S. Department of Justice
itional Institute of Corrections

National Institute of Corrections **Office of Juvenile Justice and Delinquency Prevention**

Critical Elements of Reentry/Continuing Care Systems

This special issues training program is jointly sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Institute of Corrections (NIC), Academy Division

FY 2005

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NATIONAL INSTITUTE OF CORRECTIONS

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NATIONAL INSTITUTE OF CORRECTIONS
MISSION

The mission of the National Institute of Corrections is: *We are a center of correctional learning and experience. We advance and shape effective correctional practice and public policy that respond to the needs of corrections through collaboration and leadership and by providing assistance, information, education, and training.*

U.S. Department of Justice

Dear Participant,

The ability of the juvenile justice system to deal effectively with juveniles transitioning back to their home communities from residential programs and treatment has long been a topic of discussion among practitioners. With the growing number of juveniles in the system and the seriousness of their offenses, new approaches to re-entry/continuing care systems and planning are necessary.
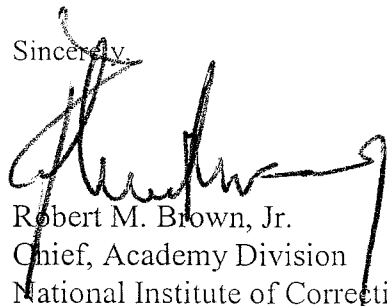
Since 1987, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has supported a long term research and development initiative in the area of aftercare and reentry, beginning with an assessment of the field through the development of an ideal model of intensive aftercare, the Intensive Aftercare Program Model (IAP). Now in its training, technical assistance and replication phase, the project has expanded to include an Aftercare component in select correctional facilities participating in the Juvenile Performance Based Standards project, also supported by OJJDP.

The established Juvenile Reintegration and Aftercare Center is designed to provide state, county and local community agencies with assistance on developing and implementing effective transition and community aftercare services. The Center can be accessed via the web at www.csus.edu/ssis/cdcps/.

This team-oriented training program, which focuses on a systemic approach for the creation and/or enhancement of jurisdiction-wide structures targeted to re-entry/continuing care in a holistic sense, was developed and recently revised in response to new research in how to effectively plan and implement these organizational systems, using the lens of evidence based practice. The ultimate outcome of this and other interventions is to strengthen state and local juvenile justice continua of services at the jurisdictional system level. Your facilitation team is looking forward to working closely with you to enhance your team and home agency programs and services provision capabilities in this training. Your input on delivery methodology, content usefulness, and suggestions for program improvement will be solicited throughout the week to provide information on how to most effectively offer this program.

We hope this training program will provide many opportunities for personal involvement and professional growth as you further your knowledge of effective, systemic re-entry/continuing care.

Sincerely,

Robert M. Brown, Jr.
Chief, Academy Division
National Institute of Corrections

Contents

National Institute of Corrections Academy Division and Office of Juvenile Justice and Delinquency Prevention

Acknowledgments

The National Institute of Corrections, Academy Division is appreciative of the continuing support of the Office of Juvenile Justice and Delinquency Prevention (OJJDP), Demonstrations Program Division. We are able to offer this much-requested program to the juvenile justice field through our Interagency Agreement with OJJDP.

Special thanks to Gwen Dilworth for her continuing support of this program. Thanks also to Emily Martin, former Director of Training, Office of Victims of Crime (OVC) and former director of OJJDP's Training and Technical Assistance Division, and to Dennis Barron, formerly of OJJDP, for their support during the original orientation of the program. We also express appreciation to Dr. David Altshuler and Dr. Troy Armstrong for their continuing research, development and evaluation of a comprehensive Intensive Aftercare model (IAP) for use in the juvenile justice field.

We extend grateful thanks to the training resource personnel who have been involved in this training program development project from conception through pilot delivery.

Content Contributors

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Curriculum Refinement Contributors

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National Institute of Corrections
Longmont, CO

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Expected Program Outcomes

The expected outcomes are participant centered in nature, and are designed to provide opportunities for jurisdictional teams to:

- Articulate the current status of reentry/continuing care practice in their home jurisdiction and to benefit from the experiences of other participant teams;

- Assess their jurisdiction's current reentry/continuing care practices and processes using the lenses of Evidence Based Practices and the seven critical elements;

- Exercise planning, writing and team development skills to create a jurisdictional team action plan to enhance and/or create improved reentry/continuing care processes;

- Evaluate the connections between reentry/continuing care content tasks and process components and integrate into the jurisdictional team's action plan; and

- Create and deliver a formal presentation on their jurisdictional team action plan.

Agenda
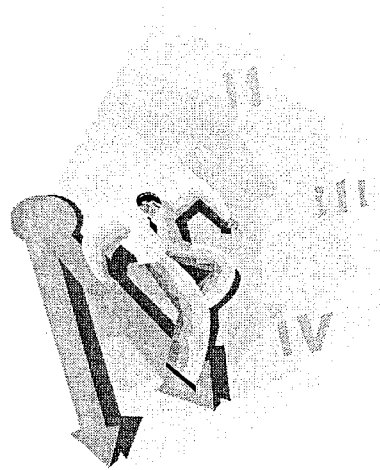
Monday

8:00 am   Review/Preview/Announcements   Launa Kowalcyk & Leslie LeMaster

Creating Our Context for Learning   Training Team & Participants

Section 2 - *Visualizing Juvenile Success in Your*   David Bennett
Reentry/Continuing Care Jurisdiction

Lonnie Jackson

Final Preparation for State of the State Reports   Lisa Bjergaard & Jurisdictional
Teams

Section 3 - *The State of the States: What Are You*   Lisa Bjergaard
Currently Bringing to the Reentry/Continuing Care
Table?

The State Reports   Jurisdictional Teams

Section 4 - *Meeting the Challenge of Successful*   Lonnie Jackson & Lisa Bjergaard
Reentry/Continuing Care: Becoming a Change Agent

12:00 pm	**Lunch**	
1:00 pm	**Section 4 - *Meeting the Challenge of Successful Reentry/Continuing Care: Becoming a Change Agent***	Lonnie Jackson
		Lisa Bjergaard
		David Bennett
	Final Reporting from Special Groups	Participants
	Section 1 - *Jurisdictional Team Action Planning: Building Your New Reentry/Continuing Care Reality*	
	Session 1	Jurisdictional Teams
	Evening Assignments	Leslie LeMaster
4:45 pm	End of Day Reaction	Leslie LeMaster
	NIC Information Center Orientation and Tour (Optional)	Participants

National Institute of Corrections Academy Division/Office of Juvenile Justice and Delinquency Prevention

Tuesday

8:00 am	Review/Preview/Announcements	Launa Kowalcyk & Leslie LeMaster
	Section 5 - *Analyzing Our Jurisdiction's Current Reentry/Continuing Care Practices: Discovering Strengths and Challenges*	David Bennett
		Edward Wensuc
	The Seven Critical Elements	Lisa Bjergaard
		Lonnie Jackson
	Three Phases of Reentry/Continuing Care: Institution, Transition and Community	Training Team
	The Overarching Processes of Reentry/Continuing Care Systems: The 3 Fundamentals	Training Team
12:00 pm	**Lunch**	
1:00 pm	**Section 5 - *Analyzing Our Jurisdiction's Current Reentry/Continuing Care Practices: Discovering Strengths and Challenges***	David Bennett
		Edward Wensuc
	The Overarching Processes - Continued	Lisa Bjergaard
		Lonnie Jackson
3:00 pm	**Section 1 - *Jurisdictional Team Action Planning: Building Your New Reentry/Continuing Care Reality***	
	Session 2	Jurisdictional Teams
4:45 pm	End of Day Reaction	Training Team & Participants

Wednesday

7:30 am	Depart Longmont for Site Visit – Lookout Mountain Youth Services Center	Jurisdictional Teams & Training Team
9:00 am	Welcome and Introductions	Lookout Mountain Staff Training Team Participants
	Overview of Agenda	Lookout Mountain Staff Training Team
	Overview Tour of Campus	Jurisdictional Teams & Lookout Mountain Staff
	Interest Groups – Round One	Participants & Lookout Mountain Staff
	Interest Groups – Round Two	Participants & Lookout Mountain Staff
12:00	**Lunch with Staff and Students**	
1:00 pm	Group Discussion with Students, Parents and Community Workers	Jurisdictional Teams & Training Team
	Brief out of the Day	Jurisdictional Teams & Training Team
4:00 pm	Departure to Longmont	Jurisdictional Teams & Training Team

Thursday

8:00 am	Review/Preview/Announcements	Launa Kowalcyk
	Brief out - Lookout Mountain Site Visit	Launa Kowalcyk
		Training Team
	Section 7 - *Systems of Care*	Training Team
	Panel Discussion	
	Section 8 - *Evaluation of Reentry and Continuing Care Systems*	Ed Wensuc
	Systems Engineering in Practice	
12:00 pm	**Lunch**	
1:00 pm	**Section 8 - *Evaluation of Reentry and Continuing Care Systems***	Ed Wensuc
	Overview of Banquet Agenda	Launa Kowalcyk
	Overview of Friday Agenda	Launa Kowalcyk
	End of Day Reaction	Training Team
	Section 1 - *Jurisdictional Team Action Planning: Building Your New Reentry/Continuing Care Reality*	
		Jurisdictional Teams
	Session 3	
5:00 pm	Adjourn	
5:30 pm	Banquet	

National Institute of Corrections Academy Division/Office of Juvenile Justice and Delinquency Prevention

Friday

8:00 am   Review/Preview/Respond to feedback   Launa Kowalcyk

**Section 1 - *Jurisdictional Team Action Planning:
Building Your New Reentry/Continuing Care Reality***

Jurisdictional Team Action Plan Presentations

Jurisdictional Teams

Closing Activities   Training Team & Participants

12:00 pm.   Training Program Adjourns

THE CRITICAL ELEMENTS OF
REENTRY/CONTINUING CARE SYSTEMS

This special issues training program is jointly sponsored by the National Institute of Corrections (NIC) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

Facilitation Team

David B. Bennett...

Associate Director, Division of Youth Corrections, 4255 South Knox Court, Denver, Colorado 80236, 303-866-7342, fax 303-866-7344, david.bennett@state.co.us

is an Associate Director for the Colorado Division of Youth Corrections. He has over twenty-five years of experience in program design and delivery for delinquent youths, including a year of group home operation, seven years in county-based community corrections administration, and seventeen years as a state corrections manager. He is responsible for directing juvenile detention, commitment, parole operations and related services throughout the state of Colorado. He was the coordinator of Colorado's Intensive Aftercare Program, one of four sites funded for federal study by the Office of Juvenile Justice and Delinquency Prevention. He currently administers two federal grants that sustain ongoing innovation in reentry activities.

Mr. Bennett's specialty areas include screening, assessment, detention and sentencing alternatives, case management, and transition and aftercare programming. He regularly presents and trains in the areas of juvenile justice, children's law, detention screening, and intensive aftercare. Over the past twelve years he has been affiliated with the National Institute of Corrections as a faculty consultant in Correctional Leadership Development, Executive Training for New CEOs of Juvenile Corrections Agencies, Managing Violent and Disruptive Juveniles, and Juvenile Reentry and Aftercare.

Mr. Bennett received a B.A. degree from Pennsylvania State University in 1975 and a Master of Public Administration degree from the University of Colorado at Denver in 1988.

Lisa J. Bjergaard....

Division of Juvenile Services, South Central DJS, 2501 Circle Drive, Jamestown, ND 58401, 701-253.3656, lbjergaa@state.nd.us

is currently a Regional Manager for the Division of Juvenile Services in North Dakota. DJS is the state's juvenile corrections agency, and operates both institutional and community corrections. Lisa participates in a broad range of management activities within the Division and generally oversees daily operations for the eastern one-half of North Dakota. She has held her current position since 1993. Lisa began working with delinquent youth in 1982, in the Hennepin County/Minneapolis area she worked in both residential treatment and shelter care settings. In 1989, Lisa joined the North Dakota Division of Juvenile Services as a case manager.

Lisa is involved in a variety of organizations that provide services to youth and children across her state. She is the chair of the Children's Services Coordinating Committee, and serves on two regional advisory groups for the Partnerships Project which provides wrap around services to children with serious emotional disturbances. She serves on the corporate and division boards for PATH, a private non-profit agency which provides therapeutic foster care.

Lonnie Jackson . . .

Oregon Youth Authority 530 Center Street NE, Suite 200 Salem OR 97301, 503-373-7270, fax 503-373-7622, lonnie.jackson@oya.state.or.us

is the Statewide Director of the Office of Minority Services, for Oregon Youth Authority. Lonnie is also the co-founder of the Minority Youth Concerns action Program in NE Portland. This program develops appropriate support systems and resources for minority youth when they are in transition back into the community. In 1997-1999 Lonnie Chaired the Governor's Planning Committee on the Governor's Summit on the Over-Representation of Minorities in the Juvenile Justice System. 1998 Lonnie Chaired the Governor's Juvenile Crime Prevention Advisory Sub-Committee on Cultural Competency and Gender Specific Services Training and Technical Assistance Committee. 1995-1999 Lonnie was the Project Manager for African American/Hispanic Male Transition Project funded by a federal grant from the Byrne Memorial fund. This project has received national recognition and is designed to assist African American/Hispanic males in transition from Oregon Youth Authority juvenile correctional facilities back into Oregon's communities. Lonnie is a member of the Oregon Consultant Training Team that in 1999 provided Organizational Cultural competency Training to Arizona Juvenile Justice System and their Department of Juvenile Corrections.

For his efforts in helping at-risk youth, he has received numerous awards including: Cultural Enhancement Award from the Eusi Upamoja Club at the Oregon State Correctional Institution, MacLaren Employee of the Year, 1988, 1st ever KGW-TV

Citizenship Award for outstanding community service, Ruby Isom Award, for outstanding volunteer services in Juvenile Corrections, Model of Excellence Award from the National Sorority of Delta Kappa, Inc., Willamette University Distinguished Alumni Award, Compton Award from the Marion County Bar Association for extraordinary service to the Bar and Judicial System, State Management Association Award for excellence in leadership in state government, and the Oregon Criminal Justice Associations Management Leadership Award.

Lonnie has held workshops and seminars all around the country on youth gang prevention and intervention. In 1993, he received a grant from the United States Information Agency to conduct a community action and drug prevention project in Bangkok, Thailand.

Lonnie Jackson was born in Los Angeles, California and graduated from Manual Arts High School in South Central LA. Lonnie graduated from Willamette University with a Bachelor of Science Degree in Sociology with a minor in Psychology. Lonnie has recently completed a book project "Gangbusters," which the American Correctional Association published.

G. Edward Wensuc . . .

Division of Youth Corrections, 4255 South Knox Court, Denver, CO 80236, 303-866-7947; edward.wensuc@state.co.us

Ed Wensuc has worked over 10 years in the field of criminal justice research and evaluation. Ed is currently the Director of Research at the Colorado Division of Youth Corrections. Prior to this position, he has held research positions within the Colorado Division of Criminal Justice, the Colorado Judicial Branch, and the Administrative Office of the U.S. Courts.

Ed has extensive experience with collaborative program evaluation (process and outcome), econometric modeling, criminal justice forecasting, actuarial instrument validation and construction, management information system (MIS) analysis, assessment training, and substance abuse research.

Ed has written several published articles and has presented for the Bureau of Justice Administration (BJA), the Bureau of Justice Statistics (BJS), American Psychological Association (APA), the American Evaluation Association (AEA), the National Institute of Corrections (NIC), the American Probation and Parole Association (APPA), the Colorado's Interagency Training Alliance (ITA) and the American Society of Public Administration (ASPA)

Ed received his Bachelor of Arts, Master of Arts, and Master of Science degrees from the University of Missouri - Columbia. He had also completed substantial course work for his Ph.D. at George Washington University in Washington, D.C.

NIC Staff

Launa M. Kowalcyk...

National Institute of Corrections Academy Division, 1960 Industrial Circle, Longmont, Colorado 80501, (303) 682-0382, toll free (800) 995-6429, ext. 168, fax (303) 682-0429, e-mail: lkowalcyk@bop.gov

is a Correctional Program Specialist with the National Institute of Corrections' Academy Division. Prior to joining the Academy staff in June 2003, Ms. Kowalcyk was the Trainer/Supervisor at the Central Counties Youth Center in Bellefonte, Pennsylvania. The Central Counties Youth Center is a secure juvenile detention facility serving ten counties in Central Pennsylvania. In addition, Launa worked in a six month endeavor with the Cook County Juvenile Temporary Detention Center in Chicago, Illinois. In the capacity of Project Manager, she assisted the management of CCJTDC and a private vendor in the installation of a facility wide automated resident record and tracking system.

During Ms. Kowalcyk's eighteen year career within the Pennsylvania juvenile justice system, she has participated in the full spectrum of roles within trainer development. From the student with little content expertise to the lead trainer with Pennsylvania trainer development programs, Ms. Kowalcyk has done extensive research in Adolescent Suicide, Post Traumatic Stress Disorder, and Balanced and Restorative Justice.

Ms. Kowalcyk has completed several leadership programs within the public sector. These programs include: Leadership Centre County, Pennsylvania House of Representatives' Rural Leadership Program, and Rotary International's Group Study Exchange to study the criminal justice system in Central Japan.

Leslie S. LeMaster . . .

National Institute of Corrections Academy Division, 1960 Industrial Circle, Longmont, Colorado 80501, 303-682-0382, toll free 800-995-6429, extension 121, fax 303-682-0469, e-mail **llemaster@bop.gov**

is a Correctional Program Specialist with the National Institute of Corrections' Academy Division. Prior to joining the Academy staff in October 1998, Ms. LeMaster was a Staff Development Specialist III with the North Carolina Division of Youth Services (DYS), now the North Carolina Department of Juvenile Justice and Delinquency Prevention, a cabinet-level agency.

Since joining NIC, Ms. LeMaster has co-managed the agency's interagency agreement with the Office of Juvenile Justice and Delinquency Prevention (OJJDP), through which training and technical assistance services are offered to practitioners in the juvenile justice field. She also manages and develops leadership, management, and training skill development programs open to all adult corrections professionals at the federal, state and

local levels.

Ms. LeMaster holds Bachelor and Master of Arts degrees in Political Science from Appalachian State University.
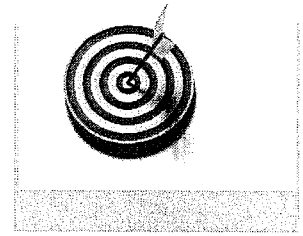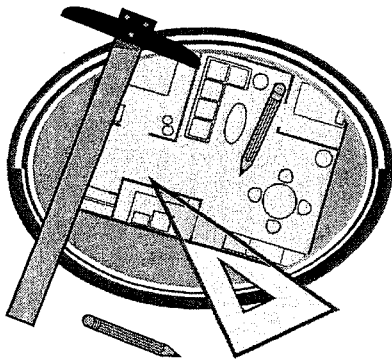
Performance Objectives

After completing this section you will be able to:

- Design a team action plan to systemically implement successful reentry/continuing care services customized for your jurisdiction;

- Present a specific, attainable plan for implementing reentry/continuing care in your jurisdiction; and

- Give and receive feedback on your teams plan.

Your jurisdictional team action plan is a tool designed to help you take what you have learned during this or any training experience and apply it to your professional setting in juvenile justice.

In this program, we expect you will build a plan for a new and/or enhanced reentry/continuing care reality for your jurisdictional setting.

This involves looking at your current system and using the lenses of the principles of evidence based practices and the seven critical elements to visualize the ideal system. Next, assess the gaps and develop a plan for crossing the bridge from current to desired reality.

Scope of Your Action Plan

A solid action plan is as comprehensive and "Big Picture" as you need it to be. Is it best to plan and implement in phases or steps? Is it crucial first to get buy in and leadership support prior to implementation? Or, can you jump in and start work? All of these are questions to answer as you and your team begins to build your plan.

What to Include in Your Action Plans

Build in enough detail and narrative so that you can track benchmarks or progress points along the way from planning, implementation, and through project completion.

Include:

- Task and timeline information – What tasks and activities need to occur? In what sequence? In what time frame will they be accomplished? Who will do it? What will be the outcomes?

- What support systems can you call upon as you plan and begin your project? Who are your supporters who can influence others? Who or what may be obstacles? What are your plans for overcoming or working through barriers that you anticipate?

- How will you measure your progress along the way? What measurements or methods of evaluation will you build into your plan?

- What of your own behavior may need to change so that you can be successful? What will you have to stop doing? What will you need to start doing or do more of to be successful with your project plan?

- How will you know when you have completed your project plan? How will you celebrate your success? Who will you include? How will you market your success and use it as a building block for future project initiatives?

Friday Presentations

On Friday, you will present your action plan ideas to the large group of your peers and the training team. This is an opportunity for you to practice articulating your action plans, have questions asked of you, and get feedback on your ideas.

- Prepare and deliver your presentation as if you were giving it to the decision makers / executive leadership at your organizations who would be deciding whether or not to proceed on your team plan based upon your ideas. You must include a slide show presentation (Power Point or Corel Presentations) and may also use charts, handouts, or other presentation aids to complement your presentation.

- Your team will have up to 15 minutes for the presentation of your ideas, and 5 minutes for questions and feedback on your ideas.

- Because it is a team action plan, all members of your jurisdictional team must participate in the presentation.

What Will I Need to Turn Into the Program Coordinator?

- A copy of your team's plan must be e-mailed to the Program Coordinator, to be used for impact evaluation purposes.

Resources for Your Use

You have access to computer stations equipped with Microsoft Word and Corel WordPerfect packages in both the NIC Training Center and the computer lab in the NIC Information Center. There are also basic office supplies (paper, index cards, blank 3.5" diskettes, etc.) and chart pads, markers and tape to assist you in your action planning and presentation preparation and delivery.

Planning Guide

The Action Plan is divided into three sections.
- Session 1 is to be completed on Monday afternoon;
- Session 2 is to be completed on Tuesday afternoon; and
- Session 3 is to be completed on Thursday afternoon.

Action Planning - Session 1
The Impact of Values, Mission and Current Practice on Systemic Planning

- What reentry/continuing care issue(s) does your team want to address? (A general overview here of the context of the issue in your home jurisdiction)

- What resources are in place for you and your team to draw from as your build or enhance the system? Who can support your team?

- Where does this fit in with your various organization(s) mission and vision statements?

- What is your jurisdiction currently doing to ensure that juvenile offenders are successful upon leaving the juvenile justice system? Is it working? How is it measured?

- In terms of the characteristics of success that we explored, what will your jurisdiction need to implement? What do you need to change?

- How do your organization(s) deal with change? What will / may be the impact as you work toward systemic changes? What can you contingency plan for at this point?

- Analyze your jurisdictions current reentry/continuing care practices in light of the evidence based practices and core elements of successful reentry/continuing care that we explored and discussed.

- What are you currently doing? What do you need to add in light of Monday afternoon's activities? What do you need to stop doing?

- How do your various organizations' values impact current reentry/continuing care practices and expectations?

- What will team members need to do to become organizational change agents? What are the barriers to this? Where and from whom can you seek support?

Action Planning – Session 2

The Three Phase Process of Successful Reentry/Continuing Care: Planning for a Seamless System of Services

*   Analyze your jurisdiction's current practice in light of the three phase process, overarching principles and evidence based practices.

*   What is occurring at each phase currently? Where are the gaps?

*   What are the barriers to change (Policy? Organizational structure? Resources? Law? Other issues?) How can the barriers be addressed?

*   Who is involved? Who needs to be involved?

*   Where are the links to other pieces of the reentry/continuing care process? What resources are in place? What resources do you need?

*   Who can be of support to your team? How can you get them on board?

*   What does your team need to do in order to implement the three phase process successfully in your home jurisdiction? What are your first steps?

National Institute of Corrections Academy Division and Office of Juvenile Justice and Delinquency Prevention

Final Action Plan –
Presentation Worksheet
Session 3

On Monday morning, you and your team members gave a 10 minute presentation on the current status of reentry/continuing care services in your home jurisdiction. Now that you have been through this experience, plan for needed changes in your home jurisdiction. The following format can be used as a guide for your Final Action Plan presentation.

Your Friday Action Plan presentation should address the following elements as you describe your jurisdiction's plan for needed change in reentry/continuing care services. Make sure that you include possible challenges and how you plan to overcome them.

1. A brief statement on how the organizational structure of your home jurisdiction will change;

2. Describe how you will use the commonalities and differences in team member's agency mission statements to strengthen the delivery of reentry/continuing care services;

3. How will you build on the strengths of current reentry/continuing care practices, including agency expectations and team member roles.

4. In relationship to evidence based practices and the overarching processes, what do you plan to stop doing? What do you plan to start doing?

5. How has your team's vision for successful reentry/continuing care services in your jurisdiction changed as a result of this experience?

6. What is the new vision?

Section 1

Jurisdictional Team Action Planning: *Building Your New Reentry/Continuing Care Reality*

The Critical Elements of Reentry/Continuing Care Systems

Performance Objectives

Design a team action plan to systemically implement successful reentry/continuing care services customized for your jurisdiction;

Present a specific, attainable plan for implementing reentry/continuing care in your jurisdiction; and

Give and receive feedback on your teams plan.
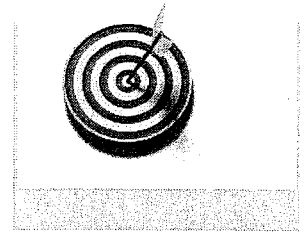
Performance Objectives

*After completing this section you will be able to:*

- Create a list of factors that staff and youth identify as having helped them become successful within the juvenile justice experience;

- Analyze the connection between the juvenile justice process and the key factors that can lead to success; and

- Analyze your jurisdictions expectations for juveniles involved in the juvenile justice system.

Team Roles
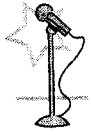
	Reporter	Presents the team findings to the larger group.
	Recorder	Charts key points of group discussion.
	Process Observer	Observes and reports on how the team • Worked together • Worked through conflict • Solved problems
	Timekeeper	Makes sure the group stays within agreed upon time parameters.
	Facilitator	Keeps the group process on track.

National Institute of Corrections Academy Division/Office of Juvenile Justice and Delinquency Prevention
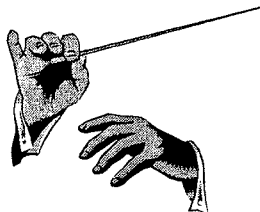
Challenging Your Perceptions

- What do you think successful people say about what helped them, or what have you heard from young people like these?

- Do you know anyone like Jeremy? What would he or she say about what has made a difference in his or her life?

- Which aspects of our corrections work connect with these important processes?

- How can you work to change your pre-existing perceptions? How can you help others to change theirs?

Section 2

Visualizing Success in Your
Reentry/Continuing Care
Jurisdiction

. . . .

**The Critical Elements of
Reentry/Continuing Care Systems**
. . . .

Performance Objectives
. . . .

Create a list of factors that staff and youth
identify as having helped them become
successful within the juvenile justice
experience;

Analyze the connection between the juvenile
justice process and the key factors that can
lead to success;

Analyze your jurisdictions expectations for
juveniles involved in the juvenile justice
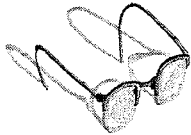system.

Team Roles
. . . .

Reporter   Timekeeper

Recorder   Facilitator

Process Observer

1
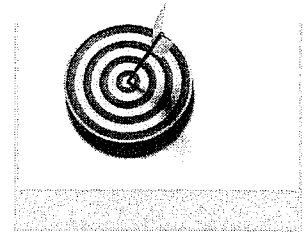
Performance Objectives

After completing this section you will be able to:

- Describe the current state of reentry/continuing care practices from the represented jurisdictions;

- Share a vision of successful reentry/continuing care for your jurisdiction;

- Explore the values of juvenile corrections organizations and their relationship to reentry/continuing care services and systems; and

- Develop capacity to act as change agents to effectively implement successful reentry/continuing care systems in your home jurisdiction.

State of the State

Activity Instructions

Process

- In your jurisdictional teams, finalize plans for a short presentation about your current reentry/continuing care configuration.
- Use the Presentation Format you received in your pre-program materials.
- It may also be helpful to look at the note-taking guide (see the next 2 pages) as you finalize your plan.

Product

Your ten-minute presentation should address the following areas:

- Mission statement
- Strengths of current reentry/continuing care system
- Weaknesses of current reentry/continuing care system
- Vision of a successful current reentry/continuing care system

Feedback from Jurisdiction _____

- Values I heard articulated.

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- Specific components of
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- Facilitating factors present in
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- Challenges present in this
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SECTION 3 –
STATE OF THE STATES: WHAT ARE YOU CURRENTLY BRINGING
TO THE REENTRY/CONTINUING CARE TABLE?

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- Issues from this jurisdiction
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- Ideas I heard that I could apply to my own jurisdiction.

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Feedback from Jurisdiction _____

- Values I heard articulated.

- Specific components of continuing care I heard mentioned by others.

- Facilitating factors present in this jurisdiction's system of continuing care.

- Challenges present in this jurisdiction's system of continuing care.

- Areas where I heard about
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Section 3

State of the States: *What Are You Currently Bringing to the Reentry/Continuing Care Table?*

The Critical Elements of Reentry/Continuing Care Systems

Performance Objectives

Describe current state of reentry/continuing care practices from represented jurisdictions;

Share a vision of successful reentry/continuing care for your jurisdiction;

Explore values of juvenile corrections organizations and their relationship to reentry/continuing care services and systems;

Develop capacity to act as change agents to effectively implement successful reentry/continuing care systems in home jurisdiction.
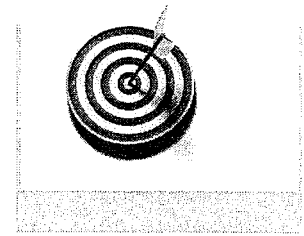

State of the States - Activity

| **Process**	**Product**
Finalize your presentation plan	Mission statement
Refer to provided format	Strengths of current reentry/continuing care system
	Weaknesses of current reentry/continuing care system
	Vision of a successful current reentry/continuing care system

Performance Objectives

After completing this section you will be able to:

- Develop individual and team capacity to act as change agents to effectively implement successful reentry/continuing care systems in your home jurisdiction;

- Determine the personal and professional commitment required to become a reentry/continuing care change agent;

- Analyze the professional opportunities and risks involved in becoming an agent of organizational change; and

- Appreciate the complexity involved in creating a successful reentry/continuing care system.

Tackling the Complex Issues
Activity Instructions

Working in your assigned color team, select members to accomplish the following tasks:
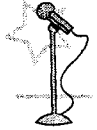
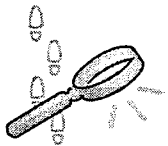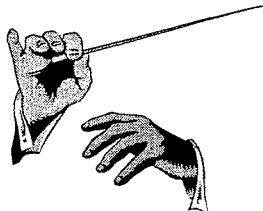|		
	1 Reporter	Present the color team finding to the larger group.
	1 Recorder	Chart all findings of the group (using a marker that is the same color as the assigned color of your team, i.e., blue, green or purple).
	1 Process Observer	Observe and report on how the team • Worked together • Worked through conflict • Solved problems
	3 Researchers	Research the supplemental material in the training to find additional relevant information for your own team as well as any other team. (Researchers should use a black marker to add there finding to team charts).
	1 Timekeeper	Makes sure the group stays within agreed upon time parameters.
	1 Facilitator	Keeps the group process on track.

Part One

    a. Answer the questions that correspond with your assigned group color.
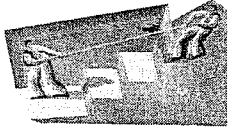
Blue -- What *values* did you hear identified in the presentations just completed? What additional questions does research show us need to be added if we are to create and implement effective reentry/continuing care systems?
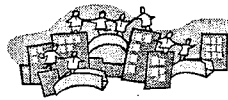
Green -- What *components* of reentry/continuing care did you hear identified in the presentations just completed and what additional ones does the research show us need to be added? What are some of the specifics to make these components effective and successful in the system?

Purple -- What *facilitating factors and challenges* did you hear identified in the presentations just completed? What other factors do the research show us need to be added? How do these factors play out in the different parts of the juvenile justice continuum of services?

    b. **Merge with your sister color group.** After working with members of your group to answer the appropriate questions, join with members of the additional group with the same color. For instance, members of the two blue groups will be asked to join together. This joint group will then create one master list of answers for your assigned questions.

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Part Two

- Post your master list.

- Moving with the members of your merged sister color group, review the master list of the other two color groups.

- Feel free to add information you think is necessary.

- When adding information, use the marker that corresponds to the color of *your* group. For instance, members of the blue group review the green group's list and add comments with a blue marker.

- Continue this process until you have reviewed all the lists.

Part Three

Working with members of your joint color group, you will present the items on your master list to all participants.

Part Four

You will be asked to respond to questions during a large group discussion. You can also take personal notes using the guide that follows this page.
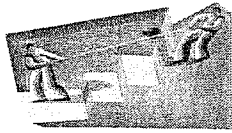
Values

- What were some of the areas where there were value conflicts that were relevant to my team and me?

- Why might it be important to discuss values around reentry and continuing care?

- Can the values you heard expressed be grouped into larger themes? If so, what are some of these themes?

- Which values in my team's system environment will be assets? Which will be challenges?
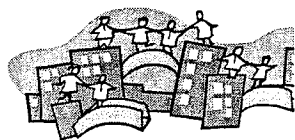
Components of Reentry/Continuing Care

- Why is it important in my team's jurisdiction to consider multiple perspectives when defining the components of reentry/continuing care?

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- Which perspectives get the most attention in my team's environment? Which get the least attention?

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- Can the components of a successful reentry/continuing care program be grouped into several essential elements or categories? If so, which ones are most critical for my team's environment?

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Facilitating Factors and Challenges

- What are the personal and professional advantages and opportunities to identifying potential facilitating factors prior to implementation of a reentry/continuing care plan?

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- What are the personal and professional risks of identifying potential barriers or challenges to a successful reentry/continuing care program?

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- Describe how you will overcome the barriers or challenges that you have identified.

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National Institute of Corrections Academy Division and Office of Juvenile Justice and Delinquency Prevention

What Does It Take
To Be A Change Agent in Juvenile Justice?

Behaviors

- Perseverant
- Enthusiastic
- Prepared to take risks
- Thick skinned
- Courageous
- Organized
- Excellent communicator
- Use effective "people skills"
- Inspirational
- Motivational
- Leadership
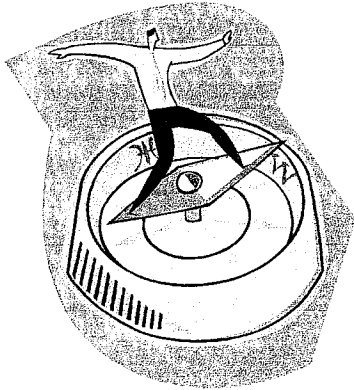
Actions

- Develop strategies
- Market for the audience at hand
  - o *Present information in a way that meets their needs*
  - o *Explain how it will benefit them*
- Build collaboration
- Share the vision
- Build relationships
- Identify barriers/strengths that exist in the system
- Share what research indicates are best practices in continuing care
- Meet with key stakeholders and agency leadership. Build a plan for how to do build buy-in from top to bottom.
- Identify others who can assist in the process, and identify those who will be resistive. Brainstorm strategies for overcoming resistance.

Section 4

Meeting the Challenge of
Reentry/Continuing Care:
Becoming a Change Agent

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**The Critical Elements of
Reentry/Continuing Care Systems**

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Performance Objectives

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Develop capacity to act as change agents;

Determine commitment required to become a
change agent;

Analyze professional opportunities/risks
involved in becoming agent of organizational
change;

Appreciate complexity involved in creating
successful reentry/continuing care system.

Activity Team Roles

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Reporter
Recorder
Process Observer
Researchers
Timekeeper
Facilitator

Tackling the Complex Issues - Activity

- Pick your role
- Answer your color group questions
- Post your master list
- Rotate and comment on other color group lists
- Present master list
- Answer large group questions
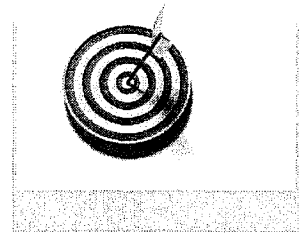
Performance Objectives

After completing this section you will be able to:

- Describe your juvenile offender population including risks to public safety;

- Identify overarching processes used in your jurisdiction and describe how these processes are currently practiced;

- Analyze the strengths and weaknesses of your own reentry/continuing care system using the lenses of evidence based practices and the seven core elements; and

- Develop a plan for changing the identified weaknesses into strengths.

Overarching Processes Activity Instructions

For each of the three phases:

| **Institution** | **Transition** | **Community** |

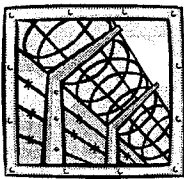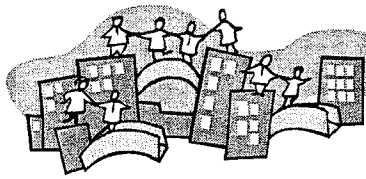- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices

7 Core Elements

1. Accountability
2. Individualized/Specialized
3. Family
4. Community
5. Diversity
6. Strength Based
7. Restorative

Principles of Evidence Based Practices

1. Assess actuarial risk/needs
2. Enhance intrinsic motivation
3. Target interventions
4. Skill train with directed practice
5. Increase positive reinforcement
6. Engage on-going support in communities
7. Measure relevant practices
8. Provide measurement feedback

Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention. Brad Bogue, Nancy Campbell, Elyse Clawson, et al. Crime and Justice Institute and NIC, 2002.

Now, repeat the process for two other overarching processes. (For example, assessment, case management, treatment, and service delivery).
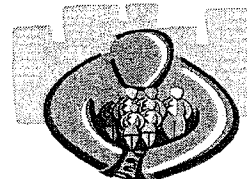
Overarching Process #1 _____

Institution

- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices

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Plans for improvement

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Transition

- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices

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Plans for improvement

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Community

- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices

Strengths

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Plans for improvement

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Overarching Process #2 _____

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- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices
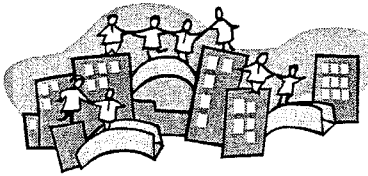
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Plans for improvement

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Transition

- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices
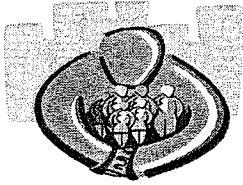
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Plans for improvement

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Community

- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices
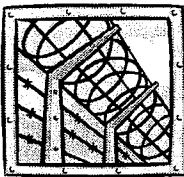
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Overarching Process #3 _____

Institution

- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices
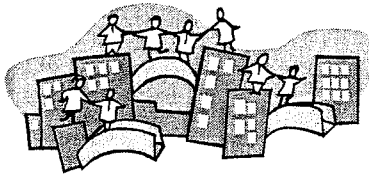
Strengths

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Plans for improvement

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National Institute of Corrections Academy Division and Office of Juvenile Justice and Delinquency Prevention

Transition

- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices

Strengths

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Plans for improvement

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Community

- Describe the strengths of your current practices for this process.
- Describe what you need to do to improve this process.
- Describe your current performance measures (How you know the practice is a success.)
- Describe the performance measures you will use to evaluate the success of your improvements.

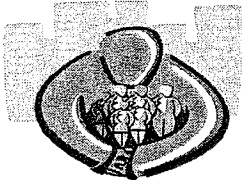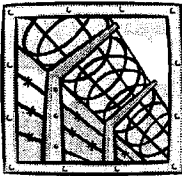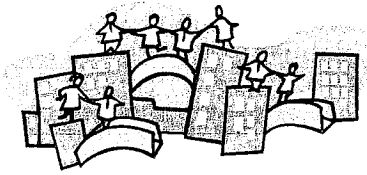*Remember to use the lenses of the 7 critical elements and the principles of Evidence Based Practices*

Strengths

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Plans for improvement

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Section 5
Analyzing Our Jurisdiction's
Current Reentry/Continuing Care
Practices: *Discovering Strengths
and Challenges*

**The Critical Elements of
Reentry/Continuing Care Systems**

Evidence-Based Practices*

**Making Sense of the Alphabet
Soup**

* National Institute of Corrections: Implementing Evidence-Based Practices in Community Corrections
(B. Bogue, N. Campbell, M. Carey, E. Clawson, D. Faust, K. Florio, L. Joplin, G. Keiser, B. Wasson, W. Woodward)

What is the Alphabet Soup?

- What Works?
- Best Practices
- Promising Practices
- Blue-Prints
- Lessons Learned
- Effective- Interventions
- Evidence-Based Practices
  (EBT)

Section 5
Analyzing Our Jurisdiction's
Current Reentry/Continuing Care
Practices: *Discovering Strengths
and Challenges*

**The Critical Elements of
Reentry/Continuing Care Systems**

Evidence-Based Practices*

**Making Sense of the Alphabet
Soup**

* National Institute of Corrections: Implementing Evidence-Based Practices in Community Corrections
(B. Bogue, N. Campbell, M. Carey, E. Clawson, D. Faust, K. Florio, L. Joplin, G. Keiser, B. Wasson, W. Woodward)

What is the Alphabet Soup?

- What Works?
- Best Practices
- Promising Practices
- Blue-Prints
- Lessons Learned
- Effective- Interventions
- Evidence-Based Practices
  (EBT)

final

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"Best Practices"

* Typically, based on the collective experience and wisdom of juvenile justice practitioners and policy-makers
* Practices are not generally scientifically tested or objectively determined
* Practices not necessarily linked to outcomes or other measurable standards

"What Works"

* Has undergone rigorous scientific investigation
* Implies linkage to general outcomes, but does not specify the kind of outcomes desired (reduced recidivism, rehabilitation, deterrence, etc.)
* Generally, are programs/activities that were "cutting-edge" a decade earlier (or longer)

"Evidence-Based Practice"

* Has undergone rigorous scientific investigation
* Specifies the definable outcome
* Outcome is "measurable"
* Incorporates practical realities
* More appropriate for outcome-focused human services disciplines

8 Evidenced-Based Principles for Effective Interventions

1. Assess actuarial risk and needs
2. Enhance intrinsic motivation
3. Target interventions
4. Use of Cognitive-Behavioral TX Models

8 Evidenced-Based Principles for Effective Interventions

5. Increase positive reinforcement
6. Engage ongoing support in natural communities
7. Measure relevant processes/practices
8. Provide measurement feedback

Assess Actuarial Risk/Needs

+ Assess for criminogenic risk and needs factors
+ Use validated assessment instrument on specified population
+ Ensure culturally-responsive process
+ Develop systemic assessment/reassessment quality assurance protocols

Enhance Intrinsic Motivation

- Lasting rehabilitation necessarily involves the youth "internalizing" a desire for change
- Recognizing that change is a process
- Use of Motivational Interviewing

Target Interventions

- **Risk Principle**: *Prioritize supervision to the highest-risk youth*
- **Need Principle:** *Target TX to criminogenic needs*
- **Responsivity Principle**: *Understand that gender, culture, learning-style, etc. impacts the effectiveness of certain programs*

Target Interventions (Cont.)

- **Treatment Principal:** *Delivering targeted and timely inventions that are integrated in case-management plan*
- **Dosage:** *Level of supervision and treatment should be proportional*

Cognitive-Behavioral Treatment

- Cognitive-behavioral programming is most effective in reducing recidivism
- Other treatment models shown to have little or negative impact on desired outcome (e.g. recidivism)

Increase Positive Reinforcement

- Juvenile Justice System traditionally focused on negative sanctions
- Ratio of four positive to every one negative is optimal for promoting behavioral changes
- Still must have consequences for non-compliant behavior

Engage Ongoing Support for Natural Communities
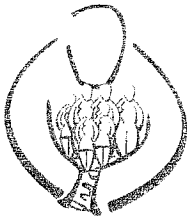
- Extension of Restorative/Community Justice
- Community should be viewed as resource for youth's rehabilitation
- Skills and attitudes must be transferred and reinforced in the place where youth will eventually transition...back into the community

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Measure Relevant Processes

- **Youth's behavior** - Measure changes on an on-going basis (i.e., substance use, recidivism, etc)
- **Staff performance** - evaluate at regular intervals and link to performance measures related to the mission/vision of organization

Provide Measurement Feedback

- **To Youth** - builds accountability and enhances "motivation of change"
- **To Staff** - Regular performance audits and case reviews help staff focus on ultimate goals (i.e., reduced recidivism, instillation of pro-social values, etc.)

8 Guiding Principles for Risk/Recidivism Reduction
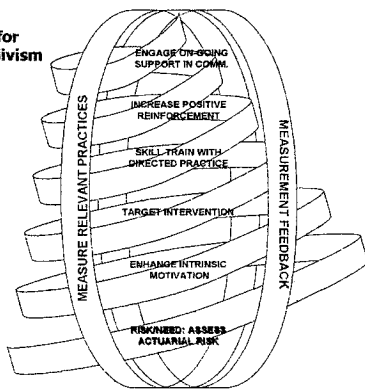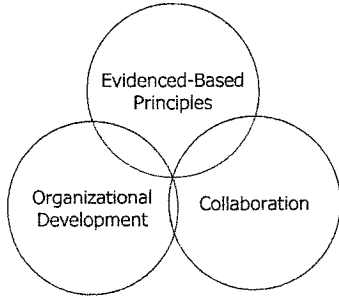
MEASURE RELEVANT PRACTICES

MEASUREMENT FEEDBACK

ENGAGE ON-GOING SUPPORT IN COMM.

INCREASE POSITIVE REINFORCEMENT

SKILL TRAIN WITH DIRECTED PRACTICE

TARGET INTERVENTION

ENHANCE INTRINSIC MOTIVATION

RISK/NEED: ASSESS ACTUARIAL RISK

An Integrated Model*

Evidenced-Based
Principles

Organizational
Development

Collaboration

* National Institute of Corrections: Implementing Evidence-Based Practices in Community Corrections
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Supplemental Reading

Three Phases of Successful Reentry and Continuing Care

Phase 1 – Institution Phase

begins at the point that a youth is placed into residential custody to begin a period of intervention and treatment to address delinquent behavior. Within this phase are three stages of activity, including initial assessment processes, treatment planning and institutional treatment.

1A - Assessment includes the activities the agency uses as a way to measure, determine and make judgments. Good assessment requires a valid and reliable risk instrument and a needs assessment that targets criminogenic needs.

Criminogenic needs are dynamic risk factors that when addressed or changed affect the offender's risk for recidivism. Examples include: criminal personality, anti-social attitudes, values and beliefs, low self control, criminal peers, substance abuse and dysfunctional family.

(Bonta and Andrews, 1998, Lipton et. al. 2000, Elliot, 2001, Harland, 1996)

Thorough assessment provides the foundation for successful case planning processes at each of the three phases.

The Critical Elements Integrated Into Initial Assessment Process

1A.1 - Individualized/Specialized

- Providing good assessment facilitates moving the juvenile offender quickly into culturally specific, gender specific and language appropriate programming that take motivational readiness, learning styles and developmental stages into account.

- The juvenile feels understood, and begins to take responsibility.

- Underscores and teaches the value that "your life is important. We take it seriously. So can you."

1A.2 - Family

- An initial assessment of the family points out the strengths that can be a foundation for a later case plan.

- Cultural considerations are a part of the initial needs assessment for the family.

- The family's input is valued and the family is placed into the lead role as appropriate.

1A.3 - Strength Based - The relationship between the juvenile and agency starts from a perspective of recognizing the strengths and protective factors unique to this family and the juvenile.

1A.4 - Community – Community based resources are an enormous asset to the assessment process and will build a foundation for providing services later in the process. Services need to be culturally competent and gender specific and use culturally and spiritually appropriate resources.

1A.5 - Cultural Competency/Diversity - Certainly the

agency will have some instruments that are used generally with the population, however the need for specialized assessments and Evidence Based Practices in culturally based risk assessments are essential.

1A.6 - Restorative - Even at this early stage, the juvenile justice professional can begin to assess what steps will be necessary before the youth is ready to participate in "making things right" wherever that is necessary.

1A.7 - Accountability - Builds a foundation for teaching accountability by modeling first, and expecting accountability from the juvenile offender later.

1B – Initial Case Planning is the process of developing a plan that recognizes the individual strengths and risk areas present for the youth and family. Where possible, the case plan uses the strengths to address the risk factors, cultural and individual treatment needs of the juvenile offender. It sets forth through the establishment

of goals and objectives an outline for risk mitigation, and shares a vision for success.

Critical Elements Integrated into Case Planning Processes

1B.1 - Individualized/Specialized

- The initial plan commits the resources of the continuum to the juvenile in whatever flexible fashion will be necessary to support the progress of that individual.

- The plan has a positive tone. It speaks to specific goals and in general addresses the life domains of home, community and school.

- The plan identifies and addresses the cultural and language needs of the youth.

- Relationship to the agency becomes an important tool in the delivery of the case plan.

1B.2 - Family

- Although the continuing care worker is responsible for drafting and implementing the plan, the voices of several stakeholders are considered. A key stakeholder and active voice in the plan belongs to the family.

- Cultural considerations of the family are a part of case planning processes.

1B.3 - Community

- The case plan originates with the community-based continuing care worker, even if the youth is living at the institution.

- The plan will make use of resources accessible locally to support the youth and family during placement and following release.

- The case plan will identify culturally competent and culturally relevant treatment services for the youth.

1B.4 - Strength Based

- Projected outcomes for the case plan are by nature successful.

- Plan gives the juvenile a sense of time frames. Part of the vision is that there can be an end in sight.

- The plan capitalizes on existing assessed strengths and seeks to build new strengths.

1B.5 - Cultural Competency/Diversity

- The case plan should address how the continuum will wrap itself around the youth and family in a way that is relevant to them.

- The case plan will identify culturally appropriate resources for the youth and family.

1B.6 - Restorative - Goals for reparation are clear at this stage. The youth is aware that amends are expected and that the agency will support and assist them through that process.

1B.7 - Accountability

- The plan is direct, understandable, and respectful. The juvenile offender begins to understand, through modeling, what is expected of them.

- Young offenders can't make abstract leaps connecting what they are doing to how they got where they are. The plan provides a structure so that the juvenile can understand the logic of the steps in the process.

- The juvenile may not agree at the outset that services specified in the plan are necessary, but they will understand a broad vision of the plan.

1C - Institutional Treatment

happens during the period of time that the youth spends in a juvenile correctional facility. During this stage, the juvenile is guided to recognize responsibility for thoughts and behavioral choices, and assumes responsibility for the actions that brought them into the facility. The juvenile learns to exercise appropriate behavioral control, and indicates a readiness to demonstrate that same control in a less structured setting.

- Parameters may be set by the court to determine length of stay.

- Active engagement of the juvenile's family and/or support system, and other home community involvement is critical.

- The facility uses Evidence Based Practices around culturally competent treatment/services.

Critical Elements Integrated into Institutional Treatment

1C.1 - Individualized/Specialized

Not all treatment interventions need to occur during the Institutional Phase, so case plan processes should list which treatment interventions are critical for each youth. For example, an institutional case plan might include expectations for understanding an individual's cycle of violent behavior, anger management skills and the initial stage of cognitive-behavioral training, while further ongoing treatment including drug/alcohol treatment might occur during the Transition and Community Phases.

- A performance-based length of stay is recommended and managing juvenile movement through the program is essential

- Regular turnover in programs happens as a result of highly individualized approach.

- In secure placement, many young offenders are able to develop enough behavioral control so that they can safely proceed into treatment in a lesser level of care.

- The youth has access to a continuum of services that are can adequately address any specialized needs.

- That same continuum expands on existing abilities and strengths.

- The youth has access to culturally specific, gender specific and language appropriate treatment services

- Programs work together to impact juveniles and teach them to connect their thoughts to their behaviors, identify thinking errors early and translate them into better choices.

1C.2 - Family - The institution and community based continuing care worker ensure that the family plays a prominent role in this stage. Cultural considerations and language barriers of the family are addressed.

1C.3 - Strength Based - Juveniles are actively engaged in programming and the level of restriction matches the level of risk, so that as skills and strengths emerge, they are practiced.

1C.4 - Community

- Community-based services are brought into the facility, especially as it allows for the building of relationships that can continue past the point of release.

- Culturally competent community based services are available to meet the diverse needs of the youth.

1C.5 - Cultural Competency/Diversity The institution provides a continuum of programming based on culture, gender, age and other issue relevant for the juvenile offender population.

1C.6 - Restorative

- The youth is prepared to engage in restoration activities upon release.

- Some restorative activities may take place while in the facility – beginning work on victim restitution or community reparation.

1C.7- Accountability

- Young offenders may need to leave and later return to the secure facility as the situation dictates. The system is flexible enough to accommodate such a move based on the needs of the youth.

- Sometimes, the risk posed remains significant and no other level of care is safe.

Phase 2 – Transition Phase

includes a period of preparation for returning to the community, often referred to as "Pre-release," as well as the time of actual transfer and immediate adjustment to the next placement, referred to as "Reentry." In some systems youth "step down" to community-based residential programs in group or individual settings prior to release on parole or supervision status to their own homes or other future living accommodations. Assessment processes continue here.

2A - Pre-Release processes help the juvenile offenders understand that they must translate their energy into practical skills that can be called upon at the necessary moment. Young offenders tend to believe that they will be successful if released because of their sheer willpower and enthusiasm for their goal. By the end of the pre-release stage, a juvenile offender can assist in his own discharge planning by helping to predict which situations are likely to require critical skills.

The juvenile plays a prominent role in the discharge planning process.

Critical Elements Integrated into Pre-release

2A.1 - Individualized/Specialized

- As the focus shifts towards preparedness for release, the importance of a working relationship between the facility and the community care worker increases.

- Community care workers must know what has been accomplished and what is yet to be done, so that effective planning can occur.

- Cultural and language needs are identified and addressed.

2A.2 - Family

- The family's process parallels the juvenile's process at this point. The family has developed practical skills and insights that will prepare them for reunification.

- If reunification will not be possible, the family's voice is included in that decision-making process.

- The family participates in planning whatever the alternative placement will be.

- If a step down service such as foster or group care will be used, the plan may still be for later reunification. There is still be time to work intensively on family issues.

- When an appropriate placement is necessary, placement must address the youth's cultural/diverse needs.

2A.3 - Strength Based

- This process continues to demonstrate the value that "your life and your future are important. Here is a plan that you can use to succeed."

- The youth demonstrates behavioral preparedness for release.

2A.4 - Community

- The agency and its individual agents have working relationships with service providers and informal supportive resources across the service area and in local communities.

- During pre-release, the community care worker makes arrangements for formal services with appropriate community-based providers.

- Community based resource providers are culturally competent and deliver culturally relevant treatment services.

- Equally or sometimes more important, are the arrangements made for informal community supports. Families, schools, faith communities, are all good sources for ideas about whom and what might be able to assist this individual youth with the reintegration process.

- Some informal supports will be geared towards the actual release; some will work prior to reentry to smooth the way.

2A.5 - Cultural Competency/Diversity

- Since pre-release is about "potentiality", this element of this stage is a real opportunity for creativity on the part of continuing care workers.

- Ensure youths cultural needs/issues are met and incorporated prior to release i.e. Birth Certificate, Social Security card, Immigration and Naturalization Services, Tribal Affiliation/Registration.

2A.6 - Restorative

- At this stage, the juvenile has fully engaged in the cognitive intervention opportunities at the facility, especially surrounding perpetration issues.

- The youth has developed a meaningful understanding of the impact the behavior has had on the victim(s) and the community.

- A plan for activities around reparations to be made at point of release is developed now.

2A.7 - Accountability

- This stage helps establish the level of structure and support each juvenile requires in order to proceed with the next step towards release.

- This course of action models accountability to the juvenile offender.

2B - Reentry is where the paper plan for the juvenile translates itself into real life services and programs. Services, frequency and timelines are attached to goals and objectives in an outcome based fashion.

At the institution, the juvenile had the goal of developing enough behavioral control and insight in order to warrant a trial in a lesser restrictive setting. Now, the juvenile offender will be expected to continue those expectations while at the same time negotiating all of the complex everyday decisions that surround living at home, attending school, and moving around the community.

- Build a reentry plan that is so seamless that it is easier to succeed than to fail.

- Create contingency plans in the event that the juvenile has difficulty achieving goals.

Critical Elements Integrated into Reentry

2B.1 - Individualized/Specialized

- The process of community supervision prepares itself to unfold around the youth and family. It is part of an ongoing plan.

- The plan is flexible and can be re-worked quickly as the need arises. Required level of support can change frequently.

- The plan outlines the strengths, expected outcomes, services, consequences related to compliance, and approximate time frames.

- Culturally specific and language appropriate services are incorporated into the plan.

2B.2 - Family

- The family leads as much as possible in developing the expected outcomes for placement in the home.

- Cultural considerations of the family are a part of the reentry plan.

- The family may also have good ideas about what to include in setting forth expectations around behavior in the community, i.e. where and who to avoid, positive activities, possible informal supports.

2B.3 - Strength Based

- As noted above, the idea is to build a seamless plan with contingencies and back-ups included. Thoughtful, thorough plans have a good chance of succeeding.

2B.4 - Community

- Community based resources provide services that the juvenile justice agency does not have the time nor the resources to deliver themselves.

- Community based resource providers are culturally competent and deliver culturally relevant treatment services.

- Informal supports and relationships in the community are invaluable eyes and ears for the continuing care worker. These collateral contacts make substantial contributions to the success of the continuing care plan.

2B.5 - Cultural Competency/Diversity -The cultural/diverse needs of the youth are addressed in the plan.

Critical Elements of Reentry/Continuing Care Systems
National Institute of Corrections Academy Division/Office of Juvenile Justice and Delinquency Prevention

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2B.6 - Restorative

- The juvenile may be ready to participate in accountability conferences or in a mediated event with a victim.

- Detailed plans are in place for addressing any community service or restitution obligations.

2B.7 - Accountability - A document that can be individualized and signed by the juvenile, an adult responsible for juvenile offender, and an agency worker is useful for purposes of accountability.

The Community Phase defines the difference between releasing a juvenile to a community and releasing a juvenile into a community.

Phase 3 –Community Phase

defines the difference between releasing a juvenile *to* a community and releasing a juvenile *into* a community. The idea of community reintegration assumes that the juvenile will be a contributing member of the community, viewed as an asset, rather than a liability. Perform updated assessments relevant to the community phase.

- To be successful, the juvenile offender must be viewed and treated as a potential contributor to the home community.

- The juvenile needs to have a focus and feel a part of the community and his or her culture, via school, community, or faith group contact.

Critical Elements Integrated into the Community Phase

3.1 - Individualized/Specialized -

In this stage, the individualized nature of this process focuses more on what the youth will be contributing, as opposed to the emphasis on receiving services. Youth should have previously identified "circles of support" within the natural community setting.

3.2 - Family - The family has developed a partnership relationship with the continuing care worker, and interacts at that level in the planning and ongoing supervision and support process.

3.3 - Strength Based - At this stage, the juvenile is able to act as a partner in planning for meeting their own needs. The youth has some understanding of what will work for them, and is able to articulate their needs.

3.4 - Community - The youth reports a sense of ownership in the community at this stage, identifies self as belonging in the community, and behavior is congruent with these beliefs.

3.5 - Cultural Competency/Diversity - The youth and family continue to identify their needs, and carry forth a plan for positive community reintegration.

3.6 - Restorative

- Reintegration work does not take the place of restitution or community service, and the concepts should not be confused.

- Juvenile offenders have a relationship to their community. When a breach occurs in a relationship, the relationship is not satisfying to either party until amends are made.

- Juveniles share this need to complete the process and "make things right" before they are able to move on.

3.7 - Accountability - The burden of responsibility for accountability has shifted from the continuing care agent to the juvenile, family and community at large.

CRITICAL ELEMENTS:

REENTRY AND

CONTINUING CARE

During each phase of the reentry/continuing care process, beginning with institutional arrival and ending in successful community reintegration, the following seven critical elements should be present and readily identifiable. These elements are not finite and distinct areas, but rather are overlapping dimensions of effective systems of care.

Individualized/Specialized –

Overarching plans must respond to the unique needs, situations and circumstances present in each case. We know that the causes of serious and/or chronic delinquent behavior are complex, and they vary greatly between individuals. While factors such as offense pattern and criminal peer associations are important, so are factors such as age, family circumstances, educational achievement, abuse history, and personality type. Like risk factors, strengths and protective factors also vary. An understanding of these domains is essential in developing an effective treatment plan. In order to successfully individualize a plan, the system must be well integrated.

Reentry/Continuing Care Phases

Point of Reentry

Institution — Transition — Community
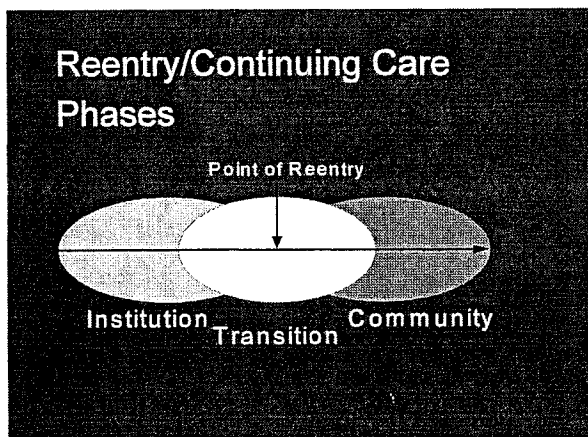
As this visual illustrates, in order to truly individualize any stage of the case

management processes, the three phases must be integrated into one whole process that organizes itself towards a common goal. The case manager must have access to and influence on every phase of the process in order to assure that the individual needs of the case drive the activities of each phase.

The term "Specialized" refers to strategies responding to the special needs of population groups that may not fit in traditional juvenile justice settings. These may include, but are not limited to: girls and young women, youth with seriously mental health disorders, drug dependent, sex offenders, and the developmentally disabled.

Instead of a juvenile coming into your system, your system wraps itself around the juvenile

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The challenge here is to begin thinking about how well the system you are designing can flex itself so that perceptual shift occurs: instead of a juvenile coming into your system, your system wraps itself around the juvenile.

Family - Pursuit of family involvement is a critical element of successful reentry/continuing care. This area is complex, fraught with challenges, but eminently worth the effort. Again, this marks a shift in thinking from traditional juvenile justice models. Like all kids, juvenile offenders come from families and will likely someday form families of their own. It is counterproductive to try to separate a juvenile's individual treatment issues from their family issues. The successful reintegration process must somehow acknowledge and work within the current family structure and problems, capitalize on existing strengths, and find ways to model relationships that young offenders can use when they begin to form their own adult relationships. This requires the case

management processes to focus specifically on the area of family as an element of the process in its own right.

In cases where family members cannot be found or engaged, a "diligent search" should be conducted to find extended family members or surrogates. Key family members should be empowered to take a leadership role in the treatment planning process, with appropriate levels of support from case managers. A variety of strategies can be used to recognize and employ the family's strengths, values, and culture as a major part of the treatment and reentry/continuing care plan.

Community - In order to successfully transition into the community, the juvenile justice professional must incorporate the involvement of the community into each phase of the process. The community is the focus for safety planning to prevent and reduce criminal behavior. Communities are therefore critical as both resources and customers of this transitional process.

Like families, communities are the naturally occurring units from which young offenders emerge and to where they will return. When the community is involved in all phases, the community begins to invest in it's youth and assumes responsibility for insuring success and preventing further failures.

How can this occur? The juvenile justice agency begins to develop partnerships in the community and creates the possibility of using resources more effectively within its existing services framework.

Again present in this element is the theme of a system that can flexibly wrap itself around the juvenile, much of it rooted in the community where the juvenile (and possibly the family) will be expected to live and function.

Focusing on communities requires that youth-serving agencies form partnerships with community-based organizations such as recreation programs, community centers, mentoring programs, and churches and other spiritual centers.

Diversity/Cultural Competency - This element is broad in scope and merits conscious evaluation throughout every phase. The concept of diversity includes not only cultural sensitivity, but also the principles of representativeness and of valuing differences.

Diversity/Cultural Competency includes a set of ongoing values and skills developed with knowledge, sensitivity, and awareness that allows an individual, organization, or agency to interact and provide services to a diverse community in various environments. Organizations should have written policies and a Cultural Competency Plan that includes guiding principles to ensure the provision of culturally competent services.

A culturally competent and diverse organization strives to create an environment and work site that is welcoming, safe, free of discrimination, and is supportive of all cultures included but not limited to: race, ethnic groups, religious affiliations, sexual orientations, and persons with disabilities. The organization involves individuals and organizations in the planning and decision making process that is representative of the population(s) the organization serves.

In terms of reentry/continuing care, the services we offer to juvenile offenders must be tailored to meet their needs and work within their culture(s), instead of attempting to work with them using the dominant cultural model of the region. Staff members must be aware of the impact that their own culture has upon their communication styles, as well as how to effectively communicate

across traditional cultural boundaries. A part of the agency's cultural competency/diversity policies should speak to on-going training to keep staff members' current, and to increase awareness of new cultural groups and mores.

Strength Based - This is a paradigm shift that as it is incorporated into each phase is first noticed as a language change and eventually finds itself embedded in philosophy. A strength-based approach serves several purposes. First, taking the time to evaluate the individual strengths of each case helps professionals to develop the individual nature of each plan.

Second, making small language changes begins to create opportunities for more creative, enhanced case plans. Here is an example: Your treatment plan format indicates that the case manager should specify which barriers exist in each case. After giving the matter some thought, you realize that the cognitive implications of the use of the word "barrier" are quite negative. You choose to change the word "barrier" to "challenges". In fact, you decide to begin to use "challenge" in

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Strength based language begins to infuse a new energy into all levels of the work
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place of "barrier" wherever you find it; in your policy manual, in your strategic plan. You begin to find that where encountering barriers gradually defeated your co-professionals, facing a challenge can invigorate them. The new strength based language begins to infuse a new energy into all levels of the work being done in your organization. In the end, juveniles get more creative, thoughtful treatment plans, and are reintegrated successfully into the community more frequently.

Dr. Laura Nissen, in her work on strength based practices, describes the recent history of our views of youthful offenders. In the past, juvenile offenders were seen as victims of poor upbringing and abusive backgrounds,

and were seen primarily through a "Victim Lens." The movement to recognize juveniles as serious offenders caused us to employ a "Villain Lens." A strength-based approach urges us to change to a "Resource Lens" - recognizing youths as potential citizens of our communities.

Restorative - The overall goal of this element, often referred to as Balanced and Restorative Justice (BARJ), or Restorative Community Justice (RCJ), is to insist that young offenders take personal responsibility for their actions, actively work to repair the harm that they have caused to the victims and to the community, and set goals to develop personal competency and to become productive community members. Steps toward this goal should be identifiable during each phase of overarching case management processes. Being restorative speaks to the involvement of the community, the victim, and the juvenile offender working together to "restore" relationships and repair harm.

A variety of BARJ strategies are suggested at each stage of the reentry/continuing care process. Initial assessment must include information about victim impact and community safety concerns, as well as avenues

Public Safety / Competency Development

Accountability
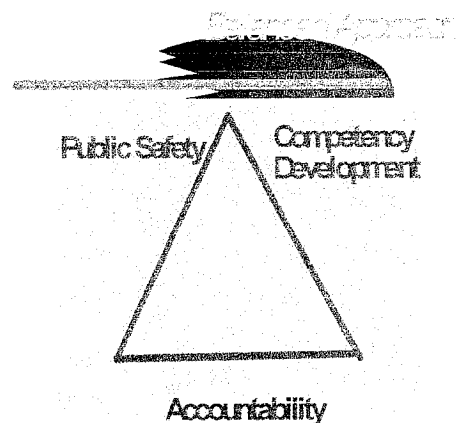
for repairing the harms that have been done. The case plan must address these issues throughout treatment, transition and

reintegration into the community. Common approaches include community service and restitution obligations, victim sensitivity training, community safety plans, and victim-offender mediation. There is room for innovation and creativity within this new set of expectations for good juvenile justice practice. Of particular interest are strategies to directly involve victims and community members in both assessment and case planning processes, helping to set realistic and acceptable goals for how the offender can earn the opportunity to return to his or her neighborhood. These approaches borrow from "wraparound" and conferencing strategies, and look for the involvement of a variety of community-based stakeholders, such as religious leaders, teachers, extended family members, and friends who may be willing to take on specific roles in continuing care planning, support, and accountability systems.

Accountability - This element is an underlying belief that is present in all three phases. The end goal is for the young offender to hold him or herself accountable and expect to be held accountable throughout reintegration. This expectation must be modeled and taught throughout processes. The term applies not just to the performance of the youth but to the professionals charged with planning and providing services as well.

As noted in reentry/continuing care effectiveness research, the most common problem in reentry/continuing care program outcomes is the failure to implement intervention, treatment, surveillance, and support systems as designed.

A key part of the youth's accountability plan is a customized set of "graduated responses," meaning clear expectations for behavior matched with incentives and sanctions. Youths can begin this process in institutional settings and carry learned behaviors into the community. An effective accountability system requires teamwork between the caseworker, youth, family, and other service providers to consistently reinforce expected behaviors. For example, the use of individualized behavioral contracts supports concrete expectations tied to certain and specific responses.

Crisis response, relapse prevention and intervention, and individual and family counseling are common elements of effective accountability systems that support reintegration to the community.

Another important facet of "Accountability" in the Reentry/Continuing Care process is the critical need for accountability of all the actors within the system of care. Research on continuing care programs (along with juvenile justice programs in general) has found that many programs fail to implement services as planned. As Armstrong and Altschuler note in the "Intensive Aftercare" literature, all parties to transition plans must be willing to hold one another accountable for follow through on performance obligations.

Implementing Evidence-Based Practice in Community Corrections:
The Principles of Effective Intervention

CRIME & JUSTICE INSTITUTE

Project Vision: To build learning organizations that reduce recidivism through systemic integration of evidence-based principles in collaboration with community and justice partners.

Introduction and Background

Until recently, community corrections has suffered from a lack of research that identified proven methods of reducing offender recidivism. Recent research efforts based on meta-analysis (the syntheses of data from many research studies) (McGuire, 2002; Sherman et al, 1998), cost-benefit analysis (Aos, 1998) and specific clinical trials (Henggeler et al, 1997; Meyers et al, 2002) have broken through this barrier and are now providing the field with indications of how to better reduce recidivism.

This research indicates that certain programs and intervention strategies, when applied to a variety of offender populations, reliably produce sustained reductions in recidivism. This same research literature suggests that few community supervision agencies (probation, parole, residential community corrections) in the U.S. are using these effective interventions and their related concepts/principles.

The conventional approach to supervision in this country emphasizes individual accountability from offenders and their supervising officers without consistently providing either with the skills, tools, and resources that science indicates are necessary to accomplish risk and recidivism reduction. Despite the evidence that indicates otherwise, officers continue to be trained and expected to meet minimal contact standards which stress rates of contacts and largely ignore the opportunities these contacts have for effectively reinforcing behavioral change. Officers and offenders are not so much clearly directed what to do, as what not to do.

An integrated and strategic model for evidence-based practice is necessary to adequately bridge the gap between current practice and evidence supported practice in community corrections. This model must incorporate both existing research findings and operational methods of implementation. The biggest challenge in adopting better interventions isn't identifying the interventions with the best evidence, so much as it is changing our existing systems to appropriately support the new innovations. Identifying interventions with good research support and realigning the necessary organizational infrastructure are both fundamental to evidence-based practice.

Specificity regarding the desired outcomes is essential to achieving system improvement. -Harris, 1986; O'Leary & Clear, 1997

An Integrated Model

Evidence-based Principles

Organizational Development

Collaboration
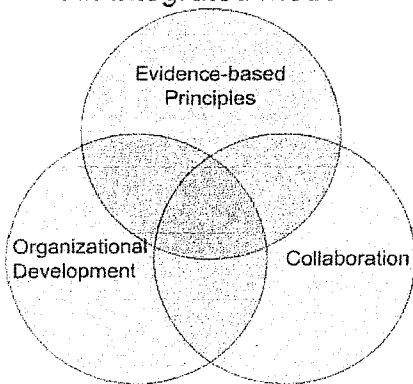
Scientific learning is impossible without evidence.

Evidence-Based Practice (EBP)

Evidence-based practice is a significant trend throughout all human service fields that emphasize outcomes. Interventions within corrections are considered effective when they reduce offender risk and subsequent recidivism and therefore make a positive long-term contribution to public safety.

This document presents a model or framework based on a set of principles for effective offender interventions within federal, state, local, or private community corrections systems. Models provide us with tangible reference points as we face unfamiliar tasks and experiences. Some models are very abstract, for example entailing only a set of testable propositions or principles. Other models, conversely, may be quite concrete and detail oriented.

The field of community corrections is beginning to recognize its need, not only for more effective interventions, but for models that integrate seemingly disparate *best practices* (Bogue 2002; Carey 2002; Corbett et al. 1999; Gornik 2001; Lipton et al. 2000; Taxman and Byrne 2001).

As a part of their strategy for facilitating the implementation of effective interventions, the National Institute of Correction (NIC), Community Corrections Division has entered into a collaborative effort with the Crime and Justice Institute to

(Continued from pg 1)

develop a model for implementing evidence-based practice in criminal justice systems. This *Integrated Model* emphasizes the importance of focusing equally on evidence-based practices, organizational change, and collaboration to achieve successful and lasting change. The scope of the model is broad enough that it can be applied to all components of the criminal justice system (pretrial, jail, probation, parole, private/public, etc.) and across varying jurisdictions (local, county, state, etc.).

> *Community corrections will only develop into a "science" as it increases its commitment to measurable outcomes.*

This model recognizes that simply expounding on scientific principles is not sufficient to guide the ongoing political and organizational change necessary to support implementation of evidence-based principles in a complex system. While this paper focuses on the evidence-based principles, there are two additional papers that focus on the other model components (organizational development and collaboration).

The evidence-based principles component of the integrated model highlights eight principles for effective offender interventions. The organization or system that is most successful in initiating and maintaining offender interventions and supervision practices consistent with these principles will likely realize the greatest recidivism reductions.

Clarifying Terms:

The terms *best practices*, *what works*, and *evidence-based practice* (EBP) are often used interchangeably. While these *buzz words* refer to similar notions, pointing out the subtle distinctions between them helps to clarify the distinct meaning of *evidence-based practices*.

For example, *best practices* do not necessarily imply attention to outcomes, evidence, or measurable standards. Best practices are often based on the collective experience and wisdom of the field rather scientifically tested knowledge.

What works implies linkage to general outcomes, but does not specify the kind of outcomes desired (e.g. just desserts, deterrence, organizational efficiency, rehabilitation, etc.). Specificity regarding the desired outcomes is essential to achieving system improvement (Harris 1986; O'Leary and Clear 1997).

In contrast, **evidence-based practice** implies that **1)** there is a definable outcome(s); **2)** it is measurable; and **3)** it is defined according to practical realities (recidivism, victim satisfaction, etc.). Thus, while these three terms are often used interchangeably, EBP is more appropriate for outcome focused human service disciplines (Ratcliffe et al, 2000; Tilley & Laycock, 2001; AMA, 1992; Springer et al, 2003; McDonald, 2003).

> *Any agency interested in understanding and improving outcomes, must reckon with managing the operation as a set of highly interdependent systems.*
>
> **(See Appendix A.)**

> *Two fundamentally different approaches are necessary for such an alteration in priorities.*
>
> **(See Appendix B.)**

The current research on offender rehabilitation and behavioral change is now sufficient to enable corrections to make meaningful inferences regarding what works in our field to reduce recidivism and improve public safety. Based upon previous compilations of research findings and recommendations (Burrell, 2000; Carey, 2002; Currie, 1998; Corbett et al, 1999; Elliott et al, 2001; McGuire, 2002; Latessa et al, 2002; Sherman et al, 1998; Taxman & Byrne, 2001), there now exists a coherent framework of guiding principles. These principles are interdependent and each is supported by existing research. *(see Appendix A)*

Evidence-Based Practice (EBP) (con't.)

The following framework of principles is listed in developmental order and they are all highly interdependent. For example, offender assessments must consider both risk to reoffend and criminogenic needs, in that order. Research indicates that resources are used more effectively when they are focused on higher-risk rather than lower-risk offenders, therefore considering offenders' risk to reoffend prior to addressing criminogenic needs allows agencies to target resources on higher-risk offenders *(see Appendix B).*

Eight Evidence-Based Principles for Effective Interventions

1. Assess Actuarial Risk/Needs.

2. Enhance Intrinsic Motivation.

3. Target Interventions.

    a. *Risk Principle:* Prioritize supervision and treatment resources for higher risk offenders.

    b. *Need Principle:* Target interventions to criminogenic needs.

    c. *Responsivity Principle:* Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.

    d. *Dosage:* Structure 40-70% of high-risk offenders' time for 3-9 months.

    e. *Treatment:* Integrate treatment into the full sentence/sanction requirements.

4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods).

5. Increase Positive Reinforcement.

6. Engage Ongoing Support in Natural Communities.

7. Measure Relevant Processes/Practices.

8. Provide Measurement Feedback.

---

1) **Assess Actuarial Risk/Needs.**

Develop and maintain a complete system of ongoing offender risk screening / triage and needs assessments. Assessing offenders in a reliable and valid manner is a prerequisite for the effective management (i.e.: supervision and treatment) of offenders. Timely, relevant measures of offender risk and need at the individual and aggregate levels are essential for the implementation of numerous principles of best practice in corrections, (e.g., risk, need, and responsivity). Offender assessments are most reliable and valid when staff are formally trained to administer tools. Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurately written procedures.

Questions to Ask:

- *Does the assessment tool we're using measure for criminogenic risk and need?*
- *How are officers trained to conduct the assessment interview?*
- *What quality assurance is in place to ensure that assessments are conducted appropriately?*
- *How is the assessment information captured and used in the development of case plans?*

Offender assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with offenders is just as important as formal assessment guided by instruments. Formal and informal offender assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and offenders throughout the jurisdiction of supervision.

(Andrews, et al, 1990; Andrews & Bonta, 1998; Gendreau, et al, 1996; Kropp, et al, 1995; Meehl, 1995; Clements, 1996)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

2) Enhance Intrinsic Motivation.

Staff should relate to offenders in interpersonally sensitive and constructive ways to enhance intrinsic motivation in offenders. Behavioral change is an *inside job*; for lasting change to occur, a level of intrinsic motivation is needed. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions, such as those with probation officers, treatment providers, and institution staff. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing, a style and method of communication used to help people overcome their ambivalence regarding behavior changes. Research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.

> **Questions to Ask:**
> - *Are officers and program staff trained in motivational interviewing techniques?*
> - *What quality assurance is in place?*
> - *Are staff held accountable for using motivational interviewing techniques in their day-to-day interactions with offenders?*

(Miller & Rollnick, 2002; Miller & Mount, 2001; Harper & Hardy, 2000; Ginsburg, et al, 2002; Ryan & Deci, 2000)

3) Target Interventions.

A. RISK PRINCIPLE: Prioritize supervision and treatment resources for higher risk offenders.

B. NEED PRINCIPLE: Target interventions to criminogenic needs.

C. RESPONSIVITY PRINCIPLE: Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.

D. DOSAGE: Structure 40-70% of high-risk offenders' time for 3-9 months.

E. TREATMENT PRINCIPLE: Integrate treatment into the full sentence/sanction requirements.

■ ■

a) Risk Principle

Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend. Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little if any net positive effect on recidivism rates. Shifting these resources to higher risk offenders promotes harm-reduction and public safety because these offenders have greater need for pro-social skills and thinking, and are more likely to be frequent offenders. Reducing the recidivism rates of these higher risk offenders reaps a much larger *bang-for-the-buck*.

Successfully addressing this population requires smaller caseloads, the application of well developed case plans, and placement of offenders into sufficiently intense cognitive-behavioral interventions that target their specific criminogenic needs.

(Gendreau, 1997; Andrews & Bonta, 1998; Harland, 1996; Sherman, et al, 1998; McGuire, 2001, 2002)

b) Criminogenic Need Principle

Address offenders' greatest criminogenic needs. Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism. Examples of criminogenic needs are: criminal personality; antisocial attitudes, values, and beliefs; low self control; criminal peers; substance abuse; and dysfunctional family. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.

(Andrews & Bonta, 1998; Lipton, et al, 2000; Elliott, 2001; Harland, 1996)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

(Continued from pg 4)

c) Responsivity Principle

Responsivity requires that we consider individual characteristics when matching offenders to services. These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, and learning styles. These factors influence an offender's responsiveness to different types of treatment.

The principle of responsivity also requires that offenders be provided with treatment that is proven effective with the offender population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with offenders under rigorous research conditions.

Providing appropriate responsivity to offenders involves selecting services in accordance with these factors, including:
a) Matching treatment type to offender; and
b) Matching style and methods of communication with offender's stage of change readiness.

(Guerra, 1995; Miller & Rollnick, 1991; Gordon, 1970; Williams, et al, 1995)

d) Dosage

Providing appropriate doses of services, pro-social structure, and supervision is a strategic application of resources. Higher risk offenders require significantly more initial structure and services than lower risk offenders. During the initial three to nine months post-release, 40%-70% of their free time should be clearly occupied with delineated routine and appropriate services, (e.g., outpatient treatment, employment assistance, education, etc.) Certain offender subpopulations (e.g., severely mentally ill, chronic dual diagnosed, etc.) commonly require strategic, extensive, and extended services. However, too often individuals within these subpopulations are neither explicitly identified nor provided a coordinated package of supervision/services. The evidence indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources.

(Palmer, 1995; Gendreau & Goggin, 1995; Steadman, 1995; Silverman, et al, 2000)

> **Questions to Ask:**
> - *How do we manage offenders assessed as low risk to reoffend?*
> - *Does our assessment tool assess for criminogenic need?*
> - *How are criminogenic risk and need information incorporated into offender case plans?*
> - *How are offenders matched to treatment resources?*
> - *How structured are our caseplans for offenders, especially during the three to nine month period in the community after leaving an institution?*
> - *How are staff held accountable for using assessment information to develop a case plan and then subsequently using that caseplan to manage an offender?*

e) Treatment Principle

Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process. Integrate treatment into sentence/sanction requirements through assertive case management (taking a proactive and strategic approach to supervision and case planning). Delivering targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the offender. This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible.

(Palmer, 1995; Clear, 1981; Taxman & Byrne, 2001; Currie, 1998; Petersilia, 1997, 2002, Andrews & Bonta, 1998)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

4) Skill Train with Directed Practice (using cognitive-behavioral treatment methods).

Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff. To successfully deliver this treatment to offenders, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the offender, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff. Correctional agencies should prioritize, plan, and budget to predominantly implement programs that have been scientifically proven to reduce recidivism.

(Mihalic, et al, 2001; Satchel, 2001; Miller & Rollnick, 2002; Lipton, et al, 2000; Lipsey, 1993; McGuire, 2001, 2002; Aos, 2002)

Questions to Ask:

- *How are social learning techniques incorporated into the programs we deliver?*
- *How do we ensure that our contracted service providers are delivering services in alignment with social learning theory?*
- *Are the programs we deliver and contract for based on scientific evidence of recidivism reduction?*

5) Increase Positive Reinforcement.

When learning new skills and making behavioral changes, human beings appear to respond better and maintain learned behaviors for longer periods of time, when approached with *carrots* rather than *sticks*. Behaviorists recommend applying a much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change. Research indicates that a ratio of *four positive to every one negative* reinforcement is optimal for promoting behavior changes. These rewards do not have to be applied consistently to be effective (as negative reinforcement does) but can be applied randomly.

Increasing positive reinforcement should not be done at the expense of or undermine administering swift, certain, and real responses for negative and unacceptable behavior. Offenders having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Offenders may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate graduated consequences, offenders and people in general, will tend to comply in the direction of the most rewards and least punishments.

This type of extrinsic motivation can often be useful for beginning the process of behavior change.

(Gendreau & Goggin, 1995; Meyers & Smith, 1995; Higgins & Silverman, 1999; Azrin, 1980; Bandura et al,1963; Bandura, 1996)

Questions to Ask:

- *Do we model positive reinforcement techniques in our day-to-day interactions with our co-workers?*
- *Do our staff understand and use the four-to-one theory in their interactions with offenders?*

6) Engage On-going Support in Natural Communities.

Realign and actively engage pro-social supports for offenders in their communities. Research indicates that many successful interventions with extreme populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the offender's immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts). In addition, relatively recent research now indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives that are geared towards improving bonds and ties to pro-social community members.

Questions to Ask:

- *Do we engage community supports for offenders as a regular part of case planning?*
- *How do we measure our community network contacts as they relate to an offender?*

(Azrin, & Besalel, 1980; Emrick et al, 1993; Higgins & Silverman, 1999; Meyers & Smith, 1997; Wallace, 1989; Project MATCH Research Group, 1997; Bonta et al, 2002; O'Connor & Perryclear, 2003; Ricks, 1974; Clear & Sumter; 2003; Meyers et al, 2002)

Eight Principles for Evidence-Based Practice (EBP) in Community Corrections (con't.)

7) Measure Relevant Processes/Practices.

Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess offender change in cognitive and skill development, and evaluate offender recidivism, if services are to remain effective.

In addition to routinely measuring and documenting offender change, staff performance should also be regularly assessed. Staff that are periodically evaluated for performance achieve greater fidelity to program design, service delivery principles, and outcomes. Staff whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the agency mission.

(Henggeler et al, 1997; Milhalic & Irwin, 2003; Miller, 1988; Meyers et al, 1995; Azrin, 1982; Meyers, 2002; Hanson & Harris, 1998; Waltz et al, 1993; Hogue et al, 1998; Miller & Mount, 2001; Gendreau et al, 1996; Dilulio, 1993)

> **Questions to Ask:**
>
> - *What data do we collect regarding offender assessment and case management?*
>
> - *How do we measure incremental offender change while they are under supervision?*
>
> - *What are our outcome measures and how do we track them?*
>
> - *How do we measure staff performance? What data do we use? How is that data collected?*

8) Provide Measurement Feedback.

Once a method for measuring relevant processes / practices is in place (principle seven), the information must be used to monitor process and change. Providing feedback to offenders regarding their progress builds accountability and is associated with enhanced motivation for change, lower treatment attrition, and improved outcomes (e.g., reduced drink/drug days; treatment engagement; goal achievement).

The same is true within an organization. Monitoring delivery of services and fidelity to procedures helps build accountability and maintain integrity to the agency's mission. Regular performance audits and case reviews with an eye toward improved outcomes, keep staff focused on the ultimate goal of reduced recidivism through the use of evidence-based principles.

> **Questions to Ask:**
>
> - *How is information regarding offender change and outcomes shared with officers? With offenders?*
>
> - *With whom do we share information regarding outcome measures?*
>
> - *How is staff performance data used in the performance evaluation process?*

(Miller, 1988; Project Match Research Group, 1997; Agostinelli et al, 1995; Alvero et al, 2001; Baer et al, 1992; Decker, 1983; Luderman, 1991; Miller, 1995; Zemke, 2001; Elliott, 1980)

Conclusion

Aligning these evidence-based principles with the core components of an agency is a consummate challenge and will largely determine the impact the agency has on sustained reductions in recidivism. In order to accomplish this shift to an outcome orientation, practitioners must be prepared to dedicate themselves to a mission that focuses on achieving sustained reductions in recidivism. The scientific principles presented in this document are unlikely to produce a mandate for redirecting and rebuilding an agency's mission by themselves. Leadership in organizational change and collaboration for systemic change are also necessary.

The framework of principles and the developmental model they comprise can and should be operationalized at three critical levels: 1) the individual case; 2) the agency; and 3) the system. At each of these levels thorough, comprehensive, and strategic planning will be necessary in order to succeed. Identifying, prioritizing, and formulating well-timed plans for addressing such particular issues are tasks requiring system collaboration and a focus on organizational development.

A final caveat here is a caution about implementation; the devil's in the details. Though the track record for program implementation in corrections may not be especially stellar, there is helpful literature regarding implementation principles. Prior to embarking on any implementation or strategic planning project, a succinct review of this literature is recommended (Mihalic & Irwin, 2003; Ellickson et al, 1983; Durlak, 1998; Gendreau et al, 1999; Gottfredson et al, 2000; Henggeler et al, 1997; Harris & Smith, 1996).

Initial assessment followed by motivational enhancement will help staff to prepare for the significant changes ahead.
(See Appendix C.)

At an organizational level, gaining appreciation for outcome measurement begins with establishing relevant performance measurement
(See Appendix D.)

Too often programs or practices are promoted as having research support without any regard for either the quality or the research methods that were employed.
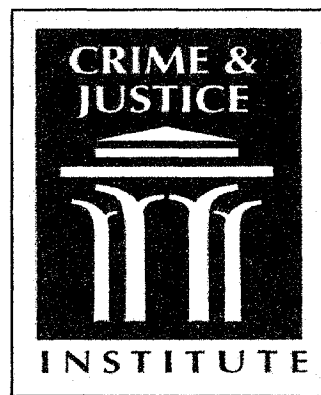**(See Appendix E.)**

Supporting the effective management and operation of the nation's community corrections agencies

Creative, collaborative approaches to complex social issues

The project team is committed to enhancing community corrections systems to better reduce recidivism using research-supported principles.

List of Appendices

Implementing Effective Correctional Management of Offenders in the Community:
An Integrated Model

Evidence-based Principles

Alignment with Principles & Values

Building policy & service delivery collaboratively

Reduce Recidivism

Organizational Development

Interdependency

Collaboration
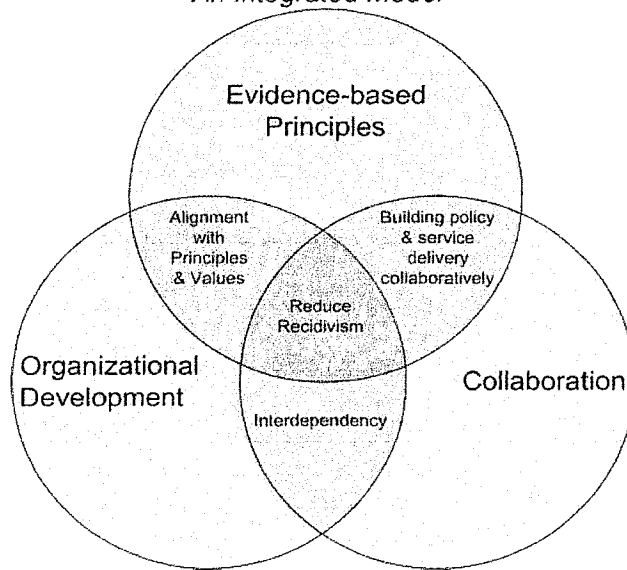
Appendix A: Components of Correctional Interventions

One way to deconstruct a community corrections treatment program for planning or evaluation purposes is to consider the separate aspects of the program experienced by an offender that might affect their outcome or potential for behavioral change. Researchers and practitioners are quick to recognize a number of common elements in all programs that have some potential impact on outcomes such as recidivism:

⇒ **(The Skills of Staff)**—a wide array of ongoing interpersonal relations specifically pertaining to the communication skills and interactions exercised between staff and offenders;

⇒ **(Decisions on Program Assignment)**—continuous programmatic decisions that match offenders to varying levels and types of supervision conditions;

⇒ **(Programming)** – services, i.e. both treatment and monitoring interventions;

⇒ **(Sanctions)**—determinations of accountability for assigned obligations and accompanying compliance consequences, i.e., both positive and negative reinforcements;

⇒ **(Community Linkages)**—formal and informal interfaces with various community organizations and groups;

⇒ **(Case Management)**—a case management system that relegates individual case objectives and expectations within a prescribed set of policies and procedures; and

⇒ **(Organization)**—internal (operational) and external (policy environment) organizational structures, management techniques, and culture.

Each of these factors can be construed as separate processes that interact with each other continuously in any community corrections setting (e.g., probation, parole, outpatient treatment, residential, etc.). Depending on how well the processes are aligned and managed, they can either enhance or diminish successful outcomes. An agency, for example, might provide an excellent cognitive skill-building curriculum that has good research support but is delivered by staff with relatively limited clinical skills. Conversely, an agency might be structured so that there is no differentiation of services (one size fits all) and the programming has limited or negligible research support, but staff's overall skills are excellent. A broad interpretation of the existing research suggests that each of the above seven factors have their own independent effect on successful outcomes.

Any agency interested in understanding and improving outcomes, must reckon with managing the operation as a set of highly interdependent systems. An agency's ability to become progressively more accountable through the utilization of reliable internal (e.g., information) controls is integral to EBP. This approach is based on established business management practices for measuring performance objectives and achieving greater accountability for specified outcomes. Providing routine and accurate performance feedback to staff is associated with improved productivity, profit, and other outcomes.

Appendix B: Implementing the Principles of Evidence-Based Practice

Implementing the principles of evidence-based practice in corrections is a tremendous challenge requiring strong leadership and commitment. Such an undertaking involves more than simply implementing a research recommended program or two. Minimally, EBP involves:

    a) developing staff knowledge, skills, and attitudes congruent with current research-supported practice (principles #1-8);

    b) implementing offender programming consistent with research recommendations (#2-6);

    c) sufficiently monitoring staff and offender programming to identify discrepancies or fidelity issues (#7);

    d) routinely obtaining verifiable outcome evidence (#8) associated with staff performance and offender programming.

Implementing these functions is tantamount to revolutionizing most corrections organizations. Nevertheless, many agencies are taking on this challenge and have begun to increase their focus on outcomes and shift their priorities. Two fundamentally different approaches are necessary for such an alteration in priorities. One brings insights gleaned from external research evidence to bear on internal organizational practices. The other increases organizational capacity to internally measure performance and outcomes for current practice. When these two interdependent strategies are employed, an agency acquires the ability to understand what's necessary and practicable to improve its outcomes. The following describes how these approaches support EBP in slightly different ways.

Outside (Evidence) — In Approach

Adopting research-supported program models fosters an outcome orientation and minimizes the syndrome of 'reinventing-the-wheel'. Insights, practices, and intervention strategies gleaned from external research can significantly improve the efficacy any program has if implemented with appropriate fidelity.

One approach to EBP is to pay strict attention to the external research and carefully introduce those programs or interventions that are supported by the best research evidence. There are a growing number of examples of internal promotion of external evidence-based programs. The Blueprint Project, conducted by the Center for the Study and Prevention of Violence uses independent outside research to promote the implementation of effective juvenile programs.

The National Institute of Justice commissioned research investigators to conduct similar reviews of both adult and juvenile offender programming, recommending programs according to the caliber of the research support (Sherman et al, 1998). The Washington State Institute for Public Policy regularly conducts and publishes similar reviews for adult and juvenile offender programming implemented in Washington (Aos, 1998).

What these strategies have in common is the promotion of research-supported external program models within internal implementation and operations. These are *outside-in* applications striving to replicate proven models with fidelity. This approach is limited by the fact that environmental, cultural, and operational features vary between organizations and often have significant effect on program efficacy (Palmer 1995). Thus, the second *inside-out* approach to evidence-based practice attends to these internal factors.

The Blueprint Project

The Blueprint Project, conducted by the Center for the Study and Prevention of Violence (CSPV), examined literature on over 500 different program interventions with at-risk or delinquent youth. Ten programs met CSPV's strict criteria for scientific support. These were labeled *Blueprint* programs, while programs that partially met the criteria were designated *Promising* (Mihalic et al. 2001).

CSPV documented the operational details of these programs and distributed the descriptions to practitioners, emphasizing the importance of maintaining fidelity to the program models.

Programs that were scientifically determined to produce systematic and significant results were identified and promoted through a central clearing-house.

Appendix B: Implementing the Principles of Evidence-Based Practice (con't.)

Inside (Evidence) — Out Approach

Developing and maintaining ongoing internal controls, particularly information controls related to key service components (e.g., treatment dosage, treatment adherence measures, etc.) ensures greater operational ability to effect outcomes.

The program evaluation, performance, and audit research literature emphasizes that insufficient information controls not only hamper program assessment, but impede program performance (Mee-Lee et al, 1996; Burrell, 1998; Lipton et al, 2000; Dilulio, 1993). Such internal control issues appear not only in program evaluation research, but also in organizational development, business, and systems analysis.
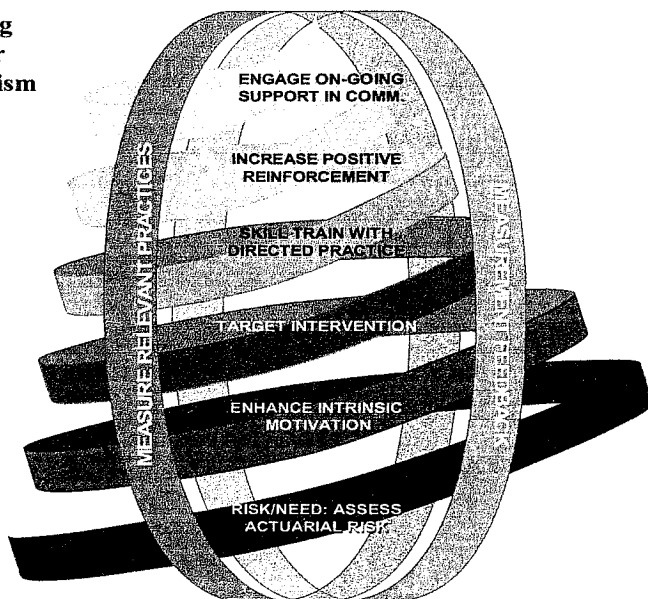
Internal controls provide information and mechanisms for ensuring that an agency will accomplish its mission (i.e., recidivism reduction). Agencies with *custodial* corrections orientations that emphasize *just-desserts* applications rarely utilize the same level of sophisticated information controls required by outcome-oriented corrections (Burrell 1998; Dilulio 1993; Lipton et al. 2000). Therefore, developing new methods for gathering operational information and then sharing and learning from them is a large part of the transition from *custodial* to outcome orientation in corrections.

Information controls necessary for implementing new or *best* practices specifically focus on key components within the desired practices. They include an ongoing process of identifying, measuring, and reporting key operational processes and functions:

⇒ Offender measures:	⇒ Operational measures:	⇒ Staff measures:
-Risk Level	-Program Availability	-Interpersonal skills
-Criminogenic Needs	-Program Integrity	-Abilities to discern anti-social thinking and behavior
-Motivation	-Program Quality Assurance Norms	-Attitudes and beliefs regarding interventions

Appendix C: Applying the Principles at the Case, Agency and System Levels

Eight Guiding Principles for Risk/Recidivism Reduction

ENGAGE ON-GOING SUPPORT IN COMM.

INCREASE POSITIVE REINFORCEMENT

SKILL-TRAIN WITH DIRECTED PRACTICE

TARGET INTERVENTION

ENHANCE INTRINSIC MOTIVATION

RISK/NEED: ASSESS ACTUARIAL RISK

The Eight Principles as a Guiding Framework

The eight principles *(see left)* are organized in a developmental sequence and can be applied at three fundamentally different levels:

1) the individual case;

2) the agency; and

3) the system.

Given the logic of each different principle, an overarching logic can be inferred which suggests a sequence for operationalizing the full eight principles.

Case Level
At the case level, the logical implication is that one must assess (principle #1) prior to triage or targeting intervention (#3), and that it is beneficial to begin building offender motivation (#2) prior to engaging these offenders in skill building activities (# 4). Similarly, positively reinforcing new skills (#5) has more relevancy after the skills have been introduced and trained (#4) and at least partially in advance of the offender's realignment with pro-social groups and friends (#6). The seventh (measure relevant practices) and eighth (provide feedback) principles need to follow the activities described throughout all the proceeding principles. Assessing an offender's readiness to change as well as ability to use newly acquired skills is possible anywhere along the case management continuum. These last two principles can and should be applicable after any of the earlier principles but they also can be considered cumulative and provide feedback on the entire case management process.

Agency Level
The principles, when applied at the agency level, assist with more closely aligning staff behavior and agency operations with EBP. Initial assessment followed by motivational enhancement will help staff to prepare for the significant changes ahead. Agency priorities must be clarified and new protocols established and trained. Increasing positive rewards for staff who demonstrate new skills and proficiency is straightforward and an accepted standard in many organizations. The sixth principle regarding providing ongoing support in natural communities can be related to teamwork within the agency as well as with external agency stakeholders. The seventh and eighth principles are primarily about developing quality assurance systems, both to provide outcome data within the agency, but also to provide data to assist with marketing the agency to external stakeholders.

System Level
The application of the Framework Principles at the system level is fundamentally no different than the agency level in terms of sequence and recommended order though it is both the most critical and challenging level. Funding, for most systems, channels through state and local agencies having either population jurisdiction or oversight responsibilities. Demonstrating the value of EBP is crucial at this level, in order to effectively engage the debate for future funding. However, as the scope and complexity increases with a system-wide application of these principles, the difficulties and challenges increase for communication, accountability, and sustaining morale. Therefore, in addition to adherence to a coherent strategy for EBP, development of implementation plans is warranted. Another distinction in applying the principles at the system level is the need for policy integration. The principles for EBP must be understood and supported by policy makers so that appropriate policy development coincides effectively with implementation. Once a system decisively directs its mission towards an outcome such as sustained reductions in recidivism, it becomes incumbent on the system to deliberately rely upon scientific methods and principles.

Appendix D: Seven Recommended Guidelines for Implementing Effective Interventions

Seven Recommended Guidelines for Implementing Effective Interventions

I.   *Limit new projects to mission-related initiatives.*

II. *Assess progress of implementation processes using quantifiable data.*

III. *Acknowledge and accommodate professional over-rides with adequate accountability.*

IV. *Focus on staff development, including awareness of research, skill development, and management of behavioral and organizational change processes, within the context of a complete training or human resource development program.*

V.   *Routinely measure staff practices (attitudes, knowledge, and skills) that are considered related to outcomes.*

VI. *Provide staff timely, relevant, and accurate feedback regarding performance related to outcomes.*

VII. *Utilize high levels of data-driven advocacy and brokerage to enable appropriate community services.*

These recommended guidelines for implementing effective interventions are based on recent preliminary implementation research as well as some of the collective experience and wisdom of the field. They are not necessarily based on scientifically tested knowledge.

I.   Limit new projects to mission-related initiatives.

Clear identification and focus upon mission is critical within business and the best-run human service agencies. When *mission scope creep* occurs, it has a negative effect on progress, morale, and outcomes.

(Harris & Smith, 1996; Currie, 1998; Ellickson et al, 1983)

II. Assess progress of implementation processes using quantifiable data.

Monitoring system implementations for current, valid information regarding progress, obstacles, and direction changes is pivotal to project success. These monitoring systems can not always be designed in advance but implementation plans should include provisions for obtaining this type of ongoing information.

(Harris & Smith, 1996; Burrell, 2000; Dilulio, 1993; Palmer, 1995; Mihalic & Irwin, 2003; Gottfredson et al, 2002)

Appendix D: Seven Recommended Guidelines for Implementing Effective Interventions (con't.)

III. Acknowledge and accommodate professional over-rides with adequate accountability.

No assessment tool, no matter how sophisticated, can (or should) replace a qualified practitioner's professional judgment. In certain instances, only human judgment can integrate and make the necessary subtle distinctions to adequately recognize and reinforce moral or behavioral progress. All professional over-rides need to be adequately documented, defensible, and made explicit.

(Burrell, 2000; Clear, 1981; Andrews, et al, 1990; Kropp, et al, 1995; Gendreau et al, 1999)

IV. Focus on staff development, including awareness of research, skill development, and management of behavioral and organizational change processes, within the context of a complete training or human resource development program.

Staff need to develop reasonable familiarity with relevant research. Beginning in the 1990's there has been tremendous growth in the volume and quality of corrections related research. Much of the more recent research is directly relevant to everyday operational practice, therefore it is incumbent on professionals in the field to keep abreast of this literature. The current research literature includes *in-house* investigations, internet resources, and other public sector articles, as well as professional and academic journal publications. This literature is also evolving and becoming more international and inter-disciplinary in scope.

It is the responsibility of agency leadership to assist in the successful dissemination of recent research findings relevant to respective classes of job performers. Informed administrators, information officers, trainers, and other organizational *ambassadors* are necessary to facilitate this function in larger agencies or systems. Effective fulfillment of this principle is essential to promoting *Learning Organizations*.

(Latessa, et al, 2002; Elliott, 1980; Harland, 1996; Andrews, 1989; Miller & Rollnick, 2002; Taxman & Byrne, 2001; Taxman, 2002; Baer, et al, 1999; Gendreau, et al, 1999; Durlak, 1998)

V. Routinely measure staff practices (attitudes, knowledge, and skills) that are considered related to outcomes.

Critical staff processes and practices should be routinely monitored in an accurate and objective manner to inform managers of the state of the operation. These measures occur at multiple levels (e.g., aggregate, for example: turnover and organizational cultural beliefs; and individual, for example: interviewing skills and ability to identify thinking errors) and should be organized accordingly and maintained in ongoing databases for the purposes of both supporting management and staff development.

(Gendreau, et al, 1999; Henggeler et al, 1997; Miller & Mount, 2001)

VI. Provide staff timely, relevant, and accurate feedback regarding performance related to outcomes.

Programs and agencies that want to produce better outcomes will ultimately learn to pay closer and more attention to what is involved in generating their own outcomes. Initially, agencies have much to learn and incorporate into policy from the generic research literature in corrections. Ultimately however, in order to achieve deeper adaptations and organizational support of effective practices, immediate, objective, and internal measures of the respective agency will be routinely required.

At an organizational level, gaining appreciation for outcome measurement begins with establishing relevant performance measures. Measuring performance implies a relationship between a given activity and a given output or outcome. These types of measures can be established at either the agency (aggregate) or individual job performer levels and there are several important issues related to establishing effective performance measures:

1) If a certain kind of performance is worth measuring, it's worth measuring right (with reliability and validity);

2) Any kind of staff or offender activity is worth measuring if it is reliably related to desirable outcomes;

3) If performance measures satisfy both the above conditions, these measures should be routinely generated and made available to staff and/or offenders, in the most user-friendly manner possible.

The primary ingredients of any correctional system or treatment program are staff and offenders. Therefore when a commitment emerges to develop greater focus on outcomes, it behooves management to learn how to better measure staff, offenders, and their related interactions. The latter is an evolutionary and ongoing process rather than change of operational components. Some examples of promising performance measures at the organizational level are: pro-portion of resource gaps at various treatment levels; degree of implementation and program fidelity; staff turnover; and organizational cultural norms. Examples of promising job performer level measures are: adequacy of communi-cation (motivational interviewing) skills; consistency in certain functions (e.g., assessment, case planning, treatment referrals); and caseload average *gain* scores for offender dynamic risk indicators.

(Burrell, 1998; Lipton, et al, 2000; Carey, 2002; O'Leary & Clear, 1997; Bogue, 2002; Maple, 2000; Henggeler, 1997; Miller & Mount, 2001)

VII. Utilize high levels of data-driven advocacy and brokerage to enable appropriate community services.

In terms of producing sustained reductions in recidivism, the research indicates that the treatment service network and infrastructure is the most valuable resource that criminal justice agencies can access. Collaborating and provid-ing research and quality assurance support to local service providers enhances interagency understanding, service credibility, and longer-term planning efforts. It also contributes to the stability and expansion of treatment services.

(Corbette, et al, 1999; Gendreau & Goggin, 1995; Gendreau, et al, 1993; Meyers & Smith, 1995; Bogue, 2002; Maple, 1999)

Appendix E: Levels of Research Evidence

This paper identifies eight principles from the research literature that are related to reduced recidivism outcomes. Research does not support each of these principles with equal volume and quality, and even if it did, each principle would not necessarily have similar effects on outcomes. Too often programs or practices are promoted as having research support without any regard for either the quality or the research methods that were employed. Consequently, we have established a research support gradient (*below*) indicating current research support for each principle. All of the eight principles for effective intervention fall between *EBP (Gold)* and *Promising EBP (Bronze)* in research support.

RESEARCH SUPPORT GRADIENT

GOLD
•Experimental/control research design with controls for attrition
•Significant sustained reductions in recidivism obtained
•Multiple site replications
•Preponderance of all evidence supports effectiveness

SILVER
•Quasi-experimental control research with appropriate statistical controls
  for comparison group
•Significant sustained reductions in recidivism obtained
•Multiple site replications
•Preponderance of all evidence supports effectiveness

BRONZE
•Matched comparison group without complete statistical controls
•Significant sustained reductions in recidivism obtained
•Multiple site replications
•Preponderance of all evidence supports effectiveness

IRON
•Conflicting findings and/or inadequate research designs

EBP (GOLD)

EBP (SILVER)

PROMISING EBP (BRONZE)

INCONCLUSIVE (IRON)

CONCLUSIVE DOESN'T WORK (DIRT)

DIRT
•Silver and Gold research showing negative outcomes
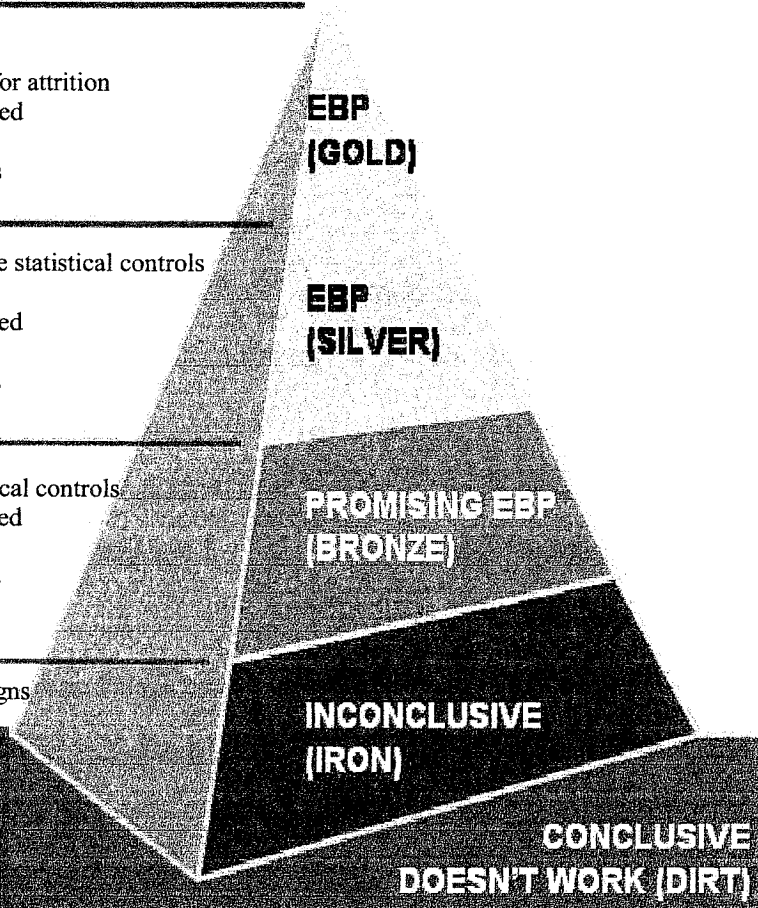
The five criteria listed above are similar to what has already been employed in a number of nationally recognized projects such as the Blueprints for Violence Prevention (Mihalic et al, 2001) and the National Institute of Justice's independent review of crime prevention programs (Sherman et al, 1998).

The highest quality research support depicted in this schema (gold level) reflects interventions and practices that have been evaluated with experimental/control design and with multiple site replications that concluded significant sustained reductions in recidivism were associated with the intervention. The criteria for the next levels of support progressively decrease in terms of research rigor requirements (silver and bronze) but all the top three levels require that a preponderance of all evidence supports effectiveness. The next rung lower in support (iron) is reserved for programs that have inconclusive support regarding their efficacy. Finally, the lowest level designation (dirt) is reserved for those programs that have research (utilizing methods and criteria associated with gold and silver levels) but the findings were negative and the programs were determined not effective.

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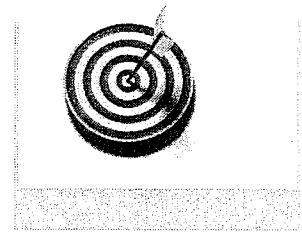
Performance Objectives

After completing this section you will be able to:

- Formulate strategies to implement a coordinated reentry/continuing care system.

Possible Strategies

- Developing community partnerships;

- Creating opportunities for community services to exist within institutions, facilities and other juvenile justice settings;

- Incorporating broad-based culturally specific and diverse services;

- Supporting the primary role of family and significant others; and

- Proposing strategies to recruit, train and retain a diverse work force to implement reentry/continuing care systems.

Talk Show
Activity Instructions

Sitting with members of your jurisdictional team, you will be in the role of audience members at an episode of the Oprah Winfrey Show featuring a panel discussion about elements of a successful reentry/continuing care systems. Your panel will be addressing the following issues:

- Developing effective partnerships with community stakeholders;

- Implementing community services in an institutional/facility setting, and other juvenile justice settings;

- Incorporating broad-based culturally specific/diverse services;

- Supporting the primary role of family/significant others in the reentry/continuing care process; and

- Proposing strategies to recruit, train, and retain a diverse, representative work force.

Developing effective partnerships with community stakeholders

- Key elements of why such partnerships are important and who to involve in such partnerships.

  _____
  _____
  _____
  _____
  _____
  _____

- Strategies for gaining the involvement of key individuals or organizations.

  _____
  _____
  _____
  _____
  _____
  _____

- What one or two issues resonated with you concerning forming partnerships with community stakeholders?

  _____
  _____
  _____
  _____
  _____

- What would be the biggest challenges to achieving these partnerships in your home jurisdiction?

  _____
  _____
  _____
  _____
  _____

Implementing community services

- Definition of "backed-in" services . . .

  _____
  _____
  _____
  _____
  _____

- Examples of such services.

  _____
  _____
  _____
  _____
  _____

- What one or two ways in which you already bring the community into your settings, for example, institutions/facilities in your home jurisdiction?

  _____
  _____
  _____
  _____
  _____

- What are one or two new ways you could try?

  _____
  _____
  _____
  _____
  _____

Incorporating broad-based culturally specific/diverse services

- Definition of broad-based specific/diverse services ...

  _____
  _____
  _____
  _____
  _____
  _____

- Key reasons for addressing this issue.

  _____
  _____
  _____
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  _____

- What culture groups/diversity issues should you consider when planning reentry/continuing care for your home jurisdiction?

  _____
  _____
  _____
  _____
  _____

- What are your personal strengths and struggles in this area?

  _____
  _____
  _____
  _____
  _____

Supporting the primary role of family/significant others

- Key reasons for
  family/significant other
  involvement in the
  reentry/continuing care
  process ...

  _____
  _____
  _____
  _____
  _____
  _____

- Strategies for gaining
  family/significant other
  involvement ...

  _____
  _____
  _____
  _____
  _____

- What are two or three
  additional things you could
  do to involve family in your
  home jurisdiction?

  _____
  _____
  _____
  _____
  _____

- How would you go about
  implementing them?

  _____
  _____
  _____
  _____
  _____

Proposing strategies to recruit, train, and retain a diverse, representative work force

- Key components of the
  continuum of services ...

  _____

  _____

  _____

  _____

  _____

- Possible elements of a
  recruitment strategy ...

  _____

  _____

  _____

  _____

  _____

- Key elements of an
  appropriate staff training
  program ...

  _____

  _____

  _____

  _____

  _____

- How can you collaborate
  with others to ensure that the
  training outcomes discussed
  are met in your home
  jurisdiction?

  _____

  _____

  _____

  _____

  _____

Proposing strategies to recruit, train, and retain a diverse, representative work force

- What are the top five skills or competencies that are critical in staff working with youth?

  _____
  _____
  _____
  _____
  _____
  _____

- How can you find people with these skills?

  _____
  _____
  _____
  _____
  _____

Section 7

Systems of Care

. . . .

**The Critical Elements of
Reentry/Continuing Care Systems**
. . . . . .

Performance Objectives
. . . .

Formulate strategies to implement a
coordinated reentry/continuing care
system.

Activity
Panel Discussion Topics
. . . .

Developing effective partnerships

Implementing community services in juvenile justice
settings

Incorporating broad-based culturally
specific/diverse services

Supporting primary role of family

Strategies to recruit, train, and retain diverse,
representative work force
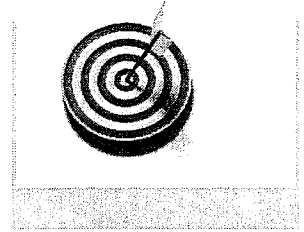
Performance Objectives

After completing this section you will be able to:

- Formulate goals and objectives of reentry/continuing care services;

- Identify meaningful reentry/continuing care performance measures;

- Develop methods of collecting and reporting measures;

- Utilize performance information to describe outcomes related to reentry/continuing care services provided, and to recommend modifications to the reentry/continuing care services; and

- Design strategies within uses and limitations of non-scientific methods of evaluating reentry/continuing care services.

Evaluation Practice

Part One
Goals, Indicators, Components and Performance Measures

In your jurisdictional team, use the following guide to help you practice developing components of an evaluation process for your reentry/continuing care system. Please chart your ideas for report out to the larger group.

Identify an overarching "goal"
of reentry/continuing care
(not specific program goals
like substance abuse
programs).

_____

_____

_____

_____

_____

Come up with one
"measurable indicator" that
might indicate trends over
time in achieving the
overarching goal identified in
'a'.

_____

_____

_____

_____

_____

Select one component of your
reentry/continuing care
services and briefly explain
how this component would
help to achieve the above
goal.

_____

_____

_____

_____

_____

Identify one performance
measure you might collect to
track the performance of
youth served in the program
component selected in 'c'.

_____

_____

_____

_____

_____

Briefly identify characteristics
of youth who would be served
in the component selected in
'c'.

_____

_____

_____

_____

_____

Evaluation Practice

Part Two
How do we interpret trends?

- *In your jurisdictional team, discuss what the trends depicted in the following graphs might mean and write a couple of statements about how these results might appear in a summary report. Assume these graphs refer to data collected on the goals and measure you identified in Part One of this activity.*
- *Have a recorder from your group chart these sentences on newsprint so that all participants can review them.*

Graph #1
Assume that for the goal indicators and program outcomes, that higher is better.

Summary Report Statements

_____

_____

_____

_____

_____

_____

_____

_____

Graph #2

- Assume that for the goal indicators and program outcomes, that higher is better.
- Assume that for profiles of clients served, higher is higher risk or more serious problems.
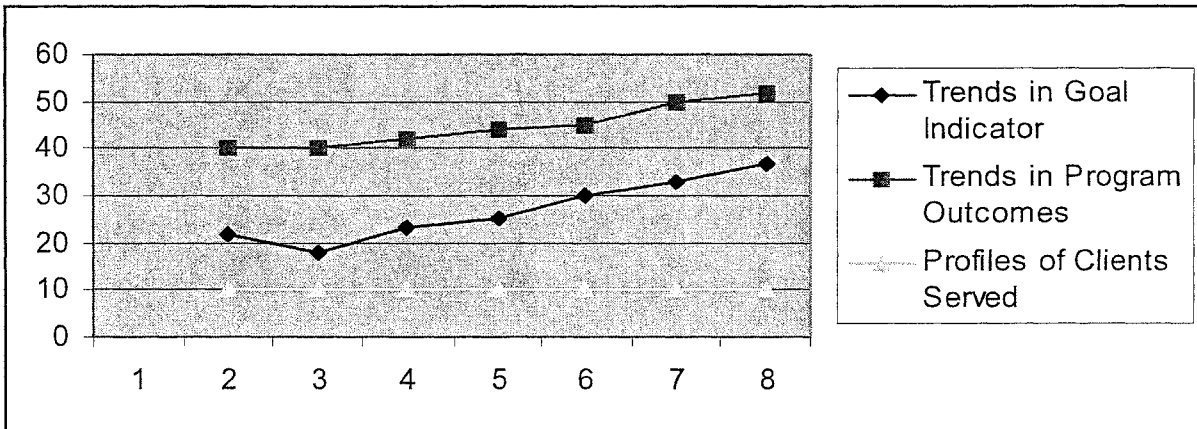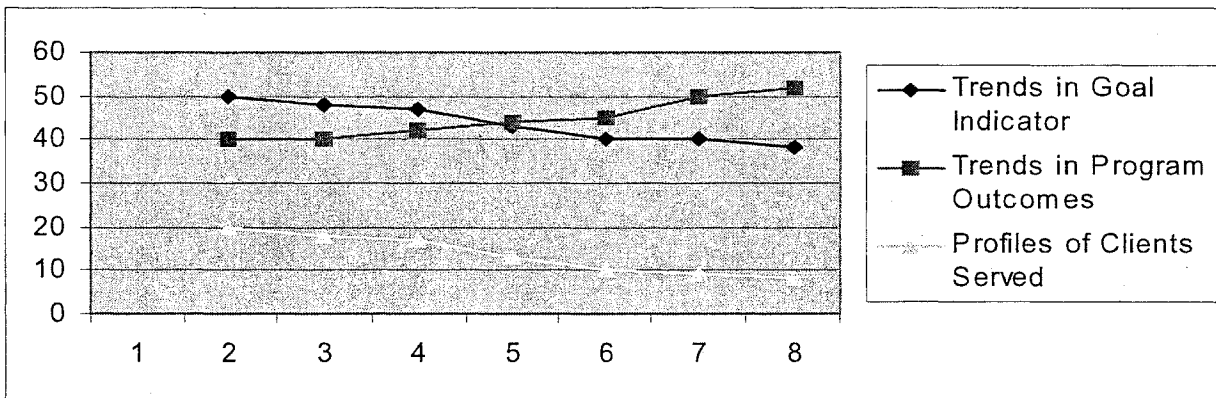
Summary Report Statements

_____

_____

_____

_____

_____

_____

_____

_____

Section 8
Evaluation of Reentry/Continuing
Care Systems: Systems Engineering in
Practice

The Critical Elements of
Reentry/Continuing Care
Systems

Performance Objectives

❖ Formulate goals and objectives of reentry/continuing
  care services;
❖ Identify meaningful reentry/continuing care
  performance measures;
❖ Develop methods of collecting and reporting
  measures;
❖ Utilize performance information to describe outcomes
  related to reentry/continuing care services provided,
  and to recommend modifications to the
  reentry/continuing care services; and
❖ Design strategies within uses and limitations of non-
  scientific methods of evaluating reentry/continuing
  care services.

I'm Here To Evaluate!

o Critical/judgmental
o Routine
o Not complete
o "Double-speak"
o Mathematical
o Limited feedback
o No course of action
   o Ill-advised actions
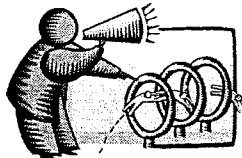
Why Evaluate?

o Understand the current status of program
o Strengthen, reinforce, & amend program
o Determine efficient & effective use of resources
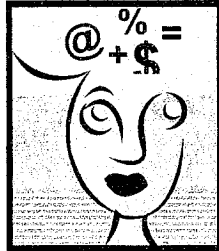
Presentation Overview
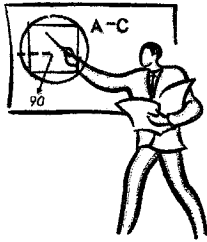
o Theory
o Types of evaluation
o Evaluating program design
o Using data in evaluation
o Five steps to evaluation

Easton's Systems Model*

Inputs ⇨ **Process** ⇨ **Outcomes**

Content + *Process* = *Aftercare System*

*David Easton, "Categories for the Systems Analysis of Politics" in Bernard Susser, *Approaches to the Study of Politics*, 1992 with introductory essay by Bernard Susser.

Organizational Inputs

o Youth
o Funding
o Parole officers
o TX providers
o Judicial/Bench
o EHM/drug testing
o Parents
o Victims/Community
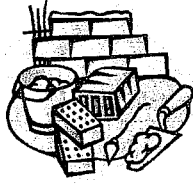
Organizational Processes

o Assessment
o Case-planning
o Institutional TX
o Pre-release
o Transition
o Victim involvement
o Community reintegration

Organizational Outcomes

o Recidivism
o Restitution
o No relapse (SAs)
o Employment
o Education
o Restorative justice
o Community reentry

3

Common Types of Evaluation
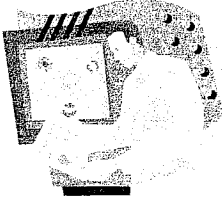
o Process Evaluation

o Outcome Evaluation

o Cost-Benefit Analysis

Process Evaluation
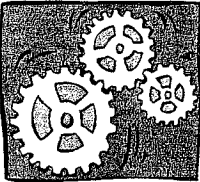
Focuses on the **Internal Processes** of an organization

o Describes the program model
o Analyzes quantitative and qualitative characteristics
o Determines program fidelity

Process Evaluation (Example)

Substance Abuse TX
o Program model (Cognitive-behavior)
o Adherence to contact & TX standards
o Staff & licensing requirements
o Number of clients served

4
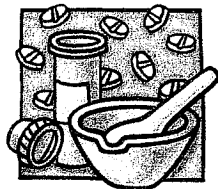
Outcome Evaluation

Focuses on **impact & results** of an organization

o Was the program or project effective?

o Did it reach targeted goals?

o Did the organization achieve its mission?
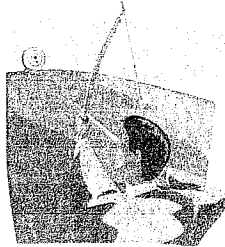
Outcome Evaluation (Example)

Vocational Program

- % of youth employed
- % of youth able to pay restitution
- Total $ collected in taxes
- Recidivism

Cost-Benefit Analysis

Attempts to balance observed outcomes with an accounting of expended inputs.

o Is the program worth it?

o How much "bang is there for the buck"?

o Is there adequate "return on the investment"?

Cost-Benefit (Example)

Use of GPS Surveillance
- o Number of escapees recaptured per $
- o Number of crimes avoided per $
- o Cost of GPS v. other alternatives
- o Cost of public safety
- o Cost of crime

Sequential Order of Evaluation

Process   **Outcome**   **Cost-Benefit**

PROCESS EVALUATION — OUTCOME EVALUATION — COST-BENEFIT ANALYSIS
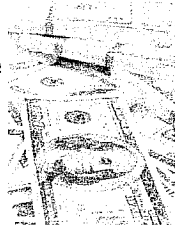
Evaluating Program Design
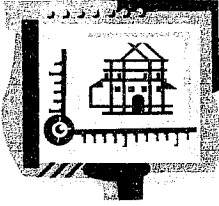
Why This Program?

o Historical program?
o Political program?
o Grant-funded?
o Gap in services
   (underserved population)?
o Proven program?
o Just a hunch?

Evaluating Program Design

o What is the **overarching goal**?
o What are the **measurable indicators** of the system?
o How does the **general program components** contribute to overall success?
o What are the **performance measures** of the program?
o Whose is the **targeted population**?

Overarching Goals

What is the mission of the organization?

o Public safety
   (Recidivism)
o Rehabilitation of the offender
o Victim involvement
o Community involvement
o Restorative justice
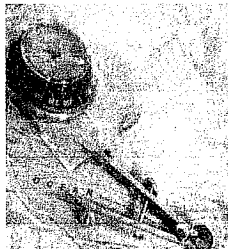
Measurable Indicators

How do you know the mission is being accomplished?
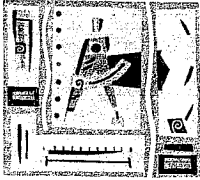
o State-wide recidivism rates

o Victim/community surveys

o State-wide employment/ education rates

o Substance use/relapse rates

General Program Component

How does the program component contribute to the overarching goal?

The use of psychotropic medications and counseling promotes the **rehabilitation** of youth with severe mental health problems.
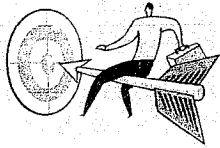

Performance Measures

Individual indicators of performance
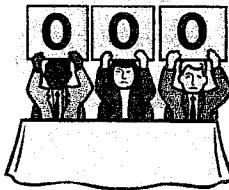
o Did the youth successfully discharge from parole?

o Dollars paid to restitution

o Days drug-free

Targeted Population

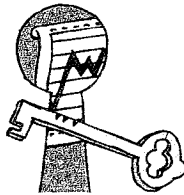*The characteristics of the youth for whom the program was designed.*

o Gender-specific
o High-risk
o Sex-offenders
o Violent offenders
o Substance abusers

Using Data in Evaluation

Key in uncovering trends and "proving" the success of programs

o Successfully advocate and defend programs
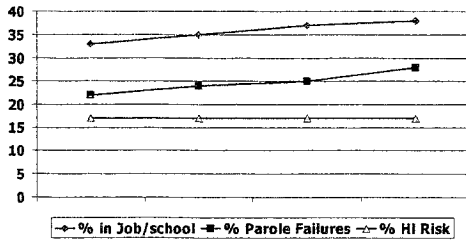o Abandon ineffective programs that are politically popular
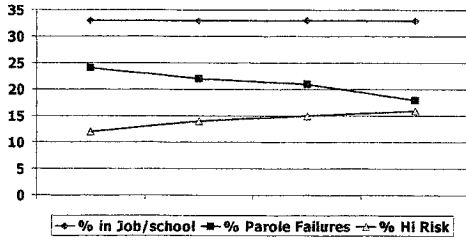
Strength of Scientific Evidence

o **Weak:** Reliable, powerful correlation test
o **Moderate:** Temporal ordering of cause and effect
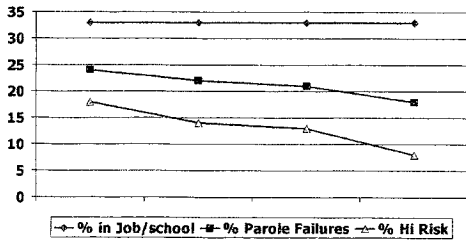o **Strong:** Elimination of major rival hypotheses
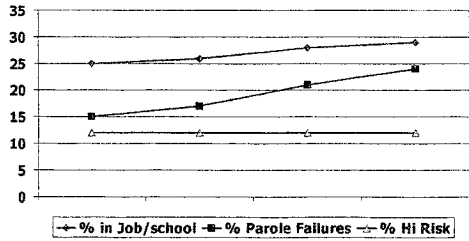
9

Educational Program (Low Goal Adherence)

(Chart: Y-axis 0 to 40. Legend: —♦— % in Job/school —■— % Parole Failures —△— % Hi Risk)

Educational Program (Other Explanatory Options)

(Chart: Y-axis 0 to 35. Legend: —♦— % in Job/school —■— % Parole Failures —△— % Hi Risk)

Educational Program (Target Population Shifts)

(Chart: Y-axis 0 to 35. Legend: —♦— % in Job/school —■— % Parole Failures —△— % Hi Risk)

10

Educational Program
(Program Congruence)

Chart legend: % in Job/school — % Parole Failures — % Hi Risk

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Five Steps To Evaluation
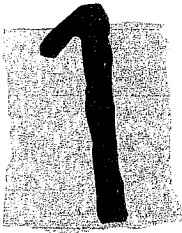
Identify the larger goal

o Typically outlined in an Organization vision or mission statement

o Raison d'etre for the Organization

Five Steps To Evaluation

Develop program objectives

o What is the intended goal of the program?

o How does the program relate to the overarching goals of the Organization?

Five Steps To Evaluation

3

Identify appropriate measures

o Ensure that success or failure of the program can be objectively measured

o Measures should be meaningful and related to goal
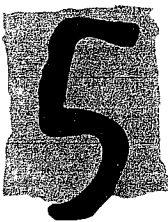

Five Steps To Evaluation

4

Consider other influences affecting performance

o What else is going on in your system?

o Other influences may hide successes or "make a bad program look good"

Five Steps To Evaluation

5

Link to systemic program improvement process

o Graph the data
o Discuss results
o Reinforce success
o Modify program failure to produce future success

"Finding-Centered" Evaluation Design (Action Oriented)