



**Report to WVCCA of Analyses of At-Risk Youth Prevention Survey**

Carrie W. Rishel, MSW, Ph.D.  
Associate Professor of Social Work  
Eberly College of Arts and Sciences  
West Virginia University

May 2011

## Overview

The At-Risk Youth Prevention Survey was completed by 440 youth serving professionals from across the state of West Virginia in the spring of 2010. These professionals included social service workers, Department of Health and Human Resources personnel, juvenile court officers, probation officers, educators, and school counselors. The results from this survey will be used to identify session topics and speakers for the statewide conference and regional trainings, develop resources for an online toolkit, and launch an awareness campaign on how all stakeholders can play a role in preventing youth risk behavior.

## Organization of Report

A preliminary report providing frequencies for all numerical responses was completed and provided to the WVCCA in the fall of 2010. The current report addresses three questions of interest requested by the WVCCA: 1) What are the key issues/challenges identified by age group?; 2) What are the top three issues/challenges by region?; and 3) What resources do professionals need but not have? The following report is organized to address these three questions.

### What are the key issues/challenges identified by age group?

For all of the analyses reported regarding issues identified by age group, only respondents who indicated that they typically interacted with that particular age group were included in the analyses. Respondents were asked, “What age of youth do you typically interact with in the course of your job” and given response categories of: Birth to 3, 4 to 10, 11 to 16, and 17 to 21. They were instructed to choose “all that apply” so respondents may be included in multiple age-group analyses.

#### Ages Birth to 3

##### Summary

Of the 440 respondents, 129 indicated that they typically worked with children ages birth to 3 in the course of their job. The results reported below are based on the responses of these 129 participants. Frequencies for each response to age-relevant questions are provided below. In summary, the three major risk factors identified for children ages birth to three include: **1) Parent substance abuse, criminal behavior or mental health problems; 2) Abuse or neglect; and 3) Poorly educated parents.** By far, the biggest obstacle noted by respondents for preventing at-risk behavior in this age group as they get older was **lack of parenting skills.** Finally, the biggest obstacle facing children ages birth to 3 in West Virginia today noted was **Parent substance abuse, criminal behavior or mental health problems.** Therefore, the top key issues/challenges identified for this age group include:

1. **Parent substance abuse, criminal behavior or mental health problems**
2. **Abuse or neglect**
3. **Poorly educated parents**
4. **Lack of parenting skills**

**Poverty and lack of transportation** were also frequently noted as challenges to prevention.

### Specific Responses

Which risk factors do you believe lead children ages birth -3 in your community to be involved in future at-risk behavior?

- Parental substance abuse/criminal behavior/psychopathology = 84, 65%
- Poorly educated parents = 70, 54%
- Parental abuse/neglect = 79, 61%
- Poverty = 55, 43%
- Inadequate parental monitoring = 34, 26%
- Harsh and/or erratic discipline = 20, 15%
- Pregnancy and delivery complications = 13, 10%
- Antisocial behavior such as aggression = 8, 6%
- Hyperactive/impulsive behavior = 9, 7%

The biggest obstacle in your opinion to prevent children ages birth-3 from engaging in at-risk behavior as they get older are:

- Lack of parenting skills = 82, 64%
- Lack of family support (e.g. isolated parents) = 56, 43%
- Transportation to programs/activities = 55, 43%
- Prevalence of poverty = 51, 40%
- Working single parent = 31, 24%
- Affordable and appropriate daycare = 35, 27%
- Lack of access to mental health services = 20, 15%
- Lack of parent education programs = 17, 13%
- Incarcerated parent(s) = 10, 8%
- Lack of access to medical services = 3, 2%

What is the biggest obstacle facing children ages birth to 3 in West Virginia today?

- Parental substance abuse/criminal behavior/psychopathology = 64, 50%
- Poverty = 36, 28%
- Lack of parental education = 13, 10%
- Lack of parental employment = 5, 4%
- Lack of access to medical services = 2, 2%
- Lack of housing = 1, .8%

### **Ages 4 to 10**

#### Summary

Of the 440 respondents, 225 indicated that they typically worked with children ages 4 to 10 in the course of their job. The results reported below are based on the responses of these 225 participants.

Frequencies for each response to age-relevant questions are provided below. In summary, the three major risk factors identified for children ages 4 to 10 include: **1) Parent substance abuse, criminal behavior or mental health problems; 2) Inadequate parental monitoring; and 3) Abuse or neglect.**

The biggest obstacle noted by respondents for preventing at-risk behavior in this age group as they get older was **lack of parenting skills**. Finally, the biggest obstacle facing children ages 4 to 10 in West Virginia today noted was **Parent substance abuse, criminal behavior or mental health problems**. Therefore, the top key issues/challenges identified for this age group include:

1. **Parent substance abuse, criminal behavior or mental health problems**
2. **Inadequate parental monitoring**
3. **Abuse or neglect**
4. **Lack of parenting skills**

**Poverty and lack of transportation** were also frequently noted as challenges to prevention.

### Specific Responses

Which risk factors do you believe lead children ages 4-10 in your community to be involved in future at-risk behavior?

- Parental substance abuse/criminal behavior/psychopathology = 124, 55%
- Inadequate parental monitoring = 123, 55%
- Parental abuse/neglect = 116, 52%
- Poverty = 79, 35%
- Harsh and/or erratic discipline = 49, 22%
- Hyperactive/impulsive behavior = 39, 17%
- Lack or guilt, lack of empathy = 34, 15%
- Antisocial behavior such as aggression = 36, 16%
- Social isolation or target of school bullying = 24, 10%
- Violence in the media = 22, 10%
- Persistent lying = 3, 1%

The biggest obstacle in your opinion to prevent children ages 4-10 from engaging in at-risk behavior as they get older are:

- Lack of parenting skills = 95, 42%
- Lack of parental supervision = 77, 34%
- Money for programs and services = 76, 34%
- Lack of facilities/activities targeted for youth (e.g. after school programs, rec. centers, scouting activities) = 64, 28%
- Transportation to programs/activities = 84, 37%
- Lack of knowledge of existing services by the people who could benefit = 59, 26%
- Lack of family support (e.g. isolated parents) = 52, 23%
- Prevalence of poverty = 45, 20%
- Lack of educational support (tutoring, mentoring, oversight) = 38, 17%
- Lack of access to mental health services = 18, 8%

What is the biggest obstacle facing children ages 4-10 in West Virginia today?

- Parental substance abuse/criminal behavior/psychopathology = 84, 37%
- Poverty = 55, 24%

- Lack of parental education = 44, 20%
- Lack of parental employment = 18, 8%
- Lack of access to medical services = 4, 2%
- Lack of housing = 1, .4%

## Ages 11 to 16

### Summary

Of the 440 respondents, 319 indicated that they typically worked with youth ages 11 to 16 in the course of their job. The results reported below are based on the responses of these 319 participants. Frequencies for each response to age-relevant questions are provided below. In summary, the three major risk factors identified for children ages 11 to 16 include: **1) Inadequate parental monitoring; 2) Early onset of substance abuse; and 3) Parent substance abuse, criminal behavior or mental health problems.** The biggest obstacle noted by respondents for preventing at-risk behavior in this age group as they get older was **prevalence of drugs and alcohol.** Finally, the biggest obstacle facing children ages 4 to 10 in West Virginia today noted was **Parent substance abuse, criminal behavior or mental health problems.** Therefore, the top key issues/challenges identified for this age group include:

1. **Inadequate parental monitoring**
2. **Early onset of substance abuse**
3. **Parent substance abuse, criminal behavior or mental health problems**
4. **Prevalence of drugs and alcohol**

**Lack of parental supervision** (similar to inadequate parental monitoring) and **lack of facilities/activities targeted for youth** were also frequently noted as challenges to prevention.

### Specific Responses

Which risk factors do you believe lead children ages 11-16 in your community to be involved in future at-risk behavior?

- Inadequate parental monitoring = 192, 60%
- Early onset of substance use = 151, 47%
- Parental substance abuse/criminal behavior/psychopathology = 126, 40%
- Peer pressure = 108, 34%
- Lack of organized youth activities = 80, 25%
- Poverty = 69, 22%
- Early onset of sexual activity = 48, 15%
- Social isolation or target of school bullying = 47, 15%
- Antisocial behavior such as aggression = 49, 15%
- Harsh and/or erratic discipline = 26, 8%
- School practices and policies = 20, 6%
- Violence in the media = 13, 4%
- Presence of gang activity = 2, .6%

The biggest obstacle in your opinion to prevent children ages 11-16 from engaging in at-risk behavior as they get older are:

- Prevalence of drugs/alcohol = 150, 50%
- Lack of facilities/activities targeted for youth (e.g. after school programs, rec. centers, scouting activities) = 123, 39%
- Lack of parental supervision = 148, 46%
- Lack of parenting skills = 99, 31%
- Money for programs and services = 76, 24%
- Transportation to programs/activities = 63, 20%
- Prevalence of poverty = 66, 21%
- Lack of family support (e.g. isolated parents) = 68, 21%
- Lack of educational support (tutoring, mentoring, oversight) = 53, 17%
- Lack of access to mental health services = 21, 7%

What is the biggest obstacle facing children ages 11-16 in West Virginia today?

- Parental substance abuse/criminal behavior/psychopathology = 96, 30%
- Poverty = 52, 16%
- Children's substance abuse = 39, 12%
- Lack of parental education = 38, 12%
- Children's mental health issues = 24, 8%
- Early onset of sexual behavior = 21, 7%
- Lack of parental employment = 12, 4%
- Lack of access to medical services = 4, 1%
- Lack of housing = 0

## Ages 17 to 21

### Summary

Of the 440 respondents, 251 indicated that they typically worked with youth ages 17 to 21 in the course of their job. The results reported below are based on the responses of these 251 participants. Frequencies for each response to age-relevant questions are provided below. In summary, the two major risk factors identified for children ages 17 to 21 include: **1) Substance abuse and 2) Unemployment.** The biggest obstacle noted by respondents for preventing at-risk behavior in this age group as they get older was **prevalence of drugs and alcohol.** Finally, the biggest obstacle facing children ages 4 to 10 in West Virginia today noted was **Youth substance abuse and mental health issues.** Therefore, the top key issues/challenges identified for this age group include:

1. **Substance abuse and mental health issues**
2. **Prevalence of drugs and alcohol**
3. **Unemployment**

### Specific Responses

Which risk factors do you believe lead children ages 17-21 in your community to be involved in future at-risk behavior?

- Substance abuse = 187, 75%
- Unemployment = 109, 43%
- Peer pressure = 81, 32%
- Poverty = 74, 30%
- Parental abuse/neglect = 58, 23%
- Lack of access or opportunity for higher education = 52, 21%
- Antisocial behavior such as aggression = 57, 23%
- Lack of organized youth activities = 54, 22%
- School practices and policies = 22, 9%
- Harsh and/or erratic discipline = 12, 5%
- Presence of gang activity = 5, 2%

The biggest obstacle in your opinion to prevent children ages 17-21 from engaging in at-risk behavior as they get older are:

- Prevalence of drugs/alcohol = 139, 55%
- Lack of educational support (tutoring, mentoring, oversight) = 84, 34%
- Lack of family support (e.g. isolated parents) = 77, 31%
- Lack of jobs for older teens = 74, 30%
- Lack of affordable activities for youth = 73, 29%
- Money for programs and services = 59, 24%
- Lack of parenting skills = 58, 23%
- Transportation to programs/activities = 48, 19%
- Prevalence of poverty = 43, 17%
- Lack of access to mental health services = 17, 7%

What is the biggest obstacle facing children ages 17-21 in West Virginia today?

- Youth substance abuse/mental health issues = 82, 33%
- Lack of employment opportunities for youth = 53, 21%
- Poverty = 35, 14%
- Parental substance abuse/criminal behavior/psychopathology = 28, 11%
- Lack of education for youth = 18, 7%
- Onset of sexual behavior = 10, 4%
- Lack of parental employment = 3, 1%
- Lack of housing = 2, .8%
- Lack of access to medical services = 0

### **What are the top three issues/challenges by region?**

For all of the analyses reported below regarding issues identified by Region, only respondents who indicated that they worked in that particular Region were included in the analyses. Respondents were asked to indicate their county. Responses were then coded and categorized into Regions 1 through 4. Of

the 440 total respondents, 24 were excluded from these analyses as they responded either “entire state” or “United States” (likely misunderstanding the question and answering for “country” rather than “county”). Of the 440 respondents, 129 indicated that they worked in Region 1, 136 in Region 2, 86 in Region 3, and 65 in Region 4.

### Summary

Questions examined for the regional analyses were chosen based on their perceived relevance for agency, program, and community prevention planning. Several of the chosen questions relate to agency and community efforts to work together to prevent at-risk behavior. When examining the responses reported in Table 1 below, it is apparent that participants in Regions 1 through 4 responded very similarly to most of the questions examined. Participants from all four regions identified “**Geographical problems (such as living in a rural area)**” as the top obstacle that WV youth face that are unique to them (not necessarily true of youth in other areas). The top four risk factors identified by participants of all four regions include:

- **Abuse and/or neglect**
- **Learning, emotional, or behavioral problems**
- **Substance abuse**
- **Poverty**

Questions relevant to agency and community cooperation also reveal overall similarities among regions. Respondents from all regions identified the **lack of funding and resources to enable successful programs to continue** as the obstacle that impedes interagency information-sharing the most. When responding to the question addressing which organizations they would like to have involved in prevention efforts that were not already involved, participants from all regions identified **community or business leaders** more than any other group. Of notable interest, respondents from **Region 4** also identified: **Federal/State agencies, Law enforcement, the Education system, and the Juvenile justice system** much more frequently than respondents from other regions, suggesting that **region 4 respondents perceive less current involvement from these organizations** than do respondents in other regions. This may be an important perception to follow-up on in future trainings in this area. When asked how agencies in their community could work together in a more cohesive unit to better prevent at-risk youth behavior, respondents in **regions 1-3 most frequently chose “Coordinating prevention programs,”** while respondents from **region 4 most frequently chose “Sharing information.”** Respondents from **region 4** were also **more likely** than other respondents **to indicate that agencies in their community do not work together to prevent at-risk youth behavior**, again suggesting the possibility for further training in region 4.

When asked to indicate the most important aspect of information sharing between agencies, respondents from all regions chose “**Providing appropriate programs and services to deter at-risk youth from delinquent behavior**.” Respondents from all regions indicated that **Universal prevention efforts** (as compared to selective and indicated) were the most lacking in their communities. When asked which strategies are most needed to prevent at-risk youth behavior in their communities, respondents from all regions indicate that “**Mobilizing community leaders and residents to plan, strengthen, or create new opportunities or linkages to existing organizations for at-risk youth**” and “**Providing or facilitating access to academic, economic, and social opportunities**” were the most needed. Of



interest, respondents from **region 3** were slightly **more likely than other respondents** to indicate the **need for screening policies to facilitate early identification of those most at risk in order to provide targeted services**, suggesting a potential training need for region 3. Finally, when asked, “If the following were readily available in your community, the number of at-risk youth would be reduced,” respondents from all regions most frequently indicated the need for “**Money for programs and services,**” followed by “**Facilities targeted for youth.**”

Specific Responses

Please see Table 1 for a report of frequencies of responses by region. The ease comparability, all responses are reported as percentages. The results reported below in Table 1 are based on the responses of participants from each of the respective Regions.

**Table 1: Analyses of Relevant Questions by Region**

	<b>Region 1 N=129</b>	<b>Region 2 N=136</b>	<b>Region 3 N=86</b>	<b>Region 4 N=65</b>
<b>What risk factors do you and your organization deal with on a regular basis? (Choose all that apply).</b>				
Abuse and/or neglect	81%	73%	71%	75%
Substance abuse	76%	73%	67%	77%
Poverty	78%	71%	71%	72%
Peer pressure	54%	58%	63%	52%
Gang activity	10%	17%	12%	19%
Criminal activity, not gang related	47%	38%	42%	49%
Learning, emotional, or behavioral problems	80%	76%	85%	68%
Poor educational and employment options	58%	62%	54%	66%
<b>What obstacles do WV youth face that are unique to them (not true of youth in other areas)? (Choose 3)</b>				
Our own belief in Appalachian stereotypes	29%	34%	24%	28%
Geographical problems (such as living in a rural area)	77%	69%	74%	72%
Poverty	57%	50%	48%	54%
Obesity	16%	21%	15%	14%
Attitude toward healthy lifestyle	52%	46%	48%	39%
<b>Which obstacle do you believe impedes interagency information-sharing programs the most? (Choose 1)</b>				
The burden of gathering and reporting information	13%	11%	8%	17%
The lack of adequate funding and resources to enable successful programs to continue	50%	43%	55%	51%
The difficulty in working effectively with other agencies	23%	25%	21%	20%
The failure to conduct an evaluation	.8%	4%	7%	2%
<b>Which organizations would you like to have involved in efforts to prevent at-risk youth behavior in your community that are not already involved? (Choose all that apply)</b>				
Federal/State agencies	24%	24%	28%	43%
Social Service agencies	19%	21%	24%	26%
Law enforcement	26%	38%	22%	46%

Education system	37%	37%	36%	52%
Juvenile justice system	24%	33%	17%	40%
Community or business leaders	69%	59%	58%	68%
<b>How could agencies in your community work together in a more cohesive unit to better prevent at-risk youth behavior? (Choose up to 3)</b>				
Sharing information	57%	65%	64%	74%
Coordinating training programs	49%	55%	48%	42%
Coordinating prevention programs	70%	70%	67%	66%
Developing a committee composed of all involved with at-risk youth to discuss and implement prevention methods	47%	47%	55%	46%
Reducing the overlap of at-risk programs	19%	23%	11%	11%
Agencies in my community do not work together to prevent at-risk youth behavior	5%	10%	13%	19%
<b>What are the most important aspects of information sharing between agencies? (Choose 3)</b>				
Providing appropriate programs and services to intervene with juveniles currently involved in juvenile justice system	41%	33%	31%	34%
Providing appropriate programs and services to deter at-risk youth from delinquent behavior	73%	60%	73%	69%
Increasing the safety of the community and its children by reducing juvenile crime	23%	24%	16%	23%
Eliminating the duplication of services	22%	21%	11%	11%
Leveraging resources and training programs through coordination	31%	45%	21%	28%
Improving case and management level decision-making	16%	14%	22%	19%
Improving interagency collaboration	31%	35%	44%	40%
Developing a formal structure and process for interagency collaboration	23%	29%	27%	20%
Identifying processes and data systems for resource collection and dissemination	12%	18%	15%	17%
<b>Which type of prevention efforts do you feel is most lacking in your community? (Choose 1)</b>				
Universal prevention which focuses on the entire population at risk and the identification of those conditions (personal, social, environmental) that promote at-risk behavior	56%	59%	54%	55%
Selective prevention which targets those individuals who have been identified at being at greater risk of becoming delinquent	23%	16%	20%	22%
Indicated prevention which targets high-risk individuals who are exhibiting beginning symptoms or signs of the problem behavior	22%	25%	27%	23%
<b>Which strategies are most needed to prevent at-risk youth behavior in your community? (Choose 3)</b>				
Mobilizing community leaders and residents to plan, strengthen, or create new opportunities or linkages to existing organizations for at-risk youth	53%	63%	52%	51%
Using outreach workers to engage at-risk youth	31%	32%	23%	25%
Providing or facilitating access to academic, economic, and social opportunities	51%	49%	55%	59%
Conducting at-risk youth behavior prevention activities and holding at-risk youth accountable	54%	49%	50%	46%
Facilitating organizational change and development to help community	45%	52%	48%	43%

agencies better address at-risk youth problems through a team ‘problem-solving’ approach that is consistent with the philosophy of community – oriented policing				
Screening policies to facilitate early identification of those most at risk in order to be able to provide targeted services	23%	20%	31%	23%
<b>If the following were readily available in your community, the number of at-risk youth would be reduced. (Choose 3)</b>				
Money for programs and services	49%	53%	59%	65%
Knowledge of existing programs/services by the people who could benefit	36%	36%	38%	32%
Facilities targeted for youth	34%	35%	40%	46%
Coordination of community programs	30%	33%	22%	20%
Daycare	6%	4%	5%	5%
Transportation to programs/activities	43%	43%	43%	40%
Support groups for parents	22%	21%	20%	8%
Jobs for older teens	14%	13%	8%	15%
Employment opportunities in general	29%	24%	30%	34%
Drug/alcohol education or programs	24%	25%	20%	22%

**What resources do professionals need but not have?**

Respondents were asked what programs or services they would like to see developed in their communities that are not currently available to youth and families. No response categories were provided for this question, so respondents wrote in their responses. Responses were analyzed using standard qualitative data analysis methods that included developing themes as analyses progressed. Respondents identified needed services across multiple domains, which are described below.

**Overall Prevention and Early Intervention**

Many needed services identified by respondents related to overall prevention (universal prevention) or early intervention services. Some examples of these suggestions included: early intervention services for all newborns and earlier positive activities that occur before an intervention becomes necessary.

**Daycare and Afterschool Programs**

High quality affordable daycare, afterschool, and age appropriate summer programs were identified as needs by multiple respondents. Afterschool programs were one of the most frequently identified needed services. Many respondents specified that afterschool activities for older youth were especially needed.

**Educational Achievement Supports**

Services to support educational achievement were frequently identified as needed services. Example suggestions include: tutoring programs (including peer tutoring), dropout prevention in the early grades, mentoring programs specific to helping students pursue vocational and higher educational opportunities, more community resources for youth struggling with school attendance or academics to help keep them in school, school resource officers available in every school, and school-based social workers (not just school counselors) to identify at risk youth and provide youth and parents with appropriate services.

## **Mentoring**

Along with afterschool programs, mentoring was one of the most frequently listed needed services. Many respondents just listed “mentoring” as a needed service. Others provided more specific suggestions including: Big Brothers Big Sisters, mentoring services for youth with mental illness, and peer mentoring.

## **Positive Youth Development and Teen Diversion**

Many services listed by respondents fall into a category of positive youth development activities and teen diversion. These overlap somewhat with the identified need for more afterschool programs. Examples of specific suggestions include: organized activities for older teens, youth community centers, YMCAs or recreation centers, clubs and youth groups, afterschool activities for youth not involved in sports, community garden programs, teen programming on weekends, free activities for older youth, and more youth recreational activities.

## **Substance Abuse Prevention and Treatment**

Family and youth substance abuse prevention and treatment services were one of the most frequently listed types of needed services. Some specific examples include: outpatient substance abuse treatment programs, drug and alcohol rehabilitation programs for mothers that allow them to keep their children with them, drug and alcohol education and prevention, teen AA and NA groups, local drug and alcohol treatment services, drug and alcohol treatment for non-adjudicated youth, relapse prevention services, and more residential drug treatment centers.

## **Mental Health Prevention and Treatment**

Similar to substance abuse services, more and better mental health services were also frequently identified needs by respondents. Examples of needed services include: in-state psychiatric facilities for residential treatment, mental health services offered from the elementary schools as the elementary schools are “the hub of the small communities within our counties,” teen mental health services, child mental health case management services that wrap services around school, community, and home, holistic counseling services that are not dependent on medication, counseling for parents and teens without having to leave the county, counseling services for young children, additional counselors who are certified in specialized areas, suicide prevention and early intervention, and school-based mental health services (also suggested to serve families before and after school. Numerous respondents identified school-based mental health services as a need and suggested the school become the “hub” of services, which would also alleviate transportation problems to access services.

## **Teen Pregnancy Prevention and Teen Parent Support**

Many respondents indicated that teen pregnancy prevention and parenting services were needed in their community. Examples include: prevention of pregnancy for those under 14, comprehensive reproductive health care and family planning services, parenting for youth under 18, parenting classes in high school, and teen prenatal services and parenting education.

## **Employment Services and Workforce Development**

Employment and workforce development programs for older adolescents were also commonly identified as needed services. Most frequently listed were job or employment services and opportunities for youth. Other specific examples of responses that were included in this category include: vocational programs (e.g. plumbing, carpenter, electrician etc) to provide good job training for those not interested in college, career training other than college prep, work ethic development, internships for youth to provide job training and work experience, a strong workforce development program that has an established relationship with the business community, youth work center where youth can sign up and community members can contact one site when work is available, an annual county career day for all youth 7<sup>th</sup> grade and up that includes a large variety of career paths, and comprehensive job training.

## **Supporting Families**

Services related to supporting families were commonly identified as needed by respondents. Many just listed “parenting education” as needed. Other specific responses included in this category include: family violence prevention, a visitation center for parents to have supervised visits with children not in their custody, parenting education and training, parenting education that does not require DHHR(CPS) referrals, consistent parenting education services, programs to support father involvement, parenting classes, parent counseling, effective parenting support and education, parental workshops to get parents involved, transitional services for children and families who are reunited, support services for foster parents, post-adoption services, and parenting skill development.

## **Other**

The vast majority of responses from the 440 survey participants fit into one of the categories discussed above. Other types of suggested services, each of which was listed by only a few respondents, include: teen court and related services, drug court, early pre-court/pre-adjudication intervention and prevention, volunteering neighborhood watch, accessible police beat patrol, services to help youth who act out sexually inappropriately, sexual addiction services, Young life and other faith-based services, youth boards assuring youth are involved in decision-making activities, domestic violence shelters, programs available for families who do not meet income guidelines, an effective youth service delivery infrastructure, services for children aging out of foster care, Child Advocacy Center (One Stop Shop), and transportation to services.