Review of best practices for ICJI program areas and funding streams

Title II Formula Grants Program

A research partnership between the Indiana Criminal Justice Institute and the Indiana University Center for Criminal Justice Research
ICJI/CCJR Research Partnership

For more than a decade, the Indiana University Center for Criminal Justice Research (CCJR) has partnered with the Indiana Criminal Justice Institute (ICJI) to address critical issues related to Indiana’s justice systems including: crime prevention; drug and alcohol abuse associated with crime; law enforcement; sentencing and corrections; and, traffic safety. On behalf of ICJI, CCJR conducted program assessments of 12 federal grant programs between January 2006 and June 2008. In an effort to further assist ICJI in improving criminal justice programming and policy development in Indiana, CCJR entered into a two-year research partnership (beginning in June 2011) to perform critical data collection and analytical tasks in two broad research areas identified as priorities by ICJI. The scope of work includes 1) a review of best practices for all Victims Services division programs and primary program areas under ICJI’s Drug and Crime Control division and Youth Services funding streams, and 2) a crime and justice data assessment that will serve as a first step in developing a statewide crime data collaboration that could emulate the nationally recognized traffic safety records collaboration facilitated by ICJI.

Indiana University Center for Criminal Justice Research

The Center for Criminal Justice Research (CCJR), one of two applied research centers currently affiliated with the Indiana University Public Policy Institute, works with public safety agencies and social services organizations to provide impartial applied research on criminal justice and public safety issues. CCJR provides analysis, evaluation, and assistance to criminal justice agencies; and community information and education on public safety questions. CCJR research topics include traffic safety, crime prevention, criminal justice systems, drugs and alcohol, policing, violence and victimization, and youth.

Indiana University Public Policy Institute

The Indiana University Public Policy Institute is a collaborative, multidisciplinary research institute within the Indiana University School of Public and Environmental Affairs (SPEA). Established in the spring of 2008, the Institute serves as an umbrella organization for research centers affiliated with SPEA, including the Center for Urban Policy and the Environment, and the Center for Criminal Justice Research. The Institute also supports the Indiana Advisory Commission on Intergovernmental Relations (IACIR).
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EXECUTIVE SUMMARY

In an effort to assist the Indiana Criminal Justice Institute (ICJI) in improving criminal justice programming and policy development in Indiana, the Center for Criminal Justice Research (CCJR) entered into a two-year research partnership (beginning in June 2011) to perform critical data collection and analytical tasks in two broad research areas identified as priorities by ICJI. The scope of work includes 1) a review of best practices for each ICJI program area and 10 major funding streams, and 2) a statewide criminal justice data assessment.

This report describes best practices for subgrants awarded under the Title II Formula Grants (Title II) funding stream administered by ICJI. For this assessment, CCJR researchers consulted relevant materials from ICJI, including subgrantee award amounts for the previous two funding cycles, Title II subgrantee solicitation documents, and 2011 funded Title II subgrantee applications.

The Title II program is administered by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). OJJDP awards Title II grants annually on the basis of states’ relative population under the age of 18. Funds assist state and local delinquency prevention and intervention efforts, support juvenile justice system improvements, and protect juveniles in the system from harm that may occur as a result of inappropriate placement and exposure to adult offenders (Office of Juvenile Justice and Delinquency Prevention, 2009).

The Juvenile Justice and Delinquency Prevention (JJDP) Act of 2002, which reauthorized Title II and other grant programs, prescribes four core requirements that states must address: 1) the deinstitutionalization of status offenders; 2) separation of juveniles from adults in secure facilities; 3) removal of juveniles from adult jails and lockups; and 4) reduction of disproportionate minority contact (DMC) within the juvenile justice system.

The Indiana Criminal Justice Institute (ICJI) is the designated state agency tasked with administering the Title II grants program in Indiana. Awards to local agencies are granted on a one year basis (October 1 - September 30 funding cycle). According to ICJI’s 2011 Title II request for proposals (RFP), Indiana’s Three-Year Comprehensive Plan for 2009–2011 that was submitted to OJJDP, the Juvenile Justice State Advisory Group (JJSAG) identified the following purposes areas for priority funding:

- Alternatives to detention/court services/probation
- Mental health services
- Disproportionate minority contact (DMC)
- Aftercare/reentry
- Delinquency prevention

Title II funding has declined over the last few years. In federal fiscal year (FY) 2009, ICJI awarded $841,949 in subgrants, $491,348 in FY 2010, and in FY 2011, $516,163 was granted to Title II programs. As a result of federal funding cuts, in FY 2012, ICJI did not issue a solicitation for subgrantee applications.

The assessment of best practices is structured according to specific program areas under Title II, including: 1) aftercare/reentry, 2) delinquency prevention, and 3) mental health services and, specifically, suicide prevention. Overall, assessment highlights specific programs as well as characteristics of recommended programs, resources for further consultation, and concludes with recommendations.

Recommendations

CCJR’s analysis of ICJI materials and best practice resources resulted in a number of key observations and recommendations that could improve overall Title II-funded programs specifically and services to youth more generally. These recommendations are summarized below:

1. Require subgrantees to identify specific best practice programs or program characteristics as part of the application process, and provide a detailed explanation of how selected best practice models apply to areas of service provision. Ensure that Title II funding applications include specific questions about subgrantees’ prior or proposed incorporation of best practices.

2. In general, funding applications should require that subgrantees provide an in-depth description of how existing or new programs will be tailored to meet the needs of at-risk youth. Subgrantees that indicate prior service provision for specific groups should be able to clearly demonstrate a track record of being responsive to populations, and/or the capacity to implement recommended practices for assisting particular groups.

3. In the area of mental health service provision and suicide prevention within juvenile facilities, to ensure that personnel are trained and qualified, require subgrantees to provide detailed descriptions of training received and documentation of relevant credentials. Require documentation of credentials for individuals providing treatment services or other professional services aimed at suicide prevention.

4. CCJR recommends that ICJI maintain a “best practices” library for division staff consultation and that would also be available to current and future subgrantees. This resource could assist ICJI division staff in developing funding stream solicitations and evaluating subgrantee applications. Similarly, subgrantees can utilize such a collection to develop proposals that are responsive to ICJI priorities and client needs. Additionally, ICJI can serve as a source of guidance and support to local practitioners.
ICJI RESEARCH PARTNERSHIP PROJECT SUMMARY

The Center for Criminal Justice Research (CCJR), part of the Indiana University Public Policy Institute, has partnered with the Indiana Criminal Justice Institute (ICJI) to address critical issues related to Indiana’s justice systems across a variety of areas, including program assessments of 12 federal grant programs conducted by CCJR between January 2006 and June 2008. In late 2009, CCJR and ICJI staff identified the next steps in this partnership, including two broad research areas identified as priorities by ICJI:

1. a statewide crime data records assessment, and
2. a review of best practices for each ICJI program area and 10 major funding streams.

The first research area in the project is a statewide crime data assessment. One of the main goals of this assessment is to enhance ICJI’s research capabilities in its role as Indiana’s Statistical Analysis Center. The assessment focuses on the data needs of ICJI and its partners, and CCJR building awareness of issues pertaining to crime data by seeking input from local agencies/organizations. The second area of research in the project is a best practices review of major ICJI funding streams. The goal of the best practices portion of the project is to develop tools to help guide ICJI funding decisions and strategic investment of federal awards. There are seven best practices reports pertaining to ten ICJI funding streams (see Table 1). For each best practices report, CCJR researchers reviewed ICJI’s current funding and grant-making processes, examined federal guidelines and priorities for each funding stream, and conducted literature reviews of best practices for each funding stream. CCJR synthesized this research to develop recommended types of program and characteristics that are strongly supported or promising.

This report describes research findings pertaining to best practices for subgrants awarded under the Title II funding stream administered by ICJI. The report includes a description of this federal funding stream and ICJI’s program and funding history. The assessment of best practices is structured according to programs provided under Title II, including aftercare/reentry, delinquency prevention, and mental health services and under that area suicide prevention.

Overall, the best practice assessment highlights specific programs as well as characteristics of recommended programs resources for further consultation, and concludes with recommendations.

Title II Program Description and Funding Summary

The Title II Formula Grants program is administered by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). OJJDP awards Title II grants annually on the basis of states’ relative population under the age of 18. Funds assist state and local delinquency prevention and intervention efforts, support juvenile justice system improvements, and protect juveniles in the system from harm that may occur as a result of inappropriate placement and exposure to adult offenders (Office of Juvenile Justice and Delinquency Prevention, 2009).

The Juvenile Justice and Delinquency Prevention (JJDP) Act of 2002, which reauthorized Title II and other grant programs, prescribes four core requirements that states must address: 1) the deinstitutionalization of status offenders; 2) separation of juveniles from adults in secure facilities; 3) removal of juveniles from adult jails and lockups; and 4) reduction of disproportionate minority contact (DMC) within the juvenile justice system. States also are required to prepare three-year comprehensive plans establishing funding levels and priorities, including eligible types of programs and initiatives. States must demonstrate compliance with the four core requirements outlined by the JJDP Act to receive a full allocation.

Table 1. ICJI research partnership best practices reports

<table>
<thead>
<tr>
<th>Funding stream</th>
<th>ICJI division</th>
<th>Report order</th>
<th>Publication date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile Accountability Block grants (JABG)</td>
<td>Youth Services</td>
<td>1</td>
<td>October 2011</td>
</tr>
<tr>
<td>Victims of Crime Act grants (VOCA)</td>
<td>Victim Services</td>
<td>2</td>
<td>April 2012</td>
</tr>
<tr>
<td>Justice Assistance Grants (JAG)</td>
<td>Drug and Crime Control</td>
<td>3</td>
<td>July 2012</td>
</tr>
<tr>
<td>Sexual Assault Services Program (SASP)</td>
<td>Victim Services</td>
<td>4</td>
<td>January 2013</td>
</tr>
<tr>
<td>Sexual Assault Services (SAS/SOS)</td>
<td>Victim Services</td>
<td>5</td>
<td>February 2013</td>
</tr>
<tr>
<td>Services, Training, Officers, and Prosecutors (STOP) grants</td>
<td>Victim Services</td>
<td>6</td>
<td>May 2013</td>
</tr>
<tr>
<td>Domestic Violence Prevention and Treatment (DVPT)</td>
<td>Victim Services</td>
<td>7</td>
<td>June 2013</td>
</tr>
</tbody>
</table>

1 A status offender is a juvenile who has committed an act that would not be a crime if an adult committed it. Common examples are drinking or possessing alcohol, smoking tobacco, running away from home, or being truant from school.
The Indiana Criminal Justice Institute (ICJI) is the designated state agency tasked with administering the Title II grants program in Indiana. Awards to local agencies are granted on a one year basis (October 1 - September 30 funding cycle). The legal applicant for a grant must be a public entity (i.e., state agency; unit of local government such as a city, county, township, town, or other general purpose political subdivision of a state; or public university) (ICJI, 2011). Subgrantee proposals are evaluated by ICJI’s Youth Division administration and Indiana’s Juvenile Justice State Advisory Group (JJSAG) (ICJI, n.d.). According to ICJI’s 2011 Title II request for proposals (RFP), Indiana’s Three-Year Comprehensive Plan for 2009-2011 that was submitted to OJJDP, the JJSAG identified the following purposes areas (and goals) for priority funding:

- **Alternatives to detention/court services/probation**
  - To improve alternatives to secure detention and court processing by expanding the Juvenile Detention Alternatives Initiative (JDAI) statewide.

- **Mental health services**
  - To promote and support the development of comprehensive and coordinated mental health services for at-risk and delinquent youth.

- **Disproportionate minority contact (DMC)**
  - The RFP noted that any applicant interested in applying for funding under this purpose area should first consult the statewide DMC coordinator to ensure that plans for the project were in line with the state’s plan for addressing DMC.

- **Aftercare/reentry**
  - To ensure all youth returning home from residential and correctional placements have access to comprehensive, evidence-based transitional support services.

### Table 2. 2011 Title II subgrantees, by purpose area, award amount, and county

<table>
<thead>
<tr>
<th>Implementing Agency</th>
<th>Amount Awarded</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aftercare/Reentry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monroe Circuit Court Probation Department</td>
<td>$15,000</td>
<td>Monroe</td>
</tr>
<tr>
<td>Indiana Department of Correction</td>
<td>$45,500</td>
<td>Statewide</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$60,500</td>
<td></td>
</tr>
<tr>
<td><strong>Alternatives to Detention/Court Services/Probation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clark County Youth Shelter and Family Services, Inc.</td>
<td>$10,000</td>
<td>Clark</td>
</tr>
<tr>
<td>Johnson County Juvenile Detention Center</td>
<td>$31,000</td>
<td>Johnson</td>
</tr>
<tr>
<td>Marion Superior Court Probation Department, Juvenile Division</td>
<td>$55,000</td>
<td>Marion</td>
</tr>
<tr>
<td>Porter County Juvenile Detention Center</td>
<td>$28,500</td>
<td>Porter</td>
</tr>
<tr>
<td>Steuben County Community Corrections</td>
<td>$13,489</td>
<td>Steuben</td>
</tr>
<tr>
<td>Tippecanoe County Commissioners</td>
<td>$55,000</td>
<td>Tippecanoe</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$192,989</td>
<td></td>
</tr>
<tr>
<td><strong>Delinquency Prevention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allen Superior Court, Family Relations Division</td>
<td>$17,000</td>
<td>Allen</td>
</tr>
<tr>
<td>YMCA of Southern Indiana</td>
<td>$3,837</td>
<td>Clark</td>
</tr>
<tr>
<td>Family &amp; Children’s Place</td>
<td>$20,000</td>
<td>Floyd</td>
</tr>
<tr>
<td>YMCA of Southern Indiana</td>
<td>$3,837</td>
<td>Floyd</td>
</tr>
<tr>
<td>Grant County Prosecutor’s Office</td>
<td>$12,000</td>
<td>Grant</td>
</tr>
<tr>
<td>Howard County, Robert J. Kinsey Youth Center</td>
<td>$10,000</td>
<td>Howard</td>
</tr>
<tr>
<td>Department of Public Safety</td>
<td>$55,000</td>
<td>Marion</td>
</tr>
<tr>
<td>Indiana Youth Institute</td>
<td>$30,000</td>
<td>Statewide/Marion</td>
</tr>
<tr>
<td>Take Ten-Robinson Community Learning Center</td>
<td>$6,000</td>
<td>St. Joseph</td>
</tr>
<tr>
<td>Youth Resources of Southwestern Indiana, Inc.</td>
<td>$15,000</td>
<td>Vanderburgh</td>
</tr>
<tr>
<td>Youth First, Inc.</td>
<td>$35,000</td>
<td>Vanderburgh</td>
</tr>
<tr>
<td>South Vermillion Community School Corporation</td>
<td>$5,000</td>
<td>Vermillion</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>$212,674</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Law T.E.A.M. of Indiana</td>
<td>$50,000</td>
<td>Johnson</td>
</tr>
<tr>
<td><strong>Total Title II dollars</strong></td>
<td><strong>$516,163</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Number of Title II subgrantees</strong></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td><strong>Average subgrant size</strong></td>
<td><strong>$24,579</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: ICJI 2011 Title II award documents
Delinquency prevention
   o To address delinquency prevention across the state by reducing the recidivism rate.

In federal fiscal year (FY) 2009, $841,949 was awarded to 33 subgrantees. The average subgrant award was $25,514. Overall dollars awarded declined in FY 2010 to $491,348 that ICJI subgranted to 24 providers. During the last grant cycle that ICJI awarded grants to programs in Indiana, $516,163 was granted to 21 programs (see Table 2). The average award amount was $24,579. Due to limited funding, the 2011 Title II grant solicitation indicated that for the FY 2011 funding cycle, it was unlikely that ICJI would be able to fund new programs.

Purpose areas listed in Table 2 are based upon those included in the ICJI Title II 2011 RFP and subsequently selected by subgrantees in their applications. The most common purpose area identified was delinquency prevention. Twelve providers selected this area and ICJI awarded $212,674 to subgrantees. Alternatives to detention/court services/probation services was the second most frequently identified area by six subgrantees that received a total of $192,989. Two subgrantees provided aftercare/reentry programs and only one selected mental health services.

Due to cuts in federal funding, ICJI informed potential FY 2012 applicants on June 1, 2012, that ICJI would not release an RFP for FY 2012 Title II Formula Grants program. ICJI conveyed that over several years, the agency has dealt with decreased federal funds by focusing priorities on several statewide initiatives aimed at improving Indiana's juvenile justice system while also maintaining compliance with the Juvenile Justice and Delinquency Prevention Act of 2002. The FY 2012 drastic decrease in funding resulted in focus solely on maintaining Indiana's compliance monitoring system and continued compliance with DMC core requirements. The remaining funds directed at sustaining statewide expansion of the Juvenile Detention Alternatives Initiative (JDAI). ICJI has not yet issued an announcement regarding FY 2013 funding for subgrantees.

Overall Title II priorities are outlined in the Indiana’s Three-Year Delinquency Prevention & Systems Improvement Plan & Application, FY 2012-2014. Program goals under the comprehensive plan include:

1. Increase the capacity of the Youth Division of ICJI to adequately administer the Title II Formula Grants Program, and serve as the state’s leader in juvenile justice planning;

2. Raise the level of participation, involvement and capability of the JJSAG to engage in statewide planning for juvenile justice improvement, monitoring for compliance with JJDP Act, and serving in an advisory capacity regarding the use of federal funds;

3. Improve alternatives to secure detention and court process by expanding the JDAI. (The Youth Law T.E.A.M. of Indiana will maintain a contract with the state to continue to provide statewide coordination of JDAI);

4. Maintain Indiana’s compliance monitoring system to ensure continued compliance with the JJDP Act. (The Youth Law T.E.A.M. also will maintain a contract for compliance monitoring statewide);

5. Utilize the information obtained from the DMC data collection project and upcoming DMC assessment study to inform subsequent activities as part a DMC Reduction Model. (ICJI has identified Community Solutions, Inc., to complete a subsequent DMC assessment study and will engage the W. Haywood Burns Institute to work closely with selected JDAI jurisdictions in an effort to ensure that DMC-specific strategies are being incorporated that will impact the entire juvenile justice system); and

6. Address suicide prevention and promote and support the development of comprehensive and coordinated mental health services for at-risk and delinquent youth.

In response to OJJDP finding that Indiana was conditionally out of compliance with the DMC core requirement, ICJI partnered with CCJR to complete a comprehensive, statewide DMC data collection project using data from 2005-2009. Results of this assessment, Identifying Disproportionate Minority Contact in Indiana, are available at http://www.in.gov/cji/files/Identifying_DMC_In_Indiana_2012.pdf.
The best practices reports in this series are intended for use by ICJI staff and potential subgrantees or program applicants. The best practices reports are not meant to serve as an evaluation of how any of the selected program funding streams are administered or otherwise implemented by the relevant ICJI divisions. Part of the challenge is the absence of precise, inarguable definitions of what a “best practice” is. CCJR has generally tried to operationalize best practices as the identification of factors or operating characteristics of programs, grant recipients, or the grantmakers that appear to be associated with successful administration and implementation of youth services grants. The primary sources for best practices include in large part the most critical guidelines utilized by the relevant federal grantmaking agencies, as well as other academic and evaluation studies (when such studies are available).

The breadth of best practices associated with Title II purpose areas and program types that could be covered is beyond the scope of this report. Additionally, Indiana’s Three-Year Plan for FY 2012-2014 has identified specific organizations with a history of providing assistance to subgrantees and expertise particularly in the area of compliance with core requirements of the program. As such, this assessment does not include areas that are covered by a contract with the Youth Law T.E.A.M. of Indiana for maintaining statewide compliance with the first three core requirements of the JJDP Act or DMC. As previously mentioned, an extensive assessment of DMC was completed by CCJR in 2012 and a subsequent effort led by Community Solutions currently is underway.

This report covers best practices within purpose areas identified by 2011 Title II subgrantees and that are not part of those addressed by the Youth Law T.E.A.M as laid out in the state’s FY 2012-2014 Three-Year Plan. These areas include aftercare/reentry, delinquency prevention, and mental health services—specifically suicide prevention.

**Aftercare/Reentry Programs**

**Description**

Aftercare and reentry programs are aimed at preparing “juvenile offenders to return to their communities after serving a period of secure confinement in a training school, or other secure institution. These programs focus on preparing juvenile offenders for release and providing a continuum of supervision and services after release” (OJJDP, 2009, p.2). Youth returning to their communities often face challenges in a number of areas that reentry programs can address. These challenges include physical and mental health issues, substance abuse, educational difficulties, and obstacles to obtaining employment (Barton, 2006; National Conference of State Legislatures, n.d.). The goal of most aftercare and reentry programs is preventing a reoccurrence of anti-social behavior among juveniles sentenced for criminal behavior to correctional facilities or out-of-home placement.

**Programming considerations**

While there are various models for delivering reentry programs, in general, practitioners can use prevention principles to strengthen approaches. Principles for effective juvenile reentry programs include the following (Barton, 2006; Bilchik, 2011; Bouffard & Bergseth, 2008; Gies, 2003; Nellis & Wayman, 2009; New York State Juvenile Reentry Task Force, n.d.; Wisconsin Department of Correction, 2006):

1. Pre-release planning for reentry is ideally initiated when youth enter correctional facilities. This planning requires cooperation with facility staff, community service providers, and reentry personnel.

2. The existence of comprehensive reentry services in the communities where return youth reside and offer a means to facilitate transition and continuity of care.

3. Programs that are grounded in the cognitive behavioral approach and services that proactively address development deficits that youth may experience.

4. Overarching case management approach that utilizes individualized needs assessments, planning and services that focus on youth house and residential permanency.

5. The use of both rewards and sanctions to impact juvenile behavior.

6. Approaches that assist juveniles to strengthen relationships with pro-social peers and reduce negative peer influences to which youth often are susceptible. Programs that enable a high degree of youth involvement with school and/or work increase the likelihood that participants will be influenced by pro-social development opportunities in these environments.

7. Reentry initiatives that ensure efforts build upon identified youth assets promote pro-social development and help enhance positive qualities.

8. Programs that prioritize education and employment as essential components of youth reentry plans can help participants overcome barriers (e.g., educational deficits such as learning disabilities and poor academic performance, interruptions in education plans, and less than conducive learning conditions present in correctional facilities).

OJJDP’s Intensive Aftercare Program (IAP) is often mentioned as a promising reentry initiative. ICJI’s 2011 Title II grant solicitation document cites this program as a model. Key components of the program include: 1) case management; 2) a network of community services and service providers; 4) community transition; and 5) a system of graduated sanctions to help control youth behavior (Barton, 2006; Mears & Travis, 2004). The IAP model also emphasizes the linking of overall reentry programming to treatment services when needed—an integral contributor to successful reintegration (Wisconsin Department of Corrections, 2006; Gies, 2003. The surveillance (e.g., electronic monitoring, intensive supervision,
contact with parole correctional personnel) of returning youth has been found to be more effective when combined with treatment services (National Conference of State Legislatures, n.d.)

The guiding principles of the IAP model are as follows (Barton, 2006):

1. Preparing youth for progressively increased responsibility and freedom in the community
2. Facilitating youth-community interaction and involvement
3. Working with both the offender and targeted community support systems on qualities needed for constructive interaction and the youth’s successful community adjustment
4. Developing new resources and supports where needed
5. Monitoring and testing the youth and the community on their ability to deal with each other productively

Mental Health Services and Suicide Prevention

Description

Programs engaged in mental health service provision offer “psychological and psychiatric evaluations and treatment, counseling services, and/or family support services for at-risk juveniles and/or first-time and non-serious juvenile offenders” (OJJDP, 2009, p. 3). One of the goals of Indiana’s Three-Year Delinquency Prevention and Systems Improvement Plan and Application for 2012-2014 falls under mental health services and is “to address suicide prevention and promote and support the development of comprehensive and coordinated mental health services for at-risk and delinquent youth” (ICJI, 2012, p. 82).

Programming considerations

Common themes that emerge from the literature regarding mental health services for juveniles include the following (Evans-Chase & Zhou, 2012; Greenwood, 2008; Lipsey, Howell, Kelly, Chapman, & Carver, 2010; OJJDP, n.d.):

1. Therapeutic approaches, particularly counseling in multiple dimensions and services to meet multiple needs and over longer periods of intervention, are superior to attempts to control behavior through threats of punishment to reduce recidivism.
2. Youth empowerment or strengths-based approaches, the provision of multiple services, and/or a focus on increasing skills or knowledge are evidence for the effectiveness of therapeutic approaches and reduction of recidivism.
3. Effective community-based interventions emphasize family interactions and build skills of juvenile parents or caretakers.
4. Least effective are programs that focus on the individual in isolation and/or punish or try to “scare straight” youth. Program focus should be on treatment of mental health, not punishment.

Some examples of effective mental health service programs cited in the literature include the following:

1. Aggressive Replacement Training is an approach that identifies risk factors that can be changed, focuses on anger control and management, behavioral/pro-social skills, and moral reasoning.
2. Cognitive Behavioral Therapy (CBT) is a problem-oriented approach focused mainly on identifying life goals and developing skills to help achieve them. CBT has been successfully applied among different age groups and across various environments (e.g., prison, schools, and treatment groups).
3. Family Integrated Transitions (FIT) is designed for youth with mental health or substance abuse problems. This program employs behavioral and other therapies to help institutionalized youth reintegrate in the community.
4. Functional Family Therapy (FFT) is an approach aimed at 11- to 18-year olds experiencing problems with delinquency, substance abuse, or violence. The approach focuses on improving family dynamics. Therapists work with a family in the home to improve problem-solving, enhance emotional connections, and support parents’ abilities to provide structure, guidance, and limits for children.
5. Multisystemic Therapy (MST) has been found it to be effective in reducing recidivism (rearrests and out-of-home placements) among juvenile sex offenders, violent and chronic juvenile offenders, juvenile-justice involved youth with substance abuse, and general population juvenile-justice involved youth. MST is a family-based program designed to assist parents deal with adolescent behavioral problems.

Suicide Prevention

ICJI recognizes that suicide is a public health concern and that often youth suicides occur among individuals involved with the juvenile justice system. Themes that emerge from relevant literature regarding components of successful suicide prevention programs in juvenile facilities include the following(Cox, 2006; Hayes, 1999; Hayes, 2009; National Commission on Correctional Health Care, n.d.):

1. Professional intake screening and assessment for suicide risk
2. Ongoing identification and professional assessment of high risk residents
3. Timely referral to health providers when intervention is deemed necessary
4. Treatment planning and provision of treatment services
5. Effective communication among juvenile child workers or correctional officers and health staff regarding risks and prevention
6. Suicide precaution protocol, safe housing, and adequate monitoring of suicidal individuals

7. Appropriate physical and health intervention (e.g., cardiopulmonary resuscitation by certified staff) during a suicide incident

8. Debriefing and mortality/morbidity reviews if needed

9. Discharge planning

10. Staff training in suicide prevention

Facilities should also develop detailed written suicide prevention policies that address each of the above elements.

### Delinquency Prevention

**Description**

According to OJJDP, the purpose of delinquency prevention programs is “preventing youth at risk of becoming delinquent from entering the juvenile justice system and intervening with first-time and non-serious offenders to keep them out of the juvenile justice system. This purpose area excludes programs targeted at youth already adjudicated delinquent, on probation, or in corrections” (2009, p. 2). Literature regarding delinquency prevention often references risk and protective factors. Risk factors are environmental conditions or individual characteristics that increase the likelihood of problem behavior, whereas “protective factors are those factors that mediate or moderate the effect of exposure to risk factors, resulting in reduced incidence of problem behavior” (Pollard, Hawkins, & Arthur, 1999, p. 146). Multiple risk and protective factors contribute to and mold behavior over the course of adolescence.

Prevention programs are primarily developed and implemented by schools, mental health, social service, and public health agencies (Lipsey et al., 2010).

**Programming considerations**

In general, practitioners can use prevention principles to strengthen approaches as well as evaluation to determine the efficacy of programs. Key principles of effective prevention programs include the following (Nation et al., 2003):

1. **Comprehensive**: strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem.

2. **Varied teaching methods**: strategies should include multiple teaching methods, including some type of active, skills-based component.

3. **Sufficient dosage**: participants need to be exposed to enough of the activity for it to have an effect.

4. **Positive relationships**: programs should foster strong, stable, positive relationships between children and adults.

5. **Appropriately timed**: program activities should happen at a time (developmentally) that can have maximal impact in a participant’s life.

6. **Socio-culturally relevant**: programs should be tailored to fit within cultural beliefs and practices of specific groups as well as local community norms.

7. **Well-trained staff**: programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision.

Greenwood (2008) has written extensively about juvenile justice programs and prevention initiatives in particular. He suggests that the most successful programs are those that “prevent youth from engaging in delinquent behaviors in the first place, divert first-time offenders from further encounters with the justice system and emphasize family interactions” (2008). Broadly, there are three types of prevention programs:

1. **Primary prevention program examples** include preventing smoking, teen pregnancy, drug use, home visit programs, preschools.

2. **Secondary prevention programs** are aimed at youth at greater risk of delinquency or violence.

3. **Community-based programs and activities** that help youth avoid delinquent behavior and as a result encountering the juvenile justice system. Community-based interventions also range from monthly meetings to intensive services. Programs include diverting youth away from the juvenile justice system, serving adolescents on probation, and working with juvenile parolees following residential placement.

Successful prevention strategies are effective in enhancing protective factors and reducing the risk of and increasing youth resiliency against problem behavior (Pollard et al., 1999; OJJDP, n.d.). Both the OJJDP Model Programs Guide (available at http://www.ojjdp.gov/mpg/) and Crimesolutions.gov site offer numerous examples of delinquency prevention programs that have been evaluated and found to be effective. When establishing a prevention initiative and implementing best practices, Greenwood recommends program providers take the following steps to ensure efficacy (2008, p. 202):

1. Implementation should begin with selecting a program model that best fits both the clients and agency capabilities.

2. Arrange for training—model program designers are part of established organizations capable of providing training, oversight, technical assistance and site certification.

3. Hire appropriate and qualified staff.

4. Sell the program to potential customers and find a “champion”.

5. Observe recommendations of model developers and arrange for ongoing monitoring and feedback.

6. Implement a quality assurance mechanism, such as surveys or observational instruments to assess the “fidelity of the program to the original model”.

RECOMMENDATIONS

CCJR’s analysis of ICJI materials and best practice resources resulted in a number of key observations and recommendations that could improve overall Title II-funded programs specifically and services to youth more generally. These recommendations are summarized below:

1. **Require subgrantees to identify specific best practice programs or program characteristics as part of the application process, and provide a detailed explanation of how selected best practice models apply to areas of service provision.** Ensure that Title II funding applications include specific questions about subgrantees’ prior or proposed incorporation of best practices.

2. **In general, funding applications should require that subgrantees provide an in-depth description of how existing or new programs will be tailored to meet the needs of at-risk youth.** Subgrantees that indicate prior service provision for specific groups should be able to clearly demonstrate a track record of being responsive to populations, and/or the capacity to implement recommended practices for assisting particular groups.

3. **In the area of mental health service provision and suicide prevention within juvenile facilities, to ensure that personnel are trained and qualified, require subgrantees to provide detailed descriptions of training received and documentation of relevant credentials.** Require documentation of credentials for individuals providing treatment services or other professional services aimed at prevention.

4. **CCJR recommends that ICJI maintain a “best practices” library for division staff consultation and that would also be available to current and future subgrantees.** This resource could assist ICJI division staff in developing funding stream solicitations and evaluating subgrantee applications. Similarly, subgrantees can utilize such a collection to develop proposals that are responsive to ICJI priorities and client needs. Additionally, ICJI can serve as a source of guidance and support to local practitioners.
REFERENCES


Review of best practices for ICJI program areas and funding streams

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