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JUVENILE JUSTICE SYSTEM SPENDING IN NEW HAMPSHIRE

Evaluating Juvenile Justice Programs in New Hampshire and Across the United States

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EXECUTIVE SUMMARY

This report provides insight into juvenile justice programs and spending in New Hampshire. To improve the efficiency of spending in New Hampshire, the research team also examined effective evidence-based programs implemented in other states. This report will describe and analyze the applicability of these out-of-state programs as solutions to problems found among juveniles in New Hampshire such as drug and alcohol abuse, violence, and mental health issues.

1. INTRODUCTION

When examining juvenile offenses in New Hampshire, the state circuit court delineates three different types of cases—delinquency, Child in Need of Services (CHINS), and abuse and neglect.¹ The system offers rehabilitative services to the vast majority of youth in the system, while punitive measures are reserved to those who present as risks to themselves or to their community.² Youth classified as delinquent by a New Hampshire District Court can then be committed to the John H. Sununu Youth Services Center: children ages 13 to 17 will spend on average 8 to 12 months in the detention center prior to their release.³ In recent years, child advocates and lawmakers have worked to cut down on the operational costs of the Sununu Center, as well as to reduce total incidence of juvenile detention.⁴

The state of New Hampshire is not alone in its commitment to rehabilitation, diversion, and other non-committal services. State governments across the country have been enacting comprehensive juvenile justice reform, with the goal of keeping children out of the system and detention centers through investment in non-committal services.

In order to improve the effectiveness of juvenile justice system spending in New Hampshire, it is first necessary to examine how money is being spent in the current budget. In our examination, we found that about half of the budget is being spent on the Sununu Center. However, it is unclear what programs are currently being offered by the Center to detained youth. In fact, no publicly accessible information about the details of the programs is currently available. On a positive note, this report will examine available information on New Hampshire spending and will offer an overview of effective evidence-based programs offered in other states, along with their associated costs.

The goal of this report is to inform the New Hampshire Legislature about the state of juvenile justice spending in New Hampshire and to highlight best practices in other states as well as cost-effective, evidence-based programs for youth in the juvenile justice system.



2. PURPOSE STATEMENT

The purpose of this report is to provide the New Hampshire Office of the Child Advocate and the Juvenile Justice Working Group with information to improve juvenile justice spending in New Hampshire. To this end, this research will develop an understanding of spending in New Hampshire, will examine the effectiveness of programs currently offered, and will outline programs offered in other states. This will allow lawmakers to compare current programs offered in New Hampshire with effective, evidence-based programs implemented across the country, and to evaluate the effectiveness of New Hampshire spending.

3. METHODOLOGY

This research report has two parts. The first is a review of the juvenile justice system budget in New Hampshire, demographics, and trends of the crimes committed by youth. The second is a comprehensive review of effective evidence-based programs offered across the United States. Identification of effective programs that are applicable and combat problems that are prevalent in New Hampshire is essential to improve the juvenile justice system in New Hampshire. This section outlines the steps taken to better understand the juvenile justice situation in New Hampshire and identify programs that can be implemented to improve juvenile justice in the state.

3.1 Crime rates and Spending in the New Hampshire Juvenile Justice System

The research team examined juvenile justice spending in New Hampshire including allocation to different programs. The team also examined juvenile crime trends in New Hampshire and compared them to trends nationally. Finally, the team reviewed demographic data for juveniles.

A comprehensive search was conducted in order for researchers to understand spending in the juvenile justice system in New Hampshire. The research team reviewed the 2020-2021 operating budget of Governor Sununu. The website of the Department of Health and Human Services was reviewed for alternative funding streams and federal grants. Any funding options found by the research team on the Health and Human Services website were then searched for and located in the operating budget of Governor Sununu as a cross reference.



In order to supplement this analysis, the research team interviewed John Clinch from the Audit Division of the Legislative Budget Office. The goal of this interview was to better understand the expenditures of the Sununu Center.

To contextualize crime rates and demographics of the youth population in New Hampshire, the research team examined data presented by the federal government. Data from the United States Census Bureau and the United States Department of Justice—The Office of Juvenile Justice and Delinquency Prevention—were reviewed. Data on the types of crimes committed in New Hampshire in comparison with national averages, the race and gender percentages of youth in the state, and percentages of youth living in rural, suburban and urban areas were assessed.

All information collected was used to guide research into evidence-based programs in other states and determine which out-of-state programs were applicable to youth in New Hampshire. In order to make it easier to compare costs across years, these figures were adjusted for inflation and presented in 2020 dollars.

3.2 Effective Evidence-Based Program Analysis

The research team examined successful evidence-based programs that have been implemented across the country. Implementation of evidence-based programs can potentially avert wasteful spending, effort and opportunity costs. The most comprehensive source for information on juvenile justice system programs in the United States is the Department of Justice.⁵ The Office of Justice Programs performs evaluations of programs offered through justice departments and nonprofit organizations across the country. They categorize programs as “Effective”, “Promising, ” or “No Effects”. “Effective” ratings are awarded to programs that have been proven to make a statistically significant impact by at least one high-quality randomized controlled trial.⁶ The sixty-five programs rated as “Effective” were used as the sample of programs that were reviewed by the research team, to determine whether or not they can be implemented in New Hampshire.

The research team developed a set of parameters that narrowed the number of programs from sixty-five to twenty, since it is not feasible to implement sixty-five programs. Programs were excluded from the analysis if they did not meet at least one of the following criteria, some were excluded for multiple reasons:

- Not applicable to the juvenile justice system in New Hampshire

Seven programs were not applicable to the juvenile justice system in New Hampshire.



The Harlem (NY) Children's Zone- Promise Academy Charter Middle School fell into this category. This program is a zone of 97 blocks in Harlem and encompasses multiple charter middle schools. Not only was this program excluded from the sample for its location in an urban setting, but establishing charter middle schools within a close distance of one another is not applicable to New Hampshire.

- The program has been implemented in a rural setting

New Hampshire has a population of approximately 1.4 million people, with half a million people living in rural areas.⁷ The research team is not implying a one size fits all strategy; however, in order to tailor programs to New Hampshire, six programs that were solely implemented in highly populated urban centers were excluded.

- The program has a target age range below 18

New Hampshire defines a juvenile as a person of 17 years of age or below. Two programs with target ages over 18 years of age were therefore excluded.

As of 2018, 93 percent of the New Hampshire population are white, 1.7 percent are African-American, 3.0 percent are Asian, and 3.9 percent are Hispanic or Latino.⁸ Race and ethnicity were not used as parameters for excluding programs, but they were taken into consideration.

- All intended outcomes of the program had statistically significant results

For each program, a scientific study provided data on each intended outcome. All programs had at least one statistically significant outcome, while some had multiple. Thirty-five programs were excluded from the sample since they did not meet the above criterion.

This left the research team with twenty programs, which potentially can be implemented in the state of New Hampshire. The research team used juvenile crime rates in New Hampshire, in addition to other juvenile demographic data to divide the programs into five target categories: substance abuse, behavior and violence, mental health, education, and miscellaneous problems among youth.

The twenty programs are described in the subsequent section. These programs were found to address specific problems in New Hampshire.



4. CRIME RATES AND SPENDING IN THE NEW HAMPSHIRE JUVENILE JUSTICE SYSTEM FINDINGS

Part 1 of this section describes the youth crime rates in New Hampshire and in the United States. Part 2 outlines different sections of the budget. Juvenile justice costs in New Hampshire are compared to costs in other states below.

4.1 Juvenile Crime in New Hampshire

New Hampshire has a population of approximately 1.4 million people and 250,000 people under the age of 18.⁹ Since 2018, the arrest rate for juveniles in New Hampshire has been over 50 percent lower than the national rate for aggravated assault, robbery, and weapons-related crimes per 100,000 residents between the ages of 10 and 17. In 2018, the two most common juvenile arrests in New Hampshire were larceny and drug abuse. The New Hampshire larceny arrest rate was 0.288 percent compared with the national average of 0.413 percent. The New Hampshire drug abuse arrest rate was 0.284 percent compared with the national average of 0.269 percent; the drug abuse arrest rate was 0.420 percent in 2017, signaling a decline in arrests from 2017 to 2018.¹⁰ In a 2017 report conducted by the Centers for Disease Control and Prevention, it was found that approximately 23.8 percent of New Hampshire high school students used a vapor product in the last 30 days.¹¹ These products include e-cigarettes, vape pipes, vaping pens, and hookah pens in addition to other products. In the same report, it was found that approximately 29.6 percent of New Hampshire high school students reported they had at least one alcoholic drink in the last 30 days.¹² Drug offenses are common in New Hampshire, explaining the significant effort and funding allocated to combat the issue. In addition, mental health issues are prevalent in New Hampshire and across the United States among youth. Approximately 14 to 20 percent of youth experience a “mental, emotional, or behavioral disorder,” while roughly half receive treatment.¹³ These statistics were used to establish categories for the out-of-state programs described in the second section of the research.

4.2 Juvenile Justice System Spending in New Hampshire

The proposed budget for FY 2020-2021 of Governor Christopher T. Sununu was passed on September 25th, 2019. The Juvenile Justice Service budget grew from the \$10.7 million in 2018 to \$11.5 million in 2020. Approximately \$8 million comes from federal funds, while \$3 million is allocated from state funds.¹⁴ The Sununu Youth Services Center has its own section of the budget. Approximately \$12.7 million is set to be spent on the Sununu Youth Services Center in 2020, following the trend in decrease in spending on the facility from the \$16 million spent in 2015.¹⁵ New Hampshire spends these funds on services such



as detention centers, probation and parole services.¹⁶ In addition, money is provided for community programs such as therapeutic services, substance abuse assessment and counseling, mental health and residential services in foster homes, group homes, and intensive treatment facilities.¹⁷ In 2018, \$6.3 million of the \$10.7 million in the Juvenile Justice Service budget was spent on personal services. Approximately \$3.3 million of this \$6.3 million spent on personal services went to benefits or independent contracts for individual youth. There are 111 positions operating within the Juvenile Justice Service domain of the New Hampshire government.¹⁸

This spending, along with major mental health grants and substance abuse grants, is the total amount allocated towards juvenile justice in New Hampshire.

4.2.1 Sununu Youth Services Center (SYSC) Spending

The budget of Governor Sununu for fiscal year 2020 includes \$12.7 million in recommended spending on the Sununu Youth Services Center (SYSC), an increase from the allocated \$12.2 million in the 2018 budget.¹⁹ There are fixed costs of operating the facility. Of the \$12.2 million spent in 2018, \$820,000 was spent on facility maintenance and \$390,000 was spent on heat, electricity, and water.²⁰ On top of this fixed cost depending on the number of detainees, there are the variable costs of operating the facility.

This facility is a substantial expense that benefits very few, since there are only ten to fifteen youth residing in the Center at a given moment out of the 2,000 youth in the juvenile justice system.²¹ To detain a single juvenile at the SYSC costs around \$500 each day, which totals over \$175,000 per year.²²

Rehabilitative programs are also included in the SYSC budget: \$7 million are appropriated for rehabilitative programs, along with an additional \$2 million dedicated to rehabilitative education, at the SYSC.²³

Research needs to focus on the true impact of the SYSC, since \$12.7 million are used to run the facility that currently serves only thirteen youth. Meanwhile, only \$11.5 million is allocated to the Juvenile Justice Service, which serves 2,000 youth in juvenile justice. To explore this discrepancy in spending, we conducted a phone call interview with Representative Wallner. From that interview we learned that the Audit Division of The Office of Legislative Services started an audit on the Center in January of 2020.²⁴ We learned through our conversation with John Clinch, from the Audit Division of the Legislative Budget Office, no publicly available information exists on the effectiveness of specific programs offered in the center and findings on the Sununu Youth Services Center will be released at the end of the year, which will include operating costs, programs, and efficiency in the Center.²⁵



Table 1. Recommended Budget of the Governor: 2015-2021

Governor	Hassan	Hassan	Hassan	Sununu	Sununu	Sununu	Sununu
Fiscal Year	2015	2016	2017	2018	2019	2020	2021
SYSC Total Recommended Spending (millions)	\$17.1	\$15.1	\$15.1	\$13.4	\$13.1 (adjusted auth. funds \$8.4)	\$12.7	\$13.0
SYSC Recommended Positions	142	143	143	141	141	139	139
SYSC Detention Unit Recommended Spending (thousands)	\$978	\$675	\$678	\$0	\$0	N/A	N/A
SYSC Detention Unit Positions	11	9	9	0	0	N/A	N/A

*Source: Operating Budget of the Governor for fiscal years 2014-2021 provided by the Department of Administrative Services
(Figures adjusted for inflation and stated in 2020 dollars)*

4.2.2 Substance Abuse Service Spending

The budget of the Bureau of Drug and Alcohol Services is set to increase from \$26.7 million in 2018 to \$51 million in 2020.²⁶ This increase occurred in tandem with a two-year \$45.8 million federal grant to combat the opioid crisis in New Hampshire.²⁷ These funds established the “Doorways Program.” All New Hampshire residents are within at most one hour of a “Doorways” facility, which provides medication assisted treatment, peer recovery support services, and prevention programs.²⁸ The preventative services budget under the Bureau is going to see a decrease from \$3.2 million in 2018 to \$2.4 million in 2020.²⁹ Meanwhile, the New Hampshire Governor’s Commission, composed of legislative officials, treatment professionals, and non-professional public members focusing on substance abuse policy, is set to receive \$10 million in 2020. This funding allocation marks a \$1.8 million increase from 2018.³⁰



Drug abuse services in New Hampshire are available to all state residents and are relevant to the analysis of juvenile justice system spending. Research on the effectiveness of existing substance abuse programs in New Hampshire can help inform future policy decisions regarding juvenile justice spending.

4.2.3 Mental Health Service Spending

A Pro-Health Grant of \$10 million is set to benefit residents between ages 16 and 35 over the next five years.³¹ This grant will benefit 1,100 people and offer them trauma, depression and substance use screenings, evidence-based behavioral health treatment, and health behavior change initiatives.³² This grant will not directly benefit many in the juvenile justice system, but measuring its effectiveness with slightly older individuals can inform decisions regarding juvenile mental health spending. There is another section of the budget designated for Pediatric Mental Health Access. Previously there was no funding for this and now approximately \$445,000 is allocated.³³

Table 2. Recommended Budget of the Governor: 2020-2021

Section in Budget	Specific expenditure	2018 (million)	2020 (million)
<i>Juvenile Justice Services</i>	Overall	\$10.7	\$11.6
	Personal Services: Overall	\$6.3	\$6.7
	Personal Services: Benefits	\$3.3	\$3.5
<i>SYSC</i>	Overall	\$12.2	\$12.73
	Maintenance	\$0.88	\$0.68
	Health Services	\$1.54	\$1.7
	Rehabilitative Programs: Overall	\$6.06	\$6.9
	Rehabilitative Programs: Education	\$2.16	\$2.0
<i>Bureau of Drug and Alcohol Services</i>	Overall	\$26.8	\$51.1
	Preventative Services	\$3.3	\$2.4
	Governor's Commission	\$8.4	\$10

Source: Operating Budget of the Governor for fiscal years 2020-2021 provided by the Department of Administrative Services

(Figures adjusted for inflation and stated in 2020 dollars)

4.2.4 Juvenile Justice System Spending in Other States

Within the past decade, a variety of states have passed state-level legislation targeted at juvenile justice reform. These changes, ranging from comprehensive reconstruction to



more targeted reforms, need to be analyzed when evaluating ways to improve the New Hampshire criminal justice system, its cost, and its overall impact on the youth in the state.

A report released at the end of 2014 highlighted the difference in spending per child per day in 46 different states or jurisdictions. The average cost of confinement per child per day was cited as \$407.58, with Louisiana spending \$127.84 at the lowest and New York spending \$966.20 at the highest.³⁴ JPI states that New Hampshire spent \$588.00 per day, the eighth highest spending out of the states and jurisdictions that reported their costs.³⁵ By examining programs enacted by other states, we can better understand how juvenile justice funding in New Hampshire can be allocated in the most efficient manner.

5. EVIDENCE-BASED JUVENILE JUSTICE PROGRAMS

The following section contains program descriptions of effective, evidence-based programs implemented in other states, that might be implemented in New Hampshire. Effective programs are paired with problem areas in New Hampshire and are described below.

5.1 Effective and Applicable Evidence-Based Programs in Other States

This section will highlight a variety of effective programs in the areas of substance abuse, behavioral issues and violence, mental health, education, and other state-level programs that impact youth offenders.

5.1.1 Substance Abuse Programs

Substance abuse is a problem across all age groups in New Hampshire, including the youth population. Approximately 700 youth were arrested for drug abuse in 2018, a decrease from the 1300 arrested for drug abuse in 2016.³⁶ Approximately 23.8 percent of high school students, in a study from 2017, reported current use of vapor products while 30 percent reported current alcohol use.³⁷ To address the drug abuse and substance use problems among New Hampshire youth, the research team will discuss evidence-based programs in other states that were proven to be effective. There are two general groups of programs: programs intended to be implemented as proactive measures, and programs offered after a juvenile is arrested for drug abuse.

One preventative program is The Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) Program. It is designed to target children of single parent and low income families. Children in this mentor program were 46 percent less likely to initiate



drug use and 27 percent less likely to initiate alcohol use, compared to non-mentored youth.³⁸ Another prevention program is the Teams-Games-Tournaments (TGT) Alcohol Prevention. This program is implemented in a school setting. TGT participants showed gains in alcohol-related knowledge, statistically significant decrease in alcohol consumption, lower rates of impulsive behavior, and more negative attitudes toward drinking and driving.³⁹

We examine four family based preventative programs. These include the Multidimensional Family Therapy (MDFT), Positive Family Support (PFS), Strengthening Families Program: For Parents and Youth 10-14 (SFP), and Guiding Good Choices. Family based programs are often flexible rather than uniform. MDFT adolescents saw a 45 percent reduction in drug use.⁴⁰ PFS targets at risk youth. PFS youth saw a reduction in tobacco, alcohol, and marijuana compared to the control group.⁴¹ SFP participants saw significant improvements related to family meetings, intervention-targeted child behaviors, slowed substance abuse, parenting competency, school engagement, and academic success (indirectly). For every dollar invested, the delayed initiation of alcohol use suggested a return of \$9.60 when Iowa Strengthening Families Program participants were in grades six-to-ten.⁴² Guiding Good Choices participants saw a decrease in alcohol use.⁴³ These four family-based programs have been proven to make a statistically significant impact on youth participants.

Two programs have been shown to reduce recidivism among juveniles post-arrest. The Adolescent Community Reinforcement Approach (A-CRA) is a rehabilitative outpatient program. Youth participants were more likely to seek out or keep attending continuing care services, at 94 percent versus 54 percent, and had a higher median number of continuing care sessions at fifteen sessions versus two sessions. Participants saw a 37 percent decrease in reported substance abuse, while those in the control condition saw a 17 percent decrease.⁴⁴ The Family Matters program is another family-based program that can be implemented as a preventative program or a post-arrest program. Family Matters was shown to have a statistically significant effect on reducing the prevalence of smoking and drinking behaviors in youth participants.⁴⁵

Adolescent Community Reinforcement Approach

The Adolescent Community Reinforcement Approach (A-CRA) is a rehabilitative outpatient program with a target population of 13-25 year-olds. Its goal is to replace activities supporting alcohol and drug use with positive behaviors that support recovery. Therapists choose from nineteen protocols addressing problematic areas of adolescent behavior based on a needs assessment and self-assessment of happiness and functioning. The theory of the program is based on the social ecological systems model that theorizes people behave in accordance to the environment they are in, and thus the way to change



behavior lies in changing the settings of adolescents and the ways that adolescents respond to a setting's influence. A-CRA participants were more likely to seek out or keep attending continuing care services, at 94 percent versus 54 percent, and had a higher median number of continuing care sessions at fifteen sessions versus two sessions. Additionally, abstinence rates were twenty percent or higher for A-CRA participants, and they also saw a greater decrease in overall reported substance abuse. A-CRA participants saw a 37 percent decrease, while those in the control condition saw a 17 percent decrease. A-CRA participants saw decreases in reported internalized behavioral problems and a 43 percent decrease in depression symptoms (compared to 23 percent reduction in the control group), and a 58 percent increase in social stability (compared to 13 percent in the control group). There was no cost information available regarding this program. This evidence is derived from a 2006 study by Godley, Dennis, and Passetti and a Slesnick, Prestopnk, Meyers, and Glassman study in 2007.⁴⁶ Phoenix Houses of New England received a \$391,891 grant from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention in FY 2006 to implement an adolescent treatment program in Western Massachusetts based on the A-CRA model.⁴⁷

Family Drug Treatment Court (Snohomish County, WA)

The Snohomish County Family Drug Treatment Court (SCFDTC) targeted parents with substance abuse allegations and involvement in the child welfare system. Overall, parent participants were more likely to have their children returned, experience a permanency-planning outcome, and were less likely to have their parental rights terminated; children of program participants spent less time in the child welfare system. SCFDTC serves as an alternative dependency intervention, targeting substance-using parents in need of treatment and parenting support. The goals of the program are to improve permanency planning for families, reduce time children spend in the welfare system, and increase treatment completion of parents. This type of family drug court works as a problem-solving court, combining the coercive ability of the dependency court with treatment & other services that address substance abuse and addiction in families. SCFDTC uses incentives and sanctions to motivate behavior change, incentives provide tangible positive acknowledgement of progress, while sanctions serve as a consequence. Children with parents in SCFDTC spent fewer days in the child welfare system than non-participating parents in a traditional court processes, and parents were unified with their children after about 1 year and 1 month (on average) compared to average two years and four months for comparison group. SCFDTC participants were more likely to have children returned (69 percent vs. 62 percent), and more likely to experience permanency planning outcome. This evidence comes from a study by Van Wromer and Hsieh 2016.⁴⁸



Family Matters

Family Matters is a family-directed program with the goal of reducing tobacco and alcohol use among 12-14 year-olds. The program involves intervention through booklets mailed to the home and through follow-up conversations by phone with health educators. The booklets contain lessons and activities designed to encourage family participation; the information is based on behavior science theory and research. Some activities and material are for adult family member(s) only, while some are for both the adult family members and adolescents. Health educators conduct follow-up calls, but never interact directly with the adolescent. Family Matters was shown to have a statistically significant effect on reducing the prevalence of smoking and drinking behaviors, comparing favorably with average effect sizes of most school-based drug curricula studies. The effect size at three and twelve months after the program were 0.19 and 0.17 for smoking, and 0.32 and 0.17 for alcohol use. Average cost per family case is \$140.42, which covers personnel, materials for mailings and telephone calls, long distance telephone calls, postage, office supplies, and equipment. These findings come from a study by Bauman and colleagues 2002.⁴⁹

Guiding Good Choices

Guiding Good Choices (GGC) is a multimedia family program promoting health, proactive parent-child interactions, and addressing the risk for early substance abuse. The program saw significant positive effects of the interaction on proactive communication, decreased negative interactions between mothers and children, improved quality of relationships, and positive effects surrounding substance use. GGC targets the families of children in fourth through eighth grade, or ages nine-to-fourteen. The program is delivered in five weekly sessions designed to strengthen management skills, parent-child bonding, and peer resistance skills. Children attend one session concentrating on peer pressure, and the other four sessions involve only parents and cover identifying risk factors for substance use and creating protective process strategies, developing effective parental skills (particularly regarding substance use), managing anger and family conflict, and providing opportunities for positive child involvement in family activities. Program theory is based in the social development model. GGC resulted in significant positive effects on proactive communications, which were statistically significant in maternal family interactions and statistically significant increases in paternal problem solving interactions, along with statistically significant decreased negative interactions between mothers and their children. There were moderate improvements in relationship quality, with fathers demonstrating statistically significant improvements in father-child relationships. Adolescents in the treatment group who had not initiated substance abuse by the one-year follow up were significantly less likely to have initiated use at the two-year follow up, and intervention prevented significant numbers of individuals from engaging in problematic youth substance abuse. Specifically, it could have prevented an estimated nine percent of the control group from engaging in drunkenness, 11 percent from alcohol-related problems and



cigarette use, and 16 percent from illicit drug use. The estimated cost of the program material is \$1,079; optional training cost of \$4,200 for a three-day training. This evidence comes from a study by Kosterman and colleagues in 1997.⁵⁰

Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) Program

The Big Brothers Big Sisters Community-Based Mentoring (BBBSCBM) Program involves one-on-one mentoring in a community setting for at-risk kids ages six to eighteen. The program is associated with a statistically significant reduction in initiating drug and alcohol use and antisocial behavior compared to non-mentored youth, as well as improvement in relationships with parents and academic performance (better grades, fewer absences). The program targets youth from single-parent households and low-income neighborhoods who are at risk of exposure to violence and trauma at home and in their communities. BBBSCBM is based on the theory of social control, the idea that attachments to prosocial/supportive adults, commitments to goals, and trusting relationships allow children to feel socially accepted, supported, and engage in constructive behavior. Mentors in the program are adults from twenty-two to forty-nine years old who spend three-to-five hours per week, two-to-four times per month for a year, with their mentee. The program involves established goals, including developing a mutually satisfying relationship, as well as other goals that could include better school attendance/performance, better relationships with family members, a new skill, a new hobby, and more. Mentorship activities strengthen communication skills, relationship skills, and positive decision making, such as going to a movie or museum, shopping, attending a sports event, going to a restaurant, reading, going on a hike, and more. Outcomes of the program were all statistically significant: mentored youth were 46 percent less likely to initiate drug use and 27 percent less likely to initiate alcohol use, compared to non-mentored youth. They were also 32 percent less likely to have exhibited antisocial behavior such as hitting, stealing, or damaging property compared to non-mentored youth, showed significant improvements in academic performance that included higher grades, skipping fewer classes and/or days of schools, and feeling confident in ability to do schoolwork, and saw improvements in the quality of family relationships. The program costs approximately \$1,000 per mentor match. This evidence comes from a study by Tierney, Grossman, and Resch in 2000.⁵¹

Multidimensional Family Therapy (MDFT)

Multidimensional Family Therapy (MDFT) is a family-based treatment and substance abuse prevention program for kids ages 11-18 with drug and behavior problems that shows the greatest and most consistent improvements in substance abuse and associated behavioral problems in adolescents. Its two main goals are helping the adolescent achieve an appropriate bond with parents and family and building strong connections and success in critical systems outside of the family. Trained therapists work with an individual adolescent, parents, and other family members, one to three times per week over the course



of four to six months. The treatment is organized as an intervention in four key domain areas: adolescent, parent, family, and community. The first phase of the program focuses on building motivation, the second phase focuses on requesting changes, and the final phase focuses on generalizing and applying new skills to new situations to develop plans following treatment. MDFT program theory is influenced by family therapy, developmental psychology and psychopathology, the risk and protective factors framework, and ecological and family systems theories, the recognition that many factors contribute to drug and alcohol use is key, as well as the focus on intervening in the risk factors to find a healthier developmental trajectory. MDFT resulted in a 45% reduction in drug use (compared to 32 percent and 26 percent in Adolescent Group Therapy and Multifamily Educational Intervention). In addition, 76 percent of youth had a C-average or better, compared to 25 percent when assigned to the MDFT group. Significant improvements in family competence were reported, and program participants saw significantly less substance abuse problem severity at six- and twelve-month follow ups and a better ability to retain treatment gain. Almost two-thirds of participants (64 percent) reported minimal to no substance abuse at the twelve-month follow up, a statistically significant difference compared to the 44 percent of CBT youth. MDFT participants were also less likely to be arrested or placed on probation during the twelve-month follow-up and demonstrated reduced scores on internalized distress tests. This evidence is derived from a study by Liddle and colleagues in 2001.⁵²

Positive Family Support (PFS)

Positive Family Support (PFS) is a Multilevel family-centered intervention targeting children at risk for problem behavior or substance use and their families. Students who participated in the program reported significantly less substance abuse in grade nine than students in the control group; they also used less tobacco, alcohol, and marijuana, exhibited less antisocial behavior, and had fewer arrests. PFS is delivered to parents and their children in a middle school setting and concentrates on developing family management skills including making requests, using rewards, monitoring, making rules, providing consequences for rule violations, problem solving skills, and active listening. The goal of PFS is to improve family management and communication skills of parents, with a long-term goal of preventing adolescent antisocial behavior and drug experimentation. The program uses a tiered strategy, with each level building on a previous one. The first level involves universal intervention, with the goal of engaging parents to establish norms for parents and spreading information on problem behaviors and substance use. The second level involves the family in support of school interventions. Finally, the third level involved direct professional support to parents, including services that include activities for parents and children. Program theory is based on a social learning approach and the setting of realistic goals for behavior change; the involvement of parents is based on the research about the role of coercive parenting strategies in targeting youth problem



behaviors. PFS was associated with a significant reduction in substance use initiation among at risk and developing students in grade nine than that of the control group; intervention status was also successful in reducing use of tobacco, alcohol, and marijuana compared to the control group. Less antisocial behavior and fewer arrests were reported compared to the control group. The total cost for implementing the program for one year would be \$23,500 (\$47/student for a cohort of 500 students). These findings come from a study 2002 by Dishion, Kavanagh, Schneigher, Nelson, and Kaufman.⁵³

Teams-Games-Tournaments (TGT) Alcohol Prevention

Teams-Games-Tournaments (TGT) Alcohol Prevention is an approach to alcohol use prevention that combines peer support with group reward structures. Participants showed gains in alcohol-related knowledge, experienced a decrease in alcohol consumption, improved attitudes toward drinking and driving, and lower rates of impulsive behavior. Participants are given a pretest of alcohol knowledge and grouped into teams based on their scores, with teams containing those who scored, high, average, and low. Informational units are present, and students work in teams to complete worksheets in preparation for the tournament, which is designed to reinforce the class lessons. Program theory is based in behavioral group work that emphasizes group achievement over individual achievement, using games as a teaching device and the task-and-reward structures of a traditional classroom. Basic principles of social learning theory emphasize that drinking behaviors are learned, and that students can gain self-management tools to change their internal and external environment. TGT participants showed gains in alcohol-related knowledge, statistically significant decrease in alcohol consumption, lower rates of impulsive behavior, and better attitudes toward drinking and driving. There is no cost information available for this program. This evidence is presented in a study by Wodarski 1987.⁵⁴

Strengthening Families Program: For Parents and Youth 10-14

The Strengthening Families Program (SFP) aims to reduce substance use and behavior problems through improved skills in nurturing and child management by parents, and improved interpersonal and personal skills in youths. The program led towards reduced substance-related risk in sixth grade, increased school engagement in eighth grade, and increased academic success in twelfth grade. SFP consists of weekly skill building groups, where parents and youth attend separate skill-building groups for the first hour and spend the second hour together in supervised family activities. The parent group emphasizes appropriate expectations, disciplinary practices, skills on managing adolescent emotion, and effective communication skills; the youth sessions teach peer pressure refusal skills and skills for dealing with stress. The joint sessions teach conflict resolution and communication skills. SFP also uses four booster sessions to reinforce the skills gained in original sessions. SFP participants saw significant improvements related to family meetings, intervention-targeted child behaviors, slowed substance abuse, parenting



competency, school engagement, and academic success (indirectly). For every dollar invested, the delayed initiation of alcohol use suggested a return of \$9.60 when Iowa Strengthening Families Program participants were in grades six-to-ten. This evidence is presented in studies by Spoth in 2003,⁵⁵ in 2004,⁵⁶ and in 2008.⁵⁷

5.1.2 Behavioral and Violence Programs

Larceny was the most common cause of arrests in 2018 among juveniles in New Hampshire.⁵⁸ Larceny is defined as felony theft. This is different from robbery which involves force. Behavioral interventions address non-violent stealing among youth. Aggression Replacement Training (ART) and Behavioral, Emotional, and Social Training: Competent Learners Achieving School Success (BEST in CLASS) could address high rate of larceny among New Hampshire Juveniles. ART is a post-arrest program to reduce felony recidivism. Youth participants saw a statistically significant reduction in felony recidivism, improved social skills, and reduced problem behavior. Courts that implement the program in a competent manner provide more effective reductions in recidivism than those that do not.⁵⁹ BEST in CLASS is a school-based prevention program. Students saw a statistically significant improvement in behaviors, social and behavioral competence, and student-teacher relationships; teachers showed statistically significant improvements in instructional practices.⁶⁰ If implemented in New Hampshire, this program could potentially reduce the juvenile larceny crime rate.

Aggression Replacement Training (ART)

Aggression Replacement Training (ART) is an intervention designed to promote prosocial behavior in aggressive and violent adolescents ages 11-17 through the development of social skills, emotional control, and moral reasoning. The program resulted in a statistically significant reduction in felony recidivism, improved social skills, and reduced problem behavior among participants. ART concentrates on the development of skills to address emotional and social aspects that contribute to aggression through the controlling of angry impulses and the adoption of perspectives other than their own. The program targets youths with a history of serious aggression and antisocial behavior and is applicable across different populations including incarcerated juveniles and those with clinical behavioral disorders. The program consists of a ten-week, 30-hour intervention given to a group of eight-to-twelve juveniles three times per week. It is based in repetitive learning and transfer training to learn prosocial behavior and control angry impulses, and contains three different components: structured learning training, anger control training, and moral reasoning. Participants attend an hour-long session each week for each component. There was a statistically significant sixteen percent reduction in felony recidivism among ART youth compared to those who did not receive treatment. ART participants saw effective improvement of social skills, given their improvements in Social Skills Rating System



(SSRS) scores, and problem behavior was significantly reduced among ART youth relative to comparison group. The cost to implement ART in Washington state was estimated at \$745 per youth. The cost-benefit analysis conducted by the Washington State Institute for Public Policy in 2004 demonstrated that when delivered by a competent court it generated \$11.66 in benefits for each \$1.00 spent on the program; averaging the results regardless of court competence, ART results in a net savings of \$6.71 per \$1.00 spent—the societal benefits of the program are worth the initial taxpayer investment.⁶¹

Behavioral, Emotional, and Social Training: Competent Learners Achieving School Success (BEST in CLASS)

BEST in CLASS is a classroom-based intervention delivered by teachers with the goal of preventing emotional and behavioral disorders in high-risk children. Program participants showed statistically significant improvement in behaviors, social and behavioral competence, and student-teacher relationships; teachers showed statistically significant improvements in instructional practices. Teachers are trained in a curriculum utilizing instructional practices to prevent and target children’s chronic behavioral problems, increase positive teacher-child interactions, and promote social and behavioral competence. This includes emphasis on rules, behavior-specific praise, precorrection, opportunities to respond, teacher-corrective feedback, and teacher-instructive feedback, linking these strategies to apply them to ongoing instruction in the classroom. Program theory is based on behavioral, transactional, and ecological theories, recognizing the transactional nature of social interactions. Children in the BEST in CLASS program showed statistically significant improvements in: engagement behaviors, fewer observations of disruptive, aggressive, and defiant behaviors, greater positive teacher-child interactions, fewer negative teacher-child interactions, greater improvements in behavior-specific praises by teachers, opportunities to respond, precorrection, instructive and corrective feedback, reductions in externalizing and internalizing problem behaviors, problem behaviors themselves, social skills, and increased closeness and lower levels of conflict within student-teacher relationships. There is no cost information available for the BEST in CLASS program. This data comes from a study from 2015 by Conroy, Sutherland, Algina, Wildon, Martinez, and Whalon.⁶²

5.1.3 Mental Health Programs

Approximately 14 to 20 percent of youth experience a “mental, emotional, or behavioral disorder”, while roughly half receive treatment.⁶³ More than \$6 million is designated to be spent on Rehabilitative Programs at the SYSC in 2020, with roughly \$445,000 to be spent on Pediatric Mental Health Access.⁶⁴



One program that aims to address mental health issues is Great Life Mentoring. This is a mentorship program implemented post-arrest. GLM participants were found to be more likely to have a planned end to mental health treatment (32.3 percent versus 18.8 percent, respectively), while non-GLM participants were more likely to have unplanned patient initiated termination of treatment (33.9 percent versus 56.3 percent).⁶⁵ Other prevention programs could decrease the number of youth that require services and measure could be taken to address the number of children requiring treatment that currently are not.

Great Life Mentoring

The Great Life Mentoring program can be implemented as a preventative program as well as a program for individuals post-entrance into the juvenile justice system. This program pairs adult mentors with kids who are receiving mental health services. Adult mentors meet with mentees, between the ages of seven and eighteen, for two-to-three hours per week in addition to the children receiving mental health services. The pairs will attend community events, have meals, and spend time developing a healthy mentor to mentee relationship. An objective of the program is for mentees to feel unconditional support from an adult mentor. Children in the GLM program were found to receive statistically significant higher scores on the Children's Global Assessment Scale: a measure of participation in hobbies, confidence, performance in school, and ability to handle stress in addition to other variables. GLM participants were found to be more likely to have a planned end to mental health treatment (32.3 percent versus 18.8 percent, respectively), while non-GLM participants were more likely to have unplanned patient initiated termination of treatment (33.9 percent versus 56.3 percent). These findings were statistically significant. This program was implemented successfully in the state of Washington. Services were provided by the Columbia River Mental Health Services. These findings are presented in a 2018 study conducted by DuBois, Herrera, and Higley.⁶⁶

5.1.4 Education and Schooling Programs

The following section contains a description of three evidence-based programs that were implemented in a school setting. These programs are the Eisenhower Quantum Opportunities, First Step to Success and the Perry Preschool Project. Education programs directly relate to improving the juvenile justice system. Eisenhower Quantum Opportunities is a preventative program. Youth participants in this program showed a higher high school graduation rate and acceptance rate into colleges than the control group.⁶⁷ First Step to Success is an early intervention program targeting children between the ages of five and eight. Participants were found to show more adaptive behaviors, to demonstrate less aggression, and to pay more attention in class than control students.⁶⁸ The Perry Preschool Project is another early intervention program aimed at children between the ages of three and four from disadvantaged backgrounds. By age 17, participants in the



program had completed a significantly higher level of schooling than the no-program group (11.9 years versus 11.0). The group also had a significantly higher rate of regular high school graduation (66 percent versus 45 percent). At the 27-year follow-up, participants in the program, averaged a significantly lower number of lifetime (juvenile and adult) criminal arrests (2.3 arrests versus 4.6) and a significantly lower number of adult criminal arrests (1.8 arrests versus 4.0).⁶⁹

Education-based programs decrease crime rates. For every additional year a child spends in school, property and violent crime rates decrease by 11-12 percent, assault decreases by 30 percent, motor vehicle theft decreases by 20 percent, and burglary and larceny decrease by six percent.⁷⁰

Eisenhower Quantum Opportunities

The Eisenhower Quantum Opportunities program is a preventative intervention program located at five test sites—Albuquerque, New Mexico, Baltimore, Maryland, Boston, Massachusetts, Milwaukee, Wisconsin, and New Bedford, Massachusetts—that targets youth at risk of academic failure. Program participants, referred to as Quantum Associates, receive intensive tutoring, mentoring, life skills training, and financial stipends for their four years of high school. This program is unique because of its “deep mentoring” focus, where each mentee receives consistent throughout their four years of high school and each mentor is expected to establish a long-term relationship with the mentee. There is also a community improvement focus, where each Quantum Associate is expected to achieve a predetermined personal and community outcome. Unlike most programs, Eisenhower Quantum Opportunities also incentivizes participation by providing a modest stipend of \$1.25 per hour to participants. Substantial data has been collected to measure the effectiveness of Quantum Opportunities in all five testing sites. Quantum Associates, with an average age of 15.9 concluded the program with a final GPA of 2.33 compared with a final GPA of 1.76 for control youths. Approximately 76 percent of Quantum Associates graduated from high school, compared with 40 percent of control youths. Finally, all Quantum Associates had a higher rate of acceptance into colleges and universities than control youths, measured through the number of students listed in their high school commencement book as attending post-secondary institutions. Measured in 2015 USD, this program was measured to cost \$13,150 per youth over four years of high school. This evidence is presented in a 2015 study by Curtis and Bandy.⁷¹

First Step to Success

First Step to Success is an early intervention program in Albuquerque, NM and Oregon public schools designed to identify children aged five-to-eight with antisocial behavior and introduce adaptive behavioral strategies to prevent antisocial behavior in school. The goal of this program is to divert youth from an antisocial behavior pattern and to equip them



with the skills and strategies to build effective teacher- and peer-related, social-behavioral adjustments. First Step to Success consists of three interconnected modules. First, it requires proactive, universal screening of all kindergarteners. Second, there will be school intervention involving the teacher, peers, and the target child that teaches adaptive behavior patterns. Third, there will be parent and caregiver training so that the guardian can remain meaningfully involved in supporting the school adjustment of the child. The intervention is implemented over three months. Components are delivered in both school and home settings. This program is unique because of its employment of trained behavioral coaches that work closely with no more than two-to-three students each. Not only do these behavioral coaches work with the youth, but they also facilitate discussion with parents to work on preventative strategies to implement at home. Walker and colleagues (2005) conducted controlled trials to test First Step to Success in 1998, 2005, and 2009. Each resulted in statistically significant findings that demonstrated the effectiveness of the program. Participants were found to show more adaptive behaviors, to demonstrate less aggression, and to pay more attention in class than control students. A complete program kit for First Step to Success costs \$203 dollars, which contains implementation instructions and coaching resources. This data was collected by Hill Walker studies in 1998,⁷² in 2005,⁷³ and in 2009.⁷⁴

Perry Preschool Project

The Perry Preschool Project targets youth aged three-to-four from disadvantaged backgrounds, including poverty and household instability. The program aims to break the link between childhood poverty and school failure. This program consists of a 30-week school year, with a daily 2.5-hour classroom session and a weekly 1.5-hour home visit to involve the families in the educational process. Prior to each home visit, the teacher completes a 30-minute preparation, where they identify the most effective strategies for parents to provide specific support for each child. Teachers use the “HighScope Curriculum,” which includes individualized teaching and daily classroom routine, with lesson plans that target the innate curiosity and key experiences of the children. This program aims to provide a positive learning experience early in children’s lives, building a foundation for future academic and professional success. By age 17, the program group had completed a significantly higher level of schooling than the no-program group (11.9 years versus 11.0). The group also had a significantly higher rate of regular high school graduation (66 percent versus 45 percent). At the 27-year follow-up, the program group, compared with the no-program group, averaged a significantly lower number of lifetime (juvenile and adult) criminal arrests (2.3 arrests versus 4.6) and a significantly lower number of adult criminal arrests (1.8 arrests versus 4.0). In addition, the monthly earnings of program participants were significantly higher than non-program participants earning \$1,219 compared to \$766. For the participants alone, the program costs \$19,570. For society as a whole, the program costs \$95,646. The HighScope Educational Foundation



website provides detailed implementation instructions. This analysis is supported by a Schweinhart, Barnes, and Weikart study conducted in 1993.⁷⁵

5.1.5 Miscellaneous Programs

The following section contains descriptions of five evidence-based programs. They were categorized as miscellaneous since they could not be grouped into one of the previously listed categories, and did not address a previously mentioned problem in New Hampshire. These address unique problems that could not be grouped.

Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is a behavioral treatment alternative to residential placement for youth who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. It targets children of three separate age groups (3-6, 7-11, 12-17). This treatment has three main components: the MTFC parents, the birth family, and the MTFC treatment team. This program places youth at risk for chronic delinquency with specially trained foster parents for six-to-nine months. Meanwhile, the birth family receives specialized family therapy and parenting training. When the child returns home, the birth family will be well equipped to facilitate this transition. The MTFC treatment team oversees this process, helping foster parents and training birth parents over the six-to-nine month treatment. MTFC was found to be effective at reducing criminal behavior. Boys involved with MTFC were reported to commit significantly less crime than boys in group care settings (12.8, compared with 28.9). It was also found that significantly fewer boys in MTFC ran away from their treatment than boys in group care settings. (30.5 percent versus 57.8 percent). Girls in MTFC were also found to show significantly less delinquency than girls in group care settings. Regarding days spent in detention, girls participating in MTFC were found to spend about 100 fewer days in locked settings than girls in group care, with an average difference of 104.82 days. There is no specific cost data for this program, but the Washington State Institute for Public Policy measured that \$5.28 in benefits (including a reduction in juvenile crime) were accrued for every \$1.00 invested in the program. These findings are supported by two studies by Patricia Chamberlain in 1998⁷⁶ and 2007.⁷⁷

Parent-Child Interaction Therapy

The Parent-Child Interaction Therapy targets youth aged three-to-twelve and parents aged 23-to-44, normally as a preventative measure for physical violence. In this program, parents engage in a two-phase training that helps them replace maladaptive interactions with their children with more effective practices. The first phase consists of Child-Directed Interaction, where the parent learns to interact positively with the child and positively rewards the child for good behavior. The second phase consists of Parent-Directed



Interaction, where the parent begins to reinforce certain behaviors in the child with punishment and negative reinforcement. The results of this program were very positive, as parents were found to use significantly fewer commands and significantly more praise with program youth compared to control youth. Only 19 percent of program participants presented a re-report of physical abuse or violence. This can be seen in the re-reported percentages of physical abuse or violence: while nearly 49 percent of non-program participants presented a re-report of physical abuse or violence, only 19 percent of program participants presented a re-report of physical abuse or violence. There is no publicly available cost information online regarding this program. This evidence comes from a 2003 study by Nixon and Sweeney⁷⁸ and a 2004 study by Chaffin and colleagues.⁷⁹

School-wide Positive Behavioral Interventions and Supports

The School-wide Positive Behavioral Interventions and Supports (SWPBIS) targets youth ages five-to-eleven. The primary goal of this program is to create a social environment within schools where students expect and encourage positive behavior from each other. Implementation of this program requires seven key elements. First, a team of six-to-ten staff members and an administrator form to receive training, form an action plan, and discuss behavior management procedures. Second, an external behavior coach provides training and counsel to students in need. Third, expectations for student behavior are articulated to students with posters and simple language. Fourth, these expectations are reinforced through monthly lesson plans. Fifth, teachers implement a system of positive reinforcement for good behavior. Sixth, a systematic and consistent disciplinary procedure is used to discourage misbehavior. Finally, discipline problems are consistently documented, and data is consistently collected. Upon analysis of the data, it was found that school-wide suspensions had significantly declined for School-wide Positive Behavioral Interventions and Supports (SWPBIS) schools. In addition, research found the SPBIS program had a significant impact on the perceptions of school safety. SWPBIS costs \$4,633 to implement in one school, with an additional \$400 per year cost for an efficient data collection and record-keeping system. This assessment is supported by an evidence-based study conducted by Catherine Bradshaw in 2010.⁸⁰

Tulsa Family Drug Court

The Tulsa Family Drug Court is a preventative program designed to target youth under the age of 16 who may be victims of parental neglect because of substance abuse. If substance abuse was the reason for entrance into the child welfare system, families are given the option of entering the Family Drug Court (FDC). Adults are mandated to a substance abuse outpatient treatment program. In addition, participants are encouraged to complete a sequence of family dynamics programs. The FDC is modeled on adult drug courts and therapeutic diversion programs, with the goal of reuniting parents with their children. Evidence-based research studies conclude that those participating in FDC experienced a



178 percent increase in the likelihood of reunification. In total, FDTC resulted in a net cost savings per child of more than \$9,700. Costs for the two parenting programs totaled \$175,000 per year. The Tulsa FDTC court costs (including personnel and drug testing) totaled \$792,635 per year. This assessment is derived from a 2015 study by Brook, Akin, Lloyd, and Yan.⁸¹

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT is a treatment intervention designed to help children between the ages of 3 and 14 and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse. TF-CBT is designed to treat serious emotional problems by children and parents new skills for coping with and processing traumatic incidents. TF-CBT functions through a parental treatment component and several child-parent sessions. In these sessions, children are encouraged to share their experiences and concerns directly with parents in a supportive environment. The duration of the program typically ranges between 12 and 18 weeks, equipping parents with strategies to support children through dialogue about trauma. Researchers found that program participants experienced fewer PTSD symptoms, externalizing behavior, and depressive symptoms than non-program participants. This improvement in mental health was quantified in evidence-based analyses of TF-CBT, which found that only 21 percent of program participants received a PTSD diagnosis at posttest, whereas 42 percent of control youth received a PTSD diagnosis. In addition, all three studies measured parental confidence to be higher in program participants. There is no cost data available for this program. The evidence supporting this program was found by Deblinger, Lippman, and Steer in 1996⁸² and two studies by Cohen in 1996⁸³ and 2004.⁸⁴

6. CONCLUSION

In order to enable legislators to improve juvenile justice system spending in New Hampshire, the research team reviewed current state budgets and programs and examined successful evidence-based programs in other states that can be implemented in New Hampshire. This information will assist legislators in solving the most pressing problems and challenges faced by the juvenile justice system in New Hampshire.



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APPENDIX A

List of programs excluded from the sample: Brief Alcohol Screening and Intervention of College Students (BASICS), Career Academy, Children with Problematic Sexual Behavior-Cognitive Behavioral Therapy (PSB-CBT), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Cognitive-Processing Therapy for Female Victims of Sexual Assault, Criando con Amor: Promoviendo Armonia y Superacion (CAPAS), Harlem (NY) Children's Zone- Promise Academy Charter Middle School, Protecting Strong African American Families (ProSAAF), Strong African American Families (SAAF), Success for All (SFA), Adults in the Making (AIM), Better Futures Program, Enhanced, Assess, Acknowledge, Act Sexual Assault Resistance Program (Canada), Families And Schools Together (FAST), Family Unification Program (Chicago, Illinois), Functional Family Therapy (FFT), HOMEBUILDERS, INSIGHTS into Children's Temperament, Midwestern Prevention Project (MPP), Operation Ceasefire (Boston, Massachusetts), Operation Peacekeeper, Promoting Alternative THinking Strategies (PATHS®), Second Step®: A Violence Prevention Curriculum for Elementary School (2002 Edition), Steps to Respect®, The Incredible Years, Trauma Affect Regulation: Guide for Education and Therapy (TARGET), Street Lighting in Dudley (England), Street Lighting in Stoke-on-Trent (England), Adolescent Diversion Project (Michigan State University), Group Violence Reduction Strategy (New Orleans, Louisiana), Jackson County (Ore.) Community Family Court, Juvenile Breaking the Cycle (JBTC) Program (Lane County, Oregon), KEEP (Keeping Foster and Kinship Parents Supported and Trained), LifeSkills® Training, Linking the Interests of Families and Teachers (LIFT), Multisystemic Therapy (MST), Multisystemic Therapy-Substance Abuse, Nurse-Family Partnership, Positive Action, Project BUILD, Prolonged Exposure Therapy, SNAP® Under 12 Outreach Project, Safe Dates, Stop School Bullying (Greece), and Triple P – Positive Parenting Program.

List of thirty five programs excluded from the sample for not having statistically significant results for all intended outcomes: Adolescent Diversion Project (Michigan State University), Group Violence Reduction Strategy (New Orleans, Louisiana), Jackson County (Ore.) Community Family Court, KEEP (Keeping Foster and Kinship Parents Supported and Trained), LifeSkills® Training, Linking the Interests of Families and Teachers (LIFT), Multisystemic Therapy (MST), Multisystemic Therapy-Substance Abuse, Nurse-Family Partnership, Positive Action, Project BUILD, Prolonged Exposure Therapy, SNAP® Under 12 Outreach Project, Safe Dates, Stop School Bullying (Greece), Triple P – Positive Parenting Program, Better Futures Program, Enhanced, Assess, Acknowledge, Act Sexual Assault Resistance Program (Canada), Families And Schools Together (FAST), Family Unification Program (Chicago, Illinois), Functional Family Therapy (FFT), HOMEBUILDERS, INSIGHTS into Children's Temperament,



Midwestern Prevention Project (MPP), Operation Ceasefire (Boston, Massachusetts), Operation Peacekeeper, Promoting Alternative THinking Strategies (PATHS®), Second Step®: A Violence Prevention Curriculum for Elementary School (2002 Edition), Steps to Respect®, The Incredible Years, and Trauma Affect Regulation: Guide for Education and Therapy (TARGET).

List of two programs excluded from the sample for targeting populations over 18: Brief Alcohol Screening and Intervention of College Students (BASICS), and Cognitive-Processing Therapy for Female Victims of Sexual Assault.

List of six programs excluded from the sample for implementation solely in an urban setting: Career Academy, Children with Problematic Sexual Behavior-Cognitive Behavioral Therapy (PSB-CBT), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Cognitive-Processing Therapy for Female Victims of Sexual Assault, Criando con Amor: Promoviendo Armonia y Superacion (CAPAS), and Harlem (NY) Children's Zone- Promise Academy Charter Middle School.

List of seven programs excluded from the sample for not directly influencing the juvenile justice system and/or not applying directly to New Hampshire: Career Academy, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Criando con Amor: Promoviendo Armonia y Superacion (CAPAS), Harlem (NY) Children's Zone- Promise Academy Charter Middle School, Protecting Strong African American Families (ProSAAF), Strong African American Families (SAAF), and Success for All (SFA).