

Preventing and Reducing Youth Crime and Violence:

Using Evidence-Based Practices



**Prepared by Peter Greenwood, Ph.D. for the
Governor's Office of Gang and Youth Violence Policy**

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Message from the Director:

The State of California invests \$1 billion annually in local efforts to prevent and reduce gang and youth violence. Our counties invest another \$1 billion annually in their juvenile justice systems. But, do we have an investment strategy calculated to yield increased public safety? Officials responsible for funding decisions at the state and local levels need to consider this question, particularly in light of research findings that 80 percent of juvenile justice programs have a modest or no effect on recidivism.

The starting point for such a strategy must be “evidence-based practices.” Over the past 15 years researchers have proven, through rigorous evaluations, that certain programs and strategies – if implemented correctly – reliably and significantly reduce youth crime. These are **evidence-based practices**. Researchers have also found that certain practices will not reduce crime, and that the efficacy of hundreds of others is not yet known. Anyone interested in reducing youth crime should prefer investments in effective practices, abhor investments in those that do not work and consider investments in potentially effective practices to the extent there are means of determining effectiveness.

The Governor's Office of Gang and Youth Violence Policy asked Peter Greenwood, Ph.D., a leading expert in this field, to clear away the brush surrounding the many practices described as evidence-based and the many Web sites listing such practices, and develop a list of the programs and strategies that are most likely to prevent and reduce youth crime and violence. Dr. Greenwood, after consulting extensively with a panel of experts, authored the report and list that follow. The list is relatively short, describing 27 programs and 25 strategies that are suitable for implementation primarily by probation departments and schools, and 11 programs and strategies that do not work. This list is the starting point for a public safety investment strategy.

Stakeholders who reviewed Dr. Greenwood's work expressed two principal concerns: first, that the list does not address all types of problems that can challenge a community afflicted by gang and youth violence. This is true, but the purpose of Dr. Greenwood's work is not to list all practices that a community might select. Instead, it is to clarify what is truly evidence-based and thereby place communities in a better position to design a comprehensive investment strategy. The other concern is that implementation of evidence-based practices will cost money. While again true, it is also true that the state and counties spend in excess of \$2 billion annually on programs and strategies that have modest impacts on youth recidivism. The question remains: how best to invest our funds?

Improving public safety requires a smart approach to investment. Those controlling the purse strings should take care to build a strategy that takes advantage of the practices that are the best candidates for success. Dr. Greenwood's paper and list of evidence-based practices provide a superb foundation for this effort. Peter W. Greenwood, Ph.D. is the CEO of Greenwood & Associates and can be contacted by email, Peter.Greenwood@SBCGlobal.net.

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Table of Contents

Report

- I. Introduction
 - Brand Name Programs
 - Strategies
 - Principles of Effective Implementation
- II. Purpose and Method
- III. Creating the Evidence-Based Practice List
 - Blueprints for Violence Prevention
 - Coalition for Evidence-Based Policy (Top Tier)
 - Mark Lipsey, Ph.D.
 - Washington State Institute for Public Policy
- IV. Categories of Evidence-Based Practices
 - Proven Programs
 - Proven Strategies
 - Promising Programs
 - Ineffective Programs and Strategies
 - Principles of Effective Implementation
- V. Use of the List
- VI. Updating the List
- VII. Conclusion
- Appendix A Directory of Expert Review Panel
- Appendix B Characteristics of Selected Rating Systems

List of Evidence-Based Practices

I. Introduction

For those working with delinquent and dependent juveniles, there is an ever expanding universe of lists and resources purporting to identify the most effective programs and strategies for reducing youth crime and violence and juvenile delinquency. Although the developers of the lists all claim they are *evidence-based*, they differ significantly in the processes and care with which they were developed, the number of programs and strategies they recommend and the reliability of their recommendations. As we will discuss, not all lists are created equal.

The term “evidence-based practice” refers to a program or strategy that has been evaluated through rigorous scientific study using experimental or quasi-experimental methods. The best lists allow practitioners to select pertinent programs and strategies on the basis of likely outcomes and proven methods. There are two categories of evidence-based practices: brand name programs and strategies. Each has its advantages and disadvantages, as detailed below, but both must be properly implemented.

Brand Name Programs

Brand name programs are those developed by a single investigator or team over a number of years, proven effective through scientific study and careful replication. Brand name programs offer protocols, written manuals, and technical assistance to ensure that the program is implemented with fidelity. Fidelity refers to the degree to which the program’s initially-developed components are intact when implemented in a community or organization setting. Deviation from the program’s original design and structure often leads to unintended or unpredictable outcomes.

The advantages of using a brand name program include detailed training and implementation protocols available from the developer. These programs are specific and highly individualized, and they come with a model to follow during implementation. When implemented as directed by the developer, practitioners have more assurance that they will achieve the intended outcomes. However, brand name programs are not tailored to individual settings, and altering programs can compromise effectiveness.

Strategies

Strategies are general approaches to reducing crime and violence, such as counseling or deterrence. When evaluating a strategy, investigators combine evaluations encompassing a general content area, and measure the average size of an approach’s effect on recidivism (or other outcomes). For example, when a strategy is said to reduce recidivism by five percent, it means that a meta-analysis of all the program evaluations within this content area yields an average reduction in recidivism of five percent. As with brand name programs, however, quality of implementation is very important. Research strongly suggests, for example, that a strategy with a low average reduction in recidivism will – if well implemented – outperform a superior strategy that is poorly implemented.

An effective strategy offers the advantage of flexibility, namely the opportunity to build on an existing approach or to adapt to a particular setting or need. Those who choose a generic strategy, however, may have to develop their own materials and can expect much more variability in outcomes. Practitioners must therefore take care in

monitoring the delivery of treatment and staff training, correcting any deviations from the quality standard and measuring outcomes.

Principles of Effective Implementation

Choosing an effective brand name program or a strategy that has a high average reduction in recidivism, by itself, is no guarantee of success. Implementation is equally important. The same research that has determined the most effective brand name programs and strategies also has discerned a number of principles of implementation that must be adopted if the program or strategy is to live up to its rehabilitative potential.

II. Purpose and Method

This project was designed to provide California public officials, communities and youth service providers with an accurate and up-to-date list of evidence-based crime and violence prevention and intervention practices that can be used to help identify appropriate programs, strategies and principles of implementation for particular needs and settings. Rather than evaluating all programs and strategies anew, this project reviewed existing rating systems for applicability, reliability and currency. As a result, a list of evidence-based programs and strategies, with necessary principles of implementation, from the best of these systems was developed. The list is attached at the end of this report.

To develop this list, an Expert Review Panel (Appendix A) was convened to provide advice on methodology and project findings. These individuals have been involved in the evaluation of proven and promising practices for more than ten years and are considered leaders in the field. To better understand the usefulness of this list and challenges of implementation, stakeholders at the state and local levels were then asked for comments and suggestions.

III. Creating the Evidence-Based Practice List

There are dozens of Web sites where one can find lists of promising and proven practices for reducing delinquency, drug use and crime and violence among youth. The question is – among these sites, where does one look for proof of effectiveness and the standards against which it is to be judged? Even after the effectiveness of a program or strategy is well established, questions remain as to implementation and ease of adoption by others. Where does one go for that kind of information?

The most recent reviews, meta-analyses, lists and cost-benefit analyses provide a variety of perspectives and wealth of information regarding what does and does not work in reducing youth crime and violence and delinquency. At the very top of the pyramid is a small group of rigorously evaluated brand name programs that have consistently demonstrated significant positive effects and a number of strategies that have been determined, through meta-analysis, to cause a significant reduction in recidivism on average. At the bottom are programs and strategies that have been evaluated but have proven to have no effects or to have adverse effects. In the middle are brand name programs and strategies for which there is some scientific evidence to support effectiveness.

The programs, strategies and principles selected for this list of evidence-based practices have been found effective by the four sources listed in Appendix B: Blueprints for Violence Prevention; the Coalition for Evidence-Based Policy (“Top Tier”); work published by Mark Lipsey, Ph.D.; and the Washington State Institute for Public Policy. These sources were chosen because they reliably employ a rigorous scientific standard of evaluation. Appendix B provides a brief description of each source’s selection criteria, applicability, reliability, currency, advantages and limitations. Although popular, the Model Programs Guide published by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) was specifically not used because of its lack of rigor has led to the listing of numerous programs that are not supported by evidence meeting the most minimal standards.

Blueprints for Violence Prevention

The Blueprints for Violence Prevention list has been developed by a research team headed by Delbert Elliott, Ph.D. at the Center for the Study and Prevention of Violence at the University of Colorado. For Blueprints to certify a brand name program as “model,” the program must demonstrate its effects on problem behaviors with a rigorous experimental design, show that its effects persist after youth leave the program and be successfully replicated at least once. In order for a brand name program to be certified as “promising,” the program must demonstrate effects using a rigorous experimental design. The Blueprints Web site (www.colorado.edu/cspv/blueprints/) lists 11 “model” programs and 19 “promising” programs.

Coalition for Evidence-Based Policy (“Top Tier”)

The Coalition for Evidence-Based Policy was created to assess social interventions for scientifically demonstrated effectiveness in the areas of early childhood development, education, youth development, crime and violence prevention, substance abuse, mental health, employment and welfare, and international development. In association with the coalition, the “Top Tier” designation is being developed under the guidance of a distinguished advisory group, for programs and strategies “that have been shown, in well-designed randomized controlled trials, to produce sizeable, sustained effects on important...outcomes[.]” As of the date of this publication, the Top Tier list has only three brand name programs that address crime, substance abuse or antisocial behavior: Nurse-Family Partnership, LifeSkills Training and Multidimensional Treatment Foster Care. The Coalition’s Web site is www.coalition4evidence.org/wordpress/ and the associated Web site for Top Tier is www.toptierevidence.org/wordpress/.

Mark Lipsey, Ph.D.

Mark Lipsey, Director of the Peabody Research Institute at Vanderbilt University, conducted the first meta-analysis that focused specifically on juvenile justice programs. In the most basic terms, a meta-analysis combines the results of independent evaluations with a shared research focus in order to analyze an overall effect, specifically called an *effect size*. Accordingly, Lipsey’s analysis did not identify specific programs but did begin to identify specific strategies and methods that were more likely to be effective than others. Lipsey has expanded and refined this work to include additional studies and many additional characteristics of each study.

Based on his research, Lipsey found that effective programs and strategies were well-implemented and focused on high risk offenders. He also found that strategies with a therapeutic orientation, such as counseling and skill-building, are more effective than those with a control orientation, such as surveillance and discipline.

The data referencing Lipsey's research was taken from his recent publication titled, "The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview," and was published in a special issue of *Victims and Offenders*, 2009.

Washington State Institute for Public Policy

The Washington State Institute for Public Policy (WSIPP) uses the meta-analysis methodology to conduct evaluations of evidence-based practices, but also considers the cost of such programs and strategies to taxpayers and crime victims and weighs these costs against possible benefits (i.e., costs avoided through reduced crime). Programs and strategies are not ranked, but effect on recidivism is measured and the number of evaluations is reported. Recidivism, cost to tax payers and crime victims, and benefits are estimated using data specific to Washington State.

For the purposes of this paper, all cost and benefit information refers to the analysis conducted by WSIPP for the State of Washington. Accordingly, the information should be considered an estimate for the potential cost and dollar benefits for California. The data used for this project can be found in the article by Elizabeth K. Drake, Steve Aos and Marna G. Miller, titled "Evidence-Based Public Policy Options to Reduce Crime and Criminal Justice Costs: Implications in Washington State" (2009), and can be downloaded from their Web site, www.wsipp.wa.gov.

IV. Categories of Evidence-Based Practices

Programs, strategies, and principles of implementation found in Blueprints, Top Tier, Mark Lipsey's work and the Washington State Institute for Public Policy were assessed in light of the evidence of effectiveness and extent of replication and are categorized as follows below.

Proven Programs are brand name programs that have been shown to reduce delinquency and recidivism, substance use or antisocial behavior in at least two trials by using a strong research design. Included are 11 programs, such as Nurse Family Partnership, Functional Family Therapy, Multidimensional Treatment Foster Care, Aggression Replacement Training and Multisystemic Therapy.

Proven Strategies are generic strategies that have been shown through meta-analysis of scientifically credible evaluations to reduce recidivism. Included are 25 strategies that range from cognitive behavioral programs (average 26 percent reduction in recidivism) to diversion with services (average 3.1 percent reduction in recidivism).

Promising Programs are brand name programs that have been shown to reduce delinquency and recidivism, substance use or antisocial behavior by using a strong research design, but outcomes have not yet been replicated. Included are 16 programs such as the Seattle Social Development Project (average 15.7 percent reduction in recidivism) and Family Integrated Transitions (average 10.2 percent reduction in recidivism).

Ineffective Programs and Strategies are those programs and strategies that have been shown to *not* reduce recidivism or substance use, or to have an adverse outcome. Listed are two programs and nine strategies, including discipline, deterrence and intensive supervision.

Each program and strategy listed in the first four categories is accompanied by the following information:

- **Source of rating** among the four sources (often there are multiple sources).
- **Brief description**, including whether the program or strategy is viewed as prevention or intervention, and the likely agency and location of implementation. The Web-based version of the list will allow the reader to drop down to a more expansive description; it is suggested, however, that the reader refer directly to the source of rating for a full description.
- **Outcomes**, generally the effect on the rate of recidivism, reported as an average percentage reduction in recidivism after a program or strategy is implemented. Other program and strategy outcomes may be listed, such as effects on substance abuse and antisocial behavior (some of the programs and strategies have multiple outcomes, which can be found at the source of rating).
- **Cost/benefit analysis**, when calculated by WSIPP. Benefits are calculated based on costs paid by taxpayers (for law enforcement, courts, juvenile detention services, etc.) and those suffered by crime victims (monetary and quality of life losses). Costs were estimated based on offender participation in a program or strategy versus not participating. For more information regarding WSIPP's cost/benefit analysis, please visit their Web site at www.wsipp.wa.gov.

Principles of Effective Implementation are generalized principles or guides for implementation that appear to increase effectiveness across the spectrum of programs and strategies. We list five, including the critical need to focus programs and strategies on high-risk youth and the necessity of tracking outcomes, particularly for proven strategies.

V. Use of the List

The list of evidence-based practices provides policy-makers, communities and practitioners with a resource to identify programs and strategies that have been scientifically demonstrated, by reputable and reliable experts, to have a meaningful effect, or no effect at all, on the crime and delinquency of youth when correctly implemented. The list also includes programs and strategies that reduce or prevent substance abuse and negative behavior, such as hitting or bullying behavior, because evidence suggests that such behaviors can increase the likelihood of engaging in crime or delinquency.

Although the listed programs and strategies were specifically developed for youth below 18 years of age, most young people today are not fully independent and self-supporting until well into their twenties. This suggests that many of the programs and strategies that have been proven to work with 17-year-olds might work just as well with older youth.

The list of programs and strategies is not prescriptive. Which listed programs and strategies should be selected will depend on a number of factors specific to each community, including the particular needs to be addressed, the applicability of the listed evidence-based practices to those needs, the community's overall strategy, programs and strategies already in place, the cost of implementation, financial resources, availability of staff, availability of technical assistance, and capacity to track outcomes and other data. All communities, however, would be well advised to use a portfolio approach when selecting programs and strategies to implement (whether or not on our list). By implementing a variety of practices, practitioners can target different types of youth and can increase the likelihood of success. Finally, all communities should make every effort to adopt the principles of effective implementation for all programs and strategies (whether or not on our list). As we have stated, the potential of a great program or strategy will likely go unfulfilled if implemented without adequate attention to certain fundamentals.

VI. Updating the List

As more jurisdictions adopt evidence-based programs and strategies, and as experts continue the ongoing work of evaluation, there will be continuous advancement and refinement of knowledge regarding what works best for particular clients. Organizations that are attempting to stay current on what works need, at a minimum, to monitor the "best" sources listed here. The Governor's Office of Gang and Youth Violence Policy will also monitor these sources, consider adding new sources, and add programs, strategies and principles of implementation as appropriate.

VII. Conclusion

The research literature clearly demonstrates that there are many programs and strategies that can reduce the likelihood of future offending by at-risk youth. There is considerable variability in the cost of these programs, their effectiveness and the reliability of the evidence that supports them. Those who are responsible for providing prevention or intervention services for at-risk and delinquent youth will be increasingly bombarded with claims of effectiveness from programs competing to serve such youth. Verifying the authenticity and reliability of such claims is an arduous process. The process described in this report, of summarizing the evidence on effectiveness provided by the most authoritative references, is an efficient way for the state to assist public officials, communities and youth service providers in making program choices that maximize benefits for the people of California.

APPENDIX A: Directory of Expert Review Panel

Steve Aos, Deputy Director of the Washington State Institute for Public Policy and lead investigator for their cost-benefit analysis.

Richard Catalano, Ph.D., Director of the Social Development Research Group, School of Social Work, adjunct professor of Education and Sociology at the University of Washington, and one of the developers of the Communities That Care Model.

Mark Lipsey, Ph.D., Director of the Peabody Research Institute at Vanderbilt University and Co-Chair of the Campbell Collaboration, an international group devoted to identifying effective social programs.

APPENDIX B: Characteristics of Selected Rating Systems

| Rating System | Selection Criteria | Applicability | Reliability | Currency | Advantages | Limitations |
|--|---|--|--------------------|--------------------------------------|--|--|
| Coalition for Evidence-Based Policy (Top Tier) | Uses very rigorous criteria specified by federal government | All social policy areas | Excellent | Just getting started | Most rigorous evidence | Small number of programs |
| Blueprint for Violence Prevention | Lasting positive effects in well designed evaluations & emphasis on replication | Excellent for crime, violence, delinquency & substance abuse | Excellent | Up to date | Easy to use. Plentiful peer and tech support. Predictability of outcomes | Covers only a small number of brand name programs |
| Washington State Institute for Public Policy | Meta-analysis & cost-benefit analysis | Excellent for crime, violence, delinquency & substance abuse | Excellent | Analyses are revised every few years | Predictability of outcomes; ability to compare cost effectiveness | Costs & benefits are based on WA data |
| Mark Lipsey Publications | Meta-analysis | Identifies effective strategies and their components | High | Updated at least annually | Can adapt existing strategies; ease of implementation | You have to build & evaluate your own; no technical assistance |

List of Evidence-Based Crime and Violence Prevention and Intervention Practices

| PROVEN PROGRAMS | Programs in the PROVEN category are brand name programs that have been shown to reduce recidivism, substance use, and/or antisocial behavior in at least 2 trials, using strong research designs | | | | | | | | |
|---|--|---------|----------|------|--|--|--------------------------------------|---------|--------------------|
| | Source of Rating | | | | Description | Outcomes | Cost/Benefit Analysis (if available) | | |
| | Blueprints | Lipse y | Top Tier | WSPP | | | Benefits | Costs | Benefit minus Cost |
| <u>DELINQUENCY & RECIDIVISM</u> | | | | | | | | | |
| Nurse Family Partnership | X | | X | X | Prevention program administered by registered nurses to at-risk mothers in home | 38.2% reduction in recidivism for mothers 15.7% reduction in recidivism for children | \$27,092.00 | \$6,336 | \$20,756.00 |
| Functional Family Therapy (FFT) | X | | | X | Intervention administered by therapist in-home focusing on family motivation, engagement & problem-solving | 18.1% reduction in recidivism | \$52,156 | \$2,380 | \$49,776.00 |
| Multidimensional Treatment Foster Care (MTFC) | X | | X | X | Intervention administered by specially trained foster parents taking teen into their home; therapy for bio-parents | 17.9% reduction in recidivism | \$95,879 | \$6,926 | \$88,953.00 |
| Aggression Replacement Training (ART) | | | | X | Intervention administered by trained staff to improve moral reasoning, aggression & anger management | 8.3% reduction in recidivism | \$23,933 | \$918 | \$23,015.00 |
| Multisystemic Therapy (MST) | X | | | X | Intervention administered by therapist to family & provides assistance with other systems | 7.7% reduction in recidivism | \$22,058 | \$4,364 | \$17,694.00 |
| <u>SUBSTANCE USE</u> | | | | | | | | | |
| Life Skills Training (LST) | X | | X | X | Prevention of substance abuse provided in middle school classrooms | 50%-75% reduction in tobacco, alcohol, & marijuana use | | | |
| Project Toward No Drug Abuse | X | | | | Prevention of substance abuse aimed at high-school youth | 22% prevalence reduction in 30-day marijuana use 26% prevalence reduction in 30-day hard drug use | | | |
| <u>ANTISOCIAL BEHAVIOR</u> | | | | | | | | | |
| Big Brothers/Big Sisters Mentoring | X | | | | Prevention using volunteers as mentors for youth from single parent homes | About 33% less likely than control youth to hit someone | | | |
| Olweus Anti-Bullying Program | X | | | | Prevention administered by school staff using school-wide, classroom & individual components | Reduction in reports of bullying and victimization; Reduction in general antisocial behavior such as vandalism, fighting, theft and truancy | | | |
| Promoting Alternative Thinking Strategies (PATHS) | X | | | | Prevention promoting emotional and social competencies among elementary school children | Decreased report of conduct problems, including aggression Increased ability to tolerate frustration | | | |
| The Incredible Years | X | | | | Prevention administered by parents & teachers to reduce antisocial behavior | Reductions in peer aggression in the classroom Reductions in conduct problems at home & school | | | |

List of Evidence-Based Crime and Violence Prevention and Intervention Practices

| PROVEN STRATEGIES | STRATEGIES in the PROVEN category are generic program strategies that have been found to reduce recidivism, substance use, and/or antisocial behavior in rigorous meta-analysis | | | | | | | | |
|--|---|--------|----------|-------|---|--|--------------------------------------|----------|--------------------|
| | Source of Rating | | | | Description | Outcomes | Cost/Benefit Analysis (if available) | | |
| | Blueprints | Lipsey | Top Tier | WSIPP | | | Benefits | Costs | Benefit minus Cost |
| DELINQUENCY & RECIDIVISM | | | | | | | | | |
| Cognitive Behavioral Therapy | | X | | X | Prevention or Intervention using structured goal setting, planning & practice | 26% reduction in recidivism (Lipsey) 11% reduction in recidivism (WSIPP) | | | |
| Behavioral programs | | X | | X | Prevention or Intervention that awards selected behaviors | 22% reduction in recidivism | | | |
| Group Counseling | | X | | | Prevention or intervention using group counseling led by a therapist | 22% reduction in recidivism | | | |
| High School graduation | | | | X | Prevention or intervention: graduation from high school | 21.1% reduction in recidivism | | | |
| Mentoring | | X | | | Prevention or intervention using mentoring by volunteer or paraprofessional | 21% reduction in recidivism | | | |
| Case management | | X | | | Prevention or intervention using case manager or case team to develop service plan & arranges services for juvenile | 20% reduction in recidivism | | | |
| Counseling / psychotherapy | | X | | X | Prevention or intervention: individual counseling | 16.6% reduction in recidivism (WSIPP) 5% reduction in recidivism (Lipsey) | | | |
| Pre-K education for low-income families | | | | X | Prevention providing high-quality early childhood education | 16.6% reduction in recidivism | \$15,461 | \$612 | \$14,849.00 |
| Mixed counseling | | X | | | Prevention or intervention: combination of individual, group and/or family | 16% reduction in recidivism | | | |
| Teen Court | | | | X | Intervention for juvenile offenders in which they are sentenced by their peers | 14% reduction in recidivism | \$16,908 | \$937 | \$15,971.00 |
| Family Counseling | | X | | X | Prevention or intervention: family counseling | 13% reduction in recidivism | | | |
| Social skills training | | X | | | Prevention or intervention: teaching social skills | 13% reduction in recidivism | | | |
| Challenge programs | | X | | | Prevention or intervention: provide opportunities for experimental learning by mastering tasks | 12% reduction in recidivism | | | |
| Family Crisis Counseling | | X | | | Prevention or intervention: short-term family crisis counseling | 12% reduction in recidivism | | | |
| Mediation | | X | | | Intervention where offender apologizes to victim & meets under supervision | 12% reduction in recidivism | | | |
| Multiple coordinated services | | X | | | Intervention providing a package of multiple services to juveniles | 12% reduction in recidivism | | | |
| Restorative Justice for low-risk offenders | | X | | X | Intervention using victim-offender conferences & restitution | 10% reduction in recidivism (Lipsey) 8% reduction in recidivism (WSIPP) | \$9,609 | \$907 | \$8,702.00 |
| Academic training | | X | | | Prevention or intervention: tutoring, GED programs, etc. | 10% reduction in recidivism | | | |
| Service broker | | X | | | Intervention using referrals for juvenile services with minimal role afterward | 10% reduction in recidivism | | | |
| Sex offender treatment | | | | X | Intervention using a cognitive-behavioral approach specifically for juvenile sex offenders | 9.7% reduction in recidivism | \$57,504 | \$33,842 | \$23,662.00 |
| Restitution | | X | | | Intervention: offender provides financial compensation to victim and/or community service | 9% reduction in recidivism | | | |
| Mixed counseling with referral | | X | | | Intervention: supplementary referrals for other services | 8% reduction in recidivism | | | |
| Job-related interventions | | X | | | Prevention or intervention: vocational counseling, job placement, training | 6% reduction in recidivism | | | |
| Peer Counseling | | X | | | Prevention or intervention: peer group plays therapeutic role | 4% reduction in recidivism | | | |
| Diversion with services | | | | X | Intervention using citizen accountability boards & counseling compared to court supervision | 3.1% reduction in recidivism | | | |

List of Evidence-Based Crime and Violence Prevention and Intervention Practices

| PROMISING PROGRAMS | Programs in the PROMISING PROGRAMS category are brand name programs that have been shown to reduce delinquency and recidivism, substance use, and/or antisocial behavior by using a strong research design, but outcomes have not yet been replicated | | | | | | | | |
|---|---|---------|----------|-------|---|---|--------------------------------------|---------|--------------------|
| | Source of Rating | | | | Description | Outcomes | Cost/Benefit Analysis (if available) | | |
| | Blueprints | Lips ey | Top Tier | WSIPP | | | Benefits | Costs | Benefit minus Cost |
| <u>DELINQUENCY & RECIDIVISM</u> | | | | | | | | | |
| Seattle Social Development Project | X | | | X | Intervention administered by parents & teachers using social control & social learning | 15.7% reduction in recidivism | | | |
| Family Integrated Transitions (FIT) | | | | X | Intervention for the reentry of juveniles with mental illness & substance abuse | 10.2% reduction in recidivism | \$54,045 | \$9,970 | \$44,753.00 |
| TeamChild | | | | X | Intervention: Attorneys advocate on behalf of juvenile for education, treatment, housing | 9.7% reduction in recidivism | | | |
| Guiding Good Choices | X | | | X | Prevention: family-focused improvement of parenting skills | 7.2% reduction in recidivism | | | |
| Parent-Child Interaction Therapy | | | | X | Prevention program focusing on restructuring the parent-child bond | 5.1% reduction in recidivism | | | |
| Behavioral Monitoring & Reinforcement Program | X | | | | Prevention implemented in schools redirecting at-risk juveniles from delinquency | Less self-reported delinquency, school-based problems and unemployment Fewer county court records than peers | | | |
| <u>SUBSTANCE USE</u> | | | | | | | | | |
| CASASTART | X | | | | Prevention combining case mgmt services, afterschool & summer activities | Less likely to report use of any drugs, gateway drugs, or stronger drugs Lower levels of violent crime Less likely to be involved in drug sales | | | |
| Project Northland | X | | | | Intervention implemented throughout the community to reduce substance abuse | Decreased tendencies to use alcohol Less alcohol, cigarette, and marijuana use | | | |
| Strengthening Families | X | | | | Prevention using a family-based approach to improve communication & relationships | Lower rates of alcohol initiation 30-60% relative reductions in alcohol use and being drunk | | | |
| Strong African American Families Program | X | | | | Prevention of substance abuse using a family-based approach in African American families | Reduced initiation of alcohol use & slowed increase in use over time Developed stronger youth protective factors | | | |
| Project ALERT | X | | | | Prevention of substance abuse implemented in the classroom | 30% reduction in initiation of marijuana use 60% reduction in current marijuana use | | | |
| <u>ANTISOCIAL BEHAVIOR</u> | | | | | | | | | |
| Good Behavior Game | X | | | | Prevention using behavior modification aimed at reducing disruptive behavior in the classroom | Less aggressive and shy behaviors Better peer nominations of aggressive behavior Reduction in levels of aggression for males | | | |
| Brief Strategic Family Therapy (BSFT) | X | | | | Intervention administered by a therapist improving family interactions | Significant reductions in Conduct Disorder and Socialized Aggression | | | |
| FAST Track | X | | | | Prevention to improve family & peer relationships in the classroom & at home | Better overall ratings by observers on children's aggressive, disruptive, and oppositional behavior in the classroom. | | | |
| I CAN PROBLEM SOLVE | X | | | | Prevention school-based program teaching social problem-solving | Less impulsive and inhibited classroom behavior Better problem-solving skills | | | |
| Linking the Interests of Families and Teachers (LIFT) | X | | | | Prevention school-based program increasing prosocial behavior | Decrease in physical aggression on the playground Significant increase in positive social skills and classroom behavior | | | |

List of Evidence-Based Crime and Violence Prevention and Intervention Practices

| INEFFECTIVE | Programs and strategies in the INEFFECTIVE category are those that do not reduce recidivism or risk factors or have an adverse outcome | | | | | | | | |
|---------------------------------------|--|---------|----------|-------|--|--|--------------------------------------|---------|--------------------|
| | Source of Rating | | | | | | Cost/Benefit Analysis (if available) | | |
| | Blueprints | Lips ey | Top Tier | WSIPP | Des cription | Outcomes | Benefits | Costs | Benefit minus Cost |
| <u>PROGRAMS</u> | | | | | | | | | |
| DARE (Drug Abuse Resistance Training) | | | | X | Prevention school-based substance abuse program using uniformed police officers | No significant impact on use of alcohol, tobacco, or illicit drugs | | | |
| Guided Group Interaction | | | | X | Intervention using a peer group to promote prosocial & restructure peer interaction | No reduction in recidivism | | | |
| <u>STRATEGIES</u> | | | | | | | | | |
| Boot Camps | | | | X | Intervention emphasizing drill, teamwork, etc. | No reduction in recidivism | | | |
| Court supervision | | | | X | Intervention using court supervision compared to releasing juvenile without services | No reduction in recidivism | | | |
| Intensive probation | | | | X | Intervention using more than usual contact compared to incarceration | No reduction in recidivism | | | |
| Intensive probation supervision | | | | X | Intervention using more than the usual contacts | No reduction in recidivism | \$0 | \$1,650 | -\$1,650.00 |
| Intensive parole supervision | | | | X | Intervention using more than the usual contacts | No reduction in recidivism | \$0 | \$6,670 | -\$6,670.00 |
| Regular surveillance-oriented parole | | | | X | Intervention involving post-release monitoring | No reduction in recidivism | \$0 | \$1,237 | -\$1,237.00 |
| Deterrence | | X | | | Intervention dramatizing the negative consequences of behavior | 2% increase in recidivism | | | |
| Scared Straight | | | | X | Intervention using prison inmates to confront first time offenders about the downside of criminal life | 6.1% increase in recidivism | -\$17,410 | \$60 | -\$17,470.00 |
| Discipline | | X | | | Intervention teaching discipline to succeed & avoid reoffending | 8% increase in recidivism | | | |

| PRINCIPLES OF EFFECTIVE IMPLEMENTATION | Each of these PRINCIPLES improves outcomes regardless of program or strategy content | | | | | | | | |
|---|--|---------|----------|-------|--|----------|--------------------------------------|-------|--------------------|
| | Source of Rating | | | | | | Cost/Benefit Analysis (if available) | | |
| | Blueprints | Lips ey | Top Tier | WSIPP | Des cription | Outcomes | Benefits | Costs | Benefit minus Cost |
| FIDELITY: Integrity of treatment implementation | X | X | X | X | Having procedure to ensure staff stick to protocol improves outcomes | | | | |
| Focus on high-risk youth | | X | | | More needs, More room for improvement, higher costs of failure | | | | |
| Longer duration of treatment | | X | | | Dosage matters: Too few sessions can be ineffective | | | | |
| Communities That Care (CTC) | X | | | | Prevention forming coalition, determining needs, selecting programs | | | | |
| Tracking outcomes | X | X | X | X | Track outcomes particularly when implementing strategies | | | | |