Criminal Justice Coordinating Council

Juvenile Justice Webinar Series

Session 4: Reducing Youth Justice System Involvement: What Works?

July 15, 2021
10:00 am-12:00 pm
Virtual Event

Please register at: jjs421.eventbrite.com
Introduction

On July 15, 2021, The Criminal Justice Coordinating Council (CJCC) conducted the fourth session of the Juvenile Justice Webinar Series themed “Reducing Youth Justice System Involvement-What Works?” A panel of representatives from three programs that have proven to be effective at reducing juvenile delinquency discussed the origins of their practices and programs, their program model, and results. The session also provided participants with the chance to discuss what it means to be an “evidence-based practice,” how to achieve that status, and some of the related challenges and concerns.

Kristy Love, Deputy Executive Director of the CJCC, offered opening remarks to begin the session. She described CJCC’S goals of preventing youth from touching the juvenile justice system and intervening with youth who have already touched the system to avoid further penetration. She explained that through its research and analysis, CJCC has developed a solid basis of the root causes of youth involvement in the District’s justice system. Thus, Ms. Love noted, this webinar series is solutions-focused. She then explained that the session will include a discussion of three evidence-based programs and practices, as well as a discussion about what it means for practices and programs to be “evidence-based”. Afterward, Ms. Love introduced the moderator of the session’s panel, LaShunda Hill, Executive Director of the Office for Students in the Care of DC.

Ms. Hill began by providing brief introductions of the panelists, as well as an overview of the agenda. The panelists included:

- Dr. Andrae Brown, president of HERU Consulting
- Dr. Helen Midouhas, National Trainer at Functional Family Therapy, LLC.
- Dr. Leatrice Moore, Vice President of Boys & Young Men of Color and their Brotherhood Crusade
- Dr. Joseph Richardson, The Joel and Kim Feller Professor of African-American Studies & Anthropology at University of Maryland and Co-Founder of the Capital Region Violence Intervention Program.
- AJ Watson, National Director of the Becoming a Man® (BAM®) program.
Understanding What It Means to Be “Evidence-Based”

Ms. Hill shared that the goal of the session was to discuss how to create, implement, and track evidence-based or evidence-informed programs, and to do that, we must start by defining what it means to be “evidence-based.”

Dr. Joseph Richardson, Jr. answered first. He shared that from his perspective, the term “evidence-base” represents the totality of studies that prove and validate whether an intervention or a program works. Dr. Richardson stressed the importance of randomized controlled trials, a large sample size, and consistent metrics in building an evidence-base for a particular program or practice. In 2016, there was an analysis of all the studies that have been done on the effectiveness of Hospital-based Violence Intervention Programs (HVIPs), which are programs designed to reduce trauma recidivism rates among people who are injured. Dr. Richardson defined trauma recidivism as an individual coming back to the hospital multiple times for a violent injury. While there are around 40 HVIPs across the country, only around 10 have been deemed to be effective through rigorous evaluation.

Dr. Richardson added that the term “evidence-based” is often paired with a Eurocentric approach and based on Eurocentric populations, and may not accurately apply to Black populations. Therefore, practitioners may choose to modify the program to be more culturally relevant. When such modifications occur, it is more accurate to say that the adapted program is “evidence-informed.” Dr. Richardson explained that “evidence-informed” generally means that numerous studies informed the implementation of the program, but the specific way that the program is implemented has not been proven to be “effective” in terms of being subject to rigorous evaluation, such as randomized controlled trials. Dr. Richardson raised the issue that oftentimes academic evaluations are based entirely on quantitative metrics. He stressed that to determine the actual effectiveness of a program, both quantitative and qualitative methods should be used. In fact, he added, qualitative interviews and focus groups coming from a participant’s perspective are the most informative indicators of a program’s success level.

Ms. Hill followed up by asking how one evaluates success. She posed the question to Dr. Andrae Brown, president at HERU Consulting: Is data tracking the same as evaluating the effectiveness of a program? Additionally, is qualitative data the right kind of data for programs to be collecting
to demonstrate their effectiveness? Dr. Brown responded that thinking of the history and the relationship with the data is crucial, especially with marginalized communities and communities of color, since data can be used to suppress people: he cited school design and the prison-industrial complex as examples. Dr. Brown provided another example: simply clocking in and out of a job does not determine how good of a worker someone is. Similarly, just being able to report how many men are in a certain program does not reveal how effective the program is in achieving its goal. Dr. Brown shared that in his experience, merely focusing on keeping men out of jail is not as effective as family intervention, building relationships with the young men participating in the program, teaching them how to dress, and even attending their basketball games. He added that some organizations lack the infrastructure to track those things.

Ms. Hill thanked Dr. Brown for his input and asked the panelists how we might ensure that data and tracking can be used as a tool of community and youth empowerment? She also asked either Dr. Brown or Dr. Richardson to comment on the barriers that smaller or more grassroots organizations might face when trying to determine the effectiveness of their programs. Dr. Brown responded first by saying that it takes a commitment to generate data; money and time must be set aside, there must be a specific reason for the data collection, and there must be a framework for what you want to collect and how to show it. One barrier smaller organizations might face is not understanding why their cause is important or why they are collecting the data at all. Knowing these things, paying attention to detail, and hiring someone to the organization’s team who is skilled with data are crucial steps, according to Dr. Brown.

Dr. Richardson agreed and suggested using a community-based and participatory research design to empower the youth. The community and those who are delivering and receiving the services that are being evaluated should be involved in the research design process. Dr. Richardson added that in his work, he has found that researchers and practitioners should have a partnership to help each other address potential research questions. He also addressed the stigma around research and evaluation in organizations, whereas improving the research process is in the clients’ best interest. Dr. Richardson added that it is important to educate organizations about the greater good that research and evaluation can bring to the organization, including strengthening grant proposals. (He also added that grantors need to allocate more funding for evaluations of grant-funded efforts). Dr. Richardson also shared that a large database is not immediately necessary for data collection and analysis, especially with smaller, grassroots organizations with less funding. Even a program like Excel could be a starter point before scaling up. Data in general, though, is certainly needed to support the amazing and fascinating stories that small organizations can tell to garner interest in their cause.

Dr. Brown expressed the importance of understanding the population of those benefitting from the program: a program loses its effectiveness when it partners with a funder who does not understand the target audience. Dr. Richardson added that only recently have scholars of color
been encouraged to even engage in evaluation work. To engage effectively with the data, there must be multiple competent scholars asking critical questions and observing what is truly going on within their communities instead of trying to frame a narrative around what the funder wants. Ms. Hill thensegued to presentations on three programs that have been effective at reducing youth involvement in the justice system.

Evidence-Based Programs and Practices that Have Reduced Youth Justice System Involvement

Los Angeles Gang Reduction and Youth Development (GRYD) Program

Ms. Leatrice Moore shared a presentation about the Los Angeles Gang Reduction Youth Development (GRYD) program. GRYD, originally, LA Bridges, was established by LA City Council to address gang violence. In 1997, a gang surrounded a car that contained a 3-year-old child and began shooting. This event served as the catalyst for the LA Bridges program, which was somewhat successful but ultimately had poor budgeting and expended too much money on activities that were not directly related to program goals. Hence, GRYD developed and implemented a comprehensive gang strategy that was designed to make headway in changing the minds of young people, particularly the “movers and shakers” within the community. Today, there are twenty-three GRYD zones, and these zones are defined by police districts and the amount of crime happening in those areas. The mission of the program is to create communities that are healthy, peaceful, and thriving environments for residents.

GRYD’s model has 4 components: community engagement, gang prevention, gang intervention and violence interruption. A program called Summer Night Lights (SNL) was created to address gang violence in areas that are more active during summertime - that is, areas where lots of gang members were known to hang out, making it unsafe for children wanting to play. The program collaborates with the Los Angeles Police Department (LAPD) and has proved to be highly effective. SNL also boasts 352 youth squad members, who are young members of the community who are typically knowledgeable about gang activity. Another one of GRYD’s initiatives includes a gun buyback, starting in 2009 and showing continued success. The gun buyback is a summer
violence reduction strategy program where children or even inactive gang members from the community can exchange guns for gift cards and money.

GRYD has both prevention and intervention components, the former of which is meant to prevent members of the community from joining gangs by identifying risk factors that may drive someone to join one and by devising strategies to reduce those risk factors. The prevention component is separated into two initiatives: Primary Prevention and Secondary Prevention. Primary Prevention supervises young people who present two or three risk factors and is comprised of monthly services over a six-month cycle that includes case management, monthly meetings, and linkage to other services. Secondary Prevention is a method targeted towards youth who have four or more risk factors. It occurs over a six-month cycle with seven phases, including family meetings, genograms, individual meetings, strategy team meetings, and intentional youth development activities. Ms. Moore stressed that it is important to meet with the family more than with the young person, in the interest of changing the family environment.

Ms. Moore then presented the Youth Services Eligibility Tool (YSET), which is a behavioral assessment consisting of 104 questions to determine eligibility for the program and measures nine risk factors associated with an elevated risk of joining a gang: antisocial tendencies, impulsive risk taking, guilt neutralization, delinquency and substance abuse, negative peer influence, peer delinquency, critical life events, weak parental supervision, and family gang influence. Ms. Moore added that the pandemic qualifies as a critical life event.

Ms. Moore then addressed the intervention component of GRYD, which usually supports youth between the ages of 16 and 24 who have identified themselves as a gang member. This component includes initiatives like tattoo removal, help finding employment, and most importantly, violence interruption. This violence interruption strategy includes proactive peacemaking and creation of incident reports. Ms. Moore added that the facilitation of a response to gang violence occurs through Community Intervention Workers (CIWs), many of whom have been gang related or gang active at some point in their lives and are now looking to maintain peace in the city.
At this point, Ms. Moore opened the floor for questions. One participant offered a comment in the chat about the effectiveness of tracking those who sell guns to young people through collaboration between the community and law enforcement agencies. While Ms. Moore agreed that this would be effective, she added that many of the guns that circulate around the city or that end up being turned in at the gun buyback event are not registered because they have been carried by active gang members at some point. Thus, tracking these “hot guns” might be highly difficult, but the end goal is still to remove guns from the streets in a community safety effort.

Functional Family Therapy

Ms. Hill then transitioned to Dr. Helen Midouhas who provided an overview of Functional Family Therapy (FFT). Dr. Midouhas opened her presentation noting that FFT changes lives and has five decades of research involved with more than 50 published studies; a demonstrated impact on referred youth, siblings, and caregivers; and a focus on keeping youth and families together. She described her organization as a “small group of consultants” who work to successfully implement the FFT model in different communities, both domestically and internationally.

Dr. Midouhas then shared the history of the organization. In the 1970s, Dr. James F. Alexander began a series of studies to examine the effectiveness of a family-based therapy for at-risk adolescents. This eventually led to FFT, developed by Alexander and Parsons in 1982. In the period between 1996-1999, FFT's effectiveness was formally recognized by the US Dept of Justice, Centers for Disease Control and Prevention, Blueprints for Healthy Youth Development, and more. FFT has approximately 350 sites around the world, with 50,000 families served per year. Dr. Midouhas highlighted the organization’s focus on accountability during the data collection process. In this spirit, she mentioned the Blueprint initiative that was meant to identify programs that work over time (based on high quality research), are ‘replicable’ in local communities, are cost effective, and are flexible enough to fit the needs of any given community. FFT is a research-based prevention and intervention program for at-risk adolescents and their families. The program targets youth between 11-18 with a short-term, family-based model. The FFT model is divided into 5 phases: engagement, motivation, relational assessment, behavior change, and generalization. Their underlying philosophy is that problem behaviors serve a function within the family, hence FFT
achieves changes by improving family interactions. The general impacts of FFT include effectively treating adolescents with a wide range of disruptive behavior disorders, preventing adolescents from penetrating the adult criminal justice system, and preventing younger children in the family from penetrating the system of care, among other long-term impacts. In the District, FFT has been incorporated into the Department of Human Services (DHS) Parent and Adolescent Support (PASS) program, which is a voluntary program for families with youth ages 10 – 17 who have committed status offenses (e.g., truancy).

Dr. Midouhas then explained that FFT can be specialized for certain populations. For example, Functional Family Probation/Parole (FFP) is a family-focused and strength-based case management program for juvenile probation/parole workers and child welfare social workers. FFT-Child Welfare (FFT-CW) includes families with youth 1-18 years old, usually in child welfare systems, with a determination of risk of abuse/neglect yet still in the home. The FFT-Gangs/FFT-G program includes 10-18-year-olds and their families, with a focus on local gangs, understanding and intervening with their cultures and targeting specific risks and needs of the participants.

Becoming a Man (BAM)

Following the FFT presentation, Ms. Hill then transitioned to Mr. AJ Watson who presented the Becoming a Man (BAM) program. Mr. Watson shared that his organization, Youth Guidance has gone on a journey from being a social services nonprofit in Chicago to having an evidence-based program, BAM, that is growing to serve many more youth across the United States and internationally. Youth Guidance creates and implements school-based programs that enable children to overcome obstacles, focus on their education and, ultimately, succeed in school and life. BAM is a school-based group counseling and mentoring program that guides young men in grades 7-12 to increase social/emotional well-being, improve school engagement and academic attainment, and increase utilization of safe and healthy behaviors. The core values of the program include integrity, accountability, self-determination, positive anger expression, respect for womanhood, and visionary goal setting.
They do not set out to reduce violence, but what they do has a direct impact on violence within the community. BAM targets young men enrolled in school who are living in high-risk environments and are often economically disadvantaged. In discussing the results of the program, Mr. Watson noted that one year in the program amounted to a 50% reduction in arrests for violent crime and an increase in on-time graduation rates by 19%. Mr. Watson also shared that BAM’s focus on youth engagement and development is what has led to the success and advancement of the program.

Mr. Watson also shared that several DC Public Schools will begin implementing BAM this fall. Chancellor Ferebee will announce the specific schools in the coming weeks.

**Audience Questions**

Ms. Hill then opened up the floor for a few questions from the participants before the session concluded. One participant asked the panelists how they have changed the intentionality of the activities they have as a part of their program in order to measure the outcomes and competencies of the young people who participate? Ms. Leatrice Moore responded by pointing to the usefulness of the Purpose Outcome and Process (POP) model at her organization to determine whether a particular activity will help the youth meet program goals. Mr. Watson added that BAM staff have been instructed to center their activities around their organization’s core values and then relate the activity back to those values with the young participants.

Ms. Hill then read another question from a session participant, which asked how one addresses the conflict of evidence-based practices and the proprietary emphasis that organizations must navigate in order to actually use them? Dr. Richardson responded with his own experience working in a HVIP, during which he did not always follow the model with precision. He shared that while following an evidence-based practice, one might not follow every single rule of thumb for the program in question—thus, “tweaking” the model or the program is sometimes necessary to accommodate region-based nuances.

Lastly, Ms. Hill asked Dr. Brown to share more about the research model and design that requires researchers and practitioners to form a partnership. Dr. Brown answered by defining the term “participatory action research”, meaning that those who are the subject of the research are also part of the research team. It is his opinion that by having a member of the community serve as an equal partner in the process from the beginning, the research model and the design become more credible.

**Closing**

Deputy Director Love then thanked the panelists for their expertise and expressed her hope that the panelists will continue to serve as valuable resources for District partners. She shared that there will be an opportunity for participants to complete a brief survey upon signing off and
announced that CJCC will send a recording and written summary of the session at a later date, as well as post this information on the CJCC website (cjcc.dc.gov). She ended by noting her enthusiasm for continuing to discuss culturally competent winning strategies and meaningful ways to implement these strategies with the best interests of the youth at heart.
Understanding Evidence-Based Practices

- An evidence-based practice is generally defined as a practice that has been deemed effective based on one or more rigorous evaluations, such as the use of randomized controlled trials.

- Evidence-based program models can be modified to address cultural needs. The modified approach is considered to be evidence-informed as opposed to evidence-based.

- Collaboration between researchers and practitioners is essential in developing a sound, culturally competent evaluation approach.

- Data collection—both quantitative and qualitative—is essential to determining the effectiveness of a program.

Evidence-Based Programs to Reduce Youth Justice System Involvement

- Develop a comprehensive strategic plan that identifies goals and how program activities will help accomplish the goals.

  o All program activities (including fun activities) must be linked to program goals.
  o Both prevention and intervention activities are important.

- Effective youth programs:
  o Involve the family;
  o Include a therapy or counseling component; and/or
  o Include a mentoring component.