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Juvenile justice and mental health: Youth and families in the middle

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Abstract

Addressing the mental health needs of youth in the juvenile justice system is a key imperative for all stakeholders interested in preventing and reducing juvenile delinquency. Despite the substantially higher rates of mental health disorders among these youth, services and approaches are fraught with barriers including inadequate assessment, fragmentation, and deficit-based intervention. Comprehensive, system-level reform is necessary to better address the needs of youth with mental health disorders entering the juvenile justice system. Using a public health approach to youth violence as an overarching framework, the need for a community-based, family-centered, strength-based system of care philosophy is outlined. © 2002 Elsevier Science Ltd. All rights reserved.

1. Scope of the problem

Community leaders, policymakers, funding agencies, and the public have begun to recognize that youth violence is a complex public health problem in this country (Commission for the Prevention of Youth Violence, 2000; Snyder & Sickmund, 1999; Thornton, Craft, Dahlberg, Lynch, & Baer, 2000). In 1997, 20% of all arrests involved a juvenile. Juveniles accounted for a large percentage of arrests for robbery (30%), vandalism (43%), and property crimes (35%), including arson (50%). The increase in juvenile violent

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crime rates is greatest for young juveniles, ages 10–12, with the National Juvenile Justice Data Analysis Project reporting that one in twenty 12-year-olds had carried a handgun in the past 12 months (Puzzanchera, 2000). Data also show that the female juvenile violent crime rate more than doubled from 1987 to 1994, and the male rate increased by two-thirds (Snyder & Sickmund, 1999).

2. Evidence of comorbidity in young offenders

Youth involved with the juvenile justice system frequently have more than one co-occurring mental and/or substance use disorder, making their diagnosis and treatment needs more complex (Coalition for Juvenile Justice Annual Report, 2000; Justice for Juveniles Initiative, 1999). Indeed, Teplin's (2001) preliminary findings through the Northwestern Juvenile Project indicated that two-thirds of juvenile detainees in the baseline sample have one or more alcohol, drug, and/or mental (ADM) disorders (see also Huizinga, Loeber, Thornberry, & Cothorn, 2000; U.S. Public Health Service, 2000). On the national level, "more than 670,000 youth processed in the juvenile justice system each year would meet diagnostic criteria for one or more ADM disorders that require mental health and/or substance abuse treatment" (Teplin, 2001, p. 2). Of the one million youth who come into contact with the juvenile justice system, as many as 60% of those incarcerated may have a mental health disorder and as many as 20% may have a severe disorder; as many as 50% may have substance use problems. Data from the Program of Research on the Causes and Correlates of Delinquency indicated that the problem that co-occurs most frequently with serious delinquency is drug use (Huizinga et al., 2000). Furthermore, these researchers reported a significant relationship between persistent mental health problems and persistent serious delinquency for males across three study sites. However, according to the National Mental Health Association, even though 60–70% of youth entering the juvenile justice system have emotional disturbances, few receive adequate screening, assessment, or treatment. Tragically, while incarcerated, many of the youth are victimized, abused, and attempt suicide. While comorbidity is difficult to treat among youth, the lack of appropriate intervention coupled with the high probability of experiencing a traumatic event while incarcerated increases the likelihood of exacerbated mental health problems, development of additional mental health disorders, and reduced treatment responses.

3. Traditional approaches to intervention: what does not work

Significant functional impairment in home, school, and community frequently leads these children, youth, and their families to seek help from multiple public and private agencies. Unfortunately, the human service arena is often fragmented by separate agency mandates and funding streams, thus, adding to the burden of youth and families already facing tremendous obstacles. Many of the challenges facing the juvenile justice field as it endeavors to improve outcomes for youth and families are not unique. As human service professionals in youth-

serving agencies across the country struggle to assess what works, what does not, and how, there is growing acknowledgement that youth must be seen within a context of social environments including family, school, peer group, community, and their larger physical and cultural surroundings. Unacceptably high rates of youth violence, child abuse, school failure, teen pregnancy, lack of parenting support, and persistent poverty are often related and therefore cannot be effectively addressed in isolation. The current level of fragmentation in the human services system takes a tremendous toll on the very individuals and families that the programs intend to help, resulting in ineffectual prevention or intervention. In fact, the fragmentation of the service system often contributes to fragmentation of the family.

Programs and services habitually attempt to “fix” individuals and problems. Youth are often provided services out of the context of their families, and families are provided services out of the context of their neighborhood and culture. Moreover, families are often blamed for needing the services at a time when they are most vulnerable. Lack of responsiveness to emergent family needs compels families to go from “pillar to post” seeking the help they require. They must travel to each separate agency, deal with each agency’s policies and procedures, and tell their story over and over in an effort to access assistance. Faced with blaming and problem-focused attitudes of many providers, coupled with lack of service access and responsiveness, families often become angry and frustrated, leaving them less able to cope with the family situation and ironically need more system “help.” When family members do receive assistance, it is often characterized by the following approaches:

- “One size fits all” services that are provided based upon availability (usually very limited) rather than those individualized to match strengths and needs of the family (including attention to cultural preferences and needs).
- Family members typically receive services as individuals, with separate service records and case workers, since the service system is not geared to consider the family as a whole.
- Service planning is defined, delivered, and monitored by professionals without regard to the expertise, strengths, culture, and resources of the family.
- Families are not encouraged to consider extended family, neighborhood and other community resources, as these are not viewed as “legitimate” partners in service and treatment plans by professionals.

In addition, programs often establish their services through an internal process in which problems are discussed, solutions are determined, and a method of delivery is then implemented with little input from the youth and family served. These approaches often result in crises, overuse of restrictive and costly residential, inpatient and other out-of-community services, which often separates children and youth from their families and their communities.

4. Traditional approaches in juvenile justice: what does not work

During the 1990s, much legislation emerged across the nation mandating the transfer of youth offenders to adult courts (Mendel, 2000). This punitive practice, driven by the notion of

“adult time for adult crime,” has been shown to have particularly harmful effects on delinquent youth. The recent Surgeon General’s Report on Youth Violence (U.S. Department of Health and Human Services, 2001), in its evaluation of prevention/intervention strategies, has labeled waivers to adult court as an ineffective tertiary strategy for preventing further criminal behavior in delinquent youth. In Minnesota, for example, an additional crime was committed within 2 years by 58% of transferred youth versus 42% of youth retained in juvenile courts (Bishop & Frazier, 2000). Further, youth are exposed to increased harm when placed in adult criminal institutions. When compared to those placed in youth institutions, young offenders in adult criminal institutions are more likely to commit suicide, be sexually assaulted, and/or be beaten by staff. Moreover, they are more likely to be attacked with a weapon (Bishop, 2000; Bishop & Frazier, 2000; Fagan, Forst, & Vivona, 1989; Flaherty, 1980).

“Training schools,” correctional units typically housing 100–500 youth, have long been relied on by many states to confine a segment of the juvenile offender population. Although the justification given for training schools is that these youth are a danger to society, it is clear that there is over-reliance on this type of punitive response. Across 23 states, only 14% of offenders in correctional training schools were committed for violent felonies (DeComo, Tunis, Krisberg, & Herrera, 1993). The track record of training schools for rehabilitating youth offenders is quite poor. In comparison to youth offenders supervised in the community, youth who attended training schools were rearrested more quickly (4.8 vs. 12 months) (Hamparian, Schuster, Dinitz, & Conrad, 1978). Overall, Mendel (2000) stated that “. . .virtually every study examining recidivism among youth sentenced to juvenile training schools in the past three decades has found that at least 50–70% of offenders are arrested within 1–2 years after release” (p. 51).

5. Need for system reform

Shorr (1997) addressed the breadth of comprehensive change necessary to help youth and families achieve positive outcomes, arguing that new approaches are required in order to reach more than a token number of children, families, and neighborhoods. These new approaches can no longer rely on what former Health, Education, and Welfare Secretary John Gardner called “the vending-machine approach to change,” in which you respond to a social problem by inserting a coin that delivers a law that is expected to solve the problem. Shorr described seven key attributes of effective approaches that can improve the life trajectories for youth growing up in high-risk environments:

- They are comprehensive, flexible, and responsive.
- They deal with youth in the context of families; they deal with families as parts of communities; they are deeply rooted in the neighborhood.
- They have a long-term, preventive orientation, a clear mission, and continue to evolve over time.
- They operate in settings that support high quality standards; skilled, supportive managers hold staff accountable for achieving shared purposes.

- They operate with enough intensity and perseverance to achieve agreed-upon outcomes.
- They encourage staff to expand the boundaries of their job descriptions to build strong relationships, based on mutual trust and respect, with the individuals, families, and professionals with whom they work.
- They recognize the limits of a “service” strategy, and become part of or link up with efforts to build community and expand economic opportunity.

It makes little sense to intervene in a significant way in youths’ lives only to return them to the same environment without a support system (Shorr, 1997). Youth must be served within the context of their families, neighborhoods, and communities. In some cases, families may lose their connection to their family and community supports due to abuse, violence, stress, or addiction. Human service professionals must help families recover and again learn to access their own or the communities’ informal resources, and ultimately move toward self-sufficient, stable lifestyles that allow them to support and nurture their children.

6. Importance of system level change in juvenile justice

The very nature of services offered to families and children must fundamentally change to address the alarming statistics of juvenile delinquency and criminality. Emerging research supports the efficacy of a community-wide, comprehensive, multidisciplinary approach to strengthen and support families to reduce juvenile delinquency (Cocozza & Skowrya, 2000; Melton & Pagliocca, 1992). A number of factors must work together to achieve positive outcomes: (a) services that are individualized and provided in the community to normalize the youth’s experiences as much as possible; (b) adequacy of the service system, i.e., availability of a full continuum of timely and flexible services and informal resources, which are coordinated with those provided by other human service sectors; (c) full involvement of families as partners in service planning and delivery that is sensitive to their ethnic and cultural values; (d) quality services provided with evidence-based demonstrable effectiveness (Costello, Angold, Burns, & Behar, 1999).

Recommendations from the Justice for Juveniles Initiative (1999) are congruent with this growing call for system and service reform. The goal of the Justice for Juveniles Initiative is to highlight the issues and service needs of youth with co-occurring mental health and substance use disorders who are involved with the juvenile justice system. Based upon findings from interviews with key stakeholders in nine states (including directors of mental health, substance abuse, and juvenile justice agencies; family members; police; key service providers; judges; and advocacy groups), the Justice for Juveniles Initiative concludes that:

- Targeted mental health and substance services must be available at all phases of involvement with the juvenile justice system to meet the treatment needs of youth involved in the juvenile justice system. Interviewees noted that communities need to develop and implement new services that target this population of youth, from early intervention and prevention programs, diversion programs, services in detention, to

aftercare treatment. Respondents stressed that communities cannot provide effective services to youth within the “piece-meal, stop gap approach that currently exists.”

- Agencies need to collaborate and integrate services in order to meet the needs of these multisystem youth. Interviewees supported the development of a task force or coordinating body as a strategy to involve all relevant systems and agencies, and jointly address the needs of youth with mental health and substance use problems involved in the juvenile justice system.

Clearly, there is growing agreement that a more holistic approach is necessary to effectively meet the needs of these youth and their families. Restricted access to services and programs, duplication of effort, missed opportunities to identify youth in need, and philosophical/turf barriers must be replaced by cooperative endeavors that promote a common mission, consolidate fragmented resources, and promote collaboration among agencies, families, and their communities.

7. Shifting to a public health approach to youth violence

Given this review of the system improvement necessary in both mental health and juvenile justice, it is proposed that the public health approach, as articulated by Mercy and colleagues (Mercy & Hammond, 1999; Mercy, Rosenberg, Powell, Broome, & Roper, 1993), offers an overarching framework for a comprehensive, scientific approach to youth violence prevention and intervention. Before Surgeon General C. Everett Koop’s Workshop on Violence and Public Health (U.S. Department of Health and Human Services, 1986) in 1985, approaches to youth violence had been dominated by the social sciences and the criminal justice system. Prior to this, rehabilitation of convicted offenders was the exclusive focus of health care efforts (Sechrest, White, & Brown, 1979; U.S. Department of Health and Human Services, 1986). As articulated in the Surgeon General’s Report on Youth Violence (U.S. Department of Health and Human Services, 2001), “Dissatisfaction with both the timing and the outcomes of the ‘rehabilitation ideal’ spurred the search for a more effective role for health care in addressing violence” (p. 4).

Public health’s systematic process for preventing public health problems entails four distinct steps. The first step is to detect and define a problem through systematic surveillance, often using demographic and geographic information to document incidence and prevalence. Step 2 in the public health approach involves identifying risk and protective factors associated with the problem. Step 3 is to design, test, and evaluate the efficacy of programs, interventions, and policies before, in Step 4, introducing and disseminating programs for large-scale community adoption. Step 4 also allows for identification of gaps in knowledge and sets the direction for future work on each of the previous steps (surveillance, risk factor identification, program/policy development, and evaluation).

A critical component of the public health model to violence prevention programming is the shift to comprehensive, coordinated, community-wide solutions. These solutions emerge from community-based coalitions comprised of representatives of law enforcement, social

services, court systems, school systems, businesses, and the general public. These coalitions have implemented prevention-planning models such as Communities that Care (Hawkins, Catalano, & Miller, 1992) and Build a Generation, as well as the youth development model of Search Institute (Benson, 1997), to develop community-based activities that address the underlying factors that contribute to violence within their city, town, or county. These arguments underscore the importance of community input at all stages of the violence prevention process.

Baker (1997) argued that health promotion programs should be genuinely community-based, as opposed to simply community-placed or community-focused. The defining distinction involves the question of local leadership and decision making: does the community actually make the choice as to which problems to address, which program models to adopt, which individuals to serve, how those services will be delivered, and whether the program will be continued? This issue of internal versus external leadership has tremendous implications in terms of what the intervention looks like in practice, how it will be evaluated and whether or not it will be sustained over time (i.e., after the outside funding has evaporated). These arguments clearly suggest the need for a community voice.

8. Need for a system of care approach in juvenile justice

We propose that a comprehensive community-based approach to service improvements and systems reform, System of Care, which has been utilized almost exclusively in the mental health arena, and is consistent with the public health model, would be effective in the juvenile justice arena as well. Support comes from the annual report of the Coalition for Juvenile Justice (2000) which stated: “Youth have a better chance of success when receiving treatment in the least restrictive, most appropriate setting, particularly within the context of the their communities and families” (p. 45). Not only does the System of Care framework provide for a community-based approach, but there are other features that make it particularly effective as well. It is family-centered, drawing on the strengths of the youth and family, and it is culturally responsive.

Despite the encouraging System of Care effects in the field of mental health, comprehensive, wraparound, System of Care approaches have not been widely brought to bear in the area of juvenile justice. Although several programs have shown promise in addressing youth violence (e.g., Functional Family Therapy, Treatment Foster Care, Life Skills Training, Nurse Home Visitation), these have not been coordinated or delivered through a System of Care approach. Most federally funded sites implementing the System of Care concept (Center for Mental Health Services, 1986) have not emphasized the juvenile justice population, but promising results have emerged from those that have. For example, Wraparound Milwaukee is an initiative that grew out of a Center for Mental Health Services grant that now serves several hundred adjudicated youth. Wraparound Milwaukee utilizes a community-based wraparound approach, integrating services and resources to meet the individualized needs of youth and their families. Data from this project indicate positive outcomes including reduced recidivism and out of home care, and improved functioning for youth and families (Kamradt,

2000). Despite promising results such as these, for most states and communities, even when effective prevention programs are implemented at the community level, these programs often operate in isolation. More generally, violence prevention programs are rarely woven together into a coherent, systematic strategy. Clearly, the time has come to bring a System of Care philosophy to bear more comprehensively in the area of juvenile justice.

9. Putting the pieces together: community-based systems of care

In accord with steps one and two of the public health approach, our proposed prevention/intervention model devotes attention to local prevalence of juvenile delinquency as well as identifies relevant risk and protective factors. Based on a developmental orientation, it is assumed that at any given stage of development, young people with unique mixes of strengths and limitations seek to master developmental tasks, and they do so in different communities and across different social contexts. A developmental orientation underscores the importance of understanding what youth need to succeed at different stages of their development and in different settings. The “social context” of youth development refers to the family, school, peer, and community environments, which influence they way that youth, think, feel, and act.

This critical information is keyed directly to the manner in which we operationalize Step 3, intervention with a community-based System of Care. A community-based System of Care is defined as a comprehensive spectrum of mental health and other necessary services and supports organized into a coordinated network to meet the diverse and changing needs of children and youth with mental health needs, and their families. This community-based, family-focused service delivery system provides a comprehensive spectrum of mental health and other services and supports to enable children with serious mental health needs to remain within their homes and communities. A system of care, by definition, is customized to make use of a community’s particular resources to meet that community’s specific needs; the configuration of the system, its resources and relationships are diverse and will vary. However, it is characterized by certain key components, and built upon a set of core values and guiding principles.

The concept of a community-based system of care is built upon the recognition that children, youth and their families have multiple needs that cross traditional agency boundaries and that coordination/collaboration among child- and family-serving agencies is essential at the practice, program, and system/policy levels. The services that comprise a system of care offer an array of nonresidential and residential community-based service options that go well beyond traditional outpatient, inpatient, and residential treatment center services. Services include, but are not limited to, crisis outreach, home-based services, therapeutic family/foster care, family support and education, and respite. Service planning and delivery is built upon the strengths and resources of the children, youth, their families, neighborhoods, and communities. The system of care concept calls for an organized service support system that emphasizes strengths, is comprehensive and individualized, provides culturally competent/appropriate services in the least restrictive/most normative environment, and includes full

involvement of families as partners, with interagency collaboration at the system level, and care coordination at the practice/program level.

- Family partnership—the purpose of family-provider collaboration is to improve services for children and their families and actively involves family members (primary caregiver or adult with substantial and ongoing involvement in the life of a child who is in care) in ongoing dialogue and decisions at all levels of the system of care, including governance, evaluation, training, program design and implementation, and delivery of services.
- Cultural competence goes beyond the traditional approach of matching families with providers of the same culture. It relates to family culture: the unique way that a family forms itself in terms of rules, roles, habits, activities, beliefs, and other areas. The racial or ethnic culture in which a family lives may strongly influence family culture, but every family is unique and has its own culture. All levels of the system of care, including governance, evaluation, training, program design and implementation, and delivery of services should include culturally diverse representation to ensure cultural competence.

The purpose of a system of care is to make comprehensive, flexible, and effective support available for children, youth, and families throughout the community and through this assistance make the community a better place to live (Franz, 1999a). The system of care is beneficial to agencies because it provides an effective and comprehensive alternative to meet the needs of youth with complex needs that no one agency can address alone. When agencies, families, and community stakeholders work collaboratively to blend funds, staff, and training resources, communities realize increased efficiencies in agency resources, time, and effort. The system of care is beneficial to families and communities because it enriches the array of community-based resources, reduces unnecessary separation of youth from their families, and actively supports the development of healthy and productive families.

The coordination and collaboration necessary in policy, programs, and practice to operationalize a comprehensive, integrated system of care is developmental, requires creativity, risks, and commitment. It is not uncommon for one or more of the participating agencies to initially resist collaboration because of a sincere belief that the goals of the partner agencies are not compatible with those of their own agency. However, agencies may confuse their goals with their mode of intervention. In general, all the public agencies have the same goal: supporting the health and welfare of the youth and families they seek to serve. To oversimplify, Child Welfare uses “protective” interventions, while Probation uses “corrective interventions” in contrast to “treatment interventions” that characterize Mental and Public Health. Despite differences in preferred intervention, a system of care that supports a comprehensive continuum of community-based services creates room for all of the interventions.

According to Franz (1999b), one of the keys to successful service integration is the recognition that a common method of strengths-based planning and service delivery has to become a way of doing business, “not a brand name.” This method needs to be anchored in common goals, have the flexibility to allow compliance with statutory mandates related to their

agency or discipline (e.g., juvenile justice, mental health, child welfare, special education, public health, etc.), but be consistent enough to establish a congruency in approach. A system of care/wraparound approach holds great promise to meet this need; it promotes planning, service, supports and the monitoring of results that foster a unified response to the unique strengths and needs of a given child, family, neighborhood, and community.

10. Conclusions

The System of Care approach offers a viable, holistic, and distinctly humanistic opportunity to create a comprehensive, interrelated prevention and intervention service delivery system within which families—the critical element in raising healthy, competent, law-abiding youth—are at the core; and as a practical model to effectively prevent youth violence and promote community justice. It holds the promise to operationalize Krovetz's (1999) assertion, based on resiliency theory, that “. . .if members of one's family, community, and school care deeply about an individual, have high expectations, offer purposeful support, and value a person's participation in the group, that person will maintain a faith in the future and can overcome almost any adversity. When a community works together to foster resiliency, a large number of our youth can overcome great adversity and achieve bright futures” (p. 121).

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