



**Youth Development Center Annual Report
Submitted October 3, 2011**

**Special Provision: Youth Development Center Annual Report
S.L. 2011- 145 Section 17.8**

Submitted by:
Department of Juvenile Justice and Delinquency Prevention

Linda W. Hayes, Secretary

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Introduction

This Youth Development Center Annual report responds to Special Provision: Youth Development Center Annual Report: Section 17.8 of S.L. 2011-145 ratified in the 2011 session of the North Carolina General Assembly.

YOUTH DEVELOPMENT CENTER ANNUAL REPORT

SECTION 17.8. The Department of Juvenile Justice and Delinquency Prevention shall report by October 1 of each year to the Chairs of the House of Representatives and Senate Appropriations Subcommittees on Justice and Public Safety, the Joint Legislative Corrections, Crime Control, and Juvenile Justice Oversight Committee, and the Fiscal Research Division on the Youth Development Center (YDC) population, staffing, and capacity in the preceding fiscal year. Specifically, the report shall include all of the following:

- (1) The on-campus population of each YDC, including the county the juveniles are from.
- (2) The housing capacity of each YDC.
- (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.
- (4) The per-bed and average daily population cost for each facility.
- (5) The operating cost for each facility, including personnel and nonpersonnel items.
- (6) A brief summary of the treatment model, education, services, and plans for reintegration into the community offered at each facility.
- (7) The average length of stay in the YDCs.
- (8) The number of incidents of assaults/attacks on staff at each facility.

Youth Development Centers (YDCs) are secure facilities with an overall mission to provide juveniles committed to the Department with a safe, secure environment that fosters healthy decision-making and personal responsibility. Youth development centers also seek to equip students with the skills necessary to become productive citizens in society once released.

Youth who are adjudicated delinquent for offenses they committed prior to their 16th birthday may be sent to the Department by the court and assigned to YDC for treatment. If a juvenile is adjudicated or found responsible for an offense, (s)he can remain in the juvenile justice system until age 18. In some cases, juveniles may stay up to the age of 21, depending on the offense. Since the Juvenile Justice Reform Act of 1998, commitment to a YDC is reserved for serious and/or violent offenders in addition to chronic offenders.

17.8 (1) The on-campus population of each YDC, including the county the juveniles are from.

FY2010-2011: All Stays in YDC's by Resident County									
County	C.A. Dillon	Chatham	Dobbs	Edgecombe	Lenoir	Samarkand	Stonewall Jackson	Swannanoa	Total
Alamance	9	1	0	0	1	1	1	0	13
Alexander	0	1	0	0	0	0	0	1	2
Alleghany	0	0	0	0	0	0	0	1	1
Anson	0	0	0	0	0	0	1	0	1
Beaufort	1	0	2	1	0	0	0	0	4
Bertie	0	0	0	1	0	0	0	0	1
Bladen	1	0	0	0	0	0	0	0	1
Brunswick	2	4	0	0	3	0	0	0	9
Buncombe	0	0	0	0	0	0	1	1	2
Burke	0	0	0	0	0	0	3	5	8
Cabarrus	1	4	0	0	0	0	15	1	21
Caldwell	0	0	0	0	0	0	2	0	2
Carteret	1	0	1	0	1	0	0	0	3
Catawba	0	3	0	0	0	0	6	2	11
Chatham	0	2	0	0	0	0	1	0	3
Cleveland	0	0	0	0	0	0	5	0	5
Columbus	0	0	0	0	1	0	0	0	1
Craven	0	0	1	1	1	0	1	0	4
Cumberland	14	5	7	0	2	5	4	0	37
Dare	0	0	0	1	0	0	0	0	1
Davidson	1	0	0	0	0	0	6	1	8
Davie	0	0	0	0	0	1	0	0	1
Duplin	0	0	1	0	0	0	0	0	1
Durham	19	4	4	4	1	1	8	0	41
Edgecombe	2	0	3	10	2	0	0	0	17
Forsyth	1	0	0	0	0	2	8	3	14
Franklin	1	0	0	0	0	0	1	0	2
Gaston	0	0	0	0	0	0	3	0	3
Granville	27	0	1	0	0	0	2	0	30
Greene	0	0	4	1	0	0	0	0	5
Guilford	4	2	1	0	0	4	32	12	55
Halifax	1	0	1	6	0	0	0	0	8
Harnett	6	0	2	0	0	1	2	0	11

17.8 (1) The on-campus population of each YDC, including the county the juveniles are from.

FY2010-2011: All Stays in YDC's by Resident County									
County	C.A. Dillon	Chatham	Dobbs	Edgecombe	Lenoir	Samarkand	Stonewall Jackson	Swannanoa	Total
Henderson	0	0	0	0	0	0	0	1	1
Hertford	0	1	0	1	0	0	0	0	2
Hoke	1	1	2	0	0	0	1	0	5
Iredell	0	0	0	0	0	0	7	0	7
Johnston	4	0	1	0	1	0	1	0	7
Jones	0	0	1	0	0	0	0	0	1
Lee	0	0	0	0	0	1	0	0	1
Lenoir	4	0	8	3	16	0	0	0	31
Martin	0	0	0	1	0	0	0	0	1
McDowell	0	0	0	0	0	0	2	1	3
Mecklenburg	3	2	2	1	0	1	53	16	78
Montgomery	0	0	0	0	0	0	3	0	3
Moore	1	0	0	0	0	0	0	0	1
Nash	2	2	3	8	0	1	0	1	17
New Hanover	0	1	12	1	8	1	3	0	26
Northampton	0	0	1	1	0	0	0	0	2
Onslow	3	0	6	0	3	0	0	0	12
Orange	2	0	0	0	0	0	0	0	2
Pender	0	0	2	0	0	0	0	0	2
Person	2	0	0	0	0	0	0	0	2
Pitt	3	2	3	8	5	0	0	0	21
Randolph	0	0	0	0	0	0	1	0	1
Richmond	0	0	0	0	0	0	4	0	4
Robeson	10	0	4	0	1	1	0	0	16
Rockingham	3	3	0	0	0	0	0	0	6
Rowan	0	0	0	0	0	1	4	0	5
Rutherford	0	0	0	0	0	0	1	4	5
Sampson	1	0	4	0	1	0	0	0	6
Scotland	0	0	0	0	0	0	1	0	1
Stanly	1	0	0	0	0	0	1	0	2
Stokes	0	0	0	0	0	0	1	0	1
Surry	0	0	0	0	0	0	1	0	1
Union	0	0	1	0	0	0	7	0	8

17.8 (1) The on-campus population of each YDC, including the county the juveniles are from.

FY2010-2011: All Stays in YDC's by Resident County									
County	C.A. Dillon	Chatham	Dobbs	Edgecombe	Lenoir	Samarkand	Stonewall Jackson	Swannanoa	Total
Vance	1	0	0	1	0	0	0	0	2
Wake	21	2	0	1	2	8	7	1	42
Washington	0	0	1	3	2	0	0	0	6
Watauga	0	0	0	0	0	0	0	1	1
Wayne	9	2	6	4	13	0	2	0	36
Wilkes	0	0	0	0	0	0	5	1	6
Wilson	1	0	6	5	0	0	0	0	12
Total	163	42	91	63	64	29	207	53	712

17.8 (2) The housing capacity of each YDC.

FY2010-2011

YDC	Housing Unit	Capacity
Samarkand Manor	Carroll	13
Facility Closed 6.30.11	Mitchell	17
	Samarkand	30
Dobbs	Green	24
	Federation	19
	Dobbs	43
C.A. Dillon	A Housing Unit	35
	E Housing Unit	20
	D Housing Unit	35
	C.A. Dillon	90
Swannanoa Valley		
Facility Closed 3.1.11	Sweat	48
	Swannanoa Valley	48
Stonewall Jackson	Kirk	16
	Cabarrus	96
	Stonewall Jackson	112
Lenoir		28
Edgecombe		28
Chatham		28
		84
	TOTAL	407

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

FY2010-2011

C.A. Dillon YDC Staffing

Classification	Current FTE
School Principal	1
Assistant School Principal	1
School Educator	13
Nurse Supervisor	1
Professional Nurse	3
Senior Psychologist	1
Staff Psychologist	7
Clinical Social Worker	1
Social Worker	7
Facility Director	1
Program Manager (Assistant Director)	1
Business Officer	1
Administrative Assistant	3
Food Service Supervisor	1
Cook Supervisor	1
Cook	4
Unit Administrator	5
Assistant Unit Administrator	4
Housing Unit Supervisor	5
Behavior Specialist	15
Counselor Technician	74
TOTAL C.A. Dillon	150

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

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Chatham YDC Staffing

Classification	Current FTE
School Educator	5
Professional Nurse	1
Staff Psychologist	2
Social Worker	3
Facility Director	1
Business Officer	1
Administrative Assistant	1
Food Service Supervisor	1
Cook	3
Youth Counselor Supervisor	4
Youth Counselor	18
Youth Counselor Associate	14
Lead Youth Monitor	2
Youth Monitor	10
TOTAL Chatham	66

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

FY2010-2011

Dobbs YDC Staffing

Classification	Current FTE
School Educator	6
Professional Nurse	1
Staff Psychologist	2
Social Worker	3
Program Manager (Campus Manager)	1
Cook	3
Administrative Assistant	2
Unit Administrator	2
Assistant Unit Administrator	4
Housing Unit Supervisor	4
Behavior Specialist	9
Counselor Technician	35
TOTAL Dobbs	72

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

FY2010-2011

Edgecombe YDC Staffing

Classification	Current FTE
School Educator	5
Professional Nurse	1
Staff Psychologist	2
Social Worker	3
Facility Director	1
Business Officer	1
Administrative Assistant	1
Food Service Supervisor	1
Cook	3
Youth Counselor Supervisor	4
Youth Counselor	18
Youth Counselor Associate	14
Lead Youth Monitor	2
Youth Monitor	10
TOTAL Edgecombe	66

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

FY2010-2011

Lenoir YDC Staffing

Classification	Current FTE
School Educator	5
Professional Nurse	1
Staff Psychologist	2
Social Worker	3
Facility Director	1
Business Officer	1
Administrative Assistant	1
Food Service Supervisor	1
Cook	3
Youth Counselor Supervisor	4
Youth Counselor	18
Youth Counselor Associate	14
Lead Youth Monitor	2
Youth Monitor	10
TOTAL Lenoir	66

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

FY2010-2011

Samarkand Manor YDC Staffing

FACILITY CLOSED 6.30.11	
Classification	Current FTE
School Educator	8
Professional Nurse	1
Staff Psychologist	1
Clinical Social Worker	1
Social Worker	2
Program Manager	1
Business Officer	1
Administrative Assistant	1
Cook	3
Unit Administrator	2
Behavior Specialist	22
Counselor Technician	9
TOTAL Samarkand Manor	52

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

FY2010-2011

Stonewall Jackson YDC Staffing

<i>Cabarrus Complex</i>	Current
Classification	FTE
Assistant School Principal	1
School Educator	14
Nurse Supervisor	1
Professional Nurse	3
Senior Psychologist	1
Staff Psychologist	6
Social Worker	9
Facility Director	1
Program Manager (Assistant Director)	1
Business Officer	1
Administrative Assistant	4
Food Service Supervisor	1
Cook Supervisor	2
Cook	3
Youth Counselor Supervisor	12
Youth Counselor	59
Youth Counselor Associate	36
Lead Youth Monitor	6
Youth Monitor	31
TOTAL Cabarrus	192

<i>Kirk Building</i>	Current
Classification	FTE
School Educator	3
Staff Psychologist	1
Clinical Social Worker	1
Social Worker	1
Unit Administrator	1
Assistant Unit Administrator	1
Housing Unit Supervisor	1
Behavior Specialist	7
Counselor Technician	15
TOTAL Kirk	31

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

FY2010-2011

Swannanoa Valley YDC Staffing

FACILITY CLOSED 3.1.11	
Classification	Current FTE
Assistant School Principal	1
School Educator	7
Professional Nurse	1
Staff Psychologist II	3
Social Worker III	3
Facility Director	1
Program Manager (Assistant Director)	1
Administrator Officer I	1
Administrative Assistants	3
Unit Administrator	1
Assistant Unit Administrator	3
Housing Unit Supervisor	7
Behavior Specialist	14
Counselor Technician	37
TOTAL Swannanoa Valley	83

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

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NOTE: State employees engaged in "youth correctional work", as defined by State statute, are subject to and must meet the applicable education, employment, and training standards as defined and established by the N. C. Criminal Justice Training Standards Act and administered through the NC Criminal Justice Training and Standards Council. Degrees must be from appropriately accredited institutions.

YDC = Youth Development Center

Position Title Type of Position	Description of Work
School Principal Managerial	The primary purpose of this position is to serve as the chief administrator of a school in developing and implementing policies, programs, curriculum activities, and budgets, for both academic and career-technical/vocational education tracks, in a manner that promotes the educational development of each student and the professional development of each staff member.
Assistant School Principal Managerial	The primary purpose of this position is to serve as a member of the administrative team to develop and implement the total school program. This position assists the principal with planning and implementing school program, evaluating the school program, budgeting, student discipline, and teacher observations.
School Educator Education / Direct Care	The primary purpose of this position is to provide students with direct instruction in a specific knowledge area, utilizing the NC Standard Course of Study at a YDC. Prepares lesson plans, instructional materials, and maintains student progress reports. The position serves as a member of interdisciplinary team in order to plan for student services and treatment.
Nurse Supervisor Medical / Managerial	The primary purpose of the position is to provide adequate medical care in the treatment and/or prevention of illnesses and injuries; to maintain and provide efficient health care data, information and education for juveniles; to provide supervision for professional nurses.
Professional Nurse Medical	The primary purpose of the position is to provide adequate medical care in the treatment and/or prevention of illnesses and injuries; to maintain and provide efficient health care data, information and education for juveniles; to provide emergency care for staff seriously injured at YDCs.

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

FY2010-2011

<p>Position Title Type of Position</p>	<p>Description of Work</p>
<p>Senior Psychologist I (Sr. Licensed Mental Health Clinician) Clinical / Managerial</p>	<p>The primary purpose of the position is the coordination, implementation, monitoring, and management of mental health treatment services at a YDC. Position may also provide direct psychological services in cases that require a high level of clinical expertise. The provision of training specific to treatment issues is also expected, as is clinical supervision of licensed psychological associates as dictated by the State Board governing the practice of psychology, as well as overseeing the clinical work of Licensed Clinical Social Workers.</p>
<p>Staff Psychologist II Clinical</p>	<p>The primary purpose of the position is to serve as provider of psychological services to juveniles detained in a YDC. Duties of this position include, as needed, the provision of crisis counseling and monitoring, individual and group psychotherapy, psychological assessment and evaluation, recommendation and referral, and case management functions. Duties of this position also include training of front-line staff on clinically relevant issues including, but not limited to, suicide awareness and prevention, psychiatric diagnosis, basic counseling skills, therapeutic interventions and clinical policy. This position develops and maintains working relationships with community-based mental health professionals, psychiatric hospitals staff, and other entities/individuals necessary for ensuring the safety and psychological well-being of juveniles served.</p>
<p>Clinical Social Worker Clinical</p>	<p>The primary purpose of the position is to provide individual psychotherapy and group therapy for juveniles with severe emotional and mental disorders and/or those with histories requiring complex social work services and serves as the primary family therapist on the service team. Individual completes comprehensive biopsychosocial assessments as warranted and assists in the development and implementation of appropriate intervention strategies for individual juveniles. This position develops and maintains working relationships with community-based mental health professionals, psychiatric hospitals staff, and other entities/individuals necessary for ensuring the safety and psychological well-being of juveniles served.</p>

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

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Position Title Type of Position	Description of Work
Social Worker III Clinical	<p>The primary purpose of the position is to provide case management services for assigned youth in a YDC. The social worker serves as chair of each juvenile's Service Planning Team and coordinates the development, implementation, review, and revisions of a holistic individualized service plan for each youth. Serves as the primary point of contact for Court Services, the family and other community stakeholders. Provides crisis and supportive counseling to juveniles as needed and works with unit staff to provide behavioral interventions to facilitate the acquisition of targeted skills.</p>
Facility Director Managerial	<p>The primary purpose of the position is to provide executive management and leadership by making policy decisions, establishing goals and objectives, implementing strategies, and setting work plans through personnel responsible for the management of secure youth development centers. Responsible for the oversight and supervision of the facility management team members. To serve as the chief administrator for the operation and oversight of youth development centers. To routinely assess the needs for youth development centers across the state. To provide technical liaison between youth development centers and all other related external services.</p>
Training School Program Manager (Assistant Facility Director) Administrative / Managerial	<p>The primary purpose of the position is to perform administrative and managerial work in directing and coordinating the delivery of residential, facilitative, rehabilitative and treatment programming for the DJJDP. Employee coordinates direct care activities and programs with other major departments within the institution. Employee assumes total responsibility of the facility in the absence of the Facility Director.</p>
Business Officer Administrative / Managerial	<p>The primary purpose of the position is to administer and manage the business and financial affairs of a youth development center. Position facilitates and manages financial resources that may be state appropriated, contract and grant, and / or receipt generated. Position performs financial and business related duties associated with such areas as accounting, budgeting, auditing, and / or grants administration. Position functions may include but are not limited to financial management, personnel administration / management, payroll, purchasing, inventory control, facilities coordination / planning information technology assessment / planning and closely related work.</p>

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

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Position Title Type of Position	Description of Work
Food Service Supervisor IV Non-direct Care / Managerial	The primary purpose of the position is to provide oversight of the facility's Child Nutrition Program and will ensure compliance with the Department's Federal Child Nutrition Program regulations
Cook Supervisor I Non-direct Care	The primary purpose of the position is to assist the Food Services Supervisor with providing oversight of the facility's Child Nutrition Program and will ensure compliance with the Department's Federal Child Nutrition Program regulations
Cook II Non-direct Care	The primary purpose of the position is to assist the Cook Supervisor and/or Food Service Supervisor position and provide support of the facility's Child Nutrition Program and will ensure compliance with the Department's Federal Child Nutrition Program regulations.
Program Assistant V; Processing Assistant IV & V; Administrative Services Assistant V; and Office Assistant IV Non-direct Care	The primary purpose of the positions is to perform a variety of program and administrative tasks. Responsibilities include coordinating, planning and implementing a program component within a service delivery environment that may be a specialized program, profession or service.
Training School Unit Administrator Direct Care	The primary purpose of this position is to provide supervision to housing unit employees. Responsible for staff work plans, ensuring that work assignments and staffing result in adequate coverage at all times. Ensures employees adherence to policies and procedures. Interviews and makes hiring recommendations. Responsible for safety and security of staff and students. Member of the Service Planning Team.
Training School Assistant Unit Administrator Direct Care	The primary purpose of the position is the responsibility for the day-to-day general operation of a treatment unit's recurring structured activities in a youth development center. YDCs provide rehabilitative treatment for delinquent youths who are assigned by the Courts. Employees provide training and direction to staff to ensure the effectiveness of the treatment effort in the adherence to the unit, division, and departmental goals and policies.

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

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Position Title Type of Position	Description of Work
Housing Unit Supervisor Direct Care	<p>The primary purpose of this position is supervision of a team responsible for implementing treatment plans, counseling, and supervising juvenile offenders committed to the Department of Juvenile Justice and Delinquency Prevention. Employees assign cases; coordinate the treatment process; and oversee the delivery of services through the review and evaluation of treatment plans, direct observation, and interaction with juveniles. Work also includes the responsibility for hiring, training, orienting, and developing staff. Employees resolve problems and supervise staff through case review and consultation to endure compliance with standards, policies, treatment plans, and commitment parameters. Employees are responsible for planning and reviewing program and service needs with staff and formulating goals and objectives for services.</p>
Youth Services Behavior Specialist Direct Care	<p>The primary purpose of this position is to ensure the safety and security of juveniles and staff at all times while serving as a member of a treatment team. Youth Services Behavior Specialist provide skills training by following a highly structured protocol and provide counseling and juvenile supervision to monitor juvenile behavior in order to promote rehabilitation and successful community reintegration. The juveniles that the position works with present complex, co-occurring disorders requiring high levels of clinical skill and cognitive and behavioral intervention.</p>
Youth Counselor Technician Direct Care	<p>The primary purpose of this position is to provide supervision, care, counseling, safety and support to youth who are in the physical custody of the department of juvenile justice and delinquency prevention. A person employed as a youth counselor technician shall maintain written and electronic records related to the behavior of youth under his or her supervision, assess the progress of the youth in their assigned programs, and communicate information to co-workers on other shifts.</p>
Youth Counselor Supervisor Direct Care	<p>The primary purpose of this position is to provide supervision to a group of Youth Counselors and Youth Counselor Associates responsible for implementing treatment plans, counseling and supervising juvenile offenders. In addition, position serves as case manager for juveniles with responsibility for ensuring the delivery of services and coordinating the treatment process.</p>

17.8 (3) A breakdown of staffing for each YDC, including number, type of position, position title, and position description.

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Position Title Type of Position	Description of Work
Youth Counselor Direct Care	<p>The primary purpose of this position is a direct care position involving shift work and will serve as a professional-level member of a therapeutic treatment team. Youth counselors meet in weekly treatment team and monthly service planning team meetings to discuss progress on service plans and make adjustments as warranted. They provide training in pro-social skills following a highly structured cognitive-behavioral treatment protocol involving behavioral rehearsal, feedback, and contingency management, provide counseling and juvenile supervision, and monitor the youth's behavior in order to promote habilitation and successful community reintegration. They also facilitate daily psycho-educational groups targeting issues that are associated with risk for involvement in criminal activity. They oversee off-campus community and home visits, The juvenile population served has a variety of mental health and psychosocial needs.</p>
Youth Counselor Associate Direct Care	<p>The primary purpose of this position is to ensure the safety and security of juveniles and staff at all times while serving as a member of a therapeutic treatment team. Youth Counselor Associates provide skills training by following a highly structured protocol involving behavioral rehearsal, and provide counseling and juvenile supervision to monitor juvenile behavior in order to promote rehabilitation and successful community reintegration.</p>
Lead Youth Monitor Direct Care	<p>The primary purpose of this position is to provide for the overall safety and security of youth, staff, and facility during third shift (10:00 pm – 6:00 am). This position serves as supervisor for all third shift youth monitors, plans and prepares a schedule for staff coverage and supervision of all living units.</p>
Youth Monitor Direct Care	<p>The primary purpose of this position is to provide for the overall safety and security of youth, staff, and facility during third shift (10:00 pm – 6:00 am). This position works in an individual living unit supervising youth who are asleep in their rooms. In addition to safety checks and monitoring of youth, this position is responsible for nightly reports and documentation of activities in youth records as well as inspections and cleanliness of the living unit.</p>

17.8 (4) The per-bed and average daily population cost for each facility.

17.8 (5) The operating cost for each facility, including personnel and non personnel items.

FY2010-2011

Facility	Number of Beds	Personnel-Related Expenses	Non-Personnel Expenses	Total Expenses	Cost Per-Bed
C.A. Dillon	90	\$ 7,709,443	\$ 1,529,887	\$ 9,239,330	\$ 102,659
Chatham	28	\$ 3,188,148	\$ 593,199	\$ 3,781,347	\$ 135,048
Dobbs	43	\$ 4,726,195	\$ 773,916	\$ 5,500,111	\$ 127,910
Edgecombe	28	\$ 3,237,023	\$ 481,758	\$ 3,718,781	\$ 132,814
Lenoir	28	\$ 2,745,186	\$ 963,172	\$ 3,708,358	\$ 132,441
Samarkand*	30	\$ 2,758,908	\$ 688,100	\$ 3,447,008	\$ 114,900
Stonewall Jackson	112	\$ 11,550,275	\$ 2,181,998	\$ 13,732,273	\$ 122,610
Swannanoa**	48	\$ 3,743,569	\$ 988,715	\$ 4,732,284	\$ 98,589
Total	407	\$ 39,658,747	\$ 8,200,745	\$ 47,859,492	\$ 117,591

FY2010-2011

Facility	Number of Beds	Personnel-Related Expenses	Non-Personnel Expenses	Total Expenses	Cost Per-ADP
C.A. Dillon	90	\$ 7,709,443	\$ 1,529,887	\$ 9,239,330	\$ 102,659
Chatham	28	\$ 3,188,148	\$ 593,199	\$ 3,781,347	\$ 135,048
Dobbs	44	\$ 4,726,195	\$ 773,916	\$ 5,500,111	\$ 125,003
Edgecombe	29	\$ 3,237,023	\$ 481,758	\$ 3,718,781	\$ 128,234
Lenoir	29	\$ 2,745,186	\$ 963,172	\$ 3,708,358	\$ 127,874
Samarkand*	22	\$ 2,758,908	\$ 688,100	\$ 3,447,008	\$ 156,682
Stonewall Jackson	108	\$ 11,550,275	\$ 2,181,998	\$ 13,732,273	\$ 127,151
Swannanoa**	33	\$ 3,743,569	\$ 988,715	\$ 4,732,284	\$ 143,403
Total	383	\$ 39,658,747	\$ 8,200,745	\$ 47,859,492	\$ 124,960

* Facility Closed June 30, 2011

** Facility Closed March 1, 2011

17.8 (6) A brief summary of the treatment model, education, services, and plans for reintegration into the community offered at each facility.

Core Services

During fiscal year 2010-2011, youth received certain core treatment and programming services that were uniformly delivered across *all* YDCs. Youth at all YDCs were assigned to a service planning team consisting at a minimum of a social worker/treatment coordinator, a licensed mental health clinician (a staff psychologist or a licensed clinical social worker), a court counselor, the youth, his or her parent or guardian, and an educator. The team held a service planning conference within thirty (30) days of admission to craft an individualized service plan for each youth that identified goals, means of achieving them, and ways to measure progress toward goal attainment. Service planning teams at all YDCs subsequently met every 30 days at a minimum to review progress on service planning goals, and to make adjustments to plans as needed. *In addition, all juveniles confined in our YDCs received the following core services:*

- **Chaplaincy services.** There are five widely recognized domains of student learning outcomes: academic, cognitive, affective, psychomotor, and religious-spiritual. The Clinical Chaplains that served youth in the YDCs are uniquely credentialed to provide interventions and support in the spiritual arena as well other specialized areas such as grief and loss counseling. The chaplains are an integral part of the clinical service array, carrying caseloads of individual youth as well as conducting group session and religious services. Another major function of the chaplains was the coordination of volunteer services--there are dozens of volunteers that support our facilities. Chaplains oversaw the religious services and activities performed by volunteers and without the chaplains, there would be no coordination or oversight of volunteer services at the local facilities—there are no additional staff positions to perform this function. Chaplains provided individual spiritual screening and when indicated, a more intensive spiritual assessment, within ten days of the youth's arrival on the campus. Chaplains also served as child advocates and oversee the grievance process. Youth are encouraged to write their grievances and place them in designated locations at the facility. It is the chaplains' responsibility to retrieve these documents and forward them to the Department Secretary. This advocacy role helped satisfy requirements of the federal Prison Rape Elimination Act.
- **Education services.** Youth in YDCs received instruction according to the North Carolina Standard Course of Study in four 90-minute blocks each school day. Qualifying students received instruction in the Occupational Course of Study. Students' academic achievement was assessed upon entering and leaving the YDC, with each youth receiving a personal education plan. Classes were rarely uniform in age, grade level, or academic competency, with 47% of all students reading four grade levels below their grade placement upon entrance to our YDCs during fiscal year 2010-11. Youth identified as exceptional (i.e. having a disability) received an Individual Education Plan developed according to federal Individuals with Disabilities Education Act guidelines. Youth were eligible to earn either a high school diploma or General Education Development Program (GED) while admitted to the YDC. Each YDC partners with a local community college that provides GED instruction and testing for eligible youth.
- **Vocational Services.** Each YDC was assigned a Career Development Specialist charged with providing and coordinating career and technical education development services to

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youth. Partnerships with entities such as Goodwill Industries, 4-H Clubs, and Community College Human Resource Development Programs helped to provide training to youth in resume writing, career development, interviewing skills to prepare them for employment. Over 150 youth participated in on and off campus work study positions and earned a wage. Funding for the work study programs and the Career Specialists was provided through the Division of Workforce Development, American Recovery and Reinvestment Act.

- Medical services. All juveniles received a health assessment (which included TB screening and testing, hematocrit / hemoglobin, immunization update, visual screen, gonorrhea and Chlamydia screen) by a nurse within one hour of admission and a physical examination by a physician (working under contract to each facility) within 7 days of admission. Sick call was conducted daily and a nurse was available to respond to juvenile medical complaints on a daily basis at each YDC. A physician and psychiatrist were also available on a contractual basis at each facility to provide onsite services weekly. Juveniles were transported to medical specialists (dental, neurological, etc.) for treatment in the community when a need for such services were identified.
- Mental health services. All youth underwent a suicide and mental health screening within an hour of arrival at each YDC (including screening for suicide risk, indicating whether or not there was a need for a more comprehensive suicide risk assessment, and dictating level of supervision for youth upon admission; and also screening for a need for further evaluation of a variety of mental health issues). They subsequently underwent a psychological assessment by a licensed psychologist or licensed psychological associate within a week of arrival, and a full psychological evaluation, including a clinical interview and psychological testing, within two weeks of their arrival at a YDC. Findings from psychological evaluations were used to develop individualized mental health treatment plans that dictated the targets, types of interventions, and amount of mental health services provided to each juvenile, but at a minimum, all received individual counseling or psychotherapy on an at least monthly basis addressing adjustment to the facility, mental health issues when present, and criminogenic risks and needs (e.g., criminal thinking, attitudes, and values). When it was indicated, youth at each YDC also participated in psychoeducational or process groups addressing psychosocial skills or mental health issues.
- Recreation services. Recreation services support was provided to all youth development centers across the state. Fitness Assessments were completed on every youth assigned for placement at youth development centers. Students were counseled and encouraged to commit to working towards healthier lifestyles and well-being and towards the opportunity to participate in facility team sports. Service planning meetings included discussion of the benefits of health, exercise and wellness, and established goals and objectives towards improvement in these areas. All youth at all facilities were offered at least one hour of large muscle and physical activity weekdays and two hours on the weekend under the supervision of direct care staff. Organized intramural sports offered over this past year included flag football, basketball and softball. Prior to re-integration to the community, students received additional fitness assessments to assess their overall

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wellness. The Department is committed to ensuring that youth at the YDCs partake in physical activity and are provided with pro-social recreation, sports and leisure activities that promote improved overall health and social functioning.

- Treatment programming. Two complementary systems of treatment programming, both based on principles of effective programming drawn from the research literature on “what works” with juvenile offenders (cf. Appendix A), were in place at all YDCs. Four of the eight YDCs (Chatham, Edgecombe, Lenoir, and Stonewall Jackson) that were operational in FY 2010-2011 implemented a therapeutic Model of Care (MOC) program wherein front-line staff worked to teach youth prosocial skills (drawn from a curriculum of 52 life skills) throughout the day using highly structured role plays. Under this system, youth rehearsed interpersonal and self-management skills on a one-on-one basis up to 30 times per day with staff members across disciplines and settings at the facility. At the remaining four YDCs (Dillon, Dobbs, Samarkand, and Swannanoa), a therapeutic environment treatment (TET) programming approach trained youth to acquire pro-social skills drawn from the identical life skills curriculum, but did so through psychoeducational skill-building groups, rather than through one-on-one rehearsal. Programming at all YDCs – regardless of whether a TET or MOC programming approach was in place – used a motivation system based on reinforcement of positive behavior, consequences for misbehavior, and an identical system of stages through which juveniles were promoted as a means of marking progress. While all of our YDCs offered psychoeducational group programming addressing psychosocial factors known to increase risk for continued involvement in criminal activity, the more optimal staffing pattern in the MOC facilities allowed participation in groups more frequently (on a daily basis).
- Social Work Services / Reintegration and aftercare planning. All youth were assigned a social worker upon admission to each Youth Development Center. The social worker served as the chair of each juvenile’s Service Planning Team and coordinated the development, implementation, review, and revisions of a holistic individualized service plan for each youth and also served as the primary point of contact for the family, Court Counselor and other agencies. Monthly service planning meetings along with more frequent meetings as needed were coordinated to ensure optimal input and planning. Social Workers facilitated family participation in the youths’ treatment and assisted the multi-disciplinary teams in identifying and eliminating barriers to treatment and goal attainment. Social workers also provided crisis and supportive counseling to each juvenile as needed and worked with unit staff to provide behavioral interventions (e.g., modeling, role playing, identifying positive reinforcers, etc) to youth to facilitate the acquisition of targeted skills. In addition, social workers conducted quarterly surveys of juveniles to assess and perceptions regarding safety and services received in the facility, and addressed any concerns identified with appropriate persons.
 - Reintegration and aftercare planning. Social Workers collaborated with the youth, family, and court counselors from the home community to determine the release/reintegration schedule and to facilitate activities designed to prepare the juvenile for successful community adjustment. On-site visits with the juvenile’s

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family began following admission and continued throughout the youth's placement to facilitate effective and healthy family relationships. Supervised home visits to the juvenile's home and/or identified placement began after six months of commitment, depending upon the youth's progress on his individualized treatment plan. Specific and detailed community plans were discussed and developed with the youth, family, facility staff, and community providers and stakeholders to provide support for the juvenile and family upon his return to the home. Connection and linkage to the identified services were facilitated in conjunction with court services staff. Juvenile risks of reoffending were considered in release planning, as well as juvenile needs and community safety. Services considered for the youth during reintegration included services in the following areas: residential, academic and vocational, substance abuse, mentoring, mental health, physical health, peer involvement, parental ability for supervision, and any special needs. Social Workers remained available to court counselors to convene a service planning team or access other team members for support or consultation during a youth's post-release period.

Supplemental Services

- Chatham YDC:
 - Specialized mental health services and programming. With technical assistance from the National Center for Trauma-Informed Care, staff at Chatham YDC also worked to incorporate trauma-informed principles into their practice and operations. In addition, through participation in a learning collaborative offered by the North Carolina Child Treatment Program, a licensed mental health clinician from Chatham was trained in TF-CBT, an evidence-based treatment for youth with post-traumatic stress disorder, and began to provide services to girls in need at the facility.
 - Substance abuse services. Juveniles identified as in need of further evaluation and/or treatment for substance abuse were seen in individual treatment by a certified substance abuse counselor who worked at the facility on a contractual basis for most of the fiscal year.
- Dillon YDC:
 - Sex offender services. Juveniles adjudicated for sex offenses or who demonstrated hypersexualized behavior received specialized evaluation and intervention by staff psychologists with specialized expertise in the area.
 - Specialized mental health services. Through participation in a learning collaborative offered by the North Carolina Child Treatment Program, a staff psychologist from Dillon was trained in TF-CBT, an evidence-based treatment for youth with post-traumatic stress disorder, and began to provide services for youth in need at there facility.
 - Substance abuse services. Juveniles in need of substance abuse education or intervention participated in a group-based substance abuse prevention and education program administered by staff psychologists.

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- Dobbs YDC:
 - Sex offender services. Juveniles committed for sex offenses or who demonstrated sexualized behaviors received specialized evaluation and treatment from a contract psychologist with expertise in this area.
 - Substance abuse services. As is the case at other YDCs, juveniles at Dobbs YDC underwent a brief substance abuse screening as a component of their initial mental health and suicide risk screening. Those identified as in need of further evaluation and/or treatment for substance abuse were seen in individual treatment by a certified substance abuse counselor who worked at the facility on a contractual basis.
 - Career and Technical Education . In collaboration with Lenoir Community College, Dobbs YDC provided classes in Horticulture and Auto Service Technology. The YDC provided the laboratory space, supplies, equipment and tools and Lenoir Community College provided the certified and credentialed instructors for the courses. Participation in these courses was restricted to those students 16 or older, in high school or GED track or a graduate. (Occupational Course of Study students require the approval of the Exceptional Children's teacher and principal.)
- Edgecombe YDC:
 - Gang intervention and prevention services / Reintegration and aftercare services. As part of a grant-funded gang intervention initiative, juveniles at Edgecombe participated in 100 hours of psychoeducational programming aimed at increasing motivation and readiness for change, and reducing risk of involvement in gang activity. They also benefited through this same initiative from specialized intensive aftercare services that identified community supports and aftercare service providers who worked with youth during the final three months of their stay to provide for a more seamless transition to their home community at the time of release.
 - Substance abuse services. Juveniles identified as in need of further evaluation and/or treatment for substance abuse were seen in individual treatment by a certified substance abuse counselor who worked at the facility on a contractual basis.
- Lenoir YDC:
 - Substance abuse services. Juveniles at Lenoir YDC underwent a brief substance abuse screening as a component of their initial mental health and suicide risk screening. Those identified as in need of further evaluation and/or treatment for substance abuse were seen individually by a licensed clinical addictions specialist (who also works as a licensed mental health clinician there) employed by the facility.

17.8 (6) A brief summary of the treatment model, education, services, and plans for reintegration into the community offered at each facility.

- Samarkand YDC:
 - Specialized programming. At the time of its closing, a specialized unit geared to the needs of youth requiring intensive specialized educational services was being piloted at Samarkand
 - Substance abuse services. Juveniles identified as in need of further evaluation and/or treatment for substance abuse were seen in individual treatment by a certified substance abuse counselor who worked at the facility on a contractual basis until its closing.
- Stonewall Jackson:
 - Gang intervention and prevention services/ Reintegration and aftercare services. As part of a grant-funded gang intervention initiative, juveniles at Stonewall Jackson participated in up to 100 hours of psychoeducational programming aimed at increasing motivation and readiness for change, and reducing risk of involvement in gang activity. They also benefited through this same initiative from specialized intensive aftercare services that identified community supports and aftercare service providers who worked with youth during the final three months of their stay to provide for a more seamless transition to their home community at the time of release.
 - Pet Therapy. A pet therapy program providing both vocational training and therapeutic benefits was offered at Stonewall Jackson to youth referred for participation by their service planning teams.
 - Sex offender services. Juveniles adjudicated for sex offenses or who demonstrated hypersexualized behavior received specialized evaluation and intervention by staff psychologists with specialized expertise in the area.
 - Specialized mental health services. Through participation in a learning collaborative offered by the North Carolina Child Treatment Program, a licensed mental health clinician from Stonewall Jackson was trained in TF-CBT, an evidence-based treatment for youth with post-traumatic stress disorder, and began to provide services to girls in need at the facility.
 - Specialized treatment programming. An eight-bed specialized unit for girls with extensive histories of exposure to adverse and traumatic childhood experiences was piloted at Stonewall Jackson during FY 2010-11.
 - Substance abuse services. Juveniles identified as in need of further evaluation and/or treatment for substance abuse were seen in individual treatment by a licensed clinical addictions specialist or by two certified substance abuse counselors employed by the facility.
- Swannanoa YDC:
 - Pet Therapy. A pet therapy program providing both vocational training and therapeutic benefits was offered at Swannanoa YDC to youth referred for participation by their service planning teams.
 - Sex offender services. Juveniles adjudicated for sex offenses or who demonstrated hypersexualized behavior received specialized evaluation and intervention by staff psychologists with specialized expertise in the area.

17.8 (6) A brief summary of the treatment model, education, services, and plans for reintegration into the community offered at each facility.

- Swannanoa YDC (cont.)
 - Specialized mental health services. Through participation in a learning collaborative offered by the North Carolina Child Treatment Program, a licensed mental health clinician from Swannanoa was trained in TF-CBT, an evidence-based treatment for youth with post-traumatic stress disorder, and began to provide services to boys in need of such services at the facility.
 - Specialized treatment programming. Prior to its closing, Swannanoa YDC was piloting a program that incorporated additional features of the MOC program into its TET treatment approach.

17.8 (7) The average length of stay in the YDCs.

FY2010-2011

Facility	Average Length of Stay (in days)
C.A. Dillon	468
Chatham	360
Dobbs	312
Edgecombe	321
Lenoir	305
Samarkand*	223
Stonewall Jackson	
Cabarrus Complex	332
Kirk Housing Unit	289
Swannanoa**	269
Dillon Assessment***	13

* Facility Closed 6.30.11

** Facility Closed 3.1.11

***Committed Youth in Detention awaiting placement in a YDC

17.8 (8) The number of incidents of assaults / attacks on staff at each facility.

FY 2010-2011

Facility	Number of Assaults on Staff
C. A. Dillon	27
Chatham	12
Dobbs	17
Edgecombe	10
Lenoir	10
Samarkand*	3
Stonewall Jackson	46
Swannanoa**	8
TOTAL	133

* Facility Closed 6.30.11

** Facility Closed 3.1.11

APPENDIX A**“WHAT WORKS” WITH JUVENILE OFFENDERS:
FINDINGS FROM THE RESEARCH LITERATURE**

In 1974, Robert Martinson published the results of a three-year study of 231 existing publications in the field of correctional treatment. After sorting them by type of intervention and rating their effectiveness, he concluded that, “With a few isolated exceptions, the rehabilitation efforts reported so far have had no appreciable effect on recidivism” (Martinson, 1974). He and a colleague subsequently initiated a paradigm shift within the field by recommending that since “nothing works,” public safety might best be protected by moving away from efforts to rehabilitate offenders, focusing instead on the deterrent effects of punishment (Wilks and Martinson, 1975). This became standard practice in many states for well over a decade, especially after the National Academy of Science endorsed this view as reflecting the current state of the literature (Sechrest, White, and Brown, 1979). As a result, efforts to reduce rates of criminal offending and re-offending came to rely almost exclusively on sanctions and punishments, and treatment efforts were all but abandoned.

Sanctions and punishments did not prove to be effective. Rates of violent crime continued to increase exponentially through the 1980s and early 1990s (Snyder and Sickmund, 1999), leading many to question the effectiveness of this correctional approach. This prompted a number of studies of the deterrent effects of punishment. In a series of meta-analytic studies involving 504 different publications and over 400,000 offenders, Gendreau and his colleagues found no support for the deterrent effect of punishment on rates of offending or recidivism (Gendreau and Goggin, 1996; Gendreau, Goggin, and Cullen, 1999; Cullen and Gendreau, 2000; Gendreau, Goggin, Cullen, and Andrews, 2001). In fact, some investigators concluded that punishment-based treatment approaches may even *increase* recidivism by close to 10% (Andrews, 1994).

The finding that strictly punishment-based programs may do more harm than good has spurred a flurry of research into what *does* work with offenders. Fortunately, advances in technology have allowed for the development of increasingly sophisticated statistical tools to assist in this effort. Over the past 15 years, researchers have relied on meta-analyses of the body of literature examining what works with incarcerated juvenile offenders, with excellent results

(Hollin, 1999). Meta-analytic studies are statistical analyses of a body of literature that may include studies that show that a particular intervention works, alongside studies purporting to demonstrate that this same intervention does *not* work. Meta-analytic approaches are able to accommodate such contradictory data by assigning more weight to the most rigorous studies, and less weight to those that are flawed in design. Emerging from these meta-analytic studies have been some consistent answers to the question of “what works” with juvenile offenders (Sherman et al., 1997; Lipsey and Wilson, 1998; Redding, 2000; Thigpen, 2000; Zajac, Gnall, and Bucklen, 2004).

Principle 1: Target Criminogenic Needs. Research has identified the dynamic (those factors amenable to intervention) risk and need factors that best predict risk for re-offending among juvenile offenders. These “criminogenic” risk factors/needs are anti-social attitudes, beliefs, and values, criminal thinking, anti-social associates, poor decision-making and problem-solving skills, poor self-control, substance abuse, and family dysfunction (Izzo and Ross, 1990; Andrews and Bonta, 1994; Gendreau and Goggin, 1996; Simourd and Andrews, 1994). Research has established that treatment efforts must be directed at these specific areas if the department is to decrease the youth’s risk of re-offending (Hoge and Andrews, 1996). In fact, Dowden and Andrews (1999) found that programs in which activities are directed toward criminogenic needs more than 50% of the time produce a 25% reduction in recidivism, while programs in which less than half of all activities address criminogenic needs produce slight *increases* in recidivism.

Principle 2: Conduct thorough assessments of risk and need. Programs which use assessment information to inform treatment planning have much better outcomes than do programs that do not undertake assessment of criminogenic needs (Andrews and Bonta, 1994). In order to maximize effectiveness, risk for reoffending must be matched to a youth’s risk for reoffending, with less intensive services offered to youths as their risk for reoffending decreases (Clear, 1995).

Principle 3: Base program design and implementation on a proven theoretical model. Evidence indicates that programs rooted in a strong theoretical foundation are most

effective. This ensures that the staff understands the interventions, why they are being used, and how to apply them (Thigpen, 2000). Programs based on unproven theories of crime (e.g., the “offenders lack discipline” approach), or which target non-criminogenic needs, such as low self-esteem or depression, have been proven to be ineffective, and may even increase the likelihood of recidivism (Latessa, Cullen, and Gendreau, 2002).

Principle 4: Use a cognitive-behavioral approach. Offenders behave like criminals because they think like criminals; thus, changing thinking is the first step towards changing behavior (Zajac, Gnall, and Bucklen, 2004). The most effective programs address the offender’s cognitions, attitudes, values, and expectations responsible for maintaining anti-social behavior (Cullen and Gendreau, 1989). Good cognitive-behavioral programs not only teach offenders more socially appropriate interpersonal skills (Lipsey, Wilson, and Cothorn, 2000); they also provide them with extensive opportunities to practice, rehearse, and master these behaviors in increasingly difficult situations (Zajac, Gnall, and Bucklen, 2004). Programs that recognize that every social interaction within the facility provides an opportunity to model, teach, and practice prosocial skills show enhanced effectiveness (Thigpen, 2000).

Principle 5: Provide intensive services. Effective programs engage offenders in therapeutic activities at least 40 – 70% of the time (Sherman et al., 1997), and the most effective programs engage offenders in such activities 80% of the time (Latessa, 2004). Thus, evidence indicates that effectiveness is maximized when nearly every single interaction with staff is therapeutic in nature, and used as “teachable moments” providing opportunities for skill modeling, rehearsal, and reinforcement (Thigpen, 2000).

Principle 6: Disrupt the delinquency network. Treatment is enhanced when juvenile offenders are placed in structured environments where prosocial activities dominate (Zajac, Gnall, and Bucklen, 2004). They must be trained in the social skills that allow them to build friendships with prosocial youth, and must also be exposed to recreational and leisure activities that facilitate prosocial activities (Sherman et al., 1997).

Principle 7: Each offender's barriers to benefiting from specific interventions, including motivation, developmental level, learning style, and intellectual and cognitive abilities, must be assessed, and interventions adjusted to meet each individual's needs. This is called the *responsivity principle*, which holds that interventions must be delivered in a style that is matched to each youth's ability (Andrews, 1994; Thigpen, 2000). Included here is recognition that the youth's readiness for change should also be addressed (Serin and Kennedy, 1997).

Principle 8: Include a relapse prevention component that identifies situations that increase risk for reoffending, strategies for managing them, and opportunities for rehearsal of these strategies. Zajac, Gnall, and Bucklen (2004) note that relapse prevention training must be initiated during a youth's commitment, and must continue following their return to their home community. Relapse prevention plans that are tailored to each offender's risk, need, and responsivity factors, and use this information in the examination of each offender's offense cycle, have been found most effective (Dowden, 2003). Opportunities to rehearse and master prosocial responses to high-risk situations and events must also be undertaken on a regular basis, in increasingly difficult situations, in order to increase the transfer of prosocial problem-solving skills to situations in the youth's home community (Thigpen, 2000).

Principle 9: Integrate with community-based services. In order to reduce the likelihood of relapse and recidivism, Altschuler, Armstrong, and Mackenzie (1999) report that structured aftercare is vital. Research suggests that in order for aftercare to succeed, such services must involve surveillance and control, as well as treatment and service-related components (Petersilia and Turner, 1993; Gendreau, 1996). Treatment gains are best maintained through a multifaceted and integrated approach to community reentry, which prepares offenders for reentry into the specific communities to which they will return, facilitates necessary connections with agencies and individuals in the community that relate to known risk and protective factors, and ensures the delivery of needed services and supervision (Altschuler, Armstrong, and MacKenzie, 1999).

Principle 10: Ensure that program fidelity is maintained. As mentioned above, the program must have a strong theoretical foundation informing program components, and staff members must understand the interventions, why they are being used, and how to apply them (Sherman et al., 1997). Further, programs must be monitored on a regular basis to ensure that treatment is being delivered in the intended fashion. Staff must be well-trained and well supervised; programs which reduce recidivism by up to 38% when delivered by competent therapists, have been shown to actually *increase* recidivism by almost 30% when incompetently delivered (Barnoski, 2002). Finally, the staff must be provided with a treatment manual outlining in detail the procedures to be followed. Simply failing to provide a treatment manual has been shown to reduce a program's effectiveness by 16% (Latessa, 2004).

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