Strategic Focus on Youth Initiatives:
Youth Roundtable Forum

As representatives from Middle District, North Carolina Project Safe Neighborhoods sites we are convening today for the first time in a series of Youth-focused Roundtable discussions.

Our goal is to engage front line practitioners, researchers, and experts in action-research centered on the concerns pertaining to local youth, service providers, and advocates.

The roundtable forum is designed to raise awareness and discussion about local trends and best practice programming while drawing in local expertise and national research and best practice scans.

The overarching goal of these round tables is to navigate an action-oriented, localized approach and timetable for addressing current issues with available resources while developing a plan for long-term successes.

Our sites work in partnership with the United States Attorney’s Office for the Middle District of North Carolina, the North Carolina Governor’s Crime Commission, and community and law enforcement partners from Alamance, Cabarrus, Durham, Forsyth, Guilford and Rowan Counties to strategically reduce gun and gang violence.

As we work together to share best practices and partner in our strategic efforts to eliminate gun and gang violence, these roundtable discussions will result in localized action planning to build safer communities.

On the following pages you will find National, State, and District level statistics to provide a background of baseline information.

Best practice models are built on an understanding of local needs, available resources, and collaborative efforts. We value your time and commitment to these discussions and look forward to achieving sustainable impacts for our youth at risk.

For more information please contact
Kristen Di Luca, Research Associate and Evaluation Manager, Center for Youth, Family, and Community Partnerships at UNC Greensboro, kldiluca@uncg.edu, (336)217-9735 or Rick Pender, Violence Reduction Program Manager, Center for Community Safety at Winston-Salem State University, penderr@wssu.edu, (336)750-3483.

The Center for Youth, Family, and Community Partnerships at University of North Carolina at Greensboro is the Research and Evaluation Partner for the Middle District, North Carolina Project Safe Neighborhoods initiative. Funding for these efforts is received from the North Carolina Governor’s Crime Commission, # 180-1-06-001-BJ-040.
Juvenile Victims
Although the numbers of juvenile murder victims have fallen between 1993 and 2002, the numbers of murdered female juveniles have remained steady. Although even numbers of white and black juveniles in 2002 were murder victims, adjustments for population result in a homicide victim rate for black male juveniles that is four times the rate of white male victim. Between 1980 and 2002, at least 3 of every 4 murder victims between the ages of 15 and 17 were killed with a firearm.
Youth over the age of six are as likely to be murder victims as they are to be suicide victims, however, the suicide rate for white juvenile murder victims was 26% while the suicide rate for black murder victims was 1% and for Hispanic juvenile murder victims was 3%. Twenty-five percent of violent crime victims are juveniles and most of them are female. More than two-thirds of run-away/thrown away youth are between the ages of 15 and 17.

Juvenile Offenders
In 2002, one out of every twelve murders involved a juvenile offender and one of every three murders committed by a juvenile offender also involved an adult offender. A violent crime peak for juveniles is prevalent in the after-school hours regardless of race. The peak time for violent crime committed with firearms by juveniles and adults is between 9 and 10 PM.

Half of high school seniors reported using illicit drugs at least once, marijuana being the most frequently reported. Over three-quarters of high school seniors and eighth graders indicated that they had tried alcohol. Nearly one third of high school seniors, one fourth of tenth graders, and one twelfth of eighth graders indicated having engaged in heavy drinking (more than four drinks in a row) within the last two weeks of being surveyed.

Perceptions of the harms and risks of alcohol and substance use directly impact youth’s decisions to use: perceptions of low risk increase use. Juvenile arrests for drug crimes and weapons violations peak during school hours on school days and late in the evening on weekends or holidays.

Juvenile Justice System Structure and Process
North Carolina is one of three states in which the maximum age for original juvenile court jurisdiction for delinquency matters is 15 (Connecticut and New York are the other two). All states, however, allow certain juveniles to be tried in criminal courts as an adult and to be tried in federal courts.

Law Enforcement and Juvenile Crime
In 2003, 2.2 million juveniles were arrested; half of these arrests were for charges of larceny-theft, simple assault, drug abuse violations, disorderly conduct, or liquor law violations. Arrests of juveniles for violent crime fell lower than it was in the 1980’s between 1994 and 2003. Although the arrest rate for juveniles for burglary in 2003 was one-third of what it had been in 1980, the arrest rate for juveniles for simple assault was more than double. Furthermore, the proportion of female juvenile arrests for violent crime increased substantially.

---

North Carolina Crime Trends
Juvenile Crime and Status Offenses 2000-2006

Juvenile Crime 2000-2006

Juvenile Crime in North Carolina’s Juvenile Justice system is defined as the number of delinquent complaints received by the court services office.

The largest increase in Juvenile Delinquent Complaints statewide occurred in 2006.

Status Offenses 2000-2006

Status offenses are those offenses, such as truancy, which are not crimes if committed by a person 16 or older.

The largest increase in Juvenile status offenses statewide occurred in 2006.

## North Carolina Middle District Delinquent and Undisciplined Rates by County

### Juvenile Complaints by County in 2006

**Middle District of North Carolina**

<table>
<thead>
<tr>
<th>County</th>
<th>Delinquent Complaints</th>
<th>Delinquent Rate</th>
<th>Undisciplined Complaints</th>
<th>Undisciplined Complaint Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamance</td>
<td>979</td>
<td>51.72</td>
<td>50</td>
<td>2.19</td>
</tr>
<tr>
<td>Cabarrus</td>
<td>415</td>
<td>18.87</td>
<td>101</td>
<td>3.88</td>
</tr>
<tr>
<td>Caswell</td>
<td>102</td>
<td>33.29</td>
<td>10</td>
<td>2.72</td>
</tr>
<tr>
<td>Chatham</td>
<td>116</td>
<td>16.96</td>
<td>6</td>
<td>.74</td>
</tr>
<tr>
<td>Davidson</td>
<td>945</td>
<td>44.92</td>
<td>58</td>
<td>2.32</td>
</tr>
<tr>
<td>Davie</td>
<td>126</td>
<td>22.86</td>
<td>24</td>
<td>3.72</td>
</tr>
<tr>
<td>Durham</td>
<td>792</td>
<td>25.5</td>
<td>138</td>
<td>3.72</td>
</tr>
<tr>
<td>Forsyth</td>
<td>1422</td>
<td>31.75</td>
<td>177</td>
<td>3.23</td>
</tr>
<tr>
<td>Guilford</td>
<td>2975</td>
<td>49.38</td>
<td>174</td>
<td>2.39</td>
</tr>
<tr>
<td>Hoke</td>
<td>216</td>
<td>31.33</td>
<td>51</td>
<td>6.16</td>
</tr>
<tr>
<td>Lee</td>
<td>270</td>
<td>35.17</td>
<td>43</td>
<td>4.67</td>
</tr>
<tr>
<td>Montgomery</td>
<td>120</td>
<td>31.39</td>
<td>45</td>
<td>9.88</td>
</tr>
<tr>
<td>Moore</td>
<td>418</td>
<td>42.46</td>
<td>44</td>
<td>3.76</td>
</tr>
<tr>
<td>Orange</td>
<td>380</td>
<td>27.17</td>
<td>30</td>
<td>1.76</td>
</tr>
<tr>
<td>Person</td>
<td>143</td>
<td>29.40</td>
<td>24</td>
<td>4.12</td>
</tr>
<tr>
<td>Randolph</td>
<td>633</td>
<td>32.92</td>
<td>112</td>
<td>4.86</td>
</tr>
<tr>
<td>Richmond</td>
<td>264</td>
<td>38.92</td>
<td>28</td>
<td>3.44</td>
</tr>
<tr>
<td>Rockingham</td>
<td>542</td>
<td>45.99</td>
<td>96</td>
<td>6.86</td>
</tr>
<tr>
<td>Rowan</td>
<td>739</td>
<td>40.08</td>
<td>50</td>
<td>2.25</td>
</tr>
<tr>
<td>Scotland</td>
<td>227</td>
<td>38.74</td>
<td>64</td>
<td>9.23</td>
</tr>
<tr>
<td>Stanly</td>
<td>238</td>
<td>29.48</td>
<td>17</td>
<td>1.73</td>
</tr>
<tr>
<td>Stokes</td>
<td>301</td>
<td>46.95</td>
<td>41</td>
<td>5.46</td>
</tr>
<tr>
<td>Surry</td>
<td>298</td>
<td>29.81</td>
<td>95</td>
<td>7.98</td>
</tr>
<tr>
<td>Yadkin</td>
<td>173</td>
<td>33.08</td>
<td>39</td>
<td>6.34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,834</strong></td>
<td><strong>1,517</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>534.75</strong></td>
<td><strong>34.51</strong></td>
<td><strong>63.21</strong></td>
<td><strong>4.31</strong></td>
</tr>
</tbody>
</table>

The average rate of juvenile delinquency in the Middle District of North Carolina for 2006 was 34.61 per 1,000 youth between the ages of 6 and 17.

The average rate of undisciplined complaints in the Middle District of North Carolina was 4.31 per 1,000 youth in this age category.

In the Middle District of North Carolina Project Safe Neighborhoods Counties, the average rate of delinquency was 3 percent lower and the average rate of undisciplined complaints was 53.1 percent lower than the cumulative average of other counties in the Middle District in 2006.

In the Middle District of North Carolina Project Safe Neighborhoods Counties, the average rate of delinquency was 4.7 percent higher than the District as a whole and the rate of undisciplined complaints was 31.7 percent lower than the District as a whole.
**North Carolina Middle District**

Delinquent and Undisciplined Rates by County

*Delinquent Rate*

*Undisciplined Complaint Rate*

* Rates are per 1000 juveniles ages 6-17
  Represents average rate for the Middle District of North Carolina

---


Fast Facts from the National Survey on Drug Use and Health

Major depressive episodes in lifetime or over the past year were assessed in SAMHSA’s National Survey on Drug Use and Health among youth aged 12 to 17. A major depressive episode was defined using the DSM-IV diagnostic criteria which specifies a period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure and at four other symptoms that reflect a change in functioning (such as problems with sleeping, eating, energy, concentration, and self image).

Data from SAMHSA’s 2005 National Survey on Drug Use and Health were used to examine the following in past year: depressive episode, initiation of alcohol or illicit drug use, and the association between such new alcohol and/or illicit drug use and major depression.

- In 2005, 8.8% of youth (about 2.2 million youth) had experienced at least one major depressive episode during the past year. Rates of major depressive episode varied by gender and age.

- About 2.7 million youth (15.4% of the youth who had not used an illicit drug previously) used at least one illicit drug in the past year.

- Among youth who had not used alcohol or an illicit drug previously, those with a major depressive episode were about twice as likely to start using alcohol or an illicit drug as youth who had not experienced a major depressive episode in the past year.

- Among youth who had not used alcohol previously, 29.2% of those with a major depressive episode initiated alcohol use compared with 14.5% of youth who had not experienced a major depressive episode in the past year.

- Among youth who had not used an illicit drug previously, 16.1% of those with a major depressive episode initiated illicit drug use compared with 6.9% of youth who had not experienced a major depressive episode in the past year.

Top Five Strategies for Effective Program Implementation

How does a best practice remain a best practice when it is on the move?

Arguments against adopting evidence-based practice models given by the Research and Training Center for Mental Health Conference attendees were: Research base is not convincing, programming is difficult to implement, programming requires too much change, programming does not address the entire problem, and the infrastructure for implementations does not exist…

SO, researchers from the National Implementation Research Network categorized these responses to identify the Top Five Reasons for Using Evidence-Based Programs:

1. Enhance effectiveness of interventions
   - Change what we are doing to be more effective
   - Get past fragmentation and in-fighting
   - Produce good, solid, select outcomes

2. Improve provider organizations
   - Training and ongoing supervision
   - Mechanisms to maintain accountability
   - Have the evidence-based program drive the structure

3. Availability of funding
   - Most evidence-based practices are affordable
   - Promote policies that support funding for implementation

4. Adaptability of evidence-based practices
   - Make them appropriate for the local culture and resources
   - Be flexible with implementation
   - Allow for evolution from a known base

5. Availability of useful information
   - Systematic reviews
   - Ongoing research and evaluation
   - Ready access to information
   - Regular regional training

*3 The NSDUH Report: Depression and the Initiation of Alcohol and Other Drug Use among Youths Aged 12 to 17. Based on SAMHSA’s National Survey on Drug Use and Health conducted by the Office of Applied Studies in the Substance Abuse and Mental Health Services Administration.