COLLABORATION IN THE JUVENILE JUSTICE SYSTEM AND YOUTH SERVING AGENCIES:

IMPROVING PREVENTION, PROVIDING MORE EFFICIENT SERVICES, AND REDUCING RECIDIVISM FOR YOUTH WITH DISABILITIES

By

Peter Leone, Ph.D.

University of Maryland

Mary Magee Quinn, Ph.D.

David M. Osher, Ph.D.

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Introduction

In recent years policy makers and the public have been concerned about delinquency and violence, particularly offenses committed by juveniles. Evidence suggests that, although the number of juveniles referred to juvenile courts appears to be increasing, the percentage of juveniles involved in violent crime has remained relatively stable during the 1980s and 1990s (Snyder, 1998). In spite of relatively stable rates of violent juvenile offenses, media coverage and public perception have suggested that there has been a dramatic increase in the rate of violent crime (Center for Media and Public Affairs, 1993; cited in Schiraldi, 1998). One of the consequences of public perception of an increase in violent crime has been the implementation of practices and policies that have little empirical support and attack the symptoms of juvenile delinquency, not the problem itself.

Research shows that the use of single-strategy approaches to addressing issues of violence and delinquency reduction simply does not work (Lipsey, 1992; Tolan & Guerra, 1994). In fact, too many practices in juvenile corrections do not deter future criminal behavior, provide ineffective treatment (if treatment is provided at all), and are not associated with lower rates of recidivism. "Reactive" solutions, such as building more prisons or adding more beds in existing facilities to accommodate those affected by "get tough on juveniles" policies, are not only less effective, but also cost more than proactive approaches such as preventing crime and providing educational supports to offenders and their families (Greenwood, Model, Rydell, & Shiesa, 1996), or to those individuals considered to be at risk of offending.

What does appear to work is a reorientation of services offered by the variety of agencies and organizations that exist in every community to serve youth, including youth with disabilities or who have had contact with the juvenile justice system. Education, juvenile justice, mental health, child welfare, and recreation services may all have a role to play in the life of these youth and their families. Too often, however, youth – particularly "difficult" youth with a variety of challenges, including cognitive and behavioral disabilities – have difficulty effectively utilizing these services. Youth may get shuttled around between agencies that often do not communicate with one another. The services they receive may duplicate one another in some areas and be lacking in others. It is all too easy for these youth and their families to fall through the cracks of already stressed systems.

While change is not easy, it has been shown to work when these agencies make the commitment to collaborate with one another to provide comprehensive, effective services using a positive approach in order to help youth and their families at every stage of need. For some youth, prevention efforts may help to keep them from ever coming in contact with the juvenile justice system and will help them graduate from school; other youth may need more targeted interventions to help them transition out of the corrections system and back into their schools and communities without recidivating.

This monograph focuses on collaborative practices among key agents within the community, including schools, families, juvenile justice, mental health, and recreation. To illustrate that the need for effective collaboration is a fundamental approach, this monograph seeks to frame the problem of how the existing system of addressing students who are at risk for or engage in violent juvenile behaviors fails to work both in the short and long terms. Using examples to illustrate the concepts discussed, this monograph defines collaboration, suggests how it can be applied to prevent and address juvenile delinquency, and describes the risk and protective factors that contribute to a student's resilience or lack of resilience to avoiding problem behaviors. Effective collaboration can help agencies develop approaches

and programs that emphasize and foster positive behaviors. Strategies for creating effective collaborative programs are discussed, as are various collaborative efforts and activities necessary for youth-serving agencies to serve youth with disabilities and others effectively. These efforts are based upon a public health prevention model that focuses on early identification, early after-onset intervention, and intensive individualized services or aftercare within a collaborative system of prevention, treatment, and care. This monograph concludes with a review of strategies recommended to promote and sustain collaborative practices, and a discussion of the costs associated with collaborative practices.

Troubled Youth in Troubled Systems

Children and youth with cognitive and behavioral disabilities face a variety of challenges at school, at home, and in the community (See Sidebar: *Frank*). Frequently, they (and their families) require services from multiple service systems to help them meet the needs they have and the challenges they face. Each of these systems has its own eligibility requirements, intake procedures, and distinct missions (which often are defined by legislation). In addition, each of these service systems is staffed by individuals who have been trained to deal with one particular set of needs through the lens of their particular professional training (Bruner, 1991; Dunkle & Nash, 1989; Osher & Hanley, 1997). For example, Frank's teachers see his learning disability as a perceptual problem and are trained to deal with it as educators. The social worker that is working with Frank's family, on the other hand, sees a family in need of support and applies the tools of a social caseworker.

<u>Frank</u>

Frank, a twelve-year-old with a learning disability and behavioral disorder lives with his grandparents. While Frank has many strengths (he is bright, athletic, and likes to draw), he is getting into increasing trouble at home, at school, and in the community. His grandparents report that he has become increasingly argumentative with them, and that they don't know where he goes after school. His teachers report his poor grades and the fact that he is becoming a disciplinary problem at school. He has been expelled from the local boys club, is starting to experiment with drugs, and is getting into trouble after school. While Frank has a lot of potential, he is vulnerable and will need the

Often services for youths are weak because individual agencies lack the resources or mandate to provide more comprehensive services. The services are also fragmented because each agency has its own eligibility criteria, develops its own case plans, keeps its own records, and does not feel responsible (or authorized) for communicating or coordinating with other agencies. For example, if a group of agency representatives speak about high-risk youth, they may each envision the youth, and the services that the youth needs, differently (See sidebar: *Categorical Focuses of Service Providers*). As a consequence, services can be redundant (youth and their families may be subject to multiple assessments), duplicative (students may have more than one therapist or caseworker), or even contradictory (therapists may provide different messages) (Karasoff, 1998; Melaville & Blank, 1991). Frequently children and families fall through the cracks in and among each of the child-serving systems. Some families, in fact, reject new services, in part because of their past experiences with a fragmented service system.

<u>*Categorical Focuses of Service Providers*</u>

- *An educator sees a disruptive student or one in danger of dropping out;*
- *A mental-health professional sees a troubled youth in need of mental health services;*
- *A health-care provider sees a patient at risk of having a low birth-weight baby;*
- *A social-service worker sees a client who may require links to services;*
- *A police officer sees a potential delinquent or gang member; or*
- *A youth worker may see a youth in need of organized recreation opportunities (Dunkle & Nash, 1989, p. 44).*

These problems become particularly pronounced as youths start to disengage from (or are pushed out of) schools and recreation programs, and as youths encounter the juvenile justice system (Howell, 1998). Often overlooked in the discussion of juvenile crime and responses to it, have been the inefficiencies and ineffectiveness of both prevention efforts and the juvenile justice system in many jurisdictions, which are often due to a lack of collaboration (Krisberg & Austin, 1993).

The U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP), though periodic bulletins, sponsorship of research activities, support for training of justice personnel, and sponsorship of conferences, has attempted to shape practices for youth at risk of adjudication as well as for adjudicated juveniles. Recently, the OJJDP developed and disseminated a *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (Wilson & Howell, 1993) designed to improve delinquency prevention, treatment, and control. The Comprehensive Strategy proposes a three tiered approach to prevention that is consistent with models developed by the Office of Special Education and Rehabilitative Services, and the Safe and Drug Free Schools Program of the U.S. Department of Education (Dwyer, Osher, & Warger, 1998; Quinn, Osher, Hoffman, & Hanley, 1998)

While the *Comprehensive Strategy* has influenced policy and practice in some jurisdictions (Krisberg & Howell, 1998; Latessa, Turner, Moon, & Applegate, 1998), evidence also suggests that "the complexity and fragmentation of the justice system tend to work against the collaboration and continuity necessary to achieve a multifaceted intensive sanctioning system (Altschuler, 1998, p. 381)" called for by OJJDP's *Comprehensive Strategy*. One of the consequences of current practices in education, social service, and juvenile justice is that, while incarcerated, many youth do not receive the collaborative, coordinated prevention services, graduated sanctions, and treatment that would suppress further offending (See Sidebar: Addressing the Complex Needs of Children with Disabilities in the Juvenile Justice System). This problem is particularly great for many youth with cognitive or emotional disabilities, who, compared to their peers, are: more likely to do poorly in and drop out of school, more likely to be arrested, and, once arrested, are more likely to be adjudicated as delinquent, and to be placed in custodial facilities that lack the services required to address their unique needs. (Office of Juvenile Justice and Delinquency Prevention, 1998; Osher, 1998; Wagner, 1991).

As the other monographs in this series suggest, appropriate interventions and services are necessary to improve outcomes for these youth. An emerging data base suggests that effective community-based and school-based interventions have been able to prevent antisocial behavior, reduce risk factors, and enhance protective factors for youth (Catalano, Arthur, Hawkins, Berglund, & Olson, 1998; Dwyer, Osher, & Warger, 1998; Dwyer, et al., 1998; Goldman & Faw, 1999; & Woodruff, et al. , 1999). These efforts, which include

school-wide interventions, mobilization of neighborhoods, after-school recreation, community policing strategies, and involvement of the media, all require coordinated, collaborative efforts. These services must be comprehensive in order to address the multiple needs of children with disabilities and the multiple environments in which these needs must be met.

Addressing the Complex Needs of Children with Disabilities in the Juvenile Justice System

"Adolescents and young adults who are at risk or delinquent have complex needs. In order for these young people to succeed when they return to the community from residential and juvenile correctional facilities, systematized collaborative support must be provided by a host of professionals and community members" (Lehman, Wolford, Kelly, & Stuck, 1998, p.5).

"In light of the overlap between the risk factors associated with having or being at risk for EBD, being involved in juvenile delinquency, and using alcohol and other drugs, it is vital that personnel working in each of these disciplines begin to address the unique needs of this specific group. While the issue of juvenile crime and substance abuse continues to be a pressing problem for many youth with EBD and their families, it is one that can be confronted successfully through innovative and coordinated prevention and treatment efforts" (Fitzsimons-Lovett, Quinn, Rutherford, & Ashcroft, 1997, pp. 37-38).

Categorical, Fragmented, and Uncoordinated Services

"Most services for children and families in the United States are categorical, fragmented, and uncoordinated. Children labeled 'delinquent' are often tracked toward correctional placements aimed at keeping them within a designated setting and modifying their behavior, with little effort to resolve underlying family problems. Children labeled 'abused,' 'neglected,' or 'dependent' are frequently removed from their homes and quickly placed in foster care, but rarely receive preventive, family support, or mental health services. Children with mental health needs may be placed in secure psychiatric settings and often heavily medicated with little opportunity for treatment in community-based, family-oriented programs." (Soler, 1992, p. 134)

In 1992, after examining successful comprehensive programs in the juvenile justice system as well as other studies of effective coordination programs, Mark Soler identified five factors of effective coordination programs in Juvenile Justice Systems (Soler, 1992):

- The establishment of clear goals and a well-defined target population for services;
- The importance of leadership in initiating, developing, and implementing the programs;
- An emphasis on working with the entire family, rather than just the identified child;
- The development of a broad array of appropriate services to met the different needs of the target population; and
- Reliance on case management or case coordination that includes active brokering and advocacy for services.

Soler and others have identified additional factors that are key to eliminating ineffective categorical, fragmented services.

- Availability of flexible and reliable funding;
- Elimination of categorical funding requirements, confidentiality strictures, and other statutory and regulatory barriers to coordination;
- Development of processes for facilitating communication among agencies;
- Existence of a mechanism for resolving interagency disputes;
- Involvement of the private sector;
- Enhanced or modified training and staff supports;
- Facilitation of information collection, management, and retrieval;
- Development of meaningful outcome measures; and
- A capacity for innovation.

There have been many efforts to address fragmentation since Solar published his findings in 1992. For example there have been many more calls to align services and reduce fragmentation, including:

- *Principles To Link By : Integrating Education, Health, and Human Services for Children, Youth, and Families: Systems That are Community-Based and School-Linked* (1994)– Produced by over 50 national associations
- *The National Agenda for Improving Results for Children and Youth with Serious Emotional Disturbance (1994)*— Developed by the U.S. Department of Education with input from juvenile justice, child welfare, mental health, education and families (See Sidebar: Strategic Target 7)
- *Child Welfare, Children's Mental Health & Families: A Partnership for Action: A Joint Initiative Among The American Public Welfare Association, The Federation of Families for Children's Mental Health, and The National Association of State Mental Health Program Directors* (1996)

These calls have been reflected in state legislation. For example, Utah developed FACT (Families and Agencies Coming Together) to redeploy education, health, mental health, juvenile justice, and human services resources to support collaborative initiatives that prevent school failure (Osher & Hanley, 1996) and numerous states have developed Children's Cabinets to coordinate their efforts at reducing poor social outcomes (Shore, 1997).

Federal legislation and agencies are also promoting collaboration. For example, in 1992 Congress authorized the Comprehensive Health Services for Children and Their Families Program (P.L. 102-32, Public Health Service Act, 1992). This law funded states and localities to develop local collaborations that include families, in order to build local systems of care for children whose mental health needs place them at risk of being placed out of their community into child welfare, juvenile justice, or mental health facilities. Similarly, the 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA) added representatives from state and adult corrections agencies to the state advisory panels that it mandates (34 CFR Part 300.652). The IDEA regulations also state that school districts may use up to five percent of their Federal resources "to develop and implement a coordinated services system designed to improve results for children and families, including children with disabilities and their families" (34 CFR Part 300.244). This concern with collaboration is reflected in the Coordinating Council on Juvenile Justice, which brings together senior Federal officials and practitioners from the juvenile justice, education, health and human services, housing and urban development to coordinate all Federal juvenile delinquency prevention programs, all Federal programs and activities that detain or care for

unaccompanied juveniles, and all Federal programs relating to missing and exploited children.

Strategic Target 7
Create Comprehensive and Collaborative Systems: To promote systems change resulting in the development of coherent services built around the individual needs of children and youth with and at risk of developing serious emotional disturbances. These services should be family-centered, community-based, and appropriately funded.

As many children and youth with serious emotional disturbances and their families attempt to maneuver through a fragmented, confusing, and overlapping aggregation of services in education, mental health, health, substance abuse, welfare, youth services, correctional, and vocational agencies, they encounter (and must endure competing definitions, regulations, and jurisdictions in) a delivery system marked by formalism, categorical funding, and regulatory road blocks. To effectively plan, administer, finance, and deliver the necessary educational, mental health, social, and other support services to students and their families, coordination among the numerous agencies involved must increase and improve.

Systematic change is needed to enhance regional and community capacity to the point where those involved can meet all of the needs of children and youth with serious emotional disturbances (SED). Simultaneously, systems must be developed that can bring service into the child's environment, whether it be the home, school, or community. Furthermore, to achieve the desired outcomes for children and youth with SED, public and private funding streams must be coordinated.

This strategic target supports initiatives to help generate comprehensive and seamless systems of appropriate, culturally competent, mutually reinforcing services. This target envisions systems that are more than linkages of agencies. It aims instead at developing new systems, built around the needs of students, families, and communities-systems that coordinate services, articulate responsibility, and provide system-wide and agency-level accountability.

Local systems should remain school and community based so that they can respond to local needs and reflect the cultures of the communities they serve. Systems should be outcome oriented, employ uniform definitions, provide individualized and family-centered services, and respond promptly, flexibly and effectively during any crisis. Within a coordinated, collaborative system, services follow needs, and funds follow children and their families. Students and their families should be able to enter the entire system from any point at which specific services are first offered. Finally, while the new systems should be community-based, policy must be coordinated at the state and national levels. Such coordination will eliminate bureaucratic road blocks, establish and reinforce commitment among agencies, and extend initiatives that coordinate previously non- or unaligned services and blend funding streams, both public and private.

Promising approaches toward systems development have addressed the need to nurture collaboration, innovation, and an outcome-oriented approach to planning and decision making. Some initiatives have done so successfully by involving children, teachers, and advocates in planning and evaluating new systems. Other efforts have provided policymakers with an opportunity for hands-on decision making regarding specific students so that they can understand the need to blend services and funding. Still other promising approaches provide common training and workshops to families, educators, human service workers, administrators, board members, and advocates in order to support collaboration, nourish transdisciplinary orientations, and sustain local networks.

There now are many more family-focused programs than in 1992, and many more youth are served in community settings. The experience of these programs suggests that eliminating fragmentation requires more than coordination, it requires collaboration. The next section will describe the nature of collaboration.

Understanding Collaboration

Collaboration is both a vehicle for systems change and a mechanism for providing effective support and services (Lehman et al., 1998). Collaboration has been defined as, "the process of individuals or organizations sharing resources and responsibilities jointly to plan, implement, and evaluate programs to achieve common goals" (Jackson & Maddy, 1992, p.1). Collaboration is sometimes confused with cooperation and coordination, which are processes that are essential to effective collaboration. *Cooperation* involves parallel activities among individuals or organizations that associate informally to accomplish their common goals – agency procedures, policies, and activities remain distinct and are determined without reference to the procedures and policies of other agencies (Swan & Morgan, 1994). For example, agency staff (e.g., a school social worker and a probation officer) provide general information, support, or referrals to each other, but do not otherwise change the way they (or their organization) conduct business. *Coordination* involves interactive efforts to alter or smooth the relationships of independent organizations, staffs, and resources (Swan & Morgan, 1994) – agencies initiate procedural changes to accommodate the procedures and activities of other agencies, such as schedules, for example – but they do not fundamentally transform their way of doing business.

Unlike cooperation and coordination, *collaboration* fundamentally alters traditional agency relationships. Collaboration is not just meeting together, nor is it just planning together; Swan and Morgan describe collaboration as, “a radical departure from the traditional functions of independent and parallel agencies” (p. 22). They suggest that collaboration is characterized by:

- teamwork,
- mutual planning,
- shared ownership of problems,
- shared vision and goals,
- adjustment of policies and procedures,
- integration of ideas,
- synchronization of activities and timelines,
- contribution of resources,
- joint evaluation, and
- mutual satisfaction and pride of accomplishment in providing a quality and comprehensive service delivery system. (Swan & Morgan, p. 22)

In general, collaboration involves three elements: (1) jointly developing and agreeing to a set of common goals and directions; (2) sharing responsibility for obtaining goals; and (3) working together to achieve the goals. Some collaborations develop new systems to coordinate services, articulate responsibility, and provide system-wide and agency-level accountability that are built around the needs of students, families, and communities. These collaborations include three additional elements: (1) organizational transformation, (2) active consumer involvement at all levels; and (3) creation of a holistic system that is greater than the sum of its parts in meeting the needs of its constituency.

Successful and sustainable collaboration requires support from administrators who can provide permission, allocate resources, and make collaboration a priority. Similarly, to be successful and sustainable, collaboration must be realized at five levels: (1) the agency level-from policy makers and agency leadership, (2) the program level-among managers and among staff within an agency, (3) the interagency level-among line staff and managers across agencies, (4) the professional level-among members of different professions; and (5) the consumer level-involving families and youth as members of the collaboration.

Effective collaboration is not easy to achieve. Agencies, as well as different departments within agencies (see sidebar: *Interagency Collaborations*), may disagree about target populations, agency responsibilities, and authority, and may even tend to place "blame" on one group or another for the child's problems. These differences may be exacerbated by the lack of a common information base and a lack of accepted procedures for sharing information. Collaboration requires time, which is difficult to find because staff members of the various agencies have demanding and often changing workloads. Collaboration also demands that scarce resources be redeployed. Further, collaboration requires changes in routines and professional assumptions that staff members often take for granted (Eraut, 1995). Collaboration also challenges power and status structure within and between organizations and consumers (Bruner, 1991; Greenley & Kirk, 1973; Huberman, Levinson, Havelock, & Cox, 1981; Wilson, 1989). In addition, collaboration demands new modes of agency accountability and challenges agency turf, which is often buttressed by legislative mandates and political arrangements. Finally, collaboration with families, community members, or youth involves a transformation of attitudes *and* behaviors on the part of all participants (Osher, 1999).

Interagency Collaboration

Frank is a sixth grade student at Tucker Creek Middle School. He receives special education in a resource room for three periods a day that provide him the services and supports necessary to overcome his learning and behavior problems. Frank's special education teacher has been working with Frank's grandparents to teach Frank to use appropriate social skills and to think through social situations before he acts. Frank's resource teacher has also collaborated with Ms. Hoffman, the Outdoor Education teacher, and worked to identify and teach him the social skills necessary to participate in outdoor education activities. Because of this collaboration, he was permitted to join some of his classmates in an outdoor education experience where he had only minor behavior problems and made new friends. Unfortunately, there is a lack of collaborations with other teachers in the school. This lack of collaboration has had a negative effect on Frank's progress and relationships. For example, his behavior often keeps him from enjoying free time with his peers on the playground after lunch, and, although he shows signs of excellent potential in sculpting, his lack of social skills and the art teacher's lack of supports prohibit him from attending an after school art enrichment program.

In spite of considerable obstacles to collaborative practices, however, collaboration is possible. Achieving collaboration is a developmental process (Hodges, Nesman, & Hernandez, 1999) that requires "the commitment and systematic effort of agency administrators and direct service personnel" (Lehman, et al., 1998, p. 1). The developmental process involves five stages:

1. Individual action (no collaboration)
2. One-on-one activity
3. New service development

4. Professional collaboration
5. True collaboration

True collaboration involves, according to Hodges and her colleagues: role clarity, broad community involvement in collaboration, families as full partners in service delivery, interdependence and shared responsibility among stakeholders, and vision-driven solutions. Moving through these developmental stages is not easy and takes considerable time and effort. Still, both research and testimonials suggest that once achieved, collaboration can support improved services and outcomes (Burns & Goldman, 1999; Nelson, Rutherford, & Wolford, 1998; Woodruff, et al.,1999).

Collaborative practices require a belief that by working in partnership, agencies and families are likely to produce better outcomes than they would working alone (Karasoff, 1998). It also requires that professionals reach across the traditional boundaries that separate them from each other in order to support families and serve youth. Traditionally in education, juvenile justice, public welfare, and mental health, professional practice has involved developing expertise in accordance with standards, outcomes, and statements of best practices for each profession. Congruent with the development of professional expertise has been the practitioners' acquisition of the language of the profession. Accordingly, children served by staff from the various professional groups may be referred to as cases, clients, students, dependents, misdemeanants, or felons. Acronyms such as JDs (juvenile delinquents), PINS (persons in need of supervision), LDs (students with learning disabilities) or DOs (dropouts) are also used among persons within a particular profession or agency as a short-hand way to refer to children and adolescents.

However while use of specific terminology or acronyms (appropriate or not) may be prevalent within professional groups, this practice can interfere with collaboration across youth serving agencies. The terminology may also reinforce what may be perceived as the primary mission of the agency (e.g., education, treatment, or control) and create artificial barriers that inhibit collaborative activities. For example, a probation officer whose primary focus is ensuring that juveniles assigned to him abide by the terms of their probation, may have doubts about the relevance of participating in meetings with educators, recreational staff, or child welfare workers whose primary considerations may be achievement, mental health status, or the child's family. Similarly, educators may be most concerned about the attendance, achievement, and active participation of their students and have minimal interest in the activities of juvenile probation, parole, or the court that may affect their students.

A related problem that interferes with collaboration is driven by fiscal considerations and agency status. This problem occurs when professionals within an agency make decisions concerning youth on the basis of what is good for the agency and the standard services that are available rather than what is best practice for children and adolescents. This problem has been referred to as "goal displacement" (Merton, 1957) and as the "means-ends" inversion (Mintzberg, 1983). "That is, enhancing the agency, its budget, its autonomy, and its status, become the purpose of the institution rather than what was the initial purpose of the agency – the means though which youth are served. When original goals are displaced and when means-ends inversion occurs, the likelihood of collaboration across agencies is diminished".

"When the service systems that support young people focus on the needs of each individual youth rather than on the categorical agenda of the system itself, interventions have the highest rate of success" (Benjamin, 1995 p. 28).

Collaborative Efforts to Prevent Delinquent Behavior

Experts believe that the problem of juvenile delinquency and youth violence facing our nation today will not be solved or even adequately addressed by applying punitive measures after a child has become violent or delinquent (Walker, et al., 1996). Instead, researchers agree that, "positive approaches that emphasize opportunities for healthy, social, physical, and mental development have a much greater likelihood of success" (OJJDP, 1995, p. 11). These approaches must involve collaborative efforts that include stakeholders in different domains to develop the positive supports for children and youth, across different environments that will divert them from potentially negative pathways and detrimental outcomes. This involves long term, continuous, comprehensive programs that, for example, include adults as tutors and mentors. These caring adults can collaborate to teach and promote cognitive and social skills among children and adolescents, and provide them an opportunity to practice these skills (Brewer, Hawkins, Catalano, & Neckerman, 1995; Tolan & Guerra, 1994; University of Maryland Department of Criminology and Criminal Justice, 1997). One example of such a system would be a community recreation program linked to an organization such as Big Brothers or Big Sisters. Collaboration could involve working with the family and schools to identify and support high academic and behavioral expectations for children and youth.

"A community problem necessitates community-wide solutions. What has been coined 'school violence' is nothing more than societal violence that has penetrated the schoolhouse walls" (National Association of School Boards of Education, 1994, p. 4).

The traditional system of waiting until a juvenile has committed a serious crime (or more realistically has been caught and convicted of committing a crime) and then responding with harsh punitive consequences does not address the causal factors and does little to improve the individual, family, or community. Instead, many researchers and Federal programs adopt a public health model that examines the problem to determine its cause and then working aggressively to find and implement solutions (Elliott, Hamburg, & Williams, 1998). The premise is that once the factors that contribute to the problem are identified and removed, and the individual has the skills, supports, and recognition necessary to get his or her needs met in a socially acceptable way, the "symptoms" of delinquency will diminish. Proactive approaches that get to the root of the problem have been shown to effectively prevent the problem from escalating, reduce its frequency or severity, or decrease its chances of ever occurring in the first place. Community-wide collaborative efforts can change community norms or policies (e.g., the passage of stricter gun control regulations) (Biglan, 1995). These efforts can also develop or align interventions so as to provide consistency of behavioral expectations and supports across domains and improve the likelihood that the interventions will become long term.

Single-strategy or "one-size-fits-all" approaches are not adequate solutions for preventing juvenile delinquency. To be most effective, a multi-strategy approach that incorporates the following criteria is necessary:

- Customized to meet the needs of individual children as well as the social network in which the child lives;
- Comprehensive enough to include an array of interventions of various intensities to address the multiple forms and settings of the risk factors; and
- Flexible enough to fit the community in which the problems exist.

Interventions that meet these criteria typically involve collaborative efforts in all of the significant domains of the child's life (i.e., peers, family, school, and community).

In 1992, the Carnegie Council on Adolescent Development asked children and youth to describe what they needed in order to be happy and healthy. They replied, "… safe parks and recreation centers… libraries with the latest books, videos, and records… chances to go camping and participate in sports… long talks with trusting and trustworthy adults who know a lot about the world… and opportunities to learn new skills" (as cited in Chaiken, 1998, p.3).

Focus on Positive and Proactive Approaches

In order to proactively prevent delinquent behavior, we must first identify the factors that put certain children and youth at risk for delinquency, as well as factors that prevent or protect similar children and youth from becoming delinquent. Researchers have uncovered what are known as "risk-factors" that increase the likelihood that a child will become delinquent. Equally important are "protective-factors" that seem to insulate children who are considered at risk for juvenile delinquency. Experts agree that the most promising approaches to preventing and reducing juvenile delinquency focus on both risk and protective factors in multiple domains (Office of Juvenile Justice and Delinquency Prevention, 1995; Walker & Bullis, 1996). We know that, while risk factors can be discussed according to the domain where they are most likely to occur (See Sidebar: *Risk Factors*), they do not always fit neatly within these separate domains and tend to spill over from one to others. We know that the more risk factors to which a child or youth is exposed, the more likely he or she is to become delinquent (Garmezy, 1996; Office of Juvenile Justice and Delinquency Prevention, 1995). Further, we know that risk factors are not culturally or racially specific, are present in multiple domains (i.e., within the individual themselves, their peer groups, families, schools, and communities), and vary in intensity from individual to individual. For example, exposure to violence and relationships with peers who engage in delinquent behavior occurs among peers, within families, in schools, and within communities. Many children and youth with learning disabilities, behavioral or emotional disabilities, mild mental retardation, or attention deficit hyperactivity disorder will act on impulse and make poor decisions about their involvement in potentially dangerous and/or delinquent behavior. Solutions to juvenile violence and delinquency are, therefore, most effective when they are comprehensive, collaborative, flexible, and involve all of the key players in each of these domains.

Risk Factors

Risk Factors Inherent to Individuals and Peer Groups

- *Rebellious Behavior-the individual does not feel as though he or she belongs or fits in with mainstream society;*
- *Delinquent Attitudes-the individual holds attitudes that support delinquent behavior;*
- *Early Initiation-problem behaviors manifest themselves early in a child's life;*
- *Constitutional Factors-certain biological factors increase the likelihood of delinquency (e.g., lack of impulse control); and*
- *Antisocial Peer Groups-involvement with friends who engage in or advocate the engagement in delinquent behaviors.*

Risk Factors Inherent to Families

- *Stressors-families that experience a high level of a risk factor (e.g., poverty) or multiple risk-factors over a period of time (e.g., poverty, racism, homelessness),*

- *Lack of Access to Formal or Informal Supports-families lack access to services and supports that can help them address family stressors or their child's troubled behavior;*
- *Poor Behavior Management-families that have difficulty supervising and monitoring their children's whereabouts, communicating clear expectations for behavior, using severe/harsh punishment;*
- *Family Conflict and Violence-within and between family members; and*
- *Antisocial Attitudes and behaviors -attitudes regarding their child's involvement in problem behavior or their own involvement in socially unacceptable behavior.*

Risk Factors Inherent to Schools

- *Chaotic School Environments-schools lacking in clear behavioral expectations and supports to enable students to reach those expectations;*
- *Lack of a Child Focused Environment-environments that fail to engage students and address their developmental needs;*
- *Lack of Schoolwide Prevention-a lack of programs designed to teach and support appropriate behavior and social skills to all students;*
- *Lack of Early Identification and Intervention-a lack of organized procedures to identify early and to serve children with cognitive or behavioral disabilities that may interfere with success or procedures to counteract behaviors that can lead to delinquent outcomes (e.g., bullying and teasing);*
- *Lack of Support for Students and School Staff-a lack of support to students and staff that would enable them to realize appropriate or high social, behavioral, and academic expectations;*
- *Lack of School Bonding-a lack of organized activities that would allow students to gain a sense of commitment to their school;*
- *Fragmented services-Lack of coordination and mutual support among school staff, school services, and school and community services;*
- *Low Morale and Expectations-low staff morale and expectations, particularly for youth who are placed at risk of school failure and poor social outcomes; and*
- *Inappropriate Pedagogy and Curriculum-a lack of innovative teaching techniques and a relevant curriculum.*

Risk Factors Inherent to Communities

- *Accessible Drugs and/or Firearms-availability of drugs and firearms in the community;*
- *Lax Laws-ordinances that do not control firearms and alcohol (e.g., prohibit firearms and alcohol in public places, provide for a special taxation on the sale of firearms and alcohol);*
- *Pervasive Violence-modeled in communities or portrayed in the media;*
- *Frequent Transitions-unassisted transitions, (even seemingly common transitions such as from elementary to middle school) and high rates of mobility;*
- *Racial and Ethnic Conflict;*
- *Fragmented Services-or lack of social services;*
- *Inadequate Support-lack of support to families and youth in need;*
- *Insufficient Bonding-lack of attachment to the neighborhood and community disorganization, and*
- *Poverty, Racism, and Ethnocentrism.*

A number of factors within individuals put them at risk for becoming delinquent or continuing patterns of delinquent behavior. Children and youth who do not feel like they "fit in" to society and do not see themselves as contributing members of their community, family, or school are likely to become rebellious and engage in behaviors that are socially unacceptable. This can be the case for children with disabilities who often feel like they are "different" than others. Research also shows that individuals who feel that they are not accepted by society tend to associate with others who share similar beliefs (Patterson, Reid, & Dishion, 1992). Much like the increase of violence among gang members and individuals during riot situations, these risk factors are likely to be exacerbated by group involvement. Research has shown, for instance, that juveniles who affiliate themselves with antisocial peer groups are at increased risk for committing delinquent acts. Further, these individuals begin to see a delinquent lifestyle as a norm rather than an exception to socially prescribed expectations of conduct (Thornberry & Burch, 1997).

Family characteristics have obvious effects on children's behavior. Research indicates that children, who are exposed to violence at home, school, or in their community, have a tendency toward delinquent behavior (Elliott, 1994; Huizinga, 1997; Loeber, & Hay, 1994). While there is a correlation between child abuse and significant increases in a child's at-risk status for juvenile delinquency, parental neglect, including a lack of effective monitoring and supervision, has an equally strong and negative impact (Kelly, Thornberry, & Smith, 1997; Widom, 1989).

When children are neglected and exposed to violence at home, social service agencies wrestle with whether or not to remove children from the home. Longitudinal investigations show that children and youth who have become wards of the state after having been removed from their families a number of times are at greater risk of becoming delinquent later in their lives (Krisberg, Austin, & Steel, 1989). We do not suggest that children should remain in unhealthy environments; however, this practice of removal might not be the best answer to these types of situations. This research illustrates how reactive solutions that focus on the symptoms may appear to solve the problems, but in the long run exacerbate them. On the other hand, interventions that provide supports to families before the situation becomes a crisis will allow families to prevent problems rather than initiate or exacerbate them.

The Positive Education Program (PEP), a collaboration of Cuyohoga County's Mental Health Board and its Board of Education, serves 1,400 children from 31 school districts in a range of programs that extend from early intervention services to a school-to-work component.

PEP's Early Intervention Centers provide intensive family-directed training and support to children and their families from birth to six years of age. The goal of the EICs is to provide young, high-risk children with the skills and behaviors necessary for integration into an educational setting appropriate to their ages and ability levels.

The work of the EIC begins with a family-driven needs assessment. The basic program involves three sessions per week for nine months and is presented during the day as well as in the evening to facilitate parent participation. Families may bring their children with them to the centers, as most staff-having been EIC parents themselves understand this need. In addition, once they have met initial goals with their own child, parents may continue to develop skills by working with other parents and children.

Research, for example, suggests that when nurses and other helpers make frequent home visits to infants and toddlers aged 0-2, child abuse and other injuries are reduced

(Barth, Hacking & Ash, 1988; Huxley & Warner, 1993; Larson, 1980; Olds, 1997; Olds, et al., 1998; Olds & Henderson, 1989) and that family therapy, parent training, and parent support reduce hyperactivity, aggression, and other behaviors that place children at risk of delinquency and school failure (Burns, 1997; Tremblay & Craig, 1995).

Schools clearly play a major role in the lives of children. For those children with disabilities, formal education can promote both academic and social competence that is essential to their development. Doren, Bullis, and Benz (1996) conducted a study of factors that predict arrests for students with disabilities. Controlling for all other variables, they found that having a disability puts a student at greater risk for being arrested while enrolled in school than other students (13.3 times for students with emotional disturbance and 3.9 times for students with learning disabilities). School failure seems to double the risk for these children. In fact, in addition to not acquiring the skills necessary to learn progressively more difficult concepts, the experience of being a "failure" has been shown to be even more devastating to children (Farrington, 1991; Jessor, 1976). Dropping out of school can have a devastating effect on students with disabilities. In addition to the usual lack of preparedness to be a contributing member of society, dropping out of school places students with disabilities at an increased risk of being arrested. In fact, Doren and colleagues (1996) report that when compared to other students, students with disabilities who drop out of school are 5.9 times more likely to be arrested (Doren et al., 1996).

While there are no data showing exactly how many juveniles in detention and correctional facilities have learning or other disabilities, estimates indicate that as many as 11 percent of incarcerated adults have documented learning disabilities, compared to estimates of just 3 percent in the general population (The Center on Crime, Communities and Culture, 1997). In addition, Casey and Keilitz (1990), in an analysis of 22 studies of the prevalence of Specific Learning Disabilities among juvenile offenders, reported an overall estimate of 35.6 percent. More recent data from the California Youth Authority (1998) suggest that as many as 68 percent of the youth receiving special education services are identified as learning disabled (see also, Rutherford et al., this series).

Risk Factors Inherent to Communities

- Drugs and/or Firearms-availability of drugs and firearms in the community,
- Laws favoring crime, firearms and drug use-ordinances that do not control firearms and alcohol (e.g., prohibit firearms and alcohol in public places, special taxation on the sale of firearms and alcohol),
- Violence-modeled in communities or portrayed in the media,
- Frequent transitions & high rates of mobility-unassisted transitions, even seemingly common transitions such as from elementary to middle school,
- Bonding-lack of attachment to the neighborhood and community disorganization, and
- Deprivation-extreme economic and social deprivation.

Unfortunately, school systems are often not designed to identify children at risk for failure or to provide them with the services they require once they are so identified. It is only after children have demonstrated patterns of failure with academic and/or interpersonal relationships that school-based teams begin to more closely examine the problem. To make matters worse, if the child's learning or behavior problem is deemed not yet serious enough to warrant special interventions, the child's problems will most likely remain unaddressed until they are more severe. This increases not only the possibility, but also the probability that the child will experience even more devastating levels of failure. Unfortunately, waiting until the child's problems are severe enough to "qualify" for the services that will help him or her means that the problems become more severe. Further, the problems will need more drastic and intrusive interventions and support services than would otherwise have been required if these children had been identified earlier. Alan Kazdin, a well respected expert in the field

of behavioral disorders, estimates that many students who are behaviorally at risk are referred to and receive necessary supports and services long after the point where their problems can be most effectively addressed (Kazdin, 1987).

Schools also may set the stage for or reinforce inappropriate behavior, particularly for students with disabilities. Large or chaotic schools are more likely to experience discipline problems, and students with cognitive and behavioral disabilities may be especially sensitive to a lack of supportive structure. Similarly schools that do not effectively communicate and clarify their behavioral expectations or support them through teaching and positive support may place students with disabilities at particular risk. Students with learning disabilities, for example, often have social skill deficits and may misinterpret behavioral expectations. Similarly, students with emotional and behavioral disorders often receive negative responses from school staff and only infrequently receive the positive support necessary to encourage appropriate behavior (U.S. Department of Education, 1998). Finally the failure of school staff to directly monitor student behavior and to intervene appropriately before inappropriate behavior escalates places students at risk of disciplinary infractions that then remove them from learning opportunities (Walker, Colvin, Ramsey, 1995). Students with emotional disturbances fail more courses, earn lower grade point averages, miss more days of school, and are retained at grade more than students with other disabilities. Fifty-five percent leave school before graduating (U.S. Department of Education, 1998). This removal from learning increases the likelihood, that these youth will come in contact with the juvenile justice system. A recent Department of Education report stated that within three to five years of having dropped out of school, 73 percent of youth identified by schools as having emotional disturbance are arrested (U.S. Department of Education, 1994). Fortunately, schools can build a school-wide foundation that supports the appropriate behavior and academic achievement of all students (Cauce, Comer, & Schwartz, 1987; Haynes & Comer, 1993 ; Dwyer, Osher & Warger, 1998; Gottfredson, 1986; Quinn et al., 1998; U.S. Department of Education, 1998). While reducing learning and behavior problems among all students, this school-wide foundation also supports early identification (e.g., screening for learning or behavioral problems) and intervention (e.g., intensive teaching of reading or social skills) for those students who are found to be at risk of school failure or social problems (Knoff & Batsche, 1991; Slavin et al., 1990). In addition, this school-wide foundation provides a base for more intensive interventions for those students with more severe academic or behavioral problems. These interventions may include special education services as well as links to appropriate community services and supports (e.g., mental health and recreational services).

In a study analyzing schools that had managed to reduce the discipline problems and improve the learning and behavior of all students, coordinating services and building collaboration were revealed to be one of the key factors relating to creating safe and socially supportive environments within schools. Collaboration at these schools involved people working together, negotiating and helping each other in an atmosphere of trust and mutual respect, rather than merely exchanging information.

An itinerant school psychologist who worked with Project ACHIEVE school Jesse Keen stated that, "I can feel comfortable to throw out ideas for intervention and the teachers are receptive. They also come in with a problem-solving model and they're not looking for a quick fix. They're looking for ways to help this child learn better and learn appropriate skills for the classroom. The whole mentality from the administration down is that we want to work with all the kids and want them to be successful, and so we're going to do what we need to do to accomplish that. Here, I am part of a team."

Just as the characteristics of some schools may put students at greater risk of school failure and social problems, characteristics of communities can put the children who live in them more at risk for delinquency than they would be in other communities (Sherman, 1997; Bushway and Reuter, 1997). Poverty, for example, places children and youth at risk for poor health, academic, emotional, and juvenile justice outcomes (Casey Foundations; U.S. Department of Health and Human Services, 1997). Such correlates of poverty as poor nutrition, and lead toxicity increase the risk for learning and behavioral problems (Finkelstein, Markowitz, & Rosen, 1998; Knitzer, 1996; McLoyd, 1998; Needleman et al., 1996). The impact of poverty can be exacerbated by the nature of the social service system. While a well-researched and well-coordinated social service network can act as a buffer to the impact of poverty and its correlates, an underfunded or fragmented social service system will have only a limited impact on the negative correlates of poverty. For example, although effective early intervention services such as Even Start and Head Start reduce the risk of school drop out and delinquency (Zigler & Muenchow, 1992), these services are not available to many youth and their families. Similarly the benefits of Head Start are weakened when there is a lack of coordination between Head Start and the schools (Hart & Rilsey, 1995).

These community factors come together when we examine the extent to which youth are placed at risk for committing delinquent offenses or being crime victims. Adolescents, for example, are at greatest risk for committing delinquent offenses or being victims of crimes between the hours of 3-11 p.m. and most serious violent events occur at or near victims' homes or in their neighborhoods (Elliot, Hamburg, & Williams, 1998a). When children and youth are unsupervised during that time, citizens have easy access to weapons, drugs, or alcohol, and children's only available role models engage in socially unacceptable behaviors, they are put at risk for delinquent behaviors. Unfortunately, communities that have the fewest resources and the greatest number of citizens in poverty are least likely to have organized activities for children and youth during those time periods (Carnegie Council on Adolescent Development, 1992).

There is, however, good news. As previously discussed, protective factors work to negate the impact of the risk factors and insulate or protect the child or youth from becoming or remaining delinquent. The presence of protective factors is the prime reason many children and youth exposed to multiple risk factors remain resilient while others in the same environment engage in delinquent behavior, and why some youth transitioning back into their communities from detention or correction facilities are successful while others recidivate. Research and practice tell us that the more domains where protective factors are present the less "at risk" a child or youth becomes (Office of Juvenile Justice and Delinquency Prevention, 1995). For that reason, it is imperative that interventions encompass as many parts of a child's life as possible. Collaboration between and among community agencies, schools, and families is a must for reducing the risk of children and youth becoming delinquent.

Some characteristics that are inherent to the individual serve as protective factors (e.g., being female and having high levels of intelligence, a positive social orientation, and a resilient temperament). While some of these characteristics are difficult or even impossible to change, there are factors that effective child-centered, community-based collaborations can enhance (See Sidebar: Protective *Factors*).

Protective Factors

- *Social Bonding-children and youth that have a strong supportive bond with adults and groups that embrace pro-social ideas-want to be part of this group rather than other groups with different values (e.g., gangs);*
- *Healthy beliefs and clear standards for behavior-more clearly stated policies and standards for behavior, and support for realizing those standards; and*
- *Collective Factors-multiple protective factors having a greater impact than any one individual protective factor alone.*

Experts agree that the most promising approaches to preventing and reducing juvenile delinquency focus on both risk and protective factors in multiple domains (OJJDP, 1995; Walker & Bullis, 1996). An emerging area of research suggests that effective community-based and school-based interventions have been able to prevent antisocial behavior, reduce risk factors, and enhance protective factors for youth (Catalano, Arthur, Hawkins, Berglund, & Olson, 1998; Loeber & Farrington, 1997). These efforts, which include school-wide interventions, mobilization of neighborhoods, after-school recreation, community policing strategies, and media involvement, have the greatest impact when they are collaborative (Elliot, Williams, & Hamburg, 1998b; Hodges, Nesman & Hernandez, 1999).

"Because several factors put children at risk of becoming SVJ [serious and violent juvenile] offenders, it is unlikely that intervention efforts directed only toward a single source of influence (e.g., individual, family, school, or peers) will be successful. Multiple-component programs are needed, and priority should be given to preventative actions that reduce risk factors in multiple domains. Because many of the same risk factors that predict adolescent delinquency and violence also predict substance abuse, school drop out, early sexual involvement, and teen pregnancy, the benefits of such early intervention programs can be wide ranging." (OJJDP, Serious and Violent Juvenile Offenders, 1998, p.3.)

Strategies for Implementing a Positive and Proactive Collaborative Approach

OJJDP (1995), in collaboration with the National Council on Crime and Delinquency and Developmental Research and Programs, Inc., identified effective prevention and intervention programs across the nation. This effort identified "best-practices," (i.e., programs with research data to document success), as well as "potentially promising practices" (i.e., programs that appear successful but have not yet collected data to document success). The team recommended a comprehensive strategy for reducing risk factors and increasing protective factors at different levels of intervention. This strategy includes individualized attention including the use of objective assessments to determine an individual youth's risk and customized rehabilitation plans across four levels of intervention. These levels are: immediate community-level sanctions for non-violent first-time offenders, immediate sanctions for serious offenders, secure care for the most violent offenders, and a high quality aftercare system to provide the youth with supports for successful community reentry.

A 22 person study group (Loeber & Farrington, 1998) that OJJDP convened to analyze current research on risk and projective factors regarding serious and violent juvenile offenders and, integrating this analysis with information on the effectiveness of prevention and intervention programs recommended four similar priorities for communities (OJJDP, May, 1998, p. 7). They are:

- Community organizations to be organized to reduce risk factors for delinquency and to increase protective factors. "Parents, schools, and neighborhoods are the

primary socializing agents for children and therefore constitute the prime resources for preventing juveniles' escalation to serious and/or violent offending."

- Early intervention "in at risk families" to reduce serious and violent offending. "Families plagued by violence, abuse, and neglect can be helped by nurse home visitation (before and after childbirth), parent training, and early childhood care and education."
- Better screening of court-referred youth to identify those with multiple problems as a basis for "early" juvenile justice intervention to "prevent " the progression" to more serious and violent behavior. "Multiple-problem youth-those experiencing a combination of mental health and school problems along with abuse, neglect, and family violence-are at greatest risk for continued and escalating offending."
- Providing intake officers with better tools to distinguish between types of offenders. "The use of graduated sanctions in tandem with rehabilitation programs that match offender behavior problems with suitable treatments should produce lower rates of juvenile reoffending."

The OJJDP recommendations are consistent with a traditional public health model that combines universal prevention with selected and indicated preventive interventions for individuals found to be at risk of troubling outcomes, with intensive individualized interventions for those who have particular problems (Institute of Medicine, 1994). These recommendations are also consistent with school-wide approaches to prevention and treatment, which involve a three-tiered system for designing interventions of varying intensity to meet the needs of all students (Dwyer et al. 1998; Quinn et al., 1998; Walker, et al., 1996). At the most basic level are primary prevention interventions. These "universal" interventions promote positive school climate that includes structure, monitoring, supervision, and clear behavioral expectations for all students in the school. Research has shown that by providing these universal interventions, approximately 80 percent of the students in the school will have no significant discipline problems (Walker, et al.,1996).

The next level, secondary prevention, focuses on children who are considered at risk for behavioral problems or about 15-17 percent of the population. These interventions and supports are more individualized and are often conducted in small groups. The third level, (sometimes called the tertiary level), includes highly individualized interventions specifically designed for the three to five percent of the population experiencing frequent and intense behavioral problems. At this third level, intervention includes collaboration with a number of outside agencies. This three-tiered system can provide a model for the implementation of a community-based comprehensive strategy to prevent the development or intensification of juvenile delinquency as outlined by the OJJDP strategies (1995).

Primary Prevention: Universal Interventions for All Children and Youth

At the primary prevention level, the principal focus is to develop programs and supports that will enable families, schools, and communities to provide a healthy environment in which all children and youth can grow. At this level, families, schools, and communities should work together to provide programs to teach children and youth conflict resolution, peer mentoring, and other mediation programs to reduce suspensions from school, conflicts, and physical fights (LeBoeuf, & Delany-Shabazz, 1997). Further, supports to families should be a priority. Cantelon (1994) argues that, "strengthening the ability of families to rear children must become—and remain—a national priority."

Community-based organizations are an important part of collaborative efforts to prevent juvenile violence and delinquency. Youth need to know that they are valued, contributing members of their communities and that there are programs for them. Local programs should communicate healthy beliefs and clear standards to youth, and should attempt to strengthen social bonds and provide positive role models. One example of how families, schools, and communities can collaborate in primary prevention is to ensure that children and youth have access to high-quality, well-chaperoned activities during the times when juvenile crime and victimization are at their peak. Another example of this type of prevention is the Communities That Care program (See Sidebar: *Communities That Care*).

Communities That Care

Hawkins and his colleagues developed and implemented a comprehensive, community-based intervention that involves interagency coordination and collaboration (Hawkins, Catalano, & Associates, 1992). The model, Communities That Care (CTC), an intervention that has been researched, is designed to decrease risk factors and increase protective factors for youths. Implementation of CTC involves recruiting leaders from local government, education, law enforcement, the courts, and the business community who appoint a local prevention board. The local board conducts an assessment of risk and protective factors in the community and then designs a prevention strategy using techniques that have shown some efficacy in controlled studies. Techniques such as community mobilization, mentoring, after-school recreation, and changes in local policies have been used by local communities. An evaluation of the implementation of CTC in Oregon showed that, of 40 communities that expressed an interest in developing CTC oriented programs, 31 still had active boards monitoring community risks and resources and implementing risk reduction programs after four years (Catalano, Arthur, Hawkins, Berglund, & Olson, 1998).

Early Interventions (Secondary Prevention): Individualized Interventions for At-risk and Adjudicated Youth

Secondary prevention focuses on providing more individualized programs and supports to individuals who are exposed to multiple risk factors (this is sometimes called an indicated intervention) or whose behavior suggests that they are at immediate risk of poor outcomes (Dwyer, Osher & Warger, 1998; Institute of Medicine, 1994; Quinn, et al., 1998). Effective programs at this level can be categorized and described as follows (Loeber & Farrington, 1994):

Involving children and youth:

- Social competence training
- Peer mediation and conflict resolution programs
- Medication for neurological disorders and mental illness
-

Involving Parents and Families:

- Home visitation of pregnant teenagers
- Parent management training
- Functional family therapy
- Family preservation

Involving Schools:

- Early intellectual enrichment

- School organization interventions

Involving the Community:

- Comprehensive community mobilization
- Integration of services including those provided by the juvenile justice system, mental health system, medical system, schools, and child protection agencies
- Prevention of gang formation and involvement, drug dealing, drug markets, and violent victimization
- Situational crime prevention
- Intensive police patrolling, especially of "hotspots"
- Legal and policy changes restricting the availability and use of guns, drugs, and alcohol
- Mandatory laws for crimes involving firearms

Secondary prevention involves interventions that are most often less complex, intrusive, and costly than those that are necessary once a problem has become more serious. Early identification of and early interventions for children who are believed to be at risk for more serious behavior problems and their families should be the main focus at this level of prevention. The Multi-Agency Assessment Program in Duval County, Florida, provides an example of secondary prevention activities (See Sidebar: MAAP).

MAAP

In Duval County, Florida a secondary prevention program requires agencies within the county to work collaboratively. One component of this collaboration is the MAAP, or Multi-Agency Assessment Program. MAAP specifically focuses on those youth that are identified by law enforcement, schools, or the Department of Juvenile Justice as being at risk for delinquency. This interagency collaborative meets regularly to examine the background of first offenders between the ages of 10 and 15 years old. Once identified as at risk for becoming a chronic offender, the youth is diverted from the already over-crowed courts and is assigned to a State Attorney Case Manager who sees the youth through an intensive mentorship program and an eight-week violence prevention program. Since MAAP began in 1994, caseworkers have conducted over 1,000 school and home visits for over 200 at-risk youth. School performance and attendance has increased, and suspensions and arrests have decreased among participants.

Programs designed to support families of children considered to be at risk should be culturally competent. They should be designed for families who are considered "well functioning" as well as those " who struggle with such challenges as sexual or substance abuse". The content and duration of these programs must be suitable to address the needs of the individual families and should take into consideration the child's age and developmental needs. Successful approaches empower families-"even when they are characterized by serious and multiple needs" (Schoenwald, Henggeler, Pickrel, & Cunningham, 1996, p.321). These approaches are usually home-based, intensive, goal-oriented, and address the fact that families of children with emotional and cognitive problems and disabilities have been frequently blamed and stigmatized for their children's problems (Cantelon, 1994; Friesen, Koren, & Koroloff, 1992; Johnson, 1988; Wahl, 1989) These authors have suggested the following types of programs for families:

- Family preservation-involves services and supports to keep families together (e.g., providing supports to eliminate abuse or neglect or to provide necessary services to children without removing them from their home environment);
- Family skills training –involves parents and children together in sessions designed to try out new communication or behavior management techniques under the guidance of a therapist. This is often used in combination with parent training and/or child-focused therapy.;
- Family therapy-involves working with whole families to improve communication and supportiveness, and reduce negativity. Family members problem-solve together, and may shake up negative, entrenched ways of relating by restructuring roles and routines; and
- Parent training-teaches parents the specific developmentally and functionally appropriate skills necessary to manage a difficult or hard-to-control child, such as setting realistic behavioral goals using labeled praise, effective reprimands, response cost/privilege removal, and time out and generalizing results to multiple settings.

Whatever the approaches, successful work with families involves engaging families as partners, building on their strengths, demonstrating empathy and respect, and providing families with support to address the barriers to their successful participation (Allen & Petr, 1998; Cheney & Osher, 1997; Osher & Hanley, 1997). Those programs that have been most successful have engaged families as partners in the development, implementation, and evaluation of programs (Hodges, et al., 1999; Osher, deFur, Nava, Spencer & Toth-Dennis, 1999; Simpson, Koroloff, Friesen, & Glac, 1999).

Schools can play a key role at the secondary prevention level by providing a place to screen children, actively identifying children and youth who are struggling academically or socially, and providing interventions as early as possible to prevent the onset or exacerbation of behavioral problems that may accompany academic failure. Schools should provide more intensive programs and supports for those students who need more practice and support using the expected learning and social behaviors. Special attention should be given to students who have or are suspected of having a disability.

Keeping youth in school is also important in reducing negative encounters with the juvenile justice system. Eight percent of students with disabilities drop out or are pushed out of school prior to entering high school. In addition, 55 percent of students with emotional disturbance drop out of high school (U.S. Department of Education, 1998). Secondary prevention involves individually tailored practices and support for students in areas such as social skills development, social problem solving, peer mediation, and anger management. In addition to teaching social and behavioral skills, interventions and supports can include academic tutoring, peer tutoring, remedial learning activities, and counseling.

Project ACHIEVE is a schoolwide prevention and intervention model that addresses the behavioral needs of all elementary school children. One component of this multifaceted program is the "Stop and Think" curriculum, which is integrated with the academic curriculum to teach students social and problem-solving skills. Rather than focusing simply on student behavior, Project ACHIEVE also emphasizes teaching and reinforcing instructional skills used by teachers that maximize students' academic achievement. The behavioral aspects of the "Stop and Think" approach are clear and simple, so they are easy for students to learn and follow. For example, Lindsay, a kindergardener, was able to list the steps for effective problem solving from memory.

Stop and Think is versatile enough to be used at home, in the community, in school, and in any situation a student finds he or she needs to "stop and think" to make a good choice. To ensure consistency, staff, parents, and community members are trained to model the effective use of the same skills students are taught and encouraged to use. Teachers report that they find these skills helpful in their teaching and their personal lives. As consequences for inappropriate behaviors are also clear and consistent, both staff and students understand that negative consequences are the result of poor choices, rather than the subjective whims of the adult. Incentives for making good choices, such as extra time for reading a favorite book, are always available, as well, to serve as reinforcers. Research shows that effective and safe environments recognize a student's appropriate behaviors and provide at least five positive reinforcers for each negative consequence the student may earn (Mathur, Quinn & Rutherford, 1996).

Communities also are crucial to providing services at the secondary prevention level. Through programs such as Big Brothers and Big Sisters, communities can provide supervision and mentoring to children and youth with multiple risk factors. Doing so, however, requires that these programs be implemented effectively, that they address the particular needs of youth with cognitive or behavioral disabilities and, wherever possible, that they be aligned with school and family efforts to deal with troubling behavior. For example, the success of the Big Brothers and Big Sisters mentoring program hinges on a sufficient intensity and duration of mentoring, as well as the development of the right match between the mentor and the youth and training and support for mentors so that they can mentor successfully (Tierney & Grossman, 1995). In the case of students with cognitive and behavioral disabilities, mentor selection, training, and support must address the manner in which the child's disability affects his or her ability to be mentored successfully. For example, if a child has an attention deficit disorder (ADD) the mentor could be given information about the nature of ADD and trained to be sure to have the child's attention, give only short simple directions, and ask the child to repeat directions. The information can help the mentor understand the child's behavior, while the skills can help the mentor work with the child in a successful manner.

Intensive Treatments (Tertiary Prevention): Comprehensive Services for Youth who are Delinquent and Their Families

Children and youth with severe behavioral and cognitive problems and disabilities, especially those who engage in persistent patterns of delinquency and violence, often require comprehensive, long-term, and collaborative services, (Walker, et al., 1996). Programs at this level must be culturally competent, child-centered, highly individualized, and based on information gathered through a comprehensive assessment. The focus of these interventions should be to provide the youth with the supports and skills necessary to remain in the community or to successfully reintegrate back into their communities without recidivating. Programs have to involve family members, peers, school personnel, and a multitude of community agencies (e.g., probation, law enforcement, corrections, and social services) (Medaris, 1996). Interventions designed to deter further delinquent behaviors (sometimes called tertiary prevention) must be implemented both while the youth is in a secure facility and as part of a quality aftercare program. While coordinated multiple services are almost always appropriate, the mix of interventions may vary. For example a meta-analysis of single-component interventions for reducing the recidivism of serious or violent juvenile offenders showed that:

- The most effective single components for noninstitutionalized offenders involved training in interpersonal skills, behavioral contracting, and individual counseling; while
- The most effective interventions for institutionalized youth also involved interpersonal skills training, but also included cognitive-behavioral treatment and teaching family homes-not individual counseling (the effects of which were generally but not consistently positive).

Education is also an important intervention at this level. Research shows that educational attainment during incarceration is associated with low rates of recidivism (Harer, 1994). In fact, the Center on Crime, Communities and Culture (1997) reported that programs that promote education and literacy are far more effective at reducing recidivism rates than "shock incarceration" or "boot camp" programs. This is especially important for children and youth that have some form of disability that prevents them from learning using traditional curricula and methods.

Although researchers do not agree on the exact number of youth with disabilities in the juvenile justice system, (Gemignani, 1994; Rutherford, et al., this series) estimated that as many as 40 percent of the youth that are incarcerated in correctional facilities have some form of disability that interferes with their learning. Gemignani submits that it is essential that all youth entering facilities be tested for learning problems and that all correctional education staff receives training in special education techniques. In addition, teachers and administrators must be familiar with Federal and state laws that regulate special education and related services (e.g., Section 504, Individuals with Disabilities Education Act, and the Americans with Disabilities Act). Education plans should: (1) be highly individualized, (2) based on valid and reliable assessments of the youth's abilities, (3) contain academic goals, and (4) address services and supports for successful transitions to public school, independent living, or work in the community. Incarcerated youth need to master vocational, social, and independent living skills that help prepare them for adult living. Furthermore, juveniles with emotional or behavioral problems must receive services that address their mental health needs, even though many mental health facilities are reluctant to accept clients who exhibit violent or antisocial behaviors (Benjamin, 1995).

If education is to produce effective outcomes, collaboration is important. One level of collaboration is between staff within facilities (e.g., teaching staff, clinical staff, residential staff, and security staff). When these efforts are aligned, it is much more likely that youth will achieve positive learning outcomes. For example, the Rhode Island Training School has employed strategic planning and training to break the barriers between residential, security, and teaching staff. (Woodruff, et al., 1999). A second level of collaboration is among agencies. For example, without an alignment between the educational components of public schools, detention centers, and residential facilities, it is likely that students with disabilities will need to wait an inordinate amount of times before their individualized education plans-the plans for addressing their cognitive or behavioral disabilities-are implemented or revised.

The community also plays a key role at this level of intervention prevention as well. OJJDP (1995) advocates that communities develop a broad range of local services and supports to assist youth with the transitions from correctional facilities back into the community. Without high quality aftercare programs, many of the benefits of excellent programs and services offered in the correctional facility will be lost. With quality aftercare services, students' rate of re-enrollment in school, high school graduation, and success in independent living and employment will be increased (Gemingnani, 1994). A number of communities have developed projects and procedures to promote collaborative activities for

youth. Two examples of how communities can work together to provide services necessary to support youth and prevent those involved in juvenile corrections from becoming more involved are RECLAIM Ohio and Norfolk Youth Network (See Sidebars: *RECLAIM Ohio* and *Norfolk Youth Network*).

RECLAIM Ohio

In the mid-1990s, Ohio's Department of Youth Services sought to improve services to youth in secure care and provide more options to local judges and communities for serving youth in community-based programs. The Department of Youth Services (DYS) developed a funding mechanism to enable communities to develop placement options and reduce the number of youth committed to state operated facilities. Local communities are able to use RECLAIM Ohio funds to purchase services and tailor programs to youths' needs (Latessa, et al., 1998).

After a pilot project in nine counties, the Department of Youth Services expanded RECLAIM Ohio statewide in 1995. All jurisdictions in the state could now use financial incentives provided to them by DYS and also expand the number and range of community-based services available to youths. By design, this strategy required close cooperation among the juvenile courts, chemical dependency programs, parenting and family programs, community service programs, behavioral/mental health programs, and education. An evaluation of RECLAIM Ohio indicated that approximately half the local courts had changed their programs in response to this initiative by adding new programs or new providers. Most often communities used new financial resources to provide new services and enhance aftercare (Latessa et al., 1998).

A preliminary evaluation of the outcomes for youth indicated that during a brief three-month follow-up period, over 90 percent of youths participating in RECLAIM Ohio programs were not admitted to a state or community corrections facility. An examination of 2,143 youths during an extended follow-up of unspecified duration indicated that 54 percent of youths had contact with the juvenile justice system during the follow-up period. Statewide, the number of youths committed to DYS facilities was reduced by approximately 30 percent over previous commitment rates (Latessa, et al., 1998).

Norfolk Youth Network

In the late 1980s, in response to a fragmented service delivery system for youth, the city of Norfolk, Virginia, developed the Norfolk Youth Network (Stroul, 1994). The Network is a collaboration of six public child-serving departments and agencies, including education, public health, social services, community services, court services, and juvenile justice. Through a collaborative interagency administration, the Norfolk Interagency Consortium and a client-level structure, the Case Assessment Teams, Norfolk has developed a broader array of services for families and youth. Using state funds and some start-up foundation monies, the collaborative services available now include intensive home services, therapeutic family home care, therapeutic respite care, preschool prevention, and intensive probation services. An analysis of the Norfolk Youth Network credits the program with having a major impact on the functioning of the partner agencies and improving service delivery to children.

As Benjamin (1995) so aptly put it, "when the service systems that support young people focus on the needs of each individual youth rather than on the categorical agenda of the system itself, interventions have the highest rate of success" (p. 28).

Systems of Care

A number of promising efforts at treating youth with behavioral and cognitive disabilities involve systems of care that provide and coordinate a comprehensive array of services and supports that address the needs of children and youth with cognitive or behavioral disorders. For example, many communities or counties have started to develop "systems of care for children's mental health"-"a comprehensive spectrum of mental health and other necessary services that are organized into a coordinated network to meet the multiple and changing needs of [children and youth with]… severe emotional disturbances and their families. Ideally these systems link mental health, child welfare, education, juvenile justice, education, and youth services agencies, and families. Forty-two of these collaborations have been funded by the Center for Mental Health Services (CMHS) under the Comprehensive Community Mental Health Services for Children and Their Families Program. While each collaboration has developed and been configured somewhat differently and serves different populations, collectively they all have improved student grades and attendance and reduced anti social behavior (including reported crimes) among the youth involved in the systems of care (National Resource Network For Child and Family Mental Health Services, 1999). Some sites (e.g., Birmingham, Alabama) involve juvenile court judges and staff. Others (e.g., Milwaukee,Wisconsin) work with adjudicated youth within community settings, still others (e.g., Rhode Island) are actively involved in state training schools. Recently the CMHS released seven monographs that examine aspects of these collaborations (Center for Effective Collaboration and Practice, 1999). These monographs provide the best information available on the impact of collaboration as well as on how to develop collaborations in diverse settings. A study of collaboration at these sites (Hodges et al., 1999) concluded that:

- As a result of collaboration, people have come to know their counterparts in other agencies and are friendlier with one another; allowing them to work with one another in a more respectful way (p. 48).

- Improved collaboration has allowed agencies to work together to change or adapt to a situation rather than place blame (p. 48).

- Even reluctant collaborators had begun to see the value of collaboration (p. 49).

- Several sites reported a shift from individual or agency-specific provision of services to a shared approach to service delivery (p. 49).

- The system of care perspective is shifting the focus of service delivery from the individual service provider to the system as a whole (p. 50).

- Less fragmentation in services was one of the first improvements in service delivery mentioned by participants in this study (p. 51).

- Collaboration has improved the ability of the service system to respond to specialized needs by providing more appropriate service options (p. 52).

- Access to services has improved as a result of their collaborative efforts (p. 52).

- Every site that participated in this study reported that interagency collaboration had improved their ability to consider the needs of the "whole child and the whole family" within the context of their community (p. 53).

- Relationships with family members are growing and changing as a result of interagency collaboration (p. 54).

The Cost of Delinquency Versus The Savings of Collaboration

Comprehensive evaluations on the costs associated with collaborative prevention programs are scarce. There are, however, significant data on the cost of juvenile delinquency for American taxpayers each year. Students who develop delinquent behaviors, or who are arrested, frequently have cognitive and/or behavioral problems and often do not complete high school. As a result, the country's economic productivity is significantly reduced when high school dropouts with disabilities experience prolonged periods of unemployment or underemployment, with the accompanying loss of earned wages and fringe benefits (Wagner, D'Amico, Marder, Newman, & Blackorby, 1992). These students have unemployment rates about 30 percent higher and earn one-third less than high school graduates with learning disabilities. For those youth who have repeated contact with the correctional system, it costs taxpayers an average of $51,000, per individual per year to incarcerate them (Federal Bureau of Prisons, 1991; U.S. Select Committee, 1992). An increasing number of initiatives throughout the country use community-based collaboration and prevention activities to reduce juvenile crime, improve school performance, and increase graduation rates. Data on the cost of incarceration suggest those collaborative prevention programs more than pay for themselves in reduced costs in juvenile corrections.

The State Attorney's Office of Duval County, Florida, began an initiative in 1991 to reduce juvenile crime. Duval County promoted early interventions to educate and rehabilitate juveniles who were at risk of becoming criminals, and incarcerated only repeat and violent offenders. This multi-strategy collaboration included schools, families, and various agencies and organizations within the community. Among other things, the collaborative efforts focused on reducing domestic violence, substance abuse, and truancy, and teaching conflict resolution skills. An evaluation of this collaborative effort has concluded that more than 7,200 thefts of motor vehicles, robberies, and burglaries, have been prevented since the program has been in operation. This reduction in crime is estimated to save the county about six million dollars per year (Shorstein, 1998).

Money is also saved when children and youth can receive services and supports in their own communities, rather than in expensive out-of-home-treatment facilities. Wraparound Milwaukee, the Milwaukee Center for Mental Health Services' project, worked collaboratively to develop services and supports for children and their families in their home communities. The program, referred to as the 25 Kid Project, was piloted on 25 children who were then in out-of-home placements. These children (many of whom already had a history of committing juvenile offenses) were considered to be in dire need of comprehensive and intensive services, and were not being considered for discharge from the institution in the foreseeable future. Working collaboratively, Wraparound Milwaukee was able to provide the services and supports necessary to return these children and youth to and maintain in their home communities. An evaluation of this program at six months, one year, and two years after intervention found improved outcomes for both children and parents. Most children involved in the program have not continued their earlier pattern of delinquent behavior. Wraparound Milwaukee has since been expanded to provide services to over 100 children

with a goal of reaching all children in the state who are in out-of-home placement facilities. In Milwaukee, the community-based collaborative program has not only been effective in preventing problems for children and youth (See Sidebar: *Crossroads*), it has also been cost effective. While the average cost associated with out-of-home treatment in Milwaukee is $44,449 (mean) per month per youth, costs associated with Wraparound Milwaukee average $2,800 (mean) per month per child (O'Neil, 1998).

The Crossroads, in San Mateo County, California, reported that providing wraparound services to youth on probation led to a 61 percent reduction in the number of crimes committed by these youth during the 12 months after entry to the program (O'Neil, 1998).

In addition to the actual dollar savings related to preventing juvenile crime, communities reap other benefits from providing services and supports to children and youth at risk for delinquent or violent behavior. One benefit is a safer community. When crime rates are low, fewer people are victimized and communities become safer places to live, work, and raise a family. Another set of benefits comes from creating citizens who become productive members of society. A community benefits not only from the tax dollars that these individuals provide upon employment, but enjoy the rewards that come from civic-minded individuals who are bonded to their community.

Conclusion

When the public reads or hears reports of juvenile violence and delinquency, an initial reaction may be that something must be done about "those kids." In response to the public's concern, well-meaning politicians pass legislation that promises stiffer penalties and harsher sentencing for juvenile offenders. This knee-jerk reaction provides what appears to be a quick fix to a serious problem— finding a way to separate productive, law-abiding citizens from juvenile delinquents. Our taxes are spent to build more detention and correctional facilities, and lock these kids away for longer periods of time, making the public feel like it is working to create a safer society in which to live, work, and raise families. The current approach, however, of "attacking" only the symptoms of juvenile delinquency with reactive and punitive measures has done little to curb juvenile crime in this country.

A better approach to reducing juvenile delinquency and crime is to provide services and supports through community-based, family-focused, prevention-oriented collaboration. Children and youth with disabilities and others in the juvenile justice system often require a range of habilitative services and supports. In order to address the multiple needs of children and their families, these services must be comprehensive, collaborative, and they must be available in the multiple environments in which these children live. The sidebar, *Frank is Served Through Collaboration*, describes how such services can collaborate to help Frank and his grandparents address his cognitive and behavioral difficulties.

Frank is Served Through Collaboration

Using a collaborative structure, agencies and organizations in Frank's community worked together to provide Frank and his family with the supports necessary to address his risk factors and increase his protective factors for juvenile delinquency. For example, during outdoor education, Ms. Hoffman, Frank's teacher, recognized signs of budding friendships between Frank and a few of his peers. In order to maintain these friendships and strengthen the trust developed through these activities, she contacted Frank's social worker to inquire about the availability of additional resources. The social worker mobilized the community

structure of collaboration among agencies, entitled Kids Count. This organization coordinated agency services under the direction of one caseworker to help Frank and his family enhance his progress and meet his remaining needs. Among the many ways this team offered support to Frank and his family were:

- *The social worker helped Frank become involved in the local Big Brother mentoring program and had them link with his special education teachers to help identify and train a mentor who could attend to Frank's learning styles and not be sucked into negative encounters when Frank became oppositional.*
- *The school counselor worked with Frank and the art teacher to ensure that they both had the supports necessary for his successful participation in the after-school art program.*
- *Frank's Big Brother was instrumental in helping him be reinstated in the local boys club and in helping them learn to better respond to his cognitive and behavioral needs.*
- *Frank's case worker helped Frank and his grandparents acquire mental health services within the community, which included respite time for Frank and them. The therapist visited Frank's home and provided counseling to both Frank and his family once a week. The therapist was also available for crisis intervention, when the need arose.*
- *The mental health therapist also recommended a support group for grandparents involved in kinship care. This group meets twice a month at a local church. Frank and his Big Brother work on homework while his grandparents attend these meetings.*

Frank's attitude and behaviors have improved such that his teachers have noticed the change in his classes. Frank has learned how to cooperate and solve group problems through teamwork. With all the community-wide supports he is receiving, Frank's time is more structured because he is now able to participate in activities. As a result, he has improved relations with his peers, his playground behavior has improved, and he has even been invited to sleepovers on occasion. Things are not yet perfect, however. Frank is under a behavior contract with his special education teacher to continue to improve his academic performance and classroom behaviors. If he is successful in continuing these changes, he will attend a summer camp for two weeks in July organized by the community's parks and recreation department.

The added benefit of collaborative programs is that rather than temporarily removing offenders from society, they serve to maximize the potential of all young people to become productive law abiding citizens, thus creating a safer society in which to live, work, and raise a family. In essence, instead of focusing only on punishing "those kids", these efforts go one step further to identify and address the individual, family, and societal issues that make "those kids" (our kids) act in unlawful ways. A community-wide collaborative effort enhances interventions in several ways. Such efforts can change the politics and norms of the community (Bracht & Kingsbury, 1990), provide consistency of behavioral expectations across domains, enlist a greater number of volunteers, and improve the likelihood that the interventions will become long term. Because there is no one way to collaborate, schools, communities, and youth-serving agencies must engage in comprehensive planning and preparation efforts to design collaborative approaches that will meet their specific needs. While this is not easy, the result is worthwhile, both in the short, and long-term benefits that youth, their families, and their communities all reap.

References

Altschuler, D.M. (1998). Intermediate sanctions and community treatment for serious and violent juvenile offenders. In R. Loeber & D. P. Farrington (Eds.), Serious and violent juvenile offenders: Risk factors and successful interventions (pp.367-385). Thousand Oaks, CA: Sage.

Allen, R. I. & Petr, C. G. (1998). Rethinking family-centered practice. American Journal of Orthospyschiatry, 68 (January), 4-15.

Annie E. Casey Foundation (1998). Kids Count. Available: http:/www.aecf.org/Kidscount/KC1997/overview.htm

Barth, R. P., Hacking, S., & Ash, J. R. (1988). Preventing child abuse: An experimental evaluation of the Child Parent Enrichment Project. *Journal of Primary Prevention, 8,* 201-217.

Benjamin, M. P. (1995). Effective collaboration as the key to understanding and reducing youth violence: A mental health perspective. Washington, DC: National Technical Assistance Center for Children's Mental Health, Center for Child Health and Mental Health Policy.

Biglan, A. (1995). Translating what we know about the context of antisocial behavior into a lower prevalence of such behavior. Journal of Applied Behavioral Analysis, 28, 479-492.

Bracht, N. & Kingsbury, L. (1990). Community organization principles in health promotion: A five-stage model. In N. Bracht (Ed.)., *Health Promotion at the Community Level* (pp. 66-88). Newbury Park, CA: Sage.

Brewer, D. D., Hawkins, D. J., Catalano, R. F., & Neckerman, H. J., (1995). Preventing serious, violent, and chronic juvenile offending: A review of evaluations of selected strategies in childhood, adolescence, and the community. In J. C. Howell, B. Krisberg, J. D. Hawkins, & J. J. Wilson (Eds.) Sourcebook on serious, violent, and chronic juvenile offenders. Thousand Oaks, CA: Sage Publications.

Bruner, C. (1991). Thinking collaboratively: Ten questions and answers to help policy makers improve children's services. Washington, D.C.: Education and Human Services Consortium.

Burns, B.J. (1997). What drives outcomes for emotional and behavioral disorders in children and adolescents? In Steinwachs, D.M., Flynn, L.M., et al. (Eds.) Using client outcomes information to improve mental health and substance abuse treatment (pp.89-102). San Francisco, CA: Jossey-Bass Inc.

Bushway, S. & Reuter, P. (1997). Labor Markets and Crime Risk Factors. In Sherman, L., Gottfredson, D., Mackenzie, D., Eck, J., Reuter, P. & Bushway, S. (Eds.), *Preventing crime: What works, what doesn't, what's promising.* College Park, MD: Department of Criminology and Criminal Justice.

California Youth Authority (1998). Monthly special education reports. Sacramento, CA: Department of the Youth Authority.

Cantelon, S. L. (1994). Family strengthening for high-risk youth. Office of Juvenile Justice and Delinquency Prevention [On-line]. Available: http://www.ncjrs.org/txfiles/fs-9408.txt

Carnegie Council on Adolescent Development (1992). A matter of time: Risk and opportunity in the nonschool hours. New York: Carnegie Corporation of New York.

Casey, K., & Keilitz, I. (1990). Estimating the prevalence of learning disabled and mentally retarded juvenile offenders: A meta-analysis. In P. E. Leone (Ed.), Understanding troubled and troubling youth (pp. 82-101). Newbury Park, CA: Sage.

Catalano, R. F., Arthur, M. W., Hawkins, J. D.., Berglund, L., & Olson, J. J. (1998). Comprehensive community- and school-based interventions to prevent antisocial behavior. In R. Loeber & D. P. Farrington (Eds.), Serious and violent juvenile offenders: Risk factors and successful interventions (pp.248-283). Thousand Oaks, CA: Sage.

Cause, A.M., Comer, J.P., & Schwartz, D. (1987). Long term effects of system-oriented school prevention program. American Journal of Orthopsychiatry, 57 (1), 127-131.

Center of Effective Collaboration and Practice, American Institutes for Research (1999). Systems of Care: Promising Practices in Children's Mental Health, 1998 Series. Washington, DC: Author.

Center for Media and Public Affairs, as cited in Schiraldi, V. (10/11/98). The latest trend in juvenile crime: Exaggeration by the news media. The Washington Post.

Center on Crime, Communities & Culture. (1997). Education as crime prevention: Providing education to prisoners. Research Brief, Occasional Paper Series, 2. New York, NY: Author.

Chaiken, M. R. (1998). Kids, COPS, and communities. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Cheney, D., & Osher. T., (1997). Collaborate with families. Journal of Emotional and Behavioral Disorders, 5(1), 36-44.

Doren , B., Bullis, M., & Benz, M. (1996). Predicting arrest status of adolescents with disabilities in transition. The Journal of Special Education, 29, 363-380.

Dwyer, K., Osher, D., & Warger, C. (1998). Early Warning, timely response: A guide to safe schools. Washington, DC: U.S. Department of Education.

Dwyer, K., Osher, D., Warger, C., Bear, G., Haynes, N., Knoff, H., Kingery, P., Sheras, P., Skiba, R., Skinner, L., & Stockton, B. (1998*) Early Warning, timely response: A guide to safe schools.* Washington, DC: U.S. Department of Education.

Dunkle, M., & Nash, M. (March 15, 1989). Creating effective interagency collaboratives. Education Week, 35 & 44.

Elliot, D.S. (1994). Serious violent offenders: Onset, developmental course, and termination-The American Society of Criminology 1993 presidential address. Criminology, 32, 1-21.

Elliot, D. S., Hamburg, B., & Williams, K. R. (1998a). Violence in American schools: An overview. In D.S. Elliot, B. Hamburg, & K. R. Williams (Eds.), Violence in American schools: A new perspective (pp. 3-28).

Elliot, D. S., Hamburg, B., & Williams, K. R. (1998b). An integrated approach to violence prevention. In D.S. Elliot, B. Hamburg, & K. R. Williams (Eds.), Violence in American schools: A new perspective (pp. 379-386). New York: Cambridge University Press.

Eraut, M. (1995). Developing professional knowledge within a client-centered orientation. In T.R. Gusky & M. Huberman (Eds.), Professional development in education: New paradigms and practices (pp. 237, 251). NY: Teachers College Press.

Farrington, D.P. (1991). Childhood aggression and adult violence: Early precursors and later-life outcomes. In D.J. Pepler & K.H. Rubin (Eds.), The development and treatment of childhood aggression (pp. 5-29). Hillsdale, NJ: Lawrence Erlbaum.

Federal Bureau of Prisons (1991). Washington, DC: Department of Research and Evaluation.

Finkelstein, Y., Markowitz, M. E., & Rosen, J. F. (1998). Low-level lead-induced neurotoxicity in children: An update on central nervous system effects. *Brain Research Reviews. 27*, 168-176.

Fitzsimons-Lovett, A., Quinn, M., Rutherford, R., & Ashcroft, R. (1997). Reducing Crime and Substance Abuse Among Youth with Emotional/Behavioral Disorders. In Bullock, L.M. & Gable, R.A. (Eds.), Making Collaboration Work for Children, Youth, Families, Schools, and Communities (pp. 35-38). Reston, VA: The Council for Exceptional Children.

Friesen, B. J., Koren, P., & Koroloff, N. (1992). How parents view professional behaviors: A cross-professional analysis. *Journal of Child and Family Studies,* I, 209-231.

Garmezy, N. (1996). Reflections and commentary on risk, resilience, and development. In R.J. Haggerty, L.R. Sherwood, N. Garmezy, & M. Rutter (Eds.), Stress, Risk, and Resilience in Children and Adolescents (pp. 1-18). Cambridge, UK: Cambridge University Press.

Gemignani, R. J. (1994). Juvenile correctional education: A time for change. Office of Juvenile Justice and Delinquency Prevention Update on Research. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Goldman, S.K. & Faw, , L. (1999). "Three wraparound models as promising approaches."in Burns, B.J. & Goldman, S.K., (Eds.) (1999). Promising practices in wraparound for children with serious emotional disturbance and their families. *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Vol. IV*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research. (pp. 17-60)

Gottfredson, D.C. (1986). An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. Criminology, 24, 705-731.

Gottfredson, D.C. (1997). School-based crime prevention. In Sherman, L., Gottfredson, D., Mackenzie, D., Eck, J., Reuter, P. & Bushway, S. (Eds.), *Preventing crime: What works, what doesn't, what's promising.* College Park, MD: Department of Criminology and Criminal Justice.

Greenberg, M.T., Kusche, C., & Mihalic, S.F (1998). *Blueprints for Violence Prevention, Book Ten: Promoting Alternative Thinking Strategies (PATHS).* Boulder, CO: Center for the Study and Prevention of Violence.

Greenley, J. R. & Kirk, S. A. (1973). Organizational characteristics of agencies and the distribution of services to applicants. Journal of Health and Social Behavior, 14, 70-79

Greenwood, P.W., Model, K.E., Rydell, C.P., & Chiesa, J. (1996). Diverting children from a life of crime: Measuring costs and benefits. Santa Monica, CA: RAND.

Harer, M. D. (1994). Recidivism among federal prison releases in 1987: A preliminary report. Washington, DC: Federal Bureau of Prisons, Office of Research and Evaluation, (p. 4).

Hart, B. & Rilsey T. R. (1995) Meaningful differences in the everyday experiences of young American children. Baltimore: Brooks.

Hawkins, J. D., Catalano, R. F., & Associates. (1992). Communities that care: Action for drug abuse prevention. San Francisco: Jossey-Bass.

Haynes, N.M. & Comer, J.P. (1993). The Yale school development program: Process, outcomes, and policy implications. Urban Education, 28 (2), 166-199.

Hodges, S., Nesman, T., & Hernandez, M. (1999). Promising practices: Building collaboration is systems of care. *Systems of Care: Promising Practices in Childrens's Mental Health, 1998 Series, Volume VI.* Washingtion, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.

Howell, J. C. (1998). Promising programs youth gang violence prevention and intervention. In R. Loeber & D. P. Farrington (Eds.), Serious and violent juvenile offenders: Risk factors and successful interventions (pp. 284-312). Thousand Oaks, CA: Sage.

Huberman, M., Levinson, N., Havelock, R. G., & Cox, P. L. (1981). Interorganizational arrangements. Knowledge: Creation, Diffiusion, Utilization, 3(1), 5-22.

Huizinga, D. (1997). Developmental sequences in delinquency, in L.J. Crockett and A.N. Crouter, (Eds.), Pathways through adolescence: Individual development in relationship to social contests. New York: Erlbaum.

Huxley, P. & Warner, R. (1993). Primary prevention of parenting dysfunction in high-risk cases. *American Journal of Orthopsychiatry, 63,* 582-588.

Institute of Medicine. (1994). *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research.* Washington, DC: National Academy Press.

Jackson, D. & Maddy, W. (1992). Building coalitions. Columbus, OH: The Ohio Center for Action on Coalitions for Families and High Risk Youth.

Jessor, R. (1976). Predicting time of onset of marijuana use: A developmental study of high school youth. Journal of Consulting & Clinical Psychology, 44 (1), 125-134.

Johnson, H. C. et al. (1988). Social worker' views of parents of children with mental and emotional disabilities. *Families in Society: The Journal of Contemporary Human Services* (March-April), 173-187.

Karasoff, P. (1998, February). Collaborative partnerships: A review of the literature. In J. K. Jones (Ed.), Profiles in collaboration: A comprehensive report of the Professional Development Partnership Projects (pp. 7-22). Washington, DC: Technical Assistance Center for Professional Development Partnerships, Academy for Educational Development.

Kazdin, A. (1987). Conduct disorders in children and adolescents. Newbury Park, CA: Sage.

Kelly, B.T., Thornberry, T.P., & Smith, C.A. (1997). In the wake of childhood maltreatment. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Knitzer, J. (1996). The Role of Education in Systems of Care. In B.A. Stroul (Ed), *Children's Mental Health: Creating Systems of Care in a Changing Society*. Baltimore, MD: Paul H. Brookes Publishing Co., pp. 197-213.

Knoff, H.M., & Batsche, G.M. (1991). The Referral Question Consultation process: Addressing system, school, and classroom academic and behavioral problems. Tampa, FL: Authors.

Krisberg, B., & Austin, J.F. (1993). Reinventing juvenile justice. Newbury Park, CA: Sage.

Krisberg, B., Austin, J.F., & Steele, P.A. (1989). *Unlocking juvenile corrections*. San Francisco: National Council on Crime and Delinquency.

Krisberg, B., & Howell, J.C. (1998). The impact of the juvenile justice system and prospects for graduated sanctions in a comprehensive strategy. In R. Loeber & D. P. Farrington (Eds.), Serious and violent juvenile offenders: Risk factors and successful interventions (pp.346-366). Thousand Oaks, CA: Sage.

Larson, C.C.P. (1980). Efficacy of prenatal and postpartum home visits on child health and development. Pediatrics, 66, 191-197.

Latessa, E. J., Turner, M. G., Moon, M. M., & Applegate, B. K. (1998). A statewide evaluation of the RECLAIM Ohio Initiative: Executive summary. Columbus, OH: Department of Youth Services.

Latimore, C.B., Mihalic, S.F., Grotpeter, J.K., & Taggart, R. (1998). *Blueprints for Violence Prevention, Book Four: The Quantum Opportunities Program.* Boulder, CO: Center for the Study and Prevention of Violence.

LeBoeuf, D., & Delany-Shabazz, R. V. (1997). Conflict resolution fact sheet. Office of Juvenile Justice and Delinquency Prevention [On-line]. Available: http://www.ncjrs.org/textfiles/fs-9755.txt

Lehman, C.M., Wolford, B., Stuck, Jr., E.M., & Kelly, R.E. (1998). Introduction. In Building Collaboration Between Education and Treatment for At-Risk and Delinquent Youth: An Interdisciplinary Approach with Action Plan (pp. 1-6). Richmond, KY: National Juvenile Detention Association.

Lipsey, M. W. (1992). Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects. In T.D. Cook, H. Cooper, D.S. Cordray, H. Hartmann, L.V. Hedges, R.J. Light, T.A. Louis, & F. Mosteller (Eds.), Meta-analysis for explanation: A casebook (pp. 83-127). New York: Russell Sage.

Loeber, R. & Farrington, D.P., 1994. Problems and solutions in longitudinal and experimental treatment studies of child psychopathology and delinquency. Journal of Consulting and Clinical Psychology, 62 (5).

Loeber, R., & Hay, D.F. (1994). Developmental approaches to aggression and conduct problems. In M. Rutter & D.F. Hay (Eds.), Developmental through life: A handbook for clinicians (pp. 488-515). Oxford: Blackwell Scientific.

Mathur, S.R., Quinn, M.M., & Rutherford, R.B. (1996). *Teacher-mediated behavior management strategies for children with emotional/behavioral disorders*. Reston, VA: Council for Children with Behavioral Disorders.

McGill, D.E., Mihalic, S.F., Grotpeter, J.K., (1998). *Blueprints for Violence Prevention, Book Two: Big Brothers Big Sisters of America.* Boulder, CO: Center for the Study and Prevention of Violence.

McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist, 53,* 185-204.

Medaris, M. (1996). Serious habitual offender comprehensive action program. Office of Juvenile Justice and Delinquency Prevention [On-line]. Available: http://www.ncjrs.org/txfiles/shocap.txt

Melaville, A.I., & Blank, M.J. (January, 1991). What it takes: Interagency partnerships to connect children and families with comprehensive services. Washington, DC: Education and Human Services Consortium.

Merton, R.K. (1957). Social Theory and Social Structure. Glencoe, IL: Free Press.

Mintzberg, H. (1983). Structure in Fives, Designing Effective Organizations. Englewood Cliffs, NJ: Prentice-Hall, Inc.

National Agenda for Achieving Better Results for Children and Youth with Serious Emotional Disturbance (1998). Washington DC: U.S. Department of Education Office of Special Education and Rehabilitative Services, Office of Special Education Programs.

National Association of School Boards of Education (1994). Schools without fear: The report of the NASBE study group on violence and its impact on schools and learning. Alexandria, VA: Author.

National Resource Network for Child and Family Mental Health Services at the Washington Business Group on Health. (Ed.) (1999). A compilation of lessons learned from the 22 grantees of the 1997 Comprehensive Community Mental Health Services for Children and Their Families Program. *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume VII.* Washington D.C: Center for Effective Collaboration and Practice, American Institutes for Research.

Needleman, H. L., Riess, J. A., Tobin, M. J., Biesecker, G. E., & Greenhouse, J. B. (1996). Bone lead levels and delinquent behavior. *Journal of the American Medical Association, 275*, 363-369.

O'Neil, P. (1998). *Improving the mental health of our nation's children*. Congressional briefing on family matters. Washington, DC: Comprehensive Community Mental Health Services for Children and Their Families Program, Child, Adolescent, and Family Branch, Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration.

Office of Juvenile Justice and Delinquency Prevention (1995). Guide for implementing a comprehensive strategy for serious, violent and chronic juvenile offenders. Washington, DC: Author.

Office of Juvenile Justice and Delinquency Prevention (1998). Focus Group Report on Youth with Learning Disabilities and Other Disabilities in the Juvenile Justice System. Washington, DC: Author.

Office of Juvenile Justice and Delinquency Prevention [On-line]. Available: http://www.ojjdp.ncjrs.orj/council/index.html

Office of Juvenile Justice and Delinquency Prevention (1998). Serious and Violent Juvenile Offenders (Bulletin). Washington, DC: Author. (NCJ 170027)

Olds, D. (1997). The prenatal early infancy project: Preventing child abuse and neglect in the context of promoting maternal and child health. In Wolfe, D. A., McMahon, R. J., et al. (Eds.), Child abuse: New directions in prevention and treatment across the lifespan (pp. 130-154). Thousand Oaks, CA,: Sage Publications, Inc.

Olds, D., Pettitt, L. M., Robinson, J., Henderson, C., Jr., Eckenrode, J., Kitzman, H., Cole, B., & Powers, J. (1998). Reducing risks for antisocial behavior with a program of prenatal and early childhood home visitation. Journal of Community Psychology, 26 (1), 65-83.

Olds, D. & Henderson, C., Jr. (1989). The prevention of maltreatment. In Cicchetti, D., Carlson, V., et al. (Eds.), Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect (pp. 722-763). New York: Cambridge University Press.

Olds, D., Henderson, C. R., Jr., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., Pettitt, L., Sidora, K., Morris, P., & Powers, J. (1998). Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association, 280*,1238-1244.

Osher, D. (1998). Unpublished Report on Focus group with Correctional Educators.

Osher, D. (1999, Summer). Effective Collaboration: Key to Improving Outcomes for Children and Youth. Claiming Children, Special Theme Issue, 3-4.

Osher, D. & Hanley, T. V. (1996). Aiding our at-risk children. Education Satlink, March, 4-8.

Osher, D.& Hanley, T.V. (1997). Building upon an emergent social service delivery paradigm. In L.M. Bullock & R.A. Gable (Eds.). Making collaboraton work for children, youth, families, schools, and communities (pp. 10-15). Reston, VA: Council for Children with Behavioral Disorders & Washington, DC: Chesapeake Institute

Osher, T., deFur, E., Nava, C., Spencer, S., & Toth-Dennis, D., (1999). New roles for families in systems of care. *Systems of care: Promising Practices in Children's Mental Health, 1998 Series, Volume I.* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Patterson, G.R., Reid, J.B., & Dishion, T.J. (1992). Antisocial boys: A social interactional approach (Vol. 4). Eugene, OR: Castalia.

P.L. 102-32, Public Health Service Act, 1992

Quinn, M.M., Osher, D., Hoffman, C.C., & Hanley, T.V. (1998). *Safe, drug-free, and effective schools for All students: What works!* Washington DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Schoenwald, S.K., Henggeler, S. W., Pickrel, S. G. & Cunningham, P. B. (1996). Treating seriously troubled youths and families in their contexts: Multisystemic therapy. In M. C. Roberts, (Ed.), Model programs in child and family mental health. Mahwah, NJ, Lawrence Erlbaum (pp. 317-331).

Sherman, L. (1997). Communities and Crime Prevention. In Sherman, L., Gottfredson, D., Mackenzie, D., Eck, J., Reuter, P. & Bushway, S. (Eds.), *Preventing crime: What works, what doesn't, what's promising.* College Park, MD: Department of Criminology and Criminal Justice.

Shore, L.B. (1997). Common purpose. New York: Anchor.

Shorstein, H. L. (1998). *Statement on Juvenile Justice*. Duval, FL: Fourth Judicial Circuit of Florida.

Simpson, J.S., Koroloff, N., Friessen, B.F., & Gac, J. (1999). Promising Practices in family-provider collaboration. *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume II.* Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.

Slavi, R.E., Madden, N.A., Karweit, N.L., Livermon, B.J., & Dolan, L.J. (1990). Success for all: First-year outcomes of a comprehensive plan for reforming urban education. American Ed. Research Journal, 27 (2), 255-278.

Snyder, H. N. (1998). Serious, violent, and chronic juvenile offenders: An assessment of the extent of and trends in officially recognized serious criminal behavior in a delinquent population. In R. Loeber & D. P. Farrington (Eds.), Serious and violent juvenile offenders: Risk factors and successful interventions (pp.428-444). Thousand Oaks, CA: Sage.

Soler, M. (1992). Interagency Services in the Juvenile Justice System. In I.M. Schwartz (Ed). Juvenile justice and public policy: Toward a national agenda, pp.134-150. New York: Lexington Books.

Stroul, B. A. (1994). Richland County, Ohio. In B. A. Stroul, I. S., Lourie, S. K. Goldman, & J. W. Katz-Leavy, Profiles of local systems of care for children and adolescents with severe emotional distrubances (Revised edition). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Swan, W. W. & Morgan, J. L. (1994). Collaborating for comprehensive services for young children and their families: The local interagency coordinating council. Paul H. Brookes Publishing.

Thornberry, T.P. & Burch, J.H. (1997). Gang members and delinquent behavior. Washington, DC: U.S. Department of Justice.

Tierney, J. P. & Grossman, J. B. (1995). Making a difference: An impact study of Big Brothers/Big Sisters. Philadelphia, PA.: Public/Private Ventures.

Tolan, P., & Guerra, N. (1994). What works in reducing adolescent violence: An empirical review of the field. Boulder, CO: The Center for the Study of Prevention of Violence, University of Colorado.

Tremblay, R.E., & Craig, W.M. (1995). Developmental crime prevention. In M. Tonry & D.P. Farrington (Eds.), Crime and injustice: An annual review: Vol. 19. Building a

safer society: Strategic approaches to crime prevention (pp. 151-236). Chicago: University of Chicago Press.

University of Maryland Department of Criminology and Criminal Justice (1997). Preventing crime: What works, what doesn't, and what's promising. Washington, DC: U. S. Department of Justice, Office of Justice Programs.

U.S. Department of Education (1994). Sixteenth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act. Washington D.C.: Author

U.S. Department of Education (1998). Twentieth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act. Washington D.C.: Author.

U.S. Department of Education (1998). Annual Report on School Safety. Washington D.C.: Author.

U.S. Select Committee (1992, March). On the edge of the American dream: A social and economic profile in 1992. Select Committee on Narcotics Abuse and Control. Washington, DC: Government Printing Office.

Wagner, M. (1991) Dropouts with Disabilities: What do we know; What can we do. A report from the national longitudinal transition study of special education students. SRI International. Washington, DC: U.S. Department of Education, Office of Special Education Programs.

Wagner, M., D'Amico, R., Marder, C., Newman, L., & Blackorby, J. (1992). What happens next? Trends in post-school outcomes of youth with disabilities. The second comprehensive report from the national longitudinal transition study of special education students. SRI International. Washington, DC: U.S. Department of Education, Office of Special Education Programs.

Walker, H. M., & Bullis, M. (1996). A comprehensive services model for troubled youth. In C. M. Nelson, R. B. Rutherford, & B. I. Wolford (Eds.) (1998). Comprehensive and collaborative systems that work for troubled youth: A national agenda. Richmond, KY: East Kentucky University, National Juvenile Detention Association.

Walker, H.M., Colvin, G., & Ramsey, E. (1995). *Antisocial Behavior in School: Strategies and best practices.* Pacific Grove, CA Brooks/Cole.

Walker, H. M., Horner, R. H., Sugai, G., Bullis, M., Sprague, J. R., Bricker, D., & Kaufman, M. J. (1996). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. Journal of Emotional and Behavioral Disorders, 4(4), 194-209.

Wahl, O. F. (1989). Schizophrenogenic parenting in abnormal psychology textbooks. *Teaching of Psychology* 16 (February), 31-33.

Widom, C.S. (1989). The cycle of violence. Science, 244, 160-166.

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

Wilson J. Q. (1989). Bureaucracy: What government agencies do and why they do it. New York: Basic Books.

Woodruff, D.W., Osher, D., Hoffman, C.C., Gruner, A., King, M. A., Snow, S. T., McIntire, J. C. (1999). The role of education in a system of care: Effectively serving children with emotional or behavioral disorders. *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Vol. IV*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Zigler, E. F. & Muenchow, S. (1992). Head Start: The inside story of America's most successful educational experiment. New York: Basicbooks, Inc.