliott et al., 2020; Fagan et al., 2019; Greenwood & Phillippi, 2014; Henggeler & Schoenwald, 2011; Welsh et al., 2014).

Purpose Statement

The purpose of this systemic literature review was to provide overview of U. S. Juvenile Justice systems and insight into how states are using evidence-based programs and practices as prevention and intervention of delinquency and youth crime. Some researchers have determined that federal and state statutes with supportive funding would be the most expedient means of scaling up evidence-based interventions in the public

sector including juvenile justice systems (see Fagan et al., 2019). To reach this goal, other researchers report that the evidence supports that bringing scientists and policymakers together is the most effective means of achieving federal and state statutes supporting evidence-based interventions (Crowley & Scott, 2023).

This comprehensive review of the scientific literature on U.S. Juvenile Justice systems may improve understanding among stakeholders of the interrelated environmental systems sustaining delinquency and youth crime. Given this renewed understanding, policymakers may recognize their own authority and wherewithal within the macrosystem of policy and practice required to prevent delinquency and reduce recidivism rates. This review of the literature may assist all stakeholders in recognizing their interrelated roles in sustaining the problem of juvenile delinquency and youth crime and begin to accept personal responsibility for change, therefore producing a domino effect toward resolution all the way down to the microsystems of at-risk youth and families.

What affects one directly, affects everyone circuitously. The youth at risk in inner city communities cannot be who they ought to be until policymakers become who they should be, including the development of responsible juvenile justice policies. This literature review may assist some stakeholders in recognizing the value of science, the evidence on nurturing competent human development (Bronfenbrenner, 1979; 1986; Dishon & Stormshak, 2007; Dunn & Mezzich, 2007; Freud, trans. 1962a), and the role of the macro system (Bronfenbrenner, 1979; 1986; Bronfenbrenner et al., 1986; Dunn & Mezzich, 2007; Kohlberg, 1971; 1994; Kohlberg et al., 1987). It is possible some

renewed stakeholders may continue their reforms to end the trauma of secure confinement for nonviolent previously traumatized youth and begin utilizing the evidence toward healing their vulnerabilities, which in turn, prevents much of delinquency, and reduces recidivism.

Research Design and Rationale

The primary research question posed by this study was: How are states using evidence-based interventions in policies, programs, and practices in the prevention and treatment of delinquency? This comprehensive literature review of U. S. Juvenile Justice Systems yielded four major concepts to be explored in responding to the research question: (a) Evidence-based interventions; (b) brand name programs vs generic practices evaluated by meta-analyses (Elliott et al., 2020; Lipsey et al., 2010; Lipsey, 2020; Welsh et al., 2014); (c) States' methods of scaling up to evidence-based programs and practices (Clayton, 2012; Fagan et al., 2019; Gottfredson, 2019); and (d) Federal initiatives in assisting states in the transition to evidence-based policies, programs and practices in juvenile justice systems (Elliott et al., 2020; Hussemann & Liberman (Urban Institute), 2017; Loeber & Farrington, 1997; Knight et al., 2016; National Conference of State Legislatures, 2015).

Methodology

The research method is the deliberate strategy used to resolve a research problem through the collection data. The strategy includes how data is collected followed by the drawing of conclusions from the data. Essentially, the research method is the plan for how the study will be conducted, providing repeatability.

I made a comprehensive review of the literature beginning with the term juvenile justice to build a knowledge base on this core issue, which revealed three critical issues: (a) Mental health diagnoses among large percentages of youth encountering the justice systems, (b) Disproportionate minority contact and confinement and other human rights challenges, and (c) secure confinement as a primary response to delinquency and youth crime, despite a continually growing body of research supporting evidence-based programs and practices for the prevention and intervention of delinquency and youth crime. As a result, I progressed to a more systematic literature review to answer the research question: How are states using evidence-based interventions in the prevention and treatment of delinquency? The goal of systematic literature review is to identify as much relevant research on the specific research question or questions as possible. In addition, according to Booth et al., (2012), there are three reasons to pursue systematic literature review, which are clarity, validity, and auditability. How I achieved these goals are presented in the next three subsections: Search Criteria, Procedures for Including and Excluding Articles, and Categorization.

Search Criteria

I originally conducted a general search of several social science databases for the term *juvenile justice system*; these included the PsycINFO database, the Criminal Justice database, and the multidisciplinary databases Academic Search Complete and ProQuest. Although a few articles were retrieved from some of the others, most databases recommended the PsycINFO database for my inquiry on juvenile justice, which became the primary database for my continued search. Because I sought to document a

comprehensive overview of the U. S. juvenile justice system and ultimately its relationships to evidence-based programs and practices, as articles were returned by the broad search term juvenile justice system, unique issues were identified and subsequent searches for the terms evidence-based programs, juvenile delinquency, secure confinement of youthful offenders, mental health diagnoses and juvenile offenders, disproportionate minority confinement, and others were searched until a comprehensive overview of U.S. Juvenile Justice Systems was achieved.

More focused on the specific research question of how states are utilizing evidence-based interventions to prevent and resolve delinquency, the search terms were narrowed to *juvenile delinquency*, *evidence-based programs*, *state laws, regulations*, and *policies* within the text. These search words originally returned only 35 articles, but the continued search including database. Academic Search Complete for all academic journals, resulted in considerably more with 54 articles selected accompanying all those in the initial search for more than 250 peer-reviewed articles and studies included.

Procedures for Including and Excluding Articles

All articles and studies retrieved from the PsyINFO, PsycArticles, and Academic Search Complete databases that included text on evidence-based programs, interventions, practices, and or policies in state or federal juvenile justice systems were included as responsive to the research question. I read the abstracts of all articles with any suggestion in its title of a national or state use or proposal of use of evidence-based programs, practices, and interventions or the use of scientific evidence in juvenile justice policies and practices at the state or national level. In addition, any reports from juvenile justice

state agencies and policymakers on their use of evidence-based programs, practices, and interventions were included. Researchers making recommendations to states for evidence-based policy changes were also included.

Three critical concerns in U.S. Juvenile Justice systems were identified which appear to be driving the efforts for evidence-based program interventions, namely, (a) high rates of mental health diagnoses among youth encountering the justice systems, (b) the continuing disproportionate minority contact and confinement (DMC), and (c) the continuing priority of secure detention over evidence-based developmental alternatives. These issues are presented as an essential background to the research question, but studies measuring rates of mental health diagnoses, rates of DMC, and secure confinement rates were excluded as unresponsive to the research question, unless these were mentioned as part of how the evidence was being utilized within the state or nation. Table 1 follows, outlines, and briefly summarizes the selection of articles and studies included, and is presented alphabetically by reference. Most of the research and reports presented to address the research question were published within the last 5 to 10 years, all within the last 15 years.

Table 1

Summary of Articles and Studies Examining Evidence-Based Interventions in Juvenile Justice Systems

Reference	Article or Study Design	State or National Issue
Baumgartner, 2022	Report from the author's book New York, Oxford Univ Press	The death sentence for the "late adolescent" class and evidence-based practices across states
<p>Neuroscience finds brain development incomplete until as late as mid-twenties. The author presents simple statistics by age and race on those sentenced to death before and after Roper v Simmons.</p> <p>Conclusions: After Roper v Simmons, 2005 ended the death penalty for youth under 18 years old, the rate of black youth 18-20 years old receiving the death sentence increased, raising minorities in this age group above 60% of those receiving death sentences.</p>		
Baumle, D. 2018	Peer-reviewed article	Decriminalization of trauma as national policy
<p>The author describes the trauma-to-prison pipeline suffered by many girls and the role of race and gender in the criminalization of responses to trauma, creating what is also referred to as the abuse-to-prison pipeline for many largely black girls. Proposes the structure of trauma be removed as a priority because behavioral responses to trauma may be more politically challenging. However, the responses to trauma such as truancy, running away, curfew violations, ungovernability, and alcohol use should not result in any form of juvenile justice involvement, in part because these behaviors are often trauma reactions, and also because these behaviors do not amount to criminal behavior warranting justice involvement. Instead, such behaviors could be addressed through supportive trauma-informed community services, through child welfare and family court systems in particularly extreme cases.</p> <p>Conclusions: The interrelated personal and structural trauma experienced by many girls and their justice system-involvement may not be only correlated but causally related and deserve and require further research for the nation/states to provide trauma informed services.</p>		
Benekos & Merlo, 2019	Peer-reviewed article	U. S. Supreme Court decisions and a U. S. Attorney General mandate affects states' use of EBPs
<p>Authors reviewed Roper v Simmons, 2005, Graham v Florida, 2010, Miller v Alabama, 2012 and Montgomery v Alabama, 2016, and how states interpreted these Supreme Court decisions in making state legislative reforms based on scientific evidence.</p> <p>Conclusions: The death penalty for youth under 18yrs old ended; life without parole for non-homicide offenses ended, including retroactivity. Mandatory life without parole: homicide ended. States are beginning to accept youth as different from adults. Several states are moving towards evidence-based trauma-informed treatment of youth.</p>		

(table continues)

Reference	Article of Study Design	State or National Issue
Benekos, Merlo, & Puzanchera, 2011	Longitudinal study	DMC and the national RRI Index
<p>Researchers used OJJDP data to examine rates of arrest, detention, adjudication, & placement of youthful black and white offenders. Reviewed policy considerations for disproportionate minority contact (DMC) including the OJJDP Relative Rate Index (RRI) for state assessments of DMC.</p>		
<p>Findings: By focusing on murder, aggravated assault, and robbery, they found higher rates at all decision points for black youth. After consideration for all possible social factors they concluded the disproportionate contact of black youth with the justice system cannot be accounted for by differences in rates of offending behavior.</p>		
Bowser, Henry, & McCollister, 2019	Ancillary study to an existing random trial of implementation interventions	Evidence-based program interventions are unavailable in JJ due to environmental organizational, and economic factors
<p>Bowser et al. (2019) attaches themselves to the JJ-Trials study (Knight et al., 2016) where thirty-six juvenile justice agencies in seven states (two dropped out), each of 34 agencies represented a county. Within each state each agency was randomly assigned to a CORE or ENHANCED implementation support system in the delivery of behavioral health services to justice involved youth. These authors claim they placed the JJ- trials in a broader context.</p>		
<p>Findings: Authors claim to have conceptualized how environmental, organizational, and economic factors affect implementation science and the JJ-Trials as an example, in the downstream delivery of behavioral health services for justice-involved youth, but presented little if any evidence to support their claims.</p>		
Cavanagh, 2022	Risk assessment	National state of developmental reform in juvenile justice
<p>A panel of experts assessed the progress of developmental reform in juvenile justice systems in two phases. After 35 states willing to introduce developmentally and empirically based reforms in their juvenile justice systems participated in the MacArthur Foundation's \$121 million Models for Change in Juvenile Justice Systems initiative. Researchers and other experts on the panel systematically identified risks for derailment of the reform, particularly regarding what has been a cycle of reform and retrenchment in juvenile justice policy and practice. The panel also identified possible preemptive mitigating factors.</p>		
<p>Conclusions: Of 11 possible risks identified, after five years, in 2019, two risks were sustained as the more ongoing threats to developmental approaches to juvenile justice reform, namely racial bias, and fragmented and uncoordinated efforts across agencies with different trends. Researchers recognized and recommend the need for all researchers to continually summarize their research findings in briefs that can be presented to policymakers and juvenile justice advocacy centers.</p>		
Chilenski, Frank, & Lew, 2019	Longitudinal, repeated cross-sectional design	State of Pennsylvania's use of EBPs
<p>Communities that Care (CTC) is an evidence-based prevention system. Every other year from 2001 to 2011, a total 470,798 student- reported observations from grades 6, 8, 10 & 12 were collected. N= 388 school districts participating in one to six waves of data collection.</p>		
<p>Findings: CTC schools had statistically significant lower levels of adolescent substance abuse, other delinquency, and depression.</p>		

(table continues)

Reference	Article or Study Design	State or National Issue
Clayton, 2012	Report from Washington Department of Health and Social Services	Washington’s statewide use of evidence-based programs in juvenile justice
<p>In 1997 the state of Washington passed the Juvenile Accountability Act as part of sentencing reform. In collaboration with 33 county juvenile courts, and policy and treatment program experts, a state advisory committee was created for statewide oversight and decision-making on evidence-based programs. This state committee remains in effect.</p>		
<p>Conclusions: After using several programs, outcomes indicated juvenile offender recidivism rates declined significantly with functional family therapy (FFT) and aggression replacement therapy (ART).</p>		
Crowley & Scott, 2023	Peer-reviewed article	Bridging research and policy-making
<p>Using a model called PROSPER, researchers observed how bringing policymakers and researchers together increased evidence-based strategies in bills passed.</p>		
<p>Conclusions: Bringing scientists and policymakers together has mutual benefits for individuals and offices involved, and the larger benefit of evidence being utilized in policies. However, still a way to go as scientists and policymakers learn to handle disagreement.</p>		
Dopp et al., 2019	Peer-reviewed article	National proposal for funding evidence-based programs
<p>Researchers propose private investors to fund EBPs then receive a return on investment from the government; a Pay-for-Success program.</p>		
<p>Conclusions: Authors suggest that “Pay-for-Success”, a private public partnership can be an effective means of financing evidence-based programs in the public sector if local governments have the capacity to execute a PFC contract.</p>		
Fagan, et al., 2019	Peer-reviewed article	Evidence-based programs are minimally used at the population level across states
<p>Society for Prevention Research formed a task force to learn ways to scale up EBIs in five public systems, behavioral health, child welfare, public health, and juvenile justice.</p>		
<p>Conclusions: Federal and state statutes with accompanied funding for the development and administration of evidence-based interventions would be the most expedient means of scaling up evidence-based interventions in the public sector at the population level, streamlining these public sector serving institutions.</p>		
Gonzalez, 2017	Peer-reviewed article	Length of stay reform in juvenile justice sentencing and evidence-based practices across states
<p>Advocates for reform in juvenile justice sentencing focus on two arguments: recidivism and cost of incarceration. The author examines types of sentencing and release decision-making across states, and the empirical evidence indicating the relationship between length of stay, health, and mental health outcomes.</p>		
<p>Conclusions: Very few states have taken any action toward sentencing reform in juvenile justice despite the large body of research indicating the relationship between length of stay and mental health outcomes, recidivism, and reintegration into communities. Most youth remain in secure confinement beyond that which the evidence supports or recommends.</p>		

Reference	Article or Study Design	State or National Issue
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Gottfredson et al., 2018	Randomized controlled trial	Costs and benefits of public funding for a known EBP: FFT
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N = 129 predominantly minority and low-income families in urban areas who were gang-at-risk or gang involved.

Findings: Recidivism during the 18-month follow-up was lower for the FFT treatment group than for the control group with the difference statistically significant. Costs for the FFT group were also lower. The expanded use of EBPs using public funding like Medicaid is cost effective.

Hay, Ladwig, & Campion, 2018	Case study	State of Florida's use of evidence-based practices in juvenile justice
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Researchers examine Florida's juvenile justice system from its late origin in 1994 and its punitive philosophy and practice that since evolved to a more evidence-based treatment-oriented system. As with most states the evidence-based treatment programs and practices are only part of the programs provided and these still have implementation and evaluation problems. Additionally, the state continues a large number of transfers to criminal court bypassing the new orientation of the juvenile system.

Findings: Progress has been made in shifting from an originally overly punitive system to one that is on its own paralleling the national movement toward evidence-based practices in juvenile justice, yet still a work in progress.

Henggeler & Schoenwald, 2011	Peer-reviewed article	Use of EBPs in some states
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Researchers and developers of MST provide characteristics of both ineffective and effective strategies in resolving delinquency, then share insights on state level use of MST and other EBPs.

Conclusions: Researchers conclude with recommendations to researchers and practitioners of EBPs on obstacles to dissemination and how best to disseminate EBPs at the state level.

Hussemann & Liberman, 2017	Assessment/research report	Assessment of OJJDP's Juvenile Justice Reform Reinvestment Initiative (JJRI)
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The Urban Institute evaluated the JJRI. An evidence-based tool, the Standardized Program Evaluation Protocol (SPEP) was utilized at three test sites, Delaware, Iowa, and Milwaukee, WI in 2012 to evaluate the success of four measures of juvenile justice reform: type of services, quality of services, dosage of services, and the risk level of youth receiving the services. The goal was to reduce recidivism rates. The project also wanted to reduce racial and ethnic disparities via the use of evidence-based tools at disposition.

Conclusions: Results were mixed for all states, but all improved in some targeted goals for the JJRI and with some sustainability. Delaware was hindered by a lack of a full system of data automation capable of efficiently collecting the data. Some resistance from judiciaries to utilize assessment tools in dispositions was across the board of all three projects.

Johnson, Lloyd, Bristol, Elliott & Cottler, 2017	Multivariate logistic regression/ longitudinal data	Racial & gender differences in referral for SUD among youth in FL JJ System
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N= 12128 justice-involved children in Florida's Juvenile Justice system who reported substance use in last six months.

Results: No significant difference in rate of self-reported referral to substance use assessment between white males, white females, and Latino females. There was significant difference in self-report of referral to substance use assessment by black males, black females, and Hispanic males.

Reference	Article or Study Design	State or National Issue
Justice Policy Institute, 2013	National report from nonprofit group	State reductions in youth advocacy incarceration.
<p>Authors outline how five states under pressure from class-action litigation regarding confinement conditions reduced incarceration of youth under 18 yrs. old by 50%.</p> <p>Conclusions: Recommendations to other states on how they too can achieve similar results.</p>		
Kazak, et al., 2010	Peer-reviewed article	The interrelatedness of state and federal systems in the delivery of children's mental health care
<p>Authors present a review of unique but interrelated systems, the meta-system involved in child development and mental health services to children. Examines the problems in coordination of services to improve evidence-based practices and outcomes.</p> <p>Conclusions: Concludes with reiteration of importance of transforming research into immediate practice through the necessity of collaborations of all systems including families, services providers, researchers, and policy-makers.</p>		
Knight et al., 2016	Head-to-head cluster randomized trial	Federal & multistate study to improve substance use referral & treatment among justice-involved youth
<p>N=36 Juvenile justice agencies</p> <p>Results: System analysis found no significant differences in the two tested implementation strategies, Core and Enhanced, but study laid important groundwork for improvement in implementation science, coordination of services between juvenile justice systems and behavioral health agencies.</p>		
Ko et al., 2008	Peer-reviewed article	A Federal effort to help states become trauma-informed
<p>The characteristics of children exposed to trauma are presented. The responses of various state systems, and their need to become trauma-informed, that is to utilize the evidence in understanding and addressing the needs of traumatized children.</p> <p>Conclusions: Researchers presented recommendations from the National Child Traumatic Stress Network (NCTSN) to assist practitioners and all child serving systems in becoming more trauma-informed in their unique services.</p>		
Mallett, 2016	Peer-reviewed article	Truancy: A national problem that has evidence-based solutions
<p>The author outlines and discusses causes of truancy, including problematic school and juvenile justice policies and practices.</p> <p>Conclusions: Presents examples of two states with differing approaches to truancy, demonstrating the imperative of states, including school districts and juvenile courts to refrain from zero tolerance policies and practices, in exchange for evidence-based programs and practices.</p>		

Reference	Article or Study Design	State or National Issue
National Conference of State Legislatures, 2015	National report	Federal and state shifts in juvenile justice policy from 2011-2015
<p>The author reviews the five Supreme Court decisions from 2005 to 2012 that considered neuroscience and social science in its decisions rolling back some of the most severe punishments of youthful offenders, followed by responses from states, which include some states raising age and returning jurisdiction to the juvenile court and more efforts at diversion of youth from the justice system through funding more community treatment programs.</p>		
<p>Conclusions: Suggests policymakers are now empowered by scientific findings to make more informed decisions based on research that makes clear distinctions between youth and adults. Going forward, state lawmakers will continue to reform juvenile justice policies to systems that recognize youths' capacity for change. However, fiscal responsibility, community safety and positive outcomes for youth are the order of priorities, suggesting states may still fail to see positive outcomes for youth as the equivalent to fiscal responsibility and community safety.</p>		
New York State After School Network, 2013	State report	Youth processing in the NY Justice System
<p>Authors outline the state of New York's juvenile justice system and the recent initiatives in after school and evidence-informed diversion programs. Authors provided links throughout the report that kept the report current.</p>		
<p>Conclusions: As of 2017, New York State became one of the last U.S. state to end legislation requiring youth under age of 18 years, ages 16 and 17, to be tried in criminal court.</p>		
Reil, Lambie, Horwood, & Becroft, 2021	Peer-reviewed article	International early onset in youth offending
<p>Authors call for international societal responsibility in research, policy, and clinical practice to alleviate offending behavior for children with early onset in offending as necessary prevention.</p>		
<p>Conclusions: Suggests although racial bias is a factor, if nations truly want to resolve internationally burgeoning prison populations of minorities, policies that pursue identification and treatment of children with early onset offending must be pursued. Suggested FFT and MST should possibly be used with younger youth at risk of offending.</p>		
Rocque, Welsh, Greenwood, & King, 2014	Case study	The state of Maine's use of evidence-based practices in its juvenile justice system
<p>Researchers used interviews, reports, and evaluations to assess the development and implementation of evidence-based programs and practices throughout the state.</p>		
<p>Findings: Strong leadership at the top of the MDOC was facilitative of organizing and coordinating state agencies in the effort, including Maine's university system. In this small mostly homogenously populated state, a top down commitment to evidence-based programs, led to successful development and implementation of several Blue Prints programs statewide. Communities- that-Care programs (CTC) similarly to Pennsylvania was also utilized.</p>		
Satpathy, 2011	Peer- reviewed Article	National evidence-based policy recommendation to end DMC
<p>The author describes his experience of the tragedy of 100% black youth in a D. C. detention center, their inability to escape the system, and the origin and how DMC is systemically facilitated. The destructive dynamics brought to the lives of these vulnerable youth are explained.</p>		
<p>Conclusions: Recommendations for free-standing legislation to address DMC as a supplemental act to the JJDPA, using the Child Justice Act (CJA) as a model, a supplement to the Child Abuse Prevention and Treatment Act (CAPTA).</p>		

Reference	Article or Study Design	State or National Issue
Schwalbe, Macy, Day, &	Latent class analysis	National and state levels require structured needs assessments for youthful offenders
<p>N=542 youthful offenders</p> <p>Findings: Five unique classes of needs were categorized. Two categories of relatively low needs and unlikely to repeat offenses, to the highest category five, involving substance abuse and related peer delinquency problems requiring more intense evidence-based services such as multi-dimensional treatment foster care (MDTFC) were identified. Categories three and four are youth often presenting with hostility and inattention, may also require evidence-based out of home placements because of lacking parental guidance, with category four youth having a family history of incarcerated parents. Researchers suggest little research on this category. The strength of these identified classes is they identify needs, while the authors believe the weaknesses are that they do not identify causes.</p>		
Snyder & Duchschere, 2022	Peer-reviewed article	Bringing evidence-based theory to practice for Justice System-involved youth
<p>Researchers present and propose ecological-systems theory as guidance for practitioners in assisting and treating Justice System-involved youth.</p> <p>Conclusions: Proposed recommendations are that practitioners draw out the ecological systems model as a visual aid in the intake process with justice-involved youth. Following the model identify important persons in the child's life. Rethink resistance as a red flag that the practitioner is missing something important. The Lack of trust could be for a variety of reasons including trauma response, or an external factor. Reviewing the ecological model should be helpful. Juvenile justice providers should adapt trauma-informed approaches that accept difficult behaviors as strategies developed in coping with prior trauma. Final recommendation is to insure continuity of medical and mental health services after youth is returned to community.</p>		
Teske, 2020	Case Study	State-level juvenile justice reform in Georgia
<p>Honorable Juvenile Court Judge Teske in Georgia presents the history of the juvenile court, origin of its punitive measures, and how juvenile justice was reformed in Ga. by a conservative state governor & government through a <i>four-factor decision-making approach</i> and with regard to evidence-based practices.</p> <p>Findings: Judge Teske reports most low-risk youth are removed from detention and returned to their communities, most completing evidence-based programs. Juvenile arrests declined by 60%, and 57% fewer youth were committed to state custody. (High school graduation rates increased by 20% in the Judge's original county of implementation, Clayton County). Consequently, the state closed three detention centers and one Youth Development Center (youth prison), saving the state \$85,000,000., thus adhering to conservative principles of improving public safety, smaller government, and lower taxes. The judge suggests Clayton County became a model not only for the state of Georgia but the nation.</p>		
The Sentencing Project, 2022	National report from nonprofit	Youth incarceration as a nationwide issue
<p>The author reports and reviews the evidence on why incarceration fails and is counter-productive in achieving juvenile justice goals.</p> <p>Conclusions: Recent declines in the number of youths confined is progress, but more reductions are required to follow the evidence on what works to improve public safety and protect the lives and futures of many vulnerable youth, mostly minority youth whom are overwhelmingly disproportionately confined.</p>		

Reference	Article or Study Design	State or National Issue
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Welsh & Greenwood, 2015

Assessment

Progress of states in implementing EBPs

Of 35 states found to utilize at least one EBP, researchers identified the five states with the most use of the most used brand name EBPs. Their assessment of progress was the number of therapeutic teams per capita in states. Three states, Connecticut, Hawaii, and Louisiana had the outside incentive of being sued by the federal DOJ for conditions in some juvenile facilities. Maine and New Mexico believed many of the youth in residential placement did not belong there. The researchers' goal for this study was to help other state policy makers and practitioners identify strategies to increase availability and quality of EBPs.

Findings: The top down approach was used in each state with strong leadership and commitment at the top. Each of the leading states had broadly recognizable leaders to champion the cause of evidence-based programs who in turn built local committees. State champions included key department heads, a governor, and an associate Commissioner of Corrections.

Yingling & Mallinson, 2020

Assessment

Evidence-based policy-making in U. S. States

Researchers standardized measures to evaluate whether state policies are evidence-based and assessed how political party control of governor's office and state legislature affect development of evidence-based policies. Like all state policy, evidence-based policy is dependent on the power of the governor and who controls the office and state legislatures so researchers examined the effects of these independent variables on the likeliness of science as essential guidance in the making of policy.

Conclusions: Researchers found both parties to develop evidence-based policies to the extent these maximize their electoral incentives. That is, if the political figure believed using the evidence in policy would assist his re-election prospects this is when the evidence is utilized.

Categorization

After the final selection of articles, studies, and reports, were identified through their abstracts referring to EBPs or EBIs in regard to one or more states and or the nation, all were read and summarized in Table 1 above. Although EBP was originally most often used to refer to evidence-based programs, the acronym EBP is often used to refer to evidence-based practices, and evidence-based policies as well. EBIs are evidence-based interventions which appear to be inclusive of all that is represented by the EBP acronym, indicating the use of evidence to intervene as a corrective measure in policies, programs, and practices.

All 33 articles on EBIs, including 15 studies and six reports on states, are organized by the articles' focus on evidence-based policy, followed by programs and practices for purpose of discussion within the Narrative Synthesis. Although few quantitative studies analyzing states' uses of evidence-based programs and practices were found, two randomized controlled trials, six assessments or research reports, one cross sectional study, and three case studies of states were found, and published within the last ten years, most being within 5 years of publication. These twelve studies and articles are the primary evidence most directly responding to the research question, are organized alphabetically by reference, and presented in Table 2.

Table 2*Primary Evidence*

Reference	Study design	EBPs	State(s)	Sample	Results
Bowser et al., 2019	Research Review	Core & enhanced implementation Systems	Seven states	N=34 county agencies	No significant difference in Core or Enhanced Implementation support
Chilenski et al., 2019	Repeated cross sectional	Communities-that-Care (CTC)	Pennsylvania	N= 388 school districts	Statistical significance in lower rates of adolescent substance abuse, delinquency and depression within CTC schools
Clayton, 2012	Report-Washington Dept. Health & Social Services	Several EBPs	Washington	N= State Juvenile Justice System	FFT & ART resulted in significant decline in recidivism rates
Fagan, et al., 2019	Peer-reviewed article	Evidence-based programs	All states		Proposals for EBI's across states
<i>Table Continues</i>					
Gottfredson 2018	Randomized controlled trial	Functional family therapy (FFT)	Unspecified state(s)	N=129 low income families significant in urban areas	FFT group had al., statistically significant lower recidivism rates than control group
Hay et al., 2018	Case study	Unspecified EBPs	Florida	Fl State Juvenile Justice System	Some shift in punitive Programming to EBP's with Implementation problems; a work in progress
Knight et al., 2016	Head-to-head Cluster randomized trial	Implementation interventions	Several states	N=36 juvenile justice agencies	Ground-work in implementation science
New York State After School Network, 2013	State report	Unspecified EBPs	New York	NY JJ System	Utilizing some EBPs
Roque et al., 2014	Case study	Several EBPs	Maine	ME State Juvenile	Top down

				Justice System	leadership led to full implementation
Teske, 2020	Case study	Unspecified EBPs	Georgia Justice System	GA State Juvenile	Top down leadership led to progressive change
Urban Institute, 2017	Assessment research report	Unspecified EBPs	IA, WI, & DE	OOJJDP JJ Reinvestment Initiative	Mixed results
Welsh & Greenwood, 2015	Assessment	Several EBPs	35 states		Top down approach led five states with most use of brand-name EBPs

Data Analysis: Narrative Synthesis

The articles described in Table 1 are those selected to develop the Narrative Synthesis (Lisy & Porritt, 2016) presented in Chapter 4. To develop the synthesis, the 34 articles were separated by content focus on policy followed by programs and practices. Because of the interrelatedness of policy, practice, and programs, discussions are not mutually exclusive. However, how the evidence has affected juvenile justice policy, is followed by evidence-based programs and practices. Two main headings for discussions are: (1) Evidence-Based Policy in U. S. Juvenile Justice, followed by (2) Evidence-Based Programs and Practices in U. S. Juvenile Justice. Within each of these headings the narrative is further organized by the similarities of topics within articles, i.e., the specific issues being addressed by policies and specific issues regarding programs and or practices. The discussion narrows to the primary research reported on specific state juvenile justice systems use of evidence-based programs and practices (Table 2.) A comprehensive assessment of how states are utilizing evidence-based interventions to address delinquency and youth crime is presented.

Summary

The purpose of this study was to provide an overview of U. S. juvenile justice systems, and answer the research question: How are states using evidence-based interventions in policies, programs, and practices in the prevention and treatment of delinquency and youth crime? In the systematic literature search it became evident the acronym EBP has broad usage by researchers that include evidence used in agency policies, practices, and more often programs. In the interest of complete responsiveness

to the research question this systemic literature review included many, and likely most articles and studies of the use of evidence in juvenile justice system practice, programs, and policies found within the last 15 years, most being more recent. While the social science literature reveals a requirement for evidence-based programs and practices in juvenile justice systems for at least the last forty years, this systemic literature review documents the efforts of states to move forward in this goal. My role in this study was to identify studies examining any states' uses of evidence-based policies, practices, and programs, as well as peer-reviewed articles relevant to and providing insight into the research question. I organized and analyzed the individual articles, then synthesized the results into one conclusive report, the conclusion of this systemic literature review follows, as the Narrative Synthesis in chapter 4.

Chapter 4: Results

The purpose of this study was to provide an overview of the current state of the U. S. juvenile justice system, and to specifically answer the research question: How are U. S. states utilizing evidence-based interventions in policies, programs, and practices to prevent and resolve juvenile delinquency and youth crime? I read most of the recent peer-reviewed research on evidence-based programs and practices affecting juvenile justice systems. For purposes of presentation and discussion, this research literature was organized by how scientific evidence is being used, and by subject matter. Beginning with the macro system, an evolving EBP, evidence-based policy (Yingling & Mallinson, 2020), and the resulting evidence-based programs and practices are discussed. Finally, the primary evidence reported in an assessment of all states' uses of EBPs, three case studies of unique states, a cross-sectional study within one state, an assessment of a federal project across three states, an intra-state random trial, and a large scale interstate random trial in implementation research across seven states, followed up by an additional study, an assessment of the original project, all provide insight on how states are utilizing the highly recommended EBPs, evidence-based programs, and practices.

The results of this study are data analysis and synthesis of peer-reviewed research that together yield a comprehensive understanding of how states are utilizing scientific research in resolving delinquency and youth crime. These study results may assist in informing stakeholders in U.S. Juvenile Justice systems, from policymakers to researchers, to juvenile justice professionals, behavioral science/mental health practitioners, youth and families involved in the justice system, and the public at large,

and in so doing, assist the progress of developmentally sound U.S. juvenile justice systems, largely the growth of *evidence-based* human services and community mental health systems.

Data Analysis

Accordingly, with the narrative synthesis approach (Lisy & Porritt, 2016), data were analyzed for patterns, as well as similarities and differences in findings. Tables were created to identify major themes in the data, simplifying comparisons and contrasts. Because states are in the early stages of utilizing evidence-based programs and practices, the kinds of study methods utilized to assess states' usage of these were often unique. The study methods are in development as part of the studies, (e.g., three case studies of states, but with three different strategies of assessment). However, similarities and differences were identified across the study findings.

Few studies identified specific theoretical premises, but where theory was provided it is presented with the researchers' rationale. However, all evidence-based programs are similar in that they are based on theories of human development or more specifically developmental science findings (Fagan et al., 2019). Understanding the origin and etiology of human personality (Freud, 1962), both normal and abnormal or competent and dysfunctional (Bronfenbrenner, 1979; 1986) has laid the foundation for the development of effective programs in resolving emotional and behavioral personality disorders. All study results were presented in response to the research question.

Results

Results of this study are organized in this synthesis under two main headings of the various EPBs: evidence-based policies and evidence-based programs and practices. Discussion of articles by states and subject matter follows. The first heading provides insight into when and how scientific research findings are being used by state policymakers in any juvenile justice reforms to the legislation. Subheadings specify the unique policy issues. Under the second main heading are data presented in articles and studies on evidence-based programs and practices. All states specifically utilizing evidence-based programs and practices are discussed, with some relevant issues discussed in subsections. Table 1 located in Chapter 3 presented a summary of the important features of each article, all peer-reviewed, but including secondary evidence as well. Table 2 in Chapter 3 presents primary evidence in answering the research question. After the analyses and discussions of all evidence, synthesized conclusions are drawn.

Lastly, within these results, all theoretical frameworks for any studies are discussed and outlined in Table 3. The 33 articles included in this systematic review provided a comprehensive overview and poignant insight into how states are utilizing empirical evidence in juvenile justice policy, practices, and programs. An assessment of all states' use of EBPs, three case studies of unique states, one cross-sectional intrastate study, one intrastate random trial, two large-scale interstates ancillary random trials, one interstate assessment of a Federal juvenile justice initiative, and a state department report served as primary evidence in demonstrating a slow start, but nationwide progress being

made among states toward evidence-based policy, programs, and practices in U.S. Juvenile Justice Systems.

Evidence-Based Policies in U. S. Juvenile Justice

Several peer-reviewed articles and studies within this systematic literature review support that the decisions handed down by the Supreme Court within the last two decades set precedents and the national tone for juvenile justice reform, indicated by the National Conference of State Legislators themselves, as reported by Sarah Brown and several others (Benekos & Merlo, 2019; Brown (NCSL), 2015; Levick & Tierney, 2012). Brown (2015) discusses each Supreme Court decision on juvenile justice since 2005, beginning with *Roper v Simmons*. The court finally acquiesced to developmental science and the influence of neuroscience findings that the human brain may be underdeveloped in significant regions until approximately 25 years of age. In *Roper v Simmons* the Court ruled it unconstitutional for a youth under the age of 18 years at the time of the crime to be sentenced to death (Benekos & Merlo, 2019; Brown (NCSL), 2015). The punitive shift in juvenile justice policies that began in the late 1980s providing children the same punishments as adults, had begun to turn. Five years after *Roper v. Simmons*, in *Graham v. Florida*, the Supreme Court ruled life without the possibility of parole for non-homicide convictions for youth under 18 is unconstitutional (Brown (NCSL), 2015). In 2012, in *Miller v. Alabama* the Court abolished mandatory life sentences without the possibility of parole for homicide cases among youth under 18 years old at the time of the crime. The Court cited developmental science and neuroscience findings in all three decisions.

States Respond to Supreme Court Rulings

Sentencing. The developmental science and neuroscience findings (evidence) on adolescent development referenced in the latest Supreme Court rulings on juvenile justice have had specific impacts on the sentencings of youth offenders as supported by the following peer-reviewed articles. Among these, are the effects of capital punishment as explained by Baumgartner (2022). Baumgartner stated that being sentenced to death is more likely among those who suffer various disadvantages, including poverty, poor lawyers, mental illness, and intellectual deficits, as examples. A death sentence is also more common among those who commit crimes in jurisdictions that have more often sentenced individuals to death in the past. Within the Roper decision in 2005, the Court referenced the developmental science findings of the reduced capacity of children to control impulsive behavior and the neuroscience findings of possible lack of development in important regions of the brain until mid-twenties (Baumgartner, 2022; Benekos & Merlo, 2019; Brown (NCSL), 2015). Since Roper, many have argued for these same reasons those in the “late adolescent class” (LAC), youth ages 18 to 20 years old should also be excluded from the death penalty (Baumgartner, 2022). “The *bright line at age 18* is not consistent with scientific understanding of the development of the brain” (Baumgartner, 2022, p.1).

Using a database of information on persons sentenced to death between 1972 and 2021 Baumgartner (2022) sought to identify the disadvantages of age and race in receiving the death sentence. Among his findings, since 2005, after Roper protected youth under 18 years old from death sentences, racial minorities have constituted an even

greater share of those 18 to 20 years old receiving death sentences. Minorities are 78% of those in late adolescence (18 to 20 years old) to receive capital punishment since the Roper decision in 2005. Scientific evidence saved the lives of many youthful offenders, but not all. With a short review of simple statistics,

Baumgartner demonstrated that since Roper, minorities, largely African American youth (51.4%) are substantially over-represented in the late adolescent class, those 18 to 20 years old being sentenced to death. With simple statistics, Baumgartner demonstrated the disadvantage of age cumulates with the disadvantage of minority status. Baumgartner (2022) asserted, “if we are to have a death penalty, it should target the most deserving, rather than the most vulnerable” (p. 3).

At the time of the Miller v Alabama ruling 28 states had mandatory juvenile life without parole statutes (Brown, 2015). Since the Miller ruling, thirteen states complied with the ruling (Brown, 2015). Although with varying differences, judges had been given more discretion in sentencing youth. However, at least six states kept juvenile life without parole as a sentencing option, but at least nine states eliminated life without parole for juveniles altogether, with state legislators expecting more states to concede to the ruling (Brown, 2015). Subsequently, states also had to address how many years a youth must serve before becoming eligible for parole. Depending on the youth’s state of residence, this sentence can range from 15 to 40 years before any possibility of parole (Benekos & Merlo, 2019; Brown, 2015). States also had to consider if the Miller decision would be retroactive to youth already sentenced to mandatory life without parole. The reaction from states was mixed until the Court agreed to hear *Montgomery v Louisiana*,

answering the question of whether the Miller decision should be retroactive. In 2016, the Court ruled Miller should be retroactive (Benekos & Merlo, 2019; Brown, 2015), providing more than 2000 juvenile homicide cases a chance or possibility of reconsideration.

Reductions in Incarceration. Although studies are still rare, reports from national nonprofit advocacy agencies, numerous peer-reviewed articles, and the Federal government as well, attest to states beginning to reduce the use of secure confinement in juvenile justice systems (AEC, 2020; Justice Policy Institute, 2013, 2023; Mendel, 2022; OJJDP, 2020; Teske, 2020). States are spurred not only by the Supreme Court's acknowledgment of developmental science in its recent decisions but by a large amount of advocacy in the United States for reform in the incarceration of children. Most youth entering correctional facilities suffer disproportionately from many physical health challenges such as dental, vision, or hearing problems, as well as acute illnesses and injuries, and far more often have mental health problems such as depression, post-traumatic stress disorder (PTSD), and suicidal thoughts (Gonzalez, 2017; Katner, 2006; Karnik et al., 2009). Incarceration in juvenile justice facilities is associated with shorter life expectancy, and survivors have poorer overall health as adults. One study estimated that about forty-six percent of detained youth require immediate medical attention at the time of arrest (Gonzalez, 2017).

Mendel (2022), reporting for The Sentencing Project (TSP), outlined the extant research and presented why incarceration fails as a juvenile justice system intervention. One of the clearer indicators is the state-level data on recidivism rates. Youth who are

incarcerated for longer lengths of time, after release have higher rates of re-arrest, adjudication, and reincarceration, as compared to those receiving probation and other community alternatives. Yet, lower rates of incarceration do not result in higher youth crime rates. The Justice Policy Institute (2013; 2022) provides reaffirmation of this finding by identifying the five states that most decreased their rate of youth in secure facilities from 2001 to 2010, all by more than 50% with no increases in youth crime rates (The Policy Institute, 2013). The States of Connecticut (a 57.2-percent decline in juvenile placements), Tennessee (a 55-percent decline), Louisiana (a 52.7-percent decline), Minnesota (a 50.6-percent decline), and Arizona (a 50.2-percent decline) were found to have five common factors that led to the remarkable changes in their juvenile justice systems. First, each of the five states was being challenged by class action litigation regarding confinement conditions and other administrative scrutiny, but all five states made positive changes out of their difficult situations. These states rose from among the most inadequate juvenile justice systems in the nation to set examples for other states. Second, each state divided its juvenile corrections from the adult corrections system and then partnered with the child welfare systems. Third, they developed commissions or task forces at the top which provided strong leadership in building collaborative interagency communication. Fourth, state leaders accepted the science, and recommitted their systems to a well-rounded juvenile justice ideal, acknowledging adolescent behavior as inherently different from that of adults. Fifth, they began delivery of the necessary evidence-based intervention services (Justice Policy Institute, 2013).

The state of Connecticut was among the last states that prosecuted and sentenced 16 and 17-year-old youthful offenders as adults (Justice Policy Institute, 2013). As part of their reform, they passed a new law raising the age of their juvenile court jurisdiction from 16 to 18 years old, which permitted more than 8000 16-year-olds to avoid adult prosecution and punishment within the first two years, even before the later start date for 17-year-olds. The state also outlawed detention for status offenses like truancy and running away, and created a new treatment system that keeps most all status offenders out of the justice system entirely. However, despite significant improvement in all five of these states, they continue to need improvement in other areas. Like most states, these states continue to unduly ensnare high numbers of African-American youth and others of color at every level of their juvenile justice system (Justice Policy Institute, 2013). In addition, too many low-risk youth continue to be held in secure detention before adjudication.

The Sentencing Project (Mendel,2022) reports the evidence reflects the initial decision to incarcerate a youth in secure detention before a hearing significantly increases the probability of his becoming further involved in the justice system, as indicated in numerous studies. Spending time in detention increases the likelihood that youth will be arrested and punished for subsequent offenses. Mendel (2022) reports numerous studies have found that once youth are incarcerated, longer stays in custody not only lead to increased recidivism, but severe health risks (Gonzalez, 2017; Mendel, 2022).

Although important reforms in juvenile justice systems across many states have resulted in significant reductions in youth confinement, the United States continues to

incarcerate more youth, especially marginalized youth of color, than any nation in the world (Gonzalez, 2017; Mendel, 2022; Prison Policy Initiative, 2023). Among youth remaining in secure confinement, the *length of stay* usually extends beyond that which is reasonable given the evidence of serious risks and negative health outcomes (Baumle, 2018; Fagan et al., 2019; Gonzalez, 2017; Mendel, 2022).

Length of stay is a critical issue intersecting juvenile justice and health policy (Fagan et al., 2019; Gonzalez, 2017). Gonzalez (2017) and Mendel (2022) assert the high costs of excessive lengths of stay for adolescents in secure confinement include lasting damage to health and well-being. Gonzalez (2017) believes there was little evidence on a dose measure of incarceration and any measure of the length of stay as an adolescent and worsened health outcome in adulthood until Barnert et al., 2017 (as cited in Gonzalez, 2017) published their longitudinal analysis. They analyzed data from more than 14,000 youth and young adults indicating sequential connections between the length of incarceration during adolescence and subsequent negative health and mental health outcomes for adults. Assessing physical and mental health, psychosocial well-being, as well as functional limitations, depression, and suicidal thoughts, they determined that “any length of incarceration was associated with higher odds of having worse adult health” Gonzalez, p. 66. The cumulative duration of incarceration of one to twelve months as a juvenile predicted worse health and mental health outcomes as an adult. This finding is supported by the earlier findings of Karnik et al. (2009), Murrie et al (2009), and many others, after examining youth spending nine months in secure facilities with

most diagnosable with mental health disorders, and one out of every five with suicidal ideation.

Despite the disturbing findings on the mental health of youth in confinement, the evidence on best practices for length of stay is not being utilized by most states (Gonzalez, 2018). Length of stay guidelines and criteria in most jurisdictions vary with little consistency, but most youth remain in confinement beyond what the evidence supports (Baumle, 2018; Gonzalez, 2017; Mendel, 2022;). Length of stay should certainly be considered for the well-being of the youth, but also as a means to achieving juvenile justice goals of reducing recidivism rates, improving public safety, lowering costs of incarceration, and rehabilitation of youth (Mendel, 2022). However, excessively long prison sentences for youth who were transferred to adult court have not been eliminated. For states committed to finding better ways to address youth delinquency, the lack of attention given to the relationship between length of stay and future health and mental health outcomes is a missed opportunity (Gonzalez, 2017).

Due Process. Get-tough policies still dominate legislation, including jurisdictional waiver, punitive presumptive sentences, practices of solitary confinement, shackling, and excessively long sentences for many youths that in practice are still juvenile life without parole (Benekos & Merlo, 2019; Brown, 2015). An example reported by Eckholm 2014 (as cited in Benekos & Merlo, 2019), is the case of Shimeek Gridine, a 14-year-old from Florida with no prior record of violence, who was sentenced to 70 years without parole for robbery and attempted murder. Youth are still being waived to adult criminal court in some states as young as 10 years old. At least 15 states

continue to allow prosecutors to usurp judges and decide which youth will be transferred to adult court (Campaign for Youth Justice, 2014, as cited in Benekos & Merlo, 2019), and often the prosecutor's decision is not subject to judicial review. These kinds of legislative policies continue commitment to the harsh stance of "get tough" policies of earlier decades rather than a movement toward an evidence-based reform approach.

Miller may have established that mandatory transfer laws are unconstitutional (Drinan, 2016, as cited in Benekos & Merlo, 2019). Drinan suggested the automatic procedure may violate the Court's ruling to consider juvenile cases individually giving judges the discretion to review the facts of the case before determining jurisdictional authority, which was the ruling of *Kent v United States*, the first juvenile justice case to reach the Supreme Court. Indeed, the Miller decision could apply to mandatory transfer and statutory exclusion where courts have no review or recourse to consider reverse waiver (Breen & Mills, 2015, as cited in Benekos & Merlo, 2019; Carmichael, 2012).

In states with statutory exclusion laws, age, and offense *charges* determine that youth are mandatorily transferred to adult criminal court and face adult criminal sentencing (Benekos & Merlo, 2019; Carmichael, 2012). Without further provocation, several states voluntarily made concessions repealing some aspects of these more oppressive statutes. Lawmakers in these states began returning jurisdiction to the juvenile court for more youth by raising the age from 15 and 16 years old in several states to include 17-year-old youth being returned to juvenile court jurisdiction, as opposed to being directly charged in criminal court. Several states reformed their direct file, transfer, and waiver statutes, returning decisions about rehabilitation and appropriate treatment to

the juvenile court (Brown, 2015). States enacting these kinds of reforms included Arizona, Indiana, Nevada, Missouri, Ohio, Vermont, and Wisconsin.

In 2015, Illinois joined the reform movement and abandoned its automatic process, now providing juvenile defendants the right to be heard by a juvenile court judge, who will review his/her case and decide if waiver is appropriate. Less comprehensive, but the state of New Jersey amended its waiver provisions; 14-year-old youth are no longer eligible for a waiver to adult criminal court, and for youth above 14 years of age, the prosecutor must stipulate reasons in writing for the waiver, and only the judge can make the final decision (Bookout & Daugherty, 2015 in Benekos & Merlo, 2019).

In yet another landmark juvenile justice Supreme Court case, in 2011 the Court ruled on the case of *J.D.B. v North Carolina*, a 13-year-old middle school student (Levick & Tierney, 2012). J.D.B. was interrogated by four adults including a police investigator and a school resource officer regarding home break-ins in the neighborhood. After the admission of involvement in the home invasions and thefts, at the objection of his public defender who cited the failure to provide Miranda rights to the boy, he was found guilty, and the decision was upheld after subsequent appeals. However, for the first time, the Supreme Court considered the *reasonable person standard* in juvenile justice and ruled in favor of J.D.B. that as a child he could not reasonably be expected to have a similar judgment to that of an adult. It was not reasonable for the 13-year-old to believe he was not in custody and could walk away without answering any questions. A child's age is relevant to determinations of reasonableness and must extend to other areas of the law.

Children are essentially different from adults, “not miniature adults” as they recalled the words of Supreme Court Justice Sotomayor (Levick & Tierney, 2012 p. 512-513).

A juvenile’s competency is being reconsidered. Lawmakers in several states are limiting the number of youths who may waive counsel, and ensuring better representation, including for indigent youth (Brown, 2015). Underdeveloped cognitive and reasoning skills, poor risk assessment, and emotional impulsivity could hinder a child’s capacity to understand proceedings against them and make informed decisions. A child’s minimal competency raises questions about the administration of justice in both juvenile and criminal courts. Within the last decade, twelve additional states Arkansas, California, Idaho, Louisiana, Maine, Maryland, Michigan New Hampshire, Nevada, Ohio, Oklahoma, and South Dakota, and the District of Columbia all made laws that expand the definition of competency, bringing the total to 23 states with juvenile competency statutes. These laws may permit a child to be found incompetent to stand trial, due to developmental immaturity or mental illness.

Court decorum and confinement conditions for Youth in most states, consists of youthful defendants being shackled in court, regardless of age or charge, and whether they have been found guilty (Brown, 2015). Youth are shackled with handcuffs and/or leg irons, which are sometimes attached to belly chains around the waist. Shackling is justified by the claim it provides protection for those in the proceeding or preventing escape. However, with regard to the latest trends in juvenile justice, several states in recent years have begun banning shackling without a specific reason, including through legislation. About 17 states have enacted laws against indiscriminate shackling.

Once incarcerated, juveniles are subjected to various types of maltreatment in many state jurisdictions, and in some cases, the treatment is horrific (Drinan, 2016, as cited in Benekos & Merlo, 2019). One example is solitary confinement, which persists in juvenile detention and residential facilities. California, for example, can hold as many as 9,000 juveniles in detention facilities. Although Senator Mark Leno's (D-San Francisco) bill had been stalled by the opposition for four years, he noted the "enormous mental health impacts" of solitary confinement, especially on youth who are developmentally immature and vulnerable. It is unclear whether the CA bill has subsequently passed, but in January 2016, citing the extreme psychological effects of solitary confinement including depression, anxiety, and psychosis, President Obama banned the use of solitary confinement for juvenile offenders in the Federal Prison System (Obama, 2016, as cited in Benekos & Merlo, 2019). Although the policy only affects the small number of federally detained youth, it called for states to adopt similar restrictions. For juvenile offenders with mental health issues, such isolation can be especially traumatic and potentially contribute to suicide (Gately, 2015a, as cited in Benekos & Merlo, 2019).

Youth in custody continue to be victims of physical and sexual abuse perpetrated by staff, as well as other inmates, an unintentional yet often unaddressed factor of their sentence. With concern for cruel and unusual punishments, the Supreme Court has brought attention to the vulnerability of youth which arguably could be extended to juvenile conditions of confinement (Drinan, 2016 as cited in Benekos & Merlo, 2019). Drinan asserted, in post-Miller, that now is the time to abolish the incarceration of juveniles with adults.

Youth being released from secure confinement can face many obstacles to successful reentry to society. Youth may return to unstable households and family relationships, difficulty in re-establishing peer relationships, difficulty re-engaging in school, unemployment, and even housing challenges. Thus, some state legislatures strive to provide improved aftercare programs to assist youth in successful reintegration into society and to reduce recidivism. Among other states, Louisiana, Oregon, Florida, Illinois, and Washington have work release programs with transitional housing, and a continuum of support services. Additionally, at least 33 states allow juvenile court records to be sealed or expunged, in an attempt to protect housing and employment rights.

Racial and Ethnic Disparities (REDs)

Severe racial disparity between black and white youth in both the criminal and juvenile justice systems has always been apparent. However, Benekos et al. (2011) previously used official arrest data and juvenile court data to examine rates of arrest, court referral, and placement after adjudication for the violent crimes of homicide and non-negligent manslaughter, aggravated assault, and robbery for black and white youth to examine the level of racial disproportion for these violent crimes at these decision points.

Youth Arrests. These researchers reviewed data from the height of violent crime in 1994 and found among youth ages 10 to 17 years old, 315 per 100,000 white youth were arrested for violent crime, while 1,697 per 100,000 black youth were arrested for violent offenses, more than 5 times the arrest rate of white youth (Benekos et al., 2011). Although selected data, as youth crime continually decreased, in 2008, among white

youth there were 178 arrests per 100,000 for violent offenses and 926 arrests for violent offenses per 100,000 black youth, remaining close to five times the rate of arrest for white youth.

For murder and non-negligent manslaughter, the researchers pointed to the peak year of 1993 for these severest of violent crimes, with 58 arrests per 100,000 black youth, compared to only six arrests in this category per 100,000 white youth (Benekos et al., 2011). In 2008, the rates declined to 14 arrests per 100,000 black youth, and two arrests per 100,000 white youth. This is a 67% decline for white youth and a 76% decline for black youth (including a 40% spike among black youth from 2002 to 2004). For aggravated assault, the peak year was 1994; there were 204 arrests per 100,000 white youth and 809 arrests per 100,000 black youth. By 2008, the arrest rate for white youth was 123 per 100,000 compared to 440 arrests per 100,000 black youth; a decrease of 40% for white youth and 46% for black youth. The arrest rate for robbery declined from the 1990s to 2008 as well, from 91 to 44 arrests per 100,000 for white youth, and from 783 to 450 arrests per 100,000 black youth (however, the decrease for black youth included a 65% increase from 2002 to 2008).

Benekos et al (2011) acknowledge the extreme differences in rates of arrests of black youth from that of white youth across all violent offense charges, pointing out that black youth were only about 16% of the nation's youth population between ages 10 and 17 years old in 2008, but were 50% of the youth arrested for murder, and 52% of youth arrested for all violent crimes. However, more recently, black

youth reportedly accounted for 15.2% of non-homicide violent crime, consistent with their proportion of the youth population (U.S. Bureau of Justice Statistics, 2022).

Benekos et al (2011) asserted that the data demonstrated trends in disparities but did not explain the causes leading to the severe differences in arrest rates between black and white youth. They suggested discrimination on race or racial profiling was too simple as an explanation. Two hypotheses were considered to explain the differences. One previous study hypothesized exposure to early risk factors and also examined differential responses to youth with high-risk factors. Although some limits, the data supported early risk factors as a contributing factor to higher arrest rates among black youth. The findings from this study also suggested a higher prevalence of conduct problems and lower academic achievement among black youth were relevant factors. Additionally, the social factors of poorer neighborhood conditions, delinquent peers, and difficult parent-child relationships were also more prevalent among black than white youth. All these factors placed black youth at greater risk for higher arrest rates.

Benekos et al. (2011) reviewed another study by Huizinga et al. (2007) who examined data from Pittsburgh, Rochester, and Seattle to understand the racial disparities in youth arrests. The Huizinga et al. study also supported the rationale of multiple risk factors of poorer neighborhoods, socioeconomic status, teen mothers, and education difficulties as significant in the explanation of disproportionate minority contact (DMC) within the justice systems. Nevertheless, considering the difficulty in accounting for all variables involved in differential minority arrests, *Huizinga et al. concluded that DMC cannot be explained by differences in offending behavior between white and black youth.*

Decisions After Youth Arrests. After arrest, three additional decisions are made by the juvenile court (Benekos et al., 2011; unless the youth is directly transferred to criminal court). These decisions are whether to detain, to petition, and if adjudicated delinquent, whether to place outside of the home. Again, although selected data is presented, the researchers provided insight by sharing that between 2000 and 2007 the number of detained White youth decreased by 5% from 215,000 to 204,600, while the number of detained Black youth increased by 11% from 134,600 in 2000 to 149,000 in 2007. Black youth experienced a steady increase in detention since 1985, up 92% by 2007, compared to a 26% increase in white youth being held in detention during this time. In 2007, more than a quarter (26.7%) of all Black youth arrested were held in detention, compared to 19.3% of White youth who were arrested. The differential treatment is most evident for drug offenses, with 34.2% of Black youth arrested for drug offenses being detained compared to 15% of White youth being held in detention. In a subdued manner, researchers acknowledge that Hispanic youth have been included in the white population and the court data, which distorts all the data because this means that disproportionate minority contact/confinement is much greater and juvenile justice system contact and confinement among white non-Hispanic youth is much less than indicated in reported data. In addition, as reported by the Juvenile Detention Alternatives Initiative, both Black and White youth report using and selling drugs at comparable rates, but Black youth are two-thirds of the youth detained for drug offenses.

Black and white youth are also petitioned or formally handled at unequal rates (Benekos et al., 2011). In 2007, 59.6% of cases involving Black youth were formally

handled compared to 53.3% involving white youth (and unmentioned Hispanic youth). Again, racial differences were most noticeable for drug offenses, about 70% of Black youth with a drug charge were petitioned to court compared to 53% of white and Hispanic youth combined, which indicates an even lower percentage of White, non-Hispanic youth with drug charges were petitioned.

For youth who are adjudicated and found to be delinquent, the more punitive sanction is out-of-home placement (Benekos et al., 2011). From 1985 through 1997 the number of placements from adjudicated youth increased from 107,900 to peak at 176,300 in 1997, then began to decline, decreasing to 148,600 in 2007. As with arrests, detention, and petition, minority over-representation has usually been evident in the disposition stage of juvenile court outcomes as well, only more so. In 2007, 29.4% of adjudicated black youth were reportedly in placement, 26.4% of youth of other races (presumably Native American Indians/Native Alaskans, Asians, and Pacific Islanders), compared to 23.1% of White youth, which likely included Hispanic youth combined, suggesting an even less percentage of adjudicated white youth were in placement.

Benekos et al (2011) took a specific look at disproportionate minority contact (DMC), renamed from disproportionate minority confinement in the 2002 reauthorization of the JJDPA. The reconceptualization recognized that racial disparity not only occurs at the point of placement disposition but at several decision points in the juvenile justice system which can lead youth further enmeshed in the system (Benekos, et al., 2011). The DMC relative rate index (RRI) was also introduced with the reauthorization of the JJDPA as a means of states measuring for racial disparity at each decision point. Researchers

provided an example: if after arrest, the rate of referral to court intake was 50 out of 100 arrests for White youth and 70 out of 100 for Black youth, Black youth were more likely than White youth to be referred to court (Benekos et al., 2011). In short, the RRI divides the rate of one race/ethnic minority by the rate of the majority group at each decision point. When the ratio is one or less there is no evidence of racial disparity, but a ratio above one is evidence of disparity on race.

In addition, each decision point is compared to the preceding decision point. The set of RRIs at each decision point forms an RRI matrix table, that reveals the kind of decision disparities and the size of the differences (Benekos et al., 2011). Researchers presented the national DMC RRI Matrix for 2007. The matrix table showed racial disparity at all but one decision point. Arrest being the most notable, with Black youth being more than twice as likely to be arrested as White youth, including three times as likely to be arrested for a violent offense, and twice as likely to be arrested, adjudicated, and placed for a drug charge. Black youth were about 30% more likely than white youth to receive a placement disposition after adjudication than White youth.

Benekos et al. (2011) suggested that the punitive juvenile justice policies that state legislators enacted during the 1990s in response to increased juvenile crime were to demonstrate to a concerned public that legislators were doing something about youth crime. State legislators enacted state statutes that disallowed youth their childhoods, but essentially considered youth charged with an offense to be mini-adults (Benekos et al., 2011). Some of these punitive states authorized children as young as seven to be transferred to adult courts, while other statutes permitted children to be incarcerated in

adult prisons, breaking one of the initial core tenants of the JJDP. Benekos et al. (2011) suggested more than 14,000 youth under 18 years old had been confined in state prisons and local jails with adults in 1997.

Researchers (Benekos et al., 2011) believe many lessons have since been learned, and that many strategies have been undertaken as of 2011 to redress punitive laws, and the resulting severe DMC. However, they nevertheless acknowledge, that although some progress had been made since the 1990s, the data still reflect Black youth faring far worse than White youth in similar risk groups. The extremely high percentages of Black youth being arrested, detained, petitioned, and placed outside of their homes persist and require full collaboration on strategies designed to prevent any deeper involvement of Black youth in the justice system.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) developed a DMC Best Practices database to help legislators and juvenile justice system practitioners with effective strategies to reduce DMC (Benekos et al., 2011). In addition, the John D. and Catherine T. MacArthur Foundation is making tremendous efforts towards reforming the juvenile justice system, with special efforts to reduce racial disparities through their Models for Change initiative. The MacArthur Foundation established the DMC Action Network to organize leaders to collaborate on identifying effective strategies. Benekos et al. suggested that the states of Pennsylvania, Washington, Illinois, and Louisiana worked together to reduce DMC and to demonstrate juvenile justice reforms, while 12 other states also partnered with the DMC Network to reduce racial disparities. The results

included improvement in data collection and reporting, cultural competency programs, and diversions from detention and alternatives to incarceration.

The National Conference of State Legislators announced some of their first efforts to decrease DMC in 2010 by partnering with the MacArthur Foundation to stay abreast of juvenile justice issues including DMC (Benekos et al., 2011). Legislators consider the issue of race and ethnicity to be a sensitive matter that presents difficult challenges, but understand that the high ratios of black youth being incorporated into the justice system has long-term ramifications. The legislators recognized the need to structure legislation on keeping youth in school and making education the priority. Several states-initiated truancy prevention programs with varying success (Mallett, 2016). Successful programs usually include the collaborative efforts of the schools with parents, community service providers, and the courts, all with positive reinforcement for youth.

According to Benekos et al. (2011), legislators recognized that prevention programs are essential, including mentoring, and after-school programs. The data also indicate that black youth are suspended at much higher rates than all other racial designations, including data from the U.S. Department of Education which affirmed severe discrepancies. In 2006, 15% of Black youth were suspended, four times the rate of white youth and twice the rate of Hispanic youth.

Within the reauthorization of the JJDP in 2002, disproportionate minority confinement (DMC) was revised to acknowledge that racial disparities not only occurred at disposition with excessive rates of confinement, but at most all decision points in juvenile justice systems, so DMC was renamed *disproportionate minority contact*. This

new DMC designation was to be the beginning of new efforts to resolve this national systemic affliction. Benekos et al (2011) were optimistic that further progress would be made but also believed redressing the over-representation of minority youth in the justice system remained a challenge.

After 16 years, the Juvenile Justice and Delinquency Prevention Act (JJDP) was finally reauthorized in 2018 in H6964, and disproportionate minority contact (DMC) was once again renamed, and is now Racial and Ethnic Disparities (REDs). However, also like before, no real changes were made within the federal legislation mandating states to resolve the huge differential numbers of black youth in particular, and other minority youth in the system. Core requirements remained almost the same. To receive federal funding states must commit to achieve and maintain the four requirements: (a) decriminalization and deinstitutionalization of status offenders, (b) separation of youth from adults in secure facilities, (c) no later than 3 years after the enactment, removal of youth from adult jails and lockups including those who are being tried as adults, and (d) address disproportionate minority contact, which will now be known as Racial and Ethnic Disparities (REDS; Coalition for Juvenile Justice (CJJ) and National Criminal Justice Association, 2019).

The numbers of youth being held in secure facilities have been reduced considerably over the last decade, but minority youth, especially African American youth, continue to be vastly over-represented among those in the juvenile and criminal justice systems with regard to their representation in the general population, and in comparison, to youth among the majority, at every stage within the justice systems. The

legislators themselves acknowledge the glaring racial disparities raise questions about the justice of the system (Brown, 2015). However, according to the NCSL, state lawmakers continue to seek to identify policy options to improve police relations within the communities they serve, including 18 states enacting statutes to improve community policing, and 31 states now have laws against racial profiling. In response to researchers, policymakers are trying to improve data collection to address racial and ethnic disparities in the justice systems.

Some state legislatures have established special committees to continue to study the issue, requiring more racial impact analysis as well as race-neutral assessments (Brown, 2015). The NCSL also reports that within the last decade, at least the eight states of Texas, Connecticut, Iowa, Oregon, Minnesota, Colorado, and Georgia have taken some legislative action to improve racial disparity in the justice systems. In addition, the state of Illinois has passed several laws requiring ethnic and racial data collection on youth arrested and committed to the Department of Juvenile Justice (Brown, 2015). Many states are making efforts to curb the numbers of minority youth enmeshed in the justice systems, but these same efforts were first espoused in 1988, again in 2002, and then in 2018 as of the last reauthorization, most to no avail.

Federal and State Responses to Trauma as Youth Crime

Youth in detention centers have disproportionate existing mental disorders, usually related to having experienced chronic trauma, and likely re-traumatized by secure confinement (Baumle, 2018; Benekos & Merlo, 2019; Gonzalez, 2017; Ko et al., 2008; Mapson, 2005; Ng et al, 2011). Many studies examining the mental health of youth in the

justice system indicate at least 75% of youth have been exposed to traumatic victimization, and possibly as many as 50% are suffering from post-traumatic stress disorder (PTSD) (Ko et al., 2008). Ko et al. also said that many children coming into their schools and healthcare systems, and certainly the child welfare system, have experienced significant psychological trauma, yet there is no systematic approach connecting these systems to develop and provide evidence-based services that address the impact of trauma on the children they serve.

The National Child Traumatic Stress Network (NCTSN; Ko et al., 2008) is a group of 45 current (and 25 previous), treatment and research centers from across the United States. The network is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. The network seeks to integrate science-based best practices drawn from clinical research with the clinical wisdom of frontline community service providers (Ko et al., 2008). Few if any of child-servicing agencies and institutions systematically screen, assess, or provide counseling or referrals for traumatic stress problems). The personnel within most of these agencies, schools, and institutions receive minimal training in traumatic stress or trauma-informed approaches.

Among child-serving institutions, the juvenile justice system consists of an array of interconnecting organizations, including police, the courts, detention centers and prisons, probation and parole officers, residential centers and group homes, and community rehabilitation programs all providers of services to children exposed to trauma. Trauma may be widely recognized as a factor in the origin of delinquent behavior

among justice system personnel, but it has also been feared as a Pandora's box of behavioral and legal challenges the justice system has been unprepared to address (BCCJ, 2010; Ko et al., 2008). Understanding the role of trauma in delinquency has been a universal problem in addressing behavioral problems among youth across child-servicing agencies and institutions, not least of all, the justice system. Speaking on behalf of the National Child Traumatic Stress Network (NCTSN), Ko et al. (2008) proposed integration of trauma-focused information into all agencies and institutions that serve trauma-exposed and bereaved children and adolescents. Additionally, promoting strong collaboration between all these systems and disciplines will assist the NCTSN in fulfilling its mission of raising the standard of care and improving access to services for traumatized children and adolescents nationwide.

Abuse-to-Prison Pipeline. Most justice system-involved girls have experienced trauma (see Baumle, 2018; Ko et al., 2008). In fact, most of the behaviors that are considered problematic among girls are direct responses to abuse and trauma (Baumle, 2018; Gonzalez, 2017; Mapson, 2005; Mendel, 2019). African American girls, who are an overwhelming disproportionate percentage of girls detained and in secure facilities, have more often experienced multiple and intersecting forms of trauma, both interpersonal and complex structural trauma, which strongly suggests that girls experiencing trauma and becoming involved in the juvenile justice system are linked (Baumle, 2018). Baumle makes a compelling and inescapable argument that most girls in the justice system, and especially the disproportionately large numbers of African American girls are there because of past trauma and are being retraumatized by the

juvenile justice system (more complex structural trauma). Ko et al. (2008) also explained the behavior of youth who are trying to escape being victimized, or who are reacting to reminders of past traumatic experiences are often in the justice systems due to their behavioral responses to traumatic victimization.

The link between the juvenile justice system and traumatic experience is believed to be rooted in a youth's response to having been traumatized, then the system's reaction to the youth's responses to trauma, which is often with *criminalization* (Baumle, 2018). The criminalization of trauma happens by virtue of the system's response to a natural response to trauma victimization. Girls are more often arrested for status offenses. All of the major status offenses, truancy, running away, curfew violations, public order or ungovernability, and alcohol, and substance use can be directly linked to usual trauma reactions (Baumle, 2018). Truancy and running away are both hallmarks of avoidance, a common reaction to trauma. Ungovernability and aggression in girls are frequently indicative of the trauma of past sexual abuse. The criminalization of trauma reactions, particularly the criminalization of status offenses, but also the related behaviors of substance use, aggression, and sexual behavior including trafficking, result in many previously sexually abused girls being channeled into the juvenile justice system because of their past traumas. Some researchers have referred to this dynamic as the abuse-to-prison pipeline, or the trauma-to-prison pipeline.

Baumle (2018) concluded that the trauma-to-prison pipeline is created through the criminalization of trauma reactions, but also disproportionately targets low-income girls of color, who are also more likely to experience multiple and intersecting forms of

trauma. To address the needs of these girls and dismantle the pipeline, policy changes are needed that decriminalize trauma reactions and provide services to both prevent traumatic experiences and treat the mental health outcomes resulting from trauma. More research is needed to fully explore the connection between girls' experiences of trauma, their trauma reactions, and justice system involvement.

Violence as Circular. Benekos and Merlo (2019) reiterated and further validated the cycle of violence hypothesis. Children who have been abused and or neglected are at higher risk for exhibiting violent and criminal behaviors themselves. Numerous studies have supported this hypothesis (e.g., Butler, 2020; Ko et al., 2008). Based on her own cohort study, Cathy Spatz Widom (1989; 1992) concluded that being victimized during childhood is a widespread “serious social problem that increases the likelihood of delinquency, adult criminality, and violent criminal behavior” (Widom, 1992 as cited in Benekos & Merlo, 2019, p.113). Widom found higher rates of delinquency among children who had been abused, and findings were reaffirmed in a subsequent study. Children who had suffered physical abuse were later more often among those arrested for physical violence.

In addition to Supreme Court rulings on juvenile justice during the last two decades, the 2012 Report of the Attorney General's National Task Force on Children Exposed to Violence (2012) also provided tremendous support for evidence-based practice in juvenile justice systems. The Report endorsed and advocated for a trauma-informed approach to juvenile justice (Benekos & Merlo, 2019). Preceding the Report, U.S. Attorney General Eric Holder and the U.S. Department of Justice (DOJ) made a

commitment to preventing youth exposure to violence (ETV) and mitigating the effects on children and youth (Benekos & Merlo, 2019). According to Benekos and Merlo (2019), the Office of Justice Programs defined *exposure to violence* (ETV) as: children who witness or are victimized by violence. This includes physical assault, peer victimization, sexual victimization, child abuse, and maltreatment, as well as witnessing (seeing or hearing) in the home, school, or community. Exposure to violence, particularly multiple exposures, can interfere with a child's physical, emotional, and intellectual development.

A 2014 report from the Department of Health and Human Services indicated 702,000 children were reported for maltreatment (as cited in Benekos & Merlo, 2019). The vast majority of victimizations of children are cases of neglect (75%) followed by physical abuse (17%). The first year of a child's life has the highest rate of victimization rate (24.4 per 100,000 children in the population; Benekos & Merlo, 2019). The reported rate of child victimization decreases throughout childhood but continues throughout adolescence. Other studies on youth victimization included school violence. The Indicators of School Crime and Safety 2014 (Robers et al., 2015, as cited in Benekos & Merlo, 2019), report approximately 965,000 students who ranged in age from 12 to 18 experienced non-fatal violent victimization at school. This is a rate of 37 victims for every 1,000 students. The data suggest age differences associated with victimization rates in schools. For youth aged 12 to 14 years, the rate of victimization was 67 per 1,000, and for those aged 15 to 18 years, the rate dropped to 44 victims for every 1,000 students. Interestingly, there were no significant differences in school victimization based on sex,

race, or ethnicity among Black, White, Hispanic, and Asian students. These data also revealed a trend of decreasing youth victimization in schools since 1995.

In a study of juvenile offender detainees, the Northwestern Juvenile Project study focused on 1,829 youth who were detained pretrial in Cook County, Illinois in the 1990s (Benekos & Merlo, 2019). The results showed more than 90% of the sampled youth had experienced at least one traumatic event, and approximately 57% had been exposed 6 or more times. Researchers with similar findings referred to *poly victimization* to describe children who have experienced more than one type of maltreatment including physical abuse, emotional or psychological abuse, sexual abuse, neglect, bullying, and/or exposure to violence (ETV). The most common trauma found was witnessing violence; and 75% of the male youth and 63% of the female youth in detention had experienced this trauma.

Researchers believe the extent and consequences of youth victimization and trauma underscore the importance of prevention and intervention. Benekos and Merlo speaking about the research that preceded the Attorney General's initiative, similar to Baumle (2018) and Ko et al. (2008) found children who have been exposed to violence are more likely to abuse drugs and alcohol, suffer from depression, anxiety, and post-traumatic stress disorders. Also, these youth more often fail or have difficulty in school, become delinquent, and engage in criminal behavior.

The DOJ's 2012 Report from the Attorney General's National Task Force on Children Exposed to Violence included 56 recommendations and among its strongest recommendations was the importance of identifying children and youth who are either victimized by violence or have witnessed violence and providing supportive services. The

trauma-informed approach was recognized as a cost-effective method of needs assessment based on exposure to violence followed by matching appropriate services to those needs. The Report emphasized the need to rethink the juvenile justice system recognizing the effects of trauma. The report indicated:

By failing to correctly identify and treat children exposed to violence, the system wastes an opportunity to alter the delinquent or criminal conduct of the children. This failure makes our communities less safe and results in the loss of the valuable contributions of these children—in youth and into adulthood—to their communities. (National Task Force on Children Exposed to Violence [2012], as cited in Benekos & Merlo, 2019, p.173)

The national organizations adopting the trauma-informed perspective include The National Commission on Correctional Healthcare, the National Council of Juvenile and Family Court Judges, the National Juvenile Defenders Center, and the National Center for Mental Health and Juvenile Justice (Ford et al., 2007, as cited in Benekos & Merlo, 2019). Many State and county juvenile justice systems and departments of children and families are incorporating trauma programs as well.

To ensure fair juvenile justice system procedures at every decision point, legal authorities must come to terms with their responsibility to society and youth, basing their judgments on a full understanding of the role of trauma and victimization in the lives of youth (Ford et al., 2006, as cited in Benekos & Merlo, 2019). When exposed to cruelty, neglect, rejection, or any exposure to violence, a child may cope by presenting indifference, being defiant of rules and authority, or becoming aggressive as self-

protection. These defensive reactions to resist the helplessness and isolation caused by victimization are attempts to regain feeling safe and in control. However, these defensive reactions are too often perceived as callous indifference driving delinquency, leaving unresolved trauma contributing to downward spiral into more deviant and risky behavior, and re-traumatization, including chronic juvenile and adult criminal justice involvement.

The National Conference of State Legislatures (Brown, 2015) reported that “developmentally appropriate” policies and legislation are emerging among several states. State responses are still forthcoming, but momentum is increasing across states for legislation that recognizes the immaturity of children and responds more effectively to delinquency, improving overall justice systems. Brown acknowledged, nevertheless, despite important progress, much concern continues for the U.S. Juvenile Justice System's response to delinquent youth.

Figure 2*Policy Reforms within Some State Legislatures*

Adopted evidence-based programs
Banned solitary confinement and shackling
Limited use of incarceration
Promoted developmentally appropriate policies
Raised the age of juvenile court jurisdiction
Reduced racial disparities among youth at all decision points
Reduced severe and excessive sentencing
Restricted direct file and individualized transfer decisions

Note: Figure 2 was constructed from information from Benekos & Merlo, 2019 and Brown (NCSL), 2015.

Conclusions on Evidence-Based Policies in U. S. Juvenile Justice Systems

The latest Supreme Court decisions on juvenile justice from 2005 through 2016, U. S. Congress' National Child Traumatic Stress Network, the 2012 DOJ Report from the Attorney General's National Task Force on Children Exposed to Violence, and the 2018 reauthorization of the JJDPa are among the greater federal efforts leading states to juvenile justice policy reforms with consideration of developmental science and neuroscience findings.

States continue to reexamine their policies to consider more responsible responses to juvenile delinquency and youth crime to improve the justice systems (Benekos & Merlo, 2019; Brown (NCSL, 2015). Many state legislatures have gone beyond consideration and enacted new statutes to help prevent delinquency and provide effective interventions, including reducing the use of detention and utilizing alternatives to residential placement (Brown, 2015). However, the most consequential and pervasive change in juvenile justice policy over the last 25 years is that all states are refraining from juvenile capital punishment; since 2005, there have been and will be no death sentences for youth under the age of 18 years at the time of the crime in the United States.

For those who believe youth under age of 18 years old should be held less culpable due to immaturity as diminished capacity, the repeal of juvenile life without parole for a non-homicide offense in many states, and the repeal of mandatory life without parole for homicide by 13 of 28 states who had these severe statutes are also momentous. However, these advances in juvenile justice policy are subdued by the fact that many, and possibly most states continue severely long sentences that remain juvenile

life without parole. Also, youth of 18 to 25 years old are still receiving death sentences. All these life-taking policies continued to disregard neuroscience findings of underdevelopment of the brain until the mid-20s. Just as definitive, if not more so, developmental science clarifies the role of environmental factors in human development, including the salient role of trauma, early exposure to violence, and particularly the repeated experience of violence. However, this failure, does not negate the forward movement in federal efforts assisting state agencies in becoming trauma informed, and the ongoing efforts to specifically endow juvenile justice systems with sensitivity to the role of trauma in the lives of the youth they serve.

The repeal of direct file laws in at least six states and raising the age for juvenile court jurisdiction in most states are progress on juvenile justice policy with regard to developmental science (APA, n.d.; Grisso et al., 2003; Steinberg & Scott, 2003). In most states, most youth under the age of 18 years will no longer be excluded from juvenile court jurisdiction. However, in states that continue statutory exclusion laws, age and offense charges continue to mandate the transfer of youth to adult criminal court and face adult criminal sentencing without a juvenile court hearing. The Supreme Court ruling in *Miller v. Alabama* did not compel all states to repeal the automatic procedure of direct file and restore the rights of children to a juvenile court hearing as Drinan, 2016 and others believed could or should occur (Benekos & Merlo, 2019). Several states also continue to maintain prosecutorial discretion laws, permitting a prosecutor to file a case against a youth under 18 years old directly in criminal court without a juvenile court hearing.

Although apparent, many states have not reconsidered the mitigating circumstances of a child's immaturity as sufficient reason for a juvenile court hearing, some states have reconsidered a child's competency to stand trial. Legislators in several states have limited the number of youths who may waive counsel, and improved representation for indigent youth (Brown, 2015). This necessity reaffirms the poor representation of likely most youth in the system, however minimally, but is improved. In addition, at least 23 states passed legislation that would permit children to be found incompetent to stand trial due to developmental immaturity or mental illness. To the extent that children can demonstrate their underdeveloped cognitive and reasoning skills, poor risk assessment, emotional impulsivity, or failing mental health, these states will recognize the mitigating factors hindering a child's capacity to stand trial.

At least within 11 states, for youth in juvenile court jurisdiction reforms were made to divert lower-risk youth from the justice system. Some states provided funding for preventative services, and some redirected resources from state institutions for evidence-based community alternatives (Brown, 2015; Benekos & Merlo, 2019). Remarkably, at least eighteen states enacted statutes supporting a commitment to evidence-based programs (Brown, 2015). Perhaps even more remarkable, at least eight states took legislative action to improve the disproportionate population of minority youth in the justice system. There has been progress in juvenile justice policy since the severe downturn to the destructive *get-tough* policies of the 1990s.

Despite important progress, juvenile life without parole sentencing and other excessive sentencing, the remaining direct file and prosecutorial discretion laws, the

continued unnecessary shackling of youth in court, and the use of solitary confinement are only some of the evidence that *get-tough* legislation still dominate juvenile justice policy. However, achieving all needed reforms to juvenile justice policy that acknowledge and affirm the developmental immaturity of youth and provide the evidence-based treatment and services needed, will require continued child advocacy, continued legislative review, uniformity in improved data collection and reporting, and empirical research to evaluate the effects of reform. With the acceptance of science as guidance, and the moral leadership of the Supreme Court, and our national government, juvenile justice policy can be achieved (Benekos & Merlo, 2019).

Evidence-Based Programs and Practices in U. S. Juvenile Justice Systems

The primary evidence on how U. S. states are utilizing evidence-based programs and/or practices (EBPs) are reported in the following selection of 11 studies and reports. These studies and reports consist of (a) a national assessment of states' usage of EBPs (Welsh & Greenwood, 2015); (b-d) three case studies of states' use of EBPs (Hay et al., 2018; Rocque et al., 2014; Teske, 2020); (e) a cross-sectional study of EBPs within a state (Chilenski et al., 2018); (f) an intra-state random trial examining the state level use of an EBP (Gottfredson et al., 2018); (g) a state report from a leading state on juvenile justice on its use of EPBs (Clayton, 2012); (h) a peer-reviewed article reporting a prevention science association's assessment of EBPs in U. S. child-serving agencies including juvenile justice systems (Fagan et al., 2018); (i) an interstate random trial in implementation science research across seven states (Knight et al., 2016); (j) a follow-up study examining the previous random trial (Bowser et al.; and (k) an assessment of a

Federal project's use of the evidence in juvenile justice systems across three states (Hussemann & Lieberman [Urban Institute], 2017). These studies and research reports provide insight on which states, and to what extent states are utilizing the highly recommended evidence-based programs and or practices (EBPs) to prevent and resolve juvenile delinquency and youth crime.

Welsh and Greenwood (2015) took a national assessment of the progress states are making in implementing the three most widely used brand-name evidence-based programs for effective treatment of delinquent youth: functional family therapy (FFT), multisystemic therapy (MST), and multidimensional treatment foster care (MTFC). The purpose of their study was not to rank states but to help other state policymakers and practitioners to develop strategies to increase the availability and quality of EBPs in their jurisdictions. Welsh and Greenwood found 35 states that utilized at least one of the three most widely used evidence-based programs (EBPs). From the 35 states, they identified five states that were making substantially more progress in implementing the highest use of name-brand EBPs. These states are Connecticut, Hawaii, Louisiana, Maine, and New Mexico.

Their methodology was unique but simple. The *therapist team* is the basic unit of operation for all three EBPs and was the primary data for the study. These data served as a reliable indicator of the level of use of these programs on a state-by-state basis, the number of therapist teams per capita (one million people; Welsh & Greenwood, 2015). Additional data for the study were interviews with a small number of key researchers, policymakers, or practitioners from the five leading states. The purpose of the interviews

was to gather background information on the state's history and current developments in the use of EBPs, and general orientation to evidence-based practices. Connecticut, Louisiana, Hawaii, Maine, and New Mexico had by far the most use across states.

In addition to the highest availability of the programs, ranging from 9.4 to 13 therapist teams per million population, these states shared several key features that led to their successful implementation. Three states, Connecticut, Hawaii, and Louisiana had the outside incentive of being sued by the federal DOJ for conditions in their juvenile institutions. Maine and New Mexico decided on their own that many of the youth in residential placements (secure confinement) did not belong there. Above all, the commitment of the states, with high-level leadership from the top providing purposeful state action in fulfilling the expansion of the programs was essential in all five states. These features included strong commitment and involvement of all key stakeholders, effective leaders who championed not just the programs but a culture of using research to improve practice, pilot testing of new EBPs, special funding for designated EBPs, and technical assistance to counties to help get programs off the ground.

The results showed the top-down approach was used in each of the five leading states with strong leadership and commitment at the top (Welsh & Greenwood, 2015). Each of the leading states had broadly recognizable leaders to champion the cause of evidence-based programs. These high-powered leaders in turn built local committees. State champions included key department heads, a governor, and an Associate Commissioner of Corrections. Most states at the time of this study were not yet in a position to begin to assess any statewide impact on juvenile recidivism, placements in

residential facilities, or other key outcomes. However, importantly, the researchers did successfully present how many states and how many evidence-based programs are being implemented within these states.

Maine's Statewide Implementation of EBPs

The year before Welsh and Greenwood's (2015) national assessment of evidence-based programs across states, Rocque et al. (2014) conducted a case study of one of the leading states with the most use of evidence-based programs in their juvenile justice systems, the state of Maine. Rocque et al (2014) investigated the key factors and events that contributed to the state of Maine's development, implementation, and maintenance of evidence-based practice and programs in juvenile justice.

Because they were focused on *how* Maine began to implement and maintain EBPs, the case study was the more amenable methodology (Roque et al., 2014). The data collected was 14 interviews with key researchers, consultants, and officials, as well as a review of numerous state documents. They began interviews with officials inside the juvenile justice system then proceeded to key players outside the justice system. Their analysis consisted of focusing on emerging themes, using several researchers to assist in the analysis as a means of limiting researcher bias.

Maine is a small state with approximately 1.3 million people, less than 1% of the U. S. population, and about 61% live in rural areas (Roque et al., 2014). The state is roughly equally split between male and female, and has a more than 95% white population. Maine has an agriculture-based economy, but also relies on manufacturing, and fishing including a large lobster offering exceeding all other states, and is second in

paper production. Maine's economy is below average, with about a 48 billion GDP. The median household income was \$46, 933, about \$5000 below U.S. median, and 30th in the nation.

The court system is a single system consisting of 32 district courts that adjudicate juvenile cases (Roque et al., 2014). The juvenile justice system is operated under a centralized format with three regional offices (Bangor, Portland, and Augusta). There are two secure facilities in the central and southern portions of the state. Juveniles can be bound over to adult court for a variety of reasons, but are limited to felonies. The decision to waive youth to criminal court belongs only to the judicial branch. Prosecutors can recommend waiver but rarely do so. Youth can remain in the juvenile court and system up to 21 years old, provided their offense was committed under 18 years old and the stipulations of the sentence call for a nonwaiver. Juveniles are eligible for diversion if they commit a misdemeanor as a first offense.

The findings with respect to Maine's development, implementation, and sustaining evidence-based programs for the past 20 years can be categorized into four main themes: (a) strong leadership from the top in MDOC, (b) the initial use of Risk–Need–Responsivity (RNR) approaches, (c) the essential collaborative relationships between the MDOC and other child-serving institutions and agencies, and (d) buy-in from multiple key groups and stakeholders (Roque et al., 2014).

The Maine Department of Corrections (MDOC) administered the juvenile division along with the adult system until the mid-1990s when budgetary issues and higher crime rates caused reconsideration of the system (Roque et al., 2014). This led to

separating the youth from adults, which was initiated by former Commissioner Joseph Lehman, whose informed perspective led him to believe that rehabilitation would be less expensive than secure confinement. He brought others aboard who had research mindsets on rehabilitation. They began the Communities-that-Care program. Eventually, the new leader of the Juvenile Division, Associate Commissioner Stoodley, gained permission to pilot the Youth Level of Service Inventory (an actuarial risk assessment tool that is an integral component of evidence-based practice). He drew on the technical support of academics at the University of Cincinnati and was able to gather widespread support throughout child-serving agencies in Maine. The team learned that programs targeting risk and protective factors rather than increasingly punitive measures had the most promise to reduce recidivism and facilitate adjustment for youthful offenders. Stoodley convened a small conference of service providers from all sectors of the Maine state government including health and education to demonstrate how juvenile justice linked them all. He experienced expected pushback from stakeholders who were entrenched in the status quo but won them over with a strong demonstration project of the hardest cases among youth offenders.

Maine began use of MST in 1999, the first Blueprint program utilized in the state (Roque et al., 2014). Commissioner Stoodley made flexible funds available for start-up costs to cover training, clinician's time, and early recruitment. However, the first attempt at implementing the program failed, and was discontinued until private agencies agreed to training and to pursue implementation fidelity. FFT began in 2003 as a result of the efforts of an agency that proposed it for the most high-risk juveniles. Stoodley saw this as

a great opportunity that the MDOC wanted to use to their advantage. Researchers say FFT “flourished” and internal assessments began to show positive results very quickly. Evidence-based programs like FFT continue because of the willingness of other agencies to make referrals outside of the MDOC. The use of Multi-dimensional Treatment Foster Care (MTFC) began in 2006 and is still in operation.

In addition, they created an adaptation to MST, the Problem Sexual Behavior program in late 2005. Sue Righthand, a professor at the University of Maine, Orono, and a research consultant wanted to implement it for the state’s youthful sex offenders. Eventually, several other evidence-based programs were implemented. These include Wraparound, TARGET, and Treatment Focused Cognitive-Behavioral Therapy. At the time of the study, there were seven sites administering FFT, MST, and MTFC, and 382 youths were being served by these programs. The MDOC, Division of Juvenile Services monitors program operations and outcomes including the number of youth served, the number completing the programs, and recidivism rates within each program. Program personnel maintaining program fidelity is an ongoing concern, but researchers suggest there has been a recommitment to the idea of rehabilitation in corrections internationally since the 1990s, and the Risk-Need-Responsivity (RNR) model has played a significant role (Cullen, 2013, as cited in Rocque, et al., 2014).

The RNR model supported evidence-based decisions on both risk and needs assessments of youth in the MDOC (Roque et al., 2014). The risk principle leads jurisdictions in assessing criminogenic risks for recidivism while directing services to youth at the highest risk of committing new offenses. Challenges within a family system

have been correlated with youth recidivism, so correctional programming should focus on increasing family affection, consistent discipline, and improved family communication. Like other states that are leading the nation in EBPs, Maine utilizes expertise not found within the department, taking advantage of help from the University of Maine, Orono, the Muskie School of Public Service at the University of Southern Maine for more than a decade, as well as the University of Maine's School of Law.

Collaboration has been identified as a key to success for Blueprints programs, such as MST (Roque et al., 2014). This work led to the development of the Sexual Behavior Treatment Program, implemented at two juvenile correctional centers, and also opened up opportunities for additional statewide consultations and training. The Muskie School of Public Service has been an integral research partner during the development of evidence-based practice in Maine's juvenile corrections system. Because of the goal of research neutrality and transparency, research conducted using MDOC data is made available to a broad array of stakeholders and the general public.

In conclusion, as research continues to support evidence-based programs in altering aberrant behavior and making measurable differences, few states have taken advantage of the research in practice. Yet, others have made considerable progress in implementing evidence-based programs. The case-study method permitted the researchers to gain and present a view from the inside developing a fuller understanding of the events and processes that led to Maine's development of an evidence-based culture and practice in juvenile justice systems (Roque et al., 2014). However, notably, the researchers could not present statistical evidence on EBP outcomes, although anecdotal

evidence supported improvements in key areas including reducing recidivism and securing the confinement of youth. Researchers acknowledge that a more robust plan of research is needed. However, internal studies by the MDOC strongly suggest that the use of evidence-based programs and practices have reduced crime, and assisted in the rebuilding of the lives of many youths their families.

Florida's Late Start but Early Progress

Hay et al. (2018) examined the late origin of the state of Florida's juvenile justice system in 1994 and its punitive philosophy and practice that spontaneously began to evolve toward a more evidence-based treatment-oriented system. The movement toward evidence-based practice in juvenile justice systems encourages research as a foundation to effective interventions (Hay et al., 2018). Hay et al (2018) believe because states are responding at their own pace and in their ways to the evidence, the value of case studies to evaluate state progress or delays in juvenile justice reform is necessary and the most viable. Hay et al referred to the strong case studies on Ohio's and Maine's efforts in juvenile justice reform and this is their comparable effort to describe reform in Florida. Hay et al found common themes across juvenile justice reform to be four pressing problems: (a) high rates of youth incarceration(Hazel, 2008, as cited in in Hay et al., 2018); (b) dangers posed within many facilities (Annie E. Casey Foundation, 2011, as cited in Hay et al., 2018); (c) the extreme disparate minority representation in the system (Leiber et al., 2010, as cited in Hay et al., 2018); and (d) high levels of recidivism (Krisberg, 2011, as cited in Hay et al., 2018). In addition, cost of confinement, with states

spending \$250 per day for each incarcerated youth for an estimated cost of \$6 billion annually across states. All of these issues were of concern in Florida.

Florida has one of the largest state juvenile justice systems in the country with more than 75,000 youth delinquency cases referred each year followed by minimally 3000 committed to secure facilities. Florida was late in creating a juvenile justice system in 1994 after the Department of Health and Rehabilitative Services (HRS) which handled all aspects of juvenile justice was criticized as an unwieldy bureaucracy that led to the state under a federal consent decree from a class action lawsuit alleging inhumane conditions and treatment in training schools.

The new Florida Department of Juvenile Justice (FDJJ) began in 1994 when concerns about juvenile crime were high and fears were being raised (Hay et al., 2018). Particularly motivating were the warnings of an anticipated crime wave of brutally remorseless juvenile “super-predators” (DiIulio, 1995, as cited in Hay et al., 2018). Moreover, an English tourist was killed by four teenagers while sleeping in his car. The youth who fired the weapon was a 14-year-old African American youth, along with three others in an attempted robbery gone wrong. Violent young offenders became a dominant issue in the 1993 and 1994 legislative sessions, the beginning of the *get-tough* rhetoric, and the destructive legislation to come. Florida Secretary of State Jim Smith said when it comes to violent young offenders, “We should shoot them down like the mad dogs that they are” (Frazier et al., 1999, as cited in Hay et al., 2018, p.170). As a result of the call for tough punishment, the state legislated and implemented it (Hay et al., 2018). This included additional mechanisms for bypassing the juvenile system altogether by waiving

more juveniles to the adult system. For those who stayed in the juvenile system, secure confinement was emphasized at the expense of community-based sanctions; they created fast tracks for commitments to secure facilities.

The legislation created a new category of maximum-risk residential commitments, that included longer stays of 18 to 36 months in secure and highly structured confinement (Hirth, 1995; Juvenile Justice Advisory Board, 1994, as cited in Hay et al., 2018). Many of the punitive measures were reinforced in 2000 with Florida's passage of the comprehensive Tough Love legislation that created 10 to 20 years to life mandatory sentences for youth with felony records who commit a firearm-related crime. State spending on commitments to secure confinement increased from \$60 million in 1992–1993 to \$250 million by 1997–1998 with 3,963 placements this year, which increased another 61% to 6,393 placements in 2003 (Hay et al., 2018). It appears Florida was spending a billion dollars annually on secure confinement of children by 2007. This was occurring despite reductions in juvenile crime, especially serious crime, and research had already indicated that confinement and other harsh sanctions on youth would likely increase recidivism (Hay et al., 2018).

Factors Driving Florida to Juvenile Justice Reform After 2000. Remarkably, although the new FDJJ had a punitive orientation, the 1994 reforms also included budgeting for rehabilitation programming (Hay et al., 2018). Legislators had included funding and created a Juvenile Justice Advisory Board, whose responsibilities included measuring and reporting the effectiveness of juvenile justice programs. Additionally, the legislature's Office of Program Policy Analysis & Government Accountability performed

audits and evaluations on all aspects of FDJJ programming and practices. So, although the newly created FDJJ was philosophically oriented toward punishment, the legislators had created an agency that ensured efficiency, effectiveness, and recidivism would be considered. The nation had also become more acclimated to research in juvenile justice practices, and these Florida entities were completing their research as well.

The punitive get-tough era was on the decline in many states of the country, in part because juvenile crime was no longer rising. By 2010, juvenile crime rates had even steeper declines, dropping 60% in 2015 from the 1990s. Public opinion also favored reform. Roughly 80% of Florida residents supported a treatment-oriented juvenile system, including for serious offenders (Applegate et al., 2009; Florida Tax Watch, 2012; Mears et al., 2007, as cited in Hay et al., 2018). Additionally, once again, high-profile incidents were factors influencing Florida's juvenile justice legislation. The most notable was the 2006 death of a 14-year-old boy, Martin Lee Anderson, who had been incarcerated in a Panama City boot camp. Eight guards and a nurse were indicted and later acquitted. Researchers believe these three critical factors opened the door to reform: (1) a drop in juvenile crime, (2) high-profile abuses within the system that dissuaded Floridians from the get-tough era programming, and thus (3) public demand for a rehabilitative juvenile justice system.

Public demand and the growing connection of the FDJJ to the large evidence-based movement led Florida to juvenile justice reform (Hay et al., 2018). The FDJJ was in collaboration with national evidence-based organizations, including the National Council on Crime and Delinquency, Georgetown University's Center for Juvenile Justice

Reform and its Juvenile Justice System Improvement Project, and the Annie E. Casey Foundation with its Juvenile Detention Alternatives Initiative (JDAI) all led the way on scientific research. Together with these organizations, the FDJJ continued its research and evaluation as well. These connections were important, coinciding with the sudden rise of the evidence-based movement in juvenile justice across much of the nation. By the 2000s, the risk-needs-responsivity (RNR) model had become prominent in guiding correctional efforts in juvenile justice systems that were seeking reform (Andrews & Bonta, 1998, as cited in Hay et al., 2018). The focus was targeting high-risk offenders to address specific needs with effective treatments specifically appropriate for each youth offender. The broadening use of the RNR model suggested a consistent shift toward a research-based approach that prioritizes risk and needs assessment in juvenile justice programming.

In Florida, the political will to pursue evidence-based reform became apparent (Hay et al., 2018). In 2007, Republican Governor Charlie Crist and the FDJJ secretary Walter McNeil created the Blueprint Commission, saying Florida's juvenile justice is blazing a new path. The 25-member commission included members from the service community all the way up to legal, and policy-makers. The criminal justice research advisors, including Gordon Bazemore and Barry Krisberg, were present. The Commission's goal was to make recommendations for implementation from 2008 to 2012. Commission members traveled the state, holding public hearings and receiving testimony from stakeholders and specialists, and their final report of 52 recommendations was an evidence-based wish list with guiding principles: (a) invest in community

prevention, (b) create a continuum of sanctions that includes diversion and alternatives to secure detention, (c) move from large institutional care to smaller community-based residential models, (d) improve health and wellness services, (e) use programs that have demonstrated success and adopt procedures for identifying such programs, (f) include gender-specific programming and reduce unfair racial disparities, and (g) promote a professional juvenile justice workforce that is well trained and compensated and has low worker turnover.

In 2010 a downturn in the economy led to heavy budget cuts, requiring even more efficiency in juvenile justice systems (Hay et al., 2018). The Florida FDJJ closed three detention centers, and two residential facilities (youth prisons), and 1,200 full-time FDJJ positions were eliminated. Among the main goals of the state of Florida's new juvenile justice system of evidence-based practice was to identify the youth who require little to no intervention, and prevent entry to the system altogether. They became aware of the research indicating poorer and worse outcomes in education, employment, and in recidivism among youth who are arrested and become more deeply embedded in the system, than youth offenders who are not adjudicated or prosecuted. The Blueprint Commission called upon the legislature to create alternatives to arrest. An expanded program for civil citations has helped to address this need. Codified in Florida Statutes 985.12 (Florida Statutes Title XLVII, 2016), a program that allows first or second-time misdemeanor offenders to avoid a formal arrest by admitting guilt and satisfying diversion conditions.

In 2016, 60 of 67 Florida counties were operating a civil citation program, at least partially in response to legislative requirements introduced in 2011. Civil citation diversion may include community service, restitution, apology, or participation in intervention services. The evidence of youth receiving civil citations was favorable. The youth usually complete the conditions of their citation and avoid recidivism. Importantly, youth with civil citations had a 4% recidivism rate, less than half of the 9% rate for the comparison group (Hay et al, 2018).

To summarize, within the framework of the Governor's Blueprint Commission's recommendations, they moved forward with four central elements to the reform: (a) a civil citation initiative toward keeping the lowest-risk offenders out of the system, (b) an investment in front-end risk and need assessment for all youth who enter the system, (c) the creation of a continuum of treatments or services and a structured decision-making tool for placing youth within and on the continuum, and (d) the development of an evaluation protocol to assess the quality of services and treatments that the system provides (Hay et al., 2018).

Like several states during the early 2000s, the FDJJ had embraced the risk-needs-responsivity (RNR) model, with its priority on rigorous risk assessment for determining which youth required services and what kind (Hay et al., 2018). The FDJJ adopted statewide use of the Positive Achievement Change Tool (PACT), a well-validated tool from the Washington State Juvenile Court Assessment. The Florida system was now oriented to risk assessment from intake to release. The adoption of the disposition matrix explained much of the state's reduction in secure confinement. Commitments decreased

by more than 40% in the five years after use of the PACT disposition matrix, going from about 5,400 in FY 2010–2011 to 3,100 in 2014–2015. Several factors likely have contributed to this decrease.

Evaluating the Treatments. Even if a system is successful in diversion, risk assessment, and structured decision-making, if it fails to provide both effective and reliable treatment programs, the system still fails. This has been the challenge of many states seeking reform, and Lipsey's (2009) Standardized Program Evaluation Protocol (SPEP) was developed to help fulfill this need. The SPEP is not a treatment, but a rating scheme for assessing how well a system delivers its treatments and services, essentially a program evaluation checking for evidence-based principles within programs. The SPEP rating scheme asks four primary questions of a program: (a) Does prior research reveal a high average effect size of the treatment? (b) Do the program's duration/contact hours match the specified targets established in prior research? (c) Is the service provider's implementation rated as high quality? and (d) Does the program target youth at the appropriate risk level? The evidence has been that youth served by programs with higher SPEP ratings have lower recidivism.

The FDJJ's participation in Georgetown University's Juvenile Justice System Improvement Project was the catalyst for the use of the SPEP in the state. Nevertheless, at the time of this study, the FDJJ had only recently introduced the SPEP, and a validation study had not been conducted. In fact, this was the case in many states using the evaluation tool. A large body of SPEP validation research had not emerged (Elliott, 2016, as cited in Hay et al., 2018).

Researchers believe a key mechanism for evidence-based services to be fully developed, maintained, and evaluated with measurable effectiveness in Florida is the Florida Office of Research and Data Integrity (Hay et al., 2018). It was created for the specific purpose of fostering the FDJJ's own in-house research and evaluation capabilities. This unit and its role must be maintained, reinforced, and importantly, must withstand changes in the political dynamics in the state.

A related question in the national context is how should states identify effective treatment programs (Elliott, 2016; Greenwood & Welsh, 2012; Lipsey et al., 2010 as cited in Hay et al., 2018). As so often recognized, one way for systems to accomplish this goal is by adopting name-brand model programs that have proven effective in other states or localities. As previously indicated, these include Functional Family Therapy (FFT), Aggression Replacement Training (ART), Multisystemic Therapy (MST), and others. While this can be effective, the problem is there are obstacles to this approach that include staff commitment to existing approaches that may also be effective, and the financial costs of replacement of existing services.

With existing services in mind, this was the origin of the SPEP (Lipsey et al., 2010, as cited in Hay et al., 2018). Despite no brand name, other programs can possess the characteristics of effective programs, and yield evidence of measurable outcomes. Using both brand-name and generic programs is more common, and Florida chose this approach. Florida eventually ranked among the states with the highest usage of name-brand programs, both MST and FFT (Elliott et al., 2020). In addition, Florida invested greatly in a SPEP rating system to provide quantitative assessments of program delivery

for all of its treatment services, including name brands. As with all states, Florida's success depends on whether services are effective in yielding desired measurable outcomes. At the time of this study, the SPEP had not been applied to Florida programs. The SPEP initiative had yet to receive a formal validation. This parallels the national context, SPEP evaluations are few, but where utilized program outcomes have improved. Elliott (as cited in Hay et al., 2018) raised questions about the underlying SPEP logic, and suggests it represents an important area for future research.

Researchers found two challenges unique to Florida that must be considered. The first is the large number of youths whose cases are filed directly in criminal court. More than 1,600 transfers occur annually, and Florida has a long history as a national outlier in the prosecution of youth in criminal courts (Hay et al., 2018; Human Rights Watch, 2002b, 2014; OJJDP, 2011). This is largely because of Florida's leniency in permitting direct-file prosecutorial waivers (OJJDP, 2011). Research from a wide variety of states continues to reveal that transferred youth have worse outcomes than similar youth who are not transferred (Zaneet al., 2016, as cited in Hay et al., 2018). Researchers make two important points regarding this situation. First, the extensive evidence-based investments in juvenile justice that they have described cannot benefit youth who bypass this system prematurely, and second, by all indications, waived youth often could be appropriately handled in the juvenile system. No evidence supports that waived Florida youth are an irredeemable group of the worst offenders (Human Rights Watch, 2014; Lanza-Kaduce et al., 1999 Hay et al., 2018). Waived youth rarely have committed crimes as serious as homicide, and in recent years 60% were transferred for a nonviolent felony. Thus, a

critical factor driving youth waiver in Florida continues to be the prosecutor's authority granted by the Florida legislature to send youth directly to criminal court without the benefit of a juvenile court hearing, and with little and poor defense, on into adult sentencing.

Researchers pointed to a second challenge in Florida involving the intricate issue of privatization of youth residential facilities (Hay et al., 2018). Researchers pointed to the issue of privatization as beyond the scope of the current study, but believe it is important to future research. By late 2013, Florida had reached a unique marker, every youth residential program, more akin to prisons, was now under private contractors with the state. The state had hoped to save costs through these measures. One possible benefit of privatization is that it may be easier to reduce incarceration rates. Researchers suggested that contracts with private firms are often more easily terminated than state-operated facilities can be closed. Nevertheless, there are significant questions about the performance of private correctional facilities. The U.S. Department of Justice phased out the use of private prisons because of safety concerns, issues of security, and a lack of anticipated savings. Also, as others have observed, no conclusive analyses between public and private prisons have not pursued (Mears, 2016, as cited in Hay et al., 2018). Thus, the issue remains a significant one for FDJJ's continued monitoring. It recently terminated state contracts with Youth Services International, a firm facing claims of both abuse and fraud in its operation of seven residential programs (youth prisons) (Menzel, 2016). Going forward, a priority for the FDJJ should be to use its newly developed SPEP to gain more specific information on the performance of all its providers.

In conclusion, the researchers remind readers of the broad theme describing the national context of juvenile justice: “Pressing problems and challenges still exist, but improvements have occurred” (Hay et al., 2018, p. 330). This is certainly true for Florida, however, as noted, Florida’s juvenile justice system is as unique as the history from which it originated. “Florida’s imperative moving forward is to fully use the evidence-based tools at its disposal to chip away at the problems and challenges that still persist” (Hay et al., 2018, p.330).

The states of Maine and Florida juvenile justice systems’ approaches to reform into evidence-based practices and programs were assessed by researchers in case studies, and important similarities and contrasts in these approaches were revealed. The state of Georgia’s efforts to turn to evidence-based practices and programs have also been assessed as a case study but is unique in that the researcher is a central player in the state’s transition (Teske, 2020). The Honorable Judge Steven Teske, Chief Presiding Juvenile Court Judge in Clayton County (just outside of Atlanta), presented an overview of the nation’s juvenile justice history, the state of Georgia’s history of juvenile justice, and his accounting of Georgia’s juvenile justice reform.

Juvenile Justice Reform in Georgia

Teske (2020), a Republican and a conservative juvenile court judge says juvenile justice reform began after 2007 when Texas “*desperately needed to build more prisons*” (p.1171) to accommodate its prison populations but could not afford the \$2 billion required to build the prisons. Texas legislators then decided to investigate other alternatives. The Texans had learned that over incarcerating low-risk youth increased

recidivism and that were long sentences effective in reducing youth crime. The legislative study led to \$241 million of treatment and diversion programs replacing secure facilities.

As a result of the diversion programs, Texas had a 29% decline in crime rates, which led to conservative politicians reconsidering their get-tough-on-crime position. Teske (2020) said, “How we define a violent crime in our criminal codes can be influenced more by the emotions of policymakers than by the empirical evidence and neuroscience”. (p.1174). They began questioning how much money would be saved for redirecting to education and other early childhood services if they decreased lengthy sentences for *violent offenders*. *They began to recognize* their overreliance on punishment and getting tough on crime was not their most responsible means of acting as guardians and protectors of the nation (e.g., harsh long sentences, mandatory harsh long sentences, life without parole for children, etc.), may have presented the appearance of deterring crime but now understood they were creating crime and harming public safety. Judge Teske explains the irony, or problem in reforming justice systems is that the answers look soft on crime, and politicians do not want to be accused of being soft on crime. However, he explains that he believes politicians are driving the public, not the other way around. “I am not sure that I agree that it is the public’s intense concern about crime that is driving this disconnect between the truth and what works. Rather, it seems to be the other way around: politicians are driving policy and inflaming the electorate to support their crime policy initiative” (Teske, 2020, p 1175). Judge Teske suggested the *politics of fear* is a conservative strategy driving the extreme punitive measures in U.S. justice systems, and ignoring science.

After the successes in Texas, a few Republican legislators and Governor Deal in Georgia realized they had some of the harshest sentencing in the nation with some of the worst results (Teske, 2020). They wanted reform but needed a strategy that would appeal to their conservative friends, that reforming the justice system supported conservative values. Judge Teske's purpose for his article is to provide a case study of how the state of Georgia's Republican administration reformed juvenile justice with regard to scientific evidence. However, first he reviews the history of the development of the juvenile court as a separate entity from adult criminal courts in the United States (similarly as reviewed earlier in this literature review, but with insider details).

Teske (2020) summarized from the earliest juvenile court in 1899, and from 1945 when all states now had juvenile courts. Most state juvenile courts shared similarities, especially believing juvenile courts should be distinct from the adult criminal justice system due to a child's immaturity. Children could not be held to adult accountability. The process would be civil, not criminal, and accountability would be rehabilitation, not punishment. Furthermore, children were delinquents, not criminals, and the court decided who would be prosecuted, not prosecutors. The legal standard was in the best interests of the child, not beyond a reasonable doubt, and hearings were informal. The rules of evidence or due process for children were eliminated because these were unnecessary in consideration of the new philosophy that juvenile courts would be helpful and, in the child's best interest. However, because juvenile courts did not have the resources to treat children, the children were sent to training schools. The training schools turned out to be horrors of child abuse. This was the course of U.S. juvenile justice from 1945 until the

late 1960s; apparently good intentions with poor results. In 1966 the Supreme Court began granting children due process rights as not to be sent to horrid institutions, ultimately altering the juvenile court, more similar to criminal court.

Simultaneously with the Supreme Court decisions, social worker and administrator of juvenile corrections Jerome Miller in Massachusetts decided to close the unhealthy training schools and return the children to their communities (Teske, 2020). Teske says many believe the first juvenile justice reinvestment occurred in 1995 with the RECLAIM Ohio initiative. However, Miller's elimination of all training schools and redirection of the funding to the children's communities was a revolutionary reinvestment in juvenile justice with significant outcomes. Miller's actions were validated by Harvard studies that subsequently proved Miller's closing of the training schools and return of youth to their communities, had led to Massachusetts having the lowest recidivism rate. More than three-quarters of the youth who returned to their communities for supervision were not reincarcerated, juvenile arrests declined, and the proportion of adult inmates who had graduated from juvenile institutions decreased.

Some believe the *get-tough* era began in the 1970s, others believe in the 1980s, and still others believe the extremely harsh legislation and sentencing began in the 1990s (Teske, 2020). Teske suggested they are all correct, but the harsher, more punitive sentencing policies that characterized the get-tough era originated with Robert Martinson, a sociologist who published his survey of data from hundreds of rehabilitation programs over two decades and found no post-program effect on the recidivism of participants. Conservative groups who wanted stiffer penalties in sentencing gladly used Martinson's

article to begin the *Nothing Works* campaign. Teske acknowledges policymakers proliferated Nothing Works as a means of legislating tougher sentencing. Between 1980 and 1996, policy changes shifted to determinate or legislated sentencing with much less judicial discretion. Judges were and are continually required to give mandatory long fixed sentences irrelevant to an individual youth's circumstances.

Teske (2020) described Ronald Reagan's War on Drugs as including conservative politicians working with the public to connect crime to black families dependent on welfare by referring to the "welfare queen driving Cadillacs in flashy splendor" to project a stereotypical image of a lazy, larcenous black woman ripping off society's generosity without remorse. Conservatives employed a tactic called "whistle dog politics" to convey racial politics without referencing people of color (Teske, 2020, p. 1188). Federal legislation modified sentencing guidelines to get tough on crack cocaine possession, which resulted in the mass incarceration of Black men. Teske says conservatives used the legal gains Blacks made during the civil rights movement (e.g., desegregation and the passage of the Civil Rights Act and the Voting Rights Act) to support their position that the plight of black America was by choice and not the continuing effects of poverty from over 300 years of slavery and Jim Crow laws.

Whether the reasons were political, implicit bias, or sheer unadulterated racial animosity, conservative politicians refused to see the reality that Blacks gaining legal rights did not translate into economic mobility overnight (Teske, 2020). The judge said as long as politicians and policymakers attribute poverty and criminality to individual choices rather than social structural factors, they will overlook how policy development

can result in unintended consequences, including an increase in crime rates. Teske continues to share the strategies of the conservative backlash movement to the civil rights movement, pointing to a political scientist John DiLulio sensationalizing and forecasting rising crime rates among youth and coining the phrase *super predator* as significant to the conservative movement and backlash. Teske wrote that DiLulio predicted a wave of violence at the hands of the super predators, who DiLulio described as teenagers who are so impulsive that they kill, rape, and maim without giving it a second thought. This prediction created hysteria causing or permitting lawmakers to respond with harsher penalties for not only Black adults but Black children as well. These included automatic transfer laws to adult court, reducing the age of criminal liability, zero tolerance policies in schools, and increasing incarceration of juveniles.

After the passage of the Violent Crime Control and Law Enforcement Act of 1994, the adult inmate population had tripled (Teske, 2020). The judge sees sadness in that only 12% of the increase in the prison population was due to changes in crime and 88% due to changes in sentencing policy. Judge Teske was more alarmed by the causes of the rise in crime rates that preceded the get-tough rhetoric and punitive legislation. The conservative judge, most surprisingly points not only to economic factors, but several other macro system factors including “public policies, and bureaucratic and institutional decisions that exacerbated conditions” (Teske, p. 1190). According to Teske (2020), during the 1960s, several factors worked together creating a perfect storm, from the civil rights movement which brought attention to the black community, the protests of the Vietnam War, and college rallies that resulted in violent arrests. Judge Teske also

suggests President Johnson's progressive effort to fight poverty produced unintended consequences, followed by an effort to fight crime by increasing police in poor communities, which naturally increased arrests.

Judge Teske (2020), skipped from Johnson to the end of the get-tough era, into the landmark decisions on juvenile justice handed down by the U.S. Supreme Court from 2005 and beyond in response to developmental science and neuroscience. He points to the subsequent local and statewide reforms as largely Republican efforts that worked to reverse the harsh punishments of the past era. Teske sees irony in the reforms being led by mostly conservative politicians who had to convince conservative colleagues to change their thinking about crime and punishment. The judge sees the efforts led by conservative politicians to gain the support of their conservative colleagues to reverse the punitive practices they instituted during the get-tough era as a political paradox. This is not because conservative Republicans led both efforts to install the punitive laws, and now to reverse them, but because both efforts represent maintaining conservative values. In a sense, it is an acknowledgment of past mistakes of conservative politicians as policymakers. Many conservatives are now opposed to what conservatives advocated in the past, yet the ideological framework of conservatism has not changed.

Many conservative politicians are embracing the research and accepting that what may look soft on crime is indeed tougher on crime if resolving crime is their motivation (Teske, 2020). Most importantly, conservatives realize that evidence-based community programs fit squarely with the three important and basic conservative ideological constructs: increase public safety, reduce big government, and cut taxpayer costs (Teske,

2020). For these reasons, many conservatives are helping their colleagues to see the value in the diversion of “eligible people from expensive prisons to far less expensive community-based solutions (which are more effective at reducing recidivism), and public safety will improve at a savings to the taxpayer” (Teske, 2020, p.1191). Judge Teske (2020) explains further, that government dollars are reduced by eliminating bed space, which allows spending to be redirected to private providers to deliver community-based programs. Judge Teskes describes the four-factor analytic process of decision-making which played a significant role in leading the conservative Republican majority of the Georgia General Assembly to refrain from politicizing reform efforts and embracing recommendations traditionally viewed by conservatives as soft on crime.

Georgia’s Juvenile Justice in Clayton County. After the conservative Republican Judge Teske was appointed to the bench in the almost 80% black Clayton County, he realized he was overseeing juvenile justice in the aftermath of the get-tough era (Teske, 2020). Large caseloads of Black children as probationers and undoubtedly being held in secure detention, and youth development centers (youth prisons) all learning to see themselves as criminals during their childhoods while many of their parents languished in prisons on drug charges and mandatory excessively long sentences.

Teske (2020) solemnly acknowledges most youth were low-risk misdemeanants who would have aged out of their delinquency had it not been for the legislation that placed them into and kept them in the judicial system leading to increased recidivism rates. He reports extremely overcrowded detention centers with youth sleeping on floors, all while the research shows detention significantly increases reoffending. He pointed to

the role of schools in this *school-to-prison pipeline* of Black youth as well and attributed the beginning of the pipeline to the get-tough era legislation. Police were regularly placed on school campuses by 1996, and by 2003, the number of school-based referrals increased by over 1,200%. Of the total filings from the school system, only 10% were felonies, and the bulk of the misdemeanors consisted of typical adolescent behaviors: disrupting public school, simple assault and simple battery, disorderly conduct, and school fights. This phenomenon, the *school-to-prison pipeline*, postulates that arresting students also arrest their educational development, causing them to drop out of school and commit crimes (Teske, 2020).

Teske proudly and likely rightfully points to Peter Edelman's book and Edleman's description of Clayton County as a national model for juvenile justice reform and the decriminalization of youth. The reform measures taken in Clayton County were later taken throughout the state of Georgia a decade later (Teske, 2020). Together, the reformed practices and programs implemented in Clayton County produced the following outcomes: (a) detention rates declined by 77%, (b) detention rates among Black youth declined by 63%, (c) the average daily detention population was 62 in 2002 and is presently 14 (2020), (d) commitments to state custody have declined 71%, (e) commitments among black youth have declined 68%, (f) school-based arrests among black students have declined 91%, (g) status offense filings have declined 90%, and (h) probation caseloads have declined 83%. Notwithstanding that the appearance of these outcomes looks soft on crime, the total number of delinquency filings has decreased by 82%, and the total number of felony filings has declined by 64%.

By diverting youth away from the system, reducing detention and commitment rates, and keeping more children at home and involved in pro-social programming, juvenile crime fell considerably and graduation rates increased dramatically, which is a protective buffer against delinquency (Teske, 2020). Judge Teske believes these outcomes illustrate why Clayton County is a national model and was a model for Georgia when Governor Deal decided to convene the Criminal Justice Reform Council (the Council) to address the juvenile justice system.

Georgia's Statewide Reform. Judge Teske was inspired by meeting Jerome Miller at a 2011 symposium in Washington, D.C. He was affected by listening to Miller describe his experiences implementing the earlier reforms and transition in Massachusetts juvenile justice systems. Judge Teske became convinced that youth prisons were evil and criminogenic, that most children were not criminals, but victims of a system they created, and that most children would fare better at home involved in evidence-based programs and other pro-social programming and services. However, he was also convinced, that Georgia would never turn its back on get-tough policies and begin to deinstitutionalize youth during his lifetime.

Apparently, Governor Deal had had his epiphany, because remarkably the governor's staff contacted Judge Teske about three months after he returned from his life-changing symposium, and requested his opinion on reform legislation, titled Model Code ReWrite (Teske, 2020). The Bill was on its way to the Georgia Senate after a unanimous vote in the Georgia House. Judge Teske shared his views on the delinquency portion of the Bill with Governor Deal, and ultimately importantly alterations were made to the Bill,

but not without challenge. The Bill died in the Senate. The approach taken by Governor Deal to tackle juvenile justice reform was similar to the local reforms developed and implemented a decade earlier in Clayton County. The governor reconvened the Criminal Justice Reform Council and asked Judge Teske to join the Council.

Both approaches shared the following stages of decision-making: (a) collaboration, (b) framing the problem and issues, (c) generating alternatives, and (d) deciding the course of action. Given the numerous stakeholders and their numerous interests at the state level, reform was more complicated, and required legislative approval (Teske, 2020). However, by adhering to the fidelity of this four-factor decision-making process, Governor Deal accomplished a consensus among a large group of politically diverse politicians and several agencies operating with different policies, procedures, and budgets. He successfully depoliticized what would have otherwise been a stifling and politicized effort largely among and within his party. The process informed the stakeholders of the best solutions operable in Georgia, which de-politicized the problem and issues. The recommendations of the Council were unanimously approved by the Georgia General Assembly the following year.

Judge Teske (2020) shared the following as significant modifications to Georgia's juvenile justice system: risk assessments on admission, a risk and needs assessment instrument, required behavioral health assessments for youth committed to state custody, limiting judicial discretion on commitments, limiting judicial discretion on the amount of time a youth may be placed in secure confinement, expanding community-based programs, expanding the options for diversion from the court, expanding authority to

juvenile court judges to require stakeholders at the local level to collaborate to prevent and address delinquency, and the creation of a juvenile justice reinvestment program that redirects cost savings resulting from the reforms to the local juvenile courts to support community-based programs.

The limitations on judicial discretion suggest the state of Georgia continues automatic sentencing through legislation where the youth's unique circumstances are not considered, nevertheless, Judge Teske assures that these reforms reflect a direction in juvenile justice that is less punitive and emphasizes treatment and rehabilitation. Six years after reforms became effective, outcomes to date reflect a decrease in juvenile arrests. At the end of 2018, the number of youths committed to state custody had decreased by more than 57%, which resulted in the closure of three detention facilities. Before the reforms, twenty-seven (27) detention centers were utilized to accommodate the juvenile population committed to the Department of Juvenile Justice (DJJ). The reduction in commitments also alleviated the need to build new secure facilities. Before the closing of the third detention facility, there were 2,051 beds statewide in secure facilities. Of that total, 823 beds were not in use. Consequently, the savings from the closures and less funding required to house fewer youth resulted in an estimated cost savings of \$85 million (presumably annually).

Judge Teske (2020) informs us the first 5 years of the reinvestment program, the Georgia Juvenile Justice Incentive Grant, served 5,640 youth across fifty-eight Georgia counties (an average 1128 youth annually). These funds were distributed to thirty-one grantee courts. Of the total youth served, two-thirds, 3517 successfully completed

treatment programs (presumably about 703 youth per year across the state). The reinvestment of the cost savings to local courts resulted in over \$30 million to support evidence-based programming statewide. Judge Teske indicates the reductions in detentions and commitments are substantial, and the data showed positive results on juvenile crime after four years. He reports juvenile arrests declined by 60% from 2008 to 2018. Whether the reforms are responsible for the decline in arrests is unproven, but the reforms did not impede the decline in juvenile crime.

The four-factor decision-making approach. The first is *collaboration*. Judge Teske (2020) says Governor Deal met with the Council at its first convening and framed the problem. He presented the costs to the state to incarcerate a youth in a secure facility as \$91,000 annually, with 65% of the youth reoffending within three years after their release. Governor Deal and his newly appointed Council emphasized that the state's recidivist rates did not show a good return on taxpayers' investment. Judge Teske explained that given how Governor Deal framed the problem, the objective was clear. Reducing the recidivism rate of juvenile offenders was the goal. To accomplish this objective required an understanding of systems theory and collaborative theory. Governor Deal being an attorney, and former juvenile court judge himself, understood that the juvenile justice system should be an integrated system comprised of many organizations working in tandem to resolve the problem. The judge says the governor's approach revealed his understanding that the analytical framework must be problem-domain-focused as opposed to the more common organization-focused approach. A problem domain-focused analysis drives the evaluator to understand that each system sometimes

works within a larger system with shared boundaries. In an organization-focused analysis, the question is, how can the DJJ reduce the recidivist rate? But a problem domain-focused analysis, the question becomes, who else shares our problem and has resources to help us?

Judge Teske (2020) described the collaborative process as necessarily led by a strong leader who can convene all stakeholders who share a common problem. The convener must possess the following characteristics: (a) Convening Power: the ability to bring stakeholders to the table; (b) Legitimacy: the stakeholders perceive the convener to have authority, formal or informal, within the problem domain; (c) Vision: the convener understands the problem domain and related issues to process stakeholder concerns and needs; and (d) Stakeholder knowledge: the convener can identify the stakeholders and possesses knowledge of each stakeholder role in the problem domain. Having these characteristics, Governor Deal convened an extensive and inclusive array of stakeholders including the Chief Justice of the Supreme Court of Georgia, a juvenile court judge, a superior court judge, a state court judge, legislators from both chambers and both parties, a prosecutor, a defender, President of the state bar, and members of law enforcement. He also appointed his deputy executive counsel and a judge on the Court of Appeals as the Co-Chairmen of the Council. Many others were invited and appeared at every meeting of the Council. These other contributors included staff from the following organizations: Prosecuting Attorney's Council, Sheriff's Association, Chiefs of Police Association, Department of Education, Public Defenders Council, Association of County Commissioners, Corrections, DJJ, Department of Behavioral Health, and the Criminal

Justice Coordinating Council. In addition, several public agencies attended, as well as various private and non-profit organizations that specialized in either children's issues or policy development were invited and did attend. These included: Voices for Children, Barton Law Clinic of Emory University Law School, Justice for Children, Georgia Appleseed, and the Georgia Policy Foundation. The judge suggested collaboration requires patience because all opinions must be considered.

Second is *Framing the problem*. Judge Teske (2020) described the theoretical premise of the framing of the problem: How a problem or decision is defined also defines the available alternatives to resolving the problem. Framing the problem describes the global context for the decision. What is the root cause of the issue? The group must begin with the symptom and keep asking why until the cause is discovered, similar to the model of epidemiology, the study of disease. "The premise is grounded in getting to know the targeted population (in our case, juvenile delinquents) and not limiting the question to why youth commit crimes but also asking why the system is faring poorly in preventing and reducing their delinquency" (Teske, 2020, p.1205). Using epidemiology as guidance, the study is driven in part by two basic facts: (a) diseases do not occur by chance but have determinants for the disease to occur, and (b) diseases are not distributed at random, distribution is related to risks factors that need to be studied for the population to identify solutions. "Delinquent behaviors are not diseases, but behave like diseases. Their behaviors do not occur by chance nor are they randomly distributed, which means they can be studied to identify their root causes. Once the causes are identified, solutions can be better identified" (Teske, 2020, p.1206). Judge Teske continues,

by framing the problem in an epidemiological context, our perspective shifts from viewing delinquent behaviors as symptoms that are not treatable.

Punishment does not rehabilitate delinquent behaviors because the focus in punishment is on the symptom. Imagine your doctor punishing you for having the flu instead of using diagnostic tools to determine what is causing your headaches, fever, coughing, and other symptoms. You would not return to the doctor and may even file a complaint with the medical licensing board. (Teske, 2020, p.1206)

Data analysts from Pew in Washington, D.C. were also invited and examined juvenile justice system data (Teske, 2020). The analysts found 53% of juveniles in non-secure placements were formally processed for misdemeanors and status offenses with more than half (56%) believed low risk to reoffend. The judge did not clarify, but apparently, Pew considered the other 44% of youth who had committed misdemeanors or status offenses as high risk. No explanation was provided for how the remaining 47% in nonsecure facilities who were not misdemeanants or status offenders differed from youth in secure facilities. Among adjudicated youth who are committed to a Regional Youth Development Center (RYDC; Georgia's youth prisons), 20% were adjudicated for a misdemeanor (18%) or status offense (2%), of whom 39% were assessed as low risk. Although unclear, apparently the remaining 61% of misdemeanants and status offenders were considered high risk, presumably to re-offend, although status offenders have committed no delinquent offense. We are also left to assume the remaining 80% of youth in RYDCs are high-risk felons.

Judge Teske (2020) explained, that during the get-tough era, Georgia passed the Designated Felony Act that targets certain felonies for secure confinement in a Youth Development Campus (YDC; Youth prison) for a minimum of one year and a maximum of five years (lengths of stay well beyond what the evidence suggests is safe for youth without succumbing to mental illness). Judge Teske went on to say, that the analysts found the percentage of designated felons in YDCs who are identified as high-risk has remained flat at approximately 24%, while the percentage of offenders identified as low-risk increased from 36% in 2004 to 39% in 2011. These data suggest almost 40% to as much as 76% of youth in Georgia's secure facilities are low-risk and incarcerated for unsafe periods. However how high risk is defined is unclear.

Judge Teske (2020) wrote:

By applying the data showing the sizeable number of low-risk youth removed from their homes and placed in group homes or secure facilities to the empirical studies that show how over-treatment of low-risk youth increases recidivism (hyper-recidivism), the cause was identified. Identifying the solutions required generating alternatives and deciding the most appropriate alternative. (p.1207)

Judge Teske seemed to recognize at least part of the damages caused by the incarceration of youth to be increased recidivism among youth who presented minimal risk from the start. The judge continued the process of generating alternatives. To jumpstart the generating of alternatives, the policy analysts from the Public Safety Performance Project of the Pew Center on the States presented all the alternatives that have been employed in other states. For example, when generating alternatives to

reducing which youth will not be eligible for commitment to state custody, an array of options was presented including (1) no commitment on a misdemeanor, (2) no commitment on a misdemeanor unless there is a prior felony, (3) no commitment on a misdemeanor unless there are two or more prior misdemeanors and a prior felony; and (4) no commitment on a misdemeanor unless there are three prior adjudications and one of the priors must be a felony. (p.1208)

Judge Teske (2020) continued describing the decision-making process that took place. He summarized, “because the goal was to reduce the commitment of low-risk youth, we established that (1) decisions must be related to reducing the commitment of low-risk offenders, (2) decisions must be supported by the data; and (3) decisions must be supported by empirical studies that show what works to resolve the problem” (p.1209).

The Council made the following recommendations: (a) A mandate of an objective assessment instrument to guide intake workers in making detention decisions that would minimize the risk of detaining low-risk offenders, the Detention Assessment Instrument, (b) A mandated risk and needs assessment tool, commonly referred to as the Pre-Disposition Risk Assessment (PDRA), (c) The courts should not commit youth who are low risk unless they make specific findings of fact to justify overriding the PDRA., (d) Divide the designated felonies into class A and class B categories to remove the less serious felonies from the maximum commitment of 5 years, (e) Maximum period of confinement for a class B is eighteen months, (f) Eliminate the one year minimum for designated felonies, (g) Add another layer of restrictions prohibiting the commitment of low-risk youth, (h) Youth cannot be committed on a misdemeanor unless they possess

three prior adjudications of which one has to be a felony, (i) Youths placed in secure confinement for a designated felony, relax the restrictions on DJJ that prohibited them from removing a youth from confinement, (j) After serving one year in confinement, DJJ may remove the youth to another setting that is less restrictive and better suited to meet the needs of the individual youth, (k) To ensure that children with mental health disorders are not committed, all youths eligible for confinement on a designated felony receive a behavioral health evaluation, and (l) Expand the judges' authority to bring stakeholders together to create collaborative written protocols to prevent and address delinquency, permits judges to enter orders referred to as "Community Based Risk Reduction Programs." Judge Teske reported, these recommendations as unanimously approved by the Republican-controlled legislature.

Judge Teske (2020) indicated that the Republican legislators were influenced by the cost-savings coupled with the documentation of empirical studies to support the alternative program and the diversity of the Council who presented the recommendations, U.S. Representative Buddy Carter (R-GA), a former state representative, told his colleagues on the Congressional Committee, following my testimony that the Georgia juvenile justice reforms were a life-saver at a time the state was still struggling with their budget, and that the millions of savings realized from the reforms not only improved public safety, but gave us money needed in transportation. Those results were the result of a conservative approach to getting tough on crime by being smart on crime: save taxpayer money and spend it wisely on what works to increase public safety. (p.1210)

In Conclusion in Georgia. Judge Teske (2020) reiterated his beliefs that a rising crime rate coupled with Martinson's assertion that rehabilitation does not work led to the get-tough era that removed many youths from the juvenile court who were being accused of certain crimes, and being directly charged with criminal courts without juvenile court hearings, sometimes for life sentences. Entering the 21st century, the juvenile justice field accepted the neurological and social science findings on human development. He asserted the Supreme Court rulings that struck down the death penalty and life sentences without the possibility of parole for youth, together with the growing body of evidence indicating the effectiveness of specific science-based community programming to prevent and treat delinquent behaviors created a friendlier atmosphere for conservative politicians to re-think their approach to getting tough on crime.

Judge Teske (2020) credited Governor Deal for reframing juvenile justice in the state of Georgia by embracing what works, targeting low-risk offenders for community-based programs that work and at a cost savings to the taxpayer:

Although the fear rhetoric remains a threat, Governor Deal constructed an approach to collective decision-making that de-politicized the issue of crime and punishment by emphasizing a structured and quantifiable process to making decisions. Importantly, the outcomes after five years of implementation prove that Governor Deal's approach to criminal justice reform on a statewide scale can be successful. (Teske, 2020, p. 1212)

The State of Pennsylvania: An Innovator in Prevention

Chilenski et al. (2019) conducted a study of Communities That Care (CTC), an evidence-based prevention system they report as having been *installed* outside a research context in more than 500 communities worldwide, but effectiveness in a nonresearched context is unknown. However, researchers say CTC, like PROSPER, another prevention system, both have strong evidence of effectiveness in well-funded efficacy trials and have been disseminated beyond the controlled research context. They believe these prevention systems can facilitate the use of EBPs in states. The researchers' goal for their study was to measure the effectiveness of the natural dissemination of widespread CTC across Pennsylvania on adolescent substance use, delinquency, and depression.

CTC was accepted in Pennsylvania in 1992 when federal Title V funds were made available to the Pennsylvania Commission on Crime and Delinquency (PCCD) to support local delinquency prevention programs (Chilenski et al., 2019). Afterwards, the PCCD changed how it awarded communities funding to combat delinquency, and in 1995 public funds became available through a grant to implement the CTC process. The process is a public health approach that helps to address the needs of youth at the community level. Once applicants are approved for funding for their selected and targeted community, stakeholders receive training in the CTC prevention science methods and data-based decision-making. CTC also collects baseline data on youth in the target "community" and provides this data to stakeholders. Utilizing this data, The CTC stakeholder Community Coalition identifies priorities in their goals and programming gaps, which are then fulfilled, often including the use of evidence-based programs. Also, during this period, since 1998, the PCCD began funding EPBs outside of CTC

communities as well, and by 2008 had funded over 149 programs reaching more than half the counties in the state. Pennsylvania is among the earliest states to utilize EBPs and is among the top 10 states in the U. S. utilizing the evidence in delinquency prevention and treatment.

The state of Pennsylvania adopted CTC before it was validated, and at the beginning, CTC endorsed a large number of policies, programs, and practices, of which many are no longer recommended (Chilenski et al., 2019). The definition of what CTC considered an EBP has also changed as well. From the beginning, between 1995 and 2002, 127 sites were given three-year start-up funding to install the CTC process. Ninety percent of the Community Coalitions were still in existence after three years, with the majority of Coalitions remaining in practice beyond the start-up funding. However, the evidence base of programs has since increased. There are presently 83 programs on the Blueprints for Healthy Youth Development program list (Center for the Study and Prevention of Violence, 2012 in Chilenski, 2019).

There are now CTC communities with the use of EBPs and those utilizing CTC without the use of EBPs. Community Coalitions that are trained in the CTC model, are still utilizing the prevention science policies, programs, and practices, but all do not include programs validated as evidence-based. CTC Coalitions in Pennsylvania indicated the use of more than 300 different programs, policies, and practices across the 10-year study period, many of which did not meet the evidence-based criteria and would not meet the CTC fidelity given today's CTC guidelines. The CTC training and technical model is more thorough and proactive today than the original model utilized when many of the

original Pennsylvania Coalitions adopted the CTC model. Current CTC programming requires the use of Blueprints-approved EBPs to meet CTC fidelity.

Pennsylvania has a population of 12 million, and other than Pittsburg and Philadelphia, the state is rural (Chilenski et al., 2019). Over 22% of the population is under 18 years old. Residents are 82.4% White, 11.8% Black, and 7% reported Latino/Hispanic descent. The median income is \$53,599, with a poverty rate of 12.9%. According to the earlier Pennsylvania Youth Survey (PAYS), rates of alcohol use among youth in Pennsylvania have been higher than national averages, and other substances are lower than national averages but increased during the 1990s. The PAYS is an anonymous survey assessing risk/protective factors, substance use, and delinquency.

The Chilenski et al. (2019) study was not a longitudinal study although data was collected over eleven years, the study pulled from pre-existing historical data about programming and youth outcomes. Researchers consider it a repeated cross-sectional design with propensity score weighting at the school district level. From 2001 through 2011, 418 school districts of the 500 school districts in the state across the 67 counties, participated in at least one of six waves of PAYS data collection. However, before the analyses the students from Pittsburg and Philadelphia were deleted because these cities were not served by CTC, and their participation in the Youth Survey was minimal.

Chilenski et al., (2019) were also concerned the youth's urban setting was so different than the rest of the sample that they could overly influence their propensity score weighting procedure. This resulted in 388 school districts represented over the 11 years. The results totaled 470,798 student-reported observations. Beginning in 2001, a

stratified and randomly selected sample was surveyed every two years with students in grades 6, 8, 10, and 12. The study used the data from the PAYS to assess the effectiveness of CTC in preventing and reducing youth substance use, delinquency, and depression across most of Pennsylvania. Ninety-five out of 97 CTC Coalitions participated, with 72% participating at each time point.

Across time, 51.6% of the 388 school districts were served by a CTC Coalition, and 19.6% used EBPs (Chilenski et al., 2019). There were two intervention groups, all school districts within CTC Coalition communities, but one group contained EBPs and the other intervention group without EBPs. The results were that CTC school districts had lower levels of alcohol and other substance use, lower levels of delinquency, and lower levels of depression. All levels were statistically significant but with relatively small effect sizes. However, these levels were even lower for the CTC districts also using EBPs, and with larger effect sizes. Chilenski et al. (2019) believe because Pennsylvania has expanded the use of EBPs independently of CTC Coalitions, the comparison group was unlikely equivalent to a no-treatment group. Within the PAYS surveys, alcohol, tobacco, and marijuana use dropped consistently, and considerably since 2001 (a range of 15 to 40%). The study had many challenges that researchers attempted to control, but presented a convincing study, providing further evidence of the value of EBPs across a state.

Continued Innovation in Juvenile Justice in Pennsylvania. School districts in Philadelphia and Pittsburg were excluded from the large cross-sectional study of the effects of the prevention program, Communities-that-Care (CTC) on youth in

Pennsylvania because these cities had not been served by CTC programming (Chilenski et al., 2019). However, Gottfredson et al. (2018) were among the first to evaluate an evidence-based program (EBP) for its effectiveness with largely African American youth in the inner city, specifically in Philadelphia. These researchers examined the effectiveness of Functional Family Therapy (FFT), an evidence-based Blue Prints program, which they adapted for use with youth at risk for gang membership. FFT therapists often provide their services to youth who are gang-involved or considered at risk for gang involvement, but the FFT model makes no adjustments for unique characteristics believed within this population. While not altering basic adherence to the FFT model, Principal Investigators together with FFT developers included consideration of suspected risk factors for joining gangs, including discerning myths about gangs, and the role violence and guns may play. Based on these discussions, they modified FFT to an FFT-Gangs model by adding training materials to address issues believed more relevant to youth exposed to gang involvement, however, importantly, not altering the core program.

Gottfredson et al. (2018) originally discuss the wide prevalence of mental, emotional, and behavioral (MEB) disorders among youth in the United States. These researchers report among a national sample of youth ages 13–18, almost half (46.3%) reported lifetime prevalence of a mental disorder, with three-quarters beginning in childhood through age 24 years (Kessler et al., 2001, 2005 as cited in Gottfredson et al., 2018). These researchers share concerns for the host of negative outcomes experienced by youth with MEB disorders, which include physical health conditions, poor school

outcomes, fewer and lesser quality employment opportunities, often delinquency, and earlier mortality. However, risk and protective factors for MEB are now well-established, thus MEB disorders are preventable and treatable. In fact, symptoms appear at least two to four years ahead of diagnosable disorders (National Academy of Sciences 2009, Biglan et al., 2004, as cited in Gottfredson et al., 2018). Although interventions that improve parental and family functioning across development have demonstrated reductions in antisocial behavior, including aggression and substance use disorders, historically, our nation's approach to emotional and behavioral disorders or MEB continues largely reactive, and not preventive, yielding considerable unnecessary social harm and high financial costs.

The state of Pennsylvania has an interesting dynamic in juvenile justice. Pennsylvania is one of the earliest states to begin efforts to bring effective prevention services to its youth and families (Chilenski et al., 2019). The Pennsylvania Commission on Crime and Delinquency (PCCD) working with the Penn State Prevention Research Center, and later with the Evidence-based Prevention and Intervention Support Center, Pennsylvania created a prevention infrastructure capable of implementing evidence-based prevention and intervention programs as early as 1992. The state has implemented several EBPs from Blue Prints programs since 1997 and more since 2008 (Chilenski et al., 2019; Gottfredson et al., 2018). However, as late as 2018, Pennsylvania remains among the states with the largest youth incarceration rates, apparently overtaking Florida, now only behind Texas and California (Gottfredson et al., 2018).

Neither Chilenski et al. (2019) nor Gottfredson et al. (2018) mentions whether FFT was among EBPs during data collection for the cross-sectional study of Communities that Care (CTC), but FFT has undergone numerous evaluations, which established its early listing among Blue Prints programs. The earliest study was a random trial of 86 youth who were involved in the justice system, all assigned to one of three control conditions. Eighteen months post-treatment indicated moderate to large effect sizes favoring FFT, ES ranging from .47 to .72 (Alexander & Parsons, 1973 in Gottfredson, 2018). At least 15 English language studies, including eight with random assignment to conditions, have been published. Most studies led researchers to conclude that results provided support for the effectiveness of FFT compared with no treatment control groups, as well as highly regarded alternative therapies, like cognitive behavior therapy, and other family therapies, including individual and group therapies for youth. However, there was considerable variability in effect size, with later studies showing smaller effects, and more so among the few studies involving samplings of African American youth, most often overrepresented among court-involved youth. Researchers were concerned about the replication crisis.

Within the Gottfredson et al (2018) study, functional family therapy with some adaptation for gang-involved or potentially gang-involved youth (FFT-G) was tested for its effects among a sample of largely African American justice system-involved youth in Philadelphia's Family Court (Gottfredson et al., 2018). In addition to a rigorous test of FFT effects with a minority population specifically selected for high risk of gang

involvement, the researchers also tested a source of public funding, Medicaid, for its potential to expand EBPs, in this case, FFT (FFT-G).

Participants were 11 to 17-year-old males who had not been referred to FFT in the previous year (Gottfredson et al., 2018). Their cases were heard on a particular judge's docket between September 15, 2013, and February 4, 2016. All the youth had been ordered to receive family services. According to effect size estimates, researchers hoped to achieve a sample of 142 participants but reached a total of 129 families participating in the study. Families were mostly of lower income, with a median household income of \$17,500, and with 44% having a household income below \$13,000. Fifty-eight percent (58%) of caregivers were employed at pretest, and 83% reported receiving public assistance. The caregivers were 79% female, 80% African-American, and 19% Hispanic/Latino. Twenty-five percent were married, with a mean age 41.1 (SD = 8.4). The mean age of the boys was 15.4 (SD = 1.4). Because researchers were targeting youth at risk of becoming gang-involved, the study sample was 4 to 5 months younger, and had also been involved in a higher percentage of crimes against persons (40.3 vs. 35.4%) than typical cases heard in Philadelphia Family Court during this time, and participants were also more likely to be non-Hispanic African Americans (78.4 vs. 68.3%). The participants were randomly assigned to FFT-G and a treatment-as-usual (TAU) control group. Both groups received the usual probation as well as referral to their respective treatments, an alternative family therapy treatment program (FTTP) for the control group, and FFT-G for the treatment group.

Using the data from parent interviews, youth interviews, and court records, they measured a number of outcomes and accounted for numerous mediators (Gottfredson et al., 2019). Because the number of cases was fewer than anticipated, and because more recent effect size estimates had been smaller than those found in earlier studies, results from this study were regarded as meaningful if they reached the $p < .10$ level of statistical significance. Findings revealed FFT-G was effective for reducing recidivism measured in official records. Although fewer differences within the first six months, eighteen months after randomization, all measures of recidivism favored the FFT-G group, with several differences between groups being either significant or close to significant. The positive results reported from official records were the percentage with drug charges (11 vs. 22%, $p < .05$), the percentage adjudicated delinquent (23 vs. 38%, $p < .05$), and the percentage with property charges (14 vs. 23%, $p = .06$). The magnitude of effect sizes observed in measures from official records on these outcomes were all in the .20 to .48 range, small to approaching medium effects. Although not always statistically significant by the conventional standard of $p < .05$, but very close or in fact .05 in all, researchers believe the results were comparable to those found in other studies of FFT. Gottfredson et al (2018) believe the FFT-G adaptation of FFT achieved similar results to those of FFT on measures of official recidivism. They believe with or without the adaptation for youth at risk of gang involvement, FFT proved effective in reducing recidivism among minority youth in an inner-city environment.

Gottfredson et al.'s (2018) findings indicated that the intervention was implemented with fidelity to the FFT model and the Medicaid funding provided stability

for the treatment. However, Medicaid funding also requires other activities, which increase the costs of FFT and sometimes limited family engagement in treatment. Additionally, some required FFT activities were not billable to Medicaid. While Medicaid made the services possible, researchers' advice to other states, is to understand that other funding will also be needed to pay for the FFT model requirements, which are currently unbillable to Medicaid.

The limitations of Medicaid as a funding source did not appear to be the researcher's primary concerns; as indicated by other advocates of evidence-based programs in juvenile justice systems, the lack of buy-in by the judiciary, imposed limitations on the therapies. Judges in Philadelphia are hesitant to replace residential services (incarceration) with community mental health services (Gottfredson et al., 2018). The judge involved in this study believed many of the youth who met the criteria as eligible for the study were too risky to assign to the treatment, and preferred the costlier residential treatment. Also, many youth never received their assigned treatment or their assigned treatment was interrupted when they were placed in detention, most often for noncompliance with probation guidelines.

Because FFT is used so little in Philadelphia, one of the three providers stopped providing it, and had to be replaced. Researchers see a reluctance on the part of Philadelphia judges to order youths to receive community-based services as opposed to residential placement as an obstacle to resolving delinquency. However, there is hope for a change of mind among judges. Researchers reported, the rates of engagement in treatment were much higher for the FFT-G group than the control TAU group (80 vs

17%), which caused the judge to begin referring youth from the TAU group for FFT to other agencies. Although a limitation of this study, it was also a positive sign for evidence-based programs in Philadelphia.

Washington State: A Leader Among Juvenile Justice Systems

Clayton (2012) at the time, Assistant Secretary to the Juvenile Rehabilitation Administration at the Washington Department of Health and Social Services reported on the origin and outcomes of evidence-based programs and practices in the state of Washington. The state of Washington has utilized evidence-based programs in its juvenile justice system as early as the late 1990s., thus one of the first states to pursue science-based programs to address delinquency. In 1997 as part of juvenile justice sentencing reforms, the Washington State Legislature passed the Community Juvenile Accountability Act (CJAA.) specifically designed to begin testing the effectiveness of evidence-based programs in reducing recidivism among youthful offenders who were on juvenile probation. The legislature provided funding for training of staff in evidence-based programs as well as required a study be conducted on the programs' outcomes. “The state, in partnership with 33 county juvenile courts, the Washington State Institute for Public Policy, and model experts created the CJAA Advisory Committee” (Clayton, 2012, p2). This Committee oversees statewide decision-making for all state-funded research and evidence-based programs. Clayton (2012) suggested there is widespread commitment across the state for only programs that work to reduce recidivism among youth offenders, and legislators have come to expect evidence of expected outcomes. The

CJAA Advisory Committee provides statewide leadership that has changed the culture in the state juvenile justice system to one that demands and expects evidence of results. Before youth are assigned to specific programs and services, all county juvenile courts implement the approved and agreed risk assessment to determine the level of risk a youth presents and appropriate services (Clayton, 2012). The Juvenile Courts also accepted the responsibility to ensure effective case management by utilizing an agreed-upon system, called Case Management Assessment Process (CMAP). This process is used to match youth to evidence-based programs and to help secure higher participation rates. Originally the name-brand programs used were Aggression Replacement Therapy (ART), Functional Family Therapy (FFT), Multi-systemic Therapy (MST), and the state's own Coordination of Services program. Because funding was limited all eligible youth did not receive services but presented an opportunity to create a control group for evaluation of those who received services.

The study was completed in 2004 by the Washington State Institute for Public Policy, and the results showed that youth who received evidence-based programs had measurably lower recidivism or rates of repeat felony offenses, and of all programs ART and FFT had the lowest rates. However, Clayton (2012) specified these results were only true for the program providers who adhered to the model program design. Youth whose service providers were competent in FFT had a 38 percent lower re-offense rate than the control group. Youth whose service providers were competent in ART had a 24% lower re-offense rate than the control group. The programs subsequently provide future savings for taxpayers by reducing future criminal justice system costs above the costs of the

programs. For this reason, the state legislature invested in more research-based and evidence-based programs and grew increasingly interested in receiving consistent results. Washington now has a robust statewide system for monitoring the model fidelity of evidence-based programs (Clayton, 2012).

ART and FFT were maintained and Multidimensional Treatment Foster Care (MTFC) and Family Integrated Transitions (FIT) were added as part of parole aftercare services (Clayton, 2012). After more research on residential programs and aftercare for parole, a cognitive behavioral model, Dialectical Behavior Therapy (DBT) within residential programs as well as an aftercare/parole case management adaptation of FFT called Functional Family Parole were implemented. Although the juvenile residential population has dropped by half since the 1990s, no full-scale evaluations were completed linking the significant decrease to the new programs but all early reporting suggested program effectiveness. At least a portion of the decline is certainly the result of the use of evidence-based programs.

Because of the results in the juvenile justice programs, professional services were developed for other child-serving programs, including child welfare and child mental health systems (Clayton, 2012). These systems identified programs that reduce child abuse or mental health symptoms in youth. Programs such as Parent-Child Interaction Therapy (PCIT), the Incredible Years Program, Multi-dimensional Treatment Foster Care (MTFC), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) are all now being utilized in the Child Welfare and Child Mental Health systems. The Washington State legislature once again passed legislation (House Bill 2536) requiring research-based

and evidence-based programs in juvenile justice, child welfare, and child mental health in the areas of prevention and intervention services. However, cultural competency is an area that has not received attention. African American youth continue to be over-represented in the juvenile justice system, and yet there has been little evaluation of program outcomes specific to youth of color. Clayton (2012) said the question remains whether African American youth are receiving similar benefits from the new programs as Caucasian youth. How the cultural competence of the service provider affects the outcomes of the youth experience is unknown. Clayton questions the pervasiveness of evidence-based programs in child-serving agencies but assures that the experience in Washington supports the use of science and research in improving long-term outcomes for youth encountering juvenile justice systems.

National Efforts to Intervene and Provide Preventative Care

Fagan et al. (2019), as members of the Society for Prevention Research (SPR), recognized the challenges of public health systems to adopt evidence-based services so helped to develop and co-chaired the Mapping Advances in Prevention Science (MAPS) IV Translational Research Task Force. The task force considered ways to scale up evidence-based interventions (EBIs) in five public systems: behavioral health, child welfare, education, juvenile justice, and public health. After reviewing other efforts to implement evidence-based interventions (EBIs) in public sector agencies, they realized all these agencies followed state and federal statutes, regulations, and general guidance. They also realized the structure of some agencies was not the most conducive to implementing and evaluating EBIs. The promotion of public support for EBIs, the

capacity to implement EBIs to scale, and partnerships between community stakeholders, policymakers, practitioners, and scientists within and across systems must be established. Because behavioral health problems are developmental these disorders are preventable by targeting risk and protective factors within their ecology (Coie et al., 1993; Kellam et al., 1999, as cited in Fagan et al., 2019). Despite the significant impact EBIs would have on improving population health, delivering these science-based services remains among the more difficult challenges facing prevention science (Catalano et al. 2012; Hawkins et al. 2015; Zerhouni, 2003, as cited in Fagan et al., 2019).

The mission of the Society for Prevention Research is to “advance scientific investigation on the etiology and prevention of social, physical and mental health, and academic problems and on the translation of that information to promote health and well-being” (Fagan et al., 2019, p. 1149), thus scaling up EBIs is a major goal. While the various systems had different capacities to implement EBIs, behavioral health, education, and public health systems were more capable than child welfare and juvenile justice systems. Nevertheless, codifying the use of current science in statutory language will have a greater impact on all public sectors because statutes are the most difficult to change, with regulations and policy guidance being second and third in difficulty to change. Importantly, public policies that require rather than recommend the use of EBIs likely have the greatest potential to enhance EBI scale-up in public systems. To do so, these statutes should clearly identify the interventions considered to be EBIs and ensure that they have been subject to rigorous evaluation, and government and other entities should provide a coordinated set of funding options (e.g., block grants and discretionary

funds) that include stable funding streams to facilitate scaleup once interventions have established a certain level of evidence (Fagan et al., 2019, p. 1152) While block grants may be the most viable, in recent years, the challenges of funding EBIs have been further explored and undertaken.

Another initiative being explored and pursued is *Pay for Success*, a strategy where a government entity contracts with a private corporation to obtain social services (Dopp et al., 2019) Within this strategy, private investors fund implementation and receive a return on investment from the government payer. Both Fagan et al. (2019) and Dopp et al. (2019) pointed to Social Impact Bonds as a recent source of Pay for Success projects with philanthropic institutions and commercial investors receiving a share of the payments after their investments. However, because of public investments in EBIs, economic analyses must be performed before, during, and after EBI scale-up (Crowley & Scott, 2023; Crowley et al., 2014, as cited in Fagan et al., 2019).

Dopp et al. (2019) presented seven requirements presented by Lantz and Iovan (2017) that an intervention should meet as a worthy project for a Pay for Success strategy: (a) The intervention must address a problem of interest to the public sector, (b) The intervention must have a strong research evidence base in terms of effectiveness in a clearly specified population(s), (c) The intervention must yield savings to the public agency, (d) Outcomes must be measurable, and (e) must be achievable in a reasonable time frame, additionally, (f) the evidence-based interventions must be free of significant administrative challenges, and lastly, (g) the implementation of the intervention should face no significant political or stakeholder challenges.

Fagan et al. (2019) explains the lack of dissemination of evidence-based interventions to public sector agencies and institutions as likely due to the scientists who pursued testing of human development theories into practices and programs were then unequipped with the skills, financial, and human resources to scale up their interventions for public consumption. Nevertheless, as prevention scientists, they found the codification of science into practice including funding streams as most essential to improving public health, but laws and funding were not all that is required.

Public engagement and support must be garnered through increasing awareness of evidence-based interventions (EBIs) to delinquency; the more awareness, the more support (Fagan et al., 2019). The more support, the more demand for services that produce evidence of success. The more public demand, the more political will, and where there is political will, there are results. Federal and state mandates are crucial, but insufficient, local communities must recognize and demand appropriate responses to community violence and all behavioral health problems. Some researchers believe that unleashing the power of prevention will require a major shift in public understanding of how to address and resolve delinquency and youth crime. Thus, to increase demand, information about evidence-based interventions and programs must be more effectively communicated to the public and to those working in public sector institutions.

Advocacy for greater development of EBIs must involve community leaders and stakeholders because most causes will rise or fall on their initiative or objections. Welsh and Greenwood (2015) found that the most successful states in greater development of EBPs for juvenile delinquency intervention had the commitment of key leaders at the

highest levels of states' administrations including governors and commissioners of corrections. Leaders are imperative because of their decision-making authority and often the access to necessary funding. Contrarily, a leader's lack of support can be a major barrier to any project, including the state-wide or national development of evidence-based interventions to delinquency.

A skilled workforce capable of implementing EBIs must be developed if evidence-based interventions are to become widely implemented (Fagan et al., 2019). Insufficient investment in human resources development is a significant barrier to EBI scale-up. The U.S. Surgeon General reported that a limited workforce capacity is a major obstacle to preventing and treating substance use disorders. The Surgeon General's report indicated that many frontline staff do not understand the risk and protective factors related to substance use, nor understand that there are evidence-based interventions for prevention and treatment. A large part of juvenile justice system staff are probation officers whose responsibilities have been supervision and surveillance, not professional services provision for intervention. Similarly, in child welfare institutions, caseworkers, the primary staff, have been in case management such as assessing needs and making referrals, as opposed to providing professional services. Generally, the caseworkers' education and training did not include understanding of the evidence-based principles and practices for services delivery. However, with the passage of the Families First Prevention Services Act, some states have taken action to ensure staff responsibilities include effective intervention practices. Importantly, these competencies must include cultural competency, given the targeted populations of most services are often from

minority communities. Resources for building cultural competency include the Center for Community Collaboration (CCC), which provides cultural competency training for behavioral health systems, and nationally, SAMHSA's Strategic Prevention Framework emphasizes the importance of cultural competence among staff when intervening to prevent and treat substance use and abuse.

While all publicly administered human services systems have some data collection and analysis procedures, each has different capacities to do so, and few have the ability to collect and analyze data on evidence-based programs and services (Fagan et al., 2019). However, public health systems have generally collected and analyzed data on aspects of the public that are typically managed at the state level. Many surveillance systems are utilized such as vital birth and death records, a cancer registry, and a pregnancy risk monitoring system, as well as other monitoring systems of risk behaviors, as well as protective factors. However, the juvenile justice system, generally has less evaluative capacity. Many researchers continue to recommend the development of comprehensive systems that include needs assessments to help in the selection of evidence-based programs and general interventions. Some states continue to make progress while others are yet to begin. Fagan et al. (2019), among other researchers (Gottfredson et al., 2015) have called for national dissemination of evidence-based interventions to produce sustained improvements in public health.

Fagan et al. (2019) were disappointed to find so few empirical studies that identified systems-level factors that affect the national dissemination of evidence-based interventions. Fagan et al. believe increasing evidence-based practice in juvenile justice

systems and other public sector services requires much more rigorous empirical research to develop and test mechanisms for widespread dissemination of evidence-based programs and other proven practices. Equally important, systems of analysis and program evaluation to study the specific factors that impede and facilitate dissemination must be pursued.

Federal Support for Empirical Research on Juvenile Justice Systems

In the vein of the hopes expressed by Fagan et al. (2019) for more empirical research to improve juvenile justice programs, Knight et al. (2016) remain among the few reporters on empirical research to increase evidence-based interventions in juvenile justice systems. Knight et al reported on the translational research on interventions for adolescents in the legal system called the JJ-TRIALS study. The study involved an *implementation science* initiative funded by the National Institute on Drug Abuse and included six research centers, (Columbia University, Emory University, Mississippi State University, Temple University, Texas Christian University, University of Kentucky) a coordinating center (Chestnut Health Center), and the juvenile justice systems from seven states. The project was funded in 2013 by the National Institute on Drug Abuse (NIDA).

The JJ-TRIALS used a head-to-head cluster randomized trial with a phased rollout to evaluate the effectiveness of two conditions in 36 sites across the seven states (Knight et al., 2016). They hoped to achieve target outcomes of best practices in screening, assessment, and referral to appropriate evidence-based substance use treatment all while contributing to implementation science. The JJ-TRIALS design protocol focused on five goals: (a) developing the concept of how substance abuse among youth

must be addressed by both the behavioral health system and the juvenile justice system working in partnership, (b) identifying evidence-based practices in substance abuse treatment, (c) conceptualizing how to bring about organizational change, (d) using this conceptualization to guide the study design, and (e) testing two different strategies to implement the changes. The main goals were to (a) improve the range of substance use services for juvenile offenders in their communities while under supervision, and (b) test the effectiveness of two implementation strategies for changing an organizational system.

The guiding evidence-based practices for substance use treatment range from initial screening to placement and retention in the appropriate services. The JJ-TRIALS behavioral health services involved how youth substance abusers move from juvenile justice systems to community-based behavioral health providers (Knight et al., 2016). Behavioral health planning served as a framework for setting goals around improved evidence-based practice and the study protocol. The protocol allowed sites to choose where on the range of services they would focus their improvement efforts, which permitted a degree of agency-level autonomy. This degree of agency autonomy recognized that different EBPs are better fits for different agencies but with each agency informed by data and best practices.

The guiding implementation science framework was the Exploration, Preparation, Implementation, and Sustainment framework or EPIS (Knight et al., 2016). This framework is consistent with models of quality improvement in healthcare systems and considers the multilevel nature of service systems. The methods utilized were unique in that few implementation studies have focused on more than one evidence-based

intervention, or more than one evidence-based instrument, and perhaps even fewer have focused on outcomes that cross service system sectors.

The basic implementation approach compared a Core set of intervention strategies to a more Enhanced set that incorporates all core components plus a more active involvement of researchers providing direct assistance to sites in fulfilling implementation goals (Knight et al., 2016). The Core condition of implementation intervention strategies tested in JJ-TRIALS consisted of five interventions implemented at all sites during the 6-month baseline period: (a) orientation meetings, (b) needs assessment/system mapping, (c) behavioral health training, (d) site feedback report, and (5) goal achievement training. Following the baseline period, two additional Core components were delivered to all sites: (f) monthly site check-ins, and (g) quarterly reports. The Enhanced condition added continued support for the use of data-driven decision-making (DDDM) tools with assistance from research staff over 12 months and formalized local change teams (LCTs) with members from both juvenile justice agencies and behavioral health agencies. Both study conditions utilized DDDM as a common thread. The JJ-TRIALS partners (research centers and coordinating center) encouraged the juvenile justice systems to use data to inform decisions, but originally found few with the skills and resources to do so. Knight et al (2016) pointed out a number of recent juvenile justice initiatives like the MacArthur Foundation's Models for Change have emphasized the need for juvenile justice systems to make data-informed policy choices.

The main trial of 36 sites from the seven states included the research centers beginning to work with their six respective sites in the Fall of 2014 (Knight et al., 2016).

In February 2015, sites corresponding to each research center were paired and randomized to one of three start times. Agency surveys were completed in November 2015, and one site from each of the 18 pairs was randomly matched to the Core ($n = 18$) or Enhanced ($n = 18$) study condition. The study began in wave 1 sites in April 2015, with the two subsequent waves, each two months apart, in June and August. At least 360 staff members from participating juvenile justice agencies and behavioral health agencies apparently participated in one or more study activities. Data from at least 120 youth case records, per site, had identities removed and were extracted from site files each quarter for a minimum sample of 4,320 anonymous service records.

The research centers worked closely with the site juvenile justice system agencies and their behavioral health partners to ensure appropriate data, including sending research staff to the site to manually extract records or provide assistance in developing or modifying agency electronic systems (Knight et al., 2016). The JJ-TRIALS have likely improved data collection within participating sites. Thus, these juvenile justice agencies may be more capable of tracking and reporting youth outcomes. The primary research questions were: Does the Core and/or Enhanced intervention reduce unmet needs by increasing Cascade (specific component service within the range of services) service retention related to screening, assessment, treatment initiation, engagement, and continuing care? Does the addition of the Enhanced intervention components further increase the percentage of youth retained in the Cascade above the Core components? Does the addition of the Enhanced intervention components improve service quality

relative to Core sites? Do staff perceptions of the value of best practices increase over time, and increase more pronounced in Enhanced sites?

The JJ-TRIALS protocol impacted the field of implementation science as well as juvenile justice systems and behavioral health service systems in significant ways. The engagement of the juvenile justice systems as collaborators throughout study design, implementation, and interpretation of results was key in the JJ-TRIALS (Knight et al., 2016). Active involvement of these systems as partners in decisions was essential in designing a study that was both scientifically sound and grounded in these systems as they exist. Researchers believe the juvenile justice system partners' involvement created a sense of ownership, improving the possibilities that the interventions will be maintained. The relationship between the juvenile justice system, the behavioral health systems, and community service providers remains complicated but hopeful.

The conclusions were that through a collaborative partnership among researchers, juvenile justice systems, behavioral health systems, and other community services providers, the JJ-TRIALS incorporated several implementation strategies and the EPIS framework to address previously unmet substance use treatment needs among youth under community supervision (Knight et al., 2016). It was a complex implementation study that presented many challenges, but the protocol provided important insight into the strength of implementation interventions, and improved behavioral health services in a collaborative effort among systems. The viability and utility of EPIS for measuring and assessing organizational and systems changes was also established.

A New Administration Looks Over the JJ-TRIALS

Bowser et al., (2019) agreed that although several EBPs have been established for adolescents with substance use disorders (SUD), these programs are largely not available in juvenile justice systems, behavioral health, or other childcare systems. The youth who do receive services in these systems most often are not receiving services based on scientific evidence. However, expecting these agencies to change to best practices requires consideration of the organizational, financial, and environmental barriers to these changes. The focus of their research was to “inform efforts to improve uptake of EBPs in juvenile justice settings” (Bowser et al., 2019, p. 2). To support the evaluation of Core versus Enhanced interventions, the authors pursued cost analyses to estimate total intervention cost and cost per implementation phase. They suggest their efforts provided data on the resources and financial burden of the interventions and believe they measured many other factors at the agency, county, and state levels, that are also likely to affect implementation success. The authors suggest their article builds on the JJ–TRIALS study design (Knight et al., 2016) by integrating the data from the JJ-TRIALS including detailed implementation costs, with secondary data sources that describe characteristics of the system outside of the intervention.

Bowser et al (2019) reported the purpose of their research was to present a more general model for considering implementation that emphasizes the importance of context and setting, using JJ–TRIALS as an example (Bowser et al., 2019). They contended while most multi–site trials focus on “balancing randomization based on population characteristics”, their query is that other factors relating to the context, such as financing, staff load, and reimbursement rates are stronger policy levers that may link directly to

improved implementation. Using systems analysis in combination with implementation science, authors developed a conceptual model to guide their research project (Bowser et al., 2019). The conceptual model was built on the following theories and frameworks: (a) Exploration, Preparation, Implementation, Sustainment (EPIS); (b) Stages of Implementation Completion (SIC) framework; (c) Andersen's Healthcare Utilization Model; (d) Social–Ecological Model; (e) Control Knobs Framework; and (f) the Cost of Implementing New Strategies (COINS) model. Bowser et al (2016) believe their model fills gaps in these overlapping frameworks, and guided a study of the JJ-TRIALS translational research interventions:

We conducted basic bivariate analyses to look for differences between Core and Enhanced from a broader context. Data were relatively normally distributed, so *t* tests of all variables were calculated to compare means between Core and Enhanced sites. Differences in urbanicity were tested via chi-square. We first examined differences between Core and Enhanced sites at the environmental level to test the success of randomization. We then examined differences between Core and Enhanced sites for organizational variables to understand the influence of characteristics within an agency that may influence outcomes. Key environmental and organizational variables that overlapped with broader U.S. health care policy (unemployment rate, income level, Medicaid eligibility, Medicare reimbursement, behavioral health funding, and select staff characteristics) were used to examine how the pre-implementation costs that agencies incur to implement new practices might be associated with these variables. To incorporate intervention costs, we stratified sites by high and low pre-implementation

costs. These costs included total costs of receiving Core Support activities during the pre-implementation phase. Costs of the experiment phase costs and behavioral health services data are still being collected. We categorized sites by high or low pre-implementation costs, as compared with the mean overall costs. Costs were also stratified by Core and Enhanced categorization for direct comparison (Bowser et al., 2019, p. 7).

Bowser et al (2019) reported their results:

Results showed considerable variation across all sites regarding many environmental and organizational variables, although the bivariate analysis finds minimal significant differences ($p < .05$) by Core and Enhanced sites. None of the demographic variables, relating to the environmental component of the conceptual model, have significant differences between Core and Enhanced sites. For example, the unemployment rate is 5.3% on average across all sites, with no significant difference between Core and Enhanced sites. Similarly, the mean per capita income is approximately \$43000 and on average 23% of the population across both Core and Enhanced sites are eligible for Medicaid (p. 7).

Bowser et al. (2019) suggest they have placed the value of the JJ-TRIALS translational research within a broader frame of environmental and organizational contexts. They suggest juvenile justice and behavioral health stakeholders will benefit from their “detailed description of how to conduct theoretically guided implementation research and use these results as a general model for considering implementation that

emphasizes the importance of context and setting to make policy–driven decisions”
Bowser et al. (p. 10).

Bowser et al (2019) believe the application of their conceptual model to the implementation intervention study in JJ–TRIALS demonstrate the importance of recognizing environmental factors that may affect behavioral healthcare delivery systems, the maintenance of the delivery, and the ability to evaluate outcomes. They suggest their study provides a conceptual overlay of how environmental, organizational, and economic factors affect the downstream delivery of behavioral health services for justice–involved youth, and believe future empirical studies will estimate the environmental, organizational, and economic impact on behavioral health services delivery processes and outcomes. Important to note this study utilized no human subjects, and thus required no IRB approval, while the actual JJ-TRIALS were approved and supervised by six university IRBs and a research center IRB.

A Federal Initiative to Utilize the Evidence in Juvenile Justice

By the end of 2012, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) had undertaken the Juvenile Justice Reform and Reinvestment Initiative (JJRRI) (Hussemann & Liberman, [Urban Institute], 2017). The OJJDP funded three demonstration sites to implement JJRRI. The reform project was implemented in Delaware, Iowa, and Milwaukee County, Wisconsin. The goal of JJRRI was to utilize the evidence and best practices within these test sites. They used empirically based risk and needs assessments, developed dispositional matrices that provided evidence-based recommendations on possible dispositions, and implemented the Standardized Program

Evaluation Protocol (SPEP) rating system. Coinciding with the implementation of the project, the Urban Institute performed a process and outcome evaluation of the initiative, which is the subject of their research report (Hussemann & Liberman, 2017). The Urban Institute evaluated the JJRRI to determine how it improved the quality and effectiveness of juvenile justice programming on demonstration sites (Hussemann & Liberman, 2017). The findings are based on data collected between 2012 and 2015, which consisted of on-site visits and the provision of technical support, observing the training, and extensive telephone interviews with stakeholders to monitor progress and assess their perspectives.

The Standardized Program Evaluation Protocol (SPEP™). The SPEP is a rating system of program services and was the centerpiece and guiding principle of the JJRRI (Hussemann & Liberman, 2017). The SPEP provides local jurisdictions a tool or instrument to rate program services being offered for delivery to youth in the juvenile justice system based on the program's potential to reduce recidivism. Some researchers attest to the SPEP as an evidence-based tool (Lipsey et al., 2010; Lipsey, 2020; Welsh et al., 2014), while others suggest it remains in question (Elliott et al., 2020).

There are two choices a state has to make once a decision has been made to deliver evidence-based program services to youth at risk of delinquency and those who are court-involved. The choices are between using any of the programs from the three online and maintained registries of evidence-based programs, often referred to as brand name or commercial programs or to utilize evidence-based practices or generic programs that have been evaluated by meta-analyses and or an evidence-based tool such as SPEP (Elliott et al., 2020; Lipsey, 2020; Welsh et al., 2014). Elliott et al., (2020) are all

Blueprints Advisory Board members, and believe the registries of evidence-based programs hold more value for scaling up in juvenile justice systems because they have a greater evidence base. Welsh et al. (2014) found there to be value in both, the use of the registries for scaling up evidence-based programs in juvenile justice systems, as well as the use of meta-analyses and SPEP for identifying other practices that yield evidence in resolving delinquency and reducing recidivism.

SPEP developer, Mark Lipsey of Vanderbilt University's Peabody Research Institute, has said the SPEP is based on a meta-analysis of the features of effective programs from 548 independent research samples (Lipsey et al., 2010; Lipsey, 2020). Lipsey identified four basic elements which must be present in juvenile justice system programs to ensure effectiveness and expected outcomes, which are first the type of service, with therapeutic services indicated as more effective in reducing recidivism than services with a control orientation, such as boot camps. Second is the quality of the service, which assesses specific program components, and structure for consistency and reliability in service delivery with the intended outcomes. SPEP consultants generally work with service providers to develop measurable standards for rating the quality of services which include current quality assurance procedures, and those of the funders. Third is the service dosage, a measure of how many contact hours youth receive, and the length of the program, such as three hours per week for 12 weeks. The SPEP rating of service is largely dependent on the percentage of juvenile justice youth who receive the specified contact hours for the duration of the program. The contact hours and length of engagement in the program must be provided for each youth. Fourth is the risk level of

youth must be assessed and is used in the decision on which services are appropriate. Perhaps surprisingly, the research consistently indicates that youth at higher risk of recidivism are more responsive to services having greater reductions in recidivism rates than youth at lower risk to recidivate. Thus, the risk assessment is critical and the SPEP services assessment is only completed after the youth have undergone risk assessment using a validated risk assessment tool within 60 to 90 days before service delivery. The SPEP has demonstrated evidence of improving the quality of services for youth and the juvenile justice system, providing input for continuous quality improvement.

Empirically Based Risk Assessments and Dispositions. Dispositional matrices combine current case data with recidivism risk as assessed by a validated risk assessment tool, to recommend disposition and specified services (Hussemann & Liberman, 2017). The risk assessment tool is important for generating empirical support for appropriate dispositions and the most appropriate placements. The dispositional matrix developed by the Florida Department of Juvenile Justice served as a model for the JJRRI. Florida's matrix has been proven effective with the research showing that youth who receive dispositions out of range of recommended dispositions have higher recidivism than youth whose dispositions were provided within the recommended range. On the demonstration sites, JJRRI personnel worked with the local juvenile justice stakeholders, including the judiciary and probation officers to inform juvenile justice decision-making. The Florida Department of Juvenile Justice was instrumental in providing technical assistance (TA) to each JJRRI site throughout implementation.

A validated risk assessment tool and timely risk assessments were central to the JJRRI, being critical to implementing the SPEP and the development of the local disposition matrix (Hussemann & Liberman, 2017). Thus, JJRRI promoted the use of an evidence-based locally validated risk assessment tool. The risk levels usually result from continuous risk scores and cut-off points, with levels of risk often varying locally.

REDS. Reducing racial and ethnic disparities was also a targeted goal of JJRRI (Hussemann & Liberman, 2017). They believed the use of all evidence-based tools would naturally reduce racial bias, but also additional training and technical assistance was provided to reduce racial disparity. All site teams attended and received certification from Georgetown's Center for Juvenile Justice Reform's Reducing Racial and Ethnic Disparities in Juvenile Justice program (REDS). The REDS program provided a detailed analysis of each state's racial and ethnic disparities in their juvenile justice systems, as well as broad assessments of the racial and ethnic compositions of youth at each juvenile justice decision point, from arrest, referral, detention, and adjudication. Vanderbilt University provided technical assistance to sites to help understand racial disparities related to risk assessment and kinds of placements to length of stay, as well as kinds of services and SPEP ratings. Significant technical assistance was required to increase stakeholder support for evidence-based juvenile justice reform in general, and even more so to garner support for JJRRI's more specific evidence-based tools.

Demonstration Sites. Delaware having only about 900,000 residents is one of the least populated states in the United States (Hussemann & Liberman, 2017). Thirteen percent of the population is between the ages of 10 and 19. The state's unified court

system has local juvenile court services provided by the Delaware Family Court in New Castle County in Wilmington, Kent County in Dover, and Sussex County in Georgetown. The administrative office of the Delaware Family Court oversees fiscal, human resources, training, and specialty courts. Detention, treatment, and probation are provided by the Division of Youth Rehabilitative Services (DYRS), which is responsible for assessment of youth and coordination of residential and community services. JJRRI was led by DYRS who collaborated with community service providers throughout the state. Delaware was a good candidate for JJRRI because they were already using a validated risk and needs assessment tool and had buy-in among juvenile justice stakeholders.

Delaware implemented the SPEP utilizing only one community program, Vision Quest, who provided youth services in all three Delaware counties (Hussemann & Liberman, 2017). Although using PACT, a valid risk assessment tool, JJRRI found it to be administered only to youth who received community supervision, so the SPEP was not initially used in residential settings, which presumably include detention centers. Regardless of these challenges, Delaware made important progress in many areas of the JJRRI. The state began making more reliable use of the PACT across community and residential services although only after disposition. Nevertheless, the increased use of PACT improved Delaware's use of evidence-based tools including the SPEP, and eventually with youth in residential facilities. Delaware continues to study the PACT as it best applies to Delaware youth, including discriminability and validation studies, to ensure the evidence base of the PACT for the state's specific use.

Iowa's Juvenile Justice System is a unified court system of eight separate judicial districts, each having five or more counties (Hussemann & Liberman, 2017). Each district has a single juvenile court presiding over Children in Need of Assistance, adoption, delinquency, and commitments of youth from ages 10 through 18. A chief juvenile court officer (JCO) supervises juvenile court operations, including case management, probation, and development of programs. The Iowa Division of Criminal and Juvenile Justice Planning (CJJP) is located in the Iowa Department of Human Rights. The CJJP administers federal and state grants funding both local and state efforts toward delinquency prevention. CJJP also does research and policy analysis, while also serving as the state's statistical analysis center. CJJP and the Department of Human Services (DHS) are the funders of the district juvenile courts, which in turn control local contracts with community services agencies. Residential services receive funding directly from DHS, but unclear if this includes detention and other secure facilities. The Iowa Court Information System (ICIS) juvenile and criminal justice processing information is maintained by the state judiciary.

Even before JJRRI, local efforts towards juvenile justice reform were focused on ending the school-to-prison pipeline and restoration of credit for youth in residential facilities (Husseman & Liberman, 2017). Iowa is also a participant in the Juvenile Detention Alternative Initiative (JDAI) and Results First. Before JJRRI, more than half of the youth who were arrested were diverted from court by police and Juvenile Court Services using diversion programs, which left about 3,000 juvenile petitions filed in the state annually. There is no pretrial detention; youth adjudicated delinquent requires a

court order to be placed in either short- or long-term residential facilities. The Judiciary orders the level of care, and the JCOs make referral decisions. Iowa was also already using the IDA, a youth risk assessment tool before JJRRI. JJRRI was implemented in three Iowa judicial districts with a goal of expanding the project statewide.

The JJRRI facilitated Iowa's use of the SPEP statewide in residential programs and in local community services in three judicial districts (Hussemann & Liberman, 2017). The state produced full SPEP ratings for four community services, all provided by one agency, and 22 services provided in one residential program by 2014. Other SPEP ratings were taken for 15 community services within three community agencies and 30 other services within three residential facilities by 2015. In total, Iowa received full SPEP ratings for 19 community services and 52 residential services by 2015. JJRRI was expected to provide Iowa with uniform measures of program evaluation, subsequently improving youth placements and service referrals. Improved evaluations and recommendations also ensured higher quality programs. JJRRI leaders were originally concerned about possible difficulty in the coordination of grant activities within the many entities of the CJJP and other state stakeholders across districts. However, they managed to educate service providers on the initiative and reduce resistance, ultimately successfully managing both financial and human resources and supporting data automation throughout the state.

Beginning in 2014, the CJJP and JCOs had completed a dispositional matrix by 2015, including data analysis of services. However, untimely youth risk assessments limited the effort having no validated youth data. By 2016, the disposition matrix had

become the decision matrix, although had not been launched, but remained in further development. However, Iowa made progress in the state expansion beyond the original three districts, but by the end of the grant, the state legislature's support and funding began to wane, cutting the judiciary budget by \$6 million. The JJRRI received a small amount of continued federal funding for the state and the CCJJP found small amounts of discretionary funding for the initiative, but long-term stable funding was unpredictable, so sustained JJRRI reforms were in question.

Milwaukee County is the largest county in the state of Wisconsin with a population of approximately 1 million, and 25% are under the age of eighteen (Hussemann & Liberman, 2017). The majority of the state's African American population lives in Milwaukee County, where there are about 29%, while 7.7% in the state. A single juvenile court presides over all cases and has the discretion to place youth in over 200 juvenile justice programs in the county. The Milwaukee County Delinquency and Court Services Division (DCSD) are responsible for the youth who enter the court system, from intake to probation services, and contracts for the administration of juvenile services. This division supervises a 120-bed juvenile facility. DCSD also works in coordination with Wraparound Milwaukee, a behavioral health division, that provides mental health services to youth and families.

At the inception of JJRRI, DCSD relied on multiple data systems to track youth in the court system, which were approximately 2,500 referrals annually, and about half were first-time offenders (Hussemann & Liberman, 2017). Generally, about 40% received wrap-around services. Wraparound Milwaukee was funded by DCSD, child

welfare, mental health, and Medicaid, contracting more than 200 agency service providers. All youth receiving referrals for wrap-around services had a previous DSM-IV diagnosis. Additionally, the DCSD had already begun using a risk assessment instrument, the Youth Assessment and Screening Instrument (YASI), to assist in both risk and needs assessments for use in decisions on youth supervision and kinds of services.

The YASI prescreen is a screen before referral to court to identify risk levels (Hussemann & Liberman, 2017). Low-risk youth were often diverted from court, while medium and high-risk youth received a YASI full screen to inform disposition. However, at the time of the JJRRI, although it was policy for DCSD human services workers to screen all youth, it was inconsistent in practice. Additionally, judges were not always willing to permit the risk assessments to be introduced in court, and certainly not utilized in their disposition decisions. Neither was Wraparound Milwaukee using the YASI to inform youth service needs until they began collaborating with the DCSD to implement the JJRRI. Because they were already using the YASI as a youth risk assessment the DCSD believed they were in a good position to implement JJRRI. Much of Milwaukee County stakeholders believed they would benefit from JJRRI by improving DCSD's provision of appropriate services to justice system-involved youth, including promoting quality in services standards and evidence-based practices. JJRRI would provide DCSD the wherewithal to bring consistency in the use of YASI and data collection automation.

JJRRI anticipated some of the usual challenges of receiving the buy-in and cooperation of the judiciary, defense attorneys, and human services systems and met these with more technical assistance to inform stakeholders (Hussemann & Liberman,

2017). Although already working together, the DCSD and Wraparound Milwaukee have now required much more coordination, and differing agency philosophies and missions had to be considered. Disconnections between data systems was the greatest challenge to JJRRI implementation. Nevertheless, like other sites, working committees were developed and focused on data management, building the dispositional matrix, and program improvement.

The SPEP implementation was introduced in Milwaukee County in six community services and five residential facilities (Hussemann & Liberman, 2017). By the end of 2015, only three community services had received full SPEP ratings, three others had received provisional ratings, and one residential service received a full rating. Early in the JJRRI implementation, issues with the YASI data systems limited the SPEP capacity to move forward. The YASI was continually being used only inconsistently, and data entered untimely. The inability to merge risk and other data, required a manual data entry. Additionally, low cohort size prevented many services from being evaluated by the SPEP protocol, with only about 5% of the 200 services being assessed for inclusion in the new disposition system by the end of 2016.

Differing from other sites, Milwaukee County focused not only on planning a dispositional matrix, but also an effective response grid (Husseman & Liberman, 2017). The dispositional matrix was to guide judicial decision-making, while the effective response grid was to guide human services workers in their decisions for youth who violate probation. Although there were serious challenges to implementing JJRRI in Milwaukee County, JJRRI increased technical assistance to improve reliable use of the

YASI, and therefore improving implementation of the SPEP. With JJRRI assistance the DCSD provided trainings to increase understanding of the YASI as a decision-making tool, and Milwaukee County also made sizable investment of time and financial resources to build an efficient information and data collection system unifying all Department of Health and Human Services Divisions in the county. By the end of the JJRRI grant, Milwaukee County had secured local funding to continue local JJRRI development. Over the course of the grant, DSCD had also developed a quality assurance division for continued assessment of juvenile justice services. So, although underdeveloped at the end of the JJRRI grant, Milwaukee County was all set to continue pursuit and sustain JJRRI goals of consistent YASI assessments and data entry, SPEP services assessments and ratings, and an efficient dispositional matrix and effective response grid. Milwaukee County had secured state and local funding streams to continue the initiative for the foreseeable future.

Findings and Conclusions on the JJRRI. The purpose of the JJRRI demonstration project was to reform juvenile justice systems by applying research evidence (Hussemann & Liberman, 2017). The JJRRI focused on three evidence-based instruments: youth risk assessments, the SPEP services rating system, and the local development of a dispositional matrix. The research supports that the combination of these instruments in consistent practice would improve sentencing dispositions, reduce racial disparities, and drive ongoing quality improvement in service provision. The simplicity of the three tools proved an effective means of explaining the goals of the JJRRI to stakeholders, with the promise of evidence-based reforms in their juvenile

justice systems, producing coveted reductions in recidivism rates. However, consistency in the use of the three tools, and adherence to all protocols are necessary to produce desired outcomes. Thus, the reforms and continued administration of the newly reformed programs and services require strong support from most all stakeholders, as well as important data collection within an automated and interactive system across collaborating entities.

JJRI provided substantial technical assistance to demonstration sites on developing and using the research-based instruments, and to increase understanding among stakeholders to garner their support (Hussemann & Liberman, 2017). Although stakeholders involved in all sites were necessarily supportive of JJRI initially, all three sites struggled to maintain a commitment to some key components of the project reforms. Firstly, consistent timely youth risk assessments and data entry are prerequisite to moving forward in the reforms, thus, justice systems must be committed to utilizing an evidence-based tool to take individual assessments of each youth's risk. Consistent and timely youth risk assessments are dependent on supervisors and staff, and importantly, can exclude many youths from unnecessary court hearings. However, for youth who are adjudicated, the value of the risk assessment is reduced by a lack of judicial buy-in among judges who refuse to permit their introduction in court proceedings, nor value their use in his or her dispositional decisions. In Delaware, judicial support was critical for consistent risk assessment before adjudication.

All sites were using a risk assessment tool before JJRI began, but most had limitations due to inconsistent use or lack of validity of the assessment instrument

(Hussemann & Liberman, 2017). After timely, consistent, and valid youth risk assessment, including consistent data entry into an automated interactive data collection and analysis system across all agencies involved, only then, secondarily, can the SPEP services rating system be properly and effectively implemented. The SPEP services rating system is central to the reforms. Thus, the prerequisite timely valid, and consistent youth risk assessments with data entered into an interactive data management system across all agencies involved, are critical to the reforms. The SPEP, as a tool for continuous improvement of quality in services, required significant support from a range of juvenile justice stakeholders. The state of Delaware and Milwaukee County necessarily spent considerable time manually entering data into data systems to produce SPEP ratings. During the JJRRI grant periods all sites worked diligently to improve their data systems. Milwaukee County almost completely restructured its data management system for its juvenile justice system.

The third and final component of the federally proposed Juvenile Justice Reform and Reinvestment Initiative or JJRRI was the development of dispositional matrices, for which judicial support was critical, requiring and receiving significant JJRRI technical assistance (Hussemann & Liberman, 2017). All sites worked diligently to develop and implement a dispositional matrix, which also required a lot of technical assistance, including frequent meetings among stakeholders. These meetings were the foundation for initial drafts of the matrices. However, a lack of risk assessments, necessary interactive data management systems under construction, and hesitant to resistant buy-in from the

judiciaries and other court staff prevented any site from fully implementing a dispositional matrix to guide decision-making by the end of the project period.

After the JJRRI grant period, each site struggled to maintain support for the goals of the initiative (Hussemann & Liberman, 2017). Within the larger states of Iowa and Milwaukee in Wisconsin, the original goal was statewide expansion. Iowa found little funding for statewide expansion but did receive interest from other judicial districts which is extremely important to future expansion. However, despite challenges, all three sites achieved important reforms, the most significant being progress in consistent valid risk assessments. Although all sites were making risk assessments prior to JJRRI, as the risk data were used together with the other tools, limitations of the risk data were identified, which then drove improvements in the collection and use of the data. The SPEP services rating protocol and the interim reports it produced led efforts in program improvement and effectiveness. Also, the assessment of the types of services available to youth revealed gaps in the available services, which were being corrected. While attempting to rate quality of services, sites began quality assurance programs to monitor whether evidence-based services are being delivered; they began training, monitoring, and valuing consistency in service delivery. SPEP ratings also brought attention to the critical issue of service dosage. Potentially effective services will not yield desired outcomes of reduced recidivism if insufficient in weekly contact hours and length of the program.

JJRRI improved motivation to reform programs and juvenile justice data and information systems while providing guidance on how to do so (Hussemann & Liberman,

2017). All sites were in the process of improving their data management systems, especially Milwaukee County, who were overhauling its entire system. All sites became more prepared for the SPEP protocol, whether they proceeded to full state implementation. All these juvenile justice systems were improved and provided local decision-makers with greater capacity to manage their juvenile justice operations. The JJRRI components are all evidence-based tools linked to the desired outcome of reduced recidivism rates and increased public safety.

The Office of Juvenile Justice and Delinquency Prevention (2012) proposed the JJRRI to bring evidence-based reforms to improve juvenile justice systems. Although some site partners had expected the implementation of reforms to be more expedient, including large-scale SPEP evaluations of services, and statewide expansion in the larger states, this aspiration proved too optimistic mostly due to unrealistic beliefs about the current state of risk assessment and data systems. But despite being a longer process to complete reform than originally expected, it is fair to say that the JJRRI has tremendous potential as translational research into practice, harnessing the research evidence to improve juvenile justice practice and effectiveness, uncovering deficiencies and guiding improvements, and the use of the evidence to help gain and maintain stakeholder's support.

Conclusions on Evidence-Based Programs and Practices in U.S. Juvenile Justice Systems

Within the larger scope of the evidence-based practice movement, for the purpose of juvenile justice system programs, the designation of *evidence-based program* is

defined and assigned by three registries, the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs Guide, the Office of Justice Program's (OJP) CrimeSolutions, and Blueprints for Healthy Youth Development (previously Blueprints for Violence Prevention), a privately funded registry at the University of Colorado Boulder (Elliott et al., 2020). The three registries use scientific standards to rate programs that are designed to prevent delinquency and youth crime. The registries require the research designs testing the programs to establish causation or causal inference sufficient to rule out alternative possibilities for program outcomes. The OJJDP and OJP rate programs as *promising* or *effective*, and Blueprints rates programs as *promising* or *model*. The higher designations of *effective* and *model* are considered *evidence-based*. There are about fourteen (14) total programs in the evidence-based category between the three registries, of which four have a more substantial research base as required by Blueprints; however, there are substantially more programs for use outside of the justice system included in these registries (Elliott et al., 2020).

The Blueprints model programs are recommended by Blueprints for scaling up, or expanded development, including statewide (Elliott et al., 2020). Although at least 35 states have implemented at least one evidence-based program (Welsh & Greenwood, 2015), in most states the programs remain few and far between so there is little measure of impact on delinquency for most states (Fagan et al., 2019; Lipsey, 2020; Welsh & Greenwood, 2015). The better news is within the few states (this research suggests about ten to possibly as many as 16 states) that have successfully scaled-up evidence-based programs, either within several local jurisdictions or almost statewide, there has been

much success with evidence-based models and effective programs (Chilenski et al., 2018; Clayton 2012, Elliott et al., 2020; Hay et al., 2018; Roque et al., 2014; Urban Institute, 2017; Welsh & Greenwood, 2015).

While purveyors of evidence-based programs believe they have set the required standard for programs that should be considered for scaling up to the state level to meet the needs for effective programs in juvenile justice systems, there are others who question whether the few programs designated as evidence-based are sufficient to meet the various needs of youth coming into the justice systems (Elliott et al., 2020; Lipsey, 2020). As indicated in the JJRRI (Hussemann & Liberman, 2017), and in other states (Hay et al., 2018), Lipsey et al (2010) and others believe programs without brand names that are being utilized in juvenile justice systems in different jurisdictions can and should be evaluated to identify those that are effective, improve effectiveness where possible, and to eliminate those that are ineffective. They believe the utility of the SPEP tool (developed through meta-analyses of various program types) has been demonstrated in the JJRRI and other states in this regard (Lipsey, 2020; Welsh et al., 2014; Urban Institute, 2017), because outcomes improved, although funding for the project was exhausted before the completion of the analysis and evidence of the SPEP as causal in the outcomes.

Of the three registries, only OJP's CrimeSolutions evaluate and rate evidence-based practices or generic programs, as determined by meta-analyses, that is, the findings of several studies examining and measuring a specific practice type (Elliott et al., 2020). Elliott et al. (2020) argued there are many difficulties in evaluating and rating various

practices for statewide scale-up. Elliott et al. say Lipsey's SPEP has identified many *promising* practices on the CrimeSolutions list but none in the "effective" category, and points to weaknesses that Lipsey himself acknowledges in his original meta-analysis in the development of his SPEP tool. Elliott et al. also expressed concern about eliminating all programs within a specific practice type found on average to be ineffective; asserting this would be a mistake. They believe an average effect size found within a meta-analysis of a particular practice cannot be generalized to all programs in the practice type (e.g., all surveillance-focused interventions, a practice or program type which Lipsey identified as harmful may not be harmful within all programs). They suggested that the interaction effect of other possible program components working with the identified practice may change the outcome.

Elliott et al. (2020) saw the weakness in the strategies resulting from meta-analyses as "resting on an assumption that some common underlying causal mechanism among programs in a practice accounts for how the shared components that define the practice work to change targeted outcomes" (Elliott et al., 2020, p. 1311). They do not believe meta-analyses always isolate the underlying causal mechanism, a question of internal validity of the studies within the meta-analyses. They suggest the SPEP offers promise but has not undergone sufficient analysis, specifically randomized controlled trials (RCTs) to be considered an evidence-based tool in analyzing programs for scale-up to state-level utilizing public funding.

Lipsey (2018; 2020) believed that, while there are advantages to the model programs approach, there are also shortcomings, including the necessity of complete

fidelity to the few model programs. Elliott et al. acknowledge that the available evidence indicates the model programs must be closely monitored for fidelity with critical levels of developer involvement to ensure scaled-up program effectiveness is achieved. Lipsey suggested the general evidence-based practice movement led to a search for other means of using extensive evidence based on behavioral programs without dependency on the necessity of emulating model programs with complete fidelity. Lipsey asserted the relationship between therapists and those they serve cannot be captured in a manual. However, the likelihood that similar programs have some common characteristics that can lead to effective outcomes without requiring mimicking every aspect of model program was high, and led to the development of the meta-analysis approach, including the development of the SPEP.

Although both evidence-based programs and generic programs and practices under SPEP guidance have had their successes (Clayton 2012; Hay et al., 2018; Welsh et al., 2014) valid concerns are expressed on both sides of the question of which programs and or practices should be supported by public policy for scale-up within local jurisdictions, and certainly to statewide in juvenile justice systems. Should only complete programs with manuals that have been validated in numerous random control trials (RCTs) like MST and FFT be supported by public policy for scaling up for statewide usage? Or, should other existing programs and practices in jurisdictions be targeted for improvement where possible and terminated when found to be ineffective, and certainly if found to be iatrogenic? Welsh et al (2014) evaluated both approaches and found both brand-name programs and meta-analyses (SPEP) to be rigorous and transparent in

advancing evidence-based practice in juvenile justice systems. States must consider the merits of both approaches.

The research literature on evidence-based interventions in juvenile justice systems presented at least three different sciences having a focus on delinquency prevention and improving juvenile justice system programs. Prevention science, intervention science, and implementation science, all have come into existence for the purpose of improving state and federal institutions including juvenile justice systems, child welfare systems, behavioral health systems, public health overhead systems, and school districts as well, all who have responsibilities for the lives of children whose development is at risk (Elliott et al., 2020; Fagan et al., 2019; Knight et al., 2016). Scientists in these fields have made juvenile justice systems a priority for intervention over the last decade, yet the translation of research into practice is still in an early stage (Elliott et al., 2020; Fagan et al., 2019; Lipsey, 2020; Welsh & Greenwood, 2015).

Of the three sciences, *prevention science* and scientists were among the first to begin the research on delinquency prevention (Fagan et al., 2019). “The mission of the Society for Prevention Research is to advance scientific investigation on the etiology and prevention of social, physical, mental health, and academic problems and on the translation of that information to promote health and well-being” (Fagan et al., 2019, p. 1149). For these reasons, scaling up evidence-based interventions (EBIs) is a major goal. Communities that Care (CTC), a prevention system had been implemented in over 500 communities worldwide before it was installed in Pennsylvania in 1992 when federal funding became available (Chilenski, 2019).

Subsequently, in 1995, with the availability of more federal funding, the Pennsylvania Commission on Crime and Delinquency (PCCD) began further expansion supporting local jurisdictions in the development of delinquency prevention programs (Chilenski et al, 2019). Remarkably, this public health process and approach was undertaken by the state of Pennsylvania's criminal justice system during a time when most states were only interested in severe punishment of delinquency, and apparently unmotivated by federal funds for prevention. Chilenski et al (2019) also indicated there was at least one other large prevention organization, PROSPER, like CTC, also had strong evidence of effectiveness in well-funded efficacy trials. Within the early 1990s, during the *get-tough* era these prevention systems were believed capable of facilitating the use of evidence-based programs in states. Eventually, the CTC facilitated the use of evidence-based programs within much of the state of Pennsylvania, while many evidenced-based community programs flourished independently, resulting in a \$317,000,000.00 cost savings (although unclear over what period) (Elliot et al, 2020).

“Intervention science is the research on development, evaluation, and dissemination of effective treatments and prevention models with the goal of assisting at risk and vulnerable groups, and focuses on three *interventions*; programs, practices and policies” (Institute of Medicine, 2015; Springer & Phillips, 2007; Walker et al., 2017, as cited in Elliott et al., 2020). Intervention science is where evidence-based programs began. For the purpose of intervention science, programs are a “coherent package of activities with clearly defined delivery protocols, including training manuals, and technical assistance that use an identified logic model” (Elliott et al., 2020, p. 3) which is

presumably the theoretical premise. The model identifies and targets risk and protective features that are theoretically linked to a desired outcome. According to Elliott et al., there is less agreement in defining practices, but these are generally generic programs that have some common elements and strategies, but may lack a specific logic model and generally, do not have a how-to manual. Policies are official rules, regulations, and laws that apply consistently across a general population. However, Elliott et al. suggests, that few if any policies governing juvenile justice systems are considered to be based on scientific evidence.

In 1997, arguably, although prevention had begun in Pennsylvanian communities, evidence-based policies governing juvenile justice systems began when the Washington State Legislature passed the Community Juvenile Accountability Act (CJAA) for the specific purpose of testing the effectiveness of evidence-based programs in reducing recidivism (Clayton, 2012). The legislature partnered with 33 county juvenile courts, the Washington State Institute for Public Policy, and with the guidance of model experts they created the CJAA Advisory Committee Clayton, 2012). The Committee provides leadership for statewide decisions for all state-funded research and evidence-based programs and changed the culture in the state juvenile justice system to one that demands evidence of results (Clayton, 2012). The State of Washington utilizes both brand name evidence-based programs and generic programs and practices statewide, have reduced recidivism by 10% across the state, significantly reduced incarceration of youth, refrained from building a planned state prison, and will have saved almost a half billion dollars (\$425,000,000.00) by 2030 (Elliott et al., 2020).

Financial efficiency and savings were among five common themes Hay et al. (2018) found across states who were motivated by the availability of evidence-based intervention science programs, and Florida was no exception by 2007. The other four driving problems were (a) the high rate of youth incarceration, (b) dangerous conditions in many state facilities, and (c) the disproportionate minority representation in the system, and high rates of recidivism.

A latecomer to developing a juvenile justice system not until 1994, the state of Florida during the “get tough” era, wasted no time becoming one of the largest state juvenile justice systems in the country (Hay et al., 2018). Many of its punitive measures were reinforced in 2000 with the passage of the comprehensive Tough Love legislation that created 10 to 20 years to life mandatory sentences for youth with felony records who committed a firearm-related crime, but by mid-2000s they had turned to intervention science. State spending on commitments to secure confinement increased from \$60 million in 1993 to \$250 million by 1998 with 3,963 placements this year, which increased another 61% to 6,393 placements in 2003. It appears Florida was spending a billion dollars annually on the incarceration of children by 2007. Florida had continued increasing incarceration rates while youth crime rates were decreasing and despite the research indicating that confinement and other harsh sanctions of youth would likely increase recidivism. Hay et al (2018) suggested the nation spends about \$6 billion on the secure confinement of children annually, but the OJJDP says the figure is about \$5 billion as of 2020. Florida continues as an outlier in youth incarceration rates, particularly in direct file and transfers to adult courts and sentencings to adult prisons (Hay et al., 2018),

so Florida alone may be responsible for as much as 20% of the nation's spending on secure confinement of children.

By 2010, juvenile crime rates had declined substantially, and by 2015 had dropped 60% since the mid-1990s. Moreover, 14-year-old Martin Lee Anderson died from the practices in a Florida boot camp in 2006, and public opinion now favored reform (Hay et al., 2018). By 2007, the Florida Department of Juvenile Justice (FDJJ) had begun reform utilizing both brand name programs and the SPEP tool and adopted statewide use of the Positive Achievement Change Tool (PACT), a well-validated tool from the Washington State Juvenile Court Assessment. The Florida juvenile justice system was now oriented to risk assessment from intake to release. Commitments of youth to secure facilities decreased by more than 40% in the 5 years after the use of the PACT disposition matrix from 2011 to 2015. Several factors contributed to this decrease. Elliott et al. (2020) reported Florida's Project Redirection led to a statewide reduction in recidivism of 8%, including a 24% reduction in felony recidivism, with a cost savings of \$124 million for the fiscal year 2010-2011. This is another revealing figure on what had been Florida's incredible rate of secure confinement of youth and costs; presumably, Florida saved a half billion dollars (at least \$496 million) over only 4 years (to fiscal year 2014), while it will take Washington State 33 years to accrue their anticipated \$425,000,000 in savings by 2030 at a rate of a mere almost \$13 million annually in comparison to Florida's annual \$124 million annual savings.

Researchers Hay et al. (2018) saw the Florida Office of Research and Data Integrity as key to maintaining evidence-based programs, practices, and policies in

Florida. Similarly, to the states of Washington, Maine, and Pennsylvania, and likely most other states making genuine efforts in progress to evidence-based interventions for delinquency, the state of Florida must maintain its own in-house intervention scientists. The state's research and evaluation capabilities must be maintained and withstand changes in the political dynamics in the state if Florida is to continue its new direction based on the evidence.

The OJJDP initiatives and other federal projects implemented to help states move toward evidence-based juvenile justice reform have been instrumental to the national process. Nevertheless, less than a quarter of states have accepted federal recommendations and taken the initiative to begin evidence-based reforms in their juvenile justice programming (Elliott et al., 2020; Henggeler & Schoenwald, 2011; Lipsey, 2020; Welsh & Greenwood, 2015). After the Society for Prevention Research investigated the process of implementing evidence-based practices in other public sector agencies, they realized most public sector agencies followed state and federal statutes, regulations, and general guidelines, but also recognized the structure of juvenile justice systems, in particular, are not the most conducive to implementing and evaluating evidence-based practices. While they believe legislation that requires rather than recommends is the more expedient means of beginning the renovation of most state juvenile justice systems into evidence-based practice, changing the laws and providing the funding are the beginning but is not all that is required.

Implementation science has a similar purpose to both prevention and intervention sciences, but is different in that it does not have a premise in developmental science, nor

the goal of perfecting treatment interventions (Elliot et al., 2020; Fagan et al., 2019; Knight et al., 2016). Implementation science focuses on strategies to implement evidence-based practices. While there is no federal mandate for states requiring juvenile justice reform into evidence-based programs and practice, the JJ-TRIALS, a federal project and an implementation science initiative involving seven state juvenile justice systems, was among the greater efforts by the federal government (Obama Administration) to set science as the standard in juvenile justice programs. Some researchers have suggested implementation science is on the verge of having evidence-based implementation methods to reliably realize the promise of evidence-based programs into practice nationally (Fixsen et al., 2013).

The several states that have yielded to federal efforts and recommendations, or recognized the need for evidence-based reform and have taken the initiative on their own are Washington, Pennsylvania, Colorado, North Carolina, Maine, New Mexico, Rhode Island, New York, Ohio, and possibly Florida, Georgia, Texas, Arizona, Delaware, Iowa, Missouri, Minnesota, and Tennessee, and a few under the duress of federal lawsuits are Connecticut, Hawaii, and Louisiana (Welsh & Greenwood, 2015). Among these states that have begun evidence-based reforms, similar strategies were pursued among most: (a) strong leadership from top state officials and the state DJJ, (b) State DJJ use of Risk–Need–Responsivity (RNR) or other evidence-based youth assessment instruments such as PACT and Youth Level Service Inventory (YLSI) actuarial risk assessment tool, (c) essential collaborative relationships between the state DJJ and other child-serving institutions and agencies, (d) buy-in from other key stakeholders including the judiciaries,

and communities at large, and (e) a matrix of evidence-based programs, both brand name and generic.

Theoretical Framework of Studies

Few researchers referred to specific theoretical frameworks in their examinations of states' uses of evidence-based policies, programs, and practices. Within this literature review, only one purveyor of an evidence-based program, MST, referred to an underlying theory, Bronfenbrenner by name, but not his theories by name (Henggeler & Schoenwald, 2011). Developmental science principles are taken for granted as the premise or foundation of both intervention and prevention sciences. Decades of prevention science research indicate that behavioral health problems are developmental, and therefore preventable (Fagan, et al., 2019). Developmental refers to the recognition that behavioral/emotional disorders most often have a predictable trajectory, with an early onset in childhood that subsequently escalates in prevalence rates (Fagan et al., 2018; Freud, 1962). The developmental nature affirms that many disorders are preventable by targeting risk and protective factors in multiple ecological contexts. While most researchers did not announce an underlying theoretical premise to their study or article, most discussed evidence-based programs and practices for delinquency intervention and prevention, of which developmental science is the underlying foundation. Many theorists have since contributed to developmental science, but fair to say that Freud's psychoanalytic theory provided the core principles of human development (the roots), and bioecological systems expanded upon these principles (branches).

Table 3*Theoretical or Principal Frameworks of Studies and Articles*

Study	Framework(s)
Baumgartner, 2022	Developmental Science/Neuroscience
Baumle, D. 2018	Developmental Science
Benekos & Merlo, 2019	Developmental Science
Benekos, et al., 2011	No theory
Bowser et al., 2019	(1) Exploration, Preparation, Implementation, Sustainment (EPIS); (2) Stages of Implementation Completion (SIC) framework; (3) Andersen's Healthcare Utilization Model; (4) Social–Ecological Model; (5) Control Knobs Framework; and (6) the Cost of Implementing New Strategies (COINS) model.
Brown (National Conference of State Legislators), 2015	Developmental Science/Neuroscience
Cavanagh, 2022	Developmental Science
Chilenski, et al., 2019	Prevention Science/Developmental Science
Clayton, 2012	Developmental Science
Crowley & Scott, 2023	PROSPER
Dopp et al., 2019	Developmental Science
Elliott et al., 2020	Intervention Science/Developmental Science
Fagan, et al., 2019	Prevention Science/Developmental Science
Gonzalez, 2017	Developmental Science

Gottfredson et al., 2018	Prevention Science/Developmental Science
Hay, et al., 2018	No theory
Henggeler & Schoenwald, 2011	Bronfenbrenner's <i>social ecology theory</i>
Johnson et al., 2017	No theory
Justice Policy Institute, 2013	No theory
Kazak, et al., 2010	Developmental Science
Knight et al., 2016	EPIS/Implementation Science
Ko et al., 2008	Developmental Science
Lipsey, 2020	Developmental Science
Mallett, 2016	Developmental Science
Rocque, et al., 2014	Developmental Science
Satpathy, 2011	No theory
Schwalbe et al., 2008	Developmental Science
Snyder & Duchscher, 2022	Ecological Systems
Teske, 2020	Four-Factor Decision-making Approach
The Sentencing Project, 2022	Developmental Science
Urban Institute. 2017	Intervention Science/Developmental Science
Welsh et al., 2014	Program theory/Prospect theory
Welsh & Greenwood, 2015	Developmental Science
Yingling & Mallinson, 2020	Developmental Science

Of the 33 articles including 14 studies, an extensive purposive sample of the research on state use of evidence-based interventions in juvenile justice systems, only four studies and two peer-reviewed articles referred directly to an underlying theoretical premise. Two studies analyzed the decision-making process for states in their efforts to turn to the evidence; one used both program theory and prospect theory and the other a four-factor decision-making approach. The other two studies in implementation science used EPIS, with the ancillary study to the JJ-Trials claiming use of an additional five theories as well. However, although most studies and articles did not mention an underlying theoretical premise, most referred to intervention science or prevention science either directly or indirectly, with the underlying *developmental science* and the principles of human development, most no longer theoretical but the findings of empirical intervention and prevention sciences.

Summary

This systematic literature review examined the scope of U. S. juvenile justice systems and took assessment of how states are utilizing evidence-based interventions in policies, programs, and practices in reforming their juvenile justice systems. While 35 states have at least one evidence-based program, less than 12 or a quarter of states have successfully scaled up evidence-based policies and implemented evidence-based programs within juvenile justice systems in most local jurisdictions or statewide.

The literature supports that during the 1990s after an uptick in juvenile crime and a six-page story that forecasted an increase in youth violence, proclaiming an anticipated arrival of violent “super-predators” (Dilulio,1995) most state legislatures considered

these causes to depart from the *parens patriae* philosophy and the rehabilitative intent of the juvenile court, then enacted numerous new state statutes. In effect, the new statutes usurped the childhoods of America's youth, declaring many youthful offenders were adults deserving of the same punishments as adults, generally long prison sentences, creating downward life trajectories. Most states enacted at least two of four broad categories to transfer youth under the age of majority, under 18 years old into criminal court. Among these methods is the more legitimate (a) *judicial waiver*, which has become the least often used method of transfer of youth for a criminal prosecution, believed responsible for less than 13% to possibly 25% of youth transferred nationally. Fifteen states had statutes that allowed (b) *prosecutorial discretion* (OJJDP, 2011), which permits the prosecutor sole discretion to file charges in either juvenile or criminal court without a juvenile court hearing, nor an evidentiary record. Only two states, Georgia and Florida permitted prosecutorial discretion before 1970 (U. S. DOJ, 2014). Additionally, 29 states had sweeping laws of (c) *statutory exclusion*, laws that grant criminal courts exclusive jurisdiction over specific types of charges brought against a youth of a certain age, requiring direct file in criminal court (OJJDP, 2011). Yet another form of exclusion of juveniles from the juvenile court is laws in 34 states that penalize the youth for having been previously denied statutory rights. (d) *Once an adult/always an adult* law requires criminal prosecution if a youth has been criminally prosecuted in the past, without consideration to the seriousness of the current offense, or past offense, regardless of the high probability that he or she was automatically transferred without a juvenile court

hearing, then tried in criminal court with minimal or without legal representation (Schwartz, 2011).

In most cases of transfer into criminal court, the human rights and civil rights of U.S. children are disregarded against both international law and many would argue these are against the U.S. Constitution as well. But transfers into adult criminal court for criminal prosecution and sentencing are not the only inhumanities or incivilities suffered by U.S. youth encountering the U.S. justice systems in most states. The conditions experienced in secure facilities are often more damaging to the youth than the offense he/she was found guilty of committing. Their punishment exceeds their crime. Bernstein (2014) reported on the abuse and maltreatment of adolescents confined in institutions, including physical and sexual abuse perpetrated by staff, and excessive use of solitary confinement. The circumstances the children face reflect the harmful effects of confining youth in detention centers and juvenile institutions, and even more so imprisoned with adults. As of 2018, suicide remains the number one cause of death among youth in secure facilities (OJJDP, 2018). These conditions have also been acknowledged by the Bureau of Justice Assistance (2000).

Most youth encountering the justice system have mental health disorders as a result of complex traumatic experiences (before and after incarceration), are in need of evidence-based mental healthcare, as well as medical and dental care at the time of arrest. Although statistics on the demographics of the youth being arrested and detained matched with their offenses have not been readily available because states have not always collected and reported these data, previous findings by some researchers found less than

10% of youth in the system were detained for violent offenses (Sarri & Shook, 2002). More recently, the Annie E. Casey Foundation [AECF] (2021) reported less than 1 in 3 youth or less than 33% of youth were confined for a violent criminal index offense. Both the earlier and later estimates suggest nonviolent youth are in secure facilities in far greater numbers than those who have committed violent offenses, but also suggest the percentage is decreasing.

The progress in U.S. juvenile justice systems is that the OJJDP (2022) reports that overall, youth in secure confinement has declined 70% since the late 1990s as of 2019. But this achievement does not reflect youth in criminal courts and prisons. Although states have reportedly begun keeping more records on transferred youth these statistics remain elusive. However, the Annie E. Casey Foundation, the Coalition for Juvenile Justice, the MacArthur Foundation, the National Research Council, The National Child Traumatic Stress Network, The Sentencing Project, The Society for Prevention Research, The Justice Policy Institute, the OJJDP and state legislators themselves, as well as many other agencies, researchers, and advocates have successfully led to a change in U. S Juvenile Justice systems from its almost total reliance on secure confinement. This is important progress in the lives of American children to have their best interests and level of development reconsidered. Nevertheless, states are off to a slow start in scaling up evidence-based programs within juvenile justice systems and in communities, but low risk youth are much less often incarcerated in many states. Other programs are in place, whether many of these programs provide evidence of desired outcomes is still in question and some programs remain in assessment and in development.

The results of this literature review show the U. S. Supreme Court rulings on juvenile justice cases between 2005 and 2016 citing regard for developmental science and neuroscience findings led the way in juvenile justice reform, with several states following their lead. Several states changed several statutes including raising the age of juvenile court jurisdiction and permitting youth under the age of majority to remain in juvenile court; additionally, a number of states legislated the restriction of direct file or prosecutorial discretion, both these measures assured escaping possible severe punitive measures, often unrecoverable for many youths. Also, momentous, youth under the age of majority, under 18 years old are no longer eligible for the death sentence nor mandatory life without parole, although juvenile life without parole continues, and for some who have not committed a homicide. There have been substantial improvements in juvenile justice processing and sentencing with regard to developmental science, including significant reductions in the secure confinement of youthful offenders. Nevertheless, the United States remains an outlier among nations in secure confinement of both youth and adults, standing alone as number one in incarceration rates across developed nations. Minorities continue severely disproportionate numbers among those arrested, formally processed, and confined, especially from the remaining small percentage of African Americans (13%) and the dwindling American Indians (1%) (OJJDP, 2021).

Researchers examining the prospect of continued progress in evidence-based policies found that if legislators believe it is in their best electoral interest to utilize the evidence in policy-making they will do so (Yingling & Mallinson, 2020). Other

researchers, on the MacArthur Foundation's Models for Change initiative, examining the prospect of continued progress in developmental reform in juvenile justice systems in states, after five years and out of 11 possible risks were identified, found *racial bias* to be one of two greatest threats to continued developmental reform in juvenile justice systems. *Fragmented and uncoordinated efforts across agencies with different trends* was the other larger threat (Cavanagh, 2022).

Results indicate that although prevention scientists, among other researchers have called for national dissemination of evidence-based interventions to produce sustained improvements in public health (Fagan et al., 2019; Gottfredson et al., 2018), progress is slow. Intervention and prevention scientists have demonstrated that because behavioral disorders are developmental, they are both preventable and treatable by targeting risk and protective factors. Whether through program improvements (meta-analyses including Lipsey's SPEP program evaluation system) the expediency of program replacement with commercial evidence-based programs, or both, evidence-based reform in juvenile justice systems and other childcaring institutions is doable nationally. The scientists who originally tested human development theories into programs remain unequipped to scale up their programs for public consumption on their own. However, after reviewing other efforts to implement evidence-based interventions (EBIs) in public sector agencies, other prevention scientists realized the codification of science into practice, for evidence-based programs in juvenile justice systems to become widespread nationally, federal guidance is required. Evidence-based reforms must be mandated not merely recommended, including funding streams. These leading intervention and prevention scientists also

realized the structure of juvenile justice systems and other public sector agencies was not the most conducive to implementing and evaluating evidence-based interventions (EBIs). Yet, other scientists report the field of *implementation science* is on the verge of evidence-based implementation methods reliable to fulfill the promise of evidence-based programs in practice (Fixsen et al., 2013, as cited in Welsh et al., 2014).

Although unclear, results indicate about 25% of states have moved forward in some efforts toward developmental reform of juvenile justice systems, implementing evidence-based programs in numerous jurisdictions to statewide, but most, or 75% of states have made minimal to no use of research-based programs in their juvenile justice systems. However, significant development in at least 12 to 13 states was achieved with the leadership of high-level state officials and cooperatives between state agencies and community human services agencies. The future of developmental reform in juvenile justice systems depends on legislators, and elected officials who will yield to the evidence in the development of public policy, including on juvenile justice, perhaps only if their electorate demands it. Results indicate if the legislators desire and possibly only with public demand, evidence-based programs in juvenile justice systems, which may require overcoming racial bias and the lack of coordination between child-serving systems, science can and will deliver evidence-based programs in the prevention and intervention of juvenile delinquency, including evidence-based implementation in the public sector. The question of whether society is leading science or science is leading society remains the salient question. Chapter 5 presents an interpretation of the findings

from this literature review, including its limitations, as well as recommendations for future research. Implications for practice and concluding remarks are presented.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this systemic literature review was to provide a comprehensive overview of the U.S. Juvenile Justice System and examine how states are using evidence-based interventions in delinquency prevention and to resolve youth crime. Within this review of the literature I identified studies and peer-reviewed articles with subjects on evidence-based interventions in juvenile justice systems; that is, any state or federal use of scientific evidence in juvenile justice policy, programs or practices towards alleviating delinquency and youth crime, as well as research scientists contributing to this effort, was the subject of this literature review. This final Chapter 5 is a discussion and conclusions drawn from the findings of this study, theoretical framework, the limitations of the study, implications for progress in juvenile justice systems and evidence-based human services systems in practice, and concludes with recommendations for future research and remarks.

Findings and Conclusions

This literature review indicated there have been some reforms among state governments in their juvenile justice systems to evidence-based policies, programs, and practices, however, few, if any states have made a complete shift to these interventions (Elliott et al., 2020; Fagin et al., 2019; Brown [NCSL], 2015; Lipsey, 2020; Welsh et al., 2014; Welsh & Greenwood, 2015). Nevertheless, several major trends in juvenile justice and evidence-based interventions in states emerged from the literature and are discussed within the context of developmental science findings as supported by the literature. These trends are: (a) States' policy changes on juvenile justice systems with regard to

developmental science prompted by U.S. Supreme Court rulings on juvenile justice over the last two decades, (b) Reductions in secure confinement rates of youthful offenders over the last three decades, (c) Continued rates of extreme disproportion in minority contact and confinement (DMC) within juvenile justice systems in most states, now referred to as racial and ethnic disparities (REDs), (d) State motivations for utilizing the evidence in juvenile justice systems: Reduced recidivism rates at low costs vs the human costs of not utilizing the evidence, (e) Researchers debate: Evidence-based brand name programs and/or generic programs that produce evidence for scaling up statewide: Prevention/Intervention Sciences or Implementation Science? Where is Youth and Human Services Administration?

State Policy Changes on Juvenile Justice Prompted by U. S. Supreme Court Rulings

U.S. Supreme Court rulings on juvenile justice from 2005 to 2016 all cited developmental science and neuroscience findings on adolescent development as a rationale for the rulings and provided the impetus for many states to alter their juvenile justice policies accordingly. Precedence was set with science as the standard for guidance on U.S. juvenile justice. The 2005 *Roper v. Simmons* ruling ended death sentences for youth under 18 years old at the time of the crime. Five years later, the *Graham v. Florida* Supreme Court ruling ended life without the possibility of parole for non-homicide convictions for youth under 18 years old. And again in 2012, the Court ruled on *Miller v. Alabama* abolishing mandatory life without possibility of parole sentences for homicide convictions among youth under 18 years of age at the time of the crime. In 2016, the

Court ruled Miller to be retroactive, providing the possibility of parole for youth having already received life with no possibility of parole sentences.

From a developmental science perspective, the U.S. Supreme Court rulings on juvenile justice from 2005 to 2016 represent progress in U.S. juvenile justice (Coalition of Juvenile Justice (CJJ), n.d.; National Research Council, 2014a) but how much progress remains a matter of perspective. The necessity of U. S. Supreme Court rulings to end death sentences for children and abolish life without possibility of parole for children/youth who have not committed a homicide, and to end mandatory life without parole for children/youth who are found guilty of committing a homicide, are all low bars with regard to both developmental science and neuroscience findings, or what researchers understand about human development. What is understood includes the physiology of the brain, and certainly includes the role of environmental factors such as inescapable repeated traumatic experiences (including incarceration) and other complex trauma (often resulting in developmental trauma disorder (DTD) and or post-traumatic stress disorder (PTSD)).

In addition, the original purpose of the juvenile court was to acknowledge the underdevelopment of children and prevent their facing criminal prosecution, and to act in their best interest for their rehabilitative and continued development. The state legislatures enacting these extreme laws during the 1990s turned the nation back well over a hundred years on juvenile justice, and in so doing, also ignored at least decades or longer of developmental science findings. As acknowledged by the conservative Judge

Teske in Georgia and expressed by former Florida Secretary of State, Jim Smith, the *get-tough* laws of the 1990s were emotionally driven.

The Supreme Court rulings citing neuroscience and developmental science as cause for finding these extreme sentences unconstitutional also led some states to make other juvenile justice policy changes with regard to science. These are believed to include at least 44 states raising the age of juvenile court jurisdiction to include all youth under 18 years old, with Vermont leading the way in including 18-year-old youth in their juvenile courts (Coalition for Juvenile Justice, n.d.). New York and Michigan finally include 16- and 17- year-old-youth, and only four states Florida, Georgia, Texas, and Wisconsin continue a cut-off of 16-year-old youth (Interstate Commission for Juveniles [ICJ], 2023) excluded from juvenile courts. However, there are at least seven states who appear to continue prosecuting much younger youth directly in criminal court(s). Before 2012, 12 states had maximum ages of 15 and 16 years for juvenile court jurisdiction, so these policy changes progress from a neuroscience and developmental science perspective. Youth under 18 years old, are not developmentally equal to adults, neither in the physiology of the brain, nor cognitively or arguably emotionally (Freud, 1962; Kohlberg, 1994).

Other progress resulting from U.S. Supreme Court support of science on juvenile justice includes some states that have restricted direct file in criminal courts for minors, including resending prosecutorial discretion laws. The states of Arizona, Indiana, Nevada, Missouri, Ohio, Vermont, and Wisconsin have made changes to their transfer laws (Brown, 2015). However, at least 15 states continue these violations of youth

development, usurping the role of judges and the juvenile's right to a juvenile court hearing. Additionally, although juvenile life without the possibility of parole sentences for youth convicted of a crime where no life was taken was ruled unconstitutional, many states have circumvented this ruling by sentencing youth to virtual life sentences in which they are guaranteed to die in prison (Coalition for Juvenile Justice/juvjustice.org, n.d.). Those seeking the application of science to juvenile justice law, and advocates for juvenile justice see a long way to go in U.S. juvenile justice systems, but over the last two decades, there has been progress, however incremental toward developmentally appropriate juvenile justice policy.

States Reduce Youth Incarceration

The literature provides convincing evidence that youth incarceration rates across the U. S. have declined more than 70% since the mid-1990s of the “get tough” era to 2019 (AECF, 2021; Brown, 2015; OJJDP, 2020). States are sentencing youth to secure facilities less than half as often as they were during the beginning of the harrowing era of the 1990s. Declining juvenile crime rates are a factor, but advocacy for appropriate developmental reforms in U. S juvenile justice system is a leading cause of reductions in over-reliance on secure confinement of youth referred to the juvenile justice systems. However, some of the first states with the greater declines in juvenile placements were motivated by more than advocacy, but were challenged by class action lawsuits regarding conditions of confinement and another scrutiny. The states of Connecticut, Tennessee, Louisiana, Minnesota, and Arizona all reduced their juvenile placement rates by more than 50%, and unsurprisingly, with no increase in delinquency rates. State leaders of

these states accepted the science that adolescence is a stage of underdevelopment, without equal mental functioning to that of adults. They organized task forces at the top providing strong leadership in building interagency communications. These states divided their juvenile corrections systems from the adult corrections systems and joined forces with the child welfare agencies, making developmentally appropriate reforms to the entire juvenile justice systems. In Connecticut alone, 8000 possibly delinquent 16-year-olds avoided adult prosecution within the first two years of the state raising the age of juvenile court jurisdiction from 16 to 18 years. Not only these 8000 youth but most all in this category across the nation as most states returned children under 18 years old to the juvenile court; these youth were spared the certainty of downward life trajectories, with many afforded possibilities for rehabilitative measures and positive life outcomes.

Youth charged with status offenses like persistent truancy, running away, possession of tobacco or alcohol, are a category of youth who have been removed from the justice systems altogether in some states which has contributed to lessening youth incarceration rates (Coalition of Juvenile Justice (CJJ)/juvjustice.org, n.d.). However, despite the JJDP of 1974 and its core requirement of states to comply with the deinstitutionalization of status offenders (DSO) to receive JJDP federal grants, thousands of youth charged only with status offenses continue being held in secure facilities annually (CJJ, n.d.). Although the majority of the 56 states and territories are reported by the OJJDP to comply with the DSO, state policies and local practices result in continued locked detention of status offenders. Additionally, more than half of U.S. states continually permit violation of a court order (VCO) exceptions like missing court ordered

curfew to detain status offenders in secure facilities. The problem is that the research shows that detention facilities are usually ill-equipped to address the underlying causes of status offenses, and the youth are more often held in overcrowded and poorly staffed environments that not only more often exacerbate behavioral issues and unmet needs, but are physically dangerous environments (AECF, 2021; CJJ, n.d.).

As promised by all states pledging adherence to the JJDP, although originally motivated by legal action, the state of Connecticut outlawed detention for status offenders entirely and created a new treatment system. This developmentally sound measure in legislation has significantly decreased downward life trajectories for what had previously been thousands of youth annually being held in secure facilities. Although there is and has been a Federal requirement to deinstitutionalize status offenders for decades to receive JJDP Federal funding, as some prevention scientists have found, legislated mandates are the most assured means to bring developmentally appropriate responses to delinquency, and to status offenders. Status offenders, apart from delinquent youth require different services, but both unique categories of youth deserve appropriate developmental services.

In Georgia, Juvenile Court Judge Teske (2020) solemnly acknowledged most youth he presided over were low-risk misdemeanants who would have aged out of their delinquency had it not been for the legislation that placed them into and kept them in the judicial system. He also recognized these systemic actions against these vulnerable youth increased recidivism rates.

The judge reported extremely overcrowded detention centers with youth sleeping on floors, all while the research shows detention significantly increased reoffending. He pointed to the role of schools in the *school-to-prison pipeline* of black youth as well and attributed the beginning of the pipeline to the get-tough era legislation.

Police were regularly placed on school campuses in predominantly black schools by 1996, and by 2003, the number of school-based referrals increased by over 1,200%. Of the total filings from the school system, only 10% were felonies, and the bulk of the misdemeanors consisted of typical adolescent behaviors: disrupting public school, simple assault and simple battery, disorderly conduct, and school fights. The phenomenon of the *school-to-prison pipeline* is a direct result of arresting students at school for school behavioral problems and also arrests their educational development (Teske, 2020).

There has been significant progress in declining incarceration rates of U. S. youth over the last three decades, and the movement towards evidence-based programs and practices continues. Nevertheless, the United States remains an outlier in the secure confinement of both adults, and youth. The United States continues to have the interrelated highest high school dropout rate in the Western world (OECD, 2006; NCEE, 2008, n.d.), fueling the world's largest juvenile detention rate (ACLU, 2008; 2019; Prison Policy Initiative, 2018).

Disproportionate Minority Contact (DMC) to Continued Severe Racial and Ethnic Disparities (REDs)

Results of this literature review indicate despite the progress being made in decreasing youth incarceration rates, African American youth remain an overwhelming

majority of youth being held in secure confinement. Only 15% of the nation's youth, black youth are 42% of detained youth and 38% of those committed to secure facilities as of 2019 (OJJDP, 2019), and this is an underestimation because this does not include youth in the criminal justice system and imprisoned. In 2019, within the juvenile system, African American youth were being held in detention and other out-of-home placements five to six times the rate of Caucasian youth, and some researchers affirm what is apparent, and report the extreme disparities cannot be accounted for by crime rate differentials (Benekos et al., 2011; Huizinga et al., 2007; McCarter, 2009). Most self-report studies of delinquent behavior challenge arrest rates because the studies do not support significant racial differentials (Benekos et al., 2011; Elliot et al., 1983; Piquero & Brame, 2008; McCarter, 2009).

Severe racial disparity between black and white youth in both criminal and juvenile justice systems has always been apparent. However, the differences were most evident in rates of confinement, which led to the 1988 Reauthorization of the Juvenile Justice and Delinquency Prevention Act (JJDPA) to include acknowledgment of disproportionate minority confinement (DMC) and requirement for states to identify causes and execute plans to resolve the severe over-representation of minority youth, largely African American youth in secure facilities.

Similarly, to the deinstitutionalization of status offenders (DSO), DMC is also a core requirement of the JJDPA which must be met by states to ensure eligibility to receive available Federal grants as appropriated through the JJDPA (2018). Fourteen years later, within the Reauthorization of the JJDPA in 2002, disproportionate minority

confinement (DMC) was revised to acknowledge that racial disparities are not only occurring at disposition with excessive rates of confinement, but are occurring at all decision points in the judicial systems. After arrest, three decisions are made by the juvenile court (Benekos et al., 2011), unless an interceding decision or statute transfers the youth directly into criminal court.

The three decision points in juvenile court are whether to detain, to petition, and if adjudicated delinquent, whether to place outside of the home. African American youth are disproportionately detained, petitioned, adjudicated delinquent, and placed outside of the home, most often in secure facilities (Benekos et al., 2011). With this recognition, DMC was renamed disproportionate minority contact. The requirement of states remained essentially the same; states must develop plans to identify causes and address the severe racial disparities in their justice systems. Nevertheless, sixteen years later, large differences in rates of arrest exist between youth among the racial majority and those among the racial minorities. Beyond arrests, the greater disparities occur as African American youth are more often formally processed, culminating in extreme disproportion in minority confinement, of overwhelmingly black youth.

With the long-awaited reauthorization of the JJDP in 2018, the Federal requirement of states to address DMC again remained relatively the same. However, from 1988 to 2018, over the last thirty years, most change is once again, in name only, DMC is now Racial and Ethnic Disparities (REDs). Few understand or perhaps care to understand the destructive dynamics brought to the lives of these exposed and defenseless youth, and their inability to escape this system, given the systemic nature of DMC or REDs by any

name. The researcher's recommendation for the use of the Child Justice Act (CJA) as a model, to supplement the JJDPAs as free-standing legislation to finally begin to resolve extreme rates of black youth deeply enmeshed in the judicial systems and secure confinement is an inescapably reasonable proposition (Satpathy, 2011).

The legislators realized the overwhelming numbers of largely black youth in the justice systems raise questions about the justice of the system (Brown [NCSL], 2015). The NCSL reported that within the last decade, the eight states of Texas, Connecticut, Iowa, Oregon, Minnesota, Colorado, and Georgia have taken some legislative actions to improve and hopefully reduce racial disparity. These supportive actions from legislators in the interest of juvenile justice for minority youth are encouraging and likely helpful, but obviously remain insufficient. While legislators report their recognition of the importance of structuring legislation on keeping youth in school and making education the priority, they must be willing to allocate the state funding to support these obvious needs. Funds for after-school programs and evidence-based human services/community mental health must be appropriated. So important, several states-initiated truancy prevention programs, however with varying success (Mallett, 2016). Successful programs more often include the collaborative efforts of the schools with parents, schools with community service providers, and the courts with community service providers, all with positive reinforcement for the youth. Remarkably, at least eighteen states enacted statutes supporting a commitment to evidence-based programs; the necessary funding must be next.

To date in 2023, reducing severe racial disparities within the juvenile justice systems, is not the only core requirement of the JJDPA that states are not meeting. By most indications within this literature review, neither of the four core requirements of the JJDPA have been met by most states, and are yet to be fulfilled (CJJ, n. d.). In addition to the requirements of deinstitutionalization of status offenders (DSO) and the resolution of the extreme disproportion of African American youth in both the criminal and juvenile justice systems, states have also been required to separate youth from adults in secure facilities, and to remove all youth from adult jails and lockups including those who are being tried as adults. The possible loss of JJDPA funding has not proved sufficient incentive for most states to meet JJDPA core requirements. However, as the Society for Prevention Research found, public sector agencies and institutions, including state departments of juvenile justice follow state and federal statutes, regulations, and general guidance. Thus, federal and state statutes would be the most expedient means of scaling up evidence-based programs and practices in the public sector, which within juvenile justice systems, would necessarily include these minimum requirements (Coalition for Juvenile Justice and National Criminal Justice Association, 2019). However, also beyond needed legislation, partnerships between policymakers, community stakeholders, practitioners, and scientists within and across systems must be established.

State Motivations for Use of Evidence-Based Programs and Practices

The Human Costs of “Getting Tough” on Juvenile Crime and Not Using the Science

Researchers mention the eroding mental and physical health of youth in our systems of justice, but few mention the eroded human and civil rights, and even fewer

among state officials express their regrets or remorse for their roles in DMC/REDs and the long-term human costs. This review of the literature showed similar motivations among the few earliest states that turned to more developmentally sound reforms in their juvenile justice systems. The states of Massachusetts, Pennsylvania, Washington, Maine, New Mexico, Colorado, apparently Ohio, and possibly North Carolina, Rhode Island, and New York were among some of the first states to focus on statewide efforts for evidence-based reform in juvenile justice programs. Whether all these states succeeded was indeterminable in this literature review. However, indications are that some of these states have been very successful in their evidence-based reforms. State leadership within these states reflects each state's interactive culture (Bronfenbrenner, 1986; Kohlberg, 1994; Yingling & Mallinson, 2020). Several of these states have enacted state statutes legislating the requirement for juvenile justice programs and practices that yield evidence of reducing delinquency recidivism rates (Brown, 2015; Clayton, 2012). Most of these early states were driven by trying to correct what they had come to recognize as wrong within their juvenile justice systems. They wanted to ensure serving the best interests of the child as well as the community and began to recognize these as one in the same.

The state of Massachusetts, historically the leading state in education and child development shocked the nation in the early 1970s when it closed all its state training schools starting with the Lyman School which had been the first training school to open in the United States (Krisberg, 1995; Hartwell et al., 2010; Teske, 2020). The state immediately replaced its large traditional juvenile institutions with a small group of secure facilities and a broad array of community-based services. Massachusetts was the

first state to remove almost a thousand youth from expensive, often brutal, and corrupt institutions and provided placements into more developmentally sound community-based programs. It was this reform and reorganization in Massachusetts that gave psychologists and other advocates the wherewithal to write the Federal law legislating the rights of children in the Juvenile Justice System, the beginnings of the Juvenile Justice and Delinquency Prevention Act (JJDP) of 1974. This original effort in juvenile justice reform resulted in impressive outcomes. These earlier days of reform beginning with removal from iatrogenic environments were an important first step, and with community programs succeeding.

In the early 2000s, some data indicate that almost 1/3 of youth released from the Massachusetts Department of Youth Services supervision at age 18 to 21 re-offend, and most within six months (Hartwell et al., 2010). According to Hartwell et al (2010), in 2009, 1,637 youth were released on condition, but 816 youth violated those conditions, and almost half had their release revoked. These recidivism rates may not be impressive, but require further analysis. As suggested by prevention scientists (Fagan et al 2019) more empirical studies that identify systems-level factors that affect the national dissemination of evidence-based interventions are direly needed. Massachusetts is not among the top ten states leading in utilizing brand name EBPs, nor seeking assistance such as SPEP in identifying other programs that provide evidence of effectiveness in reducing recidivism, but their release of 1637 youth on a trial basis and following up with the apparent necessity of revocation of almost half suggests their motives remain in the

best interest of the child and in protecting its citizenry, and experimentation in programming is ongoing.

The state of Pennsylvania was a trailblazer in delinquency prevention with Communities-That-Care (CTC) in the early 1990s (Chilenski et al., 2019). Within this *almost* statewide prevention system facilitating the use of evidence-based programs was a major goal. This literature review did not inform why or how the state of Pennsylvania became one of few states interested and committed to the prevention of mental health issues including adolescent substance use, delinquency, and depression during the 1990s, while most states were becoming more committed to punitive measures to punish those suffering mental health issues. CTC was accepted in Pennsylvania in 1992 as Federal Title V funds became available to the Pennsylvania Commission on Crime and Delinquency (PCCD) to support local delinquency prevention programs. For the first seven years, 127 sites received three-year start-up funding to implement the CTC process, and most sites remained operable after three years. Today there are CTC communities with and without the use of EBPs. CTC Coalitions in Pennsylvania indicated the use of more than 300 different programs, policies, and practices across a 10-year study period, although many did not meet the current CTC guidelines. Current CTC guidelines require the use of Blueprints-approved EBPs in order to meet CTC fidelity (Chilenski et al., 2019).

Pennsylvania has a population of 12 million, most living in rural areas, other than Pittsburg and Philadelphia, with more than 82% white residents, 11.8% black, and 7% reported Latino/Hispanic descent (Chilenski et al., 2019). Pennsylvania is one of few

states where researchers have examined and reported the prevalence of the state's use of EBPs (and other prevention programs) and the measure of evidence-based program effectiveness they found. Researchers reported across time, 51.6% of the 388 school districts were served by a CTC Coalition, and almost 20% used EBPs. As reported earlier in this literature review, there were two intervention groups, all school districts within CTC Coalition communities, but one group containing EBPs and the other intervention group without EBPs. The results were that CTC school districts had lower levels of alcohol and other substance use, lower levels of delinquency, and lower levels of depression. All levels were statistically significant, but with relatively small effect sizes. However, the levels of substance use, delinquency, and depression were even lower for the CTC districts also using EBPs, and with larger effect sizes. These were very encouraging results providing further evidence of the validity of FFT as an effective community mental health treatment. However, an important asterisk to these findings is that Philadelphia and Pittsburg were not included within this otherwise broad state use of evidence-based and other prevention programming. This is important because black youth who are more often arrested, detained, prosecuted, and committed for these community mental health issues were more often living in the cities so least likely to have been included in these valuable prevention services. An opportunity to decrease DMC or REDs was averted.

As mentioned earlier in this review, Gottfredson et al (2018) reported among a national sample of youth ages 13–18, almost half (46.3%) reported lifetime prevalence of a mental disorder, with three-quarters beginning in childhood through age 24 years

(Freud, trans. 1962a; Kessler et al. 2001, 2005 in Gottfredson et al., 2018). These researchers expressed concerns for the host of negative outcomes experienced by youth with mental, emotional, and behavioral disorders or MEB, which include physical health conditions, poor school outcomes, fewer and lesser quality employment opportunities, often delinquency, and earlier mortality. However, risk and protective factors for MEB are now well-established, thus MEB disorders are preventable and treatable (Fagan et al., 2019). In fact, symptoms appear at least two to four years ahead of diagnosable disorders (Gottfredson et al., 2018; National Academy of Sciences 2009, Biglan et al. 2004 in Gottfredson et al., 2018). Although interventions that improve parental and family functioning across development have demonstrated reductions in antisocial behavior, including aggression and substance use disorders, historically, much of our nation's approach to emotional and behavioral disorders or MEB has been and continues to be largely reactive, and not preventative, yielding immeasurable and unnecessary human costs and high financial costs.

Although the Chilenski et al (2019) study did not include the cities of Pittsburgh and Philadelphia more than half of the rural areas of Pennsylvania, Gottfredson et al (2018) had completed a study a year earlier, that evaluated the effects of FFT with youth in the inner cities, specifically largely black youth, ages 11-17 years, who were at risk of becoming gang involved. The full summary of this Gottfredson et al study is in this review under the heading of Conclusions from the Continued Innovation in Juvenile Justice in Pennsylvania.

Using the data from parent interviews, youth interviews, and the court records, they measured a number of outcomes, and accounted for numerous mediators. Because the number of cases was fewer than anticipated, and because more recent effect size estimates had been smaller than those found in earlier studies, results from this study were regarded as meaningful if they reached the $p < .10$ level of statistical significance. Findings revealed FFT-G was effective for reducing recidivism as measured from official records (Gottfredson et al., 2018). Although fewer differences within the first six months, eighteen months after randomization, all measures of recidivism favored the FFT-G group, with several differences between groups being either significant or close to significant. The positive results reported from official records were the percentage with drug charges (11 vs. 22%, $p < .05$), the percentage adjudicated delinquent (23 vs. 38%, $p < .05$), and the percentage with property charges (14 vs. 23%, $p = .06$). The magnitude of effect sizes observed in measures from official records on these outcomes were all in the .20 to .48 range, small to approaching medium effects. Although not always statistically significant by the conventional standard of $p < .05$, but .06 or .05 in all, researchers believe the results were comparable to those found in other studies of FFT. They believe the FFT-G (gang) adaptation of FFT achieved similar results to those of FFT on measures of official recidivism. They believe with or without the adaptation for youth at risk of gang involvement, FFT proved effective in reducing recidivism among minority youth in an inner-city environment. Considering the overwhelming proportion of black youth in the justice systems, these are important findings for those interested in reducing both DMC/REDs and recidivism rates.

The state of Pennsylvania has an interesting dynamic in juvenile justice that must be noted. Pennsylvania is one of the earliest states to begin efforts to bring effective prevention services to its youth and families (Chilenski et al., 2019). The Pennsylvania Commission on Crime and Delinquency (PCCD) working with the Penn State Prevention Research Center, and later with the Evidence-based Prevention and Intervention Support Center, the state of Pennsylvania created a prevention infrastructure capable of implementing evidence-based prevention and intervention programs as early as 1992. The state has implemented several EBPs from Blue Prints programs since 1997 and more since 2008 (Chilenski et al., 2019; Gottfredson et al., 2018). Pennsylvania is among the top ten states in the use of evidence-based programs (EBPs), and reportedly saved \$317,000,000 in its research-based initiative (Elliott et al., 2020). However, as late as 2018, Pennsylvania remained and may continue among the top three states with the largest youth incarceration rates, apparently overtaking Florida, now only behind Texas and California (Gottfredson et al., 2018). What this strongly suggests, is the rates of African American youth being incarcerated in Pittsburgh and Philadelphia are staggering, despite being proven treatable in their communities.

The state of Washington is not among the top ten states utilizing commercial or brand name evidence-based programs (EBPs), but is among the first states that sought to resolve delinquency recidivism rates and to reduce costs of the state's juvenile justice system by utilizing the science. Washington passed legislation more than once requiring research-based and evidence-based programs in juvenile justice, child welfare, and child mental health in the areas of prevention and intervention services. By statute, the state's

juvenile justice programs must provide evidence of reducing recidivism rates are losing funding. The state reportedly will have saved almost half a billion on its juvenile justice system from 1997 to 2030. Although the evidence of results in reductions in recidivism is substantial, no studies were found that measured the outcomes as attributable to the new programs. Additionally, cultural competency is an area that has not received attention (Clayton, 2012). African American youth continue to be over-represented in the juvenile justice system, and yet there has been little evaluation of program outcomes specific to youth of color. Clayton said the question remains whether African American youth are receiving similar benefits from the new programs as Caucasian youth, but also sees the cultural competence of the service providers as relevant to the outcomes. This point was also made by many of the youth themselves in the Hartwell et al 2010 study; they require service providers who understand and care about their lives. Clayton (2012) questioned the pervasiveness of evidence-based programs in child-serving agencies but believed the state of Washington's commitment to the use of science and research in improving long-term outcomes for youth encountering juvenile justice systems is evident.

State officials in both Maine and New Mexico recognized that many of the youth in their secure facilities did not belong there. Maine, despite having an overwhelmingly white youth population also experienced increasing delinquency rates during the early 1990s (Roque et al., 2014) as most states, but did not lead to an increase in incarceration rates. Instead, these increasing rates of youth crime led to state officials deciding to look for alternatives that worked in reducing recidivism and ultimately reducing state costs. Like Maine with an almost completely white population, New Mexico is mostly racially

or ethnically homogenous as well, having more than a 75% Latino population. Although New Mexico has a large above average middle class, it also has one of the nation's highest poverty rates. Interestingly, both these largely racially or ethnically homogenous states are among the top five states in the use of EBPs, however only Maine is among states with the lowest youth incarceration rates.

The states of Colorado, North Carolina, New York and Rhode Island are among the top ten states utilizing evidence-based programs. This literature review provided little further insight on the four states. Colorado is the home of the Blue Prints for Youth Development programs, so is interesting that the state is not among the top five users of EBPs. However, according to the U. S. Census, Colorado is 66% white-non-Hispanic, 22% Hispanic, 4.7% African American, and 7% Asian and other races, and has the second highest average household income in the nation of \$107000, with a median of \$82000. These data may explain why the state does not need so many of its own Blue Prints programs.

New York State is the wealthiest state in the nation, has just over 55% white population, approximately 20% Hispanic/Latino, approximately 20% African Americans, and about 9% other races or ethnicities (U.S. Census, 2020). But like most states, African Americans are incarcerated more than three times their proportion in the population; in New York, African Americans are more than half of all those incarcerated. New York was also one of the last five states to prosecute 16- and 17-year-old youth directly in criminal court. The state enacted their Raise the Age legislation in 2017 and it took effect for 16-year-old youth in October 2018, and 17-year-old youth in October 2019. Using

Connecticut as a guideline, I can estimate that a minimum of at least 12000 youth were spared criminal prosecution in 2017 alone in the state of New York, having had their age of 16 years recognized as a minor, which they are in the nation in every other venue than the judicial system.

The states of Connecticut, Louisiana, and Hawaii appear to have little in common, but are among the top five states utilizing brand-name evidence-based programs of FFT, MST, and Multi-Dimensional Treatment Foster Care. As indicated in this literature review, these states have the distinction of having been sued by the U. S. Department of Justice for the conditions in their juvenile justice institutions, and other administrative scrutiny (Justice Policy Institute, 2013; Welsh & Greenwood, 2015). As a result, these states used the situation to become some of the more effective juvenile justice systems in the nation. According to researchers, Welsh and Greenwood (2015) these states now set good examples for other states to follow in scaling up evidence-based programs in juvenile justice systems. Top state leadership was essential in all three states, as it was in most other states that pursued research to improve their juvenile justice programs. Of these three states, Connecticut and Louisiana, along with the states of Tennessee, Minnesota, and Arizona reduced their rates of secure confinement by more than 50% with no increase in juvenile crime rates (Justice Policy Institute, 2013). These five states found themselves under pressure from class-action litigation also due to confinement conditions in juvenile justice facilities. Although all six states were motivated by outside forces of USDOJ litigation and apparently other class action litigation, these states nevertheless made substantial improvements in their juvenile justice systems. Welsh and

Greenwood (2015) and the Urban Policy Institute (2013) reported significantly improved outcomes for all six states, although states were not yet in a position to provide specific outcome data on recidivism rates at the time of the study. However, three of these states are now among the top five states in the use of EBPs, five are among the top five states in reducing incarceration rates, and Connecticut and Louisiana are in both categories of top five rankings of usage of EBPs and reductions in secure confinement of youth.

The states of Delaware and Iowa, and Milwaukee, Wisconsin were the subject of a large federal project, the Juvenile Justice Reform and Reinvestment Initiative (JJRRI, 2012) whose goal was to utilize the evidence and best practices within these test sites. They used empirically based risk and needs assessments, developed dispositional matrices that provided evidence-based recommendations on possible dispositions, and also began implementing the Standardized Program Evaluation Protocol (SPEP) services rating system, with some successes.

Reducing racial and ethnic disparities (REDs) was also a targeted goal of the project; they believed the use of all evidence-based tools would naturally reduce racial bias, but the REDs component also provided additional training and technical assistance toward this goal. Detailed analyses of each states racial and ethnic disparities in their juvenile justice systems were provided. Broad assessments of the racial and ethnic compositions of youth at each juvenile justice decision point, from arrest, referral, detention, and adjudication were also completed. Vanderbilt University provided technical assistance to sites to help understand racial disparities related to risk assessment and kinds of placements, to length of stay, as well as kinds of services and SPEP ratings.

According to the 2020 U.S. Census, Iowa has an 85% white population, with almost 7% Hispanic, and about 5% African Americans. Delaware has a 60% white population, 25% African Americans, and 10.5% Hispanic. The state of Wisconsin also has an 85% white population, but the majority of the state's African American population live in Milwaukee County, where they are about 29%, while being only 7.7% in the state. According to the Interstate Commission for Juveniles (ICJ) (2023) these states are among the few states that continue to hold very young youth to criminal responsibility. The cut-off for Delaware youth to be heard in juvenile court is under 14 years old, and under 15 years old in Wisconsin. Iowa includes 17-year-old youth in their juvenile court, but can be transferred to criminal court at 14 years old, which is still not unusual in the nation today, but certainly questionable from a developmental science perspective. All three states were likely motivated by federal funding and technical assistance to restructure their juvenile justice systems into modernized technology and greater program services efficiency. Receiving buy-in from all stakeholders as always was one of most important tasks to make such an effort feasible.

The researchers from the Urban Institute, Husseman and Lieberman (2017), reviewing the project suggested there was a great deal of success in all project goals, although falling short of completion before the end of Federal grant funding. This literature review provided no insight into how and if these states moved forward in their restructuring into best practices and evidence-based programs in their juvenile justice systems after federal funding and technical assistance subsided. However, Husseman and Lieberman (2017) suggested these states were good candidates for the project because

they had already begun utilizing validated risk and needs assessment tools and had buy-in among juvenile justice stakeholders. Although some judges were originally less than enthusiastic about using the disposition matrices, a new idea for them, which they may have come to accept. All stakeholders within these states and local governments were clearly motivated and up to the task of working towards these goals, accepting federal funding and federal guidance on using scientific evidence.

The states of Florida, Georgia, and Texas, have some of the largest African American populations in the nation, although relatively small percentages of the total populations of these states. However, African Americans are 31% of Georgians in the 2020 census, 15% of Floridians, and 12% of Texans, but there are roughly 3.5 million people in each of the three states as of 2020 (U.S. Census, 2020). The three states are also holding out on raising the age of juvenile court jurisdiction to at least the national standard age of majority at 18 years old. According to the Interstate Commission for Juveniles (2023) Florida still holds 16- year-old youth to criminal responsibility and outside of juvenile court jurisdiction, while Texas and Georgia draw the line at excluding 17-year-old youth from the juvenile court. As we better understand the nature of extremely disproportionate rates of minorities (DMC/REDs) in secure facilities in the nation, it is concerning but not surprising that these states also have the highest numbers of prisons, jails, youth detention centers, youth development centers (youth prisons), and other secure residential programs. However, these data are outside the scope of this literature review.

This literature review provided minimal insight into the state of Texas's transition into the use of some alternative programming to incarceration in its juvenile justice systems (Teske, 2020), but indicated as of 2018, Texas and California have the highest youth incarceration rates (Gottfredson et al., 2018). Nevertheless, Texas has made reforms in its juvenile justice programs and practices, but to what extent the state is using programs that produce evidence, and how their programs have continued to affect their incarceration rates, particularly recidivism rates were not indicated in this review of the literature. However, Florida and Georgia followed with their own reforms after Texas successfully implemented a number of reforms in 2007, after the state "desperately needed to build more prisons" to accommodate its prison populations but could not afford the \$2 billion required to build the prisons (Teske, 2020, p.1171). After Texas legislators could not afford to build new prisons they investigated, and not only learned about alternatives, but learned their current methods of over-incarceration of low risk youth increased recidivism, and that long harsh sentences were not an effective means of crime prevention. Texas' legislative study resulted in a \$ 241 million investment in treatment and diversion programs in lieu of incarceration, followed by a 29% decline in crime rates, which influenced conservative politicians to reconsider their get-tough-on-crime position. *Teske (2020)* said "How we define a violent crime in our criminal codes can be influenced more by the emotions of policymakers than by the empirical evidence and neuroscience" (p. 1177). The state of Texas saved \$1,759,000,000 after not building more prisons in 2007, but spending a fraction (\$241 million) on treatment and diversion programs, which reduced crime by almost 30%. What better testament that treatment and

diversion from incarceration is the better option for public safety? Teske (2020) believes Texas was the beginning of juvenile justice reform in 2007.

We can conclude from Elliott et al. (2020) and Hay et al. (2018), that Florida was spending a billion dollars annually on secure confinement of children alone by 2007, which was occurring despite lower juvenile crime rates, especially serious crime. Long before Texas's reform efforts, research had indicated that confinement and other harsh sanctions of youth were more likely to increase recidivism rates. However, after Texas' legislative study and apparent success with alternatives to incarceration, Florida undertook their own studies. Despite an original punitive orientation in the development of the state's new juvenile justice system during the get-tough era of the mid-1990s, Florida legislators included budgeting for rehabilitation programming. The legislators had also developed a Juvenile Justice Advisory Board, whose responsibilities included measuring and reporting the effectiveness of juvenile justice programs.

In addition, the legislature's Office of Program Policy Analysis and Government Accountability performed audits and evaluations on all aspects of the Florida Department of Juvenile Justice (FDJJ) (Hay et al., 2018). The nation had become more acclimated to research in juvenile justice practices, and Florida finally became more interested in pursuing research for insight as well. However, according to Hay et al.'s examination of Florida's movement toward evidence-based juvenile justice programming, it had been more than the evidence and remarkably, even more than the cost savings that drove Florida to begin reform in juvenile justice.

The extreme *get-tough* juvenile justice legislation began in Florida with a few high-profile incidents, and this is also how it began to change. An English tourist was killed in a Florida rest stop while sleeping in his car, in an attempted armed robbery by four teenagers, 13, 14, and two 16-year-old youths. The youth who fired the weapon was 14 years old and all four youth were African American (Hay et al., 2018). Already in the national news, the five youths deemed the *Central Park Five* had already been tried in both the media and in court and imprisoned (although later found not guilty after almost completing their long sentences once the true rapist confessed and DNA substantiated his confession).

Violent young offenders became a dominant issue in legislative sessions in 1993 and 1994, with get-tough rhetoric. Florida Secretary of State Jim Smith said when it comes to violent young offenders, “We should shoot them down like the mad dogs that they are” (Frazier et al., 1999, as cited in Hay et al., 2018, p.170). A similarly provocative emotional outburst had occurred in New York after a white female jogger was raped and beaten, and five black youths were accused. Donald Trump, a high-profile property mogul at the time, believed the teens were guilty, and reportedly spent \$85000 on a four-page advertisement in New York newspapers, with the title: Bring Back the Death Penalty; Bring Back Our Police! According to BBC.com, he wrote: “I want to hate these murderers and I always will. I am not looking to psychoanalyze or understand them, I am looking to punish them!” (BBC News Beat: Central Park Five: the true story behind When They See Us). A researcher subsequently wrote an article warning the nation of an anticipated crime wave of brutally remorseless juvenile “super-predators” (DiIulio, 1995

in Hay et al., 2018). These two crimes followed by emotional outbursts from the powerful in New York and Florida precipitated what became the *get-tough* era juvenile justice legislation in most state legislatures in the United States.

The harsh, *get-tough* legislation began in Florida in 1993 after the high profile emotionally charged event of a fourteen-year-old African American youth killing a Florida tourist in an armed robbery gone wrong (BBC.com; Hay et al., 2018). Once again, in 2006, high-profile, emotionally charged incidents provided incentive to influence Florida's juvenile justice legislation, most notable was the 2006 death of 14-year-old Martin Lee Anderson, who had been incarcerated in a Panama City boot camp. After complaining that he could not finish a required run, guards used physical force and ammonia capsules (smelling salts) to compel Anderson to finish while security cameras captured the beating that occurred (Avila & Koch, 2007). Anderson collapsed, dying the next day in a Pensacola hospital. Researchers believe high-profile abuses within the system dissuaded Floridians from the get-tough era programming, leading to public demand for a rehabilitative juvenile justice system.

This literature review indicated public demand and the Florida Department of Juvenile Justice's (FDJJ) increasing connections to the evidence-based movement led to significant reforms in the state's juvenile justice programming (Hay et al., 2018; Yingling & Mallinson, 2020). Collaborations with the National Council on Crime and Delinquency, Georgetown University's Center for Juvenile Justice Reform and its Juvenile Justice System Improvement Project, the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI), all leading the way on scientific research,

certainly suggest the state of Florida should have progressed to being among the healthiest scientifically based juvenile justice systems in the nation, and substantial improvements were evident in this literature review.

Although anecdotal evidence suggested the initial evidence-based programs pursued and the efforts of SPEP evaluations had been relatively successful, no outcome measures were available at the time of the Hay et al. (2018) study. However, Elliott et al (2020) reported that Florida's Project Redirection achieved a statewide 8% overall reduction in recidivism including a 24% reduction in felony recidivism rates resulting in a \$124 million savings in the fiscal year 2010-2011 alone. They also reported that Washington will save \$425 million by 2030 from their 1997 Community Juvenile Justice Act. These figures suggest if Florida's savings were continued annual savings after the reforms, Florida would have accumulated a cost savings in 3.4 years that it will take the state of Washington 33 years to accumulate in savings after their program reforms. These reductions in recidivism rates and cost savings are not matched apples to apples but suggest the state of Florida, like Texas, had and likely has an excessive amount of state funds invested in secure facilities (human destruction), that could be invested in human development (evidence-based community mental health services) that would much better serve public safety.

Hay et al (2018) found two challenges unique to Florida that must be considered. Despite at least some evidence-based program reforms, large numbers of youth offenders still bypass the Florida juvenile system entirely by being transferred directly to the adult criminal court. More than 1,600 transfers occur annually, and Florida has a long history

as a national outlier in this area (Griffin, Addie, Adams, & Firestine, 2011; Hay et al., 2018; Human Rights Watch, 2002b; 2014; OJJDP, 2011). Florida has not repealed its lenient allowance for direct-file prosecutorial waivers (OJJDP, 2011; Hay et al., 2018). Florida continues to rank among the largest state juvenile justice systems in the country with more than 75,000 juvenile cases referred each year and 3,000 placed in secure facilities annually, but this does not account for those bypassing the juvenile system.

A second challenge in Florida is the issue of privatization of youth residential facilities, of which many or most are essentially private sector youth prisons. It was suggested by late 2013, that every juvenile residential program or youth prison in the state was operated by private owners. Researchers suggested, there could be a positive aspect of privatization, that reductions in incarceration rates may be easier (Hay et al., 2018). However, the U.S. Department of Justice is phasing out its use of private prisons because of concerns over safety, security, and the absence of expected cost savings.

Despite some significant successes in juvenile justice reforms, the state of Georgia continues to pose challenges to the evidence-based developmental science movement. The state continues to exclude 17-year-old youth from juvenile court jurisdiction, continues to transfer youth as young as 13 years to criminal court at the discretion of prosecutors, and continues to legislate commitment decisions and length of stay, prohibiting a juvenile court hearing and receiving a judge's discretion in the sentencing process (Interstate Commission on Juvenile Justice, 2023; Teske, 2020). Some of the data provided suggest in 2011, before the more recent reforms, as many as 40% to 76% of youth in secure facilities were low-risk and incarcerated for unsafe periods

(Teske, 2020). As of fiscal year 2021-2022, minorities were 61% (including 51% African Americans, but reduced from previous years) of the roughly 7,400 youth under the supervision of the Georgia Department of Juvenile Justice. Despite these ongoing challenges to the evidence-based developmental science movement, through reforms beginning in 2012, by 2018 the state had reduced arrests, and reduced commitments by 57%, resulting in closing three of 27 detention centers. Over 3,500 of 5,600 youth completed treatment programs. The reforms resulted in a savings of \$85 million by the end of 2018 (Teske, 2020). According to Judge Teske, \$30,000,000 was invested in evidence-based programs statewide, which is a start.

Juvenile justice reform began in Georgia in a single county under the leadership of a conservative, though conscientious Chief Presiding Juvenile Court Judge Steven Teske (2020). After being appointed to the bench in the almost 80% black Clayton County, he realized he was overseeing juvenile justice in the aftermath of the get-tough era. Large caseloads of black youth as probationers and undoubtedly being held in secure detention, and youth development centers (youth prisons) all learning to see themselves as criminals during their childhoods while many of their parents languished in prisons on drug charges and mandatory excessively long sentences.

The judge's reforms were so successful author Peter Edelman described what occurred in Clayton County as a national model for juvenile justice reform and the decriminalization of youth (Teske, 2020). The reformed practices produced the following outcomes: (a) detention rates declined by 77%, (b) detention rates among Black youth declined by 63% (all the other races/ethnicities made a complete escape), (c) the average

daily detention population was 62 in 2002 and is presently at 14 (2020), (d) commitments to state custody have declined 71%, (e) commitments among black youth have declined 68%, (f) school-based arrests among black students have declined 91%, (g) status offense filings have declined 90%, and (h) probation caseloads have declined 83%. The conservative judge expressed concern about the appearance of these outcomes looking soft on crime, but the total number of delinquency filings has decreased by 82%, and the total number of felony filings has declined by 64% (Teske, 2020). The children were released back to their communities.

As in most states that were successful in completing juvenile justice reforms that included any shifting or scaling up of evidence-based programming, the state of Georgia had a great deal of leadership from the top to achieve some desired and required reforms. After what had been remarkable juvenile justice system reforms in Clayton County, at the request of Governor Deal, Judge Teske joined the Governor's Criminal Justice Reform Council, apparently around 2011.

Governor Deal eventually convened an extensive array of stakeholders including the Chief Justice of the Supreme Court of Georgia, a juvenile court judge, a superior court judge, a state court judge, legislators from both chambers and from both parties, a prosecutor, a defender, President of the state bar, and members of law enforcement (Teske, 2020). Many other contributors included staff from the following organizations: Prosecuting Attorney's Council, Sheriff's Association, Chiefs of Police Association, Department of Education, Public Defenders Council, Association of County Commissioners, Corrections, DJJ, Department of Behavioral Health, and the Criminal

Justice Coordinating Council. Several public agencies attended as well as various private and non-profit organizations that specialized in either children's issues or policy development were invited and did attend. These included: Voices for Children, Barton Law Clinic of Emory University Law School, Justice for Children, Georgia Appleseed, and the Georgia Policy Foundation. This is an inclusive list of stakeholders in juvenile justice in Georgia, but is extremely revealing of the lack of an evidence-based youth/human services community in Georgia, which at this time seemed only me, an African American science-based youth/human services administrator by profession, yet an isolated alien relegated to advocate status.

Using the four-factor decision-making process, Governor Deal, and undoubtedly Judge Teske, led their tremendous reform committee to the state's juvenile justice reform, reducing youth incarceration by 60%! However, given a missing broad, professionally developed human services/mental health sector in the state, may be part of the reason the Georgia legislators likely failed to allocate funding for rehabilitative programming, and vice versa (the lack of funding for human services is why there are few professionally developed human services; Kelly, 2018; Teske, 2020). Georgia legislators also likely failed to create an equivalent research office to that of Washington, Maine, Pennsylvania, apparently Texas, and Florida (GA DJJ, 2022). The Florida Office of Research and Data Integrity is believed key to maintaining evidence-based programs, practices, and policies in Florida. A similar Juvenile Justice Advisory Board within the Georgia Department of Juvenile Justice (GADJJ) whose responsibilities include measuring and reporting the effectiveness of juvenile justice programs is required. The state may also lack an

equivalent Office of Program Policy Analysis & Government Accountability that includes audits and evaluates all aspects of GADJJ, which researchers believe plays a significant role in Florida. Florida was also heavily supported by the evidence-based community; this kind of support and encouragement may be missing in Georgia.

However, GADJJ and Emory University (although seemingly the law school) was a participant in the JJ-TRIALS, which suggests some possible remaining connections to an evidence-based support system but may be insufficient for an ongoing full scaling up of evidence-based programs.

Unlike Florida, Georgia has never spent a billion dollars on the incarceration of children, but most of the \$350,000,000 GADJJ budget is still allocated to secure facilities (GADJJ, 2022). Similarly to Florida who as of 2018 still had at least 1,600 annual transfers of youth to criminal court and likely more (OJJDP [NRS], 2011), followed by many harsh long life-taking prison sentences, both Texas and Georgia are likely to have a counterpart to this number, an unknown number of transfers and direct files of mostly Black youth, most with mental health disorders per life of trauma, who could have and should have been successfully treated in their communities earlier, but were removed from their schools early, then from their communities and sent directly to criminal court and on their way to long harsh life-taking prison stays, still in need, and even more in need of mental healthcare. These are some of the state-funded remains of the African American community.

Booker T. Washington said African Americans were 33% of the population during his adult life, but are now 12.4% to 14% counting all mixtures (U. S. Census

Bureau, 2020). If this was the national goal, or states' rights to this goal, it was well done. If not a state or national goal, and *get-tough era laws* were in error, these must be corrected. Georgia's or any state's school-to-prison pipelines were not fully covered in this literature review. However, Judge Teske, has testified before the U.S. Senate Subcommittee on the Constitution, Civil Rights, and Human Rights: Subcommittee Hearing on Ending the School-to-Prison Pipeline (Teske, 2012), and published several articles on this topic or including the topic (Teske, 2020; 2011; 2005; Teske & Huff, 2011; 2010). Testimony and confession are good for the soul, and for human development.

Although Georgia has a much lesser infrastructure to support a full scale-up of evidence-based programs in the state, nevertheless, according to Elliott et al (2020) the state of Georgia is implementing two Blueprint programs, FFT and the Strengthening Families 10-14 Program. The programs are being implemented similarly to Florida's Project Redirection Program which utilized MST and FFT in the removal of low-risk youth from secure facilities and returned them to their communities with notable success (Hay et al., 2018; Elliott et al., 2020). Remarkably, the states of Texas, Florida, and Georgia have begun scaling up evidence-based programs. Not found within this literature review, an important question is, does either state have reviewable outcome data?

Should States Use Brand Name Evidence-Based Program Models and/or Generic Brand Evidence-Based Programs and Practices in Scaling Up?

Elliott et al (2020), both researchers and purveyors of brand name evidence-based program models, and other researchers and purveyors (Lipsey, 2020) having created an

evidence-based services assessment instrument, continue debate on why their products and services are the most viable option for states' use in a following suit on scaling up their juvenile justice systems into evidence-based programs and practices. This is a viable debate that offers pros and cons for each method of reforming juvenile justice system programs and or practices. However, Welsh et al. (2014) evaluated both approaches and found both brand-name programs and meta-analyses (SPEP) to be rigorous and transparent in advancing evidence-based practice in juvenile justice systems. States must take an assessment of their own needs and consider the merits of both approaches.

Evidence-based prevention services in communities are the gold standard of community mental health systems. Professionally developed science-based services can and should produce measurable outcomes that significantly lower the risk of delinquency and status offenses alike. Communities-that-Care (CTC) after the inclusion of all evidence-based programs is an example, but most communities do not have such services (Elliott et al., 2020; Fagan et al., 2019). Thus, the focus of an important debate in the evidence-based movement for juvenile justice systems, is regarding youth who have already crossed the line into the judicial system, usually having been arrested.

Within this review of the literature, the standard of services for juvenile justice systems was presented as effective in reducing recidivism rates at the lowest cost (Elliott et al., 2020; Hartwell et al., 2010; Hay et al., 2018; Lipsey, 2020; Roque et al., 2014; Teske, 2020). The analogy of whether brand name or generic program services should be scaled up to meet the needs of youth once within the judicial system, is framed well and answers itself. All state shoppers must shop carefully after taking an assessment of their

own needs. For states with large numbers of youth being brought into their judicial systems, and likely have few if any science-based community services, they will receive a large cost savings by buying into the commercial brands, where they will receive full assistance in development and implementation from the ground up. Start-up costs can be expensive, but much less than current practices in funding and certainly in the lives of vulnerable youth. For states whose goals are to reduce recidivism and return youth to their communities, prepared programs that include technical assistance and supervision will be the best approach. Blueprint programs will assist in necessary human resources development. Recruitment of human services specialists and social workers in necessary numbers to the scale of the problem will be required for training and development. The formally excluded science-based human services administrators will be needed to lead the expansion on the ground and maintain the operations.

Although few states are proficient in evidence-based services, especially among states with the most need, some states are better equipped and have community mental health agencies with professional providers in place, including clinical social workers, professional counselors, and some with psychologists and psychiatrists on staff, all who are undoubtedly practicing their professional skills to the best of their abilities. All these states may require is to evaluate these services for effectiveness, any measurable outcomes, and if sufficient, increase existing services to meet the size of the problem; a proficient human services administrator in developmental science and administrations will be the most efficient means to the expansion; no need for implementation science purveyors.

An important consideration for researchers and practitioners who support that scientific evidence should be utilized in the development of all state human services systems, from public health systems, public school systems, behavioral health systems, child welfare systems, and certainly juvenile justice systems is that all these institutions could and should have measurable successful outcomes, but most do not (Elliott et al, 2020; Fagan et al., 2019; Lipsey, 2020; Welsh & Greenwood, 2015; Henggeler & Schoenwald, 2011). How can this change if this unsustainable fact is rarely acknowledged? It does not always require a randomized controlled trial (RCT) to determine if a program has been effective, and certainly not to determine if human services programs are ineffective or worse. Within juvenile justice systems, if effectiveness in alleviating recidivism rates is the standard of service, should not those programs and practices found to be ineffective and certainly if found iatrogenic or harmful, be defunded and eliminated? How can state leadership accept that their practices are damaging and largely contributing to the problem they want to resolve, if those who can resolve the problem will not be honest with them?

Within a debate about best practices for juvenile justice program reform, a lack of acknowledgment of the urgent need for reform is more than remiss. The lack of acknowledgement of the urgency for reform to evidence-based practice in public sector services is also supportive of that which must be replaced. The complex trauma of being away from home, school, and community, and often confined in dangerous conditions, often for extensive sentences, and during critical stages of development are experiences no child should suffer. An emotionally traumatized 14-year-old is not an adult.

Researchers are aware of the severity and injustice of the problem and often say so, but rarely if ever testify in Congress. Henggeler and Schoenwald (2011) said:

In general, the vast majority of current juvenile justice services has little empirical support or exacerbates antisocial behavior. These include processing by the juvenile justice system (e.g., probation), juvenile transfer laws, surveillance, shock incarceration, and residential placements (e.g., boot camps, group homes, incarceration). On the other hand, several effective treatment programs have been validated in rigorous research. (p.4)

Prevention scientists have acknowledged that the greater problem in scaling up evidence-based programs is the lack of federal and state legislation mandating this requirement, as opposed to only recommendations (Crowley & Scott, 2023; Fagan et al., 2018; Henggeler & Schoenwald, 2011). State juvenile justice professionals themselves have said they must have federal mandates (Willison et al., 2010). Bringing legislators together with researchers has been proposed as an essential component of scaling up evidence-based programs and practices within state juvenile justice systems. However, until researchers help juvenile/criminal justice system administrations understand that they will still maintain significant state juvenile justice resources once most youths are returned to their communities, this transition to the use of science is forestalled, as are the lives of the most vulnerable among overwhelmingly African American youth.

Theoretical Framework

The synthesis of psychoanalytic theory and bioecological systems theories provided a comprehensive framework for this study of the use of evidence-based

community mental health programs because the two paradigms are the foundation of developmental science, and developmental science is the foundation of evidence-based programs. This systemic literature review on how states are using evidence-based programs provided three sciences that are in existence for the purpose of scaling up evidence-based interventions in U.S. human services public sector institutions, including juvenile justice systems. Two of these sciences, both prevention science and intervention science have their foundations in developmental science.

Intervention and prevention sciences are advances in developmental science. These sciences are the continued study of how human personality develops, or human development, and regardless of how far these sciences may have advanced, it would be difficult not to trace the origins of any new developments in these sciences to the intense analyses completed and documented in psychoanalytic theory (Adler, 1938; Freud, trans. 1962a, trans. 1962b, 2006 version; Jung, 1916). However, other developments in developmental science were achieved, and appear almost inadvertent to the seminal psychoanalytic theory, yet the evolution of ecological to bio-ecological systems theories and Kohlberg's (1994) cognitive theory of moral development, are both inevitably extensions to the core findings of the seminal human development paradigm, psychoanalytic theory.

Only about a hundred years earlier, Freud published his first of twenty-four volumes of theory on pathological and normative personality development. Today much of his work is supported by the findings of empirical research in developmental science (Fine, 1962; Hardy & Laszloffy, 2005; Kelly, 2010; Matsumoto, 2001). The evidence of

desired outcomes produced from evidence-based community mental health programs (EBPs) that have the capacity to prevent delinquency, as well as provide intervention in established emotional/behavioral disorders, including more severe mental illness, is so, because we understand the etiology of human personality, how it develops strong and healthy as well as how and why it evolves abnormally or becomes dysfunctional. Because of greater understanding of mental, emotional and behavioral disorders (MEB) risk and protective factors can be targeted within the ecology of the developing person, from the micro systems of home, school, and community to the macro system including state and U. S. policies (Bronfenbrenner, 1994; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2000; Fagan et al., 2019). With consideration to these environmental variables, we can anticipate developmental outcomes (Bronfenbrenner, 1994; Bronfenbrenner et al., 1986; Fagan et al., 2019). Without psychoanalytic theory and bioecological systems theories, prevention and intervention sciences would have a long way to go, and evidence-based programs would be improbable without these critical building blocks, on which these sciences stand.

Prevention scientists have environmental models that permit the intervention of mental health symptoms two to four years before diagnosable mental disorders (Gottfredson, 2018), and because these illnesses are environmental, originating from the environment, are preventable (Fagan et al., 2019). Bronfenbrenner had hoped for continued development of these models (Bronfenbrenner & Evans, 2000), and his hopes were realized. Not only working models in human development, but also affirming, the seminal theories of human development are no longer theoretical, but demonstrable

principles of developmental science, also indicated by ease of synthesis of the two paradigms, presenting no theoretical conflicts, but a practical model. Nevertheless, although the developmental models have continued and developmental science is empirical, these advances are minimally utilized in U. S. institutions and at the population level of society (Elliott et al., 2020; Fagan et al., 2019; Gottfredson et al., 2018; Kelly, 2010; Lipsey, 2020).

Concern and frustration regarding the advances in the social sciences not reflected in society were also expressed during the Great Depression (Dewey, 1998), as Dewey longed for greater human advancement. Before Dewey's concerns, even earlier, Freud had expressed similar disappointment by much of humanity's ongoing practice of living off of each other. In at least three different places in time and place, Freud, Dewey, Kohlberg, and Bronfenbrenner were all distressed by what they saw as a lack of human advancement and hoped for greater levels of human development and democratic organization. The concern that science follows society (Kessen, year, as cited in Bronfenbrenner et al., 1986), as opposed to society being guided by science was more recently expressed in propaedeutic discussion, and there were those whose hopes for the future lay in science taking the lead in guiding society (Bronfenbrenner & White, 1986 as cited in Bronfenbrenner et al., 1986), but these concerns remain an ongoing challenge in American society. Indeed, why not evidence-based solutions to juvenile delinquency, a resolvable community mental health problem?

Freud, Dewey, Kohlberg, and Bronfenbrenner, all saw mental health and human development as a continuum, as a matter of degree of mental health or stage of

development, not only for unique persons but for societies and humanity as well. All were disappointed at humanity's current stage of development. They were dismayed at society's lack of use of science, particularly social science, and concerned for the future. Many social scientists today, particularly intervention and prevention scientists share these historical frustrations that science is not broadly utilized at the population level, an unnecessary cost of human lives, and stifling in human development. However, whether utilized, there will be continued developments in understanding how human personalities grow and change, and new developments will inevitably be offspring of the fundamental paradigms of psychoanalytic theory and bioecological systems because human beings will remain human, at least for some time to come, unless we do not (our journey is not predetermined; Bronfenbrenner, 1986, as cited in Bronfenbrenner et al., 1986; Dewey, 1959).

Freud's psychoanalytic theory remains foundational in developmental psychology, and Bronfenbrenner's bioecological model broadened the framework into developmental science. Thus, the synthesis of the two paradigms, places a likely impenetrable floor and scope on human development. Difficult to imagine any advancement in human development without touching the foundation or framework provided within the dynamics discovered and posited in these two paradigms. Understanding the drivers of both competent and dysfunctional personality development is the foundation of both effective preventative human services and interventions for corrective human development, largely circumventing mental illness including delinquency and promoting mental health, social skills, and progressively higher levels of

human functioning. Not only the SPEP or other meta-analyses, but the complete synthesis of psychoanalytic theory and the bioecological model provide guidance for examination of evidence-based programs and practices or lack thereof in any human services system, including U. S. Juvenile Justice systems (Allen et al., 2007; Bohn & Berntsen, 2008; Bos et al., 2008; Bronfenrenner, 1994; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Evans, 2000; Dunn & Mezzich, 2007; Fine, 1962; Fleming et al., 2008; Freud, 1962a, 2006; Ganiban et al., 2008; Hardy & Laszloffy; 2005; Hirsh, 2005; Kerr et al., 2008; Orth & Robins, 2008; Parke et al., 2006; Richmond & Stocker, 2007; Salkin, 2008).

Despite and because of a significant framework, science moves forward. There have been and are many more important contributors to what is known about the development of human personality, or we would not have the current achievements in both prevention and intervention sciences. Some other contributors from the old and older schools are: Adler, Bandura, Bowen, Colby, Dewey, Ellis, Erikson, Fine, Jung, Kessen, Kohlberg, Maslow, Piaget, Rogers, Skinner, Watson, and many more. Some others from the later or new school are: Abram, Albee, Atwater, Barnum, Bernfield, Blasé, Braukmann, Cairns, Carr, Cauffman, Ceci, Cladis, Costello, D'Andre, Daniels, Dishon, Doll, Drerup, Dryfoos, Dulcan, Dunn, Elder, Evans, Fagan, Ellickson, Elliott, Farrington, Hardy, Huzinga, Fazel, Fixsen, Greenwood, Grisso, Henderson, Henggeler, Hoglund, Kalogerakis, Karnik, Katner, Kirigin, Laszloffy, Leadbeater Leidy, Leschied, Lewis, J., Lewis, M., Lipsey, Loeber, Mapson, McClelland, Murrie, McDowell, Mericle, Mezzich, Ng, Parke, Ramp, Ryan, Scott, Steinberg, Stormshak, Szapocznik, Swenson, Teplin, Thornberry, Tolan, Turner, Vincent, Wilkinson, Wilson, Wolf, and many more.

Developments in understanding the etiologies of both normative or competent human personality, as well as advances in understanding how development goes wrong and into abnormalities and dysfunction will continue, nevertheless, on the foundation and within the scope of the synthesis of psychoanalytic theory and bioecological systems.

Psychoanalytic theory necessarily describes the dynamics of how normative human personality develops, but is foremost, the diagnosis of the etiology of most mental illnesses or how abnormalities in personality advance (Fine, 1962; Freud, trans. 1962a). The psychoanalytic paradigm posited the origin of abnormalities in mental health is primarily a result of early traumatic experience(s) during infancy to early childhood. However, psychotic illnesses often do not manifest with symptoms until late adolescence (e.g. schizophrenia, bipolar disorder). Although most mental, emotional, and behavioral disorders (MEB) do not manifest as the more severe psychotic illnesses, psychoanalysis is the treatment modality developed and recommended for the cure of much of neurotic and some psychotic illnesses. Today, variations of psychoanalysis, and psychodynamic therapies, are still needed to assist youth who have suffered trauma, which are most youth in secure facilities. If they had not suffered traumatic experiences before being incarcerated, being incarcerated, especially during youth, is itself often traumatic, and can be causative in mental illness (Abram et al., 2003; Grisso et al., 2003; Karnik et al., 2009; Murrie et al., 2009; Ng et al., 2011). At best, incarceration is rarely helpful (other than when posing a danger to him or herself or others, and then hopefully professionally done). In addition to the understanding that developmental science has brought to bear on the youth in the judicial system, psychoanalytic theory also brings analysis for

understanding the development of the current state of juvenile justice systems, as well as why states may or may not be using the scientific evidence in reforming their juvenile justice systems' policies, programs, and practices to meet their stated goals.

Freud (trans. 1962a; 2006 version) posited that conscience (super-ego) is developed from identification with parental values, not necessarily moral values, but nevertheless, a value system inherited from parents and forefathers (inherited through close interactions with parents, not through biology). However, the developing person has the capacity to grow cognitively, overcoming emotionally driven values, through the ego's conscious perception, developed through its variety of interactions thus far. Whether values formed from emotion can or will be overcome by the ego's conscious perception, is determined by the quality and variety of elongated developmental interactions (proximal processes) thus far, and the ongoing variety of the human experience.

Bronfenbrenner's (1979; 1986) theories and evidence of the salient role of varieties in human interactions and the effect of distinct social systems (the micro, exo, meso, and macro systems) can be construed, or, are in fact representative of the role of culture. In addition, the role of chronosystems also affirms the role of heritage, or history of culture, brought forward by the superego or subconscious conscience (Freud, trans. 1962a). Thus, not only present culture, but the history of the culture of the developing person facilitates or hinders personality development. Our character is the summation of our ancestors' belief and value systems and our current and ongoing interactive experiences, until, and if, we pull ahead of those who came before us, if we gain the ego

strength through our unique variety of life experiences in different roles and settings (Bronfenbrenner & Evans, 2000). Global society is in a stage those in power have created accordingly to their belief systems and values, often from a past they may not have overcome.

Limitations of this Study

Within this systemic literature review, I provided an extensive history and overview of the U. S. Juvenile Justice System and examined how states are utilizing evidence-based interventions in policies, programs, and practices at the state and local levels within their unique juvenile justice systems. This review of the literature began with a broad general overview by researching the term juvenile justice and evidence-based programs, which presented a number of critical issues within the system, including high rates of mental health disorders among youth in most state juvenile justice systems, continued severe racial disparities, and continued dependency on incarceration as a primary placement of youth, despite decades of evidence that alternatives should be utilized to circumvent recidivism rates, and for humane practice to save lives.

A limitation of this study may be the methodology itself, a systemic literature review is limited in assessing states' usage of various policies and programs as opposed to surveying state personnel, reports, or other insiders to this information. However, the extensive coverage of the literature fielding at least twenty years provided important insights on which states are using the evidence in resolving delinquency, and how they are using it, but also provided a concerning overview of U.S. Juvenile Justice systems. Some may see the inclusion of context as a limitation, but is relevant to understanding the

scope of the problem. The culmination into the current use of research in policies and evidence-based programs in several states are important findings. However, the findings are limited by the inclusion of few empirical studies of state juvenile justice systems and programs, and only two that could provide outcome data from EBPs. The large number of peer-reviewed articles answered the research question, but with limited clarity on ratio of state needs to actual program use among the roughly 12 to 15 states using research and evidence in juvenile justice system programs to an impactful extent.

**Implications for Social Change in U. S. Juvenile Justice Systems
and Evidence-Based Human Services/Community Mental Health Services**

This systemic literature review was used to understand how states are using evidence-based interventions in U.S. Juvenile Justice Systems and found most states are not using science-based interventions to have any measurable impact on delinquency prevention or intervention. However, among the roughly 12 to 15 states that are using science in their juvenile justice systems and even more so among states that are using prevention programs in communities, these efforts are being measurably successful. After decades of advocacy and activism by both public and private sector organizations, including the Federal government, and a few Supreme Court decisions, many states are beginning to respond to the call for a more humane juvenile justice system that utilizes science in response to juvenile delinquency.

Most delinquency has been recognized as resulting from a variety of mental health disorders, and evidence-based human services/community mental health services are the most effective means of intervening to resolve and to prevent delinquency. Thus,

the more basic implications for social change in U. S. juvenile justice systems and science-based human services and/or community mental health services, is that U.S. Congress should accept its responsibility to the nation's youth and legislate the requirement of evidence-based treatment programs and allocate much of the funding, and states will heed the new federal statutes.

Although moving in the right direction, as the nation significantly reduced iatrogenic youth incarceration rates over the last two decades, the United States remains straddled in its decision on whether children who breach or break the law deserve recovery from their disorders, disciplinary measures where no disorders exist, or in both cases, should receive the current severest of punishments for their misdeeds or crimes. Currently the severest of punishments are deemed warranted, but only in some states, while unwarranted in other states, but overwhelmingly warranted in any state if the youth is among the minority, and especially if an African American, followed by being Native American, then Latino.

This literature review provided considerable evidence on the history of the development and maintenance of DMC/REDS, extremely disproportionate rates of minority youth in the justice systems, and in secure confinement. Not the least of evidence, is the reporting from a conservative Republican, the Honorable Judge Steven Teske's accounting of how the extreme juvenile justice legislation of the 1980s and 1990s originated from racial animus after the civil rights and voting rights legislation.

In addition, after dog whistle racial politics and misguided rationales provided by two social scientists, Martenson, and Dulilio after a rise in juvenile crime rates. All these

supported conservative politicians in their emotionally held values that African American youth are super predators deserving severe punishments. After the extreme legislation, the unequal rates of minority youth, and particularly black youth increased at each decision point in juvenile justice processing culminating in severe disproportional rates of secure confinement in detention centers, youth development centers (youth prisons), jails, boot camps, and in the adult prisons. While the crime rates of African American youth may be disproportional to their percentage of the population, considering other environmental variables, including higher poverty levels, poorer schools in predominantly black communities, and higher unemployment rates, yet controlling for these factors, the crime rate among African American youth could not account for their severe rate of incarceration, five times the rate of those among the majority whose reported drug offenses are higher than those of African American youth, who are overwhelmingly those incarcerated for these offenses as well.

The greater implication of not only this study, but from the overwhelming body of science investigating U.S. juvenile justice systems and the youth within these systems, is the United States must decide whether it will truly accept the science as it has begun, and join the world that it leads, and ratify the Convention on the Rights of the Child, for the sake of U. S. children, especially for the long-suffering severely over-punished minority children, including the severe cost to the future of the remaining African Americans, and for the sake of the world. Secure confinement remains the mainstay of most state juvenile justice systems throughout the nation, despite known severe iatrogenic effects, including

increasing mental health disorders and suicidal ideation and follow through, and increasing recidivism rates.

The children of the nation deserve equal rights and equal protections under the law within a unified U.S. Juvenile Justice System. Certainly, something as severe as a minor being prosecuted and sentenced in criminal court should be a unified decision across Federal law, not because a person lives in Florida, Georgia, or Texas or one of a few other states that still automatically prosecute minors in criminal court, or leave the decision to prosecutors especially if they are an African American, American Indian, or of Latinx race/ethnicity. Some of the more basic implications of this study are regarding basic human and civil rights, all of which would be addressed once the United States joins the world and ratifies the United Nations' treaty on children's human rights, the Convention on the Rights of the Child, the CRC, respecting and honoring the lives of all children of the United States. As a priority, the JJDPa must be reauthorized including all tenets of the CRC, and become the enforced Federal law of the land to which all U.S. states must be held accountable through the renewed Authority of the Office of Juvenile Justice and Delinquency Prevention must be granted oversight, and the U.S. Department of Justice.

Recommendations for Practice

Within this examination of how states are using evidence-based interventions including evidence-based human services/community mental health programs in their juvenile justice systems, one of the more common findings was the rationale of many state juvenile court judges and other state officials for their lack of use of research and

evidence-based interventions. The more common explanation was the services that provide evidence of effectiveness in reducing delinquency recidivism rates are minimal or do not exist within their jurisdictions. The lack of availability of evidence-based community mental health programs is cyclical; there is no demand for the programs, so there are no programs. The lack of demand is the reason for the minimal availability. The lack of demand is indicated by the lack of federal, state, and local investment in the development of science- or evidence-based human services community mental health programs that are demonstrated as preventative and effective in the treatment and resolution of delinquency.

Since delinquency has been determined the result of a number of preventable and treatable mental health disorders, and incarceration has been found to have iatrogenic effects on youth, and increase recidivism rates, reasonably, funding for traditional juvenile justice programs and practices must be redirected to the development and administration of evidence-based prevention and treatment programs. Block grants, pay-for-success and social impact bonds, as well as adjustments in Medicaid structuring, have all been proposed as funding streams to begin evidence-based programs and all should be pursued. Prevention and intervention scientists have recognized the problem and are determined that evidence-based policies, programs, and practices must be scaled up into public sector human services delivery systems for the sake of public health, and see juvenile justice systems as a priority, yet scientists remain relatively stagnated in their efforts to proceed.

Some intervention scientists have turned to implementation scientists to help facilitate the transition to the use of evidence-based practices in public sector human services delivery systems, with juvenile justice systems as a priority. They hope that through the methods of implementation science, current personnel within juvenile justice systems will be sufficiently retrained on the job and brought up to capacity to deliver the science-based services. Ironically, implementation science is needed because of a lack of use of science. Within many, if not most states, public sector human services systems have been and often are largely administered by political operatives, often lawyers, as opposed to professionals in the fields of the required services. Because of a lack of leadership in the professional field, many state institutions continue to fall further behind in professional practice, as science advances. The results are unnecessary declines in public health and increasing mortality rates, and many of these effects are among youth in juvenile justice systems.

The SPEP instrument may be considered a form of implementation science designed specifically for the improvement of juvenile justice system programming. Intervention scientists understand that less than highly qualified personnel from the behavioral sciences are often most of those providing services within juvenile justice systems, so see implementation science as a possible solution, that current personnel can be evaluated, and receive on-the-job training, under close supervision. Implementation science strategies including the SPEP may eventually gain a greater level of success, however, just as medical doctors are more effective than interns, and teachers are more

effective than substitutes, the highly qualified behavioral science practitioners should be prioritized to provide the science-based interventions.

Prevention scientists believe Federal and state mandates would be the most efficient means of scaling up evidence-based practice in the public sector. And some researchers have offered their findings on how best to get policymakers to use scientific findings in policymaking. Nevertheless, the mandates for evidence-based policies, programs and practices, are not all forthcoming in juvenile justice systems, but progress has been made. However, once the mandates for evidence-based programs and services are in place, this will fulfill the demand, and the supply of sufficient numbers of science-based practitioners must become available.

As a science-based, youth/human services administrator, I see the scale-up of evidence-based services in the public sector as critical to public health as other intervention and prevention scientists. I understand the need for implementation science, including SPEP, and understand the need for Federal mandates to bring state mandates for evidence-based practice in juvenile justice systems. However, I see human resources development, the development of more evidence-based personnel as the more critical component of scaling up evidence-based practice in juvenile justice systems, and in public sector human services delivery systems in general, particularly child welfare systems.

Because MST and FFT therapies, and Multidimensional Treatment Foster Care, are specialized models that have been repeatedly evaluated and produce evidence of effectiveness in alleviating emotional/behavioral disorders, the science behind these

models can be and should be taught rigorously beginning at the undergraduate level and advancing in the graduate and post graduate levels. The professional development of effective human services specialists, social workers, counselors and all behavioral health personnel including psychologists and psychiatrists, should be enhanced with a foundation in developmental science. I had an opportunity to survey more than ten members of the American Psychiatric Association and found no one among them to have any familiarity with the name Bronfenbrenner, nor his developmental theories. Most were familiar with the name Freud, but those I asked directly, acknowledged they had little if any understanding of the etiology of normative personality development (American Psychiatric Association Mental Health Services Conference, 2022). However, most of this small purposive sample of psychiatrists indicated they believed mental health is largely a product of environments, but with two indicating they believed mental illness to be primarily hereditary and or biological in origin. All but one believed most Federal funding for mental health research and treatment is invested in a medical and pharmaceutical model as opposed to psychotherapeutic treatments. It was unclear if they considered this paradoxical.

Understanding the psychodynamics of human development is important to both prevention of mental disorders, and mental health treatment, as indicated by the effectiveness of both prevention and intervention sciences and their psychodynamic therapies. All mental health treatment, including psychodynamic therapies, which in most cases include an understanding of the role of trauma, must nevertheless be assured to

include the integration of trauma-informed practice within all service sectors (Ko et al., 2008), including those utilizing a largely medical model in treatment.

Ideally, the goal of utilizing best practices within the nation's public sector human services systems would be sufficient motivation for the prioritization of evidence-based practices. However, also, if the United States wants to remain among the leading nations, it must invest more in science-based practices in human development, and divest from unhelpful to iatrogenic practices in public sector services. The nation must pursue prevention systems. Prevention services systems like Communities-That-Care (CTC) should not be left to chance, and provided only in a few states or jurisdictions that care, but should become a staple of communities in all states, similarly to hospitals and schools, and the prevention systems must consist of evidence-based prevention and intervention services.

Within states who have successfully scaled up evidence-based programs and practices within juvenile justice systems, there have been (a) strong leadership at the top, (b) buy-in from key groups and all stakeholders including the judiciaries, (c) evidence-based assessments of youth risks, and needs including the prescreen Youth Assessment Screening Instrument (YASI), the risk-need responsivity assessment (RNR), and the Positive Achievement Change Tool (PACT), (d) collaborative relationships between juvenile justice system agencies and public and private sector child-servicing agencies, and (e) a matrix of community, evidence-based treatments and services. To establish strong leadership at the top, there must be an initial motivation, if not spontaneous as it were in Massachusetts, Maine, New Mexico, Washington, Pennsylvania, and Georgia

and possibly Ohio, Texas, and Florida. Because intervention and prevention scientists are highly motivated, some have proposed that getting researchers together with policymakers improves opportunities for evidence-based policymaking (Crowley & Scott, 2023; Cavanagh et al., 2022). Models like PROSPER (PROmoting School-community-university Partnerships to Enhance Resilience) which organize local communities around resolving social problems including introducing evidence-based practices could provide a beginning to state organization. This kind of community organizing could offer opportunity for the more direct exchange between researchers and policymakers, following the example of the Research-to-Policy Collaboration (RPC) model out of Penn State University (Crowley & Scott, 2023). These models may assist researchers in gaining support from communities and from legislators themselves, which could result in strong leadership at the top.

Bringing communities together with researchers, and policymakers to the table with researchers can lead to gaining strong state leadership at the top to champion evidence-based programs in juvenile justice systems. Once collaboration is achieved, and strong leadership among state officials is established, it may be possible to follow the Florida model in creating a similar state in-house research office within the Department of Juvenile Justice. Hay et al (2018) believe the Florida Office of Research and Data Integrity is key to maintaining evidence-based programs, practices, and policies in Florida. State governments should responsibly seek and have in-house access to research on important issues that affect human lives.

Some researchers suggest the last 20 years have been the fourth wave in juvenile justice reform since the beginning of the juvenile court (e.g., Cavanaugh et al., 2022). After the third wave, the get-tough era of the 1980s and 1990s, the United States has managed to reach a state of juvenile justice reform based in developmental science and neuroscience. Although still a way to go because many of the get-tough era laws and practices continue within many states, progress has been made. Even as roughly only about a quarter of states utilize research- or evidence-based programs to any statewide impactful level, the glass is also half full; incarceration of children has been reduced by more than 70% since the 1990s. However, after extensive research, two primary threats remain to the life-saving developmental reforms in U.S. juvenile justice systems: (a) racial bias, and (b) uncoordinated goals between juvenile justice systems and other child-serving agencies and institutions (Cavanaugh et al., 2022). If rigorously and consistently pursued by those seeking a science-based juvenile justice system, the conclusions drawn and presented in the aforementioned recommendations can overcome the threats of history repeating itself.

Recommendations for Future Research

This overview of U.S. juvenile justice systems and systemic literature review of how states are utilizing evidence-based interventions to resolve delinquency has provided insight on which states and how much states are using research and scientific evidence in their juvenile justice system policies, programs, and practices. However, while helpful, this study still leaves much to be understood about system-level factors that affect the

national dissemination of evidence-based interventions within juvenile justice systems (Fagan et al.,2019).

Many agencies and organizations continue to work toward a more humane science-based U. S. Juvenile Justice System. Among these agencies are the Coalition for Juvenile Justice (CJJ), a national organization of state advisory groups (SAGs) whose goal is preventing children from becoming involved in the judicial system. The CJJ also advocates for the highest standards of care for children who are charged with law violations, and seek to help the children and their families improve opportunities to live safe and healthy lives. Because SAGs are juvenile justice advisory groups within each state, these advisors are a likely wealth of information on how their state is or is not proceeding in the development and use of evidence-based programs and practices, and to the extent, their state continues to rely on secure confinement of children. Thus, surveying these state advisors can provide greater insight to the specific kinds of programs being used in their states, as well as their views on the limitations or obstacles preventing greater dissemination.

Because racial bias has always been a critical factor in juvenile justice system practices, and central in the development of the extreme juvenile justice policies and practices of the late 1980s' and 1990s' get tough era, and because many of these policies and practices continue in many states, future research must seek further understanding of the drive for discrimination on race and ethnicity. As racial bias continues to be the greatest threat to the fulfillment of an evidence-based U.S. Juvenile Justice System, greater understanding of the psychodynamics of racial bias must be pursued. Severe

racial bias is not just a product of the United States, but still exists to varying degrees across heterogeneous populations.

In the Netherlands, minority male youth are in secure facilities well above their representation in the general population (Komen & Schooten, 2009), similar to African American youth. The findings from at least one study showed that forensic behavioral experts and social workers interpreted youth crime among ethnic minorities more harshly than similar crimes of equal seriousness by native Dutch youth within written reports. Researchers found a general perception that minority boys required harsher punishment.

Researchers must not shrink away from the uncomfortable, but seek a greater understanding of the motivations behind racial bias. This is important because it becomes harmful systemic racism approaching the psychoses demonstrated in Hitler's ideology (death sentences for youth until 2005; life without possibility of parole for adolescents where no life was lost in the crime; 13-year-old children in criminal court and with minimal legal assistance (you must be 14 years old to be in juvenile court if adhering to the UN CRC); children in jails and imprisoned with adults; children no longer recognized as minors; \$6 billion to incarcerate children). Researchers must identify the developmental processes of racial prejudices and document the origins and costs. A nation is not growing upward or forward while repeating the mistakes of a destructive past.

The documented research will present greater opportunities for public exposure and understanding. Mass media was instrumental in raising racial fears and animus, and must play a greater role in sensitizing the public to what has occurred in juvenile justice

systems. If the public is not made aware of our history or current state in juvenile justice systems, the more likely the nation is to turn away from science and pursue the fifth wave in juvenile justice, and frightfully, perhaps with even more enmity and vigor than the get-tough era. As we come to terms with the necessity of confronting our demons to be rid of them, the stronger the national ego, and thus stronger nation (Freud, 1962a).

Within the JJRRI the REDs component of the interstate project provided detailed analyses of states' racial and ethnic disparities in their juvenile justice systems including assessments of the racial and ethnic compositions of youth at each juvenile justice decision point. Research of these data in each state should be pursued. Vanderbilt University provided technical support in helping juvenile justice system officials to understand how the racial disparities related to risk assessments. The university helped them decide on appropriate kinds of placements and services, including length of stay. Responsible universities with prevention/intervention science faculty could pursue these efforts within their states.

In addition, such qualified universities offering diversity sensitivity training and cultural competency training to police departments and all judiciary staff and personnel would be a remarkable benefit to improving their state's juvenile justice systems. Lastly, but not least of all, local capable universities could assist in measuring outcomes of juvenile justice systems that have begun research-based programming, including cost-benefit analyses. Surveying SAGs for how juvenile justice systems are utilizing evidence-based programs, and/or why not, as well as understanding and reducing racially oriented fears, and measuring and demonstrating benefits of evidence-based programs and

practices to the lives of children and families, at a cost savings are all promising areas of future research. All these research efforts will improve opportunities to develop and maintain a developmental science-based foundation to a unified U. S. Juvenile Justice System.

Conclusions

Within this systemic literature review of how states are utilizing evidence-based interventions to resolve delinquency at least 35 states reportedly have at least one evidence-based program (EBPs) (Welsh & Greenwood, 2015), however, most with minimal use, insufficient to measurably impact delinquency. Only 23 states were identified within this literature review with any amount of use of programs that measurably reduce mental/emotional/ behavioral disorders (MEBs), and effectively reduce delinquency. The states of New Mexico, Maine, Connecticut, Louisiana, and Hawaii reportedly have the highest use by far among states, with the next five states trailing significantly behind the first five states but are significantly ahead of all other states in using the name brand EBPs. The next five of the top ten states in using evidence in resolving delinquency within juvenile justice programs are Colorado, North Carolina, Pennsylvania, New York, and Rhode Island. The remaining 13 states identified or suggested as users of EBPs are Washington, Massachusetts, Missouri, Ohio, Illinois, Texas, Florida, Kentucky, Iowa, Wisconsin, Delaware, Georgia, and Minnesota. Some states are using programs they believe are producing evidence of effectiveness including reducing recidivism rates but are not all from the Blue Prints programs, and may have more use of their own selection of programs. While possible other states have begun use

or have moved ahead in usage there was no evidence found in this extensive sample of the literature that suggested such advances in other states. Most states continue their commitment to secure confinement as the mainstay of juvenile justice systems, and often with extreme sentencing leading to both mental and physical health risks and damages. However, most states have also reduced youth incarceration rates and at least a quarter of states have scaled up evidence-based policies, programs and practices.

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