

YOUTH SERVICES POLICY

Title: Programs and Evidence-Based Practices	Type: B. Classification, Sentencing and Service Functions Sub Type: 2. Classification Number: B.2.19
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References: YS Policy Nos. A.4.2 "Standard Operating Procedures for Contract Providers", A.4.3 "Standard Operating Procedures for Female Intensive Residential Treatment Providers", and D.10.32 "SAVRY - Community Based Services"; University of Cincinnati, Center for Criminal Justice Research.	
STATUS: Approved	
Approved By: <i>William A. Sommers, Deputy Secretary</i>	Date of Approval: 04/27/2022

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To assist and provide treatment programs that will produce effective intervention for the youth in the custody of or under the supervision of YS. In doing so, YS expects to reduce crime and recidivism.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Deputy Undersecretary, Chief of Operations, Probation and Parole Program Director, Youth Facilities Director – Statewide, Executive Management Advisor, Regional Directors, Facility Directors, Regional Managers, and contracted treatment providers.

IV. DEFINITIONS:

Criminogenic Risk / Need / Behaviors / Attitudes – Attributes of youth that are directly linked to criminal behavior.

Dosage/Intensity – The amount of treatment recommended/preferred by empirical evidence to reduce a youth’s risk to recidivate based on the assessed level of risk and need. Treatment intensity or “dosage” should be clearly matched to the youth’s level of risk and need as identified by the SAVRY.

Research indicates that the recommended dosage for treatment is as follows:

- 1) “Moderate” risk youth with few needs (three or fewer) require 100 hours to reduce recidivism;
- 2) “High” risk youth with few needs (3 or fewer) or “Moderate” risk youth with multiple needs (3 or more), but not both, require at least 200 hours to significantly reduce recidivism;
- 3) “High” risk youth with multiple needs (more than three) should receive over 300 hours of direct service delivery.

The hours of treatment should be cognitive behavioral, and would not include time spent in other activities. “Low” risk youth should receive little to no interventions.

Correctional Program Checklist 2.1 (CPC) – An evidence-based evaluation developed by the University of Cincinnati to assess correctional intervention programs. The CPC 2.1 is used to ascertain how closely correctional programs adhere to the known “Principles of Effective Intervention”.

Criminogenic Needs – Dynamic risk factors (anti-social attitudes, values and beliefs) that affects a youth’s risk for recidivism.

Evidence-Based Intervention / Practice – An intervention/practice which incorporates the principles that research shows to be effective in reducing juvenile crime and recidivism.

Lead Evaluator – YS’ staff person trained and certified by the University of Cincinnati to conduct CPC evaluations.

Principles of Effective Intervention – Specific program characteristics which have demonstrated positive outcomes for reducing recidivism.

Program Director – Person responsible for the overall management of a treatment program.

Recidivism – When a youth is discharged from juvenile justice custody and later placed back into the care of juvenile justice as a result of a subsequent adjudication or placed into custody with the Adult Corrections System. Youth who are being supervised as the result of Informal Adjustment Agreements and/or Deferred Dispositional Agreements are not included in the recidivism analysis.

V. POLICY:

It is the Deputy Secretary's commitment to reduce juvenile crime and recidivism through:

- 1) Regularly assessing the risk, need, and responsivity characteristics of youth;
- 2) Providing an individualized continuum of treatment interventions; and
- 3) Continuously seeking program and service improvements through evaluation and quality assurance measures.

YS' is committed to utilizing assessment, treatment, and quality improvement measures that have demonstrated effectiveness in:

- 1) Accurately identifying risk, need and responsivity characteristics most closely associated with criminal behavior;
- 2) Providing treatment interventions that help youth acknowledge accountability, learn pro-social attitudes and behaviors, and avoid risky thinking and actions; and
- 3) Monitoring agency functioning through continuous evaluation, compliance monitoring, and outcome data tracking.

Research indicates that evidence-based treatment is the most efficient and effective means of protecting the public and reducing recidivism. YS and its contracted treatment providers shall, whenever possible, provide evidence-based treatment interventions to youth who have been determined, through assessment, to be at "Moderate" or "High" risk of recidivism.

VI. PROCEDURES:

The most effective correctional treatment programs closely adhere to the principles of effective intervention. They utilize evidence-based practices to reduce criminogenic risk factors and enhance protective factors for treated youth, thereby, minimizing recidivism.

- A. Youth under the supervision or in the custody of YS shall be assessed and reassessed using the "Structured Assessment of Violence Risk in Youth" (SAVRY) to identify the level of criminogenic risk and need in accordance with YS Policy No. D.10.32.

- B. Treatment services provided to “Moderate” and “High” risk youth should be evidence-based, individualized, and focused on reducing criminogenic risks and needs while increasing protective factors. Typically, effective correctional treatment programs are known to:
1. Target criminogenic behaviors, attitudes and beliefs that have been identified through assessment (SAVRY);
 2. Provide effective curriculum-based cognitive behavioral treatment that incorporates skill modeling, role play and graduated practice to build pro-social skills; and
 3. Match youth risks, needs and personal characteristics with appropriate treatment programs, treatment dosage/intensity, and staff.
- C. Programs providing treatment services shall be evaluated using the “Correctional Program Checklist” (CPC), which measures a program’s adherence to characteristics that are highly correlated with reduced recidivism (“Principles of Effective Intervention”).
- **Risk** – Prioritize resources and supervision to higher risk youth. (Who?)
 - **Need** – Target interventions to criminogenic needs. (What?)
 - **Responsivity** – Be responsive to temperament, learning style, motivation and gender when assigning programs. (How?)
 - **Treatment Principle** – Employ cognitive behavior approaches. (How?)
 - **Fidelity Principle** – Implement program as designed. (How Well?)
- D. In an effort to assure program integrity and facilitate opportunities for ongoing quality improvement, YS shall conduct CPC evaluations under the following timelines:
1. New programs shall be evaluated after one (1) year of contract award.
 2. Following the initial CPC evaluation, programs shall be evaluated every two years.
- E. CPC program evaluations shall be conducted by CPC lead evaluators, only. Other OJJ personnel may be trained by CPC lead evaluators to assist in CPC evaluations as determined by the Chief of Operations.
- F. Lead evaluators shall schedule CPC evaluations a minimum of two (2) weeks in advance of the on-site visit.

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G. When possible, the CPC shall be scored within one (1) week of the on-site CPC evaluation. The following staff shall participate in the CPC scoring process:

- 1) The lead evaluator;
- 2) Other staff assisting in the evaluation; and
- 3) Other lead evaluators, as deemed necessary.

Possible ratings for the CPC evaluation are as follows:

- Very High Adherence to EBP (65 % or higher)
- High Adherence to EBP (55 - 64 %)
- Moderate Adherence to EBP (46 – 54%)
- Low Adherence to EBP (45% or lower)

H. Within two (2) weeks of scoring the CPC, a CPC report shall be completed by the lead evaluator and submitted to the Probation and Parole Program Manager/CQIS for review and final submission to the Chief of Operations.

I. Within one (1) week of receipt, the Chief of Operations shall forward the finalized CPC report and cover letter to the Program's Director. The cover letter shall instruct the program to submit an action plan that addresses any areas needing improvement to the lead evaluator within 30 days of receipt.

J. The lead evaluator shall review the action plan to ensure that all areas needing improvement are appropriately addressed, and forward a copy to the appropriate Regional Director.

K. The Regional Director shall be notified of meetings to discuss the action plan.

L. Within six (6) months following receipt of the action plan, the lead evaluator shall contact the program to monitor progress toward implementation and provide any requested technical assistance. The lead evaluator shall utilize the action plan to document implementation of the corrective actions.

M. Programs that continuously score in the "Moderate Adherence" or "Low Adherence" range may be sanctioned or terminated per contract guidelines.

Previous Regulation/Policy Number: B.2.19

Previous Effective Date: 04/24/2019

Attachments/References: