OJJDP Office of Juvenile Justice and Delinquency Prevention
Working for Youth Justice and Safety

Improving the Quality of Brand-Name and Home-Grown Juvenile Justice Programs

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ABOUT OJJDP

OJJDP, a component of the Office of Justice Programs, U.S. Department of Justice, accomplishes its mission by supporting states, local communities, and tribal jurisdictions in their efforts to develop and implement effective programs for juveniles.

OJJDP sponsors research, program, and training initiatives; develops priorities and goals and sets policies to guide federal juvenile justice issues; disseminates information about juvenile justice issues; and awards funds to states to support local programming.

OVERVIEW

The Juvenile Justice Reform and Reinvestment Initiative was a demonstration program that OJJDP supported to improve existing services for youth in the juvenile justice system, reduce recidivism, and enhance cost effectiveness.

It introduced a practical but comprehensive approach to implementing an *evidence-based decision-making platform* to guide juvenile justice service delivery and system improvements.

RESEARCH BASIS

- Earlier intervention when implemented well with youth is less expensive and more effective.

- For youth involved in the juvenile justice system, research shows that interventions focusing solely on control are less effective than therapeutic approaches for reducing recidivism.

- Research has identified the key factors that characterize effective programs for juvenile offenders, whether those programs are home-grown or brand-name.

- The deeper a youth goes into the juvenile justice system the more likely they are to reoffend.

FUNDING

OMB Partnership Fund for Program Integrity Innovation

- <u>Purpose</u>: To identify and pilot new approaches to service delivery that save money, strengthen program integrity, streamline administration, and improve program results

- <u>Scope</u>: Federal assistance programs that have a substantial State role or where Federal/State cooperation could be beneficial

- OJJDP's initiative was selected as an Innovation Pilot

— Funding provided at 3.45 Million Total

PARTNERS

Federal Team
- US DOJ's Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Office of Management and Budget's Partnership Fund

Pilot Sites
- Delaware
- Iowa (1st, 3rd and 6th judicial districts)
- Milwaukee, Wisconsin

Technical Assistance Team
- Georgetown University's Center for Juvenile Justice Reform
- Vanderbilt University's Peabody Research Institute

Evaluation Team
- Urban Institute's Justice Policy Center

GOALS

- Short-term outcomes:

    — Improved Standardized Program Evaluation Protocol (SPEP^{TM}) scores / services for youth

    — Improved matching of youth to services

    — System improvements

- Long-term outcomes:

    — Decreased recidivism rates and improved outcomes for youth

    — Improved cost effectiveness of juvenile justice services

    — Reduction in public cost
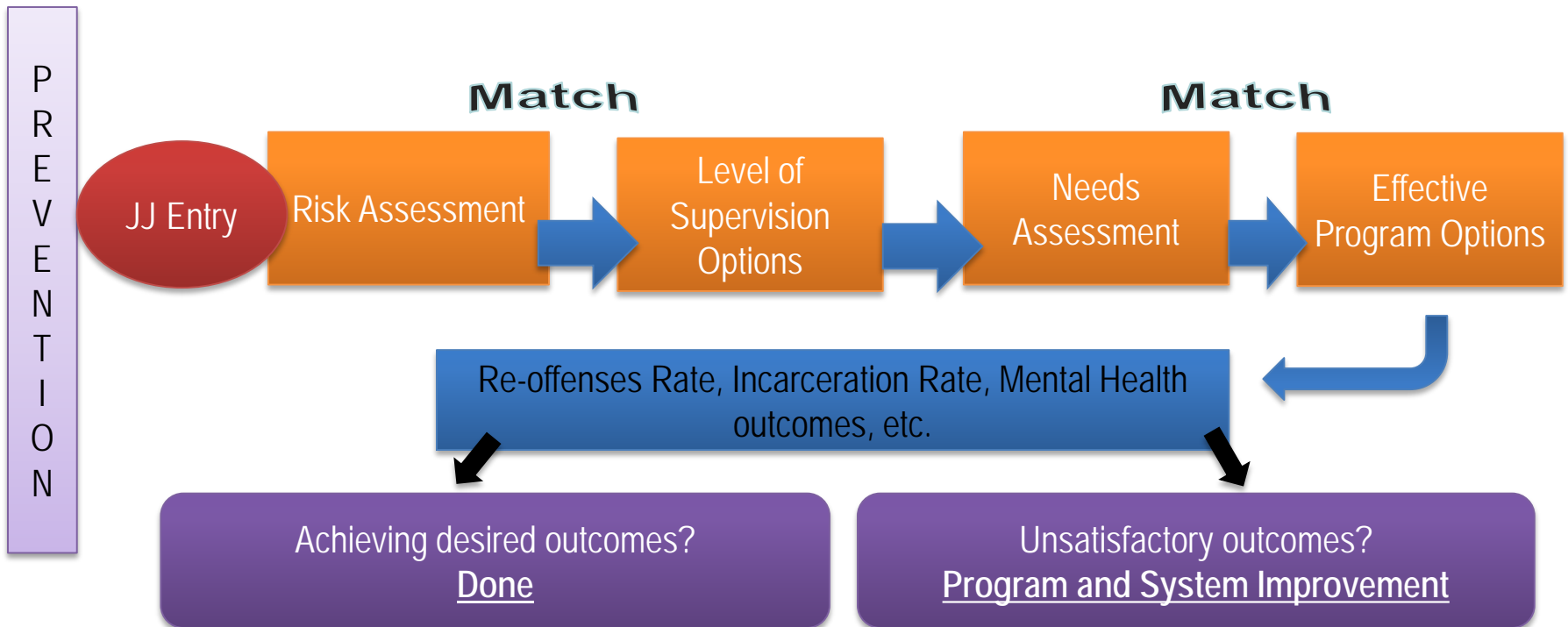
    — Reinvestment in community services

COMPONENTS

- Assessing youth risk and needs using validated tools

- Matching of youth to appropriate supervision and services

- Providing effective program options: Implementation of the Standardized Program Evaluation Protocol (SPEP^{TM})

    — SPEP Score 1$\rightarrow$ Program improvement $\rightarrow$SPEP Score 2

- Assessing the availability of services and supports to meet the needs of youth

- Alignment of juvenile justice system and practices

CREATING AN EVIDENCE-BASED DECISION-MAKING PLATFORM

Source: Center for Juvenile Justice Reform

OJJDP'S SYSTEM IMPROVEMENT EFFORTS

- Statewide Efforts
    - A Comprehensive Strategy to Juvenile Justice Reform in GA, HI, KY, KS, SD, UT and WV
    - Statewide Juvenile Justice Reform Planning in DE, IA and WA
    - Assessing the Impact of Juvenile Justice Reforms
- Technical Assistance to Reduce Racial and Ethnic Disparities in the Juvenile Justice System
- Community Supervision, Reducing Out-Of-Home Placement
- Juvenile Prosecution Curriculum Development, Training and Technical Assistance Program
- Enhancing Youth Access to Justice Initiative
- Age of Criminal Responsibility

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The prevailing definition of an evidence-based program: A certified "model" program

The *program* part: A 'brand name' program, e.g.,
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Aggression Replacement Training (ART)

The *evidence-based* part: Credible research supporting that specific program certified by, e.g.,
- Blueprints for Healthy Youth Development
- OJJDP Model Programs Guide
- CrimeSolutions.gov
- NREPP (National Registry of EB Programs & Practices)

The *implementation* part: Fidelity– strict adherence to the program protocol.

The failure of the brand name model program approach to improve outcomes

A. The evidence base does not demonstrate robust generalization to real world practice at scale

- Few studies of most model programs (often only 1-2)

- Usually conducted by program developer with upward bias

- Effects often not replicated when implementation in routine practice is evaluated. Examples:
  - FFT and MST failures when not implemented by developers
  - More broadly, discouraging results from tiered-evidence initiatives

- Lack of empirically-based standards for implementation to guide inevitable adaptation in contrast to strict fidelity and support quality control in the face of variation in settings, personnel, clientele, resources, etc.

The failure of the brand name model program approach to improve outcomes

B. Limited uptake of certified model programs by juvenile justice practitioners

–   The Blueprints and OJJDP Model Programs EBP registries have operated for 17-20 years, but only about 7% of the programs in use by juvenile justice systems are found on these registries

–   Limited repertoire of evidence-based model programs relative to diverse needs of clientele

–   Cost of licensing, training, and maintenance

–   Reluctance to replace valued local programs with model programs not proven to be more effective in local context

–   Provider resistance to the "by the book" requirement for strict fidelity to the model program protocol.

A broader perspective on EBPs: Evidence-based generic program "types"

- Interventions with research on effectiveness can be described by the _types_ of programs they represent rather than their brand names, e.g.,
  - family therapy
  - mentoring
  - cognitive behavioral therapy

- These types include the brand name programs, but also many 'home grown' programs as well

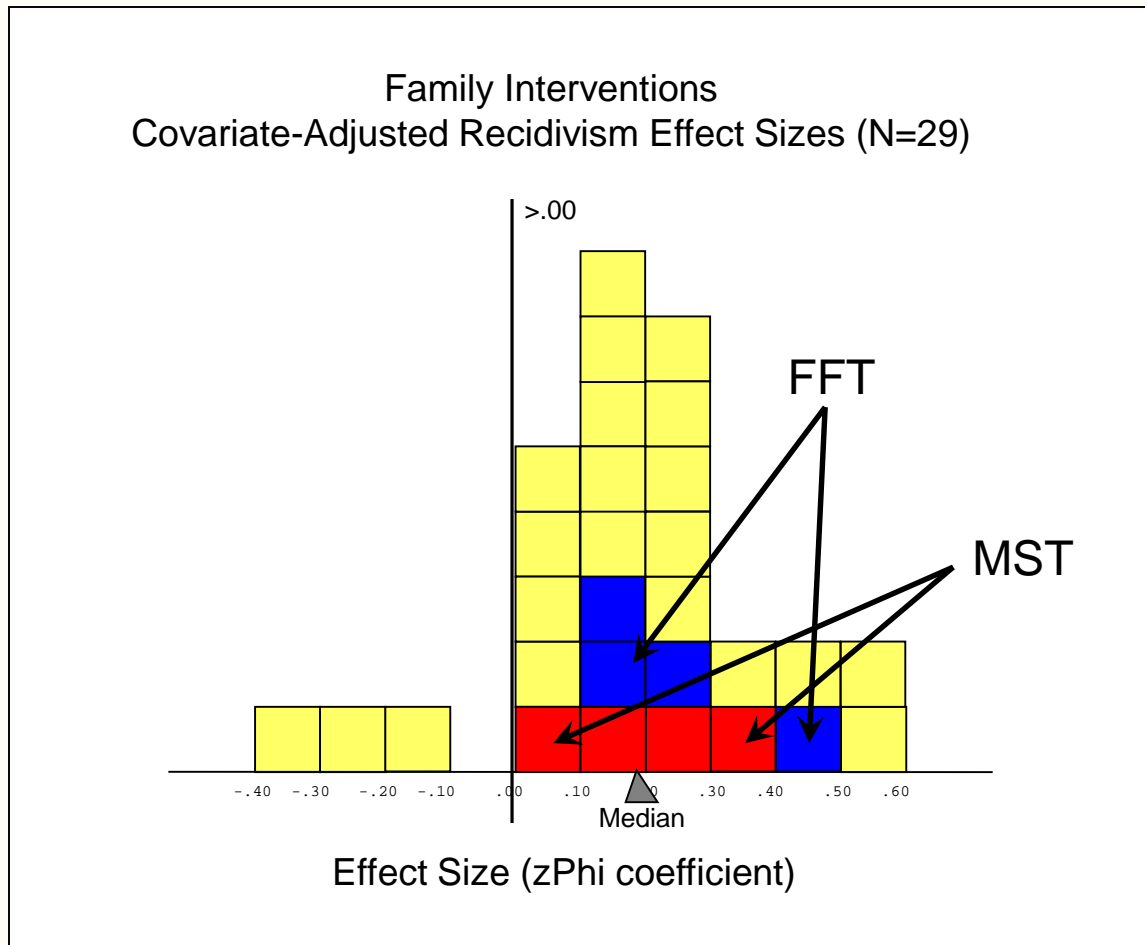- Viewed this way, there are many evidence-based program types familiar to practitioners

The evidence base: A comprehensive collection of studies of interventions for juvenile offenders

Meta-analysis of delinquency intervention research:

- Studies: 500+ controlled studies of interventions with juvenile offenders

- Outcomes: Programs' effects on recidivism (reoffending)

- Analysis: Statistical models to identify predictors of positive outcomes

Recidivism effects for generic vs. brand name model family therapy programs

Family Interventions
Covariate-Adjusted Recidivism Effect Sizes (N=29)

Focus on the program characteristics empirically associated with positive effects

- Program philosophy: Therapeutic approaches aimed at internalized behavior change (vs. control, deterrence)

- Program type: On average, some are more effective than others (e.g., CBT, mentoring, family therapy)

- Dose: Service must be delivered in adequate amounts with targets that can be empirically specified.

- Quality of service delivery: Explicit treatment protocols, provider training, procedures for monitoring adherence

- Recidivism risk of participants: Effects are largest with high risk cases.

Instrument for rating how well a program profile matches the evidence: The Standardized Program Evaluation Protocol (SPEP)

> Points assigned proportionate to the contribution of each factor to recidivism reduction

> Target values from the meta-analysis (generic) OR program manual (EBP brand name)

Standardized Program Evaluation Protocol (SPEP) for Services to Juvenile Offenders©
Recalibrated version, 2013

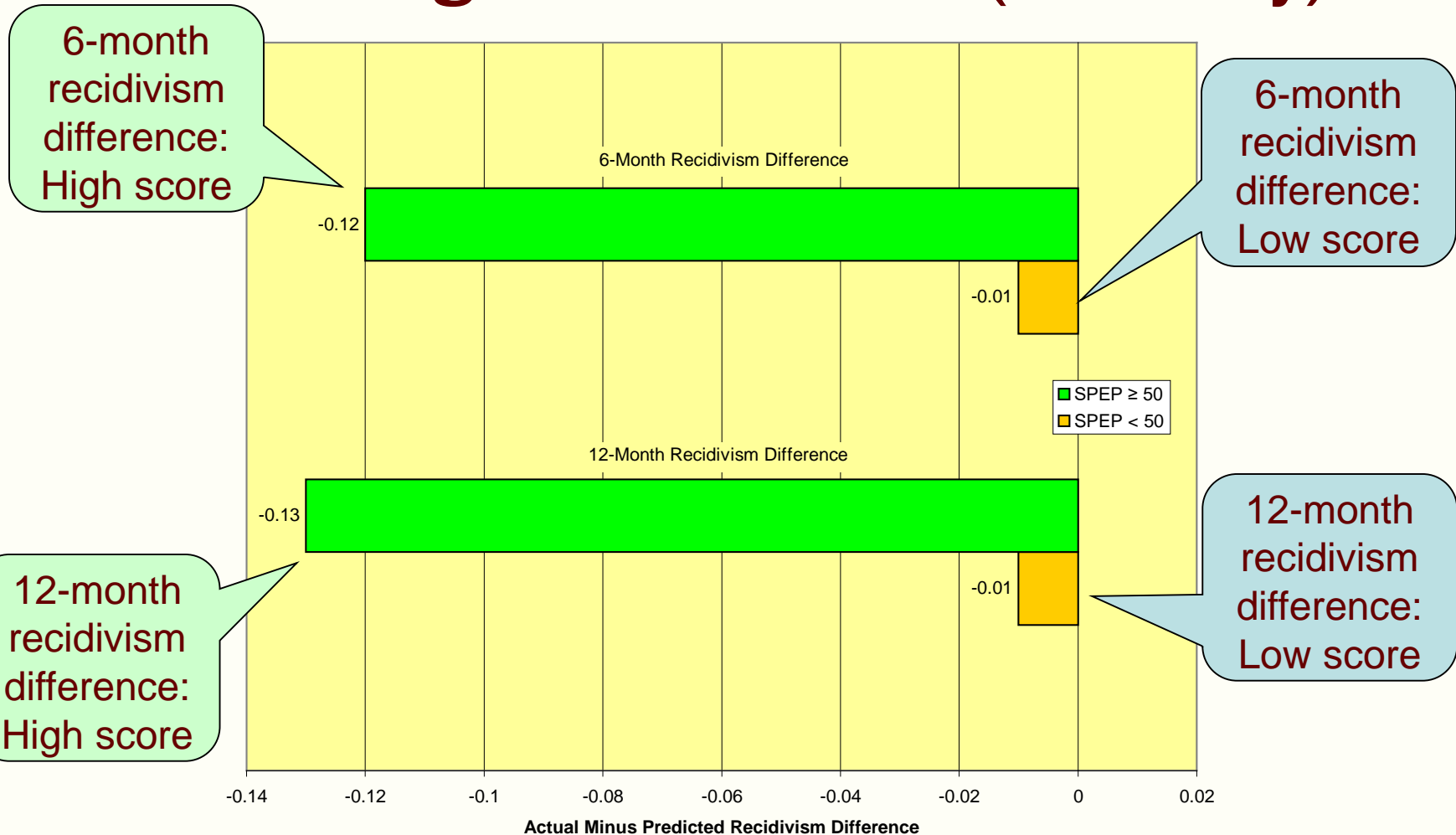|	Points Possible	Points Received
Primary and Supplemental Service Types [Identified according to definitions derived from the research]		
Primary Service Type for Program Being Rated Group 1 services (5 points) Group 4 services (25 points) Group 2 services (10 points) Group 5 services (30 points) Group 3 services (15 points)	30	
Supplemental Service Type Qualifying supplemental service used: Yes (5 points) No (0 points)	5	
Quality of Service Delivery [Determined from a systematic assessment of the relevant features of the provider and provider organization]		
Rated quality of services delivered: Low (5 points) Medium (10 points) High (20 points)	20	
Amount of Service [Determined from data for the qualifying group of service recipients]		
Duration [Target number of weeks specified for each service type] % of youth who received at least the target weeks of service: 0% (0 points) 60% (6 points) 20% (2 points) 80% (8 points) 40% (4 points) 99% (10 points)	10	
Contact Hours [Target number of hours specified for each service type] % of youth who received at least the target hours of service: 0% (0 points) 60% (6 points) 20% (2 points) 80% (8 points) 40% (4 points) 99% (10 points)	10	
Risk Level of Youth Served [Determined from risk ratings on a valid instrument for the qualifying group of service recipients]		
% of youth with medium or high risk scores (greater than low): 0% (0 points) 75% (7 points) 30% (2 points) 85% (10 points) 50% (5 points) 95% (12 points) % of youth with high risk scores (greater than medium): 0% (0 points) 25% (8 points) 15% (3 points) 30% (10 points) 20% (5 points) 35% (13 points)	25	
Provider's Total SPEP Score	100	(Insert Score)

Generic program types with sufficient research to be included in the SPEP

- Cognitive-behavioral therapy
- Behavioral contracting; contingency management
- Social skills training
- Group counseling
- Family counseling; family crisis counseling
- Individual counseling
- Mentoring
- Challenge programs
- Victim-offender mediation
- Restitution; community service
- Remedial academic programs
- Job-related programs (vocational counseling, training, etc.)

Covers 80% of the programs in use in juvenile justice systems

Validation study: More recidivism reduction with high SPEP scores (AZ study)

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An Evidence-Based Decision-Making Platform

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Moving in a New Direction

Subjective Decision-Making → Objective Decision-Making

Lack of Research-Based Framework to Guide Decisions → Approaches Based on Risk, Need, and Responsivity

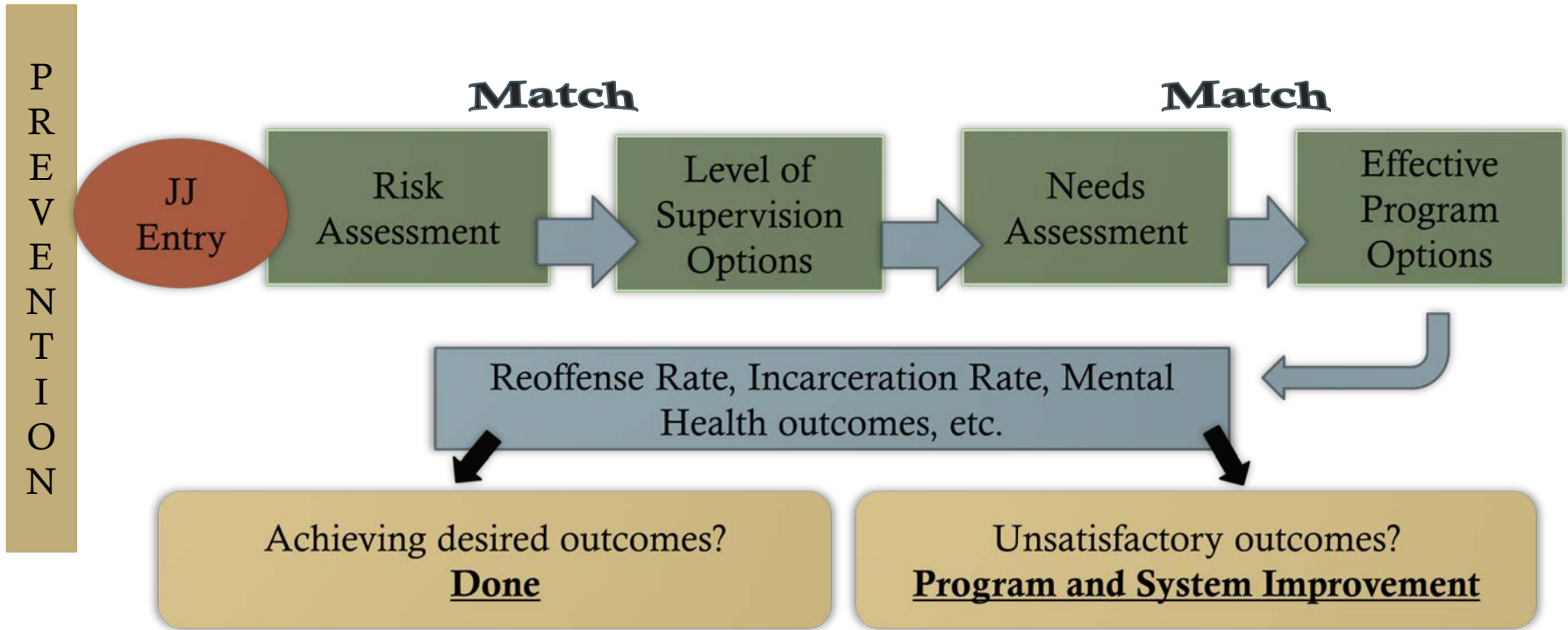Detention / Incarceration → Community-Based Services

Lack of Research on "What Works" → Effective and Evidence-Based Programming

Deficit-Based Approaches → Developmental Approaches

Creating an Evidence-Based Decision-Making Platform

PREVENTION

JJ Entry

Match

Risk Assessment → Level of Supervision Options → Needs Assessment

Match

→ Effective Program Options

Reoffense Rate, Incarceration Rate, Mental Health outcomes, etc.

Achieving desired outcomes?
Done

Unsatisfactory outcomes?
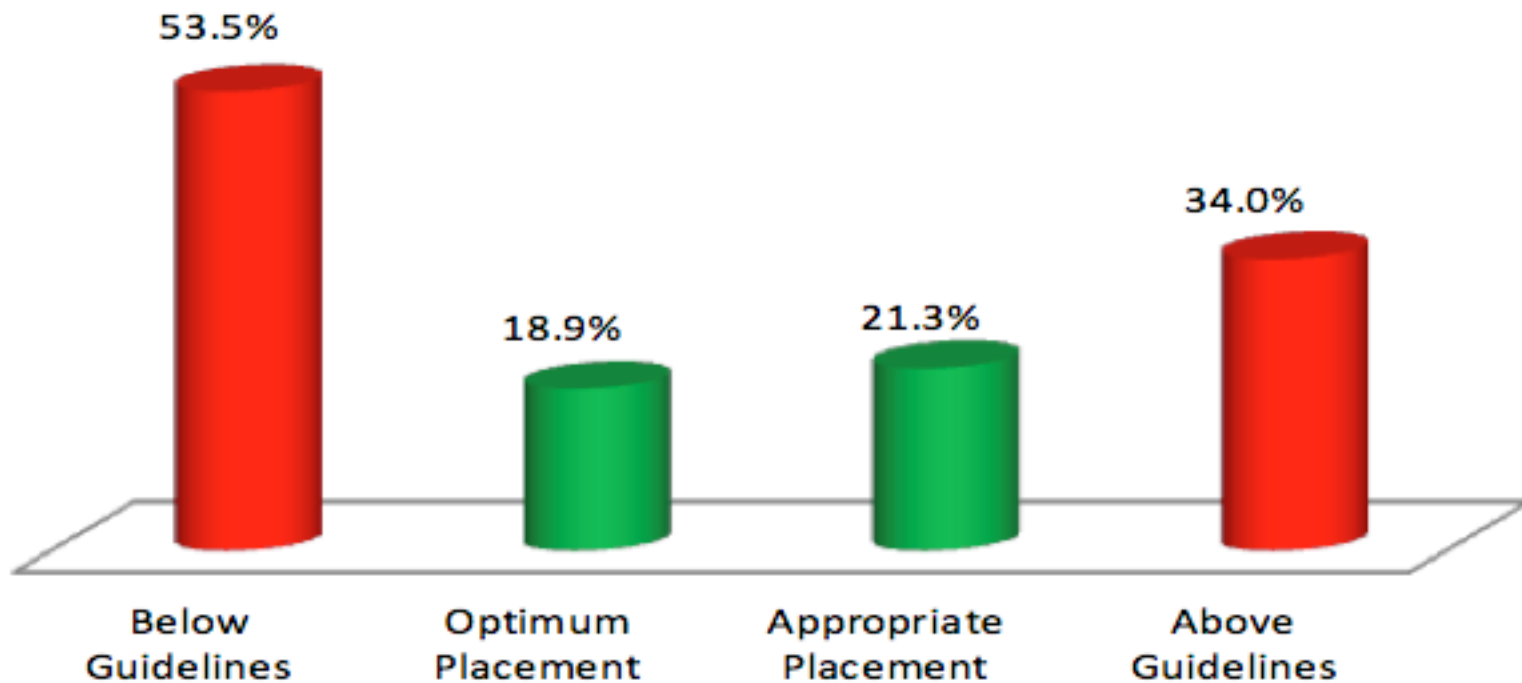**Program and System Improvement**

Matching Supervision and Services: Utilizing a Dispositional Matrix

- Case planning and dispositional recommendation tool

- Developed based on historical case information: offense type, risk level and recidivism

- Creates range of preferred levels of supervision and types of services to be recommended for youth at disposition

- Provides opportunity to track rate at which recommendations are followed and recidivism rates for preferred options and court ordered dispositions if they differ

- Tool should at some point be validated

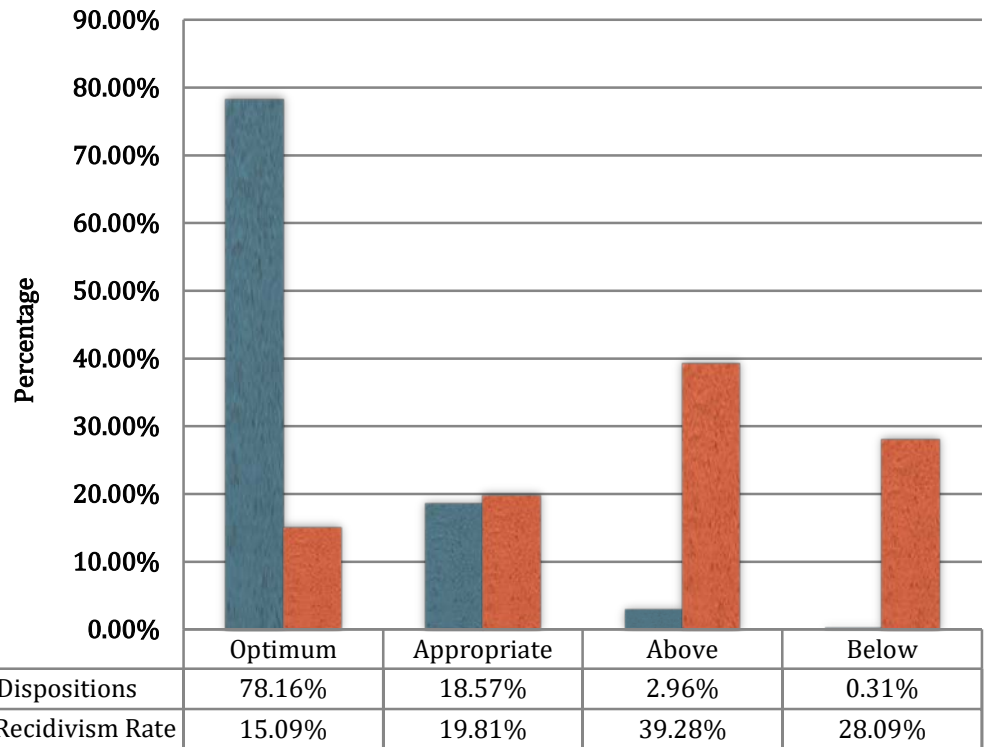# Following the Dispositional Guidelines Reduces Recidivism

All Youth 12 Month Recidivism by Matrix Adherence Level

- 53.5% — Below Guidelines
- 18.9% — Optimum Placement
- 21.3% — Appropriate Placement
- 34.0% — Above Guidelines

A Recidivism Reduction Tool

- **Optimum**
  - Least restrictive option that the Dispositional Matrix has recommended that has not yet been attempted with the youth

- **Appropriate**
  - Within the suggested range of the Dispositional Matrix, but not an optimum placement

- **Above Guidelines**
  - Disposition places youth in a more restrictive setting than the Dispositional Matrix would recommend

- **Below Guidelines**
  - Disposition places youth in a less restrictive setting than the Dispositional Matrix would recommend

12-month Recidivism by Adherence to Dispositional Matrix

	Optimum	Appropriate	Above	Below
Percent of Dispositions	78.16%	18.57%	2.96%	0.31%
12-month Recidivism Rate	15.09%	19.81%	39.28%	28.09%

Challenges in Adopting an Evidence-Based Decision-Making Platform

- Agency adoption of validated risk/needs assessment tools

- Implementation of validated risk/needs assessment tools

- Staff utilization of information derived from tools

- Key Stakeholder Buy-In

  - Prosecutor

  - Public defender

  - Judge

- Address family, school, community and peer dynamics

- Connect youth to appropriate services with correct dosage and setting, i.e., structured decision making

- Data capacity

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An Evidence-Based Decision-Making Platform

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The Oklahoma Afterschool Improvement Process

Evidence-Based Guidance for Scaling High Quality Practices and Child Effects

DOE Guidance for Quality Practices and Child Effects

Policy Challenge #1

What is DOE guidance to LEAs about *how to make student outcomes to improve* during afterschool?
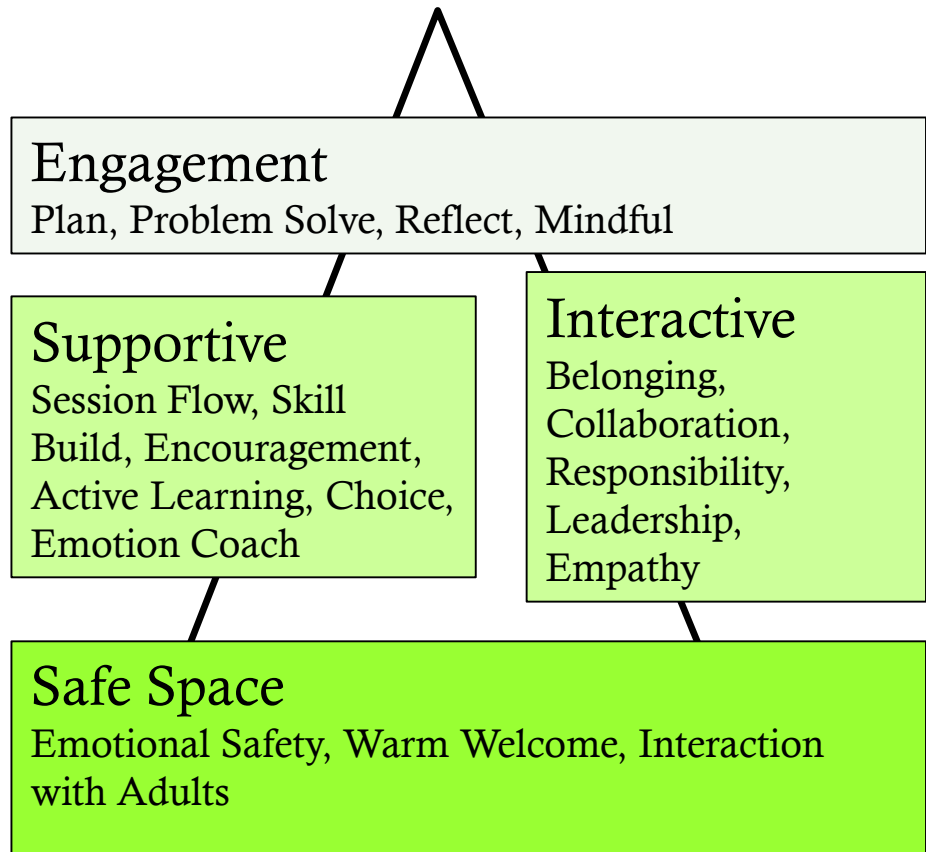
Response: Require LEAs to adopt *classroom-level practices* for instruction and curriculum (e.g., "quality").

Result over 5 years: Shared language and vision for high quality instruction and curriculum practices. Increased quality.
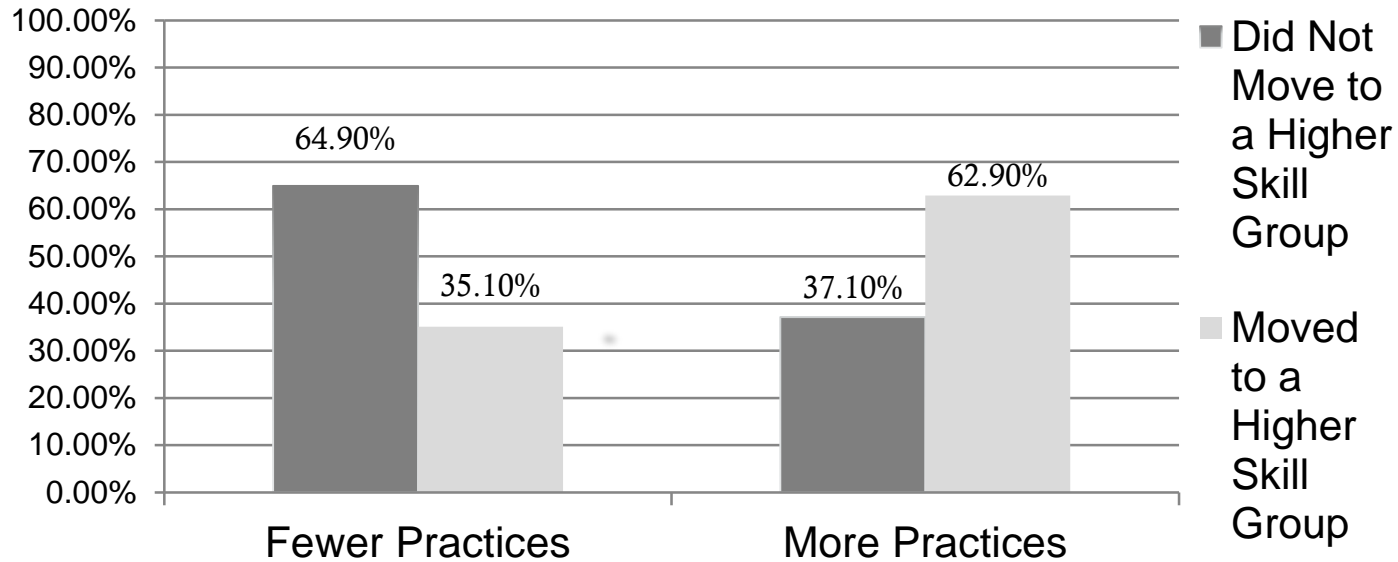
Evidence Based Practices

Classroom-level intervention - *Youth Program Quality Assessments (70 items; N=12,000 completes 2017-18)*

- Methods for Use in Field
  - 2 hours to observe and score
  - Automated reporting
  - Fit to annual cycle

- Methods for "Evidence Based"
  - Literature review for practice domains
  - Expert practitioners identify granular practices
  - Quasi-experimental tests for criterion validity

Engagement
Plan, Problem Solve, Reflect, Mindful

Supportive
Session Flow, Skill Build, Encouragement, Active Learning, Choice, Emotion Coach

Interactive
Belonging, Collaboration, Responsibility, Leadership, Empathy

Safe Space
Emotional Safety, Warm Welcome, Interaction with Adults

Local Criterion Validity

Finding: Children with low baseline skill, exposed to high quality practices, have greater skill gain

School Age SEL Standards and Measures Study - Funded by the Wallace Foundation and Raikes Foundation and sited with Partners at Bright Futures 21st CCLC at Eastern Michigan University and Prime Time Inc. in Palm Beach County. N=31 afterschool programs; N=131 children with lower SEL behavioral skill at baseline.

DOE Guidance for Scaling Practices and Effects

Policy Challenge #2

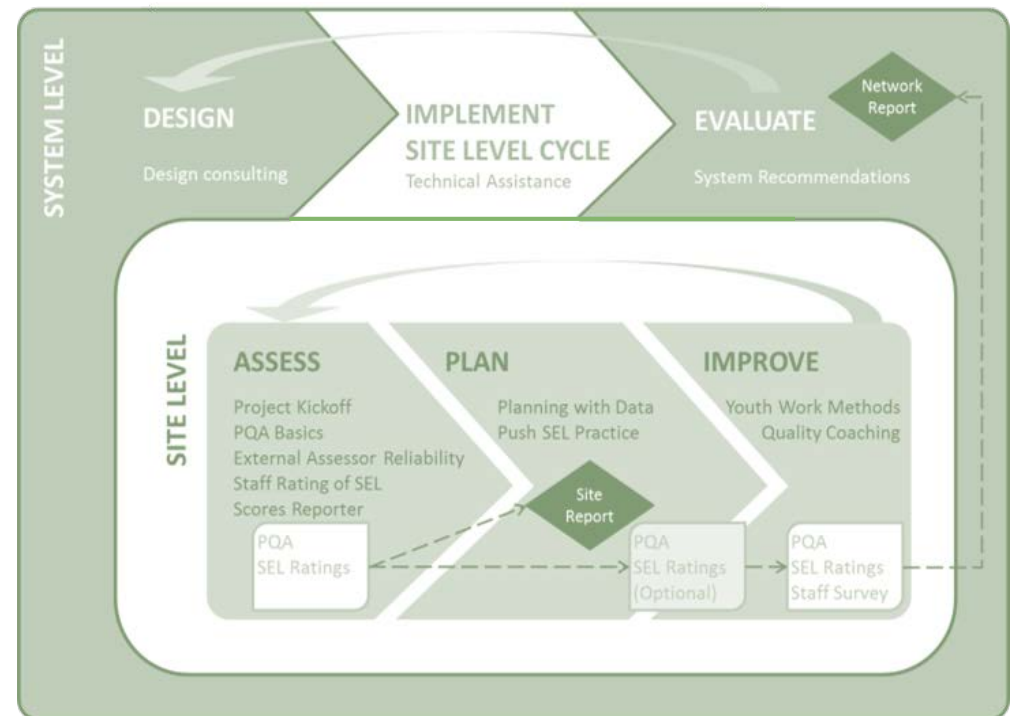- How does DOE support LEAs to *implement* the quality practices *at scale*?

Response: Require LEAs to adopt and *org-level CQI intervention* focused on practices.

Result over 5 years: Motivation to improve. Improved performance across indicators. Targeted LEAs improved most. Impact evaluation next.

Evidence Based CQI Intervention

Org-level intervention – *Youth Program Quality Intervention* (N=5000 afterschool sites in 2017-18)

- Methods for Use in Field
  - 40 hours staff time per cycle
  - T&TA
  - Ave cost T&TA < $1000/site

- Methods for "Evidence Based"
  - Expert practitioners
  - RCT
  - Quasi-experimental & time-series tests

Questions

More information:
- Contact: charles@cypq.org
  - Visit: cypq.org/EBP