

# Evidence-based Practices and Programming Subgroup: Community Based Programming

## Overview

Research consistently demonstrates that providing programming for juvenile offenders and CINCs in their communities improves outcomes for most youth, while simultaneously saving the state money and promoting public safety. In particular, research strongly suggests that family based interventions, outpatient substance use treatment and prevention, and rural service delivery can all reduce the recidivism rates of juvenile offenders.

## Kansas Specific Findings

- Youth are referred to the same services in the community regardless of whether they are on community supervision or are in a non-secure placement though DCF custody or KDOC Case Management
- When surveyed, most CCOs and CSOs report there are not enough services in the community and that services are too costly and have long waitlists
  - Services are also difficult to access based on driving times and transportation barriers
- IV-E funding mechanism supports OOH population services but not community-based services
- Evidence-based program MST with Wyandotte County has contributed to 26% decrease in out-of-home placements
- ISP, Case Management and JCF youth all have low proportion of youth who score high on family, attitudes needs and a higher proportion of youth who score high on leisure, peer, and substance use

## Research

### ***Developmentally appropriate, comprehensive, integrated treatment approaches are most effective<sup>1</sup>***

- It is recommended that substance abuse programs be comprehensive and address all aspects of an adolescent's life, and that treatments be designed to reflect the developmental differences between adults and adolescents.
- Substance abuse programs should not directly import practices from adult programs. Adults in treatment programs are more likely to be high-risk and have longer-term substance abuse problems.

### ***Family-based programming for youth repeatedly found to reduce likelihood of reoffending.***

- A meta-analysis showed that youth in family-based programs had a 16 percentage point reduction in the likelihood of offending (from 50% to 34%) across all studies.<sup>2</sup>
- [Cost-benefit analysis](#) from the Washington State Institute of Public Policy reiterates that family-based programming improves youth outcomes.
- MST and BSFT (and family-based programs that include similar treatment elements) are associated with reduced aggression as well as improved family functioning.<sup>3</sup>

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<sup>1</sup> Brannigan et al. 2004

<sup>2</sup> Farrington and Welsh. 2003. Family-based Prevention of Offending: A Meta-analysis. *Australian and New Zealand Journal of Criminology* 36: 127-51.

<sup>3</sup> Robbins and Szapocznik. 2000. "Brief Strategic Family Therapy." *OJJDP Juvenile Justice Bulletin* (April).

Family therapy has also proven effective for juvenile sex offenses.<sup>4</sup> Juvenile MST participants had substantially lower recidivism rates for sexual offenses (8% vs. 46% for usual community services) and nonsexual offenses (29% vs. 58% for usual community services).<sup>5</sup>

***Family-based therapy particularly effective in reducing juvenile substance use***<sup>6,7,8</sup>

- Family therapy is found to reduce substance use even at 12+ month follow-ups and is associated with reduced rates of reoffending
- Four family therapy types— Multidimensional Family Therapy (MDFT), Multisystemic Therapy (MST), Brief Strategic Family Therapy (BSFT), and Functional Family Therapy (FFT) — are consistently found to be effective in treating youth with substance abuse problems. All four are found to be nearly equally effective<sup>9</sup>
  - MDFT is the only non-proprietary family therapy program

***Individual cognitive-behavioral therapy (CBT) more effective than group***<sup>10</sup>

- Individual cognitive-behavioral therapy (CBT) and other therapeutic approaches are effective for youth with substance abuse disorders. Results show mixed effectiveness of group cognitive-behavioral therapy. Many authors point to the risks of other group members undermining treatment goals, like glorifying drug use in conversations<sup>11</sup>
- A well-trained clinician following strong CBT protocols is recommended with any group treatment for youth substance abuse.

***Training of qualified staff particularly key to successfully community interventions***<sup>12</sup>

- Substance abuse program staff should be trained in adolescent development, co-occurring mental disorders, substance abuse, and addiction.
- Staff should also have training on gender and cultural competence.

***Specialized engagement and retention protocols reduce program failure***<sup>13</sup>

- Failure rates are typically high, but programs can boost them relatively easily with specialized engagement strategies to increase retention rates.<sup>14</sup>
  - The standard engagement practice is to make one initial phone contact to schedule a first session.<sup>15</sup>
  - Well-articulated, intensive, family-based engagement strategies are important.
  - Coercive court and school mandates aren't always needed to obtain high retention rates.

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<sup>4</sup> St. Amand et al. 2008

<sup>5</sup> Borduin, Schaeffer, and Heiblum 2009

<sup>6</sup> Baldwin, Christian, Berkeljon, and Shadish. 2012. "The Effects of Family Therapies for Adolescent Delinquency and Substance Abuse: A Meta-Analysis." *Journal of Marital & Family Therapy* 38: 281-304.

<sup>7</sup> Hogue and Liddle. 2009. "Family-based treatment for adolescent substance abuse: Controlled trials and new horizons in services research." *Journal of Family Therapy* 31: 126-54.

<sup>8</sup> Tanner-Smith et al (2013).

<sup>9</sup> Baldwin et al. 2012

<sup>10</sup> Tanner-Smith et al. 2013

<sup>11</sup> NIDA 2014, p.23; Cho, Hallfors, Sanchez 2005

<sup>12</sup> Brannigan et al. 2004

<sup>13</sup> Hogue and Liddle, 2009; Liddle et al. 2011

<sup>14</sup> Liddle et al. (2011), p.596

<sup>15</sup> Hogue and Liddle 2009, p. 3

### ***Mentoring programs reduce recidivism when clearly designed and implemented well<sup>16</sup>***

- Washington State Institute for Public Policy (WSIPP) and NIJ's CrimeSolutions.gov—assign an “evidence-based” and “effective” respectively evidence rating for mentoring based on meta-analyses demonstrating moderate reductions in offending among youth participants.<sup>17,18</sup> In one particularly extensive meta-analysis, mentoring programs are associated with a 21% reduction in recidivism, controlling for differences in characteristics of the studies' samples of youths.<sup>19</sup>
- There is substantial variation in the types of juvenile mentoring programs, and many evaluations provide little clarity about the design and nature of juvenile mentoring programs. Tolan et al. (2013, 36) further contends that the “lack of attention to intervention design features and program characteristics is particularly of note because mentoring is one of the most common and most favored approaches for prevention of risk and youth development.”
- Whether a juvenile mentoring program is successful depends on how well it's implemented, according to many studies.<sup>20</sup>
- Big Brothers Big Sisters is a community mentoring program which matches a volunteer adult mentor to an at-risk child or adolescent to delay or reduce antisocial behaviors; improve academic success, attitudes and behaviors, peer and family relationships; strengthen self-concept; and provide social and cultural enrichment. A randomized evaluation of youth in eight Big Brothers Big Sisters organizations demonstrated: 1) Cuts illicit drug initiation 46%; 2) Reduces alcohol initiation 27% (marginally significant); 3) Less likely to hit someone; 4) Significant reductions in truancy and cutting class; and 5) Marginally significant positive effects for Grade Point Average. Significant Program Effects on Risk and Protective Factors.<sup>21</sup>

### ***Multi-Systemic Therapies Address Unique Challenges of Treating Juvenile Offenders in Rural Areas<sup>22</sup>***

- Treatment session frequency and duration can be affected by long travel times for therapists, who can also find it hard to be in contact with the various agencies and supports, and there are “limited organized recreational activities.” Supervision, cooperation and “exchange of information among colleagues” can also be lacking in rural areas.
- MST's “home-based model of service delivery addresses the lack of transportation, the time required for travel to a therapist's office, the caregiver's need for childcare, and the potential

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<sup>17</sup> <https://www.crimesolutions.gov/PracticeDetails.aspx?ID=15&outcome=192#192>;

[http://www.wsipp.wa.gov/ReportFile/1610/Wsipp\\_Updated-Inventory-of-Evidence-based-Research-based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems\\_Inventory.pdf](http://www.wsipp.wa.gov/ReportFile/1610/Wsipp_Updated-Inventory-of-Evidence-based-Research-based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Inventory.pdf).

<sup>18</sup> Tolan, Henry, Schoeny, Bass, Lovegrove, and Nichols. 2013. “Mentoring Interventions to Affect Juvenile Delinquency and Associated Problems: A Systematic Review.” The Campbell Collaboration, available at:

<http://www.campbellcollaboration.org/lib/project/48/>

DuBois, David L., Nelson Portillo, Jean E. Rhodes, Naida Silverthorn, and Jeffrey C. Valentine. 2011. “How Effective Are Mentoring Programs for Youth? A Systematic Assessment of the Evidence.” *Psychological Science in the Public Interest* 12:57–91.

DuBois, David L., B. Holloway, Jeffrey C. Valentine, H. Cooper. 2002. “Effectiveness of Mentoring Programs for Youth: A Meta-Analytic Review.” *American Journal of Community Psychology* 30: 157-97.

<sup>19</sup> Lipsey (2009)

<sup>20</sup> Yelderman and Thomas 2015

<sup>21</sup> <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=112>

<sup>22</sup> “Randomized Trial of MST and ARC in a Two-Level EBT Implementation Strategy,” *J Consult Clin Psychol*. 2010 Aug; 78(4): 537–550, Charles Glisson, Sonja K. Schoenwald, Anthony Hemmelgarn, Philip Green, Denzel Dukes, Kevin S. Armstrong, and Jason E. Chapman.

stigma associated with going to a mental health clinic. Similarly, the low caseloads, and flexible hours required, allow therapists to expend intensive and sustained effort” with families.

- MST can be applied in the specific context of rural communities with all their limitations and challenges (e.g., difficulty coordinating multiple agencies, transportation to or by services), as well as their strengths (family support)
- An increase of 3 miles to community-based outpatient juvenile treatment is associated with a 100% increase in the odds of non-completion due to dropout.<sup>23</sup>

#### ***When Properly Tailored, School-Based Interventions May Be Particularly Effective<sup>24</sup>***

- Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events. Outcomes include “statistically significant decrease in PTSD and depressive symptoms.”
- Positive Action, “is designed to improve academic achievement, school attendance, and problem behaviors such as substance use, violence, disruptive behaviors, dropping out, and risky sexual behaviors.” “Participation in the program demonstrated statistically significant improvements in school performance and behaviors, 71% reduction in substance use in the middle school population, and a 49% reduction in substance use in the high school population.”
- [PBIS](#): The Safe & Civil Schools Positive Behavioral Interventions and Supports (PBIS) Model is a school-based EBP. It “is an application of positive behavior support (PBS), a set of strategies or procedures designed to improve behavior by employing positive and systematic techniques. . . . The intervention provides tools and strategies to help educators . . . establish proactive, positive (non-punitive), and instructional schoolwide discipline policies [and] manage student misbehavior . . . .”
  - “Implementation involves delivery of professional development services (e.g., in-service training, workshops, conferences), ongoing on-site coaching and support, and materials (e.g., books, DVDs, CDs) by the program developer to all members of a school's staff, typically over a 1- to 3-year period.”

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<sup>23</sup> Lockwood 2012

<sup>24</sup> Rural Assistance Center

## Kansas County and Pilot Examples

- Douglas County's Working to Recognize Alternative Possibilities (WRAP) program places mental health professionals in schools to provide assessment, prevention, referral, and other services to students and their families. It aims to reduce mental health problems, drug use, delinquency, and truancy. It's also intended to be an alternative to sanctions in schools.
  - "The National Institute on Drug Abuse has identified 16 prevention principals which have been incorporated into the WRAP intervention and prevention programs. This research has shown that each dollar invested in prevention, saves up to \$10 in treatment" (WRAP 2007 budget justification).
  - In general, WRAP appears to utilize many evidence-based practices, including therapeutic-oriented activities, family involvement, and non-punitive youth contact. Research supports these approaches more than school resource officer (SRO) involvement.
- Functional Family Therapy (FFT):
  - Current FY KDOC budget reallocated \$500k for evidence-based models. As part of the memorandums of agreement, seven districts who will benefit from FFT have agreed that they will achieve a 20% reduction in custody populations by end of year one (12/31/16).
  - The involved districts are 4<sup>th</sup>, 6<sup>th</sup>, 11<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup>, 19<sup>th</sup>, 31<sup>st</sup>
- Sex Offender RFP
  - Courts will have access to sex offender specific assessment and community based treatment that is targeted to keep kids at home on probation in lieu of placement in secure or non-secure facilities.
- MST pilot
  - Wyandotte County
  - Expansion into 10<sup>th</sup> judicial district- Johnson County

## State Examples

- Kentucky
  - Kentucky SB200 requires that 50% of state spending on Department of Juvenile Justice programs (probation and facilities) shall use evidence-based practices by 2016, and 75% by 2018<sup>25</sup>
- Georgia
  - Georgia HB242 appropriated \$5.6 million in FY 2014 to fund the Juvenile Reinvestment Grant Program, a voluntary program for counties to choose from seven different evidence-based programs for youth. Grants were awarded through a competitive process, and recipients had to meet certain criteria (including the use of one of five model evidence-based programs) and performance goals (including a 20 percent reduction in commitments to state facilities).
- Nebraska
  - Nebraska's 2015 LB500 bill requires the state to apply for an amendment to the state Medicaid plan to require coverage for MST and FFT.
- Louisiana
  - Louisiana gave authority to districts to enter into cooperative agreements with service providers to establish evidence-based programs for court-involved youth, and funded a

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<sup>25</sup> <http://www.lrc.ky.gov/record/14RS/sb200.htm>

statewide FFT program. The state went from serving 199 families in 2006 with just 6 MST teams, to serving 2,235 families with 36 MST teams and 8 FFT teams in 2011.

- Connecticut
  - [Connecticut](#) went from spending \$300,000 on evidence-based community programs in 2000 to \$39 million in 2009. The state invested in programs that are home-based and family- focused, such as MST and Multidimension Therapy (MDT). More than 5,000 youth are served by these non-residential, evidence-based programs.
- Tennessee
  - The Tennessee Evidence-Based Law requires that state funds for juvenile justice programs are spent only on evidence-based programs: 25% during FY09-10, 50% during FY10-11, 75% during FY11-12, and 100% during FY12-13 and each fiscal year thereafter.<sup>26</sup>
- South Dakota
  - [S.B. No. 73](#) tasked the oversight council with reviewing efforts by the DSS to ensure delivery of treatment in rural areas and to Native American youth and related performance measures.
  - Telehealth is planned and a (non-statutory) rate increase of 18% for providers to deliver interventions in rural areas is in the budget.
- Cincinnati
  - Cincinnati Youth Collaborative (CYC) is a mentoring program developed in 1987. Matz (2014): “CYC possesses a strong, school-based component that involves pairing mentees with paid youth advocates who supervise academic progress in addition to other activities, such as weekly meetings, home visits, and building relationships with the mentees’ relatives.”<sup>27</sup> CYC led to improved, pro-social behavior among mentees and also improved school performance according to evidence summarized by Matz.
- Florida, Maryland, Ohio, Pennsylvania, Texas: Youth Advocacy Program
  - Labeled as a “promising practice”, “The YAP services model incorporates specific practice principles, strategies and interventions from the fields of *wraparound and advocacy/mentoring*, with more recent contributions from interventions supported by research in the growing field of *positive youth development*. What has evolved within YAP is a unique and multi-faceted holistic services model designed to achieve positive outcomes for the highest need youth, grounded in evidence to support links between strategies, interventions and outcomes.”<sup>28</sup>
  - Ten studies found YAP services to have higher program completion rates; lower rates of placement into juvenile facilities or residential foster care; lower re-arrest rates; lower numbers of youth who are AWOL and greater residential stability while in the juvenile justice and child welfare systems than comparison groups. In addition, findings using other measures of success revealed that young people served in YAP programs achieved reductions in risks and needs; improvements in quality of life; positive results in education; enhanced links with community activities; and improvements in social behavior. Findings also revealed that YAP served a high-risk and high-service need population.<sup>29</sup>

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<sup>26</sup> <http://www.state.tn.us/youth/providers/yearonemethodologyreport.pdf>

<sup>27</sup> Matz, Adam. 2014. “Commentary: Do Youth Mentoring Programs Work? A Review of the Empirical Literature.” *Journal of Juvenile Justice*. Available at: <http://www.journalofjuvjustice.org/JOJJ0302/article06.htm>

<sup>28</sup> <http://www.yapinc.org/Portals/0/Documents/Resources/YAPs%20Evidence%20Base%202015.01.pdf>

<sup>29</sup> Rea, Prior & Davis, 2003; Tarrant, 2002; Tarrant, 2002; Jones, Harris & Bachovchin 1997; THINK, 2003; O’Brien, 2004; COA, 2006; Jameson & Cleary, 2004