

Philosophy of Effective Programming

In its efforts to change the lives of juveniles, DJJ has adopted a new strategic focus and is turning to program models, treatments and management tools that have been demonstrated by the empirical research to be effective in reducing subsequent criminal activity. DJJ is turning to research for solutions to incorporate in prevention, diversion, probation and residential treatment. The most widely recognized source for these programs and treatments is a body of research known as the *What Works* literature.

"Talk therapy," promoting self-esteem without changing criminal thought patterns, shock incarceration and "scared straight" programs are examples of popular approaches in juvenile justice programming that have not been proven effective in reducing juvenile crime.

DJJ is focusing its efforts on the incorporation of models and treatments that have a record of proven effectiveness throughout the continuum of juvenile justice services including prevention, diversion, intake, detention, probation, community corrections, residential commitment and aftercare. These interventions are directly associated with reducing the risk of re-offending by addressing specific factors that predict recidivism. After more than 40 years of empirical research on juvenile offending and delinquency programming, experts in the field are able to provide practitioners with the principles of effective interventions to guide the development and operation of juvenile justice programs (see references at end of chapter). Providing effective rehabilitation programs to youth already in Florida's juvenile justice system is a critical component of the mission of the Florida Department of Juvenile Justice. Decision-makers need to know whether they are purchasing what is needed to reduce juvenile crime, what is actually reaching youth in the "last mile," and whether these services are making a difference. Implementing a statewide system of continual program improvement based on *What Works* principles is working to answer these questions and place Florida at the forefront of juvenile justice practice.

The DJJ *What Works* Strategy

The Department has developed the DJJ *What Works* Initiative to achieve the goal of reducing juvenile crime. The Initiative is summed up in the following five principles of evidence-based, effective interventions:

- 1. Risk Principle:** *Target offenders who are most at risk.* This principle takes into account the fact that the majority of youth entering the Florida juvenile justice system for the first time, never return to the system. As such, it is imperative to utilize resources effectively and target intensive services toward those youth with the highest probability for re-offending. In contrast, the research suggests that intensive treatment for low risk youth may actually increase their likelihood to recidivate.
- 2. Need Principle:** *Services provided should address youths' criminogenic needs.* Treatment

interventions that are successful in reducing criminogenic needs can expect corresponding reductions in recidivism. In particular, interventions should target dynamic needs, as opposed to static needs such as age, prior record, and family structure, that cannot be changed. Dynamic criminogenic needs include, for example: anti-social peer relationships and isolation from pro-social peers, substance abuse, and antisocial attitudes toward authority, education difficulties, unemployment and family problems.

3. **Responsivity Principle:** *Tailor treatments to meet special characteristics of youth.* Interventions that only address the risk and need principles, without consideration for youths' unique characteristics and capacity to respond to treatment, limit program effectiveness and corresponding reductions in recidivism. Services provided should therefore target youths' risks and needs, as well as be tailored to their learning styles and characteristics impacting how they respond to treatment such as their developmental stage, cognitive ability, motivation, mental illness, anxiety, self-esteem, gender, culture, and social skills proficiency.
4. **Treatment Principle:** *Employ evidence-based treatment approaches.* These services should incorporate cognitive behavioral approaches and be structured, and focused on developing effective problem-solving skills. Such interventions should focus on current factors influencing behaviors, be action-oriented, reinforce pro-social attitudes and behaviors, be social-learning based, i.e., include modeling and role playing, and be inclusive of the family and train families on cognitive behavioral techniques.
5. **Fidelity Principle:** *Monitor the implementation quality and treatment fidelity.* To ensure programs are delivered the way in which they were designed and to maximize program success and recidivism reduction, implementation should be intensely monitored for conformity to treatment principles and training. Fidelity measurement should examine staff skills and training, treatment services, assessment practices, internal quality assurance and evaluation, youth records, case management, and behavior modification.

These principles are derived from research meta-analyses which integrate the results of many individual studies to gain a clear indication of the empirical evidence on an issue. Meta-analyses have been used both to identify individual risk factors associated with recidivism, as well as to determine the characteristics of the most effective delinquency treatment programs. Based upon this body of research, the five principles of effective intervention help guide effective policy implementation aimed at addressing the needs of the juvenile offender population and increasing public safety through the reduction of juvenile crime.

Defining “Evidence-Based”

The term “evidence-based” is used to distinguish between programs that someone believes *might work* or *ought to work* at reducing recidivism, from those programs that have been shown in research to be

effective. Not all research is of the same quality, however. To be considered evidence-based, the research must conform to methods recognized as valid for assessing program effects. The Washington State Institute for Public Policy states that to be considered "evidence-based," a program must "have scientific evidence from at least one rigorous evaluation that measures outcomes, and that it be a program capable of application or replication in the "real world." The Surgeon General's report on youth violence sets out four standards of evaluation for programs to be considered effective:

1. Rigorous experimental design (experimental or quasi-experimental).
2. Significant deterrent effects on violence or serious delinquency, or any risk factor with a large effect.
3. Replication with demonstrated effects.
4. Sustainability of effects.

These four standards form a yardstick for determination of whether a treatment or practice should be considered evidence-based. Specific lists of evidence-based programs and characteristics already exist (see inset), and those that apply the highest methodological standards should be used as sources for programming reform.

Characteristics of Successful Programs

What we currently know from the research is that effective programs have certain characteristics including for example:

- ✓ Employ treatment strategies that are based on sound research and theory;
- ✓ Use standardized assessment instruments to identify risk and need factors;
- ✓ Vary treatment intensity and duration based on the risks, needs, and responsivity of youth;
- ✓ Fully implement treatment strategies as they were designed;
- ✓ Employ interventions designed to disrupt the youth's criminal peer relationships;
- ✓ Have effective, involved and consistent leadership;
- ✓ Use educated, experienced and trained staff;
- ✓ Programs are evaluated on what they do; and
- ✓ Strive for program stability, and maintenance of sufficient resources and support.

A Systemic Approach

The Department provides a continuum of juvenile justice services in Florida. Its functions include prevention programming, intake and case management, detention, probation services and residential treatment. These functions are carried out by corresponding branches within the Department. A case management system is the common thread that weaves the system together and provides interfaces among the parts of the system. The DJJ What Works Initiative recognizes the Department as a system: A change in one part of the system will result in changes in the other parts. One of the goals of the Initiative is to ensure that new strategies are implemented in each branch in ways that take into account the inter-dependency of the various parts of the system, to achieve adaptive outcomes, and to avoid

fragmentation of services. In practical terms this translates to youth risk and needs factors identified through initial assessment, being addressed in each branch of the system. This systemic approach was critical to the planning stages of the Initiative and has served to guide the implementation phase as well.

Evidence-Based Practices Initiative: Strategic Plan and Priorities

To effect organizational change, it was necessary for the Department to develop a comprehensive implementation plan and priorities for instituting juvenile justice best practices. The plan was centered around the five principles of effective intervention, as outlined above. The Departments core plan was set forth as follows:

Priority One: Critical to the first principle of effective intervention within the *What Works* Strategy, is the assessment of risk, which is a function of the intake and case management system. The first priority of the DJJ *What Works* Initiative is therefore to design, pilot and put in place an assessment system, including a risk assessment instrument that is sensitive to the risk presented by the youth in terms of these factors. The assessment system must provide for the development of a comprehensive case management and treatment plan addressing specific risk factors from intake to aftercare. Although implementation of such a system falls within the intake functions of the Probation and Community Corrections branch of the Department, the case management system is a sub-system shared with the other branches of the Department and other parts of the Florida juvenile justice system. Therefore judges, state attorneys and court staff should understand how to apply the information it provides in their decision making-process. Prevention staff, detention officers, juvenile probation officers, commitment managers, case managers and treatment staff within programs and aftercare workers all should understand the risk/needs assessment and how to use it to make decisions concerning the custody, care and treatment of delinquent youth. It is intended to be comprehensive, so that plans developed must be functionally adequate and usable for the other branches, especially probation practice and community-based or residential treatment. This applies to every youth that comes into contact with the system so that the Department can match the right services to the right youth. This is essentially the gateway to the application of the second principle. Action plan tactics for this priority include:

Tactic 1: Implement a valid and reliable risk/need assessment that can differentiate among youth with regard to their risk to re-offend and classify them accordingly.

Tactic 2: Utilize the risk each offender presents to guide decisions about placement, intensity, and duration of treatment/services within the continuum of restrictiveness provided by each branch.

Priority Two: The second principle of effective intervention means that although youth present to the juvenile justice system with multiple problems, case management and treatment should focus primarily

upon those risk factors shown by research to be associated with the risk for continuing offending behavior. Some of these risk factors are historical and static or cannot be changed by treatment, such as prior offense history or age at offense. Others, such as antisocial peer networks, poor family relationships or substance abuse, can be improved by treatment and are referred to as criminogenic needs. It should be noted that certain other conditions, such as low self-esteem or depression, have not been associated with increasing the likelihood for re-offending, and therefore are treated only when they interfere with treatment of criminogenic needs (i.e., responsivity of youth to treatment). A second priority of the DJJ *What Works* Initiative, is therefore, to provide training with regard to these risk factors and their relationship to delinquent behavior and treatment for all DJJ and DJJ contracted provider staff who work in a case management or treatment capacity. Such training enhances the system's ability to recognize, assess and treat the core factors underlying delinquent behavior. It also serves to assure that the staff understand the guiding principles and that the principles themselves cross system boundaries within the Department. Action plan tactics for this priority include:

Tactic 1: Ensure that resources available at each level of security match the projected number of youth at each level of risk, from minimal to maximum, through which youth may be held accountable, make restitution, and receive appropriate treatment, including Prevention/Intervention.

Tactic 2: Ensure that juvenile justice stakeholders are aware of the risk principle and gain their support for its practical implementation in every component of the system.

Tactic 3: Monitor and evaluate to ensure that the principle is implemented correctly and that public safety is not jeopardized as a result.

Priority Three: Determining risk and focusing on criminogenic needs leads to the third principle of responsivity. Some characteristics and needs, although not criminogenic themselves, pose roadblocks to effective intervention. These needs must be addressed or treatment of criminogenic needs cannot go forward. The Department already has a wide variety of treatment programs, both community-based and residential, that address substance abuse, mental health, developmental disabilities and gender-specific needs of delinquent youth. Creative ways to accommodate special needs to make evidence-based programming more effective are needed. The implementation of a new risk and needs assessment instrument should incorporate items that measure responsivity. Action plan tactics for this priority include:

Tactic 1: Educate all staff and stakeholders in the risk/resilience model.

Tactic 2: Assess dynamic risk factors, criminogenic needs, and resilience factors for each youth.

Tactics 3: Develop case plans with goals that focus on reducing the level of risk due to dynamic

risk factors while leveraging resilience factors.

Tactic 4: Avoid treating non-criminogenic factors whenever possible.

Tactic 5: Base completion of program/services on success in reducing risk/strengthening resilience.

Priority Four: A fourth priority focuses on the implementation of evidence-based treatments and the development of pilot protocols and action plans for introducing best-practices concepts and treatment practices to appropriate staff in Prevention, Detention, Probation and Community Corrections and Residential and Correctional Facilities statewide. The priority to develop action plans and to implement pilot projects has already begun to take form throughout the Department. Behavioral treatments, such as Cognitive-Behavioral Therapy and Aggression Replacement Training are currently being piloted in residential facilities and some day treatment programs. Family-centered treatments include such programs as Functional Family Therapy, Multi-Systemic Therapy and the Strengthening Families Program. All three of these have been piloted in Florida programs. These pilots should be closely monitored and evaluated, and the Department is seeking to extend the project statewide in stages. Action plan tactics for this priority include:

Tactic 1: Avoid implementing or contracting for what we know does not work.

Tactic 2: Favor implementing or contracting for model/promising programs and treatment over untested programs and treatment.

Tactic 3: Educate staff/stakeholders about the evidence based approach.

Tactic 4: Develop departmental training capacity on core Evidence-Based Practices.

Tactic 5: Base Quality Assurance in part on the extent to which programs and services employ Evidence-Based Practices (QA Tier II Standards).

Tactic 6: Develop Request For Proposals (RFP's) and Contracts that effectively specify the provider's duty to employ Evidence-Based Practices.

Tactic 7: Motivate and provide Technical Assistance to existing program/service providers to embrace and adopt an evidence-based approach.

Priority Five: The fifth priority of the DJJ *What Works* Initiative is to build into planning and implementation some means to monitor the quality of these changes, and adherence to the standards of program design and delivery (treatment fidelity). At least two evidence-based programs, Multi-



Systemic Therapy (MST) and the cognitive-behavioral curriculum by the National Institute of Corrections (NIC) Thinking for a Change, have built into their programs a means to monitor treatment fidelity. Internal mechanisms for monitoring implementation must be incorporated into service delivery to help ensure effective use of evidence-based practices. Together with program monitoring and evaluation, the DJJ *What Works* Initiative creates a quality improvement loop of needs assessment, design and implementation, monitoring and evaluation, and feedback to management for periodic program adjustment to ensure the effective outcome of: a safer Florida and real help for delinquent and at-risk youth and their families. Action plan tactics for this priority include:

Tactic 1: Educate staff and stakeholders regarding the impact of implementation quality on outcomes and cost.

Tactic 2: Develop and disseminate implementation guidelines and standards designed to ensure high quality treatment and services.

Tactic 3: Provide advanced training for supervisory personnel, including monitoring tools.

Tactic 4: Provide Technical Assistance and Coaching services to programs that choose to implement Evidence-Based Practices.

Tactic 5: Provide a departmental Quality Assurance process that assesses implementation quality and treatment fidelity.

Tactic 6: Target poorly performing programs for Technical Assistance, Coaching or contract sanctions.

Development of tactics should be considered an executive-level function to ensure coordination among the branches. The list of tactics under each strategic principle allows each Office to develop branch-specific goals and objectives toward operationalizing each principle, as appropriate. This basic process serves as a template for the Department in developing a comprehensive plan to disseminate and implement evidence-based programming.

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