

**APPENDIX F**

**Grommon, et. al.  
Review of Evidence-  
Based Practices in  
the Criminal Justice  
System**



**Review of Evidence-Based Programs and Practices in the Criminal Justice System**

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Spencer Lawson  
Graduate Research Assistant  
(E) splawson@iupui.edu

\*Eric Grommon, Ph.D.  
Assistant Professor  
(P) 317.278.9481  
(E) egrommon@iupui.edu

Bradley Ray, Ph.D.  
Assistant Professor  
(P) 317.274.8701  
(E) bradray@iupui.edu

School of Public and Environmental Affairs  
Indiana University – Purdue University Indianapolis  
801 W. Michigan Street  
Indianapolis, Indiana 46202

\*Corresponding Author

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## BACKGROUND

This document provides a summary review of evidence-based programs and practices gleaned from the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice's Crime Solutions repository. Crime Solutions warehouses promising programs and practices that have been empirically validated. Subject matter experts assess the quality of the research design and the fidelity of the program or practice implementation in making determinations of whether a given program or practice should be included in the repository. Only those programs and practices that used a sound research design (i.e., at least a quasi-experimental design with adequate comparison group) and were properly implemented in accordance with an intervention model are eligible for inclusion. In short, the body of research collected at Crime Solutions is the best knowledge-base we have about all facets of the criminal justice system at this point in time.

To deliver summary information efficiently, we generated matrices on each program and practice. These matrices include: a brief description of the program or practice, a classification typology of the program or practice, the target population the intervention aimed to include as clients, the demographics of the clients who were involved in the outcome evaluation, the cost of the program or practice (if available), and a brief description of the overall outcomes. Relevant references supporting the outcome evaluation findings are included<sup>1</sup>.

We developed an "Intervention Point(s)" field in the matrices to identify where a given program or practice should be deployed in the criminal justice system. We identified the following classification points:

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<sup>1</sup> We have compiled a library of each reference in PDF format and can share these materials. The file sizes are quite large, so these files can best be shared via flash drive.

## INTERNAL DOCUMENT NOT INTENDED FOR DISSEMINATION

- *Before CJ involvement.* This corresponds to interventions that focus primarily on prevention and diversionary strategies to keep individuals out of the criminal justice system.
- *Point 1.* This point corresponds to interventions that focus on initial entry into the criminal justice system, with law enforcement and emergency services as the focus.
- *Point 2.* This point corresponds to interventions that occur after a custodial arrest has occurred and before a bail and/or pretrial detention decision has been made. The initial hearing and detention decision period is the focus of these interventions.
- *Point 3.* This point corresponds to court and jail activities that occur after a defendant has received a bail and/or pretrial detention decision and before a defendant has received a court disposition or completed a sentence that has been rendered by the court. This period involves court processes, jail activities, and medical providers (e.g., hospitalization for emergency services).
- *Point 4 and Point 5.* Point 4 corresponds to a reentry and readjustment period after a sentence has been completed. The focus is primarily upon individuals processed by the system who are socializing back into the community immediately after completing a sentence. Point 5 also corresponds to a reentry and readjustment period. The key difference of this intervention point from Point 4 is an emphasis on community supervision agencies. The agencies are tasked with the responsibility to facilitate and sustain reentry adjustments across a community supervision term. It is hoped that successful completion of a community supervision term will lead to long-term behavioral changes. Given the significant overlap between these two intervention points, these interventions are combined.

In some cases, the programs and policies did not fit nicely in one and only one Intervention Point classification. We identified multiple intervention points when necessary. For the ease of presentation, we ordered programs and practices by their first intervention point. For instance, the Adolescent Community Reinforcement Approach is applicable to three intervention points: Before CJ Involvement, Point 4, and Point 5. Since this program is relevant to prevention efforts, we placed the review in Before CJ Involvement and withheld its placement in Point 4 and Point 5.

**INTERVENTION POINT BEFORE CJ INVOLVEMENT: PREVENTION AND  
DIVERSIONARY PROGRAMS AND PRACTICES**

**Adolescent Community Reinforcement Approach (A-CRA)**

*Description:* A-CRA is a behavioral, outpatient intervention aimed at replacing structures supportive of drug and alcohol use with ones that engender successful recovery. Program protocols reduce substance use and dependence, increase social stability, improve physical and mental health, and improve life satisfaction. A-CRA is designed to include sessions with adolescents, parents/caregivers, and adolescents and parents/caregivers together during the course of treatment. It has also been adapted for use with Assertive Continuing Care, which provides home visits to youth following residential treatment for alcohol and/or substance dependence, and for use in a drop-in center for street-living, homeless youth.

Based upon a needs assessment and self-assessment, program therapists choose from 19 A-CRA protocols that range from building problem-solving, stress-reducing, communication, and relapse-prevention skills. Role-playing and behavioral rehearsal is a crucial element of the skills training used in A-CRA. It is during these exercises that adolescents learn better communication and relapse-prevention skills. After therapy sessions, participants are given homework assignments where they practice skills learned during sessions and are encouraged to be part of positive leisure activities.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Classroom Curricula, Community Awareness/Mobilization	Alcohol and Other Drug (AOD) Offenders	Black, American Indians/Alaska Native, Hispanic, White, Other	13-25	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

<b>Evaluation Outcomes</b>	Participants were more likely to seek out and continue care services, abstain from substance use (in particular, marijuana), had less reported depression and internalized behaviors problems, and more social stability (i.e., working, receiving education, in a home or shelter, or receiving medical care).
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**References**

Godley, Mark D., Susan H. Godley, Michael L. Dennis, Rodney R. Funk, and Lora L. Passetti. 2006. "The Effect of Assertive Continuing Care on Continuing Care Linkage, Adherence, and Abstinence Following Residential Treatment for Adolescents With Substance Use Disorders." *Addiction* 102(1):81–93.

Slesnick, Natasha, Jillian L. Prestopnik, Robert J. Meyers, and Michael Glassman. 2007. "Treatment Outcome for Street-Living, Homeless Youth." *Addictive Behaviors* 32:1237–51.



**Adults in the Making (AIM)**

*Description:* AIM is a family-centered preventive intervention designed to enhance the family protective process and self-regulatory competence to deter escalation of alcohol use and development of substance use problems. AIM seeks to safeguard against the negative impact of life stressors on African American youth while also preventing engagement in risky behavior, by focusing on family protective factors (such as emotional and instrument support), coaching and advocacy, and racial socialization. The AIM program also focuses on enhancing youths’ ability to self-regulate, which includes the ability to set goals, problem-solve—especially in settings where racial discrimination was present—and anticipate the consequences of their choices.

The AIM program consists of six weekly group meetings at a community facility. The curriculum includes separate skill-building courses for parents and youth, followed by a joint parent–youth session, where parents are able to exhibit the skills they learned in their separate training. Each training session lasts 1 hour, resulting in each participant receiving 12 hours of AIM training. During the parent training sessions, the curriculum focuses on ensuring that parents have the skills and understanding to provide developmentally appropriate emotional and instrumental support to youths. During the youth sessions, the curriculum concentrates on providing youths the tools to develop a plan for the future, set goals, identify individuals who can help them meet their goals, cope with barriers and racial discrimination, and develop self-care strategies.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, Parent Training, Alcohol and Drug Prevention	Youths in their last 2 years of secondary school who reside in rural counties	Black	16 -18	Both	Families were paid \$100 at each assessment.	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes** Overall, the preponderance of evidence indicates that the program has a positive impact on deterring the use of alcohol, drugs, and involvement in other risky behaviors among participants.

**References**

Brody, Gene, H., Yi–Fu Chen, Steven Kogan, Karen Smith, and Anita Brown. 2010. “Buffering Effects of a Family-Based Intervention for African American Emerging Adults.” *Journal of Marriage and Family Therapy* 72(5):1426–35.

Brody, Gene, H., Tianyi Yu, Yi–Fu Chen, Steven Kogan, and Karen Smith. 2012. “The Adults in the Making Program: Long-Term Protective Stabilizing Effects on Alcohol Use and Substance Use Problems for Rural African American Emerging Adults.” *Journal of Consulting and Clinical Psychology* 80(1):17–28.

**Aggression Replacement Training® (ART®)**

*Description:* ART® is a multidimensional psychoeducational intervention that concentrates on development of individual competencies to address various emotional and social aspects that contribute to aggressive behavior in youths. Program techniques are designed to teach youths how to control their angry impulses and take perspectives other than their own. The main goal is to reduce aggression and violence among youths by providing them with opportunities to learn prosocial skills in place of aggressive behavior.

ART® consists of a 10-week, 30-hour intervention administered to groups of 8 to 12 juveniles three times per week. The program relies on repetitive learning and transfer training techniques to teach participants to control impulsiveness and anger so they can choose to use more appropriate prosocial behaviors. In addition, guided group discussion is used to correct antisocial thinking. The program consists of three interrelated components, all of which come together to promote a comprehensive aggression-reduction curriculum: Structured Learning Training, Anger Control Training, and Moral Reasoning. Each component focuses on a specific prosocial behavioral technique: action, affective/emotional, or thought/values. During program implementation, youths attend a 1-hour session each week for each of the three components.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Group Therapy, Violence Prevention	Young Offenders with a history of serious aggression and antisocial behavior –e.g., incarcerated juvenile offenders and youths with clinical behavioral disorders	Not specified	11-17	Both	Program cost: estimated at \$745 per youth.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Among adolescents taking part in the intervention there was a statistically significant reduction in felony recidivism, improved social skills and a reduction in problem behavior among participants.					

**References**

Washington State Institute for Public Policy. 2004. *Outcome Evaluation of Washington State’s Research-Based Programs for Juvenile Offenders*. Olympia, Wash.: Washington State Institute for Public Policy.

Gundersen, Knut K., and Frode Svartdal. 2006. “Aggression Replacement Training in Norway: Outcome Evaluation of 11 Norwegian Student Projects.” *Scandinavian Journal of Education Research* 50(1):63–81.

**Alley-Gating in Liverpool (England)**

*Description:* Alley-gates are hardware, lockable gates that restrict access to an alley to local residents, thus reducing opportunities for potential offenders. This type of installation is particularly suited to many British industrial cities, where so many of the properties have narrow alleys that run along the back of the houses. The goal of installing alley-gates in Liverpool, England, was to reduce burglary. Such programs can sometimes also reduce other types of crime and disorder.

The planning process for installing the gates can easily take up to a year. Permission needs to be secured from all the residents affected by the installation. Also, if the alley is a public right of way, then alley-gating may be prohibited. Gates have to be manufactured to fit each specific location. Gates have a life expectancy of 10 years, depending on the upkeep. Residents are given keys.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, Specific deterrence	N/A	N/A	N/A	N/A	The intervention was found to be cost effective at 12 months. A return of £1.86 was achieved for every £1 spent.	• Before CJ involvement )
<b>Evaluation Outcomes</b>	The analysis found that the greater the “intensity” of the intervention (i.e., the number of gates fitted, blocks protected, or houses protected), the larger the reduction in burglary, and spatial diffusion was observed in 4 out of seven buffer zones along with some tactical displacement.					
<b>References</b>						
Bowers, Kate J., Shane D. Johnson, and Alex F. G. Hirschfield. 2004. “Closing Off Opportunities for Crime: An Evaluation of Alley-Gating.” <i>European Journal on Criminal Policy and Research</i> 10:285–308.						

**Behavioral Couples Therapy for Substance Abuse (BCT)**

*Description:* BCT is a family-based treatment approach for substance- and alcohol-abusing couples and their families. The assumption underlying BCT is that therapeutic interventions that are designed to address substance abuse problems while concurrently dealing with a patient's family and relationship issues may provide a significant benefit because family and relationship factors appear to play a critical role in a patient's abstinence from substance abuse and relapse after treatment. Involvement of intimate partners in the therapeutic process could increase the success of treatment and reduce the risk of relapse.

Patients are required to remain abstinent from drugs and alcohol through a sobriety contract, which is verbally agreed to and is reinforced with the help of the patient's significant other. Patients are taught communication skills such as active listening and expressing feelings directly. They are also taught Cognitive Behavioral Therapy skills to: cope with exposure to drugs, identify high-risk situations, deal with cravings, and confront thoughts of use. Couples are encouraged to find positive behaviors and enjoyable activities that can be shared together to increase relationship satisfaction. Meetings usually last 60 to 90 minutes and include individual, group, and couples sessions. BCT consists of three phases: orientation (4 weeks-individual and group therapy sessions), primary treatment (12 weeks-individual, group and couple therapy sessions, complete Marriage Happiness Scale), and discharge (8 weeks- only individual therapy sessions). Throughout treatment, patients are required to submit urine or blood-alcohol breath samples at each session, though only one urine sample is tested a week.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Cognitive Behavioral Treatment, Group Therapy, Individual Therapy	Alcohol and Other Drug (AOD) Offenders, Families	Black, Hispanic, White, Other	20 -60	Both	Men receiving BCT showed \$5.00 in cost savings for every treatment dollar spent. Average cost savings of nearly \$7,000 per patient for BCT and a net benefit (after paying to deliver BCT) of nearly \$5,000 per patient.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** At follow-up, patients reported significant reductions in substance use, higher marital adjustment test scores, relationship satisfaction, and decreased drinking rates than the individual-based treatment group.

**References**

Fals-Stewart et al. 2000. "Behavioral Couples Therapy Versus Individual-Based Treatment for Male Substance-Abusing Patients: An Evaluation of Significant Individual Change and Comparison of Improvement Rates." *Journal of Substance Abuse Treatment* 18:249-54.

Winters et al. 2002. "Behavioral Couples Therapy for Female Substance-Abusing Patients: Effects on Substance Abuse Use and Relationship Adjustment." *Journal of Consulting and Clinical Psychology* 70(2):344-55.

Fals-Stewart, et al. 2006. "Learning Sobriety Together: A Randomized Clinical Trial Examining Behavioral Couples Therapy With Alcoholic Female Patients." *Journal of Consulting and Clinical Psychology* 74(3):579-91.

Fals-Stewart et al. 1997. "Behavioral Couples Therapy for Male Substance-Abusing Patients: A Cost Outcomes Analysis." *Journal of Consulting and Clinical Psychology* 65(5):789-802.

**Better Futures Program**

*Description:* The Better Futures program is designed to increase higher education participation among youths in foster care who have mental health conditions. Eligible participants are those 1) in the guardianship of the state foster care system, 2) living within the project’s geographic area, 3) in high school or a GED program and 1 or 2 years away from completion of secondary education, 4) identified as experiencing a significant mental health condition (defined by receiving special education services for an emotional disability, taking psychotropic medication, living in a therapeutic setting, or receiving mental health counseling), and 5) if living in a locked facility, must be allowed to leave the facility with project staff to participate in program activities. Additionally, they must indicate that they are not opposed to exploring college or vocational school options, and that they have not yet applied.

The Better Futures program is delivered over a 10-month period and consists of three components: 1) a 4-day, 3-night Summer Institute on a university campus –i.e., youths live in university dorms and participate in a variety of experiences with near peers, college or vocational education representatives, and other professionals, 2) individual, bimonthly peer-coaching sessions in identifying and pursuing self-defined postsecondary and related goals –i.e., the peer coach meets with the youth’s caseworker and/or foster parent to provide an in-depth orientation to the coaching process, confirm contact information, establish a meeting schedule, and answer questions, and 3) five mentoring workshops with peer coaches and professionals with expertise in foster care, mental health, and postsecondary education –i.e., mentoring workshops bring together youths and their coaches for discussions and experiences around relevant topics, including an overview of the college application process, review of the senior timeline for college application activities, mental health and self-care, and transition services and resources . The intervention begins with one or two peer-coaching meetings to orient participants to the intervention and help them generate initial thoughts about postsecondary education.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Mentoring	Young people with serious mental health challenges	Black, American Indians/ Alaska Native, Asian/ Pacific Islander, Hispanic, White, Other	16-18	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	Youths who received the intervention had significant improvements on self-determination, mental health empowerment, transition planning, career self-efficacy, hope, barriers to education, postsecondary preparation, and transition planning, but not on quality of life or mental health recovery.					

**References**

Geenen, Sarah, Laurie E. Powers, and Lee Ann Phillips. 2015 “Better Futures: A Randomized Field Test of a Model for Supporting Young People in Foster Care with Mental Health Challenges to Participate in Higher Education.” *The Journal of Behavioral Health Services & Research*42(2):150–71.

**Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) Program**

*Description:* The goal of Big Brothers Big Sisters of America (BBBS) Community-Based Mentoring (CBM) is to support the development of healthy youths by addressing their need for positive adult contact, thereby reducing risk factors for negative behavior and enhancing protective factors for positive behavior. BBBS CBM focuses on meeting the needs of communities that are facing hardship by helping youth withstand the many negative effects of adversity. The program is intended for youth who often come from single-parent households and low-income neighborhoods. In some cases, they are coping with the stress of parental incarceration.

The program involves one-to-one mentoring between a Big Brother or Big Sister (the mentor or adult) and a Little Brother or Little Sister (the mentee or youth) that takes place in a community setting. The match between the adult and youth is the most important part of the intervention, because this pairing can lead to a caring and supportive relationship, which can be crucial for youth at high risk. The mentors in CBM programs spend significant time together with mentees (about 3 to 5 hours a week, 2 to 4 times a month, for at least 1 year). Goals of the one-to-one mentorship are established between the BBBS case manager and the parent/guardian, along with the child. One goal is to develop a relationship that is mutually satisfying, where both mentor and mentee wish to come together freely on a regular basis. Other goals may include better school attendance or grades, improving relationships with family members, learning new skills, or developing a new hobby.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Mentoring, Children Exposed to Violence, Alcohol and Drug Prevention	Children at high risk of exposure to violence and trauma at home and in the community	Black, American Indians/Alaska Native, Hispanic, White	6-18	Both	Program cost: estimated at \$1,000 per mentor match.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	It was associated with a significant reduction in initiating drug and alcohol use and antisocial behavior among mentored youth. Also, mentored youth had significantly better relationships with parents and emotional support among peers. The program, however, did not have a significant effect on youths' academic performance (grades and absences) or self-worth.					

**References**

Tierney, Joseph P., Jean Baldwin Grossman, and Nancy L. Resch. 2000. *Making a Difference: An Impact Study of Big Brothers/Big Sisters*. Philadelphia, Pa.: Public/Private Ventures.  
[http://ppv.issuelab.org/resource/making\\_a\\_difference\\_an\\_impact\\_study\\_of\\_big\\_brothersbig\\_sisters\\_re\\_issue\\_of\\_1995\\_study](http://ppv.issuelab.org/resource/making_a_difference_an_impact_study_of_big_brothersbig_sisters_re_issue_of_1995_study)

**Brief Alcohol Screening and Intervention of College Students (BASICS)**

*Description:* Brief Alcohol Screening and Intervention of College Students (BASICS) is a harm-reduction intervention for college students. Students often conform to patterns of heavy drinking they see as acceptable, while holding false beliefs about alcohol’s effects or actual alcohol-use norms. BASICS is designed to help students make better decisions about using alcohol. The program’s style is empathic, rather than confrontational or judgmental. It aims to 1) reduce alcohol consumption and its adverse consequences, 2) promote healthier choices among young adults, and 3) provide important information and coping skills for reducing risk.

The program is conducted over the course of two 50-minute interviews. Before or after the first interview, the student receives a self-report questionnaire to complete. From the questionnaire and the first interview, information is gathered about the student’s alcohol consumption pattern, personal beliefs about alcohol, understanding of social alcohol norms, and family history. The second interview, which occurs about 2 weeks after the initial interview, provides the student with personalized feedback on his or her patterns of drinking, typical and peak blood alcohol concentration, comparison of drinking patterns with other college students of the same age and gender, and level of family history of alcohol problems. Moreover, the program challenges inaccurate alcohol norms and myths about alcohol’s effects, highlights alcohol-related negative consequences, suggests ways to reduce future risks associated with alcohol use, and provides a menu of options to assist in making changes.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Individual Therapy, Motivational Interviewing, Alcohol and Drug Prevention	College students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems such as poor class attendance, missed assignments, accidents, sexual assault, and violence.	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	18 -24	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes** The intervention group significantly reduced the negative consequences related to drinking, lowered drinking quantities over the 4-year period, and had significantly fewer drinks per weekend than the control group. There were no significant differences in the quantities of alcohol consumed during the week between the two groups.

**References**

Baer, John S., Daniel R. Kivlahan, Arthur W. Blume, Patrick. McKnight, and G. Alan Marlatt. 2001. “Brief Intervention for Heavy-Drinking College Students: 4-Year Follow-Up and Natural History.” *American Journal of Public Health* 91(8):1310–16.

Mastroleo, Irene Markman Geisner, Joel R. Grossbard, Sean J. Tollison, Ty W. Lostutter, and Heidi Montoya. 2009. “A Randomized Clinical Trial Evaluating A Combined Alcohol Intervention for High-Risk College Students.” *Journal of Studies on Alcohol and Drugs*, 70:555–67.

**Buprenorphine Maintenance Treatment**

*Description:* Buprenorphine maintenance treatment (BMT) is used to treat individuals with opioid dependence. As with methadone maintenance treatment, the goals of BMT are to alleviate withdrawal symptoms, suppress opiate effects and cravings, and decrease the risk of overdose as a result of the illicit use of opioids. Buprenorphine can be used as a viable pharmacological alternative to methadone because it carries a lower risk of abuse, overdose, and side effects than do full opioid agonists and its effects last longer –i.e., while methadone requires daily dosing, buprenorphine can be taken once every 2 days. In addition, buprenorphine can be dispensed in office-based settings.

There are generally three stages of BMT: induction, stabilization, and maintenance. During the induction phase, patients are medically monitored during the beginning of the buprenorphine therapy. The stabilization phase begins once patients have greatly reduced or stopped their opioid abuse. At this phase they no longer have cravings and experience few or no side effects. The dosage may be adjusted during this phase. Finally, the maintenance phase is reached once patients are on a steady dose of buprenorphine. The length of time patients continue to receive BMT varies by individual and may be indefinite. On top of administering medication, BMT can provide patients with comprehensive rehabilitation services. Services can include group therapy, individual therapy, medical services, and referrals to community-based agencies.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Individual Therapy	Alcohol and Other Drug (AOD) Offenders	Black, American Indians/ Alaska Native, Asian/ Pacific Islander, Hispanic, White	18 -59	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The experimental group had more days of participation, treatment retention, decreased drug use, improved well-being and mental health. Participants had significantly reduced opiate cravings.

**References**

Krook, Aud L., Odd Brørs, Jannicke Dahlberg, Kirsten Grouff, P. Magnus, E. Røysamb, and Helge Waal. 2002. “A Placebo-Controlled Study of High Dose Buprenorphine in Opiate Dependents Waiting for Medication-Assisted Rehabilitation in Oslo, Norway.” *Addiction* 97:533–42.

Fudala, Paul J., T. Peter Bridge, Susan Herbert, William O. Williford, C. Nora Chiang, Karen Jones, Joseph Collins, Dennis Raisch, Paul Casadonte, R. Jeffrey Goldsmith, Walter Ling, Usha Malkernek, Laura McNicholas, John Renner, Susan Stine, and Donald Tusel. 2003. “Office-Based Treatment of Opiate Addiction with a Sublingual-Tablet Formulation of Buprenorphine and Naloxone.” *New England Journal of Medicine* 349(10):949–56.



**Career Academy**

*Description:* Career Academies are schools within schools that link students with peers, teachers, and community partners in a disciplined environment, fostering academic success, mental and emotional health, and labor market success. Originally created to help inner-city students stay in school and obtain meaningful occupational experience, Career Academies and similar programs have evolved into a multifaceted, integrated approach to reducing delinquent behavior and enhancing protective factors among at-risk youths. These academies enable youths who may have trouble fitting into the larger school environment to belong to a smaller educational community and connect what they learn in school with their career aspirations and goals. They aim to improve labor market prospects of youth beyond high school without compromising high school academic goals and preparation for postsecondary education. Because of these emphases on labor market prospects and postsecondary preparation, each Career Academy will have a specific career concentration such as in law enforcement, tourism, finance, homeland security, or health.

The Career Academy approach is distinguished by three core features that offer direct responses to several problems that have been identified in high schools, particularly in those schools serving low-income communities and students at risk of school failure. First, a Career Academy is organized as a school within a school in which 50 to 75 students stay with a group of 3 to 5 teachers over the 3 or 4 years of high school. The aim is to create a more personalized and supportive learning environment for students and teachers. Second, a Career Academy offers students a combination of academic and vocational curricula and uses a career theme to integrate the two. Third, a Career Academy develops partnerships with local employers in an effort to build connections between school and work and to provide students with a range of career development and work-based learning opportunities.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, School/Classroom Environment, Vocational/Job Training	At-risk youth	Black, American Indians/ Alaska Native, Asian/ Pacific Islander, Hispanic, White	13-19	Both	There is no cost information available for this program.	• Before CJ involvement (preventative)
<b>Evaluation Outcomes</b>	The program had a significant, positive effect on earnings among young men in the Academy group. However, there was no significant effect on young women’s labor market outcomes or on all participating youths’ high school completion rate, post-secondary education or attainment, or social adjustment outcomes.					

**References**

Kemple et al. 2004. *Career Academies: Impacts on Labor Market Outcomes and Educational Attainment*. San Francisco, Calif.: Manpower Demonstration Research Corporation.

Kemple, James J., with Cynthia J. Willner. 2008. *Career Academies: Long-Term Impacts on Labor Market Outcomes, Educational Attainment, and Transitions to Adulthood*. San Francisco, Calif.: Manpower Demonstration Research Corporation.

Page, Lindsay C. 2012. “Understanding the Impact of Career Academy Attendance: An Application of the Principal Stratification Framework for Causal Effects Accounting for Partial Compliance.” *Evaluation Review* 36:99–132.

**Children with Problematic Sexual Behavior–Cognitive Behavioral Therapy (PSB–CBT)**

*Description:* PSB-CBT is a short-term, outpatient group treatment program. The primary goal of PSB-CBT is to reduce and eliminate sexual behavior problems among school-age children. The program provides cognitive-behavioral, psychoeducational, and supportive services to children referred to the program for sexual behavior problems, and to their families. Intermediate goals are to increase awareness of sexual behavior rules and expectations, strengthen parent-management skills, improve parent-child communications and interactions, improve children’s self-management skills related to coping and self-control, improve children’s social skills, and decrease children’s internalizing and externalizing behaviors.

The PSB-CBT program for school-age children is typically implemented over 12 to 27 sessions, with each session lasting between 60 and 90 minutes. The program provides constructive and corrective feedback to teach children about appropriate and inappropriate sexual behaviors, and to teach their parents/caregivers how to communicate about sex education as well as how to implement appropriate sexual behavior rules in the home. In addition, caregivers are taught effective parenting strategies, and children are taught to develop plans on how they will follow appropriate sexual behavior rules and learn strategies to increase skills related to coping and self-control. The program uses an open-ended format (i.e., families are able to enter the program at any time) and youths typically graduate any time between 4 to 6 months of treatment. The program may also be delivered to individual children and their parents/caregivers, when a group is not feasible.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Group Therapy, Parent Training	Children 12 years of age and younger who exhibit intrusive sexual behaviors that are usually directed at other, often younger children.	Black, American Indians/Alaska Native, White, Other	7-12	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	Compared to youths in play therapy, youths in the CBT for sexual behavior problems group had significantly fewer sexual offenses. There was no significant difference in the rate of non-sexual offenses between these groups.					

**References**

Carpentier, Melissa Y., Jane F. Silovsky, and Mark Chaffin. 2006. “Randomized Trial of Treatment for Children with Sexual Behavior Problems: Ten Year Follow-Up.” *Journal of Consulting and Clinical Psychology* 74(3):482-488.

**Cognitive Behavioral Intervention for Trauma in Schools (CBITS)**

*Description:* Cognitive Behavioral Intervention for Trauma in Schools (CBITS) was designed for use in schools for children who have had substantial exposure to violence or other traumatic events and who have symptoms of posttraumatic stress disorder (PTSD) in the clinical range. The CBITS program has three main goals: 1) to reduce symptoms related to trauma, 2) to build resilience, and 3) to increase peer and parent support. The program was developed to reduce symptoms of distress and build skills to improve children’s abilities to handle stress and trauma in the future.

The program addresses risk factors for developing chronic disturbances following trauma. Symptom reduction is accomplished by CBT practices—reducing maladaptive thinking that can drive depressive and anxious moods, reducing anxiety directly through relaxation training, reducing anxiety through behavior therapy (exposure to anxiety-provoking stimuli and habituation of anxiety), and processing the traumatic experience to reduce both anxiety and traumatic grief. The CBITS intervention incorporates cognitive-behavioral therapy skills in a group format (five to eight students per group) over 10 child group sessions, each lasting one class period. In each session, a new set of skills is taught to the child, using didactic presentation, age-appropriate examples, and games. The child then uses the skills to address his or her problems through homework assignments collaboratively developed by the child and CBITS clinician.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Group Therapy, Individual Therapy, School/Classroom Environment, Children Exposed to Violence	Victims of Crime, Children Exposed to Violence	Hispanic	10-15	Both	Training for 12–15 trainers costs approximately \$4,000, plus trainer travel expenses. The CBITS manual costs approximately \$45. One professional can screen students in the general school population and select students with elevated symptoms, delivering up to 30 CBITS groups per academic year (6–8 students per group), for a total of about 210 students. Given an estimated annual cost of a full-time social worker at \$90,000, this would result in a cost of \$430 per participant.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul>
<b>Evaluation Outcomes</b>	The study found significantly lower scores of self-reported PTSD, depressive symptoms and psychosocial dysfunction than the comparison group.					

**References**

Stein, Bradley D., Lisa H. Jaycox, Sheryl H. Kataoka, Marleen Wong, Wenli Tu, Marc N. Elliot, and Arlene Fink. 2003. “A Mental Health Intervention for Schoolchildren Exposed to Violence.” *Journal of the American Medical Association* 290(5):603–11.  
<http://jama.jamanetwork.com/article.aspx?articleid=197033>

Kataoka, Sheryl H., Bradley D. Stein, Lisa H. Jaycox, Marleen Wong, Pia Escudero, Wenli Tu, Catalina Zaragoza, and Arlene Fink. 2003. “A School-Based Mental Health Program for Traumatized Latino Immigrant Children.” *Journal of the American Academy of Child and Adolescent Psychiatry* 42(3):311–18.

**Cognitive-Processing Therapy**

*Description:* Cognitive-Processing Therapy (CPT) was designed to treat posttraumatic stress disorder (PTSD) in victims of sexual assault. The overall goal of CPT is to restructure unbalanced thoughts directly related to the trauma. The therapy sessions focus on distorted beliefs (such as denial and self-blame), as well as over-generalized beliefs about oneself and the world. Clients are also exposed to their traumatic experience through writing detailed accounts of the incident, which they read aloud to their therapists. Therapists encourage clients to experience emotions while writing and reading the account in an effort to better determine areas of conflicting beliefs, logic, or assumptions that the client has in relation to the trauma.

The therapeutic technique is a manualized, 12-session therapy developed by Resick and Schnicke (1993), which includes cognitive therapy and a writing/reading exercise to recall the traumatic event. Session one begins with an overview of PTSD and cognitive therapy. Clients are also assigned to write a statement about the impact the trauma had on their lives. During session two, the client and therapist discuss the meaning of trauma, and clients are taught how events, thoughts, and emotions are intertwined. Following session three, clients are again asked to write about their trauma, but this time instructed to write a detailed account of the event, including emotions and thoughts. This statement is read aloud to the therapist during session four, where the therapist begins incorporating cognitive therapy, through Socratic questioning, to challenge the client’s self-blame and distortions surrounding the event. In session five, clients write another account of their traumatic event and read it aloud to their therapist. Beginning with session six and continuing for the remainder of the therapy, the therapist focuses on teaching clients to challenge and change their beliefs about the meaning of the event, as well as the impact of the trauma on their lives. During sessions 7–12, clients use worksheets that incorporate their earlier responses and are asked to develop more balanced self-statements.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Crisis Intervention/Response, Group Therapy, Individual Therapy, Victim Programs	Victims of Sexual Assault	Black, White, Other	18+	Female	There is no cost information available for this program.	• Before CJ involvement

**Evaluation Outcomes** Both PTSD and depression symptoms decreased with cognitive treatment, when compared with the control group.

**References**

Resick, Patricia A., Pallavi Nishith, Terri Weaver, Mille Astin, and Catherine Feuer. 2002. “A Comparison of Cognitive-Processing Therapy With Prolonged Exposure and a Waiting Condition for the Treatment of Chronic Posttraumatic Stress Disorder in Female Rape Victims.” *Journal of Consulting and Clinical Psychology* 70(4): 867–79.

Resick, P.A., and Schnicke, M.K. 1993. *Cognitive Processing Therapy for Rape Victims: A Treatment Manual*. Newbury Park, Calif.: Sage.

**Eisenhower Quantum Opportunities**

*Description:* The Eisenhower Quantum Opportunities (also known as the Eisenhower Foundation’s Quantum Opportunities Program) is an intensive, year-round, multicomponent intervention for disadvantaged teens during their 4 years in high school. The program was designed as a youth-investment and youth-development intervention for high-risk minority students in inner-city neighborhoods. The goal of the program is to improve academic achievement and attitudes toward school, increase rates of high school graduation and the number of students who advance to postsecondary education or training, and decrease problem behaviors. The intervention consists of tutoring, mentoring, life skills training, college preparation youth leadership training, and modest financial stipends –i.e., \$1.25 per hour to participate. Youths are provided with services over all 4 years of high school. Program participants are referred to as Quantum Associates.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, Mentoring	Minority students from inner-city neighborhoods at risk of academic failure	Black, Hispanic, Other	14-17	Both	The average cost per youth over 4 years of high school was \$13,150	• Before CJ involvement (preventative)

**Evaluation Outcomes** Program participants had significantly higher grade point averages, high school graduation rates, and college acceptance rates as compared with control group youths.

**References**

Curtis, Alan, and Tawana Bandy. 2015. *The Quantum Opportunities Program: A Randomized Control Evaluation*. Washington, D.C.: The Eisenhower Foundation.

**Engine Immobilizers**

*Description:* Engine immobilizers are devices that prevent a vehicle from starting unless they receive the correct signal from the driver. The goal of these systems is to reduce car theft. Engine immobilizer devices isolate the ignition system, the fuel system, the starter engine, or a combination of these systems. In order for a vehicle to start, the device must first receive a signal via transponder, remote key, electronic key, coded keypad, or key switch.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Crime Prevention , Situational Crime Prevention, Specific deterrence	N/A	N/A	N/A	N/A	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul>
<b>Evaluation Outcomes</b>	Cars fitted with immobilizers reduced rates of theft compared with cars not fitted with the device.					
<b>References</b>						
Potter, R., and P. Thomas. 2001. <i>Engine Immobilisers: How Effective Are They?</i> Melbourne,Australia: National Motor Vehicle Theft Reduction Council. <a href="http://www.ocsar.sa.gov.au/docs/cars/11.pdf">http://www.ocsar.sa.gov.au/docs/cars/11.pdf</a>						

**Families And Schools Together (FAST)**

*Description:* Families And Schools Together (FAST) is a multifamily group intervention program designed to build protective factors for children, to empower parents to be the primary prevention agents for their own children, and to build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school and thus avoid problems such as adolescent delinquency, violence, addiction, and dropping out of school. The FAST program achieves its goals by respecting and supporting parents and by using the existing strengths of families, schools, and communities in creative partnerships.

The program begins when a teacher or other school professional identifies a child with problem behaviors who is at risk for serious future academic and social problems. The professional refers the family for participation in the program, and trained recruiters—often FAST graduates—visit the parents at home to discuss the school’s concerns and invite them to participate in the program. The family then gathers with 8 to 12 other families for 8 weekly meetings, usually held in the school. The meetings, which typically last 2½ hours, include planned opening and closing routines, a family meal, structured family activities and communications, parent mutual-support time, and parent–child play therapy. Families participate in a graduation ceremony at the end of 8 weeks and then continue to participate in monthly follow-up meetings, run by the families, for 2 years.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Afterschool/Recreation, Conflict Resolution/Interpersonal Skills, Family Therapy, Group Therapy, Parent Training, Children Exposed to Violence	Children Exposed to Violence, Families	Black, American Indians/Alaska Native, Hispanic, Other	4-12	Both	There is no cost information available for this program.	• Before CJ involvement

**Evaluation Outcomes** Participants had fewer problem behaviors than their controls. There were mixed study results on social skills and academic competency. Other study findings were higher academic performance, improved family functioning and lower special education placement.

**References**

Kratchowill, Thomas R., Lynn McDonald, Joel R. Levin, Holly Young Bear–Tibbetts, and Michelle K. Demaray. 2004. “Families and Schools Together: An Experimental Analysis of a Parent-Mediated Multifamily Group Program for American Indian Children.” *Journal of School Psychology* 42:359–83.

McDonald, Lynn, D. Paul Moberg, Roger Brown, Ismael Rodriguez–Espiricueta, Nydia I. Flores, Melissa P. Burke, and Gail Coover. 2006. “Afterschool Multifamily Groups: A Randomized Controlled Trial Involving Low-Income, Urban, Latino Children.” *Children and Schools* 28(1):25–34.

Kratchowill, Thomas R., Lynn McDonald, Joel R. Levin, Phyllis A. Scalia, and Gail Coover. 2009. “Families and Schools Together: An Experimental Study of Multifamily Support Groups for Children at Risk.” *Journal of School Psychology* 47:245–65.

<b>Family Matters</b>						
<p><i>Description:</i> Family Matters is a family-directed program that aims to reduce tobacco and alcohol use among youth. The intervention is delivered through four booklets mailed to the home and through follow-up telephone calls by health educators. The booklets contain lessons and activities designed to motivate families to participate in the program and encourage families to consider characteristics related to adolescent substance use. Booklet content covers communication skills, parenting styles, attachment and time together, educational encouragement, conflict resolution, availability of tobacco and alcohol in the home, family rules about child use of tobacco and alcohol, and insights into peer and media influences. The mother or mother surrogate is asked to participate in the program and to involve additional adult family members. Adult family members are asked, in addition to reading the booklet, to complete activities with the adolescent that exercise key program content areas such as communication skills and rule setting.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Parent Training	Families with youth	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	12-14	Both	The average cost to implement Family Matters was \$140.42 per case.	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> </ul>
<b>Evaluation Outcomes</b>	There was a statistically significant program effect for smoking and drinking which suggest that the program reduced the prevalence of both behaviors.					
<b>References</b>						
Bauman, Karl E., Susan T. Ennett, Vangie A. Foshee, Michael R. Pemberton, Tonya S. King, and Gary G. Koch. 2002. "Influence of a Family Program on Adolescent Smoking and Drinking Prevalence." <i>Prevention Science</i> 3(1):35–42.						



**First Step to Success**

*Description:* First Step to Success is an early intervention program designed to identify children with antisocial behavior and introduce adaptive behavioral strategies to prevent antisocial behavior in school. The program has both school and home components. The primary goal of the program is to divert antisocial kindergartners from an antisocial behavior pattern during their subsequent school careers and to develop in them the competencies needed to build effective teacher- and peer-related, social-behavioral adjustments.

First Step to Success consists of three interconnected modules: 1) proactive, universal screening of all kindergartners, 2) school intervention involving the teacher, peers, and the target child that teaches adaptive behavior patterns, and 3) parent/caregiver training and involvement to support the child’s school adjustment. A key part of the program is the behavioral coaches who act as caseworkers for two to three students and are responsible for implementing and coordinating the school and home components of the intervention. Coaches are trained through lectures, videotaped demonstrations, role-playing, skill practice/feedback sessions, materials, and self-evaluation. The program relies on having the coach work with teachers and parents to give them the skills to teach students replacement behaviors and rewards students when those behaviors are used appropriately and consistently.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Parent Training, School/Classroom Environment	Children with antisocial behavior	Black, American Indians/ Alaska Native, Asian/ Pacific Islander, Hispanic, White, Other	5-8	Both	A complete First Step to Success Program Kit consisting of forms, consumable materials, and program manuals costs \$203.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	Participants showed improvements in adaptive behavior, less maladaptive behavior and aggression, and more attention to the teacher. There were no differences between groups on teacher ratings of withdrawn behavior and significant gains in functional impairment and academic competence.					

**References**

Walker, Hill M., Kate A. Kavanagh, Bruce Stiller, Annemieke M. Golly, Herbert H. Severson, and Edward G. Feil. 1998. “First Step to Success: An Early Intervention Approach for Preventing School Antisocial Behavior.” *Journal of Emotional and Behavioral Disorders* 6:66.

Walker, Hill M., Annemieke M. Golly, Janae Zolna McLane, and Madeleine Kimmich. 2005. “The Oregon First Step to Success Replication Initiative: Statewide Results of an Evaluation of the Program’s Impact.” *Journal of Emotional and Behavioral Disorders* 13(3):163–72.

Walker, Hill M., John R. Seeley, Jason Small, Herbert H. Severson, Bethany A. Graham, Edward G. Feil, Loretta Serna, Annemieke M. Golly, and Steven R. Forness. 2009. “A Randomized Controlled Trial of the First Step to Success Early Intervention.” *Journal of Emotional and Behavioral Disorders* 17(4):197–213.

**Functional Family Therapy (FFT)**

*Description:* Functional Family Therapy (FFT) is a family-based prevention and intervention program for high-risk youth that addresses complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive. The FFT clinical model concentrates on decreasing risk factors and on increasing protective factors that directly affect adolescents, with a particular emphasis on familial factors. FFT integrates several elements (clinical theory, empirically supported principles, and clinical experience) into a comprehensive clinical model. The model has five specific phases: engagement, motivation, relational assessment, behavior change, and generalization.

In the engagement phase, therapists concentrate on establishing and maintaining a strengths-based relationship with clients. During the motivational phase, therapists concentrate on the relationship process between adolescents and their family. The relational assessment involves analyzing the relational processes of the family, in addition to creating treatment places for the behavior change and generalization phases. The behavior change phase aims to reduce and eliminate the problem behaviors and accompanying family relational patterns through individualized behavior change interventions. The goal of the generalization phase is to increase the family’s capacity to adequately use multisystemic community resources and to engage in relapse prevention.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Family Therapy, Individual Therapy, Probation/Parole Services	At-risk youths –e.g., at risk for delinquency, violence, substance use, or other behavioral problems such as Conduct Disorder or Oppositional Defiant Disorder.	Black, American Indians/ Alaska Native, Asian/ Pacific Islander, Hispanic, White	11-18	Both	Total cost per youth for FFT was \$3,134. The benefits of this program, which included benefits to both crime victims and taxpayers, were calculated to be \$36,241 per youth.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes**  
 The treatment group had lower recidivism rates; and when the program was delivered by high-adherent therapists the results were even more significant. The program had a positive effect on youth by reducing risky behavior, increasing strengths, and by improving functioning across key life domains.

**References**

Gordon, Donald A., Jack Arbuthnot, Kathryn E. Gustafson, and Peter McGreen. 1988. “Home-Based Behavioral-Systems Family Therapy With Disadvantaged Juvenile Delinquents.” *American Journal of Family Therapy* 16(3):243–55.

Sexton, Thomas L., and Charles W. Turner. 2010. “The Effectiveness of Functional Family Therapy for Youth With Behavioral Problems in a Community Practice Setting.” *Journal of Family Psychology* 24(3):339–48.

Celinska, Katarzyna, Susan Furrer, and Chia-Cherng Cheng. 2013. “An Outcome-Based Evaluation of Functional Family Therapy for Youth with Behavioral Problems.” *OJJDP Journal of Juvenile Justice* 2(2): 23-36.

Barnoski, Robert. 2009. “Providing Evidence-Based Programs With Fidelity in Washington State Juvenile Courts: Cost Analysis.” Document No. 09–12–1201. Retrieved from Washington State Institute for Public Policy Web site: <http://www.wsipp.wa.gov/rptfiles/09-12-1201.pdf>

**Good Behavior Game**

*Description:* Good Behavior Game (GBG) is designed to improve aggressive/disruptive classroom behavior and prevent later criminality. GBG attempts to reduce a child's externalizing behavior and to promote prosocial behavior by encouraging positive interactions with peers. GBG improves teachers' ability to define tasks, set rules, and discipline students. It is implemented when children are in early elementary grades to provide them with the skills they need to respond to later, possibly negative, life experiences and societal influences.

GBG is a classroom management strategy in which students are assigned to work in teams, and each individual is responsible to the rest of his or her team for its success. It is understood that the entire team will be rewarded if they are found to be in compliance with classroom rules. GBG is implemented in three phases. In the introduction phase, children and teachers are familiarized with the GBG intermittently and for short periods of time. In the expansion phase, the duration of the GBG, the settings in which the GBG is played, and the behaviors targeted by the GBG are expanded. In the generalization phase, compliance with classroom rules outside GBG periods is encouraged by explaining to children that the GBG rules are applicable even when the game is not played. Eventually, the teacher begins the game with no warning and at different periods during the day, so students are always monitoring their behavior and conforming to expectations.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, School/Classroom Environment, Children Exposed to Violence	The program is universal and can be applied to general populations of early elementary school children, although the most significant results have been found for children demonstrating early high-risk behavior.	Black, White, Other	6-10	Both	There is no cost information available for this program.	• Before CJ involvement (preventative)
<b>Evaluation Outcomes</b>	The analysis showed males with higher levels of aggression at first grade, but there were increasing and significant effects at sixth grade. Findings also include reduced rates of externalizing behavior and more peer acceptance.					

**References**

Kellam, Sheppard G., George W. Rebok, Nicholas S. Ialongo, and Lawrence S. Mayer. 1994. "The Course and Malleability of Aggressive Behavior From Early First Grade Into Middle School: Results of a Developmental Epidemiologically Based Preventive Trial." *Journal of Child Psychology and Psychiatry* 35:259–81.

Witvliet, Miranda, Pol A.C. van Lier, Pim Cuijpers, and Hans M. Koot. 2009. "Testing Links Between Childhood Positive Peer Relations and Externalizing Outcomes Through a Randomized Controlled Study." *Journal of Consulting and Clinical Psychology* 77(5):905–15.

**Guiding Good Choices**

*Description:* Guiding Good Choices (GGC) promotes healthy, protective parent–child interactions and addresses children’s risk for early substance use. GGC is a multimedia family-competency training program. The program is delivered in five weekly sessions specifically designed to strengthen parents’ family management skills, parent–child bonding, and children’s peer-resistance skills. Children are required to attend one session, which concentrates on peer pressure. The other four sessions involve only parents and include instruction in four areas:

- Identifying risk factors for adolescent substance use and creating strategies to enhance the family’s protective processes
- Developing effective parenting skills, particularly those regarding substance use issues
- Managing anger and family conflict
- Providing opportunities for positive child involvement in family activities

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Parent Training, Alcohol and Drug Prevention	Families of children in grades 4–8	White	9-14	Both	The estimated cost of the program materials is \$1,079, which includes the core program kit packaged with 25 Family Guides	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes** There were significant positive effects of the interaction on proactive communication, decreased negative interactions between mothers and their children, improved quality relationships, and positive effects surrounding substance use (i.e. initiation and progression).

**References**

Kosterman, Rick, J. David Hawkins, Richard L. Spoth, Kevin P. Haggerty, and Kangmin Zhu. 1997. “Effects of a Preventive Parent Training on Observed Family Interactions: Proximal Outcomes From Preparing for the Drug-Free Years.” *Journal of Community Psychology* 25(3):277–92.

Spoth, Richard L.; M.L. Reyes; Cleve Redmond; and Chungyeol Shin. 1999. “Assessing a Public Health Approach to Delay Onset and Progression of Adolescent Substance Use: Latent Transition and Log-Linear Analyses of Longitudinal Family Preventive Intervention Outcomes.” *Journal of Consulting and Clinical Psychology* 67(5):619–30.

Spoth, Richard, Linda Trudeau, Max Guyll, Chungyeol Shin, and Cleve Redmond. 2009. “Universal Intervention Effects on Substance Use Among Young Adults Mediated by Delayed Adolescent Substance Initiation.” *Journal of Consulting and Clinical Psychology* 77(4):620–32.

**HOMEBUILDERS**

*Description:* HOMEBUILDERS is an in-home, intensive family preservation service (IFPS) and reunification program for families with children returning from or at risk of placement into foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities. The HOMEBUILDERS model is designed to eliminate barriers to service while using research-based interventions to improve parental skills, parental capabilities, family interactions, children’s behavior, and family safety. The goals are to prevent the unnecessary out-of-home placement of children through an intensive, onsite intervention and to teach families new problem-solving skills to improve family functioning. For high-risk families involved with the child protective services system, the goal of the program is to remove the risk of harm to the child instead of removing the child. In addition, HOMEBUILDERS also works with youths and their families to address issues that lead to delinquency, while allowing youths to remain in the community.

The primary intervention components of the HOMEBUILDERS model are engaging and motivating family members; conducting holistic, behavioral assessments of strengths and problems; developing outcome-based goals; using evidence-based cognitive-behavioral interventions; teaching skills to facilitate behavior change; and developing and enhancing ongoing supports and resources.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Crisis Intervention/Response, Family Therapy, Parent Training, Victim Programs, Children Exposed to Violence	Youths and families involved in the child welfare, juvenile justice, and mental health system.	Black, White, Other	1 - 17	Both	For each dollar invested in the HOMEBUILDERS program, the total benefit-to-cost ratio per participant was \$2.54. The total benefits minus the costs was \$4,775, a positive result indicating that money is saved by investing in the program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The start of the treatment period until a child returned home was significantly shorter for the experimental group. There were successful reunifications for both the treatment and control group. The intervention was shown to significantly reduce the rate of out-of-home placement.					

**References**

Fraser, Mark W., Elaine Walton, Robert E. Lewis, Peter J. Pecora, and Wendel K. Walton. 1996. “An Experiment in Family Reunification: Correlates of Outcomes at 1-Year Follow-up.” *Children and Youth Services Review* 18:335–61.

Kirk, Raymond S., and Diane P. Griffith. 2003. “Intensive Family Preservation Services: Demonstrating Placement Prevention Using Event History Analysis.” *Social Work Research* 28:5–18.

**Harlem (NY) Children's Zone – Promise Academy Charter Middle School**

*Description:* The Harlem Children’s Zone (HCZ) is a 97-block area in the Harlem neighborhood of New York, NY, that combines "no excuses" charter schools with communitywide initiatives to address some of the main problems that underprivileged children face every day, such as inadequate schools, high-crime neighborhoods, and health issues. One important component of the HCZ Project is the Promise Academy Charter Middle School, which aims to provide students in grades 6–8 with a well-rounded, high-quality education.

The Promise Academy combines structural reforms with wraparound services to provide students with a comprehensive college preparatory program. The Promise Academy provides an extended school day and year, coordinated afterschool tutoring, and additional classes on Saturdays for anyone who needs extra help with homework. In the classroom, strong focus is placed on mastering basic skills, especially literacy and mathematics skills. Students have more than 2 hours of literacy instruction and more than 90 minutes of mathematics instruction every day. Students also explore coursework in the arts and sciences. The Promise Academy also runs a health clinic in the middle school building that provides students with free medical, dental, and mental-health services.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Afterschool/Recreation, Classroom Curricula, Mentoring, School/Classroom Environment, Truancy Prevention	Low-income, minority students in Harlem who are usually 2 or 3 years behind grade level	Black, Hispanic	11-14	Both	The Harlem Children’s Zone in the Harlem neighborhood of New York, NY, spent approximately \$19,272 per pupil at the Promise Academy.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	Price Academy enrollment has the potential to eliminate racial gaps in both math and English Language Arts test scores between white and African American middle school students in New York City. There were improvements in math, ELA scores, and fewer absences.					

**References**

Dobbie, Will, and Roland G. Fryer Jr. 2010. *Are High-Quality Schools Enough to Increase Achievement Among the Poor? Evidence from the Harlem Children’s Zone*. Cambridge, Mass.: The Kennedy School, Harvard University.  
[http://scholar.harvard.edu/files/fryer/files/hcz\\_nov\\_2010.pdf](http://scholar.harvard.edu/files/fryer/files/hcz_nov_2010.pdf)

**INSIGHTS into Children's Temperament**

*Description:* INSIGHTS into Children's Temperament is an elementary-school-based comprehensive intervention in which parents, teachers, and clinicians are taught to recognize children’s behavioral expressions of temperaments, and to use temperament-based strategies to improve their relationships with children. They are also provided with alternative attentional and behavioral disciplinary strategies to use with children. Throughout the program sessions, teachers and parents are given a framework to appreciate individual differences in children, and develop child-management strategies directed at reducing behavior problems. INSIGHTS also includes a curriculum for grades K–1, in which puppets are used to teach children strategies for regulating their emotions, attention, and behavior in temperamentally challenging situations.

INSIGHTS is a school-based intervention delivered to parents, students, and teachers through role-playing, discussion, assignments, instruction, and videotaped vignettes in a 10-session curriculum. The teacher and parent sessions are delivered in three parts:

- *Part 1:* “Learning about Child Temperament” teaches the 3 *R*’s: Recognize, Reframe, and Respond.
- *Part 2:* “Gaining Compliance” teaches participants to use behavior-management strategies specifically matched to the child’s temperament.
- *Part 3:* “Giving Control” integrates developmentally appropriate strategies learned in earlier sessions to provide additional support for the child who is met with temperamentally challenging situations.

The children’s 10-week curriculum is conducted for 45 minutes per week (during the same timeframe as the teacher and parent programs), using puppets that represent common temperament types. Children view video vignettes that demonstrate each puppet’s response to a range of situations and interact with the puppets and their peers to solve problems that they may face daily.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Parent Training	Youth in elementary school, Families	Black, Hispanic, White, Other	4-7	Both	For information regarding cost and availability for INSIGHTS go to <a href="http://insightsintervention.com/">http://insightsintervention.com/</a>	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes** In both studies, authors found that the intervention had a marginal-to-moderate effect on behavior problems exhibited by children.

**References**

McClowry, Sandee, David Snow, and Catherine Tamis-LeMonda. 2005. “An Evaluation of the Effects of “INSIGHTS” on the Behavior of Inner City Primary School Children.” *Journal of Primary Prevention* 26(6):567–83.

O’Connor, Erin E., Elise Cappella, Meghan McCormick, and Sandee McClowry. 2014. “An Examination of the Efficacy of INSIGHTS in Enhancing the Academic and Behavioral Development of Children in Early Grades.” *Journal of Educational Psychology* 106(4):1156–69.

**LifeSkills® Training**

*Description:* LifeSkills® Training (LST) is a classroom-based tobacco-, alcohol-, and drug abuse–prevention program for upper elementary and junior high school students. The goals of LST are to prevent tobacco, alcohol, and illicit drug abuse by targeting key risk and protective factors associated with these behaviors. LST is designed to: (1) increase knowledge of the adverse consequences of substance use; (2) promote anti-drug attitudes and norms; (3) teach personal self-management skills; (4) teach general social skills; and (5) teach skills for resisting social influences to smoke, drink, use illicit drugs, and engage in aggressive or violence-related behaviors.

LST has five key elements: a cognitive component, self-improvement component, a decision-making component, a coping with anxiety component, and a social skills training component. The LST curriculum is centered on the development of drug resistance, personal self-management and increased social skills in the students. The middle school program is designed to be taught in a sequence over 3 years, with the first year’s curriculum more intensive (with 15 class meetings) and booster sessions in the following 2 years’ acting as a refresher and review for participants. The elementary school program offers 24 classes to be taught during either third, fourth, fifth, or sixth grade. An LST program for parents is also available.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/ Interpersonal Skills, School/Classroom Environment, Alcohol and Drug Prevention	LST is designed to target students who have not yet initiated substance use or are early stage users. The target age group for LST is early adolescence when peer groups and social pressures begin to influence children into substance use experimentation, particularly with tobacco, alcohol and marijuana.	White	11-18	Both	For specific information on costs of the program, visit the LifeSkills Training Web site: <a href="http://www.lifeskillstraining.com/">http://www.lifeskillstraining.com/</a>	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	The training had positive effects on the treatment groups showing reduced growth of substance initiation, lowered cigarette and alcohol use, and some differences for self-reported marijuana and polydrug use.					

**References**

Botvin, Gilbert J., Eli Baker, Linda Dusenbury, Elizabeth M. Botvin, and Tracy Diaz Nichols. 1995. “Long-Term Follow-Up Results of a Randomized Drug Abuse Prevention Trial in a White Middle-Class Population.” *Journal of the American Medical Association* 273(14):1106–12.

Trudeau, Linda, Richard L. Spoth, Catherine J. Goldberg–Lillehoj, Cleve Redmond, and Kandauda A.S. Wickrama. 2003. “Effects of a Preventive Intervention on Adolescent Substance Use Initiation, Expectancies, and Refusal Intentions.” *Prevention Science* 4(2):109–22.



**Linking the Interests of Families and Teachers (LIFT)**

*Description:* Linking the Interests of Families and Teachers (LIFT) is a preventive intervention designed to address two factors that put children at risk for subsequent antisocial behavior and delinquency: 1) aggressive and other at-risk social behaviors with teachers and peers at school and 2) certain parenting practices, including inconsistent discipline and lax supervision.

The program has three main components: 1) classroom-based child social skills training, 2) the playground Good Behavior Game (GBG), and 3) parent management training. It also focuses on systematic communication between teachers and parents. Child social skills training sessions are held during the regular school day and are broken into distinct segments. The training is delivered in 20 one-hour sessions over a 10-week period. The playground GBG takes place during the free-play portion of the social skills training and is used to actively encourage positive peer relations on the playground. The parent management training component of LIFT is conducted in groups of 10 to 15 parents, and consists of six weekly 2½-hour sessions.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Conflict Resolution/Interpersonal Skills, Parent Training, School/Classroom Environment, Children Exposed to Violence, Alcohol and Drug Prevention	The target population is children within the elementary school setting, particularly first graders and fifth graders. The program is designed for children and their families living in at-risk neighborhoods.	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	6-11	Both	There is no cost information available for this program.	• Before CJ involvement (preventative)

**Evaluation Outcomes** The intervention group showed less child physical aggression, a reduction in substance use initiation; and although the entire sample showed significant mean increases in substance use growth over time, the intervention slowed down the rate.

**References**

Reid, John B., J. Mark Eddy, Rebecca A. Fetrow, and Mike Stoolmiller. 1999. "Description and Immediate Impacts of a Preventive Intervention for Conduct Problems." *American Journal of Community Psychology* 27(4):483–517.

DeGarmo, David S., J. Mark Eddy, John B. Reid, and Rebecca A. Fetrow. 2009. "Evaluating Mediators of the Impact of the Linking the Interests of Families and Teachers (LIFT) Multimodal Preventive Intervention on Substance Use Initiation and Growth Across Adolescence." *Prevention Science* 10:208–220.

**Methadone Maintenance Treatment**

*Description:* Methadone maintenance treatment (MMT) is a medication-assisted treatment intervention. MMT helps opioid-addicted patients alleviate withdrawal symptoms, reduce opiate cravings, and bring about a biochemical balance in the body in order to reduce the illicit use of opioids. Methadone works by occupying the opioid brain receptor and blocking the high that usually comes from illicit opioid drug use. This reduces the need and desire for users to seek and abuse opioids and diminishes the disruptive and uncontrolled behavior often associated with addiction. Subsequently, this allows patients to participate in normative activities, such as drug treatment programs or therapies. Methadone can suppress narcotic withdrawal symptoms for 24 to 36 hours for patients. Single oral doses are administered daily under observation at a licensed clinic.

In addition to administering medication, MMT also involves providing patients with comprehensive rehabilitation services. Services can include group therapy, individual therapy, medical services, and referrals to community-based agencies that can assist with health and mental health issues, HIV prevention and intervention services, education, housing, and employment.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Individual Therapy	Individuals with opioid dependence	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	18+	Both	Methadone maintenance therapy (MMT) has a cost-benefit ratio of 4:1. This means that for every \$1 spent on MMT, \$4 is accrued in economic benefit.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The methadone maintenance treatment intervention group had significantly lower HIV drug-risk behaviors (i.e. less reported needle use) than the comparison group who received psychologically enriched 180-day methadone assisted detoxification. The standard and minimal treatment group both reported less heroin use and had fewer positive urine tests at follow-up than the detoxification group.

**References**

Sees, Karen L., Kevin L. Delucchi, Carmen Masson, Amy Rosen, H. Westley Clark, Helen Robillard, Peter Banys, and Sharon M. Hall. 2000. "Methadone Maintenance vs. 180-Day Psychosocially Enriched Detoxification for Treatment of Opioid Dependence: A Randomized Controlled Trial." *Journal of the American Medical Association* 283(10):1303-10.

Gruber, Valerie A., Kevin L. Delucchi, Anousheh Kielstein, and Steven L. Batki. 2008. "A Randomized Trial of 6-Month Methadone Maintenance With Standard or Minimal Counseling Versus 21-Day Methadone Detoxification." *Drug and Alcohol Dependence* 94:199-206.

**Midwestern Prevention Project (MPP)**

*Description:* The Midwestern Prevention Project (MPP) was a comprehensive, community-based, multifaceted program intended to prevent or reduce gateway substance use (alcohol, tobacco, and marijuana) during adolescence. The program strived to help youths recognize the social pressures to use drugs and to provide them with assertiveness skills to help refuse peer pressure and avoid drug use. MPP was designed to eliminate gateway substance use in middle school students and to reduce the risk of delinquency along the lifespan.

MPP disseminated an antidrug message to students through a system of coordinated, communitywide strategies that involved various areas that influence a middle school student’s life, including school, community, family, and mass media. These components were introduced to the community in sequence at a rate of one a year, with the mass media component occurring throughout all the years. All components involved regular meetings of respective deliverers (for example, community leaders for organization) to review and refine programs. Overall, the interrelated components were intended to promote a comprehensive curriculum that disseminated a zero-tolerance attitude toward substance use.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Community Awareness/Mobilization, School/Classroom Environment, Alcohol and Drug Prevention	The program was targeted at youths in the transitory period from early adolescence to middle adolescence, as this age presents a high risk for gateway drug use. The program was intended for use in a school-based setting for middle school students, specifically, sixth and seventh graders.	Black, Hispanic, White, Other	10-14	Both	The cost to implement the Midwestern Prevention Program (MPP) over a 3-year period is estimated at \$175,000.	• Before CJ involvement <i>(preventative)</i>
<b>Evaluation Outcomes</b>	The program significantly reduced cigarette smoking prevalence among treatment youths relative to the control group. There was no significant sustained effect for alcohol or marijuana use at follow-up.					

**References**

Pentz, Mary Ann, David P. MacKinnon, Brian R. Flay, William B. Hansen, C. Anderson Johnson, and James H. Dwyer. 1989. “Primary Prevention of Chronic Diseases in Adolescence: Effects of the Midwestern Prevention Project on Tobacco Use.” *American Journal of Epidemiology* 130(4):713–24.

Chou, Chih–Ping, Susanne Montgomery, Mary Ann Pentz, Louise Ann Rohrbach, C. Anderson Johnson, Brian R. Flay, and David P. MacKinnon. 1998. “Effects of a Community-Based Prevention Program on Decreasing Drug Use in High-Risk Adolescents.” *American Journal of Public Health* 88(6):944–48.

**Multidimensional Family Therapy**

*Description:* Multidimensional Family Therapy (MDFT) is a manualized family-based treatment and substance abuse prevention program. There are two intermediate intervention goals for every family: helping the adolescent achieve an interdependent, developmentally appropriate attachment bond to parents and family, and helping the adolescent build strong connections and achieve success in critical systems outside of the family, including school/vocational training, prosocial peer groups, recreational pursuits, and other positive outlets such as spiritual supports.

The treatment seeks to significantly reduce or eliminate an adolescent’s substance abuse and other problem behaviors and improve overall family functioning through multiple components, assessments, and interventions in four core domains areas of life (adolescent, parent, family, and community). Trained therapists conduct work with an individual adolescent, his/her parents, and other family members. The four domains listed above organize the treatment, with the therapist working simultaneously and systematically linking interventions that occur in each domain.

In general, work in these domains is completed over three phases. The first phase focuses on building motivation for change with the adolescent, family members, and external supports, as well as the establishment of multiple therapeutic alliances and assessment of the adolescent’s and family members’ life and relationship building. The second phase is most intense, and focuses on requesting changes in relationships, problem solving, and important areas of functioning identified in the first phase. In the final phase, the therapist works with the youth and family to be able to generalize and extend the use of these new skills in new situations and to anticipate potential challenges and develop plans to address them following treatment. This phase focuses on change maintenance.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Conflict Resolution/Interpersonal Skills, Family Therapy, Individual Therapy, Parent Training, Alcohol and Drug Prevention	Adolescents with drug and behavior problems and delinquency. It is typically delivered in an outpatient setting, though it can also be used in inpatient settings.	Black, Hispanic, White, Other	11-18	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The program resulted in the greatest and most consistent improvements in adolescent substance abuse and associated behavior problems.					

**References**

Liddle et al. 2001. “Multidimensional Family Therapy for Adolescent Drug Abuse: Results of a Randomized Clinical Trial.” *American Journal of Drug and Alcohol Abuse* 27(4):611–88.

Liddle et al. 2008. “Treating Adolescent Drug Abuse: A Randomized Trial Comparing Multidimensional Family Therapy and Cognitive Behavior Therapy.” *Addiction* 103:1660–70.

Liddle et al. 2009. “Multidimensional Family Therapy for Young Adolescent Substance Abuse: Twelve-Month Outcomes of a Randomized Controlled Trial.” *Journal of Consulting and Clinical Psychology* 77(1):12–25.

**Multidimensional Treatment Foster Care–Adolescents**

*Description:* Multidimensional Treatment Foster Care (MTFC) is a behavioral treatment alternative to residential placement for youth who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. The intervention is multifaceted and occurs in multiple settings. The intervention activities include:

- Behavioral parent training and support for MTFC foster parents
- Family therapy for biological parents (or other aftercare resources)
- Skills training for youth
- Supportive therapy for youth
- School-based behavioral interventions and academic support
- Psychiatric consultation and medication management, when needed

There are three components of the intervention that work in unison to treat the youth: MTFC Parents, the Family, and the Treatment Team.

- *MTFC Parents.* The program places a youth in a family setting with specially trained foster parents for 6 to 9 months.
- *The Family.* The birth family receives family therapy and parent training. Therapy is provided to prepare parents for their child’s return home, to reduce conflict, and to increase positive relationships in the family.
- *The Treatment Team.* The MTFC treatment team is led by a program supervisor who also provides intensive support and consultation to the foster parents.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alternatives to Detention, Alternatives to Incarceration, Cognitive Behavioral Treatment, Family Therapy, Group Home, Individual Therapy, Mentoring, Parent Training, Residential Treatment Center, Wraparound/Case Management, Children Exposed to Violence	There are three versions of MTFC, each serving specific age groups. The versions are MTFC–P (for preschool children, ages 3 to 6), MTFC–C (for middle childhood, ages 7 to 11), and MTFC–A (for adolescents, ages 12 to 17).	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	12-17	Both	The Multidimensional Treatment Foster Care had a benefit-to-cost ratio of 5.28:1.00, meaning that for every \$1 invested in the program, \$5.28 in benefits (including a reduction in juvenile crime) were accrued.	<ul style="list-style-type: none"> <li>• Before CJ Involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	It was associated with a significant drop in official criminal referral rates, involvement in criminal activities, and days spent in lock up among MTFC-A boys. Similarly, the program was associated with a significant reduction in delinquency and days spent in lock up among MTFC-A girls.					

**References**

Chamberlain, Patricia, and John B. Reid. 1998. “Comparison of Two Community Alternatives to Incarceration for Chronic Juvenile Offenders.” *Journal of Consulting and Clinical Psychology* 66(4):624–33.

Chamberlain, Patricia, Leslie D. Leve, and David S. DeGarmo. 2007. “Multidimensional Treatment Foster Care for Girls in the Juvenile Justice System: 2-Year Follow-Up of a Randomized Clinical Trial.” *Journal of Consulting and Clinical Psychology* 75:187–93.

**Multisystemic Therapy (MST)**

*Description:* The overriding goal of Multisystemic Therapy (MST) is to keep adolescents who have exhibited serious clinical problems (e.g., drug use, violence, severe criminal behavior) at home or in school out of trouble. Through intense involvement and contact with the family, MST aims to uncover and assess the functional origins of adolescent behavioral problems. It works to alter the youth’s ecology in a manner that promotes prosocial conduct while decreasing problem and delinquent behavior. The MST intervention is used on these adolescents in the beginning of their criminal career by treating them within the environment that forms the basis of their problem behavior instead of in custody, removed from their natural ecology.

MST typically uses a home-based model of service delivery to reduce barriers that keep families from accessing services. The average treatment occurs over approximately 4 months, although there is no definite length of service, with multiple therapist-family contacts occurring each week. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners).

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alternatives to Detention, Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Family Therapy, Individual Therapy, Parent Training	Youths between the ages of 12 and 17 who present with serious antisocial and problem behavior and with serious criminal offenses.	Black, Hispanic, White, Other	12-17	Both	Total cost per youth in Washington State for MST was \$7,076. The benefits of this program, which included benefits to both crime victims and taxpayers, were calculated to be \$23,856 per youth.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The treatment group had fewer rearrests and spent fewer days incarcerated than a comparison group that received usual services The program had a positive impact on family cohesion and social skills for the intervention group; but over time did not show better substance use outcomes than the comparison.					

**References**

Henggeler, Scott W., Gary B. Melton, and Linda A. Smith. 1992. “Family Preservation Using Multisystemic Therapy: An Effective Alternative to Incarcerating Serious Juvenile Offenders.” *Journal of Consulting and Clinical Psychology* 60(6):953–61.

Borduin, Charles M., Barton J. Mann, Lynn T. Cone, Scott W. Henggeler, Bethany R. Fucci, David M. Blaske, and Robert A. Williams. 1995. “Multisystemic Treatment of Serious Juvenile Offenders: Long-Term Prevention of Criminality and Violence.” *Journal of Consulting and Clinical Psychology* 63(4):569–78.

Timmons–Mitchell, Jane, Monica B. Bender, Maureen A. Kishna, and Clare C. Mitchell. 2006. “An Independent Effectiveness Trial of Multisystemic Therapy With Juvenile Justice Youth.” *Journal of Clinical Child and Adolescent Psychology* 35:227–36.

**Multisystemic Therapy–Substance Abuse**

*Description:* Multisystemic Therapy (MST) aims to enhance a families’ capacity to keep track of adolescent behavior and instill clear rewards and punishments for positive and negative or irresponsible behavior. When dealing with adolescents, MST frequently concentrates on reducing youths’ involvement in delinquent and substance-using behavior and replacing negative peers with prosocial peers who do not engage in problem behavior. Therapists concentrate on developing family structure and natural rewards or incentives to encourage desired healthy behaviors and attachment to prosocial peers.

MST interventions concentrate on the individual, family, peer, school, and social network variables that are linked with behavioral problems. These interventions draw heavily from strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavioral therapies to address behavioral issues in a holistic and comprehensive manner. MST is generally delivered at home. This type of service delivery reduces barriers that prevent families from accessing services. Treatment typically lasts 4 months, with multiple therapist–family contacts occurring each week. MST therapists concentrate on parental skills and building natural support systems of families, friends, and community members. While working on strengths, therapists also address roadblocks to therapy and healing such as parental substance use and strife.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Family Therapy, Parent Training	Adolescents who have been diagnosed as substance abusing or substance dependent according to the Diagnostic and Statistical Manual of Mental Disorders.	Black, White	12-20	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The treatment group was found to have less criminal behavior, alcohol and marijuana use. However, overall, there were no significant differences between the different treatment groups and the comparison group for mental health and psychiatric symptoms.

**References**

Henggeler, Scott W., W. Glenn Clingempeel, Michael J. Brondino, and Susan G. Pickrel. 2002. “Four-Year Follow-Up of Multisystemic Therapy With Substance-Abusing and Substance-Dependent Juvenile Offenders.” *Journal of the American Academy of Child and Adolescent Psychiatry* 41:868–74.

Henggeler, Scott W., Colleen A. Halliday–Boykins, Phillippe B. Cunningham, Jeff Randall, Steven B. Shapiro, and Jason E. Chapman. 2006. “Juvenile Drug Court: Enhancing Outcomes by Integrating Evidence-Based Treatments.” *Journal of Consulting and Clinical Psychology* 74:42–54.

**Nurse–Family Partnership**

*Description:* Nurse–Family Partnership (NFP) provides low-income, first-time mothers of any age with home-visitation services from public health nurses. The program addresses substance abuse and other behaviors that contribute to family poverty, subsequent pregnancies, poor maternal and infant outcomes, suboptimal childcare, and limited opportunities for the children.

The nurses work intensively with the mothers to improve maternal, prenatal, and early childhood health and well-being, with the expectation that this intervention will help achieve long-term improvements in the lives of at-risk families. The intervention process concentrates on developing therapeutic relationships with the family and is designed to improve broad domains of family functioning: 1). Parental roles · Family and friend support; 2). Physical and mental health; 3). Home and neighborhood environment; and 4). Major life events (e.g., pregnancy planning, education, employment)

Home visits by nurses are conducted during the woman’s pregnancy and continue until the child reaches 24 months of age. Maternal and child health nurses meet with each first-time mother in 64 planned home visits over 2 ½ years.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Family Therapy, Parent Training, Children Exposed to Violence	Low income, first-time mothers and her baby	Black, American Indians/Alaska Native, Hispanic, White	N/A	N/A	During the 12-year follow-up period, the Government spent less per year on food stamps, Medicaid, and Aid to Families with Dependent Children and Temporary Assistance for Needy Families for nurse-visited than control families (\$8,772 versus \$9,797); this represents \$12,300 in discounted savings compared with a program cost of \$11,511	• Before CJ involvement
<b>Evaluation Outcomes</b>	Program children had less substance use, reported fewer internalizing problems, and had higher child academic achievement. At the 15-year follow-up, less child abuse and neglect involving the mother as the perpetrator or involving the study child for families receiving home visitations during pregnancy and infancy.					

**References**

Olds et al. 2004. “Effects of Home Visits by Paraprofessionals and by Nurses: Age 4 Follow-Up Results of a Randomized Trial.” *Pediatrics* 114(6):1560–68.

Kitzman et al. 2010. “Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Children.” *Archives of Pediatrics & Adolescent Medicine* 164(5):412–18.

Eckenrode et al. 2000. “Long-Term Effects of Prenatal and Infancy Nurse Home Visitation on the Life Course of Youths, 19-Year Follow-Up of a Randomized Trial.” *Archives of Pediatrics & Adolescent Medicine* 164(1):9–15.



**Parent–Child Interaction Therapy (PCIT)**

*Description:* Parent–Child Interaction Therapy (PCIT) was originally developed to help parents reduce children’s disruptive behaviors (e.g., oppositional and defiant behaviors). PCIT has been adapted for and recently evaluated with families in which there is known physical violence. PCIT targets changing parenting practices and parent–child interactions to help prevent the recurrence of physical abuse in abusive families.

Parents engage in a two-phase training that helps them replace maladaptive interactions with their children with more effective practices. In phase 1, Child Directed Interaction, parents are first taught and then coached how to enhance their relationship with their child. They are also taught to increase daily positive interactions by using specific praise, noncontrolling reflection during play, and selective attention. In phase 2, Parent Directed Interaction, parents learn how to give specific commands and discipline practices, such as using timeout. Adaptations for physically abusive parents include participating in a motivational enhancement group before the start of the typical PCIT sessions, listening to testimonials from other successful parent completers, and completing exercises designed to change self-motivational and self-efficacy cognitions.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Family Therapy, Individual Therapy, Parent Training, Victim Programs, Children Exposed to Violence, Violence Prevention	Victims of Crime, Children Exposed to Violence, Families	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	3-12 23-44	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Program children were more compliant with less behavior problems than the wait list group. The treatment group parents gave more praise and fewer criticisms and improved negative aspects of their parenting. There were fewer re-reports of physical abuse.					

**References**

Nixon, Reginald D.V., Lynne Sweeney, Deborah B. Erickson, and Stephen W. Touyz. 2003. “Parent–Child Interaction Therapy: A Comparison of Standard and Abbreviated Treatments for Oppositional Defiant Preschoolers.” *Journal of Consulting and Clinical Psychology* 71(2):251–60.

Chaffin, Mark, Jane F. Silovsky, Beverly Funderburk, Linda Anne Valle, Elizabeth V. Brestan, Tatiana Balachova, Shelli Jackson, Jay Lensgraf, and Barbara L. Bonner. 2004. “Parent–Child Interaction Therapy With Physically Abusive Parents: Efficacy for Reducing Future Abuse Reports.” *Journal of Consulting and Clinical Psychology* 72(3):500–510.

**Perry Preschool Project**

*Description:* The goal of the Perry Preschool Project is to improve disadvantaged children’s capacity for future success in school and in life. The intervention seeks to break the link between childhood poverty and school failure by promoting young children’s intellectual, social, and physical development. By increasing academic success, the Perry Preschool Project is designed to improve employment opportunities and earning potential and to decrease crime, teen pregnancy, and welfare dependency later in life.

The program consists of a 30-week school year. During that year, there is a daily 2½-hour classroom session and a weekly 1½-hour home visit for each child. The home visits are a way to involve the mother in the educational process and enable her to provide her child with support. Teachers also help mothers deal with any problems that arise during the home visits. There is about a ½ hour of preparation for teachers before the initial home visit to figure out how to extend and replicate the classroom experiences to the home setting. Teachers organize group meetings of mothers and fathers with children in the program.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Parent Training, School/Classroom Environment, Children Exposed to Violence	Children who were living in poverty and assessed to be at high risk for school failure.	Black	3-4	Both	The preschool program’s estimated net benefits were \$19,570 for participants only, \$76,077 for the general public (taxpayers/crime victims), and \$95,646 for society as a whole.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul>
<b>Evaluation Outcomes</b>	Participants significantly outperformed their no-program peers in a range of educational measures. They also had a higher rate of high school graduation or the equivalent certification. Participants had lower delinquency and crime rates; and at age 27, had higher earnings than the no-program group.					

**References**

Schweinhart, Lawrence, J., Helen Verdain Barnes, and David P. Weikart. 1993. “Significant Benefits: The High/Scope Perry Preschool Study Through Age 27.” *In Monographs of the High/Scope Educational Research Foundation, No. 10*. Ypsilanti, Mich.: High/Scope Press.

<b>Positive Action</b>						
<p><i>Description:</i> The PA program is designed to improve youth academics, behavior, and character. PA uses an audience-centered, curriculum-based approach to increase positive behaviors and decrease negative ones. PA is grounded in a broad theory of self-concept. It relies on intrinsic motivation for developing and maintaining positive behavioral patterns and teaches skills focused on learning and motivation for achieving success and happiness for everyone.</p> <p>The program addresses diverse problems, such as substance use, violence-related behavior, disruptive behavior, and bullying, as well as social–emotional learning, positive youth development, character, and academics. The PA program portfolio features interactive, ready-to-use kits that contain 15 to 20 minutes of scripted lessons for schools, families, and communities. The content concentrates on three core elements: 1) The program philosophy; 2) The thoughts–actions–feelings circle, and 3) Six content units on self-concept; positive actions for body and mind; social and emotional positive actions for managing oneself responsibly; social and emotional positive actions for getting along with others; social and emotional positive actions for being honest; and social and emotional positive actions for self-improvement</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Truancy Prevention, Bullying Prevention/Intervention, Alcohol and Drug Prevention	It has been delivered to individuals of various ages, genders, ethnicities and races, cultures, and socioeconomic levels in rural, suburban, and urban areas across a wide variety of settings –e.g., school, before- and after-school programs, social service agencies, detention centers, home schooling, youth programs, family and juvenile justice agencies, correctional institutions, probation and parole settings, mental health and welfare agencies, faith-based organizations	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	18 and under	Both	The cost of PA varies depending on implementing design – e.g., for a K–5 school with 510 students and 17 teachers, the initial cost for one curriculum Instructor’s Kit per teacher (17 x \$390–\$460) plus a Counselor’s Kit (\$150) and one Climate Development Kit (\$460) would be between \$7,240 and \$8,430	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Treatment students reported less substance use, problem behaviors, and violent behavior than the control group. There was a 41 percent reduction in bullying behaviors. Findings regarding sexual activity and disruptive behaviors were not statistically significant.					
<b>References</b>						
Beets et al. 2009. “Use of a Social and Character Development Program to Prevent Substance Use, Violent Behaviors, and Sexual Activity Among Elementary School Students in Hawaii.” <i>American Journal of Public Health</i> 99:1–8.						
Li et al. 2011. “Effects of the Positive Action Program on Problem Behaviors in Elementary School Students: A Matched-Pair Randomized Control Trial in Chicago.” <i>Psychology &amp; Health</i> 26(2):187–204. DOI: 10.1080/08870446.2011.531574.						

**Positive Family Support (PFS)**

*Description:* The Positive Family Support (PFS) program, formerly known as Adolescent Transitions Program (ATP), is a multilevel, family-centered intervention. Designed to address family dynamics related to the risk of adolescent problem behavior, the program is delivered to parents and their children in a middle school setting. Parent-focused segments of PFS concentrate on developing family management skills such as making requests, using rewards, monitoring, making rules, providing reasonable consequences for rule violations, problem solving, and active listening.

The program’s intermediate goal is to improve parents’ family management and communication skills. The long-term goal is to hinder the development of adolescent antisocial behaviors and drug experimentation. To accomplish these goals, the intervention uses a “tiered” strategy and links universal, selected, and indicated intervention services available to families and youths. The PFS framework’s core feature is that specific intervention services are individually determined for each family in order to adapt the provided treatment to their needs and motivational levels. The program promotes self-selection of the most appropriate intervention services based on a systematic assessment of parent and child functioning.

PFS integrates universal, selected, and indicated family-centered strategies. Each level builds on the previous level. These tiers are also designed to dovetail and enhance (through family engagement and involvement) current school-wide behavior programs [e.g., Positive Behavioral Interventions and Supports (PBIS)] and other tiered intervention approaches (e.g., Response to Intervention).

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Family Therapy, Parent Training, Wraparound/Case Management, Motivational Interviewing, Alcohol and Drug Prevention	Children at risk for problem behaviors or substance use and their families.	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	11-17	Both	The total costs for year one of implementing the program would be about \$23,600. For a school implementing the program for 500 students, this would cost about \$47 per student.	• Before CJ involvement <i>(preventative)</i>
<b>Evaluation Outcomes</b>	Students in the treatment group reported significantly less substance use in grade nine than students in the control group. They also used less tobacco, alcohol, and marijuana; exhibited less antisocial behavior; and had fewer arrests.					

**References**

Dishion, Thomas J., Kathryn Kavanagh, Alison Schneiger, Sarah Nelson, and Noah K. Kaufman. 2002. “Preventing Early Adolescent Substance Use: A Family-Centered Strategy for the Public Middle School.” *Prevention Science* 3(3):191–201.

Connell, Arin M., Thomas J. Dishion, Miwa Yasui, and Kathryn Kavanagh. 2007. “An Adaptive Approach to Family Intervention: Linking Engagement in Family-Centered Intervention to Reductions in Adolescent Problem Behavior.” *Journal of Consulting and Clinical Psychology* 75(4):568–79.

**Prize-Based Incentive Contingency Management for Substance Abusers**

*Description:* Prize-based Incentives Contingency Management for Substance Abusers is a version of contingency management (CM) that provides adult substance abusers in community-based treatment with an opportunity to win prizes if they remain drug free. The intervention is based on the psychological theory of operant conditioning, which relies on the use of consequences to modify the occurrence and form of specific behavior. In this instance, the intervention provides reinforcement of positive behaviors that will lead to behavioral change (mainly, abstinence from drug use). Participation lasts anywhere from 2 to 4 weeks for the intensive outpatient therapy to 12 months or longer with aftercare services.

CM interventions attempt to increase positive behavior in substance abusers by offering vouchers that are redeemable for retail goods and services but are contingent on behavior change. Prize-based CM reinforces positive abstinent behavior in substance-abusing clients in treatment by providing them an opportunity to win various prizes when they provide negative urine and breath samples or complete treatment-related activities.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Family Therapy, Group Therapy, Individual Therapy, Residential Treatment Center	Adult patients who primarily abuse stimulants (such as cocaine) or opioids (such as heroin) or who may have multiple substance abuse problems.	Black, Hispanic, White, Other	18+	Both	The average total cost of the incentive procedure was \$203 per participant, or \$2.42 per participant per day.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The incentive group had the longest drug use abstinence, study retention, and attended more counseling sessions compared with those who received usual care.

**References**

Petry, Nancy M., Sheila M. Alessi, and Tressa Hanson. 2007. "Contingency Management Improves Abstinence and Quality of Life in Cocaine Abusers." *Journal of Consulting and Clinical Psychology* 75(2):307–15.

Petry, Nancy M., Jessica M. Peirce, Maxine L. Stitzer, Jack Blaine, John M. Roll, Allan Cohen, Jeanne Obert, Therese Killeen, Michael E. Saladin, Mark Cowell, Kimberly C. Kirby, Robert Sterling, Charlotte Royer–Malvestuto, John Hamilton, Robert E. Booth, Marilyn Macdonald, Marc Liebert, Linda Rader, Raynetta Burns, Joan DiMaria, Marc L. Copersino, Patricia Quinn Stabile, Ken Kolodner, and Rui Li. 2005. "Effect of Prize-Based Incentives on Outcomes in Stimulant Abusers in Outpatient Psychosocial Treatment Programs: A National Drug Abuse Treatment Clinical Trials Network Study." *Archives of General Psychiatry* 62:1148–56.

**Prolonged Exposure Therapy**

*Description:* Prolonged Exposure (PE) Therapy is a cognitive-behavioral treatment program to reduce the symptoms of posttraumatic stress disorder (PTSD), depression, anger, guilt, and general anxiety. PE Therapy reduces PTSD symptoms such as intrusive thoughts, intense emotional distress, nightmares and flashbacks, avoidance, emotional numbing and loss of interest, sleep disturbance, concentration impairment, irritability and anger, hypervigilance, and excessive startle response.

The program consists of a course of individual therapy designed to help clients process traumatic events and thus reduce trauma-induced psychological disturbances. PE Therapy has four components:

- Imaginal exposure—repeated recounting of the traumatic memory (revisiting of the traumatic memories)
- In-vivo exposure—gradually approaching trauma reminders (e.g., situations, objects) that, despite posing no harm, cause distress and are avoided
- Psychoeducation about common reactions to trauma and the cause of chronic posttrauma difficulties
- Breathing retraining for the management of anxiety

It can be used in a variety of clinical settings, including community mental health outpatient clinics, veterans’ centers, military clinics, rape counseling centers, private practice offices, and inpatient units. Treatment is individual. Standard treatment consists of 8 to 15 once- or twice-weekly sessions, each lasting 70 to 90 minutes:

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Individual Therapy, Victim Programs, Children Exposed to Violence	Individuals suffering from PTSD or sub-diagnosis of PTSD, such as victims of crime or traffic accidents, adults exposed to violence as children, and veterans.	Black, White, Other	15-70	Female	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The program reduced the severity of PTSD and depression; anxiety; trauma-related guilt; and improved social functioning.

**References**

Foa, Edna B., Constance V. Dancu, Elizabeth A. Hembree, Lisa H. Jaycox, Elizabeth A. Meadows, and Gordon P. Street. 1999. “A Comparison of Exposure Therapy, Stress Inoculation Training, and Their Combination for Reducing Posttraumatic Stress Disorder in Female Assault Victims.” *Journal of Consulting and Clinical Psychology* 67(2):194–200.

Foa, Edna B., Elizabeth A. Hembree, Shawn P. Cahill, Sheila A.M. Rauch, David S. Riggs, Norah C. Feeny, and Elna Yadin. 2005. “Randomized Trial of Prolonged Exposure for Posttraumatic Stress Disorder With and Without Cognitive Restructuring: Outcome at Academic and Community Clinics.” *Journal of Consulting and Clinical Psychology* 73(5):953–64.

Resick, Patricia A., Pallavi Nishith, Terri L. Weaver, Millie C. Astin, and Catherine A. Feuer. 2002. “A Comparison of Cognitive-Processing Therapy With Prolonged Exposure and a Waiting Condition for the Treatment of Chronic Posttraumatic Stress Disorder in Female Rape Victims.” *Journal of Consulting and Clinical Psychology* 70(4):867–79.

**Promoting Alternative THinking Strategies (PATHS®)**

*Description:* The Promoting Alternative THinking Strategies (PATHS®) curriculum is a program that promotes emotional and social competencies and reduces aggression and behavior problems in elementary school-aged children, while simultaneously enhancing the educational process in the classroom. The PATHS® curriculum is based on the ABCD (Affective–Behavioral–Cognitive–Dynamic) model of development, which places primary importance on the developmental integration of affect, behavior, and cognitive understanding as they relate to social and emotional competence.

The PATHS® curriculum contains comprehensive lessons (36 to 52, depending on grade) that seek to provide children with knowledge and skills in three major conceptual domains: 1) Self-Control, 2) Feelings and Relationships, and 3) Social Problem-Solving.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Children Exposed to Violence	Children Exposed to Violence	Black, Hispanic, White, Other	3-12	Both	Information on material cost can be found by visiting the Promoting Alternative THinking Strategies 'Program Components and Pricing' page on the Channing Bete Web site: <a href="http://www.channing-bete.com/prevention-programs/paths/paths.html">http://www.channing-bete.com/prevention-programs/paths/paths.html</a>	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> </ul>

**Evaluation Outcomes** Children in the intervention group had less peer-rated aggression and more social competence. Intervention classrooms had a more positive atmosphere, a higher level of interest and enthusiasm, and a greater ability to stay focused than comparison group classrooms.

**References**

Conduct Problems Prevention Research Group. 1999. "Initial Impact of the Fast Track Prevention Trial for Conduct Problems: 2. Classroom Effects." *Journal of Consulting and Clinical Psychology* 67:648–57.

Kam, Chi Ming, Mark T. Greenberg, and Carol A. Kusche. 2004. "Sustained Effects of the PATHS Curriculum on the Social and Psychological Adjustment of Children in Special Education." *Journal of Emotional and Behavioral Disorders* 12:66–78.

Domitrovich, Celene E., Rebecca C. Cortes, and Mark T. Greenberg, 2007. "Improving Young Children’s Social and Emotional Competence: A Randomized Trial of the Preschool 'PATHS' Curriculum." *Journal of Primary Prevention* 28:67–91.

**SNAP® Under 12 Outreach Project**

*Description:* The SNAP® (Stop Now And Plan) Under 12 Outreach Project (SNAP® ORP) is a specialized, family-focused intervention for boys under age 12 who display aggressive and antisocial behavior problems. The primary goal of the program is to keep at-risk boys in school and out of trouble. The SNAP® model provides a framework for teaching children and adults self-control and problem-solving and is grounded on a variety of principles –e.g., Scientist–Practitioner Model, Client-Centered Assessment, Gender Sensitive, Skill Acquisition and Generalization, Strength Focused, Continued Care, etc.

SNAP® ORP serves boys ages 6–11 who have had police contact or are referred from other sources (e.g., schools, child welfare, parents) and who also are clinically assessed as engaging in above-average levels of aggressive, destructive, or other antisocial behavior. Typical referral behaviors include stealing, lying, truancy, assault, bullying, and aggression. SNAP® ORP employs a multisystemic approach, combining interventions that target the child, the family, the school, and the community. The program uses a variety of established interventions that are organized around SNAP®: skills training, training in cognitive problem-solving, self-control strategies, cognitive self-instruction, family management skills training, and parent training.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Family Therapy, Group Therapy, Mentoring, Parent Training, Wraparound/Case Management	Young Offenders, Families	Not specified	Under 12	Male	The average cost of providing the SNAP® Under 12 Outreach Program services for a low-risk child is approximately \$1,370 Canadian (\$1,424 USD) for 4–6 months of service. For a moderate-risk child, program services cost approximately \$3,300 (\$3,430 USD) for 6–12 months of service. And for a high-risk child, services cost approximately \$6,735 (\$7,000 USD) for 12–18 months of service.	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> <li>• Point 1</li> </ul>
<b>Evaluation Outcomes</b>	It was associated with a significant decrease in children’s delinquency and aggression scores as well as a significant reduction in children’s levels of behaviors such as rule-breaking, aggression, and conduct problems. However, there was no significant effect of the program on the total numbers of convictions.					
<b>References</b>						
Augimeri, Leena K., David P. Farrington, Christopher J. Koegl, and David Martin Day. 2007. “The SNAP™ Under 12 Outreach Project: Effects of a Community-Based Program for Children With Conduct Problems.” <i>Journal of Child and Family Studies</i> 16:799–807.						
Lipman, Ellen L., Meghan Kenny, Carrie Sniderman, Susanne O’Grady, Leena K. Augimeri, Sarah Khayutin, and Michael H. Boyle. 2008. “Evaluation of a Community-Based Program for Young Boys At-Risk of Antisocial Behavior: Results and Issues.” <i>Journal of the Canadian Academy of Child and Adolescent Psychiatry</i> 17(1):12–19.						



**Safe Dates**

*Description:* Safe Dates is a school-based prevention program for middle and high school students designed to stop or prevent the initiation of dating violence victimization and perpetration, including the psychological, physical, and sexual abuse that may occur between youths involved in a dating relationship. The program goals are to change adolescent norms on dating violence and gender-roles, improve conflict resolution skills for dating relationships, promote victims’ and perpetrators’ beliefs in the need for help and awareness of community resources for dating violence, encourage help-seeking by victims and perpetrators, and develop peer help-giving skills.

Safe Dates is a school-based program that can stand alone or fit within a health education, family, or general life-skills curriculum. Because dating violence is often tied to substance abuse, Safe Dates may also be used with drug and alcohol prevention and general violence prevention programs. The Safe Dates program relies on primary and secondary prevention activities to target behavioral changes in adolescents. Primary prevention occurs when the onset of perpetration of dating violence is prevented. Secondary prevention is when victims stop being victimized or perpetrators stop being violent. Primary prevention is promoted through school activities, while secondary prevention is promoted through school and community activities. The Safe Dates program includes a curriculum with nine 50-minute sessions, one 45-minute play to be performed by students, and a poster contest.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Parent Training, Victim Programs, Children Exposed to Violence, Violence Prevention	Middle and high school students	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	11-17	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	Adolescents in the program reported perpetrating less psychological and sexual abuse at all four follow-up periods, compared with youths in the control group. There was a moderate effect of treatment on physical violence victimization.					

**References**

Foshee, Vangie Ann, Karl E. Bauman, Susan T. Ennett, Chirayath Suchindran, Thad Benefield, and G. Fletcher Linder. 2005. “Assessing the Effects of the Dating Violence Prevention Program ‘Safe Dates’ Using Random Coefficient Regression Modeling.” *Prevention Science* 6:245–57.

**School-wide Positive Behavioral Interventions and Supports (SWPBIS)**

*Description:* The School-wide Positive Behavioral Interventions and Supports (SWPBIS) is a universal, school-wide prevention program that aims to establish a social culture within schools in which students expect and support appropriate behavior from one another—and thereby create school environments that are socially predictable, consistent, safe, and positive. The primary goals of SWPBIS are to reduce problem behaviors within schools that lead to office discipline referrals and suspensions, and to change perceptions of school safety. The SWPBIS model utilizes behavioral, social learning, and organizational behavioral principles in school settings.

Implementation of SWPBIS involves the following seven key elements:

- At the onset of the process, a school forms a team that includes 6–10 staff members and an administrator. The team then attends annual training events.
- An external behavioral support coach provides consultation and technical assistance at the school.
- Expectations for student behavior are defined
- Expectations for behavior are taught to all students
- A system is developed and used consistently throughout the school to reward students who behave appropriately
- Behavioral violations are dealt with in a consistent manner across all classrooms
- Office discipline referral data is collected in a consistent manner

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment	All students within an elementary (K–5) school population.	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	5-11	Both	Information about the cost to implement School-wide Positive Behavioral Interventions and Supports (SWPBIS) can be found at <a href="http://www.pbis.org/common/cms/files/pbisresources/20120802_WhatDoesItCostToImplementSWPBIS">http://www.pbis.org/common/cms/files/pbisresources/20120802_WhatDoesItCostToImplementSWPBIS</a>	• Before CJ involvement ( <i>preventative</i> )

<b>Evaluation Outcomes</b>	Students in the SWPBIS schools received significantly fewer school suspensions than students in schools that did not receive SWPBIS training. Perceptions of safety improved in the schools that implemented SWPBIS, but declined in the schools that did not implement SWPBIS.
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**References**

Bradshaw, Catherine, Mary Mitchell, and Philip Leaf. 2010. “Examining the Effects of Schoolwide Positive Behavioral Interventions and Supports on Student Outcomes.” *Journal of Positive Behavior Interventions* 12(3):133-148.

Horner, Robert, George Sugai, Keith Smolkowski, Lucille Eber, Jean Nakasato, Anne Todd, and Jody Esperanza. 2009. “A Randomized, Wait-List Controlled Effectiveness Trial Assessing School-Wide Positive Behavior Support in Elementary Schools.” *Journal of Positive Behavior Interventions* 11(3):133-144.

**Second Step®: A Violence Prevention Curriculum**

*Description:* Second Step®: A Violence Prevention Curriculum is a universal prevention program designed to reduce impulsive and aggressive behavior in children and adolescents by increasing their social competency skills. Students are taught to reduce impulsive, high-risk, and aggressive behaviors and increase their socioemotional competence and other protective factors. The curriculum is designed for teachers and other youth service providers to present in a classroom or other group setting.

The Second Step® elementary curriculum consists of 15 to 22 thirty-five-minute lessons per grade level taught once or twice a week. Group discussion, modeling, coaching, and practice are used to increase students’ social competence, risk assessment, decision-making ability, self-regulation, and positive goal setting. The program’s lesson content varies by grade level and is organized into three skill-building units covering the following: empathy training, impulse control and problem solving, and anger management. The Second Step® curriculum for middle school students is composed of 8 to 15 fifty-minute lessons per grade level organized into five major themes: empathy and communication; bullying prevention; emotion management and coping; problem solving, decision making, and goal setting; and substance abuse prevention. The middle school program is designed to reduce risk factors and increase protective factors for adolescent youth.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Bullying Prevention/Intervention, Children Exposed to Violence, Violence Prevention	Children Exposed to Violence, The program is composed of three grade-specific curricula: preschool/ kindergarten (Pre-K), elementary school (grades 1–5), and middle school (grades 6–8).	Black, Asian/Pacific Islander, White	5-12	Both	Individual grade-level kits are available for \$250–325, while a bundle of kits for grades K–5 is available for \$1,250–1,500.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	The intervention group showed significant gains in social competence at varying times. There were improvements among students in measures of anxiety. Girls appeared to have higher scores for some behavioral measures and sixth grade boys had a decrease in externalizing problem behaviors.					

**References**

Frey, Karin S., Susan Bobbitt Nolen, Leihua Van Schoiack Edstrom, and Miriam K. Hirschstein. 2005. “Effects of a School-Based Social–Emotional Competence Program: Linking Children’s Goals, Attributions, and Behavior.” *Applied Developmental Psychology* 26:171–200.

Schick, Andreas, and Manfred Cierpka. 2005. “Faustlos: Evaluation of a Curriculum to Prevent Violence in Elementary Schools.” *Applied and Preventive Psychology* 11:157–65.

Holsen, Ingrid, Brian H. Smith, and Karin S. Frey. 2008. “Outcomes of the Social Competence Program Second Step in Norwegian Elementary Schools.” *School Psychology International* 29(1):71–88.

<b>Steps to Respect®</b>						
<p><i>Description:</i> Steps to Respect® is a research-based, comprehensive bullying prevention program developed for grades 3 through 6 by Committee for Children, a nonprofit organization dedicated to improving children’s lives through effective social and emotional learning programs. The program is designed to decrease school bullying problems by 1) increasing staff awareness and responsiveness, 2) fostering socially responsible beliefs, and 3) teaching social–emotional skills to counter bullying and to promote healthy relationships. The program also aims to promote skills (e.g., joining groups, resolving conflict) associated with general social competence. In sum, the program is designed to promote a safe school environment to counter the detrimental social effects of bullying.</p> <p>A major aim of the Steps to Respect® program is to counteract children’s negative views regarding their ability to seek help for bullying problems. This critical objective is emphasized throughout the program using three components: schoolwide program guide –i.e., change the schoolwide environment by intervening at levels beyond the individual child, staff training – i.e., recognize bullying and respond effectively to children’s reports of bullying behavior, classroom curriculum –i.e., consists of 11 skill- and literature-based lessons presented over 12 to 14 weeks.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Bullying Prevention/Intervention	The program is intended for elementary students in grades 3 through 6.	Black, Asian/Pacific Islander, Hispanic, White	8-12	Both	One kit for each of three grades (3rd – 4th or 5th – 6th) and school-wide implementation support kit, including training materials, cost \$859 with free shipping.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	There were lower levels of bullying outcomes in the intervention group relative to the control group (e.g., observed bullying behavior, nonbullying aggression, destructive bystander behavior and students involved in malicious gossip).					
<b>References</b>						
<p>Frey, Karin S., Miriam K. Hirschstein, Leihua Van Schoiack–Edstrom, and Jennie L. Snell. 2009. “Observed Reductions in School Bullying, Nonbullying Aggression, and Destructive Bystander Behavior: A Longitudinal Evaluation.” <i>Journal of Educational Psychology</i> 101(2):466–81.</p> <p>Low, Sabina, Karin S. Frey, Callie J. Brockman. 2010. “Gossip on the Playground: Changes Associated With Universal Intervention, Retaliation Beliefs, and Supportive Friends.” <i>School Psychology Review</i> 39(4):536–51.</p> <p>Brown, Eric C., Sabina Low, Brian H. Smith, and Kevin P. Haggerty. 2011. “Outcomes from a School-Randomized Controlled Trial of Steps to Respect®: A Bullying Prevention Program.” <i>School Psychology Review</i> 40(3):423–43.</p>						

**Stop School Bullying (Greece)**

*Description:* The Stop School Bullying program was a preventative school-based program for elementary school students in 4th through 6th grades, approximately between the ages of 9 and 12. The goal of the program was to increase awareness of the impact of bullying, increase empathy toward victims, and ultimately reduce rates of bullying and victimization.

Stop School Bullying was an 11-week structured intervention. Teachers administered weekly 90-minute workshops in their classrooms for 11 weeks, under the guidance of mental health professionals who acted as the program coordinators. Workshop content consisted of group-based discussions with students, active role-playing games, and other group activities related to bullying prevention. Stop School Bullying was designed to involve students, educators, parents, and the community.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Leadership and Youth Development, School/Classroom Environment, Bullying Prevention/Intervention	Elementary school children in 4th, 5th, and 6th grades	Not specified	9-12	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> </ul>

**Evaluation Outcomes** Evaluation results suggest that the program significantly reduced bullying and victimization rates at schools that implemented the program compared with a control group of schools that did not.

**References**

Tsiantis, Alkis Constantine J., Ion N. Beratis, Eva M. Syngelaki, Anna Stefanakou, Charisios Asimopoulos, Georgios D. Sideridis, and John Tsiantis. "The Effects of a Clinical Prevention Program on Bullying, Victimization, and Attitudes toward School of Elementary School Students." 2013. *Behavioral Disorders* 38(4): 243–57.

[http://www.teiath.gr/userfiles/lamveny/documents/biografika/arhra\\_asimopoulos/clinical\\_prevention\\_program.pdf](http://www.teiath.gr/userfiles/lamveny/documents/biografika/arhra_asimopoulos/clinical_prevention_program.pdf)

**Street Lighting in Dudley (England)**

*Description:* New, improved street lighting was installed in one estate in Dudley, West Midlands (England), and monitored to see whether improved lighting reduced crime in the project area. Targeted behaviors included increased surveillance through increased pedestrian presence on the street, reduced offenses through increased offender perception of risk, and increased care-taking of the area through improved community spirit.

The key components of the program were the provision of lighting and lighting columns to provide luminosity that conformed to government set standards. Old mercury lamps were replaced with 129 high-pressure sodium street lights. These lights were installed over 1,500 meters of residential roadway, at intervals of 33 meters.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence	Residents living, and offenders operating, on poorly lit estates	N/A	N/A	N/A	The capital costs of the improved street lighting in Dudley totaled £55,000. The cost–benefit ratio after 1 year was 4.3 to 1.	• Before CJ involvement (preventative)

<b>Evaluation Outcomes</b>	In the experimental area, prevalence of crime decreased by 23 percent, compared to a 3 percent decrease in the control area. The incidence of crime decreased by 41 percent in the treatment area. There was a small reduction in fear of crime in the treatment area and no evidence of displacement.
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**References**

Painter, Kate, and David P. Farrington. 1997. “The Crime-Reducing Effect of Improved Street Lighting: The Dudley Project.” In R.V. Clarke (ed.). *Situational Crime Prevention: Successful Case Studies*. Second ed. Gilderland, N.Y.: Harrow and Heston, 209–26.

[http://www.popcenter.org/library/scp/pdf/141-Painter\\_and\\_Farrington.pdf](http://www.popcenter.org/library/scp/pdf/141-Painter_and_Farrington.pdf)

<b>Street Lighting in Stoke-on-Trent (England)</b>						
<p><i>Description:</i> Street lighting in Stoke-on-Trent, England, was upgraded in a residential area to see if crime, fear of crime, and resident perceptions would be affected. The area selected for relighting was identified by the local council on the basis of perceived need. Targeted behaviors included increasing surveillance through increased pedestrian presence on the street, reducing offences through increased offender perception of risk, and increasing care-taking of the area through improved community spirit.</p> <p>The key components of the program were the provision of lighting and lighting columns to provide luminosity that conformed to government set standards (BS 5489, Part 3). The lighting that was replaced did not even meet the minimum standard of the lowest of three lighting-standards categories. As a result, the new lighting created a fivefold increase in the amount of useful light. Domestic-type tungsten lamps were replaced by 110 high-pressure sodium street lights, which were installed over 1,000 meters of residential roadway at intervals of approximately 38 meters. Lighting was also installed on detached footpaths.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence	Residents living, and offenders operating, on poorly lit estates.	N/A	N/A	N/A	The annual costs (over 20 years) after the improvements were calculated at £8,952. The researchers calculated the total savings from crime prevention at approximately £103,495 per year.	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> </ul>
<b>Evaluation Outcomes</b>	In the experimental area, the prevalence of crime decreased by 26 percent; the incidence of crime decreased by 43 percent; and vicarious crime experiences decreased significantly in the experimental area. Both prevalence and incidence of crime decreased in adjacent areas, indicating a diffusion effect. The study found no evidence of displacement.					
<b>References</b>						
Painter, Kate, and David P. Farrington. 1999. "Street Lighting and Crime: Diffusion of Benefits in the Stoke-On-Trent Project." <i>Crime Prevention Studies</i> 10:77–122. <a href="http://www.popcenter.org/library/crimeprevention/volume_10/04-PainterFarrington.pdf">http://www.popcenter.org/library/crimeprevention/volume_10/04-PainterFarrington.pdf</a>						

**Strengthening Families Program**

*Description:* The Strengthening Families Program (SFP) is a multicomponent, family skills training program that was developed to prevent drug abuse in children whose parents are in treatment for abusing drugs. The goals of SFP are to improve children’s behavioral health outcomes (such as substance abuse, delinquency, and mental health) by increasing family strengths and resilience and reducing risk factors for problem behaviors in high-risk children. SFP builds on protective factors by improving family relationships, parenting skills, and the children’s social and life skills. SFP focuses on parenting skills and supervision/monitoring, behavior management techniques, child skills training, and family skills enhancements, including organization and positive communication to increase family cohesion and harmony. SFP targets parent behaviors, child behaviors, and overall family functioning among families dealing with issues of substance abuse, criminality, and depression and other behavioral health disorders.

SFP is a parenting and family skills training program that consists of 14 weekly, 2-hour, skill-building sessions. Each session begins with a family-style meal, to which all family members are invited to attend. After the meal, parents and children attend separate skills training sessions, and then jointly participate in a family session practicing the skills they learn in class. Two booster sessions are available at 6 months to 1 year after the primary course. Sessions are divided up into three groups, as follows: parenting skills session, children life skills session, family like skills session.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Family Therapy, Parent Training, Alcohol and Drug Prevention	Families in schools and communities, as well as a selective prevention intervention with high-risk groups and as an indicated prevention intervention for families involved in the child welfare system.	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	3-16	Both	For information on costs and ordering, please see the SFP Web site: <a href="http://www.strengtheningfamiliesprogram.org/ordering.html">http://www.strengtheningfamiliesprogram.org/ordering.html</a> .	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** There were overall mixed results across three studies. One study found no significant effects on measures of child problem behavior, risk/protective factors, and family factors. However, one study found significant impacts on children’s problem behavior, and another study found significant impacts on time to reunification for child welfare-involved families.

**References**

Gottfredson et al. 2006. “The Strengthening Washington D.C. Families Project: A Randomized Effectiveness Trial of Family-Based Prevention.” *Prevention Science* 7(1):57–74.

Maguin et al. 2007. “The Strengthening Families Program and Children of Alcoholic’s Families: Effects on Parenting and Child Externalizing Behavior.” Washington, D.C.: National Institute of Alcohol Abuse and Alcoholism (NIAAA).

Brook et al. 2012. “An Analysis of the Impact of the Strengthening Families Program on Family Reunification in Child Welfare.” *Children and Youth Services Review* 34(4):691–95.



**Strengthening Families Program: For Parents and Youth 10–14**

*Description:* Strengthening Families Program: For Parents and Youth 10–14 (SFP 10–14) is an adaptation of the Strengthening Families Program. The adapted program aims to reduce substance use and behavior problems during adolescence through improved skills in nurturing and child management by parents and improved interpersonal and personal competencies among youths.

SFP 10–14 consists of seven 2-hour sessions for parents and youths conducted weekly. The parents and youths attend separate skill-building groups for the first hour and spend the second hour together in supervised family activities. Parent group sessions clarify expectations based on child development norms, teach appropriate disciplinary practices, teach skills on managing strong adolescent emotion, and teach effective communication skills for dealing with their youths. Youth group sessions teach refusal skills for dealing with peer pressure and personal skills such as dealing with stress. During the joint family sessions, families are taught conflict resolution and communication skills.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Family Therapy, Group Therapy, Parent Training, Alcohol and Drug Prevention	Parents and their adolescent children.	Black, White	10-14, 25-62	Both	A return of \$9.60 per \$1.00 invested.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The program’s impact on improved parenting competencies and reduced students’ substance-related risk in the 6th grade and on increased school engagement in the 8th, led to increased academic success in the 12th.					

**References**

Spoth, Richard L., Max Gyll, Wei Chao, and Virginia K. Molgaard. 2003. “Virginia Molgaard Exploratory Study of a Preventive Intervention With General Population African American Families.” *Journal of Early Adolescence* 23(4):435–86.

Spoth, Richard L., Cleve Redmond, Chungyeol Shin, and Kari Azevedo. 2004. “Brief Family Intervention Effects on Adolescent Substance Initiation: School-Level Growth Curve Analyses 6 Years Following Baseline.” *Journal of Consulting and Clinical Psychology* 72(3):535–42.

Spoth, Richard L., G. Kevin Randall, and Chungyeol Shin. 2008. “Increasing School Success Through Partnership-Based Family Competency Training: Experimental Study of Long-Term Outcomes.” *School Psychology Quarterly* 23(1):70–89.

**Strong African American Families (SAAF)**

*Description:* Strong African American Families (SAAF) is a parental training and family therapy program grounded in social bonding and control theories. The program works to strengthen the attachment between parent and child to reduce the likelihood of youth involvement in various problem behaviors, particularly risky sexual activity and substance abuse.

SAAF aims to strengthen parenting practices related to monitoring and supporting youth, articulating parental expectations for alcohol use, communicating with youth about sex, and promoting positive racial socialization. It also works to promote youths’ ability to focus on goals for the future, resist involvement in risk behaviors, maintain negative images of risk behaviors and peers who engage in them, and accept parental influences.

Facilitators of the intervention conduct weekly sessions. Caregivers and their children attend 7 consecutive weekly sessions at a venue in their community (e.g., local community centers, schools, and churches). Youths and caregivers attended sessions separately for 1 hour, followed by a 1-hour joint session.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Family Therapy, Parent Training, Alcohol and Drug Prevention	African American families with children	Black	10-14	Both	The Strong African American Families (SAAF) program package DVD/CD box set, facilitator implementation manual, and all other related training and support materials costs \$7,000.	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes**  
Treatment group mothers reported more communicative parenting, and that the targeted children had more protective factors than those in the control group. Children in the treatment group were also less likely to use alcohol. The change in parenting behaviors resulted in youths’ avoiding and engaging in risk behavior.

**References**

Brody, Gene H., Velma McBride Murry, Steven M. Kogan, Meg Gerrard, Frederick X. Gibbons, Virginia K. Molgaard, Anita C. Brown, Tracy Anderson, Yi-Fu Chen, Zupei Luo, and Thomas A. Wills. 2006. “The Strong African American Families Program: A Cluster-Randomized Prevention Trial of Long-Term Effects and a Mediation Model.” *Journal of Consulting and Clinical Psychology* 74(2):356–66.

Murry, Velma McBride, Lily D. McNair, Sonya S. Myers, Yi-Fu Chen, and Gene H. Brody. 2014. “Intervention Induced Changes in Perceptions of Parenting and Risk Opportunities Among Rural African Americans.” *Journal of Child and Family Studies* (23)422–66.

**Success for All (SFA)**

*Description:* Success for All (SFA) is a schoolwide, intensive educational intervention to detect and resolve literacy problems for school children. The program promotes prevention of learning deficits and early intervention to address any deficiencies that emerge. SFA has somewhat different components, depending on each school’s needs and available resources, but there is a common set of core elements to SFA. These main components include the following: schoolwide reading curriculum and quarterly assessments and regrouping.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, School/Classroom Environment	School children in preschool through sixth grade, mostly in high-poverty schools.	Black, Hispanic, White	5-12	Both	The general cost of Success for All (SFA) to schools at \$75,000 in the first year, \$35,000 in the second year, and \$25,000 in the third year.	• Before CJ involvement <i>(preventative)</i>
<b>Evaluation Outcomes</b>	Letter-Word recognition, Word Attack scores and oral reading results were statistically significant for grades across the five program schools with positive effects for the lowest-achieving students.					

**References**

Madden, Nancy A., Robert E. Slavin, Nancy L. Karweit, Lawrence J. Dolan, and Barbara A. Wasik. 1993. “Success for All: Longitudinal Effects of a Restructuring Program for Innercity Elementary Schools. *American Educational Research Journal* 30(1):123–48.

Borman, Geoffrey D., Robert E. Slavin, Alan Cheung, Anne Chamberlain, Nancy A. Madden, and Bette Chambers. 2007. “Final Reading Outcomes of the National Randomized Field Trial of Success for All.” *American Educational Research Journal* 44(3):701–31.

<b>Teams–Games–Tournaments (TGT) Alcohol Prevention</b>						
<p><i>Description:</i> The Teams–Games–Tournaments (TGT) program is an approach to alcohol prevention that combines peer support with group reward structures. Within each participating high school, students take part in a 4-week educational program providing alcohol information and encouraging the application of these concepts in the youths’ lives. All activities emphasize the use of peer support to enhance learning and the acceptance of responsible attitudes toward drinking. Tournament games are designed to assess and reinforce class lessons through short-answer questions.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Alcohol and Drug Prevention	High school students	Black, White	13-18	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> </ul>
<b>Evaluation Outcomes</b>	Participants showed gains in alcohol-related knowledge at posttest, relative to both the traditional and no-instruction control groups. They experienced a decrease in alcohol consumption, better attitudes toward drinking and driving, and lower rates of reported impulsive behavior maintained through follow-up.					
<b>References</b>						
Wodarski, John S. 1987a. “Teaching Adolescents About Alcohol and Driving: A 2-Year Follow-Up.” <i>Journal of Drug Education</i> 17(4):327–43.						

**The Incredible Years**

*Description:* The Incredible Years aims to reduce challenging behaviors in children and increase their social and self-control skills. The parent training series targets high-risk parents and children as well as those children displaying behavior problems. Program protocols include prevention and treatment versions of intervention with dosage adjusted according to family and child risk factors. There are three separate *Basic* programs for parents of toddlers (1–3 years), preschoolers (3–5 years), and school-age children (6–12 years) focused on developmentally appropriate parenting strategies known to promote children’s social and academic competence and emotional regulation and also to reduce behavior problems.

The child training series emphasizes training children in skills such as emotional literacy, empathy (or perspective taking), friendship, anger management, interpersonal problem solving, school rules, and how to succeed at school. The teacher training series consists of 6 full-day, comprehensive, group discussion workshops spread out over the year for teachers, school counselors, and psychologists who work with children ages 3 to 10. Each program concentrates on strengthening teacher classroom management strategies, promoting children’s prosocial behavior, self-regulation and problem-solving skills, school readiness (reading skills), and reducing classroom aggression and noncooperation with peers and teachers.

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Academic Skills Enhancement, Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Family Therapy, Group Therapy, Parent Training, School/Classroom Environment, Children Exposed to Violence	Teachers, parents, and their children who are at high risk or diagnosed with Oppositional Defiant Disorder (ODD), Conduct Disorder, and Attention Deficit Hyperactive Disorder (ADHD).	Black, Asian/Pacific Islander, Hispanic, White, Other	Varies	Both	Detailed information about the costs is on The Incredible Years Web site: <a href="http://www.incredibleyears.com">http://www.incredibleyears.com</a>	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes**  
 The evaluation reviewed multiple outcomes. Findings revealed that negative parenting practices decreased in the intervention group; there was greater improvement in school readiness measures; classroom atmosphere; child social competence; and stimulation for learning in the treatment group.

**References**

Webster–Stratton, Carolyn, M. Jamila Reid, and Mary A. Hammond. 2004. “Treating Children With Early-Onset Conduct Problems: Intervention Outcomes for Parent, Child, and Teacher Training.” *Journal of Child and Adolescent Psychology* 33:105–24.

Miller Brotman, Laurie, Kathleen Kiely Gouley, Daniel Chesir–Teran, Tracy A. Dennis, Rachel G. Klein, and Patrick Shrout. 2005. “Prevention for Preschoolers at High Risk for Conduct Problems: Immediate Outcomes on Parenting Practices and Child Social Competence.” *Journal of Clinical Child and Adolescent Psychiatry* 34:724–34.

Webster–Stratton, Carolyn H., M. Jamila Reid, and Mike Stoolmiller. 2008. “Preventing Conduct Problems and Improving School Readiness: Evaluation of the Incredible Years Teacher and Child Training Programs in High-Risk Schools.” *Journal of Child Psychology and Psychiatry* 49:471–88.

**Trauma Affect Regulation: Guide for Education and Therapy (TARGET)**

*Description:* Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a manualized, trauma-focused psychotherapy for adolescents and adults suffering from posttraumatic stress disorder (PTSD). TARGET teaches skills for processing and managing trauma-related reactions to stressful situations, such as PTSD symptoms, traumatic grief, survivor guilt, and shame. The goal of treatment is to help individuals regulate intense emotions and gain control of posttraumatic stress reactions.

TARGET’s three main components can be delivered through group or individual therapy. These components include:

- Education about the biological and behavioral components of SUDs and PTSD
- Guided implementation of information/emotion processing and self-regulation skills
- Development of an autobiographical narrative that incorporates the trauma and PTSD

In its brief therapy form, individuals receive counseling in 12 weekly sessions. But treatment can sometimes last between 6 months and several years. Therapy focuses on the client’s core values and hopes, resilience, and client strengths. Therapists reframe PTSD symptoms as healthy reactions to abnormal circumstance.

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Alcohol and Drug Therapy/Treatment, Group Therapy, Individual Therapy, Residential Treatment Center, Victim Programs, Children Exposed to Violence	Adolescents and adults suffering from posttraumatic stress disorder (PTSD)	Black, Hispanic, White, Other	13-45	Female	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** There were significant reductions in measures of PTSD symptoms and anxiety for the treatment group compared to the control group.

**References**

Ford, Julian D., Karen L. Steinberg, Kathie Halback Moffitt, and Wanli Zhang. 2008. *Breaking the Cycle of Trauma and Criminal Justice Involvement: The Mothers Overcoming and Managing Stress (MOMS) Study. Final Report to the U.S. Department of Justice.* Farmington, Conn.: University of Connecticut Health Center.  
<http://www.ncjrs.gov/pdffiles1/nij/grants/222910.pdf>

Ford, Julian D., Karen L. Steinberg, Josephine M. Hawke, Joan Levine, and Wanli Zhang. 2012. “Randomized Trial Comparison of Emotion Regulation and Relational Psychotherapies for PTSD With Girls Involved in Delinquency.” *Journal of Clinical Child & Adolescent Psychology* 41(1):27–37.

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**

*Description:* Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is designed to help 3- to 18-year-olds and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse. TF-CBT aims to treat serious emotional problems such as posttraumatic stress, fear, anxiety, and depression by teaching children and parents new skills to process thoughts and feelings resulting from traumatic events.

TF-CBT is a treatment intervention that integrates cognitive and behavioral interventions with traditional child-abuse therapies. Its focus is to help children talk directly about their traumatic experiences in a supportive environment. The program operates through the use of a parental treatment component and several child-parent sessions. The parent component teaches parents parenting skills to provide optimal support for their children. The parent-child session encourages the child to discuss the traumatic events directly with the parent and both the parent and child to communicate questions, concerns, and feelings more openly. Typically, TF-CBT is implemented as a relatively brief intervention, usually lasting from 12 to 18 weekly sessions. These aim to provide the parents and children with the skills to better manage and resolve distressing thoughts, emotions, and reactions related to traumatic life events; improve the safety, comfort, trust, and growth in the child; and develop parenting skills and family communication.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Family Therapy, Parent Training, Victim Programs, Children Exposed to Violence	Young people from different socioeconomic backgrounds, from diverse ethnic groups, and in a variety of settings who have developed significant emotional or behavioral difficulties following exposure to a traumatic event.	Black, White, Other	3-18	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The treatment group had fewer PTSD symptoms, scored lower on the internalizing behavior and total behavior profile, sexualized behavior and problem behaviors. Treatment group parents scored lower in depression, emotional response and higher on parenting practices and support.					

**References**

Deblinger, Esther, Julie Lippman, and Robert A. Steer. 1996. "Sexually Abused Children Suffering From Posttraumatic Stress Symptoms: Initial Treatment Outcome Findings." *Child Maltreatment* 1:310-21.

Cohen, Judith A., and Anthony P. Mannarino. 1996. "A Treatment Outcome Study for Sexually Abused Preschool Children: Initial Findings." *Journal of the American Academy of Child and Adolescent Psychiatry* 35(1):42-43.

Cohen, Judith A., Esther Deblinger, Anthony P. Mannarino, and Robert A. Steer. 2004. "A Multisite Randomized Trial for Children With Sexual Abuse-Related PTSD Symptoms." *Journal of the American Academy of Child and Adolescent Psychiatry* 43:393-402.

**Triple P – Positive Parenting Program**

*Description:* Triple P – Positive Parenting Program is a comprehensive parent-training program with the purpose of reducing child maltreatment and children’s behavioral problems. It is built upon a public health approach and as such was designed to treat large populations. The five core principles taught to parents are:

- Ensure a safe and engaging environment.
- Promote a positive learning environment.
- Use assertive discipline.
- Maintain reasonable expectations.
- Take care of oneself as a parent.

The Triple P system has five intervention levels of increasing intensity and narrowing population reach.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Parent Training, Children Exposed to Violence	Any family with at least one child from infant to 12 years of age	Black, American Indians/Alaska Native, Hispanic, White	Under 12	Both	For more information about the cost of implementing Triple P, please visit the Triple P America Web site: <a href="http://www.triplep-america.com/index.html">http://www.triplep-america.com/index.html</a> .	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** It had a large effect in reducing child maltreatment in the counties in which it was implemented.

**References**

Prinz, Ronald J., Matthew R. Sanders, Cheri J. Shapiro, Daniel J. Whitaker, John R. Lutzker. 2009. “Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial.” *Prevention Science* 10:1–12.



**4th R Curriculum**

*Description:* The 4<sup>th</sup> R is an interactive classroom curriculum that aims to reduce youth dating violence by addressing youth violence and bullying, unsafe sexual behavior, and substance use. The curriculum consists of 21 lessons integrated into existing health and physical education curriculum requirements and is administered in sex-segregated classrooms. It does not require additional class time, scheduling, or human resources. The 21 lessons are composed of three units of seven 75-minute classes. The three units focus on the following topics:

- Unit 1: Personal safety and injury prevention
- Unit 2: Healthy growth and sexuality
- Unit 3: Substance use and abuse

Lessons and activities include teaching youth negotiation, delay, and refusal skills; helping youth define and rehearse responsibilities associated with healthy relationships; and role-playing instructions designed to increase interpersonal and problem-solving skills.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Violence Prevention	9 <sup>th</sup> grade high school students in a classroom setting.	Not specified	14-15	Both	\$16 per student in the first year.	• Before CJ involvement
<b>Evaluation Outcomes</b>	The program was shown to significantly lower physical dating violence rates among boys. However, there was no significant difference in physical peer violence, substance use or condom use between the control and intervention groups.					

**References**

Wolfe, David A., Claire Crooks, Peter Jaffe, Debbie Chiodo, Ray Hughes, Wendy Ellis, Larry Stitt, and Allan Donner. 2009. "A School-Based Program to Prevent Adolescent Dating Violence." *Archives of Pediatrics & Adolescent Medicine* 163(8):692–99.

**AMIkids Community-Based Day Treatment Services**

*Description:* AMIkids offers a variety of community-based, experiential treatment interventions for at-risk and delinquent youths that are designed to reduce recidivism and be cost effective. The AMIkids programs are run by the nonprofit organization AMIkids, Inc. (formerly Associated Marine Institutes) in Florida and offer services through several different program settings, including day treatment centers, wilderness camps, home-based family counseling, residential programs for male adolescents, gender-specific programming for female adolescents, and alternative schools.

Upon enrollment in AMIkids, each youth is administered a comprehensive assessment called the Positive Achievement Change Tool (PACT). The PACT assessment instrument identifies youths’ criminogenic risks and needs. Based on the PACT assessment, youths are assigned to mental health or substance use treatment services. The assessment also determines the necessary intensity and duration of treatment interventions based on individual risk and protective factors, responsivity to treatment, readiness to change, and criminogenic needs.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alternatives to Detention, Cognitive Behavioral Treatment, Day/Evening Treatment, Diversion, Family Therapy, Gender-Specific Programming, Probation/Parole Services, Motivational Interviewing	Young Offenders	Black, Hispanic, White	14-17	Both	AMIkids day treatment services cost approximately \$9,356 for each youth who successfully completes the program	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The treatment sample was significantly less likely to be adjudicated or convicted for an offense within 12 months of release.

**References**

Winokur Early, Kristin, Gregory A. Hand, Julia L. Blankenship, and Steven F. Chapman. 2010. “Experimental Community-Based Interventions for Delinquent Youth: An Evaluation of Recidivism and Cost Effectiveness.” Unpublished manuscript.

**Aban Aya Youth Project**

*Description:* Aban Aya Youth Project (Aban Aya) is a program developed specifically for African American youth that comprises two interrelated components: a social development curriculum (SDC) that is administered in classrooms by teachers and a school–community intervention (SCI), which enhances the SDC classroom component by bringing in the surrounding community. Aban Aya seeks to reduce and prevent five problem behaviors for African American youth:

- Violence
- Provoking behavior
- Substance use
- School delinquency
- Early sexual activity/risky sexual activity

Students are taught how to resolve conflicts in a nonviolent manner and refusal skills to avoid using drugs and alcohol. The curriculum promotes the values of abstinence but also includes safe sex practices to reach out to youth who may already be sexually active. These problem behaviors are addressed while emphasizing self-esteem and cultural pride, and strengthening family and community ties. The Afrocentric SDC is administered in schools over the span of 4 years, starting in the fifth grade and ending in eighth grade. The lessons are classroom based and last approximately 40–45 minutes each. Lessons vary from year to year, both in number and in content, but focus on teaching substance abuse refusal skills, conflict resolution, abstinence, and sex education. The more comprehensive intervention component, the SCI, enhances the SDC classroom intervention by providing community empowerment sections. These include parent support programs, school staff and schoolwide youth support programs, and an overarching community program to build connections between parents, schools, local businesses, and agencies.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Community Awareness/Mobilization, Conflict Resolution/ Interpersonal Skills, School/Classroom Environment, Violence Prevention, Alcohol and Drug Prevention	African American males in middle school or between the ages of 10 and 14.	Black	10-14	Male	The cost for the four-year curriculum is \$820 for a hard copy and \$425 for a digitized copy.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	Boys receiving one of the treatment conditions showed less of an increase in provoking behavior, school delinquency, substance use, and early sexual activity/risky sexual activity than those receiving the control condition. There were significant program effects for all problem behaviors for boys receiving community intervention.					

**References**

Flay, Brian R., Sally Graumlich, Eisuke Segawa, James L. Burns, Michelle Y. Holliday. 2004. “Effects of 2 Prevention Programs on High-Risk Behaviors Among African American Youth.” *Archives of Pediatric and Adolescent Medicine* 158:377–84.

**Abecedarian Project**

*Description:* The Abecedarian Project was an intensive early education intervention targeting children from low income, multi-risk families. The Abecedarian Project sought to address two major issues: 1) the extent to which impoverished children’s intellectual and cognitive development could be changed if given early environmental support and enrichment, and 2) the impact that preschool and primary school treatment could have on school performance. The overall goal of the project was to combat the impact of poverty on children’s development and educational aptitude.

The program lasted 5 years and targeted children from infancy to 5 years old. The program was offered in a child care setting and involved year round, full-day child care, 5 days a week for 5 years. The project curriculum included educational games, which fostered cognitive, language, and adaptive behavior skills. The activities were individualized for the child and were adaptive, based on the child’s age. As children aged, the educational content became more skill-based and conceptual, and the curriculum was oriented more toward language development. Children also received health care on-site from pediatricians.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Family Therapy, Individual Therapy, Leadership and Youth Development, Parent Training	At-risk families with infants	Black, White	Under 5	Both	The average annual cost of the program was approximately \$17,099 per child.	• Before CJ involvement ( <i>preventative</i> )

<b>Evaluation Outcomes</b>	Treatment group participants had greater reading scores; were more likely to be enrolled in college and have held skilled employment; were less likely to be a teenage parent; and had fewer depressive symptoms than the comparison group participants.
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**References**

Campbell, Frances A., Craig T. Ramey, Elizabeth Pungello, Joseph Sparling, and Shari Miller-Johnson. 2002. “Early Childhood Education: Young Adult Outcomes from the Abecedarian Project.” *Applied Developmental Science* 6(1): 42–57.

McLaughlin, Andrea E., Frances A. Campbell, Elizabeth P. Pungello, and Martie Skinner. 2007. “Depressive Symptoms in Young Adults: The Influences of the early Home Environment and Early Educational Child Care.” *Child Development* 78(3): 746–756.

**Behavioral Couples Therapy for Substance Abuse**

*Description:* The goal of the Achievement Mentoring Program (AMP) was to enhance school-related cognitions and behaviors. AMP activities consisted of weekly meetings during the second semester of a student’s freshman year and monthly booster sessions completed during a student’s second year of high school. AMP mentors were teachers and other school staff who volunteered to be mentors after a brief presentation of the program during a faculty meeting. AMP mentors followed specific, manualized guidelines to fulfill the goals of the program

First, mentors independently reviewed each student’s number of days absent, tardiness, and discipline referrals (if any), prior to a weekly meeting with their mentees. Second, mentors held one-on-one weekly meetings with their mentees for at least 15–20 minutes per meeting. During each meeting, the mentee was given the opportunity to present his or her view of what happened during that past week at school. Mentee was informed of all of the positive things that he or she had done, based on the information collected from school records and the teacher interview. Behaviors that needed improvement were identified, and problem-solving techniques were used to explore how to change the behavior. Following each meeting, the mentor informed another person, such as a teacher, of the mentee’s accomplishments and arranged to have this person praise the mentee. Finally, the mentor contacted the mentee’s parents on a monthly basis to inform them of any progress in the student’s behavior.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Mentoring, School/Classroom Environment	Urban minority freshmen at risk of dropping out of high school.	Black, Hispanic, White, Other	14-15	Both	Mentors were paid \$90 for completing the training, and \$500 for each school year of mentoring.	• Before CJ involvement

**Evaluation Outcomes** The program did not significantly impact students’ absences, grade point averages, or decision-making efficacy, but had significant effects on discipline referrals, negative school behavior, performance in mathematics and language arts, and other self-reported outcomes.

**References**

Holt, Laura, Brenna Bry, and Valerie Johnson. 2008. “Enhancing School Engagement in At-Risk, Urban Minority Adolescents Through A School-Based, Adult Mentoring Intervention.” *Child & Family Behavior Therapy* 30(4): 297–318.

Clarke, Lolalyn. “Effects of a School-Based Adult Mentoring Intervention on Low Income, Urban High School Freshmen Judged to be at Risk for Dropout: A Replication and Extension.” PhD diss., Rutgers, The State University of New Jersey, 2009.

<b>Across Ages</b>						
<p><i>Description:</i> Across Ages is a mentoring initiative designed to increase the resiliency and protective factors of at-risk middle school youths through a comprehensive intergenerational approach. The overall goal is substance use prevention. At-risk youth generally come from neighborhoods characterized by poverty and high rates of substance use, drug-related crime, and unemployment.</p> <p>The basic concept of the program is to pair older adult volunteers (55 and older) with students (10 to 13 years old) to create a special bonding relationship. The project also uses community service activities, provides a classroom-based life skills curriculum, and offers parent-training workshops.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Afterschool/Recreation, Classroom Curricula, Conflict Resolution/Interpersonal Skills, Mentoring, Parent Training, Truancy Prevention, Alcohol and Drug Prevention	At-risk middle school youths	Black, Asian/Pacific Islander, Hispanic, White, Other	10-13	Both	The Across Ages Program Development and Training Manual can be purchased for \$75 and the Elder Mentor Handbook costs \$25.	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> </ul>
<b>Evaluation Outcomes</b>	The program significantly reduced school absences and had a positive effect on measures of youths' reactions to situations involving drug use and attitudes toward school, the future, and elders. However, the program did not impact youths' frequency of substance use or well-being.					
<b>References</b>						
LoSciuto, Leonardo, Amy K. Rajala, Tara N. Townsend, and Andrea S. Taylor. 1996. "An Outcome Evaluation of Across Ages: An Intergenerational Mentoring Approach to Drug Prevention." <i>Journal of Adolescent Research</i> 11(1):116–29.						

**Active Parenting of Teens: Families in Action**

*Description:* Active Parenting of Teens: Families in Action is a family-based alcohol-, tobacco-, and other drug (ATOD) abuse–prevention program that targets families with children entering middle school. The specific goals of Active Parenting of Teens: Families in Action are to 1) increase youths’ positive attachment to their families and their schools, 2) increase their positive peer relations, 3) promote unfavorable attitudes toward the use of ATODs, and 4) increase self-esteem. The goals for parents are very similar: 1) increase positive attachment to their families; 2) increase positive involvement in their children’s schools; and 3) promote unfavorable attitudes toward the use of ATODs by minors.

The Active Parenting of Teens: Families in Action program includes several components or modules, which promote youths’ attachment to their family, school, and prosocial peers. These address a wide range of topics, including parent–child communication, positive behavior management, adolescent alcohol and tobacco use, interpersonal relationships for adolescents, school success, family fun activities, and enhancement of adolescent self-esteem. The program is offered several times each year in middle and junior high schools as an afterschool activity. There are six 2½-hour sessions. Sessions are administered once a week for 6 weeks. Typically, the sessions are held in classrooms on weekday evenings, with groups ranging from 5 to 12 families. The core instructional component is the use of videotaped vignettes that show different families handling a variety of problems. There is also a parent handbook and an accompanying student handbook and curriculum.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Family Therapy, Leadership and Youth Development, Alcohol and Drug Prevention	Parents and their children, specifically concentrating on families with children entering middle school	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	11-14	Both	Supplies for the program can be purchased through the Active Parenting™ Publishers Web site: <a href="http://www.activeparenting.com/shop">http://www.activeparenting.com/shop</a> .	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	Participants reported greater family cohesion, school attachment, higher levels of self-esteem, and an older age for alcohol consumption than the control group. Also, program parents reported stronger attitudes against minor alcohol use. There was no significant difference between the control and treatment group on attitudes of tobacco use.					
<b>References</b>						
Abbey, Antonia, Colleen Pilgrim, Peggy Hendrickson, and Sue Buresh. 2000. “Evaluation of a Family-Based Substance Abuse Prevention Program Targeted for the Middle School Years.” <i>Journal of Drug Education</i> 30(2): 213–28.						

**Adults and Children Together (ACT) Raising Safe Kids Program**

*Description:* The goal of ACT is to strengthen families and improve or change parenting skills and practices to prevent child maltreatment. The program provides education and resources and seeks to achieve the primary goal by (1) establishing partnerships with a variety of organizations and agencies, and (2) training professionals to take the program to families and caregivers in their communities. ACT emphasizes the important role that parents and other adults have in creating safe, nurturing, stable, and healthy environments for young children that help protect them from violence and trauma, and their consequences. The program also promotes community support and serves as a complement to existing interventions for children at high risk for maltreatment. The program is designed to be a universal approach to help groups of parents and caregivers from all backgrounds regardless of their risk level. It is also designed to be flexible so that a variety of community-based institutions and organizations can implement the program and integrate it into existing interventions and services for parents.

The ACT Program is delivered to groups of parents and caregivers by trained professionals (ACT Facilitators) with support from other organizations. The ACT curriculum is organized in eight 2-hour interactive group sessions and addresses: 1) Understanding Children’s Behaviors, 2) Young Children’s Exposure to Violence, 3) Anger Management for Parents, 4) Children and Electronic Media, 5) Understanding and Helping Angry Children, 6) Discipline and Parenting Style, 7) Discipline for Positive Behaviors, and 8) Take the ACT Program with You

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Conflict Resolution/Interpersonal Skills, Parent Training, Children Exposed to Violence, Violence Prevention	Children Exposed to Violence, Families	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	25-45	Both	Some materials for the Adults and Children Together (ACT) Raising Safe Kids Program can be directly accessed from the program's Web site through the American Psychological Association (APA): <a href="http://actagainstviolence.apa.org/materials/index.html">http://actagainstviolence.apa.org/materials/index.html</a> .	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	Program parents reported a statistically significant decline in harsh discipline as measured by the Parent Behavior Checklist (PBC) from the pretest to 3-month follow-up period. There was no statistical difference between the comparison groups for PBC in nurturing, expectation, or parent stress measures.					

**References**

Portwood et al. 2011. “An Evaluation of the Adults and Children Together (ACT) Against Violence Parents Raising Safe Kids Program.” *Journal of Primary Prevention* 32(3/4):147-160.



**Aggression Replacement Training (ART) for Adolescents in a Runaway Shelter**

*Description:* The Aggression Replacement Training (ART) program combines anger-control training, social skills training, and moral reasoning education that is designed to alter the behavior of chronically aggressive adolescents with antisocial behavior (ASB) problems. The goal of the program is to reduce aggression and violence among youth by providing them with opportunities to learn prosocial skills, control angry impulses, and appreciate the perspectives of others.

The ART program is usually implemented over a period of 10 to 24 weeks. However, the program was condensed into 15-days and delivered to adolescents over a 21-day time period. The adolescents were living in a runaway shelter and showed signs of ASB problems, which included: violations of the rules of the shelter, violations of legal or social norms, violations of another person’s personal property, and aggression toward another person’s physical or emotion well-being. The condensed version of the ART program included the anger-control training and social skills training components of the regular curriculum, but did not include any of the moral reasoning education. All adolescents living in the runaway shelter participated in one skills-training group each day, with group meetings lasting between 1 and 1½ hours. Groups sizes ranged from about 7 to 10 adolescents, and the group leaders were staff of the shelter that had been trained to conduct the condensed ART curriculum

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Group Therapy, Shelter Care, Victim Programs, Children Exposed to Violence	Adolescents who were temporarily living in a short-term residential facility (a runaway shelter) and had exhibited signs of ASB	Black, Asian/Pacific Islander, Hispanic, White, Other	11-17	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes** There was a 20 percent reduction in the rate of ASB incidents per client every week and a statistically significant reduction of 1.1 ASB incident per day.

**References**

Nugent, William R., Charlene Bruley, and Patricia Allen. 1998. “The Effects of Aggression Replacement Training on Antisocial Behavior in a Runaway Shelter.” *Research on Social Work Practice* 8(6):636–56.

**Alcohol Misuse Prevention Study (AMPS)**

*Description:* The Alcohol Misuse Prevention Study (AMPS) was an alcohol misuse prevention curriculum for 10- to 18-year-olds. The curriculum emphasized resistance training, knowledge of immediate effects of alcohol use, identification of the risks of alcohol misuse, and recognition of social pressures that lead to alcohol misuse. The goals of the curriculum were to increase students’ alcohol misuse prevention knowledge, improve their alcohol refusal skills, and slow their usually growing rates of alcohol use, alcohol misuse, and driving after drinking.

The AMPS curriculum was designed to be delivered to students in elementary school (5th and 6th grades) and again in high school (10th grade). For the elementary school–based alcohol misuse prevention program, 45-minute sessions were designed to actively involve students and offer positive reinforcements for their efforts. Sessions concentrated on topics such as the short-term effects of alcohol, the risks of alcohol misuse, the pressures from advertising and peers to drink, and skills to resist the pressures. The high school-based curriculum was designed to augment the knowledge and skills taught in the elementary school–based curriculum while also providing students with new knowledge and skills relevant to 10th graders. The 10th grade program included five sessions delivered for 45 minutes on consecutive days. Sessions covered topics such as the short-term effects of alcohol, the risks of drinking and driving, understanding concepts such as groups norms and peer pressures and their influences on behaviors, and analyzing how role models, availability of alcohol, and offers to drink influence people to use alcohol.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Alcohol and Drug Prevention	Elementary and high school students	Black, White, Other	10-18	Both	There are no costs to obtain curriculum guides	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes** Overall, the results were mixed. The intervention group improved significantly on measures of social–emotional competence, prosocial skills, and some measures of coping, but there was no improvement in problem behaviors at the posttest.

**References**

Shope, Jean T., Ted E. Dielman, Amy T. Butchart, Pamela C. Campanelli, and Deborah D. Kloska. 1992. “An Elementary School-Based Alcohol Misuse Prevention Program: A Follow-Up Evaluation.” *Journal of Studies on Alcohol* 53(2):106–21.

Shope, Jean T., Laurel A Copeland, Ruth Maharg, and Ted E. Dielman. 1996. “Effectiveness of a High School Alcohol Misuse Prevention Program.” *Alcoholism: Clinical and Experimental Research* 20:791–98.

Shope, Jean T., Michael R. Elliott, Trivellore E. Raghunathan, and Patricia F. Waller. 2001. “Long-Term Follow-Up of a High School Misuse Prevention Program’s Effect on Students’ Subsequent Driving.” *Alcoholism: Clinical and Experimental Research* 25:403–10.

**Alternatives for Families: Cognitive Behavioral Therapy**

*Description:* Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT; formally Abuse-Focused Cognitive Behavioral Therapy) is a comprehensive approach to dealing with the effects of child physical abuse, exposure to related abuse, child or family aggression, and hostile family environments by reducing risk factors for future abuse while also helping the affected individual to recover from the effects of past abuse. AF-CBT teaches parents and children intrapersonal and interpersonal skills to enhance self-control, promote positive family relations, and reduce violent behavior.

Currently, AF-CBT consists of 3 phases of treatment and 18 session components. Phase 1 concentrates on introduction to and engagement in treatment, psychoeducation, feeling identification, and abuse discussion. Phase 2 teaches new ways of thinking, emotional and behavior management, and how to get along with others. Phase 3 prepares the parents and child for program completion by holding a clarification meeting and teaching problem-solving techniques to use in future situations.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Family Therapy, Individual Therapy, Parent Training, Victim Programs, Children Exposed to Violence, Violence Prevention	Children exhibiting behavioral or emotional dysfunction because of exposure to a hostile or physically aggressive family life, children with behavioral disorders such as Conduct Disorder and Oppositional Defiant Disorder even without the presence of violent relationships.	Black, White	6-13, 18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> </ul>
<b>Evaluation Outcomes</b>	Parents reported less child-to-parent and parent-to-child violence. Children in both treatment groups reported significant reductions for internalizing and externalizing symptoms and parents reported reductions in the belief in the need for physical punishment.					

**References**

Kolko, David J. 1996a. "Individual Cognitive Behavioral Treatment and Family Therapy for Physically Abused Children and their Offending Parents: A Comparison of Clinical Outcomes." *Child Maltreatment* 1:322-42.

**AI’s Pals: Kids Making Healthy Choices**

*Description:* AI’s Pals: Kids Making Healthy Choices is an early childhood curriculum designed to increase the protective factor of social and emotional competence in young children and to decrease the risk factor of early and persistent aggression or antisocial behavior. The resiliency-based curriculum is designed to provide real-life situations that introduce children to health-promoting concepts and build prosocial skills, such as understanding feelings, accepting differences, caring about others, using self-control, and managing anger.

AI’s Pals uses 46 interactive lessons that teach children how to practice positive ways to express feelings, relate to others, communicate, brainstorm ideas, solve problems, and differentiate between safe and unsafe substances and situations. Lessons are delivered twice a week over 23 weeks. Some of the lessons include parental involvement. Teachers regularly send home curriculum letters from AI to update parents about the skills and lessons their children are learning, and to suggest activities that can be completed at home to reinforce those concepts.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Children Exposed to Violence	Children Exposed to Violence, Families	Black, Hispanic, White, Other	3-8	Both	There is no cost information available for this program	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	Overall, the results were mixed. Intervention group improved significantly on measures of social-emotional competence, prosocial skills, and some measures of coping, but there was no improvement in problem behaviors at the posttest. At the same time, the control group showed no significant improvements in measures of social-emotional competence, prosocial skills, and coping, and actually showed higher ratings of problem behaviors at the posttest.					

**References**

Lynch, Kathleen Bodisch, Susan R. Geller, and Melinda G. Schmidt. 2004. “Multi-Year Evaluation of the Effectiveness of a Resilience-Based Prevention Program for Young Children.” *The Journal of Primary Prevention* 24(3):335–53.

**American Indian Life Skills Development**

*Description:* The American Indian Life Skills Development curriculum, also known as the Zuni Life Skills Development curriculum, is a school-based, culturally sensitive, suicide-prevention program for American Indian adolescents. Tailored to American Indian norms and values, the curriculum was designed to reduce behavioral and cognitive factors associated with suicidal thinking and behavior.

The American Indian Life Skills Development curriculum can be delivered three times a week for 30 weeks, during the school year or as an afterschool program. The curriculum is structured around seven major units: 1) building self-esteem, 2) identifying emotions and stress, 3) increasing communication and problem-solving skills, 4) recognizing and eliminating self-destructive behavior such as pessimistic thoughts or anger reactivity, 5) receiving suicide information, 6) receiving suicide intervention training, and 7) setting personal and community goals. The curriculum also incorporates three domains of well-being indicators that are specific to tribal groups: helping one another, group belonging, and spiritual beliefs systems and practices. The curriculum is unique because it was specifically adapted to be compatible with Zuni norms, values, beliefs, and attitudes; sense of self, space, and time; communication style; and rewards and forms of recognition.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Leadership and Youth Development	American Indian adolescents with suicidal ideation	American Indians/Alaska Native	14-19	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> </ul>
<b>Evaluation Outcomes</b>	Intervention students demonstrated a significantly higher level of suicide intervention skills. The intervention group showed significantly fewer feelings of hopelessness, however, there were no significant differences on measures of suicide probability and depression.					

**References**

LaFromboise, Teresa D., and Beth Howard-Pitney. 1995. "The Zuni Life Skills Development Curriculum: Description and Evaluation of a Suicide Prevention Program." *Journal of Consulting Psychology* 42(4):479-86.

**An E-mentoring Program for Secondary Students with Learning Disabilities**

*Description:* This e-mentoring program was conducted at urban high schools with 10th, 11th, and 12th graders diagnosed with mild learning disabilities (LD) to improve their ability to identify postsecondary career goals and interests as well as the steps necessary to achieve them. Students were mentored by college students on a password-secure website with virtual classrooms where postsecondary-transition-related topics were discussed, including problem-solving, decision-making, time-management, and self-advocacy. The program comprised two components:

- *e-mentoring to deliver transition learning modules:* The learning modules covered three primary areas: 1) discovering oneself, 2) exploring possibilities, and 3) creating an action plan)
- *college campus visits:* all participating students were invited to the mentors’ university for two events during the semester

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Leadership and Youth Development, Mentoring	High school students with mild-LD	White, Other	Not specified	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	The program group showed significant improvement in transition competency, social connectedness, and self-determination. However, there were no significant differences on outcome measures of career/educational goals, academic connectedness, and familial connectedness.					

**References**

Collier, Margaret. 2009. *An Investigative Study of the Effects of E-Mentoring on Transition Planning for Secondary Students with Learning Disabilities*. PhD diss. Salt Lake City, Utah: University of Utah.

**Athletes Targeting Healthy Exercise & Nutrition Alternatives (ATHENA)**

*Description:* ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) is a sports team-based, peer-led harm reduction and health promotion program for high school female athletes. The program parallels ATLAS (Adolescents Training & Learning to Avoid Steroids), a drug and alcohol prevention program for male athletes. Both are school-based, team-centered programs that promote healthy nutrition and effective exercise training as alternatives to harmful behavior. The primary objectives of ATHENA are to reduce young female athletes’ disordered eating habits and to deter the use of body-shaping substances, such as steroids and diet pills.

The curriculum specifically targets modifiable risk and protective factors associated with disordered eating and body-shaping drug use. ATHENA is delivered during a team’s sport season and includes eight 45-minute classroom sessions integrated into a team’s usual practice activities. Each classroom session is composed of three to five activities designed to foster learning and application of new abilities. The coach assigns team members to groups of approximately six students (known as squads) and designates one athlete per group as squad leader. During the sessions, squad leaders direct most of the ATHENA group activities, with the coach or other team staff acting as facilitator or timekeeper. The act of players’ participating in the program with their coach and peers was designed to teach participants that their coach and peers endorse healthy norms.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Gender-Specific Programming, Alcohol and Drug Prevention	High school female athletes	White, Other	13-17	Female	Program materials for the Athletes Targeting Healthy Exercise & Nutrition Alternatives (ATHENA) program can be purchased through the Oregon Health and Science University.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	The evaluation showed a significant difference on measures of intentions toward future disordered eating behaviors, drug and alcohol use; but, for participants there were no significant differences in self-reported tobacco use compared to the control group.					

**References**

Elliot, Diane L., Linn Goldberg, Esther L. Moe, Carol A. DeFrancesco, Melissa B. Durham, and Hollie Hix–Small. 2004. “Preventing Substance Use and Disordered Eating: Initial Outcomes of the ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) Program.” *Archives of Pediatric and Adolescent Medicine* 158(11):1043–49.

Elliot, Diane L., Linn Goldberg, Esther L. Moe, Carol A. DeFrancesco, Melissa B. Durham, Wendy McGinnis, and Chondra M. Lockwood. 2008. “Long-Term Outcomes of the ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) Program for Female High School Athletes.” *Journal of Alcohol and Drug Education* 52(2):73–92.

**Athletes Training and Learning to Avoid Steroids (ATLAS)**

*Description:* Athletes Training and Learning to Avoid Steroids (ATLAS) is designed to reduce or stop adolescent male athletes’ use of anabolic steroids, sport supplements, alcohol, and illegal drugs, while improving healthy nutrition and exercise practices. ATLAS promotes healthy nutrition and exercise behaviors as alternatives to substance use (alcohol, illegal drugs, anabolic steroids, and unhealthy sport supplements).

Students are divided into small social learning groups of 5-6 students, with a peer (squad) leader for each group. ATLAS’s team-centered approach works to exert positive peer pressure and promote positive role modeling. It is highly scripted with explicit instructions and brief 12-15 minute instructional videos for squad leaders and coaches. Each of the program’s ten 45-minute sessions consists of interactive activities-e.g., educational games, role-playing, building skills, friendly competitions, etc. Athletes learn how to achieve their athletic goals by using state-of-the-art sports nutrition and strength training and how to avoid using harmful substances that will impair their physical and athletic abilities.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Afterschool/Recreation, Classroom Curricula, Gender-Specific Programming, Leadership and Youth Development, School/Classroom Environment, Alcohol and Drug Prevention	Male high school athletes	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	14-17	Male	The Athletes Training and Learning to Avoid Steroids (ATLAS) program developers offer their Coach Instructor Package for \$280, their Squad Leader Package for \$11, and their Athlete Package for \$11. For information about the cost of the implementation materials visit <a href="http://www.atlasprogram.com">www.atlasprogram.com</a> .	<ul style="list-style-type: none"> <li>• Before CJ involvement (<i>preventative</i>)</li> </ul>

**Evaluation Outcomes** The intervention was associated with significant reductions in the experimental group’s intent to use steroids.

**References**

Goldberg, Linn, Diane L. Elliot, Gregory N. Clarke, David P. MacKinnon, Esther L. Moe, Leslie Zoref, Christopher Green, Stephanie L. Wolf, Erick Greffrath, Daniel J. Miller, Angela Lapin. 1996. “Effects of a Multidimensional Anabolic Steroid Prevention Intervention.” *JAMA*. 276(19):1555–62.



**Baltimore City (Md.) Family Recovery Program**

*Description:* The Baltimore City Family Recovery Program (FRP) is a family drug court designed to serve families involved with child welfare due to parental substance use. The program provides comprehensive case management and immediate, intensive substance abuse services for parents involved in Children in Need of Assistance (CINA) proceedings. The program serves parents with substance abuse issues that led to the placement of their children in foster care after removal from the home. The goal of FRP is to encourage sobriety and improve quality of life for parents in order to increase the likelihood of reunification for families and decrease the length of stay in foster care for children.

FRP participants are enrolled in the program for 1 year, beginning on the date of the original court referral. Parents are required to undergo random and scheduled drug testing throughout the program term. Because parents are required to maintain safe, substance-free environments for their children, the court can also require drug tests of other individuals in the household to assess compliance. The program provides parents with immediate access to the substance abuse treatment they need within 24 hours of assessment.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Drug Court, Family Court, Wraparound/Case Management, Children Exposed to Violence	To be eligible to participate in FRP, parents must have a substance use–related child welfare allegation	Black, White	5 or under	Both	The total program cost of treatment for FRP cases was a little more than \$1.4 million.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	There was no difference in the number of cases that reached permanency. However, in cases that did reach permanent placement, they reached it faster. Children whose parents attended the program spent significantly less time in non-kinship foster care. Parents entered treatment more rapidly, and stayed and completed it more often than the non-treatment group.					

**References**

Burrus, Scott W.M., Juliette R. Mackin, and Jennifer A. Aborn. 2008. *Baltimore City Family Recovery Program (FRP) Independent Evaluation: Outcome and Cost Report*. Portland, Ore.: NPC Research.  
[http://www.npcresearch.com/Files/Baltimore\\_City\\_FRC\\_Outcome\\_and\\_Cost\\_0808.pdf](http://www.npcresearch.com/Files/Baltimore_City_FRC_Outcome_and_Cost_0808.pdf)

**Bicultural Competence Skills Approach**

*Description:* The Bicultural Competence Skills Approach is an intervention designed to prevent abuse of tobacco, alcohol, and other drugs by Native American adolescents by teaching them social skills. The program draws on bicultural competence and social learning theories. A bicultural competence approach teaches American Indian individuals to draw on both Native American and popular American cultures—instead of identifying with only one culture—to better adapt to, interact with, and thrive within both cultures.

Intervention groups are led by two Native American counselors, and ten to fifteen 50-minute sessions are delivered. Through cognitive and behavioral methods tailored to the cultural prerogatives and reality of the lives of Native American youth, participants are instructed in and practice communication, coping, and discrimination skills. Participants also learn about building networks of prosocial peers, family, and tribal members. Leaders suggest alternatives to using tobacco, alcohol, and other drugs and teach participants to reward themselves for positive decisions and actions. All sessions include Native American values, legends, and stories. In some versions of the program, substance abuse awareness is also brought into the community.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Alcohol and Drug Prevention	At risk youth for abuse of tobacco, alcohol, and other drugs	American Indians/Alaska Native	9-11	Both	There is no cost information available for this program.	• Before CJ involvement (preventative)

<b>Evaluation Outcomes</b>	Two studies showed students were significantly more knowledgeable about substance use and abuse than their control group counterparts. The intervention group reported lower levels of substance use and had more self-control, assertiveness and could generate alternative suggestions to peer pressure.
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**References**

Schinke, Steven P., Gilbert J. Botvin, Joseph E. Trimble, Mario A. Orlandi, Lewayne D. Gilchrist, and Von S. Locklear. 1988. “Preventing Substance Abuse Among American–Indian Adolescents: A Bicultural Competence Skills Approach.” *Journal of Consulting Psychology* 35(1):87–90.

Schinke, Steven P., Lela Tepavac, and Kristin C. Cole. 2000. “Preventing Substance Use Among Native American Youth: Three-Year Results.” *Addictive Behaviors* 25(3):387–97.

**Boys Town Family Home Program (Boys Town)**

*Description:* The Boys Town Family Home Program <sup>SM</sup> (Boys Town) is a residential program that uses the Teaching Family Model (TFM) approach to residential care for delinquent or pre-delinquent youth. Youths are referred by other Boys Town organization (formerly known as Father Flanagan's Boys' Home) programs, social service agencies, juvenile justice agencies, or by parents/caregivers. Many of the children have serious emotional/behavioral problems and cannot stay in their own family homes, but can function safely in a community setting. The ultimate goal of the program is to reunite youth with their families.

The TFM approach emphasizes behavioral and academic skills in a family-style setting. A married couple, with help of a full-time assistant, lives in the home with six to eight children. The average length of stay is 12 to 18 months. In the traditional TFM approach, youths attend public school; however, at Boys Town, youths attend an on-campus school run by the Boys Town organization. Boys Town is characterized by five key elements. These elements are 1) building and maintaining healthy relationships; 2) interpersonal and life skills development; 3) moral and social development, with emphasis on a spiritual foundation; 4) a family-style approach; and 5) teaching and practicing self-government and self-determination. Emphasis is placed on youths getting along with others and developing positive, non-exploitative relationships.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Alternative School, Conflict Resolution/Interpersonal Skills, Group Home, Residential Treatment Center	Delinquent or pre-delinquent youth	Black, Hispanic, White, Other	10-18	Male	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The program significantly increased children's grade point averages and their perceived level of importance of going to college or chance of completing college. However the program did not have an impact on the years of school completed or receiving a high school diploma or GED.					

**References**

Thompson, Ronald W., Gail L. Smith, D. Wayne Osgood, Thomas P. Dowd, Patrick C. Friman, and Daniel L. Daly. 1996. "Residential Care: A Study of Short- and Long-term Educational Effects." *Children and Youth Services Review* 18(3):221-242.

**Boys and Girls Club – Project Learn**

*Description:* Project Learn is a non-school program of the Boys & Girls Club (BGC) that aims to enhance educational performance of economically disadvantaged adolescents through the provision of out-of-school educational enrichment activities. It aims to increase effectiveness of out-of-school educational activities by targeting neighborhoods and youth who are most at risk and most in need of resources. The program strives to increase students’ interest in education and their scholastic abilities to improve their school grades. The objective is to offset the gamut of problems associated with low educational achievement, including difficult behavior and limited employment opportunities. The educational enhancement program takes place in the BGC facilities or an outside setting, depending on the activity, and students are engaged in a structured program. Participating youth receive incentives for attendance, including field trips, school supplies, additional computer time, and special privileges at their BGC. Additionally, participating youths’ parents are encouraged to join certain activities, particularly homework completion and reading sessions.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Afterschool/Recreation, Truancy Prevention	Economically disadvantaged young adolescents from public housing	Black, Asian/Pacific Islander, Hispanic, White, Other	10-14	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	The average grades of treatment youth were significantly higher than control and comparison group youth. The treatment group had significantly fewer days missed, but there were no significant differences between the groups at any follow-up point in the frequency of behavioral incidents.					
<b>References</b>						
Schinke, Steven P., Kristin C. Cole, and Stephen R. Poulin. (2000). Enhancing the Educational Achievement of At-Risk Youth. <i>Prevention Science</i> 1(1):51–60.						

**Brief Motivational Interviewing for Dating Aggression**

*Description:* Motivational interviewing (MI) is a counseling method that uses a brief, collaborative, client-centered, and goal-oriented approach to improve and strengthen individuals' motivations to change. MI aims to foster behavioral change by encouraging self-efficacy and personal responsibility while avoiding confrontation or blame. MI for Dating Aggression targets unmarried young adult couples (ages 18–25) who have never lived together, and have a history of physical aggression (without serious injury). This version of MI addresses the partners' ambivalence toward change and encourages their motivation to change harmful behaviors. MI for Dating Aggression was designed based on similar MI interventions, which focused on risk factors such as heavy drinking or relationship stress.

The version of MI for dating couples is a brief, one-session intervention. During the session, couples complete an individualized feedback sheet that identifies levels of aggression, risk factors for aggression, and effects of aggression. Feedback is then given by the therapist in a non-confrontational and empathetic way to each partner individually. Therapists provide individual feedback on possible impacts of aggression on the partner and the relationship, and discuss possible behavioral changes. Therapists discuss risk factors for harmful behaviors, including heavy alcohol use and psychological aggression (i.e., insults, threats, controlling behaviors). They also discuss the consequences of aggression, such as depression, anxiety, and relationship stress. The individual feedback sessions last about 45 minutes and the results are not shared with the other partner. In the remaining 15 minutes of the session, the therapist meets with the couple to reinforce each partner's desire and motivation to change behaviors related to aggression.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Individual Therapy, Motivational Interviewing, Violence Prevention, Specific deterrence	unmarried young adult couples (ages 18–25) who have never lived together, and have a history of physical aggression	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	18-25	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes** This program was shown to significantly reduce reports of physical aggression and harmful alcohol consumption, but had no significant effect on reports of psychological aggression.

**References**

Woodin, Erica M., and K. Daniel O'Leary. 2010. "A Brief Motivational Intervention for Physically Aggressive Dating Couples." *Prevention Science* 11(4):371–83.

**Brief Strategic Family Therapy**

*Description:* Brief Strategic Family Therapy (BSFT) is a family-based intervention designed to prevent and treat child and adolescent behavior problems. The goal of BSFT is to improve a youth’s behavior by improving family interactions that are presumed to be directly related to the child’s symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems. BSFT is a short-term, problem-oriented intervention. A typical session lasts 60 to 90 minutes and is held with the adolescent and one or more other family members. The average length of treatment is 12 to 16 sessions over a 3- to 4-month period

BSFT is based on the fundamental assumption that adaptive family interactions can play a pivotal role in protecting children from negative influences and that maladaptive family interactions can contribute to the evolution of behavior problems and consequently are a primary target for intervention. The therapy is tailored to target the particular problem interactions and behaviors in each client family. Therapists seek to change maladaptive family interaction patterns by coaching family interactions as they occur in session to create the opportunity for new, more functional interactions to emerge. Major techniques used are joining (engaging and entering the family system), tracking and diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions).

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Conflict Resolution/Interpersonal Skills, Family Therapy, Parent Training, Alcohol and Drug Prevention	Children and adolescents who are displaying—or are at risk for developing—behavior problems, including substance abuse	Black, American Indians/Alaska Native, Hispanic, White	12-18	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	There were three studies with inconsistent findings. The studies showed no effects on adolescent drug use or family functioning. The program had some positive effects on engagement and retention, behavior problems, drug use behavior, and an increase in family functioning.					

**References**

Robbins, Michael S., Daniel J. Feaster, Viviana E. Horigian, Michael Rohrbaugh, Varda Shoham, Ken Bachrach, Michael Miller, Kathleen A. Burlew, Candy Hodgkins, Ibis Carrion, Nancy Vandermark, Eric Schindler, Robert Werstlein, and José Szapocznik. 2011. “Brief Strategic Family Therapy Versus Treatment as Usual: Results of a Multisite Randomized Trial for Substance-Using Adolescents.” *Journal of Consulting and Clinical Psychology* 79(6):713–27

Coatsworth, J. Douglas, Daniel A. Santisteban, Cami K. McBride, and José Szapocznik. 2001. “Brief Strategic Family Therapy Versus Community Control: Engagement, Retention, and an Exploration of the Moderating Role of Adolescent Symptom Severity.” *Family Process* 40:313–32.

Santisteban, Daniel A., J. Douglas Coatsworth, Angel Perez–Vidal, William M. Kurtines, Seth J. Schwartz, Arthur LaPerriere, and José Szapocznik. 2003. “The Efficacy of Brief Strategic Family Therapy in Modifying Hispanic Adolescent Behavior Problems and Substance Use.” *Journal of Family Psychology* 17(1):121–33.

**Bringing in the Bystander**

*Description:* Bringing in the Bystander is a sexual violence prevention program aimed at increasing, among potential bystanders and third-person witnesses, prosocial attitudes and behaviors toward and awareness of risky behaviors and precursors to sexual victimization. It also aims to increase empathy and awareness of the problems experienced by those victimized by sexual and intimate partner violence. The program emphasizes that all members of the community have a role to play in preventing sexual and intimate partner violence. Bringing in the Bystander is often implemented in a university campus setting to college students.

The Bringing in the Bystander program is typically implemented over 4.5 hours during the course of several sessions, but an abbreviated 90-minute version is also available. The program’s content is made up of several elements that work to increase awareness of sexual and intimate partner violence and to promote prosocial attitudes and behaviors aimed at preventing and intervening in such instances.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Gender-Specific Programming, Situational Crime Prevention, Violence Prevention, Specific deterrence	Victims of Sexual Violence, College-age students	White	18-24	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )

**Evaluation Outcomes** The program improved knowledge of rape myth acceptance, and bystander attitude, behavior, and efficacy among program participants, compared with nonparticipants.

**References**

Banyard, Victoria L., Mary M. Moynihan, and Elizabeth G. Plante. 2007. “Sexual Violence Prevention Through Bystander Education: An Experimental Evaluation.” *Journal of Community Psychology* 35(4):463–81.

<http://www.ncdsv.org/images/Sex%20Violence%20Prevention%20through%20Bystander%20Education.pdf>

Moynihan, Mary M., Victoria L. Banyard, Alison C. Cares, Sharyn J. Potter, Linda M. Williams, and Jane G. Stapleton. 2014. “Encouraging Responses in Sexual and Relationship Violence Prevention: What Program Effects Remain 1 Year Later?” *Journal of Interpersonal Violence*. Published online May 20, 2014.

**Bully-Proofing Your School**

*Description:* Bully-Proofing Your School (BPYS) is a comprehensive, school-based intervention designed to reduce bullying and school violence, and increase knowledge about school safety for students and parents. BPYS is implemented in a classroom setting and includes three major components: 1) heightening awareness of bullying; 2) teaching protective skills for handling bullying, resisting victimization, and helping potential victims; and 3) creating a positive school climate by promoting a “caring majority” that focuses on bystander behavior.

A complete implementation of BPYS can last up to 3 years. A classroom teacher or staff member implements seven 30- to 45-minute sessions once a week during the first year of the intervention. The second and third years are focused on reinforcing the curriculum and the material that was presented in the first year. Students are taught assertiveness and avoidance strategies. They are taught when to use each strategy as well as when and how to intervene as bystanders when they witness bullying. BPYS also incorporates classroom management and classroom rules, trainings, and the provision of information to parents.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Bullying Prevention/Intervention, Violence Prevention	Students	Hispanic, White, Other	7-12	Both	There is no cost information available for this program.	• Before CJ involvement ( <i>preventative</i> )
<b>Evaluation Outcomes</b>	In all outcomes, the treatment schools showed significant reductions in bullying, victimization, and witnessed aggression, as well as significant increases in perceptions of safety at school.					

**References**

Menard, Scott, and Jennifer K. Grotmeter. 2014. "Evaluation of Bully-Proofing Your School as an Elementary School Antibullying Intervention." *Journal of School Violence* 13(2):188–209.



**Business Improvement Districts (BIDs), Los Angeles (Calif.)**

*Description:* A Business Improvement District (BID) is a nonprofit organization created by neighborhood property owners or merchants to provide services, activities, and programs to promote local improvements and public safety. The BID is a discrete geographical area, and all property owners or merchants within that area are charged an assessment to fund BID-determined services and activities. The amount of the assessment largely depends upon what the BID collectively decides are the activities that will best meet its priorities.

In areas where problems such as crime and disorder are evident, BIDs represent a means for facilitating collective action. Through levied assessments, BIDs enable groups of property owners to pool their resources and contribute to the cost of services that they may not be able to afford by themselves. BID expenditure is largely dedicated to paying for services that contribute toward improvements to the outside environment of the locale in which they are situated. Such services include security patrols, maintenance of sidewalks, graffiti removal, marketing of local businesses, parking and transportation management, and capital improvements, such as improved lighting. The precise package of services contracted by any one BID will vary, as the services selected should be tailored for local problems.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization, Community Crime Prevention, Situational Crime Prevention, General deterrence	N/A	N/A	N/A	N/A	Business Improvement Districts (BIDs) spent \$21,000 to avert one violent crime; this amount is substantially lower than the social cost of a violent crime (\$57,000).	• Before CJ involvement

**Evaluation Outcomes** Evaluation results suggest a reduction in crime and arrests and no crime displacement.

**References**

Brooks, L. 2008. "Volunteering to be Taxed: Business Improvement Districts and the Extra-Governmental Provision of Public Safety." *Journal of Public Economics* 92(1-2):388-406.

Cook, Philip, and John MacDonald. 2011. "Public Safety Through Private Action: An Economic Assessment of BIDs." *The Economic Journal* 121(552):445-462.

**Business Improvement Districts (BIDs), Philadelphia (Pa.)**

*Description:* A Business Improvement District (BID) is a nonprofit organization created by neighborhood property owners or merchants to provide services, activities, and programs to promote local improvements and public safety. The BID is a discrete geographical area, and all property owners or merchants within that area are charged an assessment to fund BID-determined services and activities. The amount of the assessment largely depends on what the BID collectively decides are the activities that will best meet its priorities.

In areas where problems such as crime and disorder are evident, BIDs represent a means for facilitating collective action. Through levied assessments, BIDs enable groups of property owners to pool their resources and contribute to the cost of services that they may not be able to afford by themselves. BID expenditure is largely dedicated to paying for services that contribute toward improvements to the outside environment of the locale in which they are situated. Such services include security patrols, maintenance of sidewalks, graffiti removal, marketing of local businesses, parking and transportation management, and capital improvements, such as improved lighting. The precise package of services contracted by any one BID will vary, as the services selected should be tailored for local problems.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention, Situational Crime Prevention, General deterrence	N/A	N/A	N/A	N/A	There is no cost information available for this program.	• Before CJ involvement

**Evaluation Outcomes** There was a significant reduction in property crime and thefts compared to the control areas and no crime displacement.

**References**

Hoyt, Lorlene M. 2005. “Do Business Improvement District Organizations Make a Difference? Crime In and Around Commercial Areas in Philadelphia.” *Journal of Planning Education and Research* 25:185–99.

**Care, Assess, Respond, Empower (CARE)**

*Description:* CARE (Care, Assess, Respond, Empower), also called Counselors CARE (C-CARE), is a school-based, brief assessment and crisis intervention for youth at risk for suicide. The CARE protocol is designed to empower youths and engage social support by connecting youths at risk of suicide to a caring person from their personal lives or from the school environment. Parents are contacted and instructed in providing support and understanding during the suicide-risk-assessment process. The goal of CARE is to decrease suicidal behaviors and related risk factors, and increase personal and social assets, by using a standardized individual prevention approach delivered by trained staff in school.

CARE integrates principles of behavior change and maintenance by building up skill acquisitions and social support. The program teaches skills related to stress management, emotion control, coping strategies, and seeking help when needed. By teaching teens these skills and letting them know it is acceptable to seek help during stressful periods, it is believed that negative behaviors (suicide ideation) and mental conditions (depression) will be reduced. The CARE protocol consists of three main components that are typically completed in 3½ to 4 hours. The first part is a 1½- to 2-hour, one-to-one, computer-assisted suicide assessment followed by a brief 2-hour motivational counseling session conducted by trained staff. The third component of CARE is the social network “connection” intervention. The CARE protocol also includes a follow-up reassessment of suicide risk and protective factors and a booster motivational counseling session, typically 9 weeks after the initial counseling session.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Crisis Intervention/Response, Family Therapy, Mentoring, Parent Training	adolescents who are at risk of suicide.	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	14-19	Both	There is no cost information available for this program.	• Before CJ involvement <i>preventative</i>

**Evaluation Outcomes** There were findings of attitudinal change not evidenced in behavioral change. In two studies, there was a reduction in suicide-risk behaviors and depression over the short and long-term.

**References**

Hooven, Carole, Jerald R. Herting, and Karen A. Snedker. 2010. “Long-Term Outcomes for the Promoting CARE Suicide Prevention Program.” *American Journal of Health Behavior* 34:721–36.

Eggert, Leona L., Elaine Adams Thompson, Brooke P. Randell, and Kenneth C. Pike. 2002. “Preliminary Effects of Brief School-Based Prevention Approaches for Reducing Youth Suicide—Risk Behaviors, Depression, and Drug Involvement.” *Journal of Child and Adolescent Psychiatric Nursing* 15(2):48–64.

**Caring School Community**

*Description:* Caring School Community (CSC), formerly known as the Child Development Project, is an elementary school program that seeks to strengthen students’ connectedness to school by creating a classroom and school community that fosters academic motivation, achievement, and character formation and reduces drug abuse, violence, and mental health problems. CSC incorporates elements important in children’s social development, including supportive teacher–student relationships and opportunities for students to interact and collaborate in cooperative groups. The program was designed to be delivered by elementary school teachers, to enhance children’s prosocial behavior without impeding academic accomplishments, and to promote students’ commitment to being fair, empathic, respectful, and responsible. The CSC program component "Homeside Activities" also involves parents and caregivers.

CSC offers the following four main classroom components to promote developmental discipline, social understanding, cooperation, prosocial values, and helping activities:

- Class meetings
- Cross-age building programs
- Homeside activities
- Schoolwide activities

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, Parent Training, School/Classroom Environment, Children Exposed to Violence, Violence Prevention, Alcohol and Drug Prevention	offered nationally as a multiyear school improvement program for students in kindergarten through sixth grade classrooms	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	5-12	Both	Information on costs and the CSC Initiative is available here: <a href="http://www.devstu.org/caring-school-community-initiative">http://www.devstu.org/caring-school-community-initiative</a> .	• Before CJ involvement <i>preventative</i>

**Evaluation Outcomes** The evaluation found mixed results of the overall effectiveness of the program. One study found significant differences between the intervention and comparison classrooms on some measures of behavior. The other study found few significant differences when examining the high-change schools and no significant differences between the intervention and comparison groups.

**References**

Solomon, Daniel H., Marilyn S. Watson, Kevin L. Delucchi, Eric Schaps, and Victor Battistich. 1988. “Enhancing Children’s Prosocial Behavior in the Classroom.” *American Educational Research Association* 24(4):527–54.

Battistich, Victor, Eric Schaps, Marilyn S. Watson, Daniel H. Solomon, and Catherine Lewis. 2000. “Effects of the Child Development Project on Students’ Drug Use and Other Problem Behaviors.” *Journal of Primary Prevention* 17(4):75–99.

**Cherokee Talking Circle**

*Description:* The Cherokee Talking Circle (CTC) is a culturally based intervention targeting substance abuse among Native American adolescents. The program was designed for students who were part of the United Keetoowah Band of Cherokee Indians, the eighth largest tribe in Oklahoma. The goal of the CTC is to reduce substance abuse, with abstinence as the ideal outcome for students. The CTC program seeks to fill the gap for Native American youths experiencing substance use/abuse by providing them with a culturally specific and culturally sensitive intervention.

CTC is a school-based, manualized intervention that consists of 10 sessions. Keetoowah–Cherokee students meet weekly for 45-minute sessions over 10 weeks. They are led by a counselor and a cultural expert in the format of a talking circle. Students who participate in CTC pledge to the group that they will maintain confidentiality of what is shared during the sessions. The manual uses both English and Cherokee languages. The CTC program integrates Keetoowah–Cherokee values into the intervention and is based on the Cherokee concept of self-reliance.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Group Therapy, Leadership and Youth Development, Alcohol and Drug Prevention	Keetoowah–Cherokee students who are in the early stages of substance misuse and who are also experiencing negative consequences as a result of their substance use.	American Indians/Alaska Native	13-18	Both	There is no cost information available for this program.	• Before CJ involvement <i>preventative</i>
<b>Evaluation Outcomes</b>	The program was significantly more effective in reducing substance abuse and other related problem behaviors compared with other nonculturally, standard substance abuse education programs.					

**References**

Lowe, John, Huigang Liang, Cheryl Riggs, and Jim Henson. 2012. “Community Partnership to Affect Substance Abuse Among Native American Adolescents.” *The American Journal of Drug and Alcohol Abuse* 38(5):450–55.

**Child and Family Traumatic Stress Intervention (CFTSI)**

*Description:* Child and Family Traumatic Stress Intervention (CFTSI) is an early intervention and secondary prevention model that aims to reduce traumatic stress reactions and posttraumatic stress disorder (PTSD). It is delivered to children aged 7–18 years, together with their parent or caregiver, after the child has experienced a potentially traumatic event (PTE). Examples of PTEs are events such as sexual and physical abuse, domestic violence, community violence, rape, assault, and motor vehicle accidents. Children are referred by law enforcement, child protective services, pediatric emergency rooms, mental health providers, forensic settings, and schools.

Given in four brief, manualized sessions, the goals of CFTSI are to:

- Improve screening and identification of children impacted by traumatic stress
- Reduce traumatic stress symptoms
- Increase communication between the caregiver and the child about the child’s traumatic stress reactions
- Provide skills to help master trauma reactions
- Assess the child’s need for longer-term treatment
- Reduce concrete external stressors (e.g. housing issues, systems negotiation, safety planning, etc.)

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Family Therapy, Individual Therapy, Parent Training, Victim Programs, Children Exposed to Violence	Victims of Crime, Children Exposed to Violence	Black, Hispanic, White, Other	7-17	Both	There is no cost information available for this program.	• Before CJ involvement <i>preventative</i>

**Evaluation Outcomes** Youth in the intervention group had significantly lower posttraumatic and anxiety scores than comparison youth.

**References**

Berkowitz, Steven J., Carla Smith Stover, and Steven R. Marans. 2010. “The Child and Family Traumatic Stress Intervention: Secondary Prevention for Youth at Risk of Developing PTSD.” *The Journal of Child Psychology and Psychiatry*. <http://www.med.upenn.edu/traumaresponse/documents/cftsi.pub.pdf>

**Program Profile: Child–Parent Center Program (Chicago, Ill.)**

*Description:* Child–Parent Center (CPC) is a school- and family-based early intervention program that provides comprehensive educational and family support services to economically and educationally disadvantaged children. The ultimate goal of the CPC program is to enhance school success, social competence, economic self-sufficiency, and general health. The theoretical foundation of the program emphasizes three main points: 1) a stable learning environment with systematic language learning activities will promote scholastic development; 2) parent involvement in a child’s education will enhance parent–child interactions and attachment to school; and 3) early efforts designed to prevent delinquency are more effective than programs targeting teenagers.

The CPC preschool program is 3 hours daily, for 5 days a week. The program also provides support during the transition to school with a ½-day or all-day kindergarten, and some services in elementary school. The program includes 1) activities designed to promote academic and social success, 2) a parent program to promote involvement in school, 3) outreach activities including home visitation, and 4) a comprehensive program to aid in the transition into elementary school. Parental involvement is an underpinning of the program; each parent is required to spend at least a ½-day per week in the center during preschool and kindergarten

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Family Therapy, Leadership and Youth Development, Parent Training, School/Classroom Environment, Children Exposed to Violence, Alcohol and Drug Prevention	Economically and educationally disadvantaged children	Black	3-9	Both	The average cost of the preschool program was \$8,512 per participant. An average societal benefit of \$92,220 (or a savings of \$10.83 for every \$1.00 spent per participant) as well as an average public benefit of \$61,246 (or a savings of \$7.20 for every \$1.00 spent per participant).	• Before CJ involvement <i>preventative</i>

**Evaluation Outcomes** Intervention participants were less inclined toward criminal behavior, depressive symptoms and completed school at a higher grade level than the control group.

**References**

Reynolds, Arthur J., and Suh–Ruu Ou. 2011. “Paths of Effects From Preschool to Adult Well-Being: A Confirmatory Analysis of the Child–Parent Center Program.” *Child Development* 82(2):555–82.

**Child–Parent Psychotherapy**

*Description:* Child–Parent Psychotherapy (CPP) is a dyadic, relationship-based treatment for parents and young children, which aims to help restore normal developmental functioning in the wake of domestic violence and trauma. CPP concentrates on restoring the attachment relationships that are negatively affected by violence, establishing a sense of safety and trust within the parent–child relationship and addressing the co-constructed meaning of the event or trauma shared by parent and child. The treatment is also known as Infant–Parent Psychotherapy (IPP), which is an adaption for infants, and Child–Parent Psychotherapy for Family Violence, which is available for families who experience multiple forms of familial violence. CPP sessions concentrate on parent–child interactions to support and foster healthy coping, affect regulation, and increase appropriate reciprocity between parent and child.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Crisis Intervention/Response, Family Therapy, Parent Training, Wraparound/Case Management, Victim Programs, Children Exposed to Violence	Victims of Crime, Children Exposed to Violence, Families	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	3-5, 18+	Both	Victims of Crime, Children Exposed to Violence, Families	• Before CJ involvement <i>preventative</i>
<b>Evaluation Outcomes</b>	There were significant differences on measures of child functioning and maternal symptoms between the treatment group and the comparison group.					
<b>References</b>						
Lieberman, Alicia F., Patricia Van Horn, and Chandra Ghosh Ippen. 2005. “Toward Evidence-Based Treatment: Child–Parent Psychotherapy With Preschoolers Exposed to Marital Violence.” <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> 44(12):1241–48.						



**Classroom-Centered Intervention to Reduce Risk of Substance Use**

*Description:* The Classroom-Centered Intervention to Reduce Risk of Substance Use (CCI) was a universal, first-grade preventive intervention designed to reduce students’ risk for later drug involvement. The intervention was designed to enhance regular classroom curricula, improve teachers’ instructional and behavior-management skills, and address students’ poor achievement and aggressive and shy behavior.

CCI had three main components: 1) curricular enhancements, 2) improved classroom behavior-management practices, and 3) supplementary strategies for children who are not performing adequately. Various components were added to the existing school curriculum in language arts and mathematics to enhance students’ critical thinking, composition, and listening and comprehension skills. Teachers used the Good Behavior Game (GBG), a whole-class strategy designed to promote social problem solving within a group context, to manage student behavior. For students who failed to respond to the GBG, back-up strategies were used (such as creating single-member teams). Such strategies allowed the link between students’ behavior and rewards and punishments to be more direct, to increase the rate of learning appropriate behavior

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, School/Classroom Environment, Alcohol and Drug Prevention	First grade students	Black, White, Other	5-7	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Approximately 6 to 7 years after the end of the program, participants were significantly less likely to have initiated use of tobacco and other drugs, compared with non-participants. The program had no impact on alcohol, marijuana, or inhalant use.					

**References**

Storr, Carla L., Nicholas S. Ialongo, Sheppard G. Kellam, and James C. Anthony 2002. “A Randomized Controlled Trial of Two Primary School Intervention Strategies to Prevent Early Onset Tobacco Smoking.” *Drug and Alcohol Dependence* 66:51–60.

Furr–Holden, C. Debra, Nicholas S. Ialongo, James C. Anthony, Hanno Petras, and Sheppard G. Kellam. 2004. “Developmentally Inspired Drug Prevention: Middle School Outcomes in a School-Based Randomized Prevention Trial.” *Drug and Alcohol Dependence* 73:149–58.

**Common Sense Parenting**

*Description:* Common Sense Parenting© (CSP) is a group-based parent-training class designed for parents of youths aged 6–16 who exhibit significant behavior and emotional problems. The objective of the program is to teach positive parenting techniques and behavior management strategies to help increase positive behavior, decrease negative behavior, and model appropriate alternative behavior for children.

The program consists of six weekly 2-hour sessions involving a group of 10–12 parents led by certified trainers who work from a detailed trainer’s manual. Program participants work from a parent manual that provides information on CSP skills, parenting advice, scenarios, skill cards for quick reference, and a personal parenting plan workbook. CSP classes concentrate on experiential learning and consist of five training components—review, instruction, modeling, practice, and feedback—and conclude with a summary. Each session is designed to teach one parenting concept and a skill related to that concept. Parenting skills and techniques are taught to parents for adaptation in any home environment. Parents learn skills such as the use of clear communication, positive reinforcements and consequences, self-control, and problem solving.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Parent Training	Parents of youths aged 6–16	Black, Hispanic, White	Varies	Both	For information on purchasing materials, please see the Boys Town Press Web site: <a href="http://www.boystownpress.org/index.php/">http://www.boystownpress.org/index.php/</a> .	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	There were significant posttreatment effects for measures of externalizing behaviors. There were significant effects for measures of satisfaction, efficacy and greater improvement in their satisfaction with family relationships. The study found no statistically significant treatment effects for internalizing problem behavior.					

**References**

Thompson, Ronald W., Penney R. Ruma, Linda F. Schuchmann, and Raymond V. Burke. 1996. “A Cost-Effectiveness Evaluation of Parent Training.” *Journal of Child and Family Studies* 5(4):415–29

**Communities That Care**

*Description:* Communities that Care (CTC) is a system for planning and marshalling community resources to address problematic behavior, such as aggression or drug use, in adolescents. It has five phases to help communities work toward their goals. The CTC system includes training events and guides for community leaders and organizations. The main goal is to create a “community prevention board” comprising public officials and community leaders to identify and reduce risk factors while promoting protective factors by selecting and implementing tested interventions throughout the community. Repeated assessments are incorporated into the CTC system to serve as an ongoing evaluation of the program and as a guidepost for communities dealing with adolescent health and behavioral problems.

By marshalling resources, focusing on specific problems, and selecting evidence-based interventions, the CTC is expected to reduce communitywide risk factors that lead to reductions in adolescent delinquent behaviors. It should take two to five years for communities to notice a marked reduction in risk factors, and five to 10 years to observe substantial decreases in adolescent substance use and delinquency.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, School/Classroom Environment, Community Crime Prevention , Alcohol and Drug Prevention	Community that is dealing with or has problems with adolescent drug use and delinquency is eligible to use the CTC system.	Black, American Indians/Alaska Native, Hispanic, White	10-17	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** At grade seven, risk factors were higher for students in control communities. There were mixed results with respect to substance use initiation. The study found the intervention group was less likely to initiate delinquent behavior.

**References**

Hawkins, David J., Eric C. Brown, Sabrina Oesterle, Michael W. Arthur, Robert D. Abbott, and Richard F. Catalano. 2008. “Early Effects of Communities That Care on Targeted Risks and Initiation of Delinquent Behavior and Substance Use.” *Journal of Adolescent Health* 43:15–22.

Hawkins. David J., Sabrin Oesterle, Eric C. Brown, Michael W. Arthur, Robert D. Abbot, Abigail A. Fagan, Richard F. Catalano. 2009. “Results of a Type 2 Translational Research Trial to Prevent Adolescent Drug Use and Delinquency.” *Archive of Pediatric and Adolescent Medicine* 163:789–98.

**Community Advocacy Project**

*Description:* The Community Advocacy Project is a community-based advocacy intervention for women leaving domestic violence shelter programs. Its main goals are to improve access to community resources and increase social support available to women starting a new life after leaving abusive partners. By improving availability and access of support services, the women’s quality of life would increase and could potentially help keep women from future abuse. Community resources include items such as employment, legal and financial assistance, housing, and child care.

Stemming from the strengths-based model, the Community Advocacy Project concentrates on enhancing a woman’s strengths and talents while getting the community involved in providing resources and opportunities for success. Advocates are required to follow strict guidelines that concentrate on a woman’s strengths rather than her weaknesses, on issues that are important to her rather than to the professional, and on making the community responsive to her needs by working with each woman in her environment and teaching her skills to increase the chance for success. There are five phases of the 10-week project participation: assessment, implementation, monitoring, secondary implementation, and termination. Advocates meet weekly with the women for 4 to 6 hours. Although defined for clarification, these phases are not separate from one another but are ongoing and they sometimes overlap throughout the intervention period.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Gender-Specific Programming, Shelter Care, Victim Programs, Violence Prevention	Females, Victims of Crime	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	17-61	Female	There is no cost information available for this program	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes**  
 There were mixed results on social support satisfaction and reported re-abuse between the treatment and control group. One study reported no statistically significant group differences on continued involvement with the assailant. Overall, participants were more effective in obtaining and seeking resources, had a better quality of life and psychological well-being.

**References**

Tan, Cheribeth, Joanne Basta, Cris M. Sullivan, and William S. Davidson II. 1995. “The Role of Social Support in the Lives of Women Exiting Domestic Violence Shelters: An Experimental Study.” *Journal of Interpersonal Violence* 10(4):437–51.

Bybee, Deborah I., and Cris M. Sullivan. 2002. “The Process Through Which an Advocacy Intervention Resulted in Positive Change for Battered Women Over Time.” *American Journal of Community Psychology* 30(1):103–32.

Allen, Nicole E., Deborah I. Bybee, and Cris M. Sullivan. 2004. “Battered Women’s Multitude of Needs: Evidence Supporting the Need for Comprehensive Advocacy.” *Violence Against Women* 10(9):1015–35.

**Community Trials Intervention to Reduce High-Risk Drinking (RHRD)**

*Description:* The Community Trials Intervention to Reduce High-Risk Drinking (RHRD) is a universal, multicomponent, community-based program that aims to reduce underage drinking, binge drinking, and driving under the influence (DUI). The program uses environmental interventions and community mobilization to decrease formal, social, and informal access to alcohol. The goal is to help communities prevent various types of alcohol-related accidents, violence, and injuries. Program components are tailored to individual communities and incorporate local input, dynamics, and regulations in order to produce positive outcomes.

RHRD is designed to reduce alcohol-related injury and trauma through five main prevention components: community mobilization and awareness, responsible beverage service, reduced underage drinking, reduced drinking and driving, and stricter alcohol access.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization, Community Crime Prevention, Violence Prevention, Alcohol and Drug Prevention, Specific deterrence	Developed for a universal audience so that it can be implemented in any setting regardless of the race, ethnicity, and gender of the affected population.	Varies	Varies	Both	The Community Trials Intervention to Reduce High Risk Drinking (RHRD) program typically costs less than \$10,000. Information on costs and budgeting can be found on the website for the Pacific Institute for Research and Evaluation: <a href="http://www.pire.org/communitytrials/ProjectBudgeting.htm">http://www.pire.org/communitytrials/ProjectBudgeting.htm</a> .	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 1</li> </ul>

**Evaluation Outcomes** The program evidence is mixed with one study finding differences between the intervention and comparison on some measures. However, another study found few statistically significant differences in their targeted outcome evaluation of alcohol-related injuries and police incidents.

**References**

Holder, Harold D., Paul J. Gruenewald, William R. Ponicki, Andrew J. Treno, Joel W. Grube, Robert F. Saltz, Robert B. Voas, Robert Reynolds, Johnetta Davis, Linda Sanchez, George Gaumont, and Peter Roesper. 2000. "Effect of Community-Based Interventions on High-Risk Drinking and Alcohol-Related Injuries." *Journal of the American Medical Association* 284(18):2341-2347.

Treno, Andrew J., Paul J. Gruenewald, Juliet P. Lee, and Lillian G. Remer. 2007. "The Sacramento Neighborhood Alcohol Prevention Project: Outcomes from a Community Prevention Trial." *Journal of Studies on Alcohol and Drugs* 68(2):197-207.

**Comprehensive Anti-Gang Initiative (CAGI)**

*Description:* The Comprehensive Anti-Gang Initiative (CAGI) was implemented in 12 select cities in response to increasing gang prevalence across the country. The main purpose of the CAGI was to prevent and reduce gang-related crime. It grew out of a larger national program called Project Safe Neighborhoods (PSN). CAGI was developed to support communities in preventing and controlling gang crime by funding a comprehensive model of suppression (enforcement), prevention, and reentry. CAGI was coordinated through the U.S. Attorneys' Offices in the selected jurisdictions, and new partnerships focused on gang prevention and controls were developed in order to fully implement the initiative. Partnerships involved state and federal law enforcement, criminal justice agencies, city governments, social service providers, community groups, and schools.

The CAGI was comprised of specific components, including enforcement strategies and partnerships, prevention and intervention strategies, and reentry/outreach programs. Although the initiative outlined a comprehensive model to gang violence prevention and control for jurisdictions to follow, sites had discretion to make adjustments within the specific components to fit their population and community needs and strengths. Enforcement strategies varied by jurisdiction, and included increased federal prosecution, increased state and local prosecution, joint case prosecution screening, and directed police patrols and field interrogations. Prevention and intervention strategies also varied depending on the jurisdiction, and included skills building services, education and outreach, school-based prevention, and substance abuse treatment. Reentry programs focused on outreach and linking services to gang-involved inmates who were returning from prison.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Gang Prevention/Intervention, Community Crime Prevention, Violence Prevention, Hot Spots Policing, General deterrence	Large U.S. cities that had problems with gang activity and gang-related crime	N/A	N/A	N/A	Funding is available for jurisdictions seeking gang reduction services. Prospects must provide an application to OJJDP during specific time periods.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 1</li> <li>• Point 2</li> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	There was a significant reduction in gun homicides related to gang crime in cities that implemented the initiative.					

**References**

McGarrell, Edmund F., Nicholas Corsaro, Chris Melde, Natalie Hipple, Timothy Bynum, and Jennifer Cobbina. 2013. "Attempting to Reduce Firearms Violence Through a Comprehensive Anti-Gang Initiative (CAGI): An Evaluation of Process and Impact." *Journal of Criminal Justice* 41(1):33-43

**Consistency Management & Cooperative Discipline® (CMCD®)**

*Description:* Consistency Management & Cooperative Discipline® (CMCD®) is a classroom and school reform model where teachers and students jointly become responsible for learning and classroom organization. It is designed to improve student behavior, instructional management, and classroom climate, with the ultimate goal of improving student achievement. The model seeks to address the needs of students, teachers, and administrative staff in schools from prekindergarten through 12th grade.

CMCD® seeks to prevent disruptive behavior before it begins and diminishes productive time in the classroom. Though it is implemented initially in individual classrooms, the model is meant to be implemented as a schoolwide program. The components of the model are designed to foster a classroom environment that concentrates on active learning through a climate of respect and discipline. The model endorses five central themes: prevention, caring, organization, cooperation, and community. To be implemented, 70 percent of the staff must vote in support of the project. CMCD® is then phased in, in three stages: first in the classroom, then in the broader school environment (e.g., in common areas such as hallways or the cafeteria), and finally through the development of site capacity (e.g., through leadership training).

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, School/Classroom Environment	Innercity youth	Black, Hispanic, White	8-11	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul> <i>Preventative</i>
<b>Evaluation Outcomes</b>	The intervention group demonstrated significantly greater improvement in reading and mathematics achievement on the Texas Assessment of Academic Skills reading subtest from pretest to posttest at the end of the second year of intervention.					

**References**

Freiberg, H. Jerome, Chris A. Huzinec, and Stacey M. Templeton. 2009. "Classroom Management—a Pathway to Student Achievement: A Study of 14 Innercity Elementary Schools." *Elementary School Journal* 110(1):63–80.

**Coping Power Program**

*Description:* The Coping Power Program (CPP) is a cognitive-based intervention delivered to aggressive children and their parents during the children’s transition to middle school. The program aims to increase competence, study skills, social skills, and self-control in aggressive children as well as to improve parental involvement in their child’s education.

The program has a component aimed at the parents of children in intervention classrooms. The child component of CPP lasts 16 months and includes 22 fifth grade sessions and 12 sixth grade sessions. The parent component is administered over 16 sessions, which provides the parents with instruction on parenting skills, including rule setting, appropriate punishment, stress management, and family communication. The parent component concentrates on parenting and stress-management skills, while the child component involves the use of school-based focus groups and emphasizes anger management and social problem-solving skills. Parents also meet with CPP staff to help them understand and prepare for future adolescence-related and general education issues, and to give them the tools necessary for a smooth transition to middle school.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Cognitive Behavioral Treatment, Parent Training, Alcohol and Drug Prevention	Middle school students, families	Black, White	8-13	Both	There is no cost information available for this program	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** There were mixed results on self-reported delinquency, but overall lower substance use, and improved aggressive behavior for the treatment group.

**References**

Lochman, John E., and Karen C. Wells. 2003. “Effectiveness of the Coping Power Program and of Classroom Intervention With Aggressive Children: Outcomes at a 1-Year Follow-Up.” *Behavior Therapy* 34:439–515.

Lochman, John E., and Karen C. Wells. 2004. “The Coping Power Program for Preadolescent Aggressive Boys and Their Parents: Outcome Effects at the 1-Year Follow-Up.” *Journal of Consulting and Clinical Psychology* 72(4):571–78.

Zonneville–Bender, Marjo J.S., Walter Matthys, Nicolle M.H. van de Wiel, and John E. Lochman. 2007. “Prevention Effects of Treatment of Disruptive Behavior Disorder in Middle Childhood on Substance Use and Delinquent Behavior.” *Journal of the American Academy of Child and Adolescent Psychiatry* 46(1):33–39.



**Cross-Age Peer Mentoring Program**

*Description:* The Cross-Age Peer Mentoring Program is a structured cross-age peer mentoring program in which high school students provide one-on-one mentoring to elementary and middle school students, either after school or on weekends, at the mentees’ schools throughout the school year. The program is designed to serve a mix of children who are both identified and not identified as at risk for social problems and academic disengagement. The program also is indicated for children attending schools in districts with high rates of high school dropout, which puts them at greater risk for school failure and dropout. The goals of the program are to promote mentees’ connectedness (to school, parents, and the future) and improve academic achievement by experiencing a supportive relationship with an older peer at school and practicing perspective taking, social skills, and school engagement.

The Cross-Age Peer Mentoring Program is a year-round program with a structured curriculum in which high school mentors and elementary to middle school mentees engage with one another within a larger group context. It includes instructions for match (mentor–mentee) and group projects to practice perspective taking and social skills, and to engage in social connectedness activities. Two curriculum-based, connectedness promotion components, which are implemented during the first 6 months of the program, are teacher interviews and role-playing stories after reading moral dilemma books. Another primary component of the program is family engagement, through quarterly recreational events called SuperSaturdays.

The program can be implemented through two different models. In the *faraway model*, mentors work with the children monthly during Saturdays and then more intensively during a 2-week summer day program. In the *nearby model* of the program, mentors meet with the children after school for 2 hours each day twice a week across 9 months (72 hours) and for 6 hours in quarterly Saturday events (24 hours).

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Afterschool/Recreation, Leadership and Youth Development, Mentoring	Elementary and middle school students	Black, Hispanic, White	Under 15	Both	For program cost information, see <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=356">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=356</a> .	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul>

**Evaluation Outcomes** The mentored children showed significant improvement on measures of spelling achievement and connectedness to school and to parents compared with the control group. However, mentored and control group children did not significantly differ on connectedness to reading, future, or friends.

**References**

Karcher, Michael, Claytie Davis, and Brad Powell. 2002. “The Effects of Developmental Mentoring on Connectedness and Academic Achievement.” *School Community Journal* 12(2):35–50.

Karcher, Michael. 2005. “The Effects of Developmental Mentoring and High School Mentors’ Attendance on Their Younger Mentees’ Self-Esteem, Social Skills, and Connectedness.” *Psychology in the Schools* 42(1):65–77.

**Cure Violence (Chicago, Illinois)**

*Description:* Cure Violence (formerly known as CeaseFire—Chicago) is a Chicago, Illinois–based violence prevention program administered by the Chicago Project for Violence Prevention. Cure Violence uses an evidence-based public health approach to reduce shootings and killings by using highly trained street violence interrupters and outreach workers, public education campaigns, and community mobilization. Rather than aiming to directly change the behaviors of a large number of individuals, Cure Violence concentrates on changing the behavior and risky activities of a small number of selected members of the community who have a high chance of either "being shot" or "being a shooter" in the immediate future.

The activities of Cure Violence are organized into five core components, which address both the community and those individuals who are most at risk of involvement in a shooting or killing:

- Street-level outreach
- Public education
- Community mobilization
- Faith leader (clergy) involvement
- Police and prosecutor participation

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Conflict Resolution/Interpersonal Skills, Gang Prevention/Intervention, Children Exposed to Violence, Community Crime Prevention , Violence Prevention	Young Offenders, Children Exposed to Violence, Gang Members, High Risk Offenders	Black, Hispanic, White	16-25	Both	There is no cost information available for this program	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 1</li> <li>• Point 2</li> </ul>
<b>Evaluation Outcomes</b>	The program was associated with significant reductions in shootings, killings, and retaliatory homicides and also appeared to make shooting hot spots cooler in some neighborhoods but not others.					
<b>References</b>						
Skogan, Wesley G., Susan M. Hartnett, Natalie Bump, and Jill Dubois. 2008. <i>Evaluation of CeaseFire—Chicago</i> . Washington, D.C.: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. <a href="https://www.ncjrs.gov/pdffiles1/nij/grants/227181.pdf">https://www.ncjrs.gov/pdffiles1/nij/grants/227181.pdf</a>						

<b>DARE to be You</b>						
<p><i>Description:</i> DARE to be You (DTBY) is a multilevel prevention program aimed at high-risk families with children ages 2–5. The program is designed to lower children’s risk of future substance abuse and other high-risk activities by improving aspects of parenting that contribute to children’s resiliency. DTBY combines three supporting aspects—educational activities for children, strategies for the parents or teachers, and environmental structures—to enable program participants to learn and practice the desired skills. DTBY seeks to improve parent and child protective factors by improving parents’ sense of competence and satisfaction with being parents, providing them with knowledge and understanding of a multilevel, primary prevention program that targets Native American, Hispanic, African American, and white parents and their preschool children.</p> <p>DARE is an acronym for the key constructs of the program:</p> <ul style="list-style-type: none"> <li>• Decision-making, reasoning skills, and solving problems</li> <li>• Assertive communication and social skills</li> <li>• Responsibility (internal locus of control/attributions) and role models</li> <li>• Esteem, efficacy, and empathy</li> </ul>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Parent Training, Alcohol and Drug Prevention	High-risk families with children ages 2–5	Black, American Indians/Alaska Native, Hispanic, White	2-5, 21-40	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	There were notable child outcomes, increased parent self-esteem, satisfaction with social support, improved attribution/reasoning skills, but little impact on locus of control. There was no significant difference between groups on measures of stress and mixed results on child-rearing practices.					
<b>References</b>						
Miller–Heyl, Janet L., David MacPhee, and Janet J. Fritz. 1998. “DARE to Be You: A Family-Support, Early Prevention Program.” <i>Journal of Primary Prevention</i> 18(3):257–85.						

<b>Deterrent-Letter Project (Quebec, Canada)</b>						
<p><i>Description:</i> The Deterrent-Letter Project is a deterrence-based intervention that took place in four Quebec (Canada) insurance companies. The program sought to deter insurance claimants from exaggerating the value of their residential theft claims through the threat of legal sanctions. To do so, the deterrent letters sent to claimants had three purposes: 1) inform the claimant that the insurance company does not condone claim padding and will prosecute all claimants who have exaggerated their claims, 2) serve as a reminder of the sanctions that result from claim padding, 3) encourage social conformity, by indicating that society considers exaggerated claims to be dishonest.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Situational Crime Prevention, Reminders/Notifications, Specific deterrence	insurance claimants	Not specified	Not specified	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul>
<b>Evaluation Outcomes</b>	The project resulted in a statistically significant reduction in claim padding compared to the control group.					
<b>References</b>						
Blais, Etienne, and Jean-Luc Bacher. 2007. "Situational Deterrence and Claim Padding: Results From a Randomized Field Experiment." <i>Journal of Experimental Criminology</i> 3:337-52.						

**Drug Abuse Resistance Education + Play and Learn Under Supervision (DARE + PLUS)**

*Description:* Drug Abuse Resistance Education + Play and Learn Under Supervision (DARE + PLUS) is an enhanced curriculum for middle and late elementary school students. Its primary goal is the same as the well-known DARE program: preventing teen drug use by applying the same principles taught in DARE, but updated for a slightly older audience. As with DARE, DARE + PLUS concentrates on building students’ refusal skills and teaches them ways to avoid peer pressure and how to cope with life stresses—two areas thought to be linked to early drug use. DARE + PLUS’s secondary goal is to reduce aggression and violence. Classroom instruction addresses how to refuse drugs and how to avoid violent situations. DARE + PLUS also provides alternative activities through clubs/classes such as the arts, sports and tutoring.

DARE + PLUS is divided into three program components. The first component is a program called “On the VERGE.” This is a four-session program implemented by trained teachers, with a session given every week. Classroom activities concentrate on influences and refusal skills related to peers, social groups, media and advertising, and role models. The second component of DARE + PLUS involves more extracurricular activities for adolescents. Youth action teams are created, and students must decide which activities they want to take part in after school. The last segment of DARE + PLUS incorporates neighborhood action teams. Similar to the youth action teams, neighborhood action teams consist of groups of students and a community leader, who work together to solve neighborhood issues related to drug use and violent behavior.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, School/Classroom Environment, Alcohol and Drug Prevention	junior-high/middle and late elementary school students	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	13-18	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Boys in DARE + PLUS schools were less likely to show increases in alcohol, tobacco or multidrug use, and girls were less likely to report increases in ever having been drunk compared to DARE-only schools. Program children reported less violent behavior.					

**References**

Perry, Cheryl L., Kelli A. Komro, Sara Veblen–Mortenson, Linda M. Bosma, Kian Farbakhsh, Karen A. Munson, Melissa H. Stigler, and Leslie A. Lytle. 2003. “A Randomized Controlled Trial of the Middle and Junior High School D.A.R.E. and D.A.R.E. + P.L.U.S. Programs.” *Archives of Pediatric and Adolescent Medicine* 157:178–84.

**Early Risers ‘Skills for Success’ Program**

*Description:* The Early Risers ‘Skills for Success’ Program is a comprehensive preventive intervention that targets elementary school children (ages 6 to 10) who are at high risk for early development of conduct problems (i.e., who display early aggressive, disruptive, or nonconformist behaviors). The Early Risers Program aims to prevent high-risk children’s further development of problem behaviors by improving their social and academic skills and intervening in their family environment. The goal of Early Risers is to alter the developmental trajectory of early aggressive, high-risk children onto a more adaptive developmental pathway.

Early Risers is a multicomponent, high-intensity, competency-enhancement program based on the premise that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. Early Risers uses a full-strength intervention model with two complementary components, CORE and FLEX. The interventions are:

- Parent education and skills training
- Proactive parent–school consultation
- Child social skills training and strategic peer involvement
- Reading/educational enrichment activities
- Family support, consultation, and brief interventions to cope with stress
- Contingency management of aggressive, disruptive, and noncompliant behavior

The CORE component is delivered during 6 weeks of summer school sessions and includes ongoing teacher consultation and student mentoring during the school day as well as a biweekly family program that consists of parent education, skills training, and child social skills training groups. The FLEX component is delivered at the same time but functions as a prevention case management tool to handle unique family issues that the CORE curriculum may not be able to adequately address.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, Mentoring, Parent Training, School/Classroom Environment, Children Exposed to Violence	Elementary school children who are at high risk for early development of conduct problems	White	6-10	Both	There is no cost information available for this program	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The program had a significant, positive impact on youths’ academic achievement and the discipline practices of their parents. However, the program did not have a significant effect on children’s aggression.					

**References**

August, Gerald J., Joel M. Hektner, Elizabeth A. Egan, George M. Realmuto, and Michael L. Bloomquist. 2002. “The Early Risers Longitudinal Prevention Trial: Examination of 3-Year Outcomes in Aggressive Children With Intent-to-Treat and As-Intended Analyses.” *Psychology of Addictive Behaviors* 16:27–39.

**Ecologically Based Family Therapy (EBFT) for Substance-Abusing Runaway Adolescents**

*Description:* Ecologically Based Family Therapy (EBFT) is a home-based, family preservation model that focuses on families who are in crisis because a youth has run away from home. EBFT was developed based on the HOMEBUILDERS family preservation model in which services are initiated when there is a family crisis, such as a child’s removal or departure from the home. EBFT targets 12- to 17-year-olds who are staying in a runaway shelter and are also dealing with substance abuse issues (such as alcohol dependence). The goal of EBFT is to improve family functioning and reduce youths’ substance use.

To derive greater benefit from family members’ motivation to meet and work through the runaway crisis, therapy sessions occur frequently early on in the process. EBFT is delivered to families in their homes across 16 sessions, lasting 50 minutes each. EBFT is home based to reduce barriers to treatment, such as child care or transportation. Treatment begins by preparing the adolescent and the family members, in individual sessions, to come together and talk about the issues that led to the runaway episode. After the individual sessions, the family and youth are brought together to address the issues associated with the dysfunctional interactions between family members and the continuation of problem behaviors.

EBFT is guided by a manual that is divided into four sections. The first section describes the engagement procedure used with the youths and their families. The second section provides common themes to therapy involving runaway youths and their families, such as youth transitioning back into the home or parental refusal to allow the youth to live in the home. The final section outlines the sequence of clinical tasks for each therapy session.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Cognitive Behavioral Treatment, Crisis Intervention/Response, Family Therapy, Individual Therapy	Status Offenders, Families	Black, American Indians/Alaska Native, Hispanic, White, Other	12-17	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	At fifteen months following the program, runaway youth in EBFT reported significantly less substance abuse.					

**References**

Slesnick, Natasha, and Jillian J. Prestopnik. 2009. “Comparison of Family Therapy Outcome With Alcohol-Abusing, Runaway Adolescents.” *Journal of Marital and Family Therapy* 35(3):255–77.

**Empowerment Training for Abused Pregnant Chinese Women**

*Description:* The goal of this program is to help abused women in China cope with the negative impact of psychological and physical abuse by their partners. The program strives to help these women improve their self-esteem and make better choices so that they are able to overcome the negative experience of being abused. The main goals are to reduce intimate partner violence and improve health-related quality of life for these abused women.

The program provides a safe environment for abused pregnant women to talk about their experiences with abuse and receive support and advice, primarily through individual therapy. The therapy offers empathic understanding but also emphasizes the need for the woman to identify and accept her feelings in order to overcome the negative impact the abuse has had on her self-esteem. The women additionally receive advice in safety techniques, decision making, and problem solving. Such life skills training aim to empower the participants, enhance their independence and control, and help them make better life choices. The women receive a brochure at the end of their therapy session that reinforces the information covered.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Crisis Intervention/Response, Individual Therapy, Victim Programs, Violence Prevention	Pregnant women in Hong Kong who have been emotionally or physically abused by their partner.	Asian/Pacific Islander	18+	Female	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>

<b>Evaluation Outcomes</b>	The experimental group showed a larger decline in intimate partner violence for some measures such as psychological abuse and minor physical violence; improved health-related quality of life for some measures; and lower levels of postnatal depression compared to the control group.
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**References**

Tiwari, Agnes, Wing Cheong Leung, T.W. Leung, Janice Humphreys, B. Parker, Pak Chnng Ho. (2005). “A randomised controlled trial of empowerment training for Chinese abused pregnant women in Hong Kong.” *BJOG: An International Journal of Obstetrics and Gynaecology* 112(9):1249–56



<b>Experience Corps</b>						
<p><i>Description:</i> Through the Experience Corps (EC) program, community volunteers aged 55 and above tutor and mentor public elementary school children who are at risk of academic failure. The program has two essential components: tutoring and mentoring. Older adults recruited from the community are trained to provide tutoring to enhance literacy in low-performing elementary school children in grades K–3, while also focusing on building relationships with the children. EC volunteers are trained in using a structured curriculum for the tutoring component, although the curriculum varies from site to site. Children at risk of academic failure are referred by their teachers at the beginning of the school year. EC volunteers then meet regularly with the children over the academic year, providing one-to-one tutoring and mentoring.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Mentoring	elementary school children who are at risk of academic failure	Black, Hispanic, Other	Not specified	Both	Volunteers received a stipend ranging from \$185 (for part time) to \$278 (for full time) per month at the three program sites.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul> <i>Preventative</i>
<b>Evaluation Outcomes</b>	Program participants made significantly greater gains in reading comprehension scores and teacher-assessed reading skills over an academic year, as compared with the control group. However, there were no significant differences in vocabulary and word attack scores from pre- to postintervention.					
<b>References</b>						
Morrow-Howell, Nancy, Melissa Jonson-Reid, Stacey McCrary, YungSoo Lee, and Ed Spitznagel. 2009. <i>Evaluation of Experience Corps: Student Reading Outcomes</i> . Report. Center for Social Development, Washington University in St. Louis.						

**Eye Movement Desensitization and Reprocessing (EMDR)**

*Description:* Eye Movement Desensitization and Reprocessing (EMDR) is a therapeutic approach designed to treat individuals who are dealing with the aftermath of a traumatic life event, including children exposed to violence. The approach is guided by the adaptive information processing model. Dysfunctionally stored traumatic memories can in turn lead to maladaptive coping strategies and cause intense anxiety and other symptoms of posttraumatic stress disorder (PTSD). The goal of EMDR treatment is therefore to help individuals who have experienced traumatic stress to reprocess and adaptively store dysfunctionally stored traumatic memories. Treatment sessions focus on the past experiences that may have caused PTSD or other psychological disorders; the current circumstances that trigger dysfunctional emotions, beliefs, and sensations; and the positive experiences that can improve future adaptive behaviors and mental health. EMDR treatment involves an eight-phase protocol that addresses an individual’s past, present, and future experience and behavior.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Individual Therapy, Victim Programs	individuals who are dealing with the aftermath of a traumatic life event	Black, American Indians/Alaska Native, Hispanic, White	16-25	Female	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	There were significant pre–post gains on all outcome measures for the treatment and comparison group that received the active listening approach. However, the differential improvement on depression, anxiety, PTSD and impact resulted in greater pre–post changes for the treatment group.					

**References**

Scheck, Margaret M., Judith Ann Schaeffer, and Craig Gillette. 1998. “Brief Psychological Intervention With Traumatized Young Women: The Efficacy of Eye Movement Desensitization and Reprocessing.” *Journal of Traumatic Stress* 11(1):25–44.

<b>Familias Unidas</b>						
<p><i>Description:</i> Familias Unidas works to promote positive parenting, involvement, and support. The program aims to increase parental involvement with their child’s peers and school and to improve family bonding and cohesion. It also focuses on building supportive relationships amongst Hispanic immigrant parents, to integrate them into the greater community and reduce feelings of social isolation. By providing parents with additional knowledge and tools to raise healthy children, the intervention aims to prevent or reduce illicit drug use, antisocial behavior, and risky sexual behavior.</p> <p>Familias Unidas proceeds in three stages. First, the program facilitator works with parents and builds cohesion among those in the group sessions. Next, parents are told about the three primary adolescent "worlds" (family, peers, and school), and parents are asked to voice concerns they have with their child within each one of these realms. The last stage is where facilitators work on teaching parenting skills to the group to decrease the problem behaviors discussed in earlier sessions. In this third stage, facilitators will conduct home visits to supervise parent–child interactions and give further instruction on the skills addressed in the group sessions.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Family Therapy, Group Therapy, Parent Training, Alcohol and Drug Prevention	Hispanic immigrant families living in the United States	Hispanic	12-17	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	The intervention group experienced a steady decline in behavior problems. Parents reported significantly greater improvements in family functioning. However, the intervention had no effects on academic achievement. The intervention did not prevent adolescent sexual activity but had a positive impact on safer sex practices.					
<b>References</b>						
<p>Pantin, Hilda, J. Douglas Coatsworth, Daniel J. Feaster, Frederick L. Newman, Ervin Briones, Guillermo Prado, Seth J. Schwartz, and José Szapocznik. 2003. “Familias Unidas: The Efficacy of an Intervention to Promote Parental Investment in Hispanic Immigrant Families.” <i>Prevention Science</i> 4:189-201.</p> <p>Pantin, Hilda, Guillermo Prado, Barbara Lopez, Shi Huang, Maria I. Tapia, Seth J. Schwartz, Eduardo Sullivan, C. Hendricks Brown, Jennifer Branchini. 2009. “A Randomized Controlled Trial of Familias Unidas for Hispanic Adolescents With Behavior Problems.” <i>Psychosomatic Medicine</i> 71:987–95.</p>						

**Family Check-Up (FCU) for Adolescents**

*Description:* Family Check-Up (FCU) for Adolescents is a family-centered preventive intervention based on a health maintenance model. It is designed to assist families with high-risk adolescents, ages 11–17 by targeting parental engagement and motivating parents to improve their parenting practices. Moreover, it offers a menu of family-centered interventions that support effective family management practices and promote the well-being and improved behavior of children and adolescents. The goal of FCU is to reduce the growth of adolescents’ problem behaviors and substance abuse, improve parenting skills, and reduce family conflict.

Participation in the FCU is voluntary: families can either elect to receive services or opt out of the intervention. The FCU is a three session intervention based on motivational interviewing and modeled after the Drinker’s Check-Up. Each session is guided by a professional therapist in a school setting over an extended length of time. The session participants include parents, adolescents, and teachers. The 3-step intervention sessions are tailored to families, concentrating specifically on the needs of the adolescents served. Parents and adolescents are all involved in the interactive sessions, while the information is collected through self-reporting surveys given to the parents, adolescents, and teachers at specified intervals. The three sessions consist of the following:

- Initial interview
- Assessment procedure
- Feedback session

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Crisis Intervention/Response, Family Therapy, Parent Training, School/Classroom Environment, Motivational Interviewing	families with high-risk adolescents	Black, Hispanic, White, Other	11-17	Both	For cost information visit <a href="http://reachinstitute.asu.edu/">http://reachinstitute.asu.edu/</a>	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Students who received FCU services showed significantly less growth in antisocial behavior and substance use as well as a stable GPA from the start of middle school into high school.					

**References**

Veronneau, Marie-Helene, Michael Myers, Thomas Dishion, Kathryn Kavanagh, and Allison Caruthers. 2011. “An Ecological Approach to Promoting Early Adolescent Mental Health and Social Adaptation: Family-Centered Intervention in Public Middle Schools.” *Child Development* 82(1):209–25.

[www.ncbi.nlm.nih.gov/pmc/articles/PMC3035851/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3035851/)

Stormshak, Elizabeth, Arin Connell, and Thomas Dishion. 2009. “An Adaptive Approach a Family-Centered Intervention in Schools: Linking Intervention Engagement to Academic Outcomes in Middle and High Schools.” *Preventive Science* 10:221–35.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2730147/>

**Family Check-Up (FCU) for Children**

*Description:* Family Check-Up (FCU) is a preventative, family-based intervention targeting families with young children who possess risk factors for child behavioral misconduct. The FCU program is a family assessment intervention that emphasizes motivation to change, and involves three sessions implemented in the home with optional follow-up parental training sessions. Primary goals include reductions in child problem behavior and prevention of delinquency later in life. Secondary goals include increased maternal involvement and improvements in positive behavior support and other family management practices. Specifically, the program targets disrupted and unskilled family management practices in early childhood to reduce and prevent future child problem behavior.

The FCU is a brief, three session intervention based on motivational interviewing. The three meetings are conducted by a professional therapist in the home. The sessions consist of a one-hour assessment session, an interview session, and a feedback session:

- The first session involves a staff member who reviews and discusses concerns with the caregiver, focusing on family issues that are most critical to the child’s well-being.
- The assessment engages family in a variety of in-home videotaped tasks of parent-child interactions, while caregivers complete questionnaires about their own, their child’s, and their family’s functioning.
- The third meeting is a feedback session where the parent consultant can summarize results of the assessment and work with the parent to assess his/her motivation and willingness to change problematic behavior. This final session also includes an overview of the behaviors and/or practices that need additional attention.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Family Therapy, Parent Training, Motivational Interviewing	Families with socioeconomic, family, and/or child risk factors for future behavioral problems.	Black, Hispanic, White, Other	Under 11	Both	For cost information visit <a href="http://reachinstitute.asu.edu">http://reachinstitute.asu.edu</a> .	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Evaluation results suggest that the intervention indirectly reduced child problem behavior via parental positive behavior support. More specifically, the intervention appeared to significantly increase levels of parents’ positive behavior support, which in turn significantly reduced children’s problem behavior.					

**References**

Dishion, Thomas J., Arin Connell, Chelsea Weaver, Daniel Shaw, Frances Gardner, and Melvin Wilson. 2008. “The Family Check-Up With High-Risk Indigent Families: Preventing Problem Behavior by Increasing Parents’ Positive Behavior Support in Early Childhood.” *Child Development* 79(5): 1395-1414. doi: 10.1111/j.1467-8624.2008.01195.x <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2683384/>

<b>Family Foundations</b>						
<p><i>Description:</i> Family Foundations is a psycho-educational, skills-based program for first-time expectant parents. The universal prevention program is delivered through childbirth education departments at local hospitals. It is designed to reduce later child problems such as aggressive and antisocial behavior by enhancing the coparenting relationship among cohabiting and married couples expecting their first child.</p> <p>Family Foundations is delivered in a group format across eight sessions. The first four sessions are prenatal classes provided around the fifth or sixth month of pregnancy. The other four sessions are postnatal classes provided when the child is approximately 6 months old. The prenatal classes introduce couples to certain themes and relationship skills. The postnatal classes revisit those themes once the couple has experienced life as parents and coparents. Most of the program material focuses on enhancing the coparenting relationship, aligning expectant parents' expectations of each other and of parenthood, and introducing positive childrearing strategies. The material on post-birth expectations familiarizes parents with particular issues they may experience after the birth of their child and the way that these issues may affect coparenting.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Group Therapy, Parent Training	first-time expectant parents	Black, Asian/Pacific Islander, Hispanic, White, Other	Under 3, 18+	Both	For cost information visit the program's Web site: <a href="http://www.famfound.net/collections/educators">http://www.famfound.net/collections/educators</a> .	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	Intervention group parents had a higher measure of positive mother and father parenting, coparenting and couple relationships. The program also had positive effects on child behavior compared to the control group.					
<b>References</b>						
Feinberg, Mark E., Marni L. Kan, and Megan C. Goslin. 2009. "Enhancing Coparenting, Parenting, and Child Self-Regulation: Effects of Family Foundations 1 Year After Birth." <i>Prevention Science</i> 10:276–85.						
Feinberg, Mark E., Damon E. Jones, Marni L. Kan, and Megan C. Goslin. 2010. "Effects of Family Foundations on Parents and Children: 3.5 Years After Baseline." <i>Journal of Family Psychology</i> 24(5):532–42.						

<b>Family-School Partnership Intervention to Reduce Risk of Substance Use</b>						
<p><i>Description:</i> The Family-School Partnership Intervention to Reduce Risk of Substance Use (FSP) was a universal, first-grade preventive intervention designed to reduce students’ risk for later drug involvement by addressing students’ poor achievement, aggressive and shy behavior, and concentration problems. The intervention was designed to improve teachers’ and parents’ teaching and behavior-management skills, and parent-teacher communication.</p> <p>FSP had three main components: 1) The Parents on Your Side 3-day training on parent-teacher communication and partnership building for teachers and school staff, with follow-up supervisory visits and an explicit training manual with videotape training aids; 2) weekly home-school learning and communication activities; and 3) a series of nine parent workshops. The first-grade teacher and school psychologist or social worker ran the program, which included sessions on effective praise, play, limit setting, time-out versus spanking, and problem solving. A “Warm Line” was set up in each school to enhance parent-school communication regarding academic and behavior-management issues.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Parent Training, School/Classroom Environment, Alcohol and Drug Prevention	First grade students, families	Black, White, Other	5-7	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Approximately 6 to 7 years after the end of the program, participants were significantly less likely to have initiated tobacco use, compared with non-participants. The program had no impact on alcohol, marijuana, inhalant, or other drug use.					
<b>References</b>						
Storr, Carla L., Nicholas S. Ialongo, Sheppard G. Kellam, and James C. Anthony 2002. “A Randomized Controlled Trial of Two Primary School Intervention Strategies to Prevent Early Onset Tobacco Smoking.” <i>Drug and Alcohol Dependence</i> 66:51–60.						
Furr–Holden, C. Debra, Nicholas S. Ialongo, James C. Anthony, Hanno Petras, and Sheppard G. Kellam. 2004. “Developmentally Inspired Drug Prevention: Middle School Outcomes in a School-Based Randomized Prevention Trial.” <i>Drug and Alcohol Dependence</i> 73:149–58.						

**Fast Track**

*Description:* Fast Track is a comprehensive, long-term prevention program that aims to prevent chronic and severe conduct problems in high-risk children. It is based on the view that antisocial behavior stems from the interaction of multiple influences such as school, home, and the individual. The main goals of the program are to increase communication and bonds between and among these three domains; to enhance children’s social, cognitive, and problem-solving skills; to improve peer relationships; and ultimately to decrease disruptive behavior at home and in school. The program can be implemented in rural and urban areas for boys and girls of varying ethnicities, socioeconomic backgrounds, and family compositions.

Fast Track extends from 1st through 10th grades, with particularly intensive interventions during the transitions at school entry and from elementary to middle school. The primary intervention is designed for all youths in a school setting. The PATHS (for Promoting Alternative THinking Strategies) curriculum was revised for use in the Fast Track program. In addition to this universal intervention, Fast Track includes an intervention component for children considered high risk. This includes academic tutoring, parent groups, child social-skills training, and home visits. The most intense phase of intervention took place in the first grade year for each of three successive cohorts.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Conflict Resolution/Interpersonal Skills, Parent Training, School/Classroom Environment	Children identified in kindergarten for disruptive behavior and poor peer relations.	Black, Asian/Pacific Islander, Hispanic, White	5-15	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Participants in the treatment group were significantly less likely than control group participants to exhibit evidence of serious conduct problems and had higher social cognition. While parenting behaviors improved there were no differences between the groups in academic progress and child social competence.					

**References**

Conduct Problems Prevention Research Group. 2002. “Evaluation of the First 3 Years of the Fast Track Prevention Trial With Children at High Risk for Adolescent Conduct Problems.” *Journal of Abnormal Child Psychology* 30(1):19–36.



**Fostering Healthy Futures Program**

*Description:* The Fostering Healthy Futures (FHF) program is a preventative intervention for youth ages 9 to 11 recently placed in out-of-home care due to child maltreatment. The program is designed to identify and address mental health issues, prevent risky behaviors, and promote competence, with the overall goal of increasing child well-being.

Fostering Healthy Futures is a 9-month intervention that is composed of two major components: manualized skills groups and one-to-one mentoring with social work and psychology graduate students. The FHF manualized skills groups meet for 90 minutes per week for 30 weeks during the academic year. The groups consist of 8 children, two licensed clinicians who function as group facilitators, and graduate student trainees. The skills group sessions are structured around a standardized program curriculum that includes cognitive behavioral skill-building activities and process-oriented activities. Alongside the manualized skills group curriculum, FHF also includes a 30-week, one-on-one mentoring component. Mentors are graduate students in social work and psychology. Mentors are paired with two children with whom they spend 2 to 4 hours of individual time each week

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Cognitive Behavioral Treatment, Leadership and Youth Development, Mentoring, Children Exposed to Violence	Children Exposed to Violence	Not specified	9-11	Both	Visit the Fostering Healthy Futures (FHF) Web site for information about costs: www.fosteringhealthyfutures.org	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** Evaluation results suggest that the program significantly reduced mental health problems, and measures of dissociation. In addition, treatment group youths living in nonrelative foster homes at baseline were more likely to achieve permanency and experience fewer placements.

**References**

Taussig, Heather N., and Sara E. Culhane. “Impact of a Mentoring and Skills Group Program on Mental Health Outcomes for Maltreated Children in Foster Care.” 2010. *Archives of Pediatrics and Adolescent Medicine* 164(8): 739–46.  
<http://archpedi.jamanetwork.com/article.aspx?articleid=383583>

Taussig, Heather N., Sara E. Culhane, Edward Garrido, and Michael D. Knudtson. “RCT of a Mentoring and Skills Group Program: Placement and Permanency Outcomes for Foster Youth.” 2012. *Pediatrics* 130(1): e33–9.  
<http://pediatrics.aappublications.org/content/130/1/e33.full>

**Gang Reduction Program (Los Angeles, California)**

*Description:* The Office of Juvenile Justice and Delinquency Prevention (OJJDP)–funded Gang Reduction Program (GRP) was a targeted multiyear (2003-08) initiative to reduce crime and violence associated with youth street gangs in a select group of cities throughout the United States. The initiative facilitated collaborations among federal agencies, local stakeholders, and communities to create a comprehensive, integrated, and coordinated program, which included primary prevention, secondary prevention, intervention, and gang suppression strategies. The GRP was designed to address individual needs and risk as well as communitywide issues.

The LA GRP implemented alternative programs for at-risk youth and families; provided social, educational, and behavioral interventions; and implemented programs to reduce gang crime in the target area. Each of the services provided were categorized by one of three programming types: Prevention, Intervention/Reentry, and Suppression. Through a partnership with an existing multiagency law enforcement collaborative called the Community Law Enforcement and Recovery Program (CLEAR), the LA GRP’s suppression component coordinated resources for reducing violent gang crime in the target area. The CLEAR Operations Team consisted of representatives from each participating agency and met regularly to address gang activity and enforcement.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Afterschool/Recreation, Community and Problem Oriented Policing, Community Awareness/Mobilization , Diversion, Gang Prevention/Intervention, Leadership and Youth Development, Mentoring, School/Classroom Environment, Truancy Prevention, Children Exposed to Violence, Community Crime Prevention ,	First Time Offenders, Truants/Dropouts, Young Offenders, Children Exposed to Violence, Gang Members, High Risk Offenders	Black, Hispanic, White	Not specified	Both	The Los Angeles, California, site received an award of \$2.5 million for a 3-year period.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 1</li> <li>• Point 2</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Associated with a decrease in the number of calls reporting shots fired and gang-related incidents in the target area. However, it did not have an effect on the number of calls reporting vandalism or gang or non-gang related serious violence incidents or on attendance levels of elementary, middle, or high schools.					

**References**

Cahill et al. 2008. *Community Collaboratives Addressing Youth Gangs: Interim Findings From the Gang Reduction Program*. Washington, D.C.: Urban Institute Justice Policy Center.

**Gang Resistance Education and Training (G.R.E.A.T.)**

*Description:* The Gang Resistance Education and Training (G.R.E.A.T.) program is a school-based gang- and violence-prevention program with three primary goals: 1) teach youths to avoid gang membership, 2) prevent violence and criminal activity, and 3) assist youths in developing positive relationships with law enforcement. The program is a cognitive-based curriculum that teaches students life skills such as conflict resolution, responsibility, appreciating cultural diversity, and goal setting. All of these skills are presented with an emphasis on how crime affects victims and how youths can meet basic social needs without resorting to joining a gang.

The G.R.E.A.T. curriculum consists of 13 lessons that range from 45 to 60 minutes taught in the sixth grade. The lessons are cumulative. The G.R.E.A.T. lessons encourage students to make healthy choices such as being involved in more prosocial activities and associating with more prosocial peers rather than delinquent ones. A strong emphasis is placed on communication skills such as being an active listener and being better able to interpret verbal and nonverbal (body language) communication. The program seeks to improve students’ empathy for others and to increase the levels of guilt associated with violating norms and laws. The G.R.E.A.T. Program also includes a six-lesson elementary school curriculum, a summer component, and a family-strengthening program for parents and children called G.R.E.A.T. Families. The elementary school component is designed for students in the fourth and fifth grades and aims to prevent violence while developing a positive bond between law enforcement and youths during their early developmental years. The summer component builds on the school-based curriculum, although students need not have participated in the school-based curriculum to participate in the summer sessions. It provides students with positive activities over the summer months as an alternative to gang activity and offers additional opportunities for social, cognitive, and interpersonal growth.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Gang Prevention/Intervention, Violence Prevention	youths as they begin middle school	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	9-17	Both	Costs vary, depending on site and implementation.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The evaluation found a moderate positive effect on gang membership, no statistical differences in delinquency and violent offending. There was a small positive effect on prosocial attitudes toward police and the development of social skills.					

**References**

Esbensen, Finn–Aage, Dana Peterson, Terrance J. Taylor, and D. Wayne Osgood. 2012. “Results From a Multisite Evaluation of the G.R.E.A.T. Program.” *Justice Quarterly* 29(1):125–51.

**HUD’s HOPE VI Initiative (Milwaukee, WI)**

*Description:* HOPE VI is a federal initiative under the U.S. Department of Housing and Urban Development (HUD) that began in 1992 to eradicate severely distressed public housing and reconstruct sites with more livable housing. The program also aims to disperse the poverty that is typically concentrated in such neglected housing sites by providing current residents of the redeveloping sites the opportunity to move into other housing on the private market through a voucher system. In addition to revitalizing housing projects, HOPE VI seeks to provide community and social services to the new residents.

The Public Housing Authorities who receive the funding all face different challenges in the revitalization of their unique sites. The funding monies generally address redesigning and constructing the physical features of the new housing structures; demolition of severely distressed housing; encouraging resident self-sufficiency through comprehensive service provision, especially for those relocated due to the revitalization efforts; and using HOPE VI funds to leverage support from other sources, including nonprofits, government agencies, and local organizations.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention	economically depleted public housing units	N/A	N/A	N/A	The Housing Authority of the City of Milwaukee (HACM) received \$19 million to redevelop the Highland Park neighborhood and 19.5 million to redevelop a group of scattered homes	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	The initiative did not have a significant effect on crime until the stability period of the project (after redevelopment had taken place and most residents had moved into new units). When crime went down in the target area, crime also went down in the buffer areas--a diffusion of benefits.					

**References**

Cahill, Meagan, Samantha Lowry, and P. Mitchell Downey. 2012. *Movin’ Out: Crime Displacement and HUD’s HOPE VI Initiative*. Washington, D.C.: Urban Institute, Justice Policy Center.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/237959.pdf>

**Hamilton County (Ohio) Ignition Interlock Device Program**

*Description:* Hamilton County, Ohio, introduced this ignition interlock program to deter repeated drunk driving arrests in persons convicted of driving under the influence (DUI). Participants were selected if they had received a conviction for DUI and were a) a first-time offender with a blood-alcohol content (BAC) of 0.20 or higher at arrest, b) a repeat offender convicted of DUI two or more times within the last 10 years, or c) an offender who refused a BAC test at the time of arrest.

Judges offered offenders who fit the target profile the opportunity to participate in the interlock program, which restored limited driving privileges contingent on the use of an interlock-equipped vehicle. Offenders had the chance to refuse participation; these offenders served their original court-ordered license suspension and probation period.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Situational Crime Prevention, Specific deterrence	Alcohol and Other Drug (AOD) Offenders	White, other	21+	Both	the cost of installing a breath analyzer ignition interlock device is about \$300.00 and that maintenance fees cost about \$75.00 each month.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul> <i>Preventative</i>

**Evaluation Outcomes** The Driving Under Influence, Driving Under Suspension/No Driver’s License rearrest rate for the license suspension group was greater than the treatment group.

**References**

Morse, Barbara J., and Delbert S. Elliott. 1992. “Effects of Ignition Interlock Devices on DUI Recidivism: Findings From a Longitudinal Study in Hamilton County, Ohio.” *Crime & Delinquency*38(2):131–57.

**Healthy Families America**

*Description:* The mission of Healthy Families America (HFA) is to promote child well-being and prevent the abuse and neglect of our nation’s children through home visiting services. The goals of the program are to:

- Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth
- Cultivate and strengthen nurturing parent–child relationships
- Promote healthy childhood growth and development
- Enhance family functioning by reducing risk and building protective factors

All HFA sites must adhere to a set of critical program elements based on current knowledge about what constitutes a successful home visitation program. These elements provide each site the flexibility to adapt its program design to local needs and conditions and to innovate where possible. Moreover, HFA’s credentialing process uses the elements to measure and improve the quality of services that each site offers. The critical elements are as follows:

- *Initiating services prenatally or at birth*
- *Providing services*
- *Selecting and training home visitors*

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Parent Training, Wraparound/Case Management, Victim Programs, Children Exposed to Violence, Violence Prevention	expecting and new parents whose infants are less than 3 months old and who are identified as at risk of abusing or neglecting their children	Black, Hispanic, White	Varies	Both	Net program cost of \$4,101.00 for the Healthy Families New York intervention	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The study showed parenting behaviors improved and some evidence of a reduction in precursors to delinquency. There were no effects on the prevalence or number of confirmed child Protective Services reports of child maltreatment for the sample as a whole.					

**References**

DuMont, Kimberly, Kristen Kirkland, Susan Mitchell–Herzfeld, Susan Ehrhard–Dietzel, Monica L. Rodriguez, Eunju Lee, China Layne, and Rose Green. 2010. *Final Report: A Randomized Trial of Healthy Families New York (HFNY): Does Home Visitation Prevent Child Maltreatment?* Final Research Report to the National Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/grants/232945.pdf>

**Home-Visiting Program for Adolescent Mothers**

*Description:* The goals of the Home-Visiting Program were to improve parenting beliefs and childrearing practices, promote school continuation, reduce repeat teen pregnancies and maternal depression, and improve connection to primary physicians among adolescent mothers through a home visitation, mentoring, and case management intervention.

Eligible participants were recruited into the program and were involved until their children were 2 years old. Each program participant was paired with one volunteer home visitor. The home visitor made biweekly home visits to the adolescent mother for the first year of the child’s life, followed by monthly visits until the child was 2 years of age. Most visits occurred in the home of the adolescent mother, but these meetings could also take place elsewhere in the community if there were concerns about safety. During these in-person meetings, the home visitor provided mentoring to the participating youth, delivered the adolescent and parenting curricula, and monitored for depression, partner violence, and school status. With the mother’s consent, the child’s father was also invited to participate in the parenting sessions.

The parenting curriculum sessions were aimed at 1) improving adolescent mothers’ understanding of child development, 2) teaching/modeling positive parenting attitudes and skills, and 3) promoting appropriate health care use by making connections with primary health care providers. The adolescent curriculum was aimed at 1) increasing the likelihood of engaging in safer sexual practices, 2) preventing repeat teen pregnancy, 3) setting goals oriented toward school completion, and 4) fostering skills to improve communication and negotiation with the adolescents’ partners.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Gender-Specific Programming, Mentoring, Parent Training, Wraparound/Case Management	Adolescent mothers or mothers-to-be, particularly those living in urban, low-income communities	Black	12-18	Female	There is no cost information available for this program.	• Before CJ involvement
<b>Evaluation Outcomes</b>	The intervention was shown to promote positive parenting attitudes and school continuation, but did not affect mental health, contraceptive use, or repeat teen pregnancy.					

**References**

Barnet, Beth, Jiexin Liu, Margo DeVoe, Kari Alperovitz-Bichell, and Anne K. Duggan. 2007. “Home Visiting for Adolescent Mothers: Effects on Parenting, Maternal Life Course, and Primary Care Linkage.” *Annals of Family Medicine* 5(3):224-32.

**I Can Problem Solve (ICPS)**

*Description:* ICPS is a school-based prevention program that trains children in generating a variety of solutions to problems, considering and understanding the possible consequences of those solutions, and recognizing thoughts, feelings, and motives that can lead to problem situations. ICPS is designed for young children, typically around the ages of 4 to 12, who are of lower and middle socioeconomic status, live in principally urban and rural settings, from multiple ethnic groups, and may be at risk for behavioral dysfunctions and interpersonal maladjustment. The program was created to encourage critical thinking, cognitive processing, and problem solving in young children.

The ICPS curriculum consists of 3 manuals: Preschool (59 lessons); Kindergarten/Primary grades (Kindergarten through Grade 2, 83 lessons); and Intermediate Elementary Grades (Grade 3 through Grade 6, 77 lessons). These individual 20- to 40-minute lessons are integrated into all teaching areas. Each lesson has a stated purpose, suggested material, and script teachers use to guide the class. Ideally, lessons are delivered between three and five times a week. Lessons encourage children to be creative in finding solutions, and to develop a habit of problem solving and contemplating those solutions and potential consequences. The program includes both formal lessons and specific suggestions for incorporating ICPS principles into daily classroom activities. Various techniques and tools including games, puppets, role playing, and stories are used in lessons throughout the course. In addition, teachers and other school personnel learn how to use the problem solving approach (called "ICPS Dialoguing") outside of the formal lessons. Dialoguing guides children to use their newly acquired problem solving skills when problems occur in real life.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development	Youth who are of lower and middle socioeconomic status, live in principally urban and rural settings, from multiple ethnic groups, and may be at risk for behavioral dysfunctions and interpersonal maladjustment.	Black, Hispanic, White	4-12	Both	I Can Problem Solve (ICPS) Program Manuals for teachers cost \$41.95 per manual or \$113.25 for the full set of 3 manuals. One- or two-day training workshops cost \$1,500/day plus travel and expenses.	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** The treatment group had significantly greater problem-solving, self-regulation and understanding of consequences scores. There was greater adjustment and improved behavior, and social bonding at school; but no significant differences for social competence between groups.

**References**

Shure et al. 1982. "Interpersonal Problem Solving in Young Children: A Cognitive Approach to Prevention." *American Journal of Community Psychology* 10:341–56.

Kumpfer et al. 2002. "Effectiveness of School-Based Family and Children’s Skills Training for Substance Abuse Prevention Among 6- to 8-Year-Old Rural Children." *Psychology of Addictive Behaviors* 16(4S):S65–S71.

Boyle, Douglas J., and Connie Hassett–Walker. 2008. "Reducing Overt and Relational Aggression Among Young Children: The Results From a 2-Year Outcome Evaluation." *Journal of School Violence* 7:27–42.



**Infant–Parent Psychotherapy**

*Description:* Infant–Parent Psychotherapy (IPP) is a dyadic, relationship-based treatment for parents and infants that is designed to improve the parent–child relationship in the wake of incidences of domestic violence and trauma, including maltreatment and neglect of the child. To prevent compromised development that can lead to later maladaptation and psychopathology, IPP seeks to intervene in the early life course of maltreated infants. It does this by examining the insecurities that have developed in maltreating parents from negative experiences during their own childhoods.

In IPP treatment, the emphasis is on the relationship between the mother and her baby. A therapist meets weekly with mothers and their 12-month-old infants. Sessions are conducted in the home, usually over the course of a year. The therapy sessions are designed to be supportive, nondirective, and include developmental guidance on the basis of concerns from the mothers.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Family Therapy, Parent Training, Victim Programs, Children Exposed to Violence	Females, Victims of Crime, Children Exposed to Violence, Families	Black, Hispanic, White, Other	Under 2, 18+	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The Infant-Parent Psychotherapy group significantly improved on measurements of attachment when compared with the community standard condition. Intent-to-treat analyses confirmed the treatment effects of the interventions.					

**References**

Cicchetti, Dante, Fred A. Rogosch, and Sheree L. Toth. 2006. “Fostering Secure Attachment in Infants in Maltreating Families Through Preventive Interventions.” *Development and Psychopathology* 18:623–49.

**Interim Methadone Maintenance (IM)**

*Description:* Interim Methadone Maintenance (IM) is a substance abuse treatment approach that serves as a transition for patients who are waiting to be placed in a comprehensive methadone treatment program (MTP). IM works by providing a safe way to engage clients, curb opiate craving, and prevent opiate withdrawal symptoms. Such interim programs provide physical examinations and education about HIV prevention, but do not provide the full range of counseling and social services of MTPs, making them less expensive than MTPs. The goals of IM programs are to encourage patients to enroll in MTPs, reduce drug use, and reduce crime resulting from the need to satisfy opiate addiction.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment	Alcohol and Other Drug (AOD) Offenders	Black, Hispanic, White	26-55	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Participants entered into treatment programs more than the waitlist control group. There was less drug use detected for heroin, but not for cocaine or alcohol; and no difference in crime rates between groups however self-reports of drug spending was less for participants at the 4-month follow-up.					

**References**

Schwartz, Robert P., Jerome Jaffe, D.A. Highfield, J.M. Callaman, and Kevin E. O’Grady. 2007. “A Randomized Controlled Trial of Interim Methadone Maintenance: 10-Month Follow-Up.” *Drug and Alcohol Dependence* 86(1):30–36.

**It's Your Game... Keep It Real**

*Description:* The goals of It's Your Game... Keep It Real include the development of healthy dating relationships; delayed sexual initiation to prevent teen pregnancy and sexually transmitted diseases (STDs), including HIV; and the prevention of both the perpetration and victimization of dating violence.

It's Your Game... Keep It Real is a health education program that incorporates both computer- and classroom-based activities in a 24-lesson curriculum for 7th and 8th graders. Trained facilitators use a detailed training manual while implementing the classroom-based lessons. A virtual-world environment is the setting for the computer-based activities, which include interactive skills-training exercises, videos, optional quizzes, animations, fact sheets, and real-world-style adolescent serials that allow students to provide online feedback. The 7th-grade curriculum covers topics related to healthy relationships, including identifying the characteristics of healthy and unhealthy friendships and dating relationships; skills training related to evaluating relationships, peer pressure, and social support; setting personal limits and respecting others' limits; and recognizing peer norms. The 8th-grade curriculum reviews these topics as well.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Violence Prevention	Middle School Students	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	13-18	Both	Although there is no cost to purchase the curriculum, training registration is required for access. Training costs \$500.00 per participant.	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	The program was shown to significantly reduce emotional and physical dating violence victimization. However, the program did not have a significant effect on physical perpetration of dating violence.					

**References**

Peskin, Melissa, Christine Markham, Ross Shegog, Elizabeth Baumler, Robert Addy, and Susan Tortolero. 2014. "Effects of the It's Your Game...Keep It Real Program on Dating Violence in Ethnic-Minority Middle School Youths: A Group Randomized Trial." *American Journal of Public Health* 14(8):1471-7.

<http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=aa878c25-bd67-41a9-adac-98e92c4c9371%40sessionmgr4001&vid=0&hid=4209>

**Jefferson County Community Partnership (Birmingham, Ala.)**

*Description:* Using a system-of-care concept, the Jefferson County Community Partnership in Birmingham, Alabama, offers a wide array of services for youth with serious emotional disturbances. The services are accessible, community-based, individualized, culturally competent, and include an individual’s family in the planning and delivery of treatment. Overall, the goal of this collaborative approach is to reduce youths’ contact with the juvenile justice system. This includes reducing the odds of future offending and decreasing the seriousness of offenses, if they were committed.

The Jefferson County Community Partnership is not a “program” in the traditional sense. It is not intended to produce a replicable model with a discrete, manualized treatment protocol or a treatment intervention that directly improves child and family outcomes. Further, it is not intended as a single program, but as a collaborative framework that operates within a system-of-care concept. The intent of this concept is to provide guidance to service and delivery systems for children with mental health challenges through a coordinated network of services across agencies. The system-of-care concept has the following core characteristics: 1) it is family-driven and youth-guided, centering on the strengths and needs of the child and family when determining the types of services to provide; 2) it is community-based, with the services and the management system located within a supportive, adaptive network of structures, processes, and relationships at the community level; and 3) it reflects the cultural, racial, ethnic, and linguistic makeup of the target populations to ensure access to and use of appropriate services. Overall, through interagency collaboration and coordination among child-serving agencies, the Jefferson County Community Partnership aims to develop a seamless system-of-care for children with serious emotional disturbances.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Family Therapy, Individual Therapy, Wraparound/Case Management	Youths with serious emotional disturbances include those who have had, in the past year, a mental, behavioral, or emotional disorder	Black, American Indians/Alaska Native, White, Other	5-17	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The program was shown to significantly reduce youths’ contact with the juvenile justice system.					

**References**

Matthews, Shelley Keith, Anna Krivelyova, Robert L. Stephens, and Shay Bilchik. 2013. “Juvenile Justice Contact of Youth in Systems of Care: Comparison Study Results.” *Criminal Justice Policy Review* 24(2):143-165.

<b>Job Corps</b>						
<p><i>Description:</i> Job Corps is the nation’s largest federally funded vocationally focused education and training program for economically disadvantaged youths. Job Corps delivers intensive education (academic and general health) and training (vocational and social skills) to participants enrolled in its nationwide network of residential campuses. This training is delivered through a combination of classroom and practical hands-on experiences to prepare youths for stable, long-term, high-paying jobs. Training approaches and methods vary to allow for individualized instruction to meet the needs of each participant.</p> <p>Job Corps services are delivered in three stages: 1) outreach and admissions, 2) center operations, and 3) placement. Job Corps offers vocational training for more than 75 different trades. The typical Job Corps center will offer youths 10 or 11 trades for which to receive training. The main goal of Job Corps is to help youths become more employable and productive citizens. This is measured primarily across four broad areas: 1) educational attainment, 2) employment and earnings, 3) reduction of public assistance, and 4) reduction in crime and recidivism. Job Corps targets economically disadvantaged and at-risk youths with additional education, vocational training, and support services to help them secure stable, high-paying jobs. Another important aspect of becoming a productive citizen is to teach civic awareness and respect for others. This assists Job Corps in achieving its secondary goals of reducing criminal offending and recidivism within this population of youths.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Vocational/Job Training	Truants/Dropouts	Black, Hispanic, White	16-24	Both	Job Corps is a federally funded program administered by the U.S. Department of Labor.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Participants were less likely to be arrested, convicted and incarcerated than the control. There were no statistically significant differences between the control and treatment for alcohol or drug usage. Employment rates and earnings surpassed the control group during the 2nd year follow-up period.					
<b>References</b>						
<p>Schochet, Peter Z., John A. Burghardt, and Steven Glazerman. 2001. <i>National Job Corps Study: The Impacts of Job Corps on Participants’ Employment and Related Outcomes</i>. Princeton, N.J.: Mathematica Policy Research, Inc.  <a href="http://mathematica-mpr.net/publications/PDFs/01-jcimpacts.pdf">http://mathematica-mpr.net/publications/PDFs/01-jcimpacts.pdf</a></p>						

**KEEP SAFE**

*Description:* KEEP SAFE (formerly known as Middle School Success) is a multicomponent intervention aimed at building prosocial skills and promoting placement stability among youths in foster care. The goals of the program are to prevent delinquency and substance abuse. The intervention contains two components (one that concentrates on the caregivers and one on the girls). The first component consists of six sessions of group-based caregiver training. The second component consists of six group-based skill training sessions for the girls. During the summer, the girls complete a curriculum that is designed to increase their social skills for positive peer relationships, increase their self-confidence, and decrease their susceptibility to negative peer influence.

The design and content of the program is informed by developmental theories that point to prosocial skills and placement stability for youths in foster care which influence their susceptibility to emotional and behavioral difficulties during early adolescence and, in turn, more serious forms of problem behavior in late adolescence.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Gender-Specific Programming, Mentoring, Alcohol and Drug Prevention	girls in foster care transitioning from elementary school to middle school.	Black, American Indians/Alaska Native, Hispanic, White, Other	10-12	Female	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	It was associated with a significant decline in tobacco, marijuana, and overall substance use as well as delinquent behavior. However, there was no impact on girls' alcohol use, association with delinquent peers, or overall delinquent behavior.					

**References**

Kim, Hyoun K., and Leslie D. Leve. 2011. "Substance Use and Delinquency Among Middle School Girls in Foster Care: A 3-Year Follow-Up of a Randomized Controlled Trial." *Journal of Consulting and Clinical Psychology* 79(6):740–50.

<b>Keeper Boxes</b>						
<p><i>Description:</i> Keeper Boxes, also known as safer boxes, are clear, polycarbonate boxes that are designed to protect “hot products” in retail stores by placing selected merchandise in sturdy lock boxes. The boxes allow retailers to protect products at high risk of being stolen while openly displaying them, rather than requiring employees to assist customers with product selection (which may reduce in-store sales). The boxes are difficult to open without a special key, and a large cracking plastic noise is made if someone tries to remove the product from a box without the key. The boxes are also large, making theft of a product more difficult and time consuming.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence	shoplifters	Not specified	Not Specified	Not Specified	The initial purchase cost of the Keeper Boxes was \$5,978.05 during the study period	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	At the 13-week follow-up, shrinkage (or unexplained unit loss) significantly decreased by 52 percent while sales significantly increased by 69 percent in the experimental stores that used Keeper Boxes compared with the control stores that did not use Keeper Boxes.					
<b>References</b>						
Hayes, Read, Tracy Johns, Mike Scicchitano, Daniel M. Downs, and Barbara Pietrawska. 2011. “Evaluating the Effects of Protective Keeper Boxes on ‘Hot Product’ Loss and Sales: A Randomized Controlled Trial.” <i>Security Journal</i> 24(4):357–69.						

**KiVa Antibullying Program**

*Description:* The KiVa Antibullying Program is a school-based program delivered to all students in grades One, Four, and Seven. It was designed for national use in the Finnish comprehensive schools. Its goal is to reduce school bullying and victimization. The central aims of the program are to:

- Raise awareness of the role that a group plays in maintaining bullying
- Increase empathy toward victims
- Promote strategies to support the victim and to support children’s self-efficacy to use those strategies
- Increase children’s skills in coping when they are victimized

The program is a whole-school intervention, meaning that it uses a multilayered approach to address individual-, classroom-, and school-level factors. The curriculum consists of 10 lessons that are delivered over 20 hours by classroom teachers. The students engage in discussions, group work, and role-playing exercises. They also watch short films about bullying. Each lesson is constructed around a central theme, and one rule is associated with that theme; after the lesson is delivered, the class adopts that rule as a class rule. At the end of the year, all the rules are combined into a contract, which all students then sign.

The program actively engages the school and parents. For recess, special vests are given to the playground helpers to enhance their visibility and remind students that the school takes bullying seriously. Materials are also posted around the school that promote antibullying messages. In addition to prevention messages, teams are in place to deal with identified bullying cases. The three-person team meets with the classroom teacher to discuss the identified case

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, School/Classroom Environment, Victim Programs, Bullying Prevention/Intervention, Children Exposed to Violence	Children Exposed to Violence	White	10-12	Both	The KiVa materials and training were provided to Finnish schools free of charge during the first two years of national diffusion	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	KiVa schools self-reported less bullying, victimization and peer-reported victimization; but not for peer-reported bullying (except for older student reports were lower).					

**References**

Kärnä, Antti, Marinus Voeten, Todd D. Little, Elisa Poskiparta, Anne Kaljonen, and Christina Salmivalli. 2011. “A Large-Scale Evaluation of the KiVa Antibullying Program: Grades 4–6.” *Child Development* 82(1):311–30.

Kärnä, Antti, Marinus Voeten, Todd D. Little, Elisa Poskiparta, Erkki Alanen, and Christina Salmivalli. 2011. "Going to Scale: A Nonrandomized Nationwide Trial of the KiVa Antibullying Program for Grades 1-9." *Journal of Consulting and Clinical Psychology* 79(6):796-805.



**Kids Club**

*Description:* The program focuses on promoting resilience and improving behavior for children who have witnessed intimate partner violence in their homes. The goal of the child-training component is to help the children cope with their exposure to violence and change their attitudes and beliefs about violence, particularly family violence. The program also aims to improve emotional adjustment and social behavior among children. Since being exposed to violence affects children’s ability to have positive social interactions, this program seeks to help them adjust in a social environment. It works to reduce both behavioral (externalizing) problems and emotional (internalizing) problems in these at-risk children. An additional component of the program is designed to enhance the mother’s social and emotional adjustment. The parenting component allows the mother to obtain support, manage issues related to domestic violence, and feel empowered. This component seeks to improve the mother’s emotional state and her parenting skills, with the goal of improving her child’s behavior.

In the child-training portion of the program, a supportive group environment is provided for children to share their experiences, including group activities and group therapy. By participating in group activities, children are able to learn that they are not alone in their exposure to violence and learn social skills. In the parenting-training component of the program, called the Mom’s Empowerment Program, mothers meet together to share their experiences and gain support from each other. Through group therapy, they discuss past experiences, share worries and concerns, and build connections. During therapy, they are encouraged to discuss the impact the violence has had on their child, and how they can improve their parenting competence.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Group Therapy, Parent Training, Victim Programs, Children Exposed to Violence, Violence Prevention	Children who have been exposed to intimate partner violence and their mothers, who have been abused.	Black, White, Other	6-12	Both	There is no cost information available for this program	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Children in the “child plus mother” group showed the greatest improvement over time in externalizing problems, both the child plus mother and child only groups became less excepting of violence.					

**References**

Graham–Bermann, Sandra, Shannon Lynch, Victoria Banyard, Ellen DeVoe, Hilda Halabu. 2007. “Community-Based Intervention for Children Exposed to Intimate Partner Violence: An Efficacy Trial.” *Journal of Counseling and Clinical Psychology* 75(2):199–209.

**Kids in Transition to School (KITS)**

*Description:* Kids in Transition to School (KITS) is a short-term intervention designed to assess early literacy and social and self-regulation skills focused on school-readiness. The KITS intervention is delivered to children entering kindergarten who are at high risk for difficulties in academic and social adjustment. The intervention is delivered during the summer before students’ transition to kindergarten, specifically the 2 months prior to entering kindergarten, and the first 2 months of kindergarten. KITS focuses on early literacy skills, prosocial skills, and self-regulatory skills. The intervention is a 24-week-long, group-based school curriculum for children and their parents/caregivers.

The intervention occurs in two phases:

- *School-readiness Phase:* occurs during the 2 months prior to entering kindergarten. The main focus of this phase is to prepare the children for school. The school-readiness curriculum covers early literacy skills, essential social skills, and self-regulation skills
- *Transition/Maintenance Phase:* occurs in the first 2 months of school. This focus of this phase is supporting a positive transition to school for the children. Skills are taught using a blend of instruction, role playing, and activity-based intervention strategies (i.e., children sharing materials to complete an art project). The children receive feedback, encouragement, and guided practice in using the target skills.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Family Therapy, Leadership and Youth Development, Parent Training, School/Classroom Environment, Wraparound/Case Management	Students transitioning to kindergarten	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	4-6	Both	For information on the costs, visit the Kids in Transition to School (KITS) Web site: <a href="http://www.kidsintransitiontoschool.org">www.kidsintransitiontoschool.org</a>	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The intervention group displayed significantly lower levels of oppositional and aggressive behavior as well as significantly higher levels of self-regulation.					

**References**

Pears, Katherine C., Hyoun Kim, and Philip Fisher. 2012. “Effects of a School-readiness Intervention for Children in Foster Care on Oppositional and Aggressive Behaviors in Kindergarten.” *Children and Youth Services Review* 34:2361–66.

Pears, Katherine C., Hyoun Kim, Cynthia Healey, Karen Yoerger, and Philip Fisher. 2015. “Improving Child Self-Regulation and Parenting in Families of Pre-Kindergarten Children with Developmental Disabilities and Behavioral Difficulties.” *Prevention Science* 16:222–32.

**Media Detective**

*Description:* Media Detective is a media literacy education and substance use prevention program for third through fifth grade students. The goal of the program is to prevent or delay the onset of underage alcohol and tobacco use by increasing students’ critical thinking skills about media messages, particularly those related to alcohol and tobacco products, and to encourage healthy beliefs and attitudes about abstaining from substance use.

The Media Detective program has 10 lessons lasting about 45 minutes each that build cumulatively on one another. Each lesson is scripted in a teacher manual to facilitate program implementation. The program uses a detective theme to engage students and teach critical thinking skills. Students learn to look for five “clues” when they view an advertisement: 1) the product being sold, 2) the target audience the advertisers are trying to attract, 3) the ad hook used to attract attention, 4) the hidden message, or what the ad is suggesting will happen to a person who uses the product, and 5) the missing information about health consequences from using the product. Students not only learn the clues and how to apply them in their analysis of advertisements, but they also learn to provide a logical rationale for their responses. Students first learn to apply these skills to deconstructing print advertisements for a wide variety of products and then work on deconstructing specific advertisements for alcohol and tobacco products. The classroom activities concentrate on decreasing students’ perceptions of the realism of alcohol and tobacco advertising messages compared with people and things that they know, with the goal of reducing their interest in the purchase or use of those substances.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, School/Classroom Environment, Alcohol and Drug Prevention	Students	Not specified	7-13	Both	Specific pricing information can be found on the innovation Research & Training, Inc. (iRT), Web site: <a href="http://www.irtinc.us/Products/MediaDetective.aspx">http://www.irtinc.us/Products/MediaDetective.aspx</a> .	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Students in the intervention group were better able to deconstruct advertisements and understand persuasive intent. There were no significant differences between the groups in interest in alcohol-branded merchandise or intentions to use alcohol or tobacco.					
<b>References</b>						
Kupersmidt, Janis B., Tracy M. Scull, and Erica Weintraub Austin. 2010. “Media Literacy Education for Elementary School Substance Use Prevention: Study of Media Detective.” <i>Pediatrics</i> 126:525–31.						

**Media Ready**

*Description:* Media Ready is a media literacy education and substance use prevention program for sixth through eighth grades students. The goal of the program is to prevent or delay the onset of underage alcohol and tobacco use by increasing students’ critical thinking skills about media messages, particularly those related to alcohol and tobacco products, and to encourage healthy beliefs and attitudes about abstaining from substance use.

The Media Ready program has 10 lessons lasting about 45 minutes each that build cumulatively on one another. Each lesson is scripted within a teacher manual to facilitate program implementation. The lessons include interactive activities, hands-on practice, and small group work. The first part of the program (lessons 1 to 4) concentrates on changing students’ perceptions of the realism and similarity to advertising media messages. During the next part of the curriculum (lessons 5 and 6), students apply their newly developed deconstruction skills to analyze and evaluate several advertisements for alcohol and tobacco products. During the seventh lesson, students review self-regulated advertising and marketing guidelines established by the alcohol industry, and draw their own conclusions about whether the manufacturer violated any of the industries’ own guidelines and why. In the final part of the program (lessons 8 to 10), students—informed by research on counter-marketing campaigns—work on designing a media product.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, School/Classroom Environment, Alcohol and Drug Prevention	Middle School Students	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	12-14	Both	Specific pricing information can be found on the innovation Research & Training, Inc. (iRT) Web site: <a href="http://store.irtinc.us/merchant2/merchant.mvc?Screen=CTGY&amp;Store_Code=irtinc&amp;Category_Code=MEDIAReady">http://store.irtinc.us/merchant2/merchant.mvc?Screen=CTGY&amp;Store_Code=irtinc&amp;Category_Code=MEDIAReady</a>	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	There were no significant differences between the intervention and control groups overall on intentions to use alcohol. However, boys in the control group had significantly higher intentions. Control group students were more likely to use tobacco. Intervention students showed improvement in critical thinking skills regarding media messages.					

**References**

Kupersmidt, Janis B., Tracy M. Scull, and Jessica W. Benson. In press. “Improving Media Message Interpretation Processing Skills to Promote Healthy Decision-Making About Substance Use: The Effects of the Middle School Media Ready Curriculum.” *Journal of Health Communications*

**Michigan Model for Health**

*Description:* The Michigan Model for Health® (MMH) (formerly the Michigan Model for Comprehensive School Health Education) is a comprehensive health education curriculum that targets K–12 students utilizing a skills-based approach. Age-appropriate and sequential lessons focus on the most serious health challenges school-aged children face: (1) social and emotional health; (2) nutrition and physical activity; (3) alcohol, tobacco, and other drugs; (4) personal health and wellness; (5) safety (unintentional injuries and violence); and (6) HIV. The goal of the curriculum is to teach students the knowledge and skills they need to build and maintain healthy behaviors and lifestyles.

MMH facilitates skills-based learning through lessons that incorporate a variety of teaching and learning techniques. Lessons emphasize active student participation, especially in developing and practicing skills and role-playing strategies for using those skills. The program is designed for implementation as part of the core school curriculum, and skills can be integrated into various disciplines, such as language arts, science, and social studies.

The comprehensive health education curriculum focuses on skills and knowledge in six content areas (mentioned above) identified by the Centers for Disease Control and Prevention (CDC). Each lesson is designed to be implemented by a classroom teacher and lasts 20 to 50 minutes, depending on grade level. The educational materials include lessons designed to increase knowledge and develop healthy attitudes and behaviors through skills-based instruction and social and emotional learning. The MMH’s comprehensive health approach is a building-block format that introduces, fully develops, and then reinforces skill development and key health promotion and prevention messages over a period of years. Parent and family involvement pieces are also included as part of student instruction in key content areas.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Alcohol and Drug Prevention	K-12 Students	Black, White, Other	9-11	Both	Current pricing information for the Michigan Model for Health® is available on the Educational Materials Center Web site: <a href="http://www.emc.cmic.h.edu/products/default.htm">http://www.emc.cmic.h.edu/products/default.htm</a> .	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The intervention group had a decline in aggressive behavior; improved social and emotional health, interpersonal and drug refusal skills; and better odds for avoiding drug use. There was no significant intervention effect found for prosocial behavior.					

**References**

O’Neill, James M., Jeffrey K. Clark, and James A. Jones. 2011. “Promoting Mental Health and Preventing Substance Abuse and Violence in Elementary Students: A Randomized Control Study of the Michigan Model for Health.” *Journal of School Health* 81(6):320–30.

**Model Smoking Prevention Program**

*Description:* The Model Smoking Prevention Program (MSPP), formerly known as the Minnesota Smoking Prevention Program, is a smoking prevention program designed to promote awareness and knowledge of the harms of tobacco use among school-aged children. The goals of MSPP are to 1) help youths identify the reasons why their peers smoke (e.g., peer pressure, advertising, lack of self-confidence); 2) provide resistance tools they can implement; and 3) emphasize the value of social support for resistance through peer leadership activities. Over six classroom sessions, the program provides educationally based strategies to help students abstain from tobacco use. The program was developed to allow students to work in collaboration with their peers to apply these strategies.

The development of MSPP came about from a larger project titled the Minnesota Heart Health Program (MHHP). The MHHP was designed to improve eating, exercise, and smoking patterns across the entire population of the communities. The MSPP was one component of this effort. MSPP comprises six sessions that last 45–50 minutes in length. Each session is designed to incorporate various educational strategies for preventing tobacco use.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
School/Classroom Environment, Alcohol and Drug Prevention	School-aged children	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	9-13	Both	Information about the costs to purchase the curriculum for the Model Smoking Prevention Program can be found on the Hazelden Web site: <a href="http://www.hazelden.org/OA_HTML/item/279113?Minnesota-Smoking-Prevention-Program-and-Ascent-Program-On-Demand--3-Year&amp;src_url=itemquest">http://www.hazelden.org/OA_HTML/item/279113?Minnesota-Smoking-Prevention-Program-and-Ascent-Program-On-Demand--3-Year&amp;src_url=itemquest</a>	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The intervention group reported reduced smoking intensity and prevalence, compared with the comparison group.					

**References**

Perry, Cheryl, Steven Kelder, David Murray, and Klepp Knut-Inge. 1992. "Communitywide Smoking Prevention: Long-Term Outcomes of the Minnesota Heart Health Program and the Class of 1989 Study." *American Journal of Public Health* 82(9):1210–16.

**Movimiento Ascendencia (Pueblo, Colo.)**

*Description:* Movimiento Ascendencia (MA), which translates to Upward Movement, is a culturally focused, gender-specific program that provides young females, primarily Mexican American, alternatives to substance abuse and gang involvement. Girls are recruited through outreach by youth workers and referrals. Services are operated by the Pueblo Youth Services Bureau, Inc., in Pueblo, Colo.

MA services are designed around the components of 1) mediation/conflict resolution, 2) self-esteem/social support, and 3) cultural awareness. MA provides social and life skills training as well as tutoring and homework help through its U\*R\*IT component. Mentoring services are provided, and participation is voluntary. Program participants are matched with a mentor who accompanies them for a minimum of 2 hours a week for 9 months. The MA program offers a variety of alternative activities such as organized sports, trips to nearby cities of Denver and Colorado Springs, and tours of museums, zoos, art galleries, and botanical gardens. Culturally diverse activities are also offered and include guest speakers who discuss different cultures.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Conflict Resolution/Interpersonal Skills, Gang Prevention/Intervention, Gender-Specific Programming, Group Therapy, Individual Therapy, Leadership and Youth Development, Mentoring, Violence Prevention	Females, Gang Members	Hispanic, White, Other	8-19	Female	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The program significantly reduced self-reports of damaging property; stealing more than \$50; and buying, selling, or holding stolen goods. However, it had no impact on self-esteem, grades in school, concealing of weapons, and stealing less than \$50.					

**References**

Williams, Katherine, Marcia I. Cohen, and Glen David Curry. 1999. *Evaluation of Youth Gang Drug Intervention/Prevention Programs for Female Adolescents. Volume 1: Final Report*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, and Family and Youth Services Bureau, U.S. Department of Health and Human Services.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/239855.pdf>

<b>Multisystemic Therapy for Child Abuse and Neglect (MST–CAN)</b>						
<p><i>Description:</i> The overriding goal of the Multisystemic Therapy (MST) model is to keep adolescents who have exhibited serious clinical problems (e.g., drug abuse, violence, severe emotional disturbance) at home, in school, and out of trouble. Multisystemic Therapy for Child Abuse and Neglect (MST–CAN) adopts the principles of MST by treating youth, parents, and families with child physical abuse and neglect reports within their home ecology and by intervening in the systems, family, and care-giving environment. Treatment aims to reduce the recurrence of abuse, prevent out-of-home placement, reduce parent-to-child aggression (psychological and physical), and improve parent mental health functioning and parenting skills and behaviors. MST–CAN delivers services in the home to reduce barriers that typically keep families from accessing services. Treatment is provided to all family members. Specific treatment techniques include cognitive–behavioral therapy (CBT) for anger management, CBT treatments for the impact of trauma or posttraumatic stress disorder on adults and children, reinforcement-based therapy for adult substance abuse, behavioral family therapy for communication and problem-solving issues, functional analysis for family conflict and the use of force in parenting, and abuse clarification. Safety planning and abuse clarification are used in all cases.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Family Therapy, Individual Therapy, Parent Training, Victim Programs, Children Exposed to Violence, Violence Prevention	Victims of Crime, Children Exposed to Violence, Families	Black, White	10-17, 18+	Both	There is no cost information available for this program	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul> <i>Preventative</i>
<b>Evaluation Outcomes</b>	For the treatment group there was less child- and parent-reported neglect, psychological aggression, and minor and severe assault; however, there was no differences between groups for incidents of abuse over the 16 months postbaseline. The treatment group also had greater improvement in child and parent functioning and less out-of-home placement.					
<b>References</b>						
Swenson, Cynthia Cupit, Cynthia M. Schaeffer, Scott W. Henggeler, Richard Faldowski, and Amy Marie Mayhew. 2010. “Multisystemic Therapy for Child Abuse and Neglect: A Randomized Effectiveness Trial.” <i>Journal of Family Psychology</i> 24(4):497–507.						



**Multisystemic Therapy for Youth With Problem Sexual Behaviors (MST–PSB)**

*Description:* Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST–PSB) is an adaptation of MST aimed at adolescents who have committed sexual offenses and demonstrated other problem behaviors. MST–PSB is designed to reduce problem sexual behaviors, antisocial behaviors, and out-of-home placements. The program targets factors underlying problematic juvenile sexual behavior, primarily by addressing a youth’s socialization processes and interpersonal transactions. Program staff provide treatment within the adolescent’s natural environment—that is, where the youth lives. As a result, program staff members also work directly with the youth’s family and directly or indirectly with others in the youth’s community, such as peers, teachers, or probation officers. One goal of this work with the youth’s family is to empower the parents by providing them the skills and resources needed to raise their adolescent.

Most program activities and services are delivered either at home or in a community-based setting (such as school or recreation center), at times that are convenient for the family. The precise program components are selected based on the needs of the individual and family being treated. This plan is developed from a functional assessment of the youth, the family, and their social network, and is guided by nine treatment principles. The individualized treatment components address identified risk factors. However, in general, many of the MST–PSB activities focus on working with the family to. Program components draw on strategies from pragmatic family therapies, behavioral parent training, and cognitive–behavioral therapy.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Family Therapy, Individual Therapy, Parent Training, Children Exposed to Violence	Sex Offenders, Young Offenders, Children Exposed to Violence, Families	Black, Hispanic, White	13-17	Both	Overall, the total cost for the first year is about \$460,400 or \$12,788 per participant.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Participants showed symptom decrease over time, and parents reported decreased behavior problems. Participants showed increases in cohesion and adaptability. There was an improvement in peer relations, a decrease in self-reported delinquent behavior, fewer arrests and incarceration.					

**References**

Borduin, C.M., Cindy M. Schaeffer, and N. Heiblum. 2009. “A Randomized Clinical Trial of Multisystemic Therapy With Juvenile Sexual Offenders: Effects on Youth Social Ecology and Criminal Activity.” *Journal of Consulting and Clinical Psychology* 77(1):26–37.  
<http://mstpsb.com/Documents/JCCP%20JSO%20Trial2%202009.pdf>

**Multisystemic Therapy–Psychiatric**

*Description:* The overriding goal of Multisystemic Therapy (MST) is to keep adolescents who have exhibited serious clinical problems (e.g., drug use, violence, severe criminal behavior) at home, in school, and out of trouble. Multisystemic Therapy–Psychiatric (MST–P) adapts the principles of MST by treating youths with psychiatric problems within their home environment and intervening in the systems, family, and care-giving environment. Treatment aims to reduce the risk of self-harm (including suicide), depression, and anxiety as well as externalizing symptoms such as drug use and criminal behavior among youths at risk of out-of-home placement due to serious behavioral problems with co-occurring mental health symptoms.

MST typically uses a home-based model of service delivery to reduce barriers preventing families from accessing services. The average treatment occurs over roughly 4 months, with multiple therapist–family contacts occurring each week. MST therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, church members) and removing barriers (e.g., parental substance use, high stress, poor relationships between partners). Specific treatment techniques used to facilitate these gains are integrated from a variety of therapies, including behavioral, cognitive–behavioral, and pragmatic family therapies. In the family–therapist collaboration, the family takes the lead in setting treatment goals and the therapist helps them to accomplish their goals. MST principles are adopted for the treatment of youths suffering psychiatric crises by developing strategies to reduce the risk of self-harm to suicidal youth.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Crisis Intervention/Response, Family Therapy, Individual Therapy, Parent Training	Families	Black, White, Other	10-17	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The treatment provided greater and more rapid reductions in suicide attempts than hospitalization. There were no significant differences for suicidal ideation.					
<b>References</b>						
Huey, Stanley J. Jr., Scott W. Henggeler, Melisa D. Rowland, Colleen A. Halliday–Boykins, Phillippe B. Cunningham, Susan G. Pickrel, and James Edwards. 2004. “Multisystemic Therapy Effects on Attempted Suicide by Youths Presenting Psychiatric Emergencies.” <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> 43(2):183–90.						

**Narrative Exposure Therapy (NET)**

*Description:* Narrative Exposure Therapy (NET) is a psychosocial treatment that aims to reduce posttraumatic stress disorder (PTSD) symptoms in traumatized refugee populations still living in dangerous situations (such as refugee camps). It attempts to reduce PTSD symptoms by habituating a patient to his or her emotional reactions to lived traumatic experiences and by creating a coherent narrative of his or her life’s experiences. The program was developed to meet the need for psychosocial services in refugee camps. Refugee populations often demonstrate high rates of PTSD as a result of traumatic events experienced in war-affected areas. Populations in refugee camps are often impoverished and malnourished, and depend on the humanitarian aid.

The therapist works with a patient diagnosed with PTSD to construct a detailed chronological narrative of his or her biography. Over the course of four treatment sessions, the patient is asked to recall his or her life and include details of the traumatic events he/she has experienced. Frequently, this narrative initially includes fragmented reports of traumatic experience. It is the job of the therapist and patient to create a coherent narrative out of these reports. The process of construction also includes discussions to investigate current and past emotional, physiological, cognitive, and behavioral reactions to the narrative. The narrative is corrected during the course of treatment through multiple readings. The process concludes when the patient shows evidence of habituation to the emotional reactions to these traumatic events. Patients receive a written biography at the end of treatment.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Crisis Intervention/Response, Individual Therapy, Victim Programs	Victims of Crime	Black	18+	Both	There is no cost information available for this program.	• Before CJ involvement

<b>Evaluation Outcomes</b>	One year after treatment, fewer participants had PTSD. There were no differences in conditions such as anxiety or depression between treatment and control groups. There was improvement in psychological functioning compared to the supportive counseling group, but not compared to the psychoeducation group.
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**Reference**

Neuner Frank, Margarete Schauer, Christine Klaschik, Unni Karunakara, and Thomas Elbert. 2004. “A Comparison of Narrative Exposure Therapy, Supportive Counseling, and Psychoeducation for Treating Posttraumatic Stress Disorder in an African Refugee Settlement.” *Journal of Consulting and Clinical Psychology* 72(4):579–87.

**Narrative Exposure Therapy for Traumatized Children and Adolescents (KidNET)**

*Description:* Narrative Exposure Therapy for traumatized children and adolescents (KidNET) is an individual-level psychosocial treatment that aims to reduce posttraumatic stress disorder (PTSD) symptoms in traumatized refugee children. Targeted behaviors include PTSD-related symptoms and behaviors, as well as other mental health symptoms and the ability to function. The treatment reduces PTSD symptoms by habituating a patient to his or her emotional reactions to lived traumatic experiences and by creating a coherent narrative of his or her life’s experiences. KidNET was developed to meet the need for psychosocial services by traumatized refugee children who have experienced war or other forms of organized violence and who live in exile. Traumatized refugee youth are at high risk of mental health disorders and have high rates of PTSD symptoms.

A therapist works with a youth diagnosed with PTSD to construct a detailed chronological biographical narrative. This narrative focuses on traumatic events experienced by the youth in both the home and host countries. Over the course of eight treatment sessions, the youth is asked to recall his or her life and include details of the traumatic events he or she has experienced. The process concludes when the patient shows evidence of habituation to the emotional reactions to these traumatic events. The child receives a written biography at the end of treatment. Active parental involvement is not needed.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Individual Therapy, Victim Programs, Children Exposed to Violence	Traumatized refugee children who have experienced war or other forms of organized violence and who live in exile	Not specified	7-16	Both	There is no cost information available for this program.	• Before CJ involvement
<b>Evaluation Outcomes</b>	Participants showed clinically significant improvement in symptoms of posttraumatic stress disorder and functioning, and symptom clusters (e.g., intrusions, avoidance and numbing, hyperarousal, and functional impairment). No significant differences were found between the two groups in comorbid disorders at 6 months.					
<b>Reference</b>						
Ruf, Martina, Maggie Schauer, Frank Neuner, Claudia Catani, Elisabeth Schauer, and Thomas Elbert. 2010. “Narrative Exposure Therapy for 7- to 16-year-olds: A Randomized Controlled Trial With Traumatized Refugee Children.” <i>Journal of Traumatic Stress</i> 22(4):437–45.						

**Neighborhood Enrichment with Vision Involving Services, Treatment, and Supervision (NEW VISTAS)**

*Description:* The Neighborhood Enrichment with Vision Involving Services, Treatment, and Supervision (NEW VISTAS) program was a comprehensive, neighborhood-based, wraparound program for criminally involved families with substance abuse problems in Santa Barbara County (California). The program aimed to reduce substance abuse problems within these families, specifically targeting youths between the ages of 11 and 18.

NEW VISTAS was a comprehensive service-delivery model addressing the most critical needs of families with substance abuse problems. The program was composed of five critical service areas for families: 1) family-focused and neighborhood-based supervision, 2) drug and alcohol treatment services, 3) support services, 4) gender-specific services, and 5) neighborhood enhancement programs. Specific components of the program included an interagency approach to neighborhood-based supervision, case planning, and case management services for targeted families; structured drug/alcohol treatment plans and services for those with substance abuse problems, with additional services focusing on family cohesion and social support; linkage to existing support services, such as school-based mentoring programs, parent education and support groups, afterschool programs, and other related services; gender-specific services for females, including life skills training and health care services; and neighborhood enhancement programs to obtain community participation and increase collective efficacy, such as community-based policing and restorative justice programs.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Family Therapy, Gender-Specific Programming, Probation/Parole Services, Truancy Prevention, Wraparound/Case Management, Alcohol and Drug Prevention, General deterrence	Young Offenders, Alcohol and Other Drug (AOD) Offenders, Families	Black, American Indians/Alaska Native, Hispanic, White	11-18	Both	On average, the Neighborhood Enrichment with Vision Involving Services, Treatment, and Supervision (NEW VISTAS) program cost \$20,118 per family.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** There was a significant decrease in youth alcohol/drug problems, out-of-home placements (both institutional and noninstitutional), and recidivism rates for participating youths who completed the program.

**References**

Jimerson, Shane R., Kathryn M. O'Brien, Michael J. Furlong, Jill D. Sharkey, Andrew Sia, and Kelly Graydon. 2003. Analysis of a Four-Year Longitudinal Study of a Neighborhood-Based, Family-Focused, Intervention Program for At-Risk Adolescents: Examining Behaviors, Relationships, and Numerous Individual, Family, Neighborhood, and Juvenile Justice Outcomes. Santa Barbara, Calif.: Santa Barbara Probation Department.  
<http://mina.education.ucsb.edu/jimerson/newvistas/files/nvfull.pdf>

**Operation Burglary Countdown**

*Description:* Operation Burglary Countdown is a community-based crime reduction program introduced into two areas of the Perth (Western Australia) metropolitan area in 2003. The program uses an integrated community approach to reduce residential burglary problems in hotspot locations. The program is part of a larger initiative, the Burglar Beware Campaign, which aims to persuade Government agencies and communities that burglary reduction is everyone’s business.

Operation Burglary Countdown uses a partnership approach and works to improve the relationships between State and local agencies. There are four principles involved in this process:

- Ensuring that the community and Government agencies all perceive burglary as a priority
- Ensuring that all stakeholders are included and participate
- Achieving strategic change by building interagency partnerships, improving the physical environment, reducing fear, and targeting police operations on offender behavior
- Monitoring outcomes, marketing successes, and motivating key local individuals

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention , Situational Crime Prevention	N/A	N/A	N/A	N/A	For every dollar invested in Operation Burglary Countdown in the Bentley community, a benefit of \$6.71 was returned	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 1</li> </ul>
<b>Evaluation Outcomes</b>	There were substantial reductions in residential burglaries in the treatment and surrounding buffer area, suggesting a diffusion of benefits. The number of residents burgled more than once within a 12-month period decreased, and there was an increase in feelings of safety in the one of the targeted areas.					

**References**

Cummings, Rick. 2005. *Operation Burglary Countdown, November 2003–October 2004: Evaluation Study Final Report*. Perth, Australia: Estill & Associates.  
<http://www.burglarbeware.wa.gov.au/Portals/12/Burglar%20Beware/OpBurgCountdownEval.pdf>

<b>PROMoting School-Community-University Partnerships to Enhance Resilience (PROSPER)</b>						
<p><i>Description:</i> PROMoting School-Community-University Partnerships to Enhance Resilience (PROSPER) is a partnership-based program delivery system that focuses on community-based collaboration and capacity building. PROSPER features a menu of evidence-based interventions (EBIs) that generally have a successful track record for preventing risky behaviors in youths, promoting positive youth development, and strengthening families. Moreover, the PROSPER delivery model goes beyond implementing EBIs; it also includes ongoing local needs assessment, monitoring implementation quality, applying sustainability strategies, and evaluating intervention outcomes.</p> <p>The PROSPER model is designed to facilitate ongoing, proactive technical assistance to communities implementing school-based and family-focused EBIs to ensure that interventions are implemented properly, supported in the community, and can be sustained over time. To do so, the PROSPER model leverages the existing infrastructure of a land grant university’s Cooperative Extension System (CES), which serves scientific outreach functions in every state. PROSPER includes three tiers consisting of 1) local community teams, including a CES-based team leader, a representative from the public elementary/secondary school systems who serves as a co-leader, representatives of local human service agencies and other relevant service providers, and other community stakeholders, such as youths and parents; 2) prevention coordinators (PCs) connected with the land grant university’s CES; and 3) a management team made up of state-level university researchers and CES-based program directors.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Community Awareness/Mobilization, Parent Training, Alcohol and Drug Prevention	Families	White, Other	11-13	Both	A brief overview of the training and training costs can be found at the PROSPER Web site: <a href="https://prosper-ppsi.sws.iastate.edu/how-it-works/state-partnership-training">https://prosper-ppsi.sws.iastate.edu/how-it-works/state-partnership-training</a> .	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Results indicate that students in the PROSPER intervention schools had significant reductions in the use of substances such as alcohol, marijuana, inhalants, and cigarettes; as well as in conduct problems.					
<b>References</b>						
Spoth, Richard, Cleve Redmond, Chungyeol Shin, Mark Greenberg, Mark Feinberg, and Lisa Schainker. 2013. “PROSPER Community-University Partnership Delivery System Effects on Substance Misuse through 6½ Years Past Baseline from a Cluster Randomized Controlled Intervention Trial.” <i>Prevention Medicine</i> 56(0): 190–6.						
Osgood, D.W., Mark Feinberg, Scott Gest, James Moody, Daniel Ragen, Richard Spoth, Mark Greenberg, and Cleve Redmond. 2013. “Effects of PROSPER on the Influence Potential of Prosocial Versus Antisocial Youth in Adolescent Friendship Networks.” <i>Journal of Adolescent Health</i> 53:174–9						
Spoth, Richard L., Linda S. Trudeau, Cleve Redmond, Chungyeol Shin, Mark T. Greenberg, Mark E. Feinberg, and Gee-Hong Hyun. 2015. “PROSPER Partnership Delivery System: Effects on Adolescent Conduct Problem Behavior Outcomes through 6.5 Years Past Baseline.” <i>Journal of Adolescence</i> 45:44–55.						

**Parenting with Love and Limits®**

*Description:* Parenting with Love and Limits® (PLL) is designed for adolescent populations with the primary diagnosis of oppositional defiant or conduct disorder. PLL integrates group and family therapy into one system of care. Parents and teens learn specific skills in group therapy and then meet in individual family therapy to role-play and practice these new skills. This integration of group and family therapy enables parents to transfer these new skills to real-life situations.

During group therapy, teens and parents participate together in a small group, led by two facilitators. The group can include siblings and extended family. Each group consists of no more than 6 families and average between 12-15 people per group. Six 2-hour sessions are held weekly. Parents and teens meet together as a group for the first hour. During the second hour, the parents meet in one breakout group and the teens meet in another, with one facilitator leading each breakout. During family therapy, teens and parents meet individually with one of the group facilitators in between classes in an intensive 1- to 2-hour session to practice the new skills learned in group. Extensive role-plays are used along with the development of a typed-out, loophole-free contract. Four to six family therapy sessions are recommended for low- to moderate-risk adolescents and up to 20 sessions for moderate- to high-risk offenders within a residential, outpatient, or home-based setting.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Family Therapy, Group Therapy, Parent Training	Status Offenders, Truants/Dropouts, Young Offenders, Families	Black, Hispanic, White	11-17	Both	Costs vary based on population to be served and the total number of families to be served annually.	• Before CJ involvement

**Evaluation Outcomes** Participants in the treatment group had significantly fewer offenses during the 12 months after program completion than the control group. There were some changes in caregiver attitudes and behaviors and improvement in child aggressive behavior. Communication between mothers and youths improved.

**References**

Sells, Scott P., Kelly J. Stepura, Kristin Winokur-Early, and Stephanie Bontrager Ryon. (Forthcoming.) “Parenting with Love and Limits: A Program for Resistant Parents and Adolescents with Severe Behavioral Problems.” Submitted for publication.

Sells, Scott P., Kristin Winokur-Early, and Thomas E. Smith. 2011. “Reducing Adolescent Oppositional and Conduct Disorders: An Experimental Design Using Parenting with Love and Limits.” *Professional Issues in Criminal Justice* 6(3).



**PeaceBuilders**

*Description:* The overall goal of the PeaceBuilders program is to reduce violence among youth. The program, targeted at students in grades K–12 in school and afterschool settings, uses several strategies to address social competence and aggressive behavior among students. The idea is to improve a school’s overall social climate and culture so as to foster positive communication between students and adults, as well as prosocial behavior among students.

The activities of the PeaceBuilders program are designed to alter the overall school environment and facilitate positive social interactions between students and adults. The techniques focus on promoting individual behavior change through interpersonal and social interactions, and are designed to be incorporated into students’ daily interactions. The strategies are implemented as part of the school’s everyday routine, rather than as a set number of sessions. Participants are taught common principles, opportunities to rehearse positive behavior, and rewards for practicing it. Students are taught the following six principles: 1) praise people, 2) avoid putdowns, 3) seek wise people as advisers and friends, 4) notice and correct hurts that you cause, 5) right wrongs, and 6) help others. The program relies on the participation of teachers, parents, the school principal, and support staff to instill these principles in students. The program further uses nine broad behavior-change techniques designed to promote a prosocial school environment. The program activities work to facilitate and reinforce positive behavior among students. Finally, PeaceBuilders addresses the impact of social context on the development of violent behavior in youths by including four components to influence the neighborhood, community, and media:

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Afterschool/Recreation, Community Awareness/Mobilization, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, School/Classroom Environment, Violence Prevention	K-12 Students	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	5-10	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventive</i>
<b>Evaluation Outcomes</b>	The intervention group showed improved social competence and less aggressive behavior.					

**References**

Flannery, Dennis J., Alexander T. Vazsonyi, Albert K. Liau, Shenyang Guo, Kenneth E. Powell, Henry Atha, Wendy Vesterdal, and Dennis D. Embry. 2003. “Initial Behavior Outcomes for the PeaceBuilders Universal School-Based Violence Prevention Program.” *Developmental Psychology* 39(2):292–308.

<b>Peers Making Peace</b>						
<p><i>Description:</i> Peers Making Peace (PMP) is a peer-mediation program designed to handle conflicts both in and out of school and to help maintain drug-free schools. The goal of the program is to improve school environments by reducing violence, assaults, and discipline referrals and by increasing academic performance.</p> <p>The program is based on a combination of strategies that include life and social skills training, conflict prevention and resolution, parental involvement in conflict resolution education, and peer-led modeling and coaching. Each participating school selects a group of 15 to 24 students who represent the community’s racial, ethnic, and gender demographics, and these teams of students are trained to act as peer mediators on their school campuses. They are trained in skills such as conflict resolution, nonverbal communication, questioning, and maintaining neutrality. Peer mediators are also trained to serve as drug-free role models. Students apply the skills they learn by serving as third-party mediators to help those involved in conflict reach mutually satisfactory agreements.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, School/Classroom Environment, Violence Prevention	students in prekindergarten through 12th grade.	Black, Asian/Pacific Islander, Hispanic, White	14-19	Both	Out-of-state registration costs \$850 per participant.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The treatment group had fewer assaults, expulsions, discipline referrals, absences, a greater improvement in self-efficacy, and significantly improved in academic performance.					
<b>References</b>						
Landry, Robert. 2003. <i>Peers Making Peace: Evaluation Report</i> . Houston, Texas: Research and Educational Services.						

**Positive Youth Development Program (Connecticut)**

*Description:* The Positive Youth Development Program was a school-based prevention program that taught students cognitive, behavioral, and affective skills and encouraged them to apply these skills when dealing with daily challenges, problems, and decisions. The program was a structured 121-page, 20-session curriculum designed to promote adolescents’ personal and social competence. The curriculum was implemented during two 50-minute classes per week throughout a 15-week period. The curriculum was composed of six primary units:

- *Stress management*
- *Self-esteem*
- *Problem solving*
- *Substance and health information*
- *Assertiveness*
- *Social networks*

Each session built on the previous session, thus providing a sequential, integrated program that facilitated students’ understanding and mastery of the subject matter. The curriculum focused on general social competence promotion, but students were also provided with the opportunity to apply their knowledge and skills in dilemmas involving alcohol and drug use.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Alcohol and Drug Prevention	youths in middle and junior high schools	Black, Hispanic, White, Other	11-14	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Compared with control students, program participants improved in coping skills, social and emotional adjustment.					
<b>References</b>						
Caplan, M., Roger P. Weissberg, Jacqueline S. Grober, Patricia J. Sivo, Katherine Grady, and Carole Jacoby. 1992. “Social Competence Promotion With Inner-City and Suburban Young Adolescents: Effects on School Adjustment and Alcohol Use.” <i>Journal of Consulting and Clinical Psychology</i> 60(1):56–63.						

**Pre-K RECAP**

*Description:* The Pre-K RECAP program focuses on improving children’s emotional and behavioral problems while promoting their social skills development. RECAP focuses on improving child behavior and cognitions, focusing specifically on social skills, affect regulation, and problem-solving.

Pre-K RECAP is a semi-structured, school-based intervention program developed as a universal intervention program for pre-kindergarten students designed to enhance children’s social skills and problem solving. The Pre-K RECAP group received: 1) a classroom behavior management system, 2) a teacher administered social skills training curriculum, 3) site-based teacher training in program administration and use of the behavior management system, and 4) group parent training conducted by a consultant. Teachers delivered the program for one academic year, and parent interviews were conducted in the fall preceding the intervention and the spring following the intervention (for data collection purposes). The children received training in: 1) social skills, such as meeting and keeping friends, 2) affect recognition and expression, 3) re-attribution training (for hostile emotions), 4) self-monitoring and self-control skills, 5) problem-solving skills, and 6) relaxation strategies.

The parent and teacher components emphasize positive reinforcement of prosocial behavior, appropriate use of punishment, clear communication and expectations, and strengthening of adult-child relationships. The trainings specifically focused on 1) establishing clear expectations for child behavior, 2) use of positive and negative consequences to influence behaviors, 3) reinforcing children’s use of “friendly skills”, 4) assisting children to stop and think about consequences of their behavior, and 5) more effective communication between teachers and parents about children’s behavior.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Leadership and Youth Development, Parent Training, School/Classroom Environment, Violence Prevention	pre-kindergarten students	Black, White, Other	4-5	Both	Parents are interviewed twice throughout the intervention for data collection purposes, for which they are compensated \$20 per interview. Teachers also received \$15 for each student for whom they provided data about at each assessment time point.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Evaluation results showed no significant differences regarding parent-rated behavioral problems or social skill, yet teacher ratings of child behavioral problems and social skills significantly improved in the intervention group.					

**References**

Han, Susan S., Thomas Catron, Bahr Weiss, and Kristen K. Marciel. “A Teacher-Consultation Approach to Social Skills Training for Pre-Kindergarten Children: Treatment Model and Short-Term Outcome Effects.” 2005. *Journal of Abnormal Child Psychology* 33(6): 681-93.

**Prevention Program for Externalizing Problem Behavior (PEP)**

*Description:* The Prevention Program for Externalizing Problem Behavior (PEP) is a preventative behavioral-training program for parents and kindergarten teachers of children, between the ages of 3 and 6, who exhibit externalizing problem behavior. PEP is a 10-week intervention consisting of weekly sessions of about 90–120 minutes in duration. Sessions are facilitated by an experienced child psychologist and are held in kindergarten classrooms for groups of about 5–6 participants. Each group receives training separately, with teachers and parents in different training groups. Ultimately, the program aims to decrease child problem behavior by improving parenting skills and parent–child interactions. The program targets families of children with early onset of externalizing problem behaviors, as these children are more at risk for delinquency later in life.

PEP is a 10-week intervention based on a program developed to treat oppositional and hyperkinetic disorders among school-age children. A PEP-trained child psychologist administers weekly sessions in kindergarten classrooms with groups of parents and teachers. The sessions are each about 90–120 minutes in duration and include:

- Defining individual problem situations and basic strategies for dealing with them
- Teaching caregivers behavior modification strategies
- Reiterating parenting strategies for common situations

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Leadership and Youth Development, Parent Training, School/Classroom Environment, Violence Prevention	families with kindergarten children	Not specified	3-6	Both	There is no cost information available for this program	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** Evaluation results suggest that the program moderately reduced child externalizing problem behaviors, based on questionnaires completed by mothers and teachers.

**References**

Study 1 Reference: Hanisch, Charlotte, Inez Freund-Braier, Christopher Hautmann, Nicola Jänen, Julia Plück, Garbiele Brix, Ilka Eichelberger, and Manfred Döpfner. 2010. “Detecting Effects of the Indicated Prevention Programme for Externalizing Problem Behaviour (PEP) on Child Symptoms, Parenting, Parental Quality of Life in a Randomized Controlled Trial.” *Behavioural and Cognitive Psychotherapy* 38(1): 95–112.  
<http://www.ncbi.nlm.nih.gov/pubmed/19995467>

**Prevention of Shoplifting**

*Description:* Prevention of Shoplifting is a crime prevention intervention designed to assess the effect of electronic tagging, uniformed guards, and store redesign on shoplifting in high-theft stores. It was implemented in a group of Dixon and Currys stores in England and Scotland in 1991. The program was designed in response to an analysis of crime in a group of Dixon and Currys stores. Nine stores were identified as having high shoplifting rates and were selected as either experimental or control sites to test the effectiveness of three different interventions to reduce shoplifting.

Three options were thus chosen to reduce the opportunity to shoplift and to increase the chance of detection: electronic tagging, uniformed guards, and store redesign. The selection of crime prevention methods was guided by rational choice theory, which suggests that individuals weigh the benefits of committing an act against the likely costs.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Situational Crime Prevention	shoplifters	Not specified	Not specified	Not specified	There is no cost information available for this program	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 1</li> </ul>
<b>Evaluation Outcomes</b>	The study found behavioral change with some interventions (electronic tagging and store redesign), but not with others (presence of a guard). Moreover, some behavioral changes were short lived while others lasted longer.					

**References**

Farrington, David P., Sean Bowen, Abigail Buckle, Tony Burns–Howell, John Burrows, and Martin Speed. 1993. “An Experiment on the Prevention of Shoplifting.” *Crime Prevention Studies, Vol. 1*. Monsey, N.Y.: Criminal Justice Press. [http://www.popcenter.org/library/crimeprevention/volume\\_01/05farrington.pdf](http://www.popcenter.org/library/crimeprevention/volume_01/05farrington.pdf)

**Preventive Treatment Program**

*Description:* The Preventive Treatment Program (also known as the Montreal Longitudinal Study and as the Montreal Prevention Experiment) was a prevention program aimed at disruptive kindergarten boys and their parents, with the goal of reducing short- and long-term antisocial behavior. This program targeted white, Canadian-born, 7- to 9-year-old boys, from low-socioeconomic-status families, who were assessed as having high levels of disruptive behavior in kindergarten. The program provided training for both parents and boys with the long-term goal of decreasing delinquency, substance use, and gang involvement. The program was administered to treatment-group boys and their parents when the boys were 7 years old and lasted until they turned 9.

The program included a home-based parent training component and a school-based social skills training component. The parent-training component was based on a model developed at the Oregon Social Learning Center. Parents received an average of 17 sessions that concentrated on monitoring their children’s behavior, giving positive reinforcement for prosocial behavior, using punishment effectively, and managing family crises. The school-based component emphasized promoting social competence and emotional regulation by stressing problem-solving skills, life skills, conflict resolution, and self-control.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Parent Training	Disruptive kindergarten boys and their parents	White	7-9	Male	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** There were some positive effects of the program found in the short term, but the effects seemed to disappear by the time the boys were 15 years old. However, positive effects were found by the time the boys were 24 years old, and mixed effects were shown through the time the boys were 28 years old.

**References**

Tremblay, Richard Ernest, Linda Pagani–Kurtz, Louise C. Masse, Frank Vitaro, and Robert O. Pihl. 1995. “A Bimodal Preventive Intervention for Disruptive Kindergarten Boys: Its Impact Through Mid-Adolescence.” *Journal of Consulting and Clinical Psychology* 63(4):560–8.

Boisjoli, Rachel, Frank Vitaro, Eric Lacourse, Edward D. Barker, and Richard Ernest Tremblay. 2007. “Impact and Clinical Significance of a Preventive Intervention for Disruptive Boys.” *British Journal of Psychiatry* 191:415–19.

**Project EX**

*Description:* Project EX is a school-based tobacco cessation program that targets high school youth between the ages of 14 and 19. The program is delivered in a clinical setting in school and involves motivational activities such as games, mock talk shows, and alternative activities such as yoga. The goal of the program is to encourage youths to stop or reduce cigarette smoking by providing information about environmental, social, physiological, and emotional consequences of tobacco use. Students participating in Project EX learn information about tobacco addiction and disease and gain an empathic understanding of the effects of tobacco use on friends. The curriculum emphasizes coping with stress, dealing with nicotine withdrawal, relaxation techniques, and how to avoid relapse. It aims to teach self-control, anger and mood management, and goal-setting techniques.

Students use an interactive curriculum to examine the difference between habits and addictions, how tobacco use actually increases stress, and how it is easier to quit at a younger age. Project EX consists of eight sessions that are delivered over 8 weeks—two sessions a week for 2 weeks, followed by one session a week for 4 weeks. Project EX uses a variety of exercises such as healthy breathing, yoga and meditation, relaxation, and motivational games and discussions. During the first four sessions, students are not asked or required to quit immediately. They are instead prepared through the Project EX curricula to strengthen their attempt to quit. Students usually stop using tobacco around sessions 4 through 6.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Classroom Curricula, Alcohol and Drug Prevention	High school youth	Black, Asian/Pacific Islander, Hispanic, White, Other	14-19	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** Students in the treatment groups were significantly more likely to have not used tobacco products in the previous 30 days compared to those in the control group.

**References**

Sussman, Steve, Clyde W. Dent, Kara L. Lichtman. 2001. "Project EX: Outcomes of a Teen Smoking Cessation Program." *Addictive Behaviors* 26:425–438.



<b>Project Link</b>						
<p><i>Description:</i> Project Link is a hospital-based, intensive outpatient substance abuse treatment program for pregnant and postpartum women. The program integrates specialized substance abuse treatment services with maternal and child health care to improve the health and well-being of pregnant women and their children. The program was developed at the Women and Infants Hospital of Rhode Island in 1991. Project Link offers intensive and nonintensive outpatient treatment (group and individual) to pregnant women with substance abuse and mental health illnesses. The program also provides case management, parenting and self-care education, and onsite child care.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Gender-Specific Programming, Group Therapy, Individual Therapy, Parent Training, Wraparound/Case Management	Pregnant and postpartum women	Black, White, Other	0 - 1, 26 -28	Female	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Newborns of mothers enrolled in the program had significantly heavier mean birth weight; a longer gestational age; were significantly less likely to be admitted to the neonatal intensive care unit; and were less likely to have positive toxicology screens compared with infants of mothers who enrolled postpartum.					
<b>References</b>						
Sweeney, Patrick J., Rachel M. Schwartz, Noreen G. Mattis, and Betty Vohr. 2000. "The Effect of Integrating Substance Abuse Treatment With Prenatal Care on Birth Outcome." <i>Journal of Perinatology</i> 4:219–24.						

**Project Northland**

*Description:* Project Northland is a school- and community-based, alcohol-use–prevention curriculum series that aims to prevent and reduce alcohol use and binge-drinking by middle and high school students. It aims to delay and moderate the onset of alcohol use, reduce use among youths who have already tried alcohol, and limit the number of alcohol-related problems experienced by young drinkers. The program targets schoolchildren who are before and at the age of early alcohol initiation and offers them prevention and knowledge. The program also is concerned with parental and community awareness, with a particular emphasis on the commercial sale of alcohol to underage drinkers.

The program consists of elements that target the student, the parents, and the community to provide a comprehensive environment for alcohol prevention. Project Northlands contains:

- A social-behavioral classroom curriculum
- Parent involvement and communication programs
- Peer leadership in alcohol-free projects and activities
- A community task force
- Commercial outlet and community awareness campaigns
- Classroom involvement in the legal and social consequences and community responsibilities of underage alcohol use

While the classroom curricula concentrate on developing the participants’ knowledge of the consequences of alcohol use, the parent intervention provides parents with information and advice on how to communicate with their children about underage alcohol use. Project Northland also contains an important community element, encouraging students to develop and propose alcohol-free and alternative activities for their peers and emphasizing community organization of the participants.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Community Awareness/Mobilization , School/Classroom Environment, Alcohol and Drug Prevention	Middle and high school students	American Indians/Alaska Native, White	11-17	Both	There is no cost information available for this program.	• Before CJ involvement
<b>Evaluation Outcomes</b>	The original project that was developed in a rural setting showed strong evidence of effectiveness (with alcohol use and binge drinking). Later adaptations, to an urban multiethnic setting, showed no effects on the targeted population. The evidence base suggests that this program may not be appropriate for implementation in all setting types.					

**References**

Perry, Cheryl L., Carolyn L. Williams, Kelli A. Komro, Sara Veblen–Mortenson, Melissa H. Stigler, Karen A. Munson, Kian Farbaksh, Resa M. Jones, and Jean L. Forster. 2002. “Project Northland: Long-Term Outcomes of Community Action to Reduce Adolescent Alcohol Use.” *Health Education Research* 17(1):117–32.

Komro, Kelli A., Cheryl L. Perry, Sara Veblen–Mortenson, Kian Farbaksh, Traci L. Toomey, Melissa H. Stigler, Rhonda Jones–Webb, Kari C. Kugler, Keryn E. Pasch, and Carolyn L. Williams. 2008. “Outcomes From a Randomized Controlled Trial of a Multicomponent Alcohol Use Preventive Intervention for Urban Youth: Project Northland Chicago.” *Addiction* 103(4):606–18.

<b>Project Support</b>						
<p><i>Description:</i> Project Support addresses the issues that family violence causes for children of abused mothers and children who have been maltreated. Since these children are at a high risk for conduct problems, the objective of the program is to reduce conduct problems in these children, reduce harsh parenting, and improve the mother’s relationship with her children. The program also aims to provide support for battered mothers during their transition away from an abusive partner. The program is targeted at families (mothers and children) who have sought refuge at a domestic violence shelter. To receive services through the program, at least one child between the ages of 4 and 9 must exhibit clinical levels of conduct problems, as defined by the Diagnostic and Statistical Manual of Mental Disorders, and the mother must be trying to establish a household separate from the violent partner.</p> <p>The intervention comprises two main components: 1) providing emotional support to the mother and 2) teaching her child management and nurturing strategies to reduce misconduct in her child. The program addresses the first component by helping mothers obtain physical resources and social support to help them become self-sufficient, and by offering training in decision making and problem solving. The second component involves teaching the mother positive ways to respond to behavior problems, communication skills, and ways to facilitate a positive relationship with her child.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Family Therapy, Individual Therapy, Parent Training, Victim Programs, Children Exposed to Violence	Females, Victims of Crime, Children Exposed to Violence, Families	Black, Asian/Pacific Islander, Hispanic, White	4-9, 23-33	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> <li>•</li> </ul>
<b>Evaluation Outcomes</b>	Children in the program were less likely to exhibit clinical levels of conduct problems, were happier and had better social relationships. Program mothers were less likely to use aggressive child-management strategies, to return to their abusive partners or experience physical violence during follow-up; and they reported improved parenting skills.					
<b>References</b>						
McDonald, Renee, Ernest Jouriles, and Nancy Skopp. 2006. “Reducing Conduct Problems Among Children Brought to Women’s Shelters: Intervention Effects 24 Months Following Termination of Services.” <i>Journal of Family Psychology</i> 20(1):127–36.						

<b>Project Toward No Tobacco Use (Project TNT)</b>						
<p><i>Description:</i> Project Toward No Tobacco Use (Project TNT) is a comprehensive, classroom-based curriculum designed to prevent or reduce tobacco use. It is devised to counteract several different risk factors for tobacco use simultaneously, because the behavior is associated with multiple risk factors. Project TNT teaches awareness of misleading social information, develops skills that counteract social pressure to use tobacco, and provides information about the physical consequences of tobacco use, such as addiction.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Alcohol and Drug Prevention	youths who may have different risk factors influencing their tobacco use	Black, Asian/Pacific Islander, Hispanic, White	10-14	Both	Information on material and training costs can be found on the University of Southern California's Project Toward No Tobacco Use Web site under the Cost & Order page.	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	At a 2-year follow-up, participants reported lower trial and weekly use of cigarettes.					
<b>References</b>						
Sussman Steven Y., Clyde W. Dent, Alan W. Stacy, Ping Sun, Sande Craig, Thomas R. Simon, Dee Burton, and Brian R. Flay. 1993. "Project Toward No Tobacco Use: 1-Year Behavior Outcomes." <i>American Journal of Public Health</i> 83:1245-50.						

<b>Project Towards No Drug Abuse (Project TND)</b>						
<p><i>Description:</i> Project Towards No Drug Abuse (Project TND) is an interactive program designed to help high school youths (ages 14–19) resist substance use. This school-based program consists of twelve 40- to 50-minute lessons that include motivational activities, social skills training, and decision-making components that are delivered through group discussions, games, role-playing exercises, videos, and student worksheets over 4 weeks. The program was originally designed for high-risk youth in continuation (or alternative) high schools and consisted of nine lessons developed using a motivation-skills–decision-making model. The instruction to students provides cognitive motivation enhancement activities to not use drugs, detailed information about the social and health consequences of drug use, and correction of cognitive misperceptions. It addresses topics such as active listening skills, effective communication skills, stress management, coping skills, tobacco cessation techniques, and self-control—all to counteract risk factors for drug abuse relevant to older teens.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Cognitive Behavioral Treatment, Alcohol and Drug Prevention	High school youths	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	14-19	Both	Information on cost for materials is available on the Project Towards No Drug Abuse Web site under the "To Purchase" page.	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	At follow-up, participants receiving the intervention reported significant reductions in hard drug use compared with comparison group students and reduced alcohol use among those who reported using alcohol prior to the intervention. In a separate study, subjects in a health educator-led program reported significant reduction in marijuana use compared to self-instructed and control conditions.					
<b>References</b>						
Sussman, Steven Y., Clyde W. Dent, Alan W. Stacy, and Sande Craig. 1998. "One-Year Outcomes of Project Towards No Drug Abuse." <i>Preventive Medicine</i> 27(4):632–42.						
Sussman, Steven Y., Ping Sun, William Jason McCuller, and Clyde W. Dent. 2003. "Project Towards No Drug Abuse: 2-Year Outcomes of a Trial That Compares Health Educator Delivery to Self-Instruction." <i>Preventive Medicine</i> 37(2):155–62.						

**Project Venture**

*Description:* Project Venture is an outdoor/experiential program that targets at-risk American Indian youth. The program concentrates on American Indian cultural values—such as learning from the natural world, spiritual awareness, family, and respect—to promote healthy, prosocial development. The primary target group is fifth to eighth graders, but it has been adapted and used for older teenagers as well. The program is designed for American Indian communities seeking strategies to prevent alcohol abuse. The goals of Project Venture are to help youth develop a positive self-concept, effective social and communication skills, a community service ethic, decision-making and problem-solving skills, and self-efficacy. By increasing these skills, the program hopes to build generalized resilience within youths that increases their resistance to alcohol, tobacco, and other drugs and prevent other problem behaviors.

Project Venture includes classroom-based and outdoor experiential learning. The classroom-based program content includes problem-solving games and initiatives delivered weekly through a 1-hour class session. School teachers who are interested in the program must be willing to dedicate one class session per week for program activities. A minimum of 20 sessions are delivered throughout a school year by Project Venture staff. Students are recruited from the school-based program to participate in additional afterschool sessions (given once a week) and weekend sessions (given once a month). Participants enter the program primarily through self-selection, although program staff will act on informal referrals and provide extra encouragement for teenagers to sign up. Afterschool and weekend sessions are more intensive and comprise the outdoor experiential learning component of the program. The outdoor learning is experienced through adventure camps, wilderness treks, and community-oriented service projects.

Project Venture does not provide a standard drug and alcohol education curriculum. Instead the program uses American Indian cultural values to build a positive environment through thinking activities, speaking and singing, and incorporating traditional folk stories/metaphors to achieve prosocial outcomes. The key components of Project Venture’s approach are the use of community service learning activities and the use of a metaphorical “rite of passage” that builds on traditional ceremonies for coming of age.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Wilderness Camp, Alcohol and Drug Prevention	fifth to eighth graders	American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	11-12	Both	To obtain the most accurate cost information, interested parties should contact the National Indian Youth Leadership Project at <a href="http://www.niylp.org">www.niylp.org</a> .	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	At follow-up, treatment youths demonstrated less growth in substance use on all outcome measures taken together than control participants. Both groups used alcohol, but it was less for the treatment group and it eventually plateaued.					

**References**

Carter, Susan L., Kee J.E. Straits, and McClellan. Hall. 2007. *Project Venture: Evaluation of a Positive, Culture-Based Approach to Substance Abuse Prevention With American Indian Youth*. Technical Report. Gallup, N.M.: National Indian Youth Leadership Project.  
<http://niylp.org/articles/Project-Venture-manuscript-final.pdf>

**Raising Healthy Children**

*Description:* Raising Healthy Children (RHC) is a comprehensive, school-based preventive intervention that concentrates on promoting positive youth development by using a social developmental approach to target risk and protective factors. The school and family environment are incorporated into the individual programming, which targets the child. The program covers children from kindergarten through high school with developmentally and age-appropriate material at different stages. The main goals of RHC are to increase school commitment, academic performance, and social competency and to reduce antisocial behavior.

The multifaceted program targets teachers, parents, and students. Teachers receive workshops that concentrate on training them to use classroom management skills and effective learning strategies that can reduce students’ early aggressive behaviors and academic risk factors while increasing protective factors. Students receive classes and exercises in social and emotional development, conflict resolutions, consequential thinking, and problem-solving. Parents also are provided with structured multisession workshops, special topical workshops, and in-home sessions for selected families.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Conflict Resolution/Interpersonal Skills, Parent Training, School/Classroom Environment, Alcohol and Drug Prevention	elementary through high school students and their parents	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	7-16	Both	Per teacher, for 3 years of training and coaching, the price is about \$2,400, which includes training, travel, and materials	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** The intervention had an effect on the frequency of alcohol and marijuana use, but no significant impact on prevalence of alcohol, marijuana, and cigarette use.

**References**

Catalano, Richard F., James J. Mazza, Tracy W. Harachi, Robert D. Abbott, Kevin P. Haggerty, and Charles B. Fleming. 2003. “Raising Healthy Children Through Enhancing Social Development in Elementary School: Results After 1½ Years.” *Journal of School Psychology* 41:143–64.

Brown, Eric C., Richard F. Catalano, Charles B. Fleming, Kevin P. Haggerty, and Robert D. Abbott. 2005. “Adolescent Substance Use Outcomes in the Raising Healthy Children Project: A Two-Part Latent Growth Curve Analysis.” *Journal of Consulting and Clinical Psychology* 73:699–710.

<b>Regulation of Built-In Home Security (Netherlands)</b>						
<p><i>Description:</i> In the Netherlands, a large-scale government intervention led to the passage of a regulation requiring built-in home security in all new homes constructed after January 1, 1999. The regulation (which changed the country’s Building Code) requires homebuilders to meet legal requirements for built-in security in order to obtain a building permit. The regulation also specifies which areas of the home need to be fitted with secured doors and windows, and excludes those that can’t be reached by burglars. The goal of the regulation is to reduce the risk of property crimes, such as burglary and theft from cars, by requiring the use of self-protective measures in all newly built homes.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence	N/A	N/A	N/A	N/A	The benefits of reduced burglary risk amounted to approximately 14 euros per home in the first year (this is equivalent to approximately \$18	<ul style="list-style-type: none"> <li>• Before CJ Involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	The regulatory change reduced the risk of burglary by 26 percent compared with homes built in the years prior to the passage of the regulation. There were no significant effects on measures of attempted burglary.					
<b>References</b>						
Vollaard, Ben, and Jan C. van Ours. 2011. “Does Regulation of Built-in Security Reduce Crime? Evidence From a Natural Experiment.” <i>The Economic Journal</i> 121:485–504.						



<b>Residential Student Assistance Program (RSAP)</b>						
<p><i>Description:</i> The Residential Student Assistance Program (RSAP) is a substance abuse intervention program developed for high-risk adolescents living in residential facilities. The program is based on Employee Assistance Programs that are used by businesses to identify and aid employees whose work performance and lives had been adversely affected by substance abuse. It places trained professionals in residential facilities to provide youth with a full range of culturally sensitive substance abuse prevention and intervention services. The RSAP model focuses on wellness and addresses factors that may hinder youth from being AOD-free.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Group Therapy, Individual Therapy, Residential Treatment Center, Alcohol and Drug Prevention	Adolescents who have been placed in residential facilities (such as foster care facilities, treatment centers for youth with psychiatric problems, and juvenile correctional facilities) and are at high risk for alcohol and other drug (AOD) use	Black, Hispanic, White, Other	12-18	Both	Cost information and the order form are available at the Student Assistance Services Corporation Web site: <a href="http://www.sascorp.org/RSAP_Order_Form.pdf">http://www.sascorp.org/RSAP_Order_Form.pdf</a>	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Intervention youth were significantly less likely to use alcohol and marijuana, and reported less other drug use compared to the comparison group.					
<b>References</b>						
Morehouse, Ellen R., and Nancy S. Tobler. 2000. "Preventing and Reducing Substance Use Among Institutionalized Adolescents." <i>Adolescence</i> 35(137):1-28.						

**Resolving Conflict Creatively Program (New York City)**

*Description:* The Resolving Conflict Creatively Program (RCCP) is a universal, school-based intervention that focuses on character education and social and emotional learning. RCCP aims to teach children self-management, cooperation, and problem-solving skills and promote interpersonal effectiveness and intercultural understanding. Specific program objectives include (1) reducing violence and violence-related behavior, (2) promoting caring and cooperative behavior, (3) teaching students about life skills in conflict resolution and intercultural understanding, and (4) promoting a positive climate for learning in the classroom and school. RCCP is characterized by a comprehensive, multiyear strategy for preventing violence and creating caring communities of learning to improve school success for all children. The intervention has two major components: (1) training and coaching of teachers to support them in implementing a curriculum in conflict resolution and intergroup understanding, and (2) delivery of that curriculum in classroom instruction for children provided by the trained teachers.

RCCP is structured into 51 lessons tailored to be developmentally appropriate for a given age group. The RCCP curriculum aims to develop several core skills, such as countering bias, resolving conflicts, fostering cooperation, appreciating diversity, communicating clearly, expressing feelings, and dealing with anger. The lessons are organized into skill units, structured in workshop format, and designed to last from 30 minutes to 1 hour. Students are taught active listening, assertiveness, negotiation, and problem solving through such methods as role playing, interviewing, small group discussions, and brainstorming. RCCP also helps staff to establish peer-mediation programs, parent training workshops, and other school-wide initiatives that build student leadership in conflict resolution and intergroup relations.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Children Exposed to Violence, Violence Prevention	Children Exposed to Violence	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	6-13	Both	Curriculum materials for the Resolving Conflict Creatively Program (RCCP) can be purchased through the Web site: <a href="http://esrnational.org/professional-services/elementary-school/prevention/resolving-conflict-creatively-program-rccp/">http://esrnational.org/professional-services/elementary-school/prevention/resolving-conflict-creatively-program-rccp/</a> .	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The evaluation found higher levels of classroom instruction improved children's social-cognitive processes, reduced behavioral issues and decreased teacher's perceptions of youth problem behavior.					

**References**

Aber et al. 2003. "Developmental Trajectories Toward Violence in Middle Childhood: Course, Demographic Differences, and Response to School-Based Intervention." *Developmental Psychology* 39(2):324–348.

**Responding in Peaceful and Positive Ways (RIPP)**

*Description:* Responding in Peaceful and Positive Ways (RIPP) is designed to provide conflict-resolution strategies and skills to sixth-, seventh-, and eighth-grade students in middle and junior high schools. The goals of RIPP are to reduce aggressive behavior and violence in school-aged youth, and to intervene with young children to help them avoid potential violence in adolescence.

RIPP is a school-based violence-prevention program. The program combines a classroom curriculum of social/cognitive problem-solving with real-life, skill-building opportunities, such as peer mediation. Students learn to apply critical thinking skills and personal management strategies to personal health and well-being issues. RIPP teaches key concepts, such as:

- The importance of significant friends or adult mentors
- The relationship between self-image and gang-related behaviors
- The effects of environmental influences on personal health

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Violence Prevention	suitable for children from all socioeconomic, racial/ethnic, and cultural backgrounds.	Black	10-15	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The experiment group had less disciplinary code violations related to violence in the 8th grade, showed significantly higher approval of nonviolence, and lower aggression at the 9-month follow-up.					

**References**

Farrell, Albert D., Aleta L. Meyere, Terri N. Sullivan, and Eva M. Kung. 2003a. "Evaluation of the Responding in Peaceful and Positive Ways (RIPP) Seventh Grade Violence Prevention Curriculum." *Journal of Child and Family Studies* 12(1):101–20.

**Risk Detection/Executive Function Intervention**

*Description:* The Risk Detection/Executive Function (RD/EF) program set out to reduce sexual and physical re-victimization in girls who had previously been exposed to maltreatment. Research has found that youths with histories of re-victimization have impaired abilities to detect threats or risky situations in intimate relationships (an ability known as risk detection [RD]). Research has also shown an important link between youths who experience child abuse and deficits in executive function (EF). EF refers to those cognitive skills that allow an individual to respond to risks of danger in a relationship (DePrince et al. 2013). Based on this research, the RD/EF intervention not only focused on improving girls’ ability to perceive risky and dangerous situations, but also on improving their ability to respond to those situations.

To create the Risk Detection/Executive Function intervention, DePrince and colleagues (2013) modified a risk detection program, which had been developed by Marx and colleagues (2001) for college students. Additionally, they adapted a mindfulness-based intervention, originally developed by DePrince and Shirk (2013), to target alterations in executive functioning. They integrated the mindfulness-based program with Marx’s risk detection curriculum and made it age-appropriate and engaging. The program was implemented outside of school, in a community-based location, and included 12 sessions, each with a detailed session theme. The sessions each lasted 1.5 hours and were provided weekly. Using mindfulness-based, cognitive interventions, the program helped adolescents become more aware of both internal (e.g., feelings of shame, fear) and external (e.g., a partner’s threatening behaviors or the presence of nearby danger) cues for risky situations and ways to respond to risks.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Crisis Intervention/Response, Gender-Specific Programming, Group Home, Victim Programs, Children Exposed to Violence, Violence Prevention	Females, Victims of Crime, Children Exposed to Violence	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	12-19	Female	There is no cost information available for this program	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** | The intervention was shown to reduce sexual and physical re-victimization.

**References**

DePrince, Anne P., Ann T. Chu, Jennifer Labus, Stephen R. Shirk, and Cathryn Potter. 2013. *Preventing Revictimization in Teen Dating Relationships*. Technical Report. Washington, D.C.: U.S. Department of Justice.

<https://www.ncjrs.gov/pdffiles1/nij/grants/244086.pdf>

**Rochester Resilience Project (RRP)**

*Description:* The goal of the Rochester Resilience Project (RRP) was to prevent mental health problems and substance abuse by teaching young children social–emotional and behavioral skills. The program targeted children who were identified through a population-based screening of all kindergarten through third graders in two urban schools as having problems in at least two of the following domains: behavioral, social–emotional, or on-task learning behaviors at school.

The intervention consisted of 14 weekly 25-minute, one-to-one sessions in which Resilience Mentors taught youth a hierarchically ordered set of skills. The hierarchically ordered skills consisted of 1) monitoring of one’s own and others’ emotions, 2) self-control and reducing escalation of emotions, and 3) maintaining control and regaining equilibrium.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Conflict Resolution/Interpersonal Skills, Mentoring, School/Classroom Environment	Elementary school children	Black, Hispanic, White, Other	5-8	Both	Resilience Mentors were paraprofessionals and paid employees of the school district.	• Before CJ involvement <i>Preventative</i>

<b>Evaluation Outcomes</b>	The program had a significant, positive effect on measures of children’s task orientation, behavior control, assertiveness, and peer social skills. The program was also associated with a significant decline in the average numbers of suspensions and office disciplinary referrals.					
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**References**

Wyman, Peter. A., Wendi Cross, Hendricks Brown, Qin Yu, Xin Tu, Shirley Eberly. 2010. “Intervention to Strengthen Emotional Self-Regulation in Children With Emerging Mental Health Problems: Proximal Impact on School Behavior.” *Journal of Abnormal Child Psychology* 38(24):707–20.

**Rural Education Achievement Project (REAP)**

*Description:* The Rural Education Achievement Project (REAP) was a multilevel prevention program, designed to place fourth graders in three different programs that teach competencies and skills as a technique to prevent later negative outcomes based on students’ level of assessed risk. Each of the three different programs consisted of curricula based on behavior, academic and social competencies, and self-esteem. The goal of REAP was to disrupt the development of potential adverse adolescent and adult outcomes. Adverse outcomes included substance abuse, involvement in the criminal justice system, and mental health issues. The purpose of the multilevel approach of REAP was to target individual and group needs instead of implementing an all-encompassing universal program.

REAP was comprised of three different programs designed to prevent adverse behavioral outcomes by teaching positive behaviors to children in the fourth grade and their parents. The goal of targeting children at a young age is to eliminate or lessen the opportunity for poor character in adolescence and adulthood. The first program level, ALL Stars Jr., was a character education and problem behavior prevention program. The second level, Gearing Up to Success (GUTS), included the ALL Stars Jr. program curricula. GUTS was a selected 6-week protocol-driven, school-based program designed to strengthen academic and social competencies and self-esteem. Lastly, the third level included the Duke Family Coping Power Program, and brought parents of at-risk students together into an educational setting.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Leadership and Youth Development, Parent Training, School/Classroom Environment	Families, Fourth grade students	Black, White, Other	9-11	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** Participants in the programs that included family and summer camps made significant improvements in social bonding. All participants showed a decrease in externalized behaviors.

**References**

Clayton, Richard R., Nancy Grant Harrington, William Turner, Thomas Miller, and Donna Durden. N.D. *Executive Summary: REAP Rural Education Achievement Project*. Lexington, Ky.: University of Kentucky, Center for Prevention Research.

<b>SMART Leaders</b>						
<p><i>Description:</i> SMART Leaders is a 2-year booster program that follows from Stay SMART (for Skills, Mastery, And Resistance Training). Stay SMART is a curriculum-based program for 13- to 15-year-olds that teaches a broad spectrum of social and personal competence skills to help youths identify and resist peer and other social pressures to smoke, drink, and engage in sexual activity. Both are components of SMART Moves, a comprehensive drug and sexual activity prevention program offered through the Boys &amp; Girls Clubs of America (BGCA).</p> <p>The SMART Leaders program reinforces the skills and knowledge learned in Stay SMART’s 12 sessions: 1) gateway drugs, 2) decision-making, 3) advertising, 4) self-image and self-improvement, 5) coping with change, 6) coping with stress, 7) communication skills, 8) social skills: meeting and greeting people, 9) social skills: boy meets girl, 10) assertiveness, 11) relationships, and 12) life planning skills. SMART Leaders encourages participants to stay involved in prevention activities and to be positive, drug-free role models for their peers.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Afterschool/Recreation, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, Alcohol and Drug Prevention	At-risk youth	Black, Hispanic, White	13-15	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	. Both treatment groups (Stay SMART and the Stay SMART + Boosters group) reported lower drug use and cigarette-related behavior and more knowledge concerning drug use. Only the Stay SMART + Boosters group showed a reduction in alcohol-related behavior.					
<b>References</b>						
St. Pierre, Tena L., D. Lynne Kaltreider, Melvin M. Mark, and Kathryn J. Aikin. 1992. “Drug Prevention in a Community Setting: A Longitudinal Study of the Relative Effectiveness of a 3-Year Primary Prevention Program in Boys & Girls Clubs Across the Nation.” <i>American Journal of Community Psychology</i> 20(6):673–706.						

**SNAP® Girls**

*Description:* SNAP® Girls (Stop Now And Plan), formerly known as SNAP® Girls Connection, is a specialized, family-focused intervention for girls (6–11 years) who are reported as experiencing conduct, oppositional, and/or externalizing problems. The program was developed in Canada and has affiliates throughout Canada, the United States, and various European countries. Participants and their parents meet in separate groups once a week for 13 weeks. Individually and in their group meetings, girls learn how to regulate their emotions, practice self-control, and improve problem-solving skills, with a special emphasis on challenging cognitive distortion—which thereby helps the children make better choices in the moment. The goal is to reduce the girls’ disruptive behavior, risk of police contact, and discipline issues while also improving parent-management skills.

SNAP® Girls includes two 13-week programs that run concurrently, using structured, manualized curricula: *SNAP® Girls Children’s Group* for girls and *SNAP® Parenting Group* for parents. Groups are created based on age, risk level, and group cohesion (e.g., maturity levels and developmental needs). The curricula and approach differ slightly, according to the age of the girls. In addition to the girls’ and parents’ programs, the participants are offered adjunct services, including school advocacy, tutoring, individual and family counseling.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Family Therapy, Gender-Specific Programming, Group Therapy, Parent Training, Wraparound/Case Management	Females, Families	Black, Asian/Pacific Islander, Hispanic, White, Other	6-11	Female	On average, it costs approximately \$3,900 for a child and her family to participate in the SNAP® Girls program.	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** The girls in the treatment group displayed significantly lower levels of behavior problems than the girls in the comparison group.

**References**

Pepler, Debra, Margaret Walsh, Amy Yuile, Kathryn Levene, Depeng Jiang, Alice Vaughan, and Jeanine Webber. 2010. “Bridging the Gender Gap: Interventions with Aggressive Girls and Their Parents.” *Prevention Science* 11:229–38.



**STEP (School Transitional Environment Program)**

*Description:* STEP (School Transitional Environment Program) is a school organizational change initiative that seeks to decrease student anonymity, increase accountability, and enhance students’ abilities to learn school rules and expectations. The program proposes that improving the transitional learning environment will provide a better educational foundation for students’ middle school and junior high school years. The program’s goals are to reduce barriers to students’ access of formal support, increase availability and accessibility of support, help students access information about school rules and expectations, and increase their sense of belonging and familiarity with teachers.

Its two major components involve restructuring the physical and social environment of the middle school and restructuring the role of the homeroom teacher. The school’s social system is reorganized by creating smaller learning environments within larger schools, which results in a stable set of classmates for transitioning students. Homeroom teachers act as administrators and guidance counselors, providing class schedule assistance, academic counseling, and counseling for personal problems. Teachers also explain the project to parents and notify them of student absences. Project students are assigned to homerooms in which all classmates are STEP participants. They are enrolled in the same core classes to help develop stable peer groups and enhance participants’ familiarity with the school.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Truancy Prevention	Students in transition from elementary and middle schools to large urban junior high and high schools with multiple feeder schools, serving predominantly nonwhite lower-income youths	Black, Hispanic, White, Other	10-15	Both	There is no cost information available for this program	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Students in the program had better classroom behavior; improved grade point averages; experienced less transition-related stress; and had lower levels of psychological distress compared to the control group.					

**References**

Felner, Robert D., Stephen Brand, Angela M. Adan, Peter F. Mulhall, Nancy Flowers, Barbara Sartain, and David L. DuBois. 1993. “Restructuring the Ecology of the School as an Approach to Prevention During School Transitions: Longitudinal Follow-Ups and Extensions of the School Transitional Environment Project.” *Prevention in Human Services* 10(2):103–36.

**School-Based Mentoring Program for At-Risk Middle School Youth**

*Description:* The School-Based Mentoring Program for At-Risk Middle School Youth aimed to prevent behavioral disabilities among at-risk middle school students. Specifically, the goals of the program were to reduce students’ office discipline referrals and unexcused absences and to improve their connectedness to school, peers, and teachers and other adults.

The program included weekly one-on-one mentoring sessions over 18 weeks. Meetings were held in the school setting, scheduled either immediately after or before school or during nonacademic time in the course of the school day. The mentoring program had four components: 1) time commitment, 2) prosocial behavior, 3) communicating effectively, and 4) building trust. Mentors were trained to model and encourage prosocial behaviors and to demonstrate and promote honesty and ethical behavior. Mentors also were trained to use effective verbal and nonverbal communication strategies.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Mentoring, Truancy Prevention	at-risk students in seventh, eighth, and ninth grades in an urban middle school setting	Hispanic, White	13-15	Both	Contingent on meeting with their mentees regularly and consistently submitting the required paperwork, mentors received \$400 for one mentee as a compensation for their time	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The program was associated with a significant decline in the number of office disciplinary referrals and a significant increase in school connectedness. However, the program had no significant impact on unexcused absences.					

**References**

Converse, Noelle, and Benjamin Lignugaris/Kraft. 2009. "Evaluation of a School-Based Mentoring Program for At-Risk Middle School Youth." *Remedial and Special Education* 30(1):33–46.

**Sexual Abuse: Family Education and Treatment Program (SAFE–T)**

*Description:* The Sexual Abuse: Family Education and Treatment (SAFE–T) Program is a specialized, community-based program that provides sexual abuse–specific assessment, treatment, consultation, and long-term support to 1) child victims of incest and their families (including adult incest offenders), 2) children with sexual behavior problems and their families, and 3) adolescent sexual offenders and their families.

The SAFE–T Program is initiated with a comprehensive clinical and psychometric assessment that assists in the development of individualized treatment plans for adolescent offenders and their families; treatment goals are usually reviewed every 6 months. SAFE–T is a family-oriented program; thus, treatment providers work collaboratively with adolescents and their family members to address the risk of sexual reoffense and other important clinical needs that may be present (e.g., antisocial attitudes, depression, and social problems) while building on individual and family strengths at the same time. The program uses a variety of cognitive–behavioral and relapse-prevention strategies and addresses issues related to denial and accountability, deviant sexual arousal, sexual attitudes, and victim empathy. Related treatment goals include the enhancement of social skills, self-esteem, body image, appropriate anger expression, trust, and intimacy.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Family Therapy, Group Therapy, Individual Therapy, Children Exposed to Violence	Sex Offenders, Young Offenders, Children Exposed to Violence, Families	Not specified	12-19	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	At the 20-year follow-up, adolescents who received treatment were significantly less likely to be charged for a sexual reoffense, a nonsexual violent offense, a nonviolent offense, or any criminal reoffense.					

**References**

Worling, James R., Ariel Litteljohn, and David Bookalam. 2010. “20-Year Prospective Follow-Up Study of Specialized Treatment for Adolescents Who Offended Sexually.” *Behavioral Sciences and the Law* 28:46–57.

**Sexual Assault Nurse Examiner (SANE) Program (Albuquerque, N.M.)**

*Description:* The Sexual Assault Nurse Examiner (SANE) program aims to provide specialized and coordinated services to victims of sexual assault during their first contact with the health care environment. The goal of the program is to provide safe and privacy-conscious treatment to very recent victims of sexual assault in a response that coordinates health care with counseling services, forensic collection, law enforcement, and prosecution.

The program guides patients through services including medical treatment, treatment for sexually transmitted infections (STIs), emergency contraception, contact with law enforcement, collection of forensic samples, and referrals to other services in a secure and private manner. This is done to provide services to the victim in a more environmentally appropriate manner, to address health care and law enforcement concerns, and to try to provide a swifter and less traumatic service delivery. From referral, victims are assessed for their need for medical treatment. Depending on the victims’ medical needs, either a SANE nurse and rape crisis advocate can be dispatched onsite or the victim can be discharged to a SANE Unit, where a forensic exam can be conducted if desired. Additionally, the SANE nurse offers STI testing and treatment as well as emergency contraception. Finally, a police interview can be arranged if the victim desires before she (or he) is discharged, often with referrals to multiple services. If criminal proceedings are brought against a suspected perpetrator of a sexual assault, the SANE nurse who examined the victim can testify in court.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Gender-Specific Programming, Victim Programs, Court Processing	recent victims of sexual assault	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	Not specified	Female	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 1</li> <li>• Point 2</li> </ul>
<b>Evaluation Outcomes</b>	The treatment group had more referrals, spent less time receiving treatment than the control group spent in the emergency department; received more medical treatment; had higher levels of evidence collection; and had more reports to the police and prosecutions.					

**References**

Crandall, Cameron S., and Deborah Helitzer. 2003. Impact Evaluation of a Sexual Assault Nurse Examiner (SANE) Program. Washington, D.C.: U.S. Department of Justice, National Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/grants/203276.pdf>

**Sexual Assault Nurse Examiner (SANE) Program - Multisite**

*Description:* The Sexual Assault Nurse Examiner (SANE) program is a multidisciplinary response intervention that aims to improve postassault care for victims, through specialized coordinated services, while also increasing reporting and prosecution rates. As opposed to emergency department physicians caring for sexual assault victims, specially trained SANE nurses provide comprehensive psychological, medical, and forensic services to the victims. The goal of the program is to provide safe and privacy-conscious treatment to recent sexual assault victims in a response that coordinates health care with counseling services, forensic collection, law enforcement, and prosecution. Further, through working with police and prosecutors, the SANE program seeks to increase the sexual assault prosecution rates. Overall, the SANE program strives to minimize the victim’s physical and psychological trauma, while maximizing the probability of evidence collection and preserving physical evidence for use in the legal system, if necessary.

The SANE program was designed to avoid problems with traditional hospital care of sexual assault victims by having specially trained nurses, rather than emergency department physicians, provide the first-response care to sexual assault victims. The program guides patients through services including crisis intervention and emotional support; health care (e.g., screening for sexually transmitted infections (STIs), antibiotics for STIs, pregnancy testing, and emergency contraception); injury detection and treatment; and forensic medical evidence collection. Moreover, SANE program staff work with police and prosecutors to offer ongoing case consultation and, if the case goes to trial, may testify as expert witnesses. To address victims’ psychological needs, SANE focuses on treating the victim with dignity and respect to ensure the victim is not traumatized by the exam, and works with local rape crisis centers to provide additional emotional support to victims. In addition to the extensive postassault services for rape victims, SANE provides law enforcement personnel and prosecutors with valuable resources, including state-of-the-art medical forensic evidence, in an effort to increase the prosecution rate of offenders.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Victim Programs	Victims of Crime	Not specified	18+	Female	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 1</li> <li>• Point 2</li> </ul>

**Evaluation Outcomes** Across multiple sites, the results showed that sexual assault cases that were prosecuted following implementation of SANE were more likely to result in a guilty plea or conviction.

**References**

Campbell, Rebecca, Deborah Bybee, Stephanie M. Townsend, Jessica Shaw, Nidal Karim, and Jenifer Markowitz. 2014. “The Impact of Sexual Assault Nurse Examiner Programs on Criminal Justice Case Outcomes: A Multisite Replication Study.” *Violence Against Women* 20(5): 607–25. doi: 10.1177/1077801214536286  
<http://vaw.msu.edu/wp-content/uploads/2014/06/Violence-Against-Women-2014-Campbell-607-25.pdf>

<b>Shifting Boundaries</b>						
<p><i>Description:</i> Shifting Boundaries is a two-part intervention—classroom curricula and schoolwide—designed to reduce dating violence and sexual harassment among middle school students by highlighting the consequences of this behavior for perpetrators and by increasing faculty surveillance of unsafe areas within the school. This primary prevention program aims to:</p> <ul style="list-style-type: none"> <li>• Increase knowledge and awareness of sexual abuse and harassment</li> <li>• Promote prosocial attitudes and a negative view of dating violence and sexual harassment</li> <li>• Promote nonviolent behavioral intentions in bystanders</li> <li>• Reduce the occurrence of dating and peer violence</li> <li>• Reduce the occurrence of sexual harassment</li> </ul> <p>Shifting Boundaries is an intervention designed to reduce the incidence and prevalence of dating violence and sexual harassment among adolescents. The intervention consists of two parts: a classroom-based curricula and a schoolwide component.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, School/Classroom Environment, Children Exposed to Violence, Crime Prevention Through Environmental Design/Design Against Crime, Violence Prevention	Children Exposed to Violence, middle school students in sixth and seventh grades	Black, Asian/Pacific Islander, Hispanic, White, Other	10-15	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The intervention groups had statistically significant outcome impacts, albeit with mixed results. The most important classroom activity was the hot spot mapping of unsafe areas that informed the schoolwide intervention.					
<b>References</b>						
<p>Taylor, Bruce, Nan D. Stein, Dan Woods, and Elizabeth Mumford. 2011. <i>Shifting Boundaries: Final Report on an Experimental Evaluation of a Youth Dating Violence Prevention Program in New York City Middle Schools</i>. Washington D.C.: U.S. Department of Justice, National Institute of Justice.  <a href="https://www.ncjrs.gov/pdffiles1/nij/grants/236175.pdf">https://www.ncjrs.gov/pdffiles1/nij/grants/236175.pdf</a></p>						

**Social Decision Making/Problem Solving Program**

*Description:* The Social Decision Making/Problem Solving (SDM) program, originally known as the Improving Social Awareness-Social Problem Solving Program, was developed in 1979 as a collaborative effort among professionals from a wide variety of disciplines, including teachers and school administrators of Middlesex Borough, N.J.; psychologists and researchers from the Department of Psychology at Rutgers University; and the Community Mental Health Center at the University of Medicine and Dentistry of New Jersey. The program's ultimate goal was to prevent violence, substance abuse, and related problem behaviors by teaching social, emotional, and decision-making skills that students would utilize throughout their lives.

Given its preventive aim, the SDM program seeks to alleviate the stress that arises during the elementary to middle school transition (stress that can disrupt or interfere with the development of expected academic achievements and interpersonal behaviors). The SDM program takes place during the school year and is structured around a specific curriculum. The curriculum includes three sets of social-problem solving skills: interpersonal sensitivity, means-ends thinking, and planning and anticipation. The SDM program is organized into three phases: the readiness phase, the instructional phase, and the application phase. The readiness phase focuses on developing students' self-control skills, as well as their group participation and social awareness skills. The instructional phase includes an eight-step problem-solving procedure and stresses the importance of initiative in producing positive resolutions, both of which take place during the first half of the year. Finally, the application phase, which takes place during the second half of the school year, utilizes the skills developed during the instructional phase and integrates them into the students' social and affective realms.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, School/Classroom Environment	Students transitioning from elementary to middle school	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	9-11	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** The program was found to significantly reduce the stressors associated with a student's transition into middle school.

**References**

Elias, Maurice J., Michael Gara, Michael Ubriaco, Peggy A. Rothbaum, John F. Clabby, and Thomas Schuyler. 1986. "Impact of a Preventive Social Problem Solving Intervention on Children's Coping with Middle-School Stressors." *American Journal of Community Psychology* 14(3):259–275.

**Social Learning/Feminist Intervention**

*Description:* The Social Learning/Feminist (SL/F) program set out to reduce sexual and physical re-victimization in girls who had previously been exposed to maltreatment. The goal of the program was to reduce re-victimization in teen dating situations. The program used a health-promotion approach to help girls develop healthy relationships and to recognize and respond to abuse in their relationships. The SL/F program was developed based on the Youth Relationships Project, and had four aims:

- 1) Understanding power and its role in relationship violence
- 2) Developing skills needed to help adolescents build healthy relationships and to recognize and respond to abuse in their own relationships
- 3) Understanding the societal influences and pressures that can lead to violence and to develop skills to respond to these influences
- 4) Increasing competency through involvement and social action

The program was implemented outside of school, in a community-based location.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Gender-Specific Programming, Victim Programs, Children Exposed to Violence, Violence Prevention	Females with a history of exposure to violence/abuse and involvement in the child welfare system	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	12-19	Female	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** The intervention was effective at reducing physical re-victimization, but not sexual re-victimization.

**References**

DePrince, Anne P., Ann T. Chu, Jennifer Labus, Stephen R. Shirk, and Cathryn Potter. 2013. *Preventing Revictimization in Teen Dating Relationships*. Technical Report. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/244086.pdf>



<b>Sources of Strength</b>						
<p><i>Description:</i> The Sources of Strength program is a universal, school-based program that is designed to change the norms and behaviors surrounding suicide within a school community and increase social support and connectedness among students, including suicidal students. Sources of Strength aims to build socioecological-protective influences across the entire student population, to reduce the likelihood that vulnerable high school students will become suicidal. The program focuses on changing the norms and behaviors of students through youth opinion leaders. Youth opinion leaders are trained by certified trainers and supported (by adult advisors) in preparing and conducting suicide prevention-messaging activities. The activities are designed to change unhealthy norms around help seeking and trust towards adults, encouraging students to connect suicidal friends with a trusted adult (thereby reducing implicit acceptability of suicide in response to distress and increasing the acceptability of seeking help); improve communication between students and adults; and promote the use interpersonal and formal coping resources.</p> <p>The Sources of Strength program is implemented in three phases: 1) school and community preparation, 2) peer-leader training, and 3) school-wide messaging. In the school and community preparation phase, each school uses a standardized procedure to nominate 5 percent to 10 percent of students as peer leaders, selecting key opinion leaders in diverse groups, including at-risk adolescents. In addition, each school selects multiple staff or community members to serve as adult advisors who will guide the peer leaders in safe suicide prevention messaging. In the peer-leader training phase, peer leaders and adult advisors receive 4 to 5 hours of interactive training that follows 15 modules. During the school-wide messaging phase, adult advisors support peer leaders in developing and implementing specific messaging steps. Adult advisors and peer leaders meet roughly every other week for 30 to 60 minutes to work on messaging strategies. During these meetings, adult advisors also help peer leaders practice applying and sharing the eight strengths in their own lives and their world</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Mentoring, School/Classroom Environment	Students	Black, Hispanic, White, Other	Not specified	Both	Program cost information is available at <a href="http://legacy.nreppadmin.net/ViewIntervention.aspx?id=248">http://legacy.nreppadmin.net/ViewIntervention.aspx?id=248</a> .	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	Peer leaders in the intervention schools showed significant improvements on perceptions and behaviors pertaining to suicide and on social connectedness.					
<b>References</b>						
Wyman, Peter A., C. Hendricks Brown, Mark LoMurray, Karen Schmeelk-Cone, Mariya Petrova, Qin Yu, Erin Walsh, Xin Tu, and Wei Wang. 2010. "An Outcome Evaluation of the Sources of Strength Suicide Prevention Program Delivered by Adolescent Peer Leaders in High Schools." <i>American Journal of Public Health</i> 100(9): 1653-61.						

**Spit Tobacco Intervention for Athletes**

*Description:* The Spit Tobacco Intervention for Athletes is an education program about the dangers of addiction and long-term use of using spit tobacco. It is targeted at young male athletes—especially those who play baseball—who use or are at risk of using spit tobacco.

The intervention consists of two parts: a) a single-session, peer-led component and b) a dental component. The first component typically consists of a 50-minute, interactive meeting that includes a video tailored to baseball athletes, graphic slides of facial disfigurement associated with oral cancer and its surgical treatment, and a small group discussion of spit-tobacco advertisements aimed at young males. The dental component includes an oral exam from a dentist. In addition, a behavioral counseling session helps participants establish a quit date, explains nicotine addiction and suggests coping strategies for spit-tobacco cravings either to increase positive feelings or to decrease negative emotions and other withdrawal symptoms.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Gender-Specific Programming, Alcohol and Drug Prevention	young male athletes	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	13-20	Male	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	There were mixed results on the intervention preventing the initiation and cessation of spit tobacco use.					

**References**

Walsh, Margaret M., Joan F. Hilton, James A. Ellison, Lauren Gee, Margaret A. Chesney, Scott L. Tomar, and Virginia L. Ernster. 2003. "Spit (Smokeless) Tobacco Intervention for High School Athletes: Results After 1 Year." *Addictive Behaviors* 28:1095–1113.

Gansky, Stuart A., James A. Ellison, Diane Rudy, Ned Bergert, Mark A. Letendre, Lisa Nelson, Catherine Kavanagh, and Margaret M. Walsh. 2005. "Cluster-Randomized Controlled Trial of an Athletic Trainer-Directed Spit (Smokeless) Tobacco Intervention for Collegiate Baseball Athletes: Results After 1 Year." *Journal of Athletic Training* 40(2):76–87.

**Staying Connected with Your Teen**

*Description:* SCT builds upon identified protective factors (such as association with prosocial peers and family bonding) by teaching parents and children strategies that will guide them through a more positive social development process. Parents learn how to provide their children with opportunities to contribute to their family and to use reward and recognition strategies to encourage bonding with their children. Children learn how to develop skills to participate in activities and opportunities. Families also learn how to reduce risk factors that can lead to negative social development. Parents attain more effective family management practices by increasing their parental supervision and enforcing consequences for misbehavior. By targeting children at specific developmental periods, SCT aims to decrease problem behaviors such as substance abuse and delinquency. Specifically, the program aims to achieve the following:

- Enhance parent awareness of risk and protective factors involved in the development of adolescent problem behaviors
- Enhance parent awareness of normal adolescent behavior and development
- Strengthen family management practices
- Establish parental commitment to strengthen family bonds and establish healthy beliefs and clear standards for behavior
- Provide teens with an opportunity to be involved in the learning process with their parents
- Teach parents and teenagers skills for resisting social influences to engage in problem behaviors

SCT consists of either five 2-hour sessions (when used in a workshop setting) or seven discussion units (when used as a self-paced home-study program). The program comes with a 117-minute video separated into 18 sections, as well as a 108-page family workbook with chapters that accompany each session. Each discussion unit focuses on a different core lesson, and chapters proceed in the same fashion. There is some flexibility in the administration of the program, but it is recommended that all sessions be completed within 10 weeks of starting the program.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Parent Training, Alcohol and Drug Prevention	Students transitioning into high school, families	Black, White	12-14	Both	Staying Connected with Your Teen is available for purchase on the Channing Bete Company Web site .	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes**  
The treatment group was significantly less accepting of substance use than they were prior to the program. African American teens in the treatment group showed a reduction in violent behavior, and were less likely to initiate substance use or sexual activity compared to African American teens in the control condition.

**References**

Haggerty, Kevin P., Martie L. Skinner, Elizabeth P. MacKenzie, and Richard F. Catalano. 2007. "A Randomized Trial of Parents Who Care: Effects on Key Outcomes at 24-Month Follow-Up." *Society for Prevention Research* 8(4):249–60.

**Stewards of Children**

*Description:* Stewards of Children is an adult-focused prevention training program that centers on improving the awareness of the prevalence, consequences, and circumstances of child sexual abuse (CSA). The training aims to educate adults (primarily child care professionals) to prevent, recognize, and react responsibly to CSA. Stewards of Children was developed by Darkness to Light (D2L), a national non-profit organization that seeks to protect children from sexual abuse. One of the main goals of Stewards of Children is primary prevention by teaching child care professionals specific strategies to prevent CSA from occurring the first time (for example, placing limits on or carefully structuring and monitoring one-on-one adult and child contact). Another goal of the training program is secondary prevention which involves teaching adults to identify when abuse is occurring and to respond to children appropriately, in order to keep them safe from future abuse and prevent potential subsequent abuse-related problems.

The program consists of an in-person training format that involves a trained facilitator who presents the curriculum and leads discussions. During the 2-hour training, each participant receives a workbook that contains the full program curriculum. The trained facilitator uses a video, which integrates segments of CSA survivors relating their stories of abuse and recovery, with segments from professionals who have experience and knowledge about the problems related to the occurrence of CSA. The facilitator stops the video at three points and leads discussion about the concepts presented in the different segments. The program builds on “The 5 Steps to Protecting Our Children,” an education tool for CSA prevention also developed by D2L. The program not only trains adults on child protection but also assists organizations in creating individual and organizational policies and procedures in attempts to keep children safe. The program is also available in a web-based format.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Vocational/Job Training, Victim Programs, Children Exposed to Violence	Victims of sexual abuse, Youth	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	18-64	Both	Information is available on the Darkness to Light Web site	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The training groups (in-person and web-based training combined) had higher knowledge scores for measures of child sexual abuse and a greater increase in prevention behaviors compared to the waitlist control group.					

**References**

Rheingold, Alyssa A., Michael de Arellano, Benjamin Saunders, and Dean Kilpatrick. 2011. *Child Sexual Abuse Training for Child Care Professionals: A Multi-Site Randomized Controlled Trial of Stewards of Children*. Charleston, S.C.: Medical University of South Carolina, National Crime Victims Research and Treatment Center.

**Structured Decision Making (SDM)**

*Description:* Structured Decision Making (SDM) is a case management system that provides objective and structured assessment tools and decision-making guidelines for child welfare agencies that handle cases of child abuse and neglect. The purpose of the model is to increase the level of consistency and validity of decisions through the use of evidence-based assessments, improve the decision-making process by introducing structure at critical decision points for a case and ensure that the limited resources available in the system are targeted to families with the highest likelihood of subsequent abuse or neglect of a child.

The SDM decision support system includes several components. One component is a series of tools that child welfare workers can use to assess families and organize a response at specific decision points in the case, from intake to reunification. The assessment helps caseworkers develop a treatment plan that builds on parents’ strengths while also addressing potential barriers to reunification in the parents’ functional areas. After completing the reunification assessment, workers consult a decision tree that provides structured guidelines about updating the treatment plan and case goals, based on the assessment findings and the length of time children have spent in placement. SDM includes two management-related components as well. One component is a workload measurement and accounting system, which ensures an equitable workload among case workers based on their needs for workload demand. The other component is management information the uses various types of data (such as aggregate family assessment data and workload data) to assist managers in planning, monitoring, budgeting, and evaluation.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Parent Training, Wraparound/Case Management, Victim Programs, Children Exposed to Violence	Child welfare agencies that handle victims of crime, Children Exposed to Violence, Families	Black, White, Other	Under 19	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Children served by agencies in pilot counties achieved permanency rates at a significantly higher rate than those in the comparison counties. Children who were returned home in the pilot areas were no more likely to reenter foster care than those in comparison counties.					

**References**

Johnson, Kristen, and Dennis Wagner. 2005. “Evaluation of Michigan’s Foster Care Case Management System.” *Research on Social Work Practice* 15(5):373–80.

**Success for Kids**

*Description:* Success for Kids (SFK) was an afterschool program that sought to build resilience in children by teaching them to access inner resources and build positive connections with others. The programs goals of the SFK curriculum were:

- To increase children’s sense of empowerment about their ability to influence their future
- To provide the knowledge, attitudes, and skills needed to make positive choices
- To increase caring and empathy
- To improve the quality of family interaction, including communication, doing activities together, sharing, and asking permission
- To increase happiness

The level-1 SFK course (called The Game of Life) consisted of ten 90-minute lessons that are typically run over a 10-week period. The course was built on the analogy that, as in a game, the challenges we overcome in life bring a sense of achievement. Children were taught they can “win the game” and realize their potential when they follow the “rules,” which include making an effort, caring for others, and making responsible choices. All topic areas taught in the SFK curriculum were continually reinforced within a lesson and across all subsequent lessons in the course.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Afterschool/Recreation, Classroom Curricula, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, School/Classroom Environment	Kids living in lower-income communities and those challenged by poor school performance, crime, and lack of community services	Black, Hispanic, White	6-14	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The teacher reports showed statistically significant reduction in attention problems, atypicality, hyperactivity, and withdrawal.					

**References**

Maestas, Nicole, and Sarah J. Gaillot. 2010. *An Outcome Evaluation of the Success for Kids Program*. Santa Monica, Calif.: The RAND Corporation.  
[http://www.rand.org/content/dam/rand/pubs/technical\\_reports/2010/RAND\\_TR575-1.pdf](http://www.rand.org/content/dam/rand/pubs/technical_reports/2010/RAND_TR575-1.pdf)

**Success in Stages® Program**

*Description:* The Success in Stages (SIS): Build Respect, Stop Bullying® program was a multicomponent, bullying intervention package that incorporated all students’ involved—victims, passive bystanders, and bullies—to reduce the occurrences of bullying and create a climate of respect in school. SIS offered three different versions of the Build Respect, Stop Bullying® program, each of which was specifically tailored for elementary, middle, or high school students. Each SIS version could also be used in conjunction with other programs to support school-wide anti-bullying initiatives. The program was based upon the Transtheoretical Model (TTM).

The primary component of the SIS program was the TTM tailored internet-based expert system. Students were given the opportunity to interact with the program on three separate occasions. The program led the student through a series of screens that included assessment questions, feedback on their answers, images, and movies that were all tailored to the student’s specific needs.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Bullying Prevention/Intervention, Violence Prevention	All students’ involved—victims, passive bystanders, and bullies	Black, Asian/Pacific Islander, Hispanic, White	10-17	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	One study found the treatment groups’ results diminished over time for bullying and victimization; but a treatment showed the effect of no longer being a passive bystander. A second study found that middle and high school student treatment groups reported becoming non-bullies, no longer being victims or bystanders.					

**References**

Johnson, Janet L., Deborah F. Van Marter, Sharon J. Dymont, Kerry E. Evers, Janice M. Prochaska, and James O. Prochaska. 2005. *Elementary School Bullying (ESB): Effectiveness Trial Data Analysis Report*. West Kingston, R.I.: Pro Change Behavior Systems, Inc.

Evers, Kerry E., James O. Prochaska, Deborah F. Van Marter, Janet L. Johnson, and Janice M. Prochaska. 2007. “Transtheoretical-Based Bullying Prevention Effectiveness Trials in Middle Schools and High Schools.” *Educational Research* 49(4):397–414.

**Syracuse Family Development Research Program (FDRP)**

*Description:* The Syracuse Family Development Research Program (FDRP) was a comprehensive early childhood program that aimed to develop child and family functioning through home visitation, parent training, and individualized day care. FDRP targeted economically disadvantaged families and sought to improve children’s cognitive and emotional functioning, reduce behavioral problems, and prevent juvenile delinquency. The program intended to support child and family functioning to sustain growth and development in a more permanent environment after the intervention ceased. Efforts included providing education, nutrition, health, safety, and human service resources to parents and children.

DRP participants received individualized training and support from paraprofessional Child Development Trainers (CDTs) who made weekly home visits to each family before childbirth and until the child was five years old. Families were provided with child care for 50 weeks a year for the first five years of the children’s lives. Child care consisted of (a) one-half day care, five days a week from six months until 15 months; and (b) full day care, five days a week from 15 months of age until 60 months of age. Major program components included parent involvement, parent organization, Children’s Center activities, infant/caregiver interactions (infant-fold), family style education, and assessment.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, Parent Training, School/Classroom Environment, Truancy Prevention, Wraparound/Case Management, Children Exposed to Violence	Young, African-American, single-parent, low-income, and low-education families	Black	Under 5	Both	The total criminal justice system costs for the Family Development Research Program (FDRP) delinquency cases was \$12,111	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes**  
 Program youth were less likely to have records of delinquency or receive probation. Females performed at a higher grade average than the control group and had better school attendance. Program parents reported their children as having prosocial attitudes and behavior.

**References**

Lally, J. Ronald, Peter L. Mangione, and Alice Sterling Honig. 1988. “The Syracuse University Family Development Research Program: Long-Range Impact on an Early Intervention with Low-Income Children and Their Families.” In Douglas R. Powell and Irving E. Sigel (eds.) *Parent Education as Early Childhood Intervention: Emerging Directions in Theory, Research, and Practice: Annual Advances in Applied Developmental Psychology, Vol. 3*. Norwood, N.J.: Ablex Publishing Corporation.



**TCU Mapping-Enhanced Counseling for Substance Users**

*Description:* TCU Mapping-Enhanced Counseling (formerly known as Node-Link Mapping Enhanced Counseling) is a cognitive technique for incorporating graphic visualization tools (“maps”) into the counseling process. Developed and researched at the Institute of Behavioral Research (IBR) at Texas Christian University (TCU), mapping-enhanced counseling works to improve the counselor–client relationship in areas such as goal development, problem solving, treatment engagement, and communication. As such, mapping enhanced counseling is seen as a powerful adjunct to the counseling experience, independent of the style or theoretical orientation of the clinician.

There are three ways in which maps can be used with clients:

- *Free or freestyle* maps in which ideas, thoughts, feelings, or other material is organized using “nodes” (boxes to capture key words or ideas) and “links” (lines that connect and show the relationships among the nodes).
- *Guide maps* in which mapping templates are used to create worksheets for clients to complete, often using question prompts designed to help “guide” the client’s thinking about recovery issues such as steps needed to reach a goal or feelings that might lead to relapse.
- *Information maps*, in which completed map templates are used to communicate knowledge in “small bites” to help clients learn faster.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Individual Therapy, Residential Treatment Center	adults and adolescents of both genders in substance abuse treatment programs	Black, Hispanic, White	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The mapping group had lower crime and less drug use; but reported lower self-esteem, lower confidence in decision-making, and more hostility than the comparison group. Although there was no statistically significant differences for participants with HIV risky behavior, those with more time in treatment had less dirty needle use.					

**References**

Joe, George W., Donald F. Dansereau, Urvashi Pitre, and D. Dwayne Simpson. 1997. “Effectiveness of Node-Link Mapping Enhanced Counseling for Opiate Addicts: A 12-Month Posttreatment Follow-up.” *The Journal of Nervous & Mental Disease* 185(5):306–13.

**Taking Charge**

*Description:* The Taking Charge curriculum is a solution-focused, cognitive-behavioral brief group intervention designed to help pregnant and parenting female students stay in school. School achievement and subsequent graduation are believed to be the first steps for adolescent mothers toward establishing lives of self-sufficiency. The primary goals of Taking Charge are school achievement through increased attendance, improved grades, and positive life outcomes. The program curriculum was designed within a developmental and strengths-based framework, so school professionals can intervene with young mothers and enhance their social problem-solving skills and active coping strategies that will enable them to manage the challenges they encounter across four critical life domains: education, personal relationships, parenting, and employment/career.

The curriculum includes a group meeting once a week for 8 weeks, with each session lasting 60 to 90 minutes. The group session format has three segments. The first segment involves a group discussion led by the group leader on various topics, including participants’ personal experiences with tasks completed between sessions. During the second segment, participants work through the five-step problem-solving process in which they identify their goals and carry out specific tasks toward each goal before the next group meeting. The third segment includes any questions or concerns participants may have for the group leader, and a summarization of the session. Incentives are built into the curriculum to motivate participants to fully engage in the group activities and individual tasks.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Cognitive Behavioral Treatment, Gender-Specific Programming	Pregnant and parenting Mexican American female students in high school	Hispanic	14-19	Female	The Taking Charge treatment manual costs \$30 (published by Oxford University Press). The incentives used in the program costs \$200–300.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	At the 6-week follow-up, the program had a statistically significant impact on the treatment group compared to the control group in attendance, grade averages, coping behavior and problem solving skills.					

**References**

Harris, Mary Beth, and Cynthia G. Franklin. 2003. “Effects of a Cognitive-Behavioral, School-Based, Group Intervention With Mexican American Pregnant and Parenting Adolescents.” *Social Work Research* 27(2):71–83.

**Teaching Students to Be Peacemakers**

*Description:* Teaching Students to Be Peacemakers is a school-based conflict resolution program aimed at teaching students to manage their conflicts through negotiation and mediation, the core skills taught in the program. In an effort to teach students constructive ways to resolve their conflicts, the program seeks to reduce the occurrence of violence in schools, enhance academic achievement, and promote the importance of mutual understanding and agreement among one another.

Given its preventative aim, the Teaching Students to Be Peacemakers program concentrates on teaching students how to value constructive conflict, engage in problem-solving and integrative negotiations, and mediate classmates’ conflicts. Mediation is defined as the process by which an outside party assists the conflicting parties in negotiating an integrative resolution, whereas negotiation is known as the process by which conflicting parties want to work together to reach an agreement. The program teaches students conflict resolution through mediation and negotiation in three parts. The first part of the training teaches students about conflicts, emphasizing that conflicts are inevitable, and if handled appropriately can aid in personal development and have desirable outcomes. The second part of the training teaches students how to negotiate, while the third part of the training teaches students how to mediate.

Following the conflict resolution training, the peer mediation portion of the program is implemented. It is during this portion of the program that students are given the ability to serve as mediators. The mediators use the conflict resolution skills they were taught during the three-step process.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment	Students	Not specified	5-14	Both	Books and materials for the Teaching Students to Be Peacemakers program can be purchased through the Cooperative Learning Institute Interaction Book Company Web site: <a href="http://www.co-operation.org/books-and-materials/">http://www.co-operation.org/books-and-materials/</a>	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** Across all three studies, the program was found to increase students’ conflict resolution skills through their ability to practice both negotiation and mediation strategies.

**References**

Johnson, et al. 1995. “The Impact of Peer Mediation Training on the Management of School and Home Conflicts.” *American Educational Research Journal* 32(4):829–844.

Stevahn et al. 2000. “Effects of Conflict Resolution Training Integrated into a Kindergarten Curriculum.” *Child Development* 71(3):772–784.

Stevahn et al. 2002. “Effects of Conflict Resolution Training Integrated Into a High School Social Studies Curriculum.” *The Journal of Social Psychology* 142(3):305–331.

**Behavioral Couples Therapy for Substance Abuse**

*Description:* Teenage Health Teaching Modules (THTM) is a comprehensive school health curriculum for grades 6 to 12. By addressing various health issues, the curriculum aims to positively affect student health knowledge, attitudes, practices, and behaviors. Program modules are designed to improve self-assessment, communication, decision making, health advocacy, and healthy self-management

THTM focuses on three primary components:

- Health tasks of adolescence
- Health content areas
- Essential health skills and themes

Materials are organized by developmentally based health tasks of concern to adolescents, rather than by content area. THTM is composed of a series of modules, each consisting of a teacher’s guide with a detailed framework for conducting classroom activities and handouts for student use. Teachers are encouraged to add their own supplementary activities, materials, and ideas.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, School/Classroom Environment, Alcohol and Drug Prevention	6 <sup>th</sup> through 12 <sup>th</sup> graders	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	11-18	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Participants showed a statistically significant increase in health knowledge compared to the control class. Student attitudes remained stable from pretest to posttest compared to a deterioration in attitudes in the control group. Program exposure resulted in high school students using less alcohol, drugs and cigarettes.					

**References**

Errecart, Michael T., Herbert J. Walberg, James G. Ross, Robert S. Gold, John L. Fiedler, and Lloyd J. Kolbe. 1991. “Effectiveness of Teenage Health Teaching Modules.” *Journal of School Health* 61(1):26–30.

<b>The Abuse Assessment (The Abuse Screen)</b>						
<p><i>Description:</i> The Abuse Assessment (The Abuse Screen) protocol aims to detect abuse in pregnant women and refer them to a counselor, and also to increase documentation of abuse in medical records. The Abuse Screen is a multiple-item questionnaire that asks about past and current emotional, sexual, and physical abuse, both prior to and during pregnancy. The questions assess the severity and frequency of injury and abuse. The form is included in all medical charts prepared for new prenatal care patients at their first visit to a clinic or emergency room.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Victim Programs, Violence Prevention	Females, Victims of Crime	Hispanic	18-36	Female	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	<p>After implementation, 88 percent of maternity medical records contained the assessment form. Once implemented, intervention clinics had a significantly higher rate of abuse reporting than the comparison. At 12 months, referrals were included in 53 percent of records compared to none prior to using the tool.</p>					
<b>References</b>						
<p>Wiist, William H., and Judith McFarlane. 1999. "The Effectiveness of an Abuse Assessment Protocol in Public Health Prenatal Clinics." <i>American Journal of Public Health</i> 89(8):1217–21.  <a href="http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.89.8.1217">http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.89.8.1217</a></p>						

**The Leadership Program’s Violence Prevention Project**

*Description:* The main goal of the Leadership Program’s Violence Prevention Project (VPP) is to prevent violence by enhancing the conflict-resolution skills of both male and female middle and high school students aged 12 to 16. This is accomplished primarily by working on student communication and relationship-building skills. VPP’s other goals are to address the social setting in which violence occurs and to improve academic performance. Students’ tolerance for aggression and violence is lowered by targeting the classroom environment and teaching students about group dynamics. Academic performance is improved by building students’ self-concept and working on goal setting.

The VPP curricula (middle and high school) include 12 interactive lessons. One lesson is administered each week in students’ regular classrooms by well-trained program staff. Each lesson—which lasts approximately 45 minutes—features an aim or goal, brief warm-up, main exercise, and a closing discussion. Lessons use experiential, active learning to increase retention rates, get students involved, and further practice communication and relationship skills. VPP addresses poor communication, the classroom environment, and academic self-concept. Skill building and improving students’ conflict-related attitudes and behavior occurs across multiple domains.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Bullying Prevention/Intervention, Violence Prevention	middle and high school students	Black, Asian/Pacific Islander, Hispanic, White, Othe	12-16	Both	For cost information see The Leadership Program’s web site: <a href="http://tlpnyc.com/">http://tlpnyc.com/</a>	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	At follow-up, participants were using more pro-social verbal skills and had positive growth rates of peer support. Students not receiving the curriculum grew more accepting of aggression over time, while program participants maintained aggression tolerance levels.					

**References**

Thompkins, Amanda, and Lisa M. Chauveron. 2010. *The Leadership Program’s Violence Prevention Project: Examining Program Effectiveness Among Early and Middle Adolescents*. New York, N.Y.: The Leadership Program, Inc.

**The Peacemakers Program**

*Description:* The Peacemakers Program was a school-based violence reduction intervention for grades 4 through 8. The program content was based on studies of psychosocial variables associated with individual differences in aggression, and was influenced by social and developmental psychology research (Shapiro, et al. 2002). The Peacemakers Program had two primary objectives: (1) prevent violence; and (2) improve interpersonal behavior among youth.

The Peacemakers Program consisted of a 17-lesson curriculum for teachers and a remediation component for school psychologists and counselors for students referred for aggressive behavior. Each lesson took 45 minutes to conduct and addressed beliefs supporting the acceptability and utility of violent behavior and deficits in conflict-related psychosocial skills. Psychosocial skills taught in the program included anger management, coping with stress, problem solving, perspective-switching, and empathy for other people. There were a variety of classroom activities including didactic instruction, discussion, use of the Socratic Method, role-plays, and experiential exercises. Emphasis was placed on infusing program content into students’ everyday lives by helping them recognize potentially problematic situations and then recall what they had learned in the program. The goal was to have the principles and strategies of the program become a part of the school’s culture.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Violence Prevention	Grades 4 though 8	Black, Hispanic, White, Other	10-14	Both	The Teacher’s Manual for the Peacemakers Program costs \$100.00. Student Handbooks (workbooks) cost \$7.00 apiece, and sets of 10 cost \$50.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	There was a significant decrease in self-reported measures of aggression; an increase in psychosocial skills; a decrease in disciplinary incidents; less involvement in conflict mediation; and fewer suspensions for violent behavior compared with the control group.					

**References**

Shapiro, Jeremy P., Joella D. Burgoon, Carolyn J. Welker, and Joseph B. Clough. 2002. “Evaluation of the Peacemakers Program: School-Based Violence Prevention for Students in Grades 4 Through 8.” *Psychology in the Schools* 39(1):87–100.

**The RULER Approach**

*Description:* The Ruler Approach (RULER) brings together comprehensive professional development with student literacy-based, social– emotional learning, and skill-building elements to promote positive youth development. RULER is a multiyear program for kindergarten through eighth grade. Within the standard academic curriculum, RULER incorporates teachings on emotions and skill building through identifying and controlling those emotions within the learning environment.

RULER contains lessons and activities for:

- **R**ecognizing emotions in oneself and others
- **U**nderstanding the causes and consequences of emotions
- **L**abeling emotions with an accurate and diverse vocabulary
- **E**xpressing and **R**egulating emotions in socially appropriate ways

RULER is based on the achievement of emotional literacy through the comprehension of the RULER skills and their applicability in social interactions, personal growth, and learning. This is achieved through experience and gaining emotion-related knowledge and skills, being in a safe and supportive environment, practicing the RULER skills with feedback, and having exposure to adults who use the RULER skills.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Leadership and Youth Development, School/Classroom Environment	Students	Black, Hispanic, White	10-13	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The program had significant effects on emotional support, positive classroom climate, and emotion-focused interactions. However, there were no significant effects on negative classroom climate and classroom supportiveness.					
<b>References</b>						
Rivers, Susan E., Marc A. Brackett, Maria R. Reyes, Nicole A. Elbertson, and Peter Salovey. 2013. "Improving the Social and Emotional Climate of Classrooms: A Clustered Randomized Controlled Trial Testing the RULER Approach." <i>Prevention Science</i> 14:77–87. <a href="http://ei.yale.edu/wp-content/uploads/2013/08/pub326_2013_PreventionScience.pdf">http://ei.yale.edu/wp-content/uploads/2013/08/pub326_2013_PreventionScience.pdf</a>						



**The Urban Debate League for High School Students**

*Description:* The goal of an Urban Debate League (UDL) is to provide high school students (grades 9 to 12) in urban school districts with the opportunity to participate in a competitive, social-policy debate program. Typically, these leagues are created through partnerships with school districts and a nonprofit organization with a board of directors, including community leaders in education, civic, and business. The UDL promotes debate as part of academic competition and regular classroom curriculum.

The CDL team at each school is open to all students (i.e., there are no tryouts). Before the start of the school year, the CDL hosts a week-long debate workshop for students. This workshop introduces students to the fundamentals of debate and familiarizes them with the annual debate topic. Throughout the school year, students attend 3 to 5 hours of classroom or afterschool debate practice each week, and learn about debate fundamentals, argument strategies, and vocabulary. Students also review ballots from previous competitions for areas of improvement. Six to eight tournaments are held each academic year.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Afterschool/Recreation, Leadership and Youth Development	High school students	Black, Hispanic, White, Other	13-18	Both	There is no cost information available for this program.	• Before CJ involvement
<b>Evaluation Outcomes</b>	The program was shown to have a significant, positive effect on high school graduation and college readiness, as indicated by ACT scores.					
<b>References</b>						
Anderson, Susannah, and Briana Mezuk. 2012. "Participating in a Policy Debate Program and Academic Achievement Among At-risk Adolescents in an Urban Public School District: 1997–2007." <i>Journal of Adolescence</i> 35: 1225–35.						

**The Women’s Program**

*Description:* The Women’s Program is a rape awareness and sexual assault risk-reduction program. The program focuses on the bystander behavior of female college students and their willingness to intervene in situations in which a sexual assault or rape could occur. Through the program, women are taught to recognize characteristics of potential perpetrators, empowered to intervene in potential high-risk situations, and encouraged to help rape survivors. College women are provided pertinent information about rape, recovery, and other helpful resources. The program sought to empower college-aged women to help survivors of rape and avoid high-risk situations and perpetrators.

The program is delivered by male members of the organization, called One in Four. The presenters begin the program with an overview of the basic definitions of rape, mental incapacity, and physical helplessness. Following the brief overview, facilitators show a DVD entitled *The Undetected Rapist*, which depicts a researcher interviewing a man who had committed rape. Presenters discuss the interview with program participants, identifying characteristics of possible rapists in an effort to prepare the audience and their friends for potentially dangerous situations in the future. Following the interview discussion, presenters explain ways participants can help assault survivors by explaining the importance of understanding the needs and personal limitations of the survivors. Furthermore, to promote safety, presenters review intervention techniques, such as calling the police, verbal intervention, diverting attention, and physical intervention. The program concludes with presenters asking audience members what they are willing to do to help their friends avoid risky or dangerous situations.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Community Awareness/Mobilization, Crisis Intervention/Response, Gender-Specific Programming, Victim Programs, Violence Prevention	College-aged females, Victims of Crime	Not specified	17-25	Female	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Confidence in the ability and willingness to intervene increased significantly for the experimental group. However, acceptance of common “rape myths” did not differ between the control and experimental groups.					
<b>References</b>						
Foubert, John D., Jennifer Langhinrichsen-Roohling, Hope Brasfield, and Brent Hill. 2010. “Effects of a Rape Awareness Program on College Women: Increasing Bystander Efficacy and Willingness to Intervene.” <i>Journal of Community Psychology</i> 38(7):813–27.						

**The truth® Campaign**

*Description:* The truth® campaign is a national smoking prevention campaign that uses advertisements with anti-tobacco messages targeted at youths ages 12 to 17 who are most at risk of smoking. Young adults ages 18 to 24 are an important secondary audience. The truth® campaign is based on the tobacco-prevention program launched by the Florida Department of Health in 1998. The Florida program known as “truth” includes television advertisements that deglamorized smoking and portrayed youths confronting the tobacco industry. The marketing portion of the campaign was developed by a team of advertising and public relations firms but was driven by grassroots advocacy. The theory behind the campaign is that “truth” will change youths’ attitudes toward smoking, and that, in turn, will change their smoking behaviors, prevent them from initiating smoking, or both.

The objective of the campaign is to allow youths to make informed choices about tobacco use by giving them facts about the tobacco industry and its products. The messages of the truth® campaign focus on smoking addiction, death and disease attributed to smoking, ingredients in cigarettes, and the social consequences of smoking.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Alcohol and Drug Prevention	Youths who are most at risk of smoking	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	12-17	Both	The results showed that, between 2000 and 2002, total expenditures for the truth® campaign, including the costs to develop, deliver, evaluate, and litigate the campaign, came to just over \$324 million.	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	The evaluation found a reduction in smoking prevalence and a decreased risk of smoking initiation among youth.					

**References**

Farrelly, Matthew C., Kevin C. Davis, M. Lyndon Haviland, Peter Messeri, and Cheryl G. Heaton. 2005. “Evidence of a Dose–Response Relationship Between ‘truth’ Antismoking Ads and Youth Smoking Prevalence.” *American Journal of Public Health* 95(3):425–31.

Farrelly, Matthew C., James Nonnemaker, Kevin C. Davis, and Altijani Hussin. 2009. “The Influence of the National truth® Campaign on Smoking Initiation.” *American Journal of Preventive Medicine* 36(5):379–84.

**Too Good for Drugs - Middle School**

*Description:* Too Good for Drugs (TGFD) for middle school students is a school-based drug prevention program designed to reduce students' intention to use alcohol, tobacco, and illegal drugs, while promoting prosocial attitudes, skills and behaviors. The program seeks to build the self-confidence of students so they are better able to make healthy choices and achieve success. Although there are different objectives across grade levels, promoting positive, prosocial attitudes, and fostering healthy relationships is a running theme throughout the program's curriculum. Overall, TGFD seeks to develop positive peer norms; appropriate attitudes toward alcohol, tobacco, and illegal drug use; personal and interpersonal skills relating to alcohol, tobacco, and illegal drug use; and knowledge of the negative consequences of alcohol, tobacco, and illegal drug use and the benefits of a drug-free lifestyle.

As a long-term prevention program, the TGFD middle school curriculum builds on the curriculum in the previous grade level, requiring students to develop skills and use these skills year after year. The curriculum takes a direct approach to drug and alcohol prevention, by addressing the environmental and developmental risk factors related to alcohol, tobacco, and other drugs. During middle school, TGFD teaches students to develop and achieve more complex goals, while simultaneously developing and practicing strong decision-making and effective communication skills. Moreover, during the middle school years, the program seeks to discuss various drug topics with students so they are well equipped to resist drugs in the face of peer pressure and media influence.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Leadership and Youth Development, School/Classroom Environment, Alcohol and Drug Prevention	Middle school students	Black, Asian/Pacific Islander, Hispanic, White, Other	9-13	Both	Information can also be found on the Mendez Foundation's Web site ( <a href="http://www.toogoodprograms.org/">http://www.toogoodprograms.org/</a> ).	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes**

The results from both studies showed mixed effects for the Too Good for Drugs (TGFD) program. The 2013 study by Bacon, Hall, and Ferron showed the program affected middle school students' use of alcohol, tobacco, and other drugs (ATOD). Further, the TGFD program also affected important risk and protective factors associated with resiliency to ATOD use. The 2000 study by Bacon showed that the program impacted students' intent to smoke cigarettes and drink alcohol, although these results faded at the 20-week follow-up period. Overall, the preponderance of evidence from both studies indicates that the TGFD program has a marginal, yet positive, impact on students' ATOD use and the risk and protective factors associated with ATOD use.

**References**

Bacon, Tina P., Bruce W. Hall, and John M. Ferron. 2013. *One-Year Study of the Effects of the Too Good for Drugs Prevention Program on Middle School Students*. Tampa, Fla.: C.E. Mendez Foundation, Inc.  
[http://www.toogoodprograms.org/catalog/view/theme/mendez/files/Evaluation%20Studies/TGFD\\_Middle\\_Study\\_2013\\_March.pdf](http://www.toogoodprograms.org/catalog/view/theme/mendez/files/Evaluation%20Studies/TGFD_Middle_Study_2013_March.pdf)

Bacon, Tina P. 2000. *The Effects of the Too Good for Drugs 2 Drug Prevention Program on Students' Use Intentions and Risk and Protective Factors*. Tampa, Fla.: Florida Educational Research Council.  
[http://www.toogoodprograms.org/catalog/view/theme/mendez/files/Evaluation%20Studies/TGFD\\_Middle](http://www.toogoodprograms.org/catalog/view/theme/mendez/files/Evaluation%20Studies/TGFD_Middle)

### Too Good for Violence

*Description:* Too Good for Violence (TGFV) is a school-based violence prevention and character education program designed to improve student behavior and minimize aggression. TGFV is designed to help students in kindergarten through 8th grade learn the skills they need to get along peacefully with others. A high school version, called Too Good for Drugs and Violence-High School, is available and contains substance-abuse prevention components. In both content and teaching methods, the program addresses students' positive attitudes, beliefs, and behaviors. It teaches skills sequentially and at each grade level provides developmentally appropriate curricula designed to address risk and protective factors.

The program consists of seven 30- to 60-minute age-appropriate lessons, for kindergarten through fifth grade, and nine 30- to 45-minute lessons, for sixth through eighth grade. The program's interactive teaching methods encourage students to bond with prosocial peers and engage students by using games, role-playing, small-group activities, cooperative learning, and class discussions. The curriculum emphasizes developing interpersonal skills for conflict resolution and resistance skills to avoid substance use. TGFV teaches that each student has what it takes to solve conflicts peaceably and provides opportunities to practice peacemaking and antibullying skills. The program includes components to involve families and the entire school. The family component includes newsletters and an interactive homework assignment

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Alcohol and Drug Prevention	students in kindergarten through 8th grade	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	8-9, 14-18	Both	Pricing information can be found for kits and supplementary materials (e.g., student workbooks, teacher manuals) at the Web site for the Mendez Foundation	• Before CJ involvement

**Evaluation Outcomes** The program had positive effects on risk and protective factors related to student violence in third grade and factors related to alcohol, tobacco, and drug use and violence in grades 9 through 12.

#### References

Bacon, Tina P. 2001. "Impact on High School Students' Behaviors and Protective Factors: A Pilot Study of the Too Good for Drugs and Violence Prevention Program." *Florida Educational Research Council, Inc., Research Bulletin* 32(3 and 4):1-40. [http://www.mendezfoundation.org/catalog/view/theme/mendez/files/Evaluation%20Studies/TGFDV\\_High](http://www.mendezfoundation.org/catalog/view/theme/mendez/files/Evaluation%20Studies/TGFDV_High)

Bacon, Tina P. 2003. "The Effects of the Too Good for Violence Prevention Program on Student Behaviors and Protective Factors." Tampa, Fla.: C.E. Mendez Foundation, Inc.

[http://www.mendezfoundation.org/catalog/view/theme/mendez/files/Evaluation%20Studies/TGFV\\_Study\\_2003](http://www.mendezfoundation.org/catalog/view/theme/mendez/files/Evaluation%20Studies/TGFV_Study_2003)

**WITS Primary Program**

*Description:* The WITS Primary Program is a community-based, schoolwide peer-victimization-prevention program aimed at children in grades 1 through 3 that targets socially competent behaviors and risks for peer victimization. The goal of the program is to create responsive communities that provide children with safe and positive choices when faced with peer conflicts and reliable adult assistance to ultimately prevent peer victimization. WITS provides a common language to be used in schools, communities, and homes. The WITS acronym, which stands for Walk away, Ignore it, Talk it out, and Seek help, provides children, school staff, and parents with simple, developmentally appropriate conflict-resolution strategies for handling conflicts with peers.

There are several components of the WITS Primary Program. The teacher lesson plan provides early childhood literature and activities to reinforce WITS messages in the classroom. The lessons are easily integrated into elementary schools’ existing literacy, language arts, social studies, and health curricula. Teachers are asked to use one age-appropriate picture book from the WITS list per month, while following the lesson plans based on the WITS books provided in the program guide. The lesson plans are available online (see Implementation Information for a link to the website). In addition, by completing the 90-minute, online-training module, teachers and staff can become Accredited WITS Programs Teachers.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment, Bullying Prevention/Intervention, Violence Prevention	children in grades 1 through 3	Race/Ethnicity: Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	5-10	Both	Almost all of the WITS Program resources, including a full resource guide, individual lesson plans, online training, videos, posters, and pamphlets are available at <a href="http://www.witsprogram.ca/">http://www.witsprogram.ca/</a> .	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** The program was shown to have significant positive effects on physical and relational victimization and social competence, but not on social responsibility or physical aggression.

**References**

Hoglund, Wendy, Naheed Hosan, and Bonnie Leadbeater. 2012. “Using Your WITS: A 6-Year Follow-Up of a Peer Victimization Prevention Program.” *School Psychology Review* 41(2):193–214.

Leadbeater, Bonnie, and Paweena Sukhawathanakul. 2011. “Multicomponent Programs for Reducing Peer Victimization in Early Elementary School: A Longitudinal Evaluation of the WITS Primary Program.” *Journal of Community Psychology* 39(5):606–20.

**Women’s Health CoOp (Pretoria, South Africa)**

*Description:* The Women’s Health CoOp (WHC) in Pretoria, South Africa, is a woman-focused HIV intervention designed to reduce sex risk behavior, substance use, and victimization among at-risk and underserved women, including female sex workers and drug users. The intervention aims to help women (1) increase their knowledge about alcohol and other drug use associated with sex risk and gender-based violence; (2) reduce substance use; (3) improve communication skills with their partners; (4) increase condom use competency; and (5) learn about specific violence prevention strategies. A key element of the intervention includes increasing knowledge about women’s particular risk for HIV and other STIs, substance use, and violence.

The WHC intervention was adapted from a woman-focused HIV prevention intervention that was delivered to African American women who abused crack cocaine in the United States. The program was adapted for use with black South African sex workers who used cocaine and were at high risk for HIV and other sexually transmitted infections (STIs). To adapt the original intervention, in-depth interviews were conducted with service providers, researchers, and female sex workers in Pretoria to obtain a better understanding of risk behaviors and determine appropriate ways to address those behaviors within the context of a South African woman’s life. The woman-focused intervention in Pretoria is culturally specific and focused on contextual issues (e.g., sex-related violence, substance use, and cultural barriers to increased condom use) and lifestyle issues (e.g., multiple sex partners) that are relevant to sex work in South Africa.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Gender-Specific Programming, Victim Programs, Violence Prevention, Alcohol and Drug Prevention	female sex workers and at-risk women 18 years and older who used alcohol or drugs	Black, White, Other	18+	Female	There is no cost information available for this program	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Non-sex workers in the woman-focused intervention reported a greater reduction in sexual abuse by a main sex partner; and the group’s sex workers had better outcomes than those in the standard intervention in drug use, condom use during last intercourse, and physical abuse					

**References**

Wechsberg, Wendee M., William A. Zule, Winnie K. Luseno, Tracy L. Kline, Felicia A. Browne, Scott P. Novak, and Rachel Middlesteadt Ellerson. 2011. “Effectiveness of an Adapted Evidence-Based Woman-Focused Intervention for Sex Workers and Non-Sex Workers: The Women’s Health CoOp in South Africa.” *Journal of Drug Issues* 41(2):233–52.

**Woodrock Youth Development Program**

*Description:* The Woodrock Youth Development Program was a combination of intervention strategies and support systems to prevent substance abuse among at-risk and racially diverse youth. The program incorporated psychosocial family and community supports, human relations, skill-building workshops, and drug-resistance trainings to raise awareness of and reduce incidences of substance abuse, promote healthy attitudes, improve the quality of race relations, and develop self-esteem.

The Woodrock Youth Development Program consisted of four main components. They included:

- human-relations and life-skills classes
- peer mentoring
- extracurricular activities
- family, school, and community supports.

Each component was selected to develop life skills and drug-use resistance through direct education.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Classroom Curricula, Leadership and Youth Development, Mentoring, Parent Training, School/Classroom Environment, Alcohol and Drug Prevention	at-risk and racially diverse youth	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	6-14	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	It was associated with significantly less drug use among both younger and older youth in the program.					

**Reference**

LoSciuto, Leonard, Mark A. Freeman, Evan Harrington, Brian Altman, and Alden Lanphear. 1997. "An Outcome Evaluation of the Woodrock Youth Development Project." *The Journal of Early Adolescence* 17(1):51-66



<b>Wyman’s Teen Outreach Program® (TOP®)</b>						
<p><i>Description:</i> Wyman’s Teen Outreach Program® (TOP®) is a national youth development program designed to prevent adolescent problem behaviors by helping youth ages 12–19 develop healthy behaviors, life skills, and a sense of purpose.</p> <p>TOP® consists of three interrelated elements: community service learning, adult support and guidance, and curriculum-based group activities. The curriculum uses a variety of experiential methods to engage youth, including small-group discussions and role-playing. A community service learning guide aids discussions about volunteer experiences, tying together the classroom and community service learning aspects of the program, and allowing youth to process and reflect on their service activities. To make TOP® appropriate for a range of grades and ages, the curriculum has four levels. Each level contains material that is developmentally appropriate for the age group involved (Level I: 12- to 13-year olds; Level II: 14-year-olds; Level III: 15- to 16-year olds; and Level IV: 17- to 19-year olds). Facilitators choose which Changing Scenes© lessons to implement with their TOP® group, allowing the group’s weekly meetings to be responsive to the needs of the group.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Leadership and Youth Development, School/Classroom Environment, Truancy Prevention	adolescents in grades 6–12	Black, Hispanic, White, Other	12-19	Both	Wyman’s Teen Outreach Program® (TOP®) costs between \$410 and \$640 per student annually and has a \$1.29 return on investment for every \$1.00 invested.	<ul style="list-style-type: none"> <li>• Before CJ involvement <i>Preventative</i></li> </ul>
<b>Evaluation Outcomes</b>	Participants experienced significantly lower levels of teenage pregnancy, course failure, and school suspension than students in the control group.					
<b>References</b>						
<p>Allen, Joseph P., Gabriel P. Kuperminc, Susan Philliber, and Kathy Herre. 1994. “Programmatic Prevention of Adolescent Problem Behaviors: The Role of Autonomy, Relatedness, and Volunteer Service in the Teen Outreach Program.” <i>American Journal of Community Psychology</i> 22(5):617–38.</p> <p>Allen, Joseph P., Susan Philliber, Scott Herrling, and Gabriel P. Kuperminc. 1997. “Preventing Teen Pregnancy and Academic Failure: Experimental Evaluation of a Developmentally Based Approach.” <i>Child Development</i> 64(4):729–42.  <a href="http://people.virginia.edu/~psykliff/pubs/publications/allen%20philliber%20herrling%20kuperminc%201997%20150.pdf">http://people.virginia.edu/~psykliff/pubs/publications/allen%20philliber%20herrling%20kuperminc%201997%20150.pdf</a></p> <p>Allen, Joseph P., and Susan Philliber. 2001. “Who Benefits Most From a Broadly Targeted Prevention Program? Differential Efficacy Across Populations in the Teen Outreach Program.” <i>Journal of Community Psychology</i> 29(6):637–55.</p>						

**Youth Relationships Project**

*Description:* The Youth Relationships Project was a prevention program that targeted youths who were at risk of becoming involved in abusive relationships. The program took a health promotion approach to prevent violence in adolescent-dating relationships. The goals of the program were to increase youths’ awareness of the signs of an abusive relationship and teach them how to develop healthy, non-abusive relationships with dating partners.

The Youth Relationships Project consisted of 18 sessions that focused on teaching youths how to avoid unhealthy, abusive relationships by encouraging them to make informed choices and communicate effectively. The curriculum was divided into three main areas:

- Education and awareness of abuse and power dynamics in close relationships
- Skills development
- Social action

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, Children Exposed to Violence, Violence Prevention	Victims of Crime, Children Exposed to Violence, Have a history of maltreatment	Black, American Indians/Alaska Native, Asian/Pacific Islander, White, Other	14-16	Both	The manual for the Youth Relationships Project program is available through SAGE Publishing for \$118.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The program was shown to significantly reduce abuse perpetration and victimization over time.					

**References**

Wolfe, David A., Christine Wekerle, Katreena Scott, Anna-Lee Straatman, Carolyn Grasley, and Deborah Reitzel-Jaffe. 2003. “Dating Violence Prevention With At-Risk Youth: A Controlled Outcome Evaluation.” *Journal of Consulting and Clinical Psychology* 71(2):279–91.

<b>keepin' it REAL</b>						
<p><i>Description:</i> The keepin' it REAL program is a video-enhanced intervention that uses a culturally grounded resiliency model to incorporate traditional ethnic values and practices that protect against drug use. The goal is to teach students how to resist substance use through practical, easy-to-remember and -use strategies that are embodied in the acronym REAL (Refuse, Explain, Avoid, Leave).</p> <p>The program teaches youths to live drug-free lives by building on their existing cultural and communication strengths and the strengths of their families and communities. Using keepin' it REAL strategies, students learn how to recognize risk, value their perceptions and feelings, embrace their cultural values (e.g., avoiding confrontation and conflict in favor of maintaining relationships and respect), and make choices that support them. Distinct Mexican American, non-Latino, and multicultural versions of keepin' it REAL were developed so students could recognize themselves in the prevention message and see solutions that are sensitive to their unique cultural environments. The curriculum has six core elements: 1) communication competence and ethnic variations thereof; 2) narrative-based knowledge to enhance identification with the prevention message; 3) different types of social norms (personal, injunctive, and descriptive) as motivators in substance use; 4) social learning of life skills and their key role in risk assessment and decision-making; 5) drug-resistance strategies most commonly and effectively employed by adolescents; and 6) the local social context.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Alcohol and Drug Prevention	Middle school adolescents, High school students	Black, American Indians/Alaska Native, Hispanic, White	11-18	Both	Prices for a set of keepin' it REAL curriculum materials range from \$269 to \$580.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The treatment group reported less alcohol and marijuana use 14 months after the intervention. There were no differences in substance resistance strategies, descriptive norms, or intent to accept and self-efficacy. Over time, the control group had more positive views of substance use. The type of cultural version used had an impact on personal norms and substance use.					
<b>References</b>						
Hecht, Michael L., Flavio Francisco Marsiglia, Elvira Elek, David A. Wagstaff, Stephen Kulis, Patricia A. Dustman, and Michelle Miller-Day. 2003. "Culturally Grounded Substance Use Prevention: An Evaluation of the keepin' it R.E.A.L. Curriculum." <i>Prevention Science</i> 4(4):233-48.						

**Behavioral Couples Therapy for Substance Abuse**

*Description:* The Örebro Prevention Program’s (OPP’s) goal is to increase and maintain parents’ restrictive and prohibitory attitudes toward underage drinking starting when their children are in their teens. This is accomplished through structured presentations at the parent meetings at their child’s school.

Following an initial 30-minute presentation that describes OPP, the program is delivered to the parents through structured 20-minute presentations during parent meetings in school—once each semester. Each presentation has the goal of increasing and maintaining parents’ restrictive attitudes toward underage drinking. Participating parents are encouraged to adopt a zero-tolerance policy toward youth drinking and to communicate this message clearly to their children. Program staff present parents with information on how common underage drinking is during ages 10–18 and the potential short- and long-term consequences of it—such as violence, drug use, and unprotected sex.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Parent Training, Alcohol and Drug Prevention	All parents of youths ages 13–16 and indirectly the youths themselves	Not specified	13-16	Both	There is no cost information available for this program.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	The program reduced delinquency in the treatment group. Posttest results showed participant parents became significantly stricter in permissiveness of underage drinking. Alcohol use increased for both adolescent groups over time; however, the control group had a much steeper and greater increase.					

**References**

Koutakis, Nikolaus, Håkan Stattin, and Margaret Kerr. 2008. “Reducing Youth Alcohol Drinking Through a Parent-Targeted Intervention: The Orebro Prevention Program.” *Addiction* 103:1629–37.

**Advocacy Interventions for Women Who Experience Intimate Partner Violence**

*Description:* Intimate partner violence can be defined as abuse of a woman by a male or female partner with whom she currently is, or formerly was, in an intimate relationship (Ramsay et al. 2009). Advocacy interventions for women who have experienced intimate partner violence aim to empower women and link them to helpful services in the community. The goals of advocacy interventions include helping abused women to access necessary services, reducing or preventing incidents of abuse, and improving women’s physical and psychological health.

Advocacy interventions may be primary, secondary, or tertiary. Primary interventions focus on preventing the onset of abuse. Secondary interventions focus on preventing further abuse, and tertiary interventions focus on dealing with the consequences of abuse once the abuse has ceased. For this review, the focus was on advocacy interventions that were considered secondary and tertiary. The core activities of secondary and tertiary advocacy interventions can vary from program to program. The activities provided by advocacy interventions can include:

- Providing legal, housing, and financial advice
- Facilitating access to and use of community resources such as shelters, emergency housing, and psychological interventions
- Providing safety planning advice

In addition, advocates may also provide ongoing support and informal counseling. Advocacy interventions can take place within healthcare settings such as hospitals, but may also take place in other settings, such as shelters.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Gender-Specific Programming, Individual Therapy, Victim Programs	Abused women who are still with their partners, or who have left the abusive relationship	Asian/Pacific Islander, Black, Hispanic, Other, White	15+	Female	There is no cost information available for this practice.	• Before CJ involvement
<b>Evaluation Outcomes</b>	The significant effect size (OR=0.43) suggested that women who received advocacy interventions experienced significantly less physical abuse, compared with women in the control groups. However, this finding should be taken with some caution as the analysis relied on the results from only two studies.					

**Reference**

Ramsay, Jean, Yvonne Carter, Leslie Davidson, Danielle Dunne, Sandra Eldridge, Gene Feder, Kelsey Hegarty, Carol Rivas, Angela Taft, and Alison Warburton. 2009. “Advocacy Interventions to Reduce or Eliminate Violence and Promote the Physical and Psychosocial Well-Being of Women Who Experience Intimate Partner Abuse.” *Campbell Systematic Reviews* 5.

<b>Behavioral Couples Therapy for Substance Abuse</b>						
<p><i>Description:</i> School dropout prevention programs target frequently absent students or students at risk of dropping out of school. Generally, these programs can be school- or community-based and are aimed at increasing school engagement, school attachment, and the academic performance of middle and high school students, with the main objective of reducing rates of dropout and increasing graduation rates. Programs designed to address school dropout can and often do include a variety of components for a more comprehensive approach. Specific details on length and frequency of delivery vary by program.</p>						
<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Afterschool/Recreation, Alternative School, Classroom Curricula, Leadership and Youth Development, Mentoring, Parent Training, School/Classroom Environment, Truancy Prevention, Vocational/Job Training, Wraparound/Case Management	Truants/ Dropouts	Black, Hispanic, Other, White	11-18	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul> <i>Preventative</i>
<b>Evaluation Outcomes</b>	<p>Klima, Miller, and Nunlist (2009) found that the dropout prevention programs had no significant effect on school dropout. However, Wilson and colleagues (2011) found that dropout prevention programs had a significant effect on school dropout meaning that students in dropout prevention programs had lower school dropout rates and higher graduation rates compared with the control group students. Further, Tanner–Smith also found a significant effect on school dropout outcomes. This means that students who participated in dropout prevention programs showed significantly lower dropout rates compared with control group students.</p>					
<b>References</b>						
<p>Klima, T., M. Miller, and C. Nunlist. 2009. <i>What Works? Targeted Truancy and Dropout Programs in Middle and High School</i>. Olympia, Wash.: Washington State Institute for Public Policy, Document No. 09-06-2201.  <a href="http://www.wsipp.wa.gov/ReportFile/1045/Wsipp_What-Works-Targeted-Truancy-and-Dropout-Programs-in-Middle-and-High-School_Full-Report.pdf">http://www.wsipp.wa.gov/ReportFile/1045/Wsipp_What-Works-Targeted-Truancy-and-Dropout-Programs-in-Middle-and-High-School_Full-Report.pdf</a></p> <p>Wilson, Sandra Jo, Emily E. Tanner-Smith, Mark W. Lipsey, Katarzyna Steinka-Fry, and Jan Morrison. 2011. <i>Dropout Prevention and Intervention Programs: Effects on School Completion and Dropout Among School Aged Children and Youth: A Systematic Review</i>. Campbell Systematic Reviews 8.  <a href="http://www.campbellcollaboration.org/lib/project/158/">http://www.campbellcollaboration.org/lib/project/158/</a></p> <p>Tanner–Smith, Emily E., and Sandra Jo Wilson. 2013. “A Meta-analysis of the Effect of Dropout Prevention Programs on School Absenteeism.” <i>Prevention Science</i> 14:468–78.  <a href="http://www.ncbi.nlm.nih.gov/pubmed/23420475">http://www.ncbi.nlm.nih.gov/pubmed/23420475</a></p>						

**Interventions Targeting Street-Connected Youth**

*Description:* The overall goals of these interventions are to 1) reduce the risks that coincide with living and working on the street, such as early sexual activity and substance misuse; 2) promote inclusion and reintegration into society; 3) increase literacy and numeracy; 4) promote access to education, training, and employment opportunities; and 5) promote a healthier lifestyle, including mental health and self-esteem. Interventions targeting street-connected youths generally focus on inclusion, reintegration, and harm-reduction strategies that serve children and young people while they are living on, or closely connected to, the streets. These types of interventions are often single projects, drop-in centers, or peer education interventions. Interventions can occur within the framework of a formal schooling system or in a nonformal setting. Notably, while engaging in an intervention, children may still be living and working on the streets. It may take years for children to be fully reintegrated or included in mainstream society.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Aftercare/Reentry, Afterschool/Recreation, Family Therapy, Individual Therapy, Residential Treatment Center, Shelter Care, Truancy Prevention	Children, adolescents, and young adults up to age 24 who are living and working on the streets, Runaways, homeless youths, youths who have been trafficked, those who have been subjected to child labor, those who live in institutions, and children who live in slums, squatter settlements, or hostels.	Not specified	Up to 24	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul> <i>Preventative</i>

**Evaluation Outcomes** The study authors found the interventions were associated with a significant increase in family cohesion.

**References**

Coren, Esther, Rosa Hossain, Jordi Pardo Pardo, Mirella MS Veras, Kabita Chakraborty, Holly Harris, and Anne J. Martin. 2013. *Interventions for Promoting Reintegration and Reducing Harmful Behavior and Lifestyles in Street-Connected Children and Young People*. The Campbell Collaboration. <http://www.campbellcollaboration.org/lib/project/206/>

<b>Mentoring</b>						
<p><i>Description:</i> Mentoring programs can have a prevention or intervention focus and be designed to serve different at-risk populations, such as children living in high-poverty neighborhoods, children of incarcerated parents, children in foster care, abused and neglected youths, youths who have disabilities, pregnant and parenting adolescents, academically at-risk students, and adolescents involved in the juvenile justice system. Various mentoring settings and models are in use today:</p> <ul style="list-style-type: none"> <li>• Informal</li> <li>• Formal</li> <li>• Community-based</li> <li>• School-based</li> </ul>						
<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Afterschool/Recreation, Alcohol and Drug Prevention, Mentoring, Truancy Prevention, Violence Prevention	At-risk youth	American Indians/Alaska Native, Asian/Pacific Islander, Black, Hispanic, White	6-18	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	<p>-A small, positive effect for participants in mentoring programs compared to youth in the control conditions.</p> <p>-While there are mixed findings from the three meta-analyses, the preponderance of evidence suggests that mentoring programs are promising in reducing the use of alcohol and drugs among youth.</p> <p>-Findings indicated that mentoring programs had a small positive effect on multiple educational outcomes including school attendance, grades, and academic achievement test scores.</p> <p>-A small positive effect of mentoring programs on social skills and peer relationships for participants compared to control group participants.</p>					
<b>References</b>						
<p>Tolan, Patrick, David Henry, Michael Schoeny, and Arin Bass. 2008. "Mentoring Interventions to Affect Juvenile Delinquency and Associated Problems." <i>Campbell Systematic Reviews</i> 16. Doi:10.4073/csr.2008.16. <a href="http://campbellcollaboration.org/lib/project/48/">http://campbellcollaboration.org/lib/project/48/</a></p> <p>David L. DuBois, Nelson Portillo, Jean E. Rhodes, Naida Silverthorn, and Jeffrey C. Valentine. 2011. "How Effective Are Mentoring Programs for Youth? A Systematic Assessment of the Evidence." <i>Psychological Science in the Public Interest</i> 12(2):57-91.</p> <p>Thomas Roger E., Diane Lorenzetti, and Wendy Spragins. 2011. "Mentoring Adolescents to Prevent Drug and Alcohol Use." <i>Cochrane Database of Systematic Reviews</i>, Issue 11. Art. No.: CD007381. Doi: 10.1002/14651858.CD007381.pub2.</p>						



**Opiate Maintenance Therapy for Dual Heroin–Cocaine Abusers**

*Description:* Opiate maintenance therapy (OMT) is a medication-assisted treatment for opioid dependence. OMT works as a pharmacologic intervention for patients in drug treatment and detoxification programs for dependence to opioids, such as heroin. The overall goals of OMT are to help opioid-addicted patients alleviate withdrawal symptoms, reduce or suppress opiate cravings, and bring about a biochemical balance in the body to reduce the illicit use of opioids.

Opioids essentially work as sedatives and can cause feelings of euphoria in users. Some forms of opioids, such as morphine, are prescribed to patients as painkillers. Opioids cause a release of excess dopamine in the body, and users can become dependent because they need opiates to continuously occupy the opioid receptor in the brain. OMT works by occupying this receptor and blocking the euphoric high that usually comes from illicit opioid drug use, thereby discouraging abuse and reducing the desire to seek drugs.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Individual Therapy	Alcohol and Other Drug (AOD) Offenders, individuals with opioid dependence problem	Other, White	32-42	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The results showed a significant difference between the higher doses of OMT compared with the lower doses of OMT.					
<b>References</b>						
Castells, Xavier, Thomas R. Kosten, Dolors Capella, Xavier Vidal, Joan Colom, and Miguel Casas. 2009. "Efficacy of Opiate Maintenance Therapy and Adjunctive Interventions for Opioid Dependence with Comorbid Cocaine Use Disorders: A Systematic Review and Meta-Analysis of Controlled Clinical Trials." <i>The American Journal of Drug and Alcohol Abuse</i> 35:339–49.						

**Psychotherapies for Victims of Sexual Assault**

*Description:* Psychotherapeutic interventions for adult sexual assault victims are designed to reduce psychological distress, symptoms of post-traumatic stress disorder (PTSD), and rape trauma through counseling, structured or unstructured interaction, training programs, or predetermined treatment plans. Most treatments include individual cognitive behavioral approaches, such as cognitive-behavioral therapy or insight/experiential therapy. The goals of psychological therapy for victims of sexual assault include (1) preventing and reducing PTSD/trauma symptoms, anxiety, depression, and other psychopathologies; and (2) improving social adjustment and self-esteem.

Psychotherapeutic treatment generally includes two basic components: (1) development and maintenance of a trusting relationship with a therapist; and (2) recounting one’s story about the assault in treatment so that the therapist can help the individual overcome the debilitating symptoms resulting from PTSD. In most modalities of psychotherapeutic treatment, therapists attempt to help victims make sense of their memories and reduce or eliminate PTSD symptoms, including thoughts, flashbacks, guilt, and fears associated with the victim’s response to the assault. The practice can also teach sexual assault victims other skills, such as anger management, assertiveness, and communication. Therapists usually focus more on the current situation and its solution, concentrating on a person’s views and beliefs about their life.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Cognitive Behavioral Treatment, Gender-Specific Programming, Individual Therapy, Victim Programs	Females, Victims of Crime	Black, Hispanic, Other, White	21-45	Female	There is no cost information available for this practice.	• Before CJ involvement

**Evaluation Outcomes**

- psychotherapeutic approaches had a significant, large effect (Hedge’s  $g=0.94$ ) with regards to the treatment of trauma and post-traumatic stress disorder (PTSD) of sexual assault victims.
- They found that treatment programs had a statistically significant positive effect on PTSD symptoms (SMD= -1.54) compared to control groups.

**References**

Taylor, Joanne E., and Shane T. Harvey. 2009. “Effects of Psychotherapies With People Who Have Been Sexually Assaulted: A Meta-Analysis.” *Aggression and Violent Behavior* 14:273–85.

Regehr, Cheryl, Ramon Alaggia, Jane Dennis, Annabel Pitts, and Michael Saini. 2013. “Interventions to Reduce Distress in Adult Victims of Sexual Violence and Rape: A Systematic Review.” *Campbell Systematic Reviews* 3.

<http://campbellcollaboration.org/lib/download/2577/>

**School-Based Bullying Prevention Programs**

*Description:* The growing awareness of the problem of bullying has led to the development of numerous antibullying interventions, as well as the passage of state and local laws and policies on bullying. These efforts aim to reduce bullying and victimization (being bullied). Some interventions aim to increase positive involvement in the bullying situation from bystanders or witnesses. Bullying can be physical (e.g., hitting, punching), verbal (e.g., name-calling, teasing), or psychological/relational (e.g., rumors, social exclusion). Typically, individuals involved with bullying are classified as bullies, bully–victims, victims, or bystanders.

Typical types of interventions include the following:

- Awareness-raising efforts
- School exclusion
- Therapeutic treatment for bullies
- Mediation and conflict resolutions
- Curricular approaches
- Comprehensive approaches
- Practice theory

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Bullying Prevention/Intervention, Classroom Curricula, School/Classroom Environment, Victim Programs	Students	Not specified	5-8	Both	There is no cost information available for this practice.	• Before CJ involvement
<b>Evaluation Outcomes</b>	- antibullying programs were effective in reducing bullying - antibullying programs were effective in reducing victimization - programs increased bystander intervention, meaning students were more likely to intervene in situations when they witnessed another student being bullied					

**References**

Farrington, David P., and Maria M. Ttofi. 2010. *School-Based Program to Reduce Bullying and Victimization*. *Campbell Systematic Reviews* 2009:6.  
<http://campbellcollaboration.org/lib/download/718/>

Polanin, Joshua R., Dorothy L. Espelage, and Therese D. Pigott. 2012. "A Meta-Analysis of School-Based Bullying Prevention Programs' Effects on Bystander Intervention Behavior." *School Psychology Review* 41(1):47–65.

Wong, Jennifer S. 2009. *No Bullies Allowed: Understanding Peer Victimization, the Impacts on Delinquency, and the Effectiveness of Prevention Programs*. Dissertation submitted to the Pardee Rand Graduate School.  
[http://www.rand.org/pubs/rgs\\_dissertations/RGSD240.html](http://www.rand.org/pubs/rgs_dissertations/RGSD240.html)

**School-Based Child Sexual Abuse Prevention Programs**

*Description:* School-based child sexual abuse (CSA) prevention programs are designed to reduce the occurrence of sexual abuse in children and adolescents. The prevention programs seek to improve students’ knowledge and skills in order to help them avoid unsafe situations and report incidences of sexual abuse. The programs target school-aged children and teach them about CSA and how to protect themselves from it.

Generally, school-based CSA prevention programs teach children information about appropriate or inappropriate touches and ways to identify abusive situations, how to refuse inappropriate touches or get out of abusive situations, and how to tell a trusted adult about the incident. Although there are some basic concepts common to all CSA prevention programs, the programs can differ on numerous components, such as the format or method of presentation, the age of the targeted population, and the length of the program.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Victim Programs	school-aged children	Not specified	3-12	Both	There is no cost information available for this practice.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	- children who participated in prevention programs performed significantly higher on measures of prevention-related knowledge and skills compared with children in the control groups.					

**References**

Davis, M. Katherine, and Christine A. Gidycz. 2000. “Child Sexual Abuse Prevention Programs: A Meta-Analysis.” *Journal of Clinical Child Psychology* 29(2):257–65.

Zwi, Karen, Sue Woolfenden, Danielle Wheeler, Tracey O’Brien, Paul Tait, and Katrina Williams. 2007. “School-Based Education Programs for the Prevention of Child Sexual Abuse.” *Campbell Systematic Reviews* 5.

<http://campbellcollaboration.org/lib/project/28/>

**School-Based Social and Emotional Learning (SEL) Programs**

*Description:* Social and emotional learning (SEL) is the process through which students acquire and apply the knowledge, attitudes, and skills associated with five interrelated sets of cognitive, affective, and behavioral competencies: (1) self-awareness, (2) self-management, (3) social awareness, (4) relationship skills, and (5) responsible decision-making. Universal, school-based SEL programs are designed to foster the development of these core competencies, and teach students to understand and manage emotions, set and achieve goals, feel and show empathy, establish and maintain relationships, and make responsible decisions. These competencies provide a foundation for better adjustment and academic performance in students, which can result in more positive social behaviors, fewer conduct problems, and less emotional distress.

In a school-based setting, SEL programs incorporate two educational strategies that help to enhance school performance and youth development. The first strategy teaches students about processing, integrating, and selectively applying social and emotional skills. The second strategy of school-based SEL programs involves fostering students’ social–emotional development by creating safe and caring learning environments that incorporate peer and family initiatives, improved classroom management and teaching practices, and whole-school community-building activities.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Classroom Curricula, Conflict Resolution/Interpersonal Skills, School/Classroom Environment	all students in the school, and not only those exhibiting problem behaviors	Not specified	5-18	Both	There is no cost information available for this practice.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	- The review found a significant impact on conduct disorder. This means that students who participated in SEL programs demonstrated significantly fewer conduct problems compared with students in the control groups. - A significant impact on emotional distress. This means that students who participated in SEL programs had significantly lower levels of emotional distress compared with students in the control groups.					

**References**

Durlak, Joseph A., Roger P. Weissberg, Allison B. Dymnicki, Rebecca D. Taylor, and Kriston B. Schellinger. 2011. “The Impact of Enhancing Students’ Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions.” *Child Development* 82(1):405–32.

**Sexual Assault Nurse Examiners for Forensic Examinations in Cases of Sexual Assault/Rape**

*Description:* Sexual Assault Nurse Examiners (SANEs) are qualified nurses who are trained to gather forensic evidence in cases of rape and sexual assault (of both adults and children). SANEs may also be referred to as Forensic Nurse Examiners (FNEs) in countries such as the United Kingdom. In SANE interventions, nurses conduct forensic evidence examinations (i.e., rape kits) of victims of rape or sexual assault, in lieu of forensic doctors. The goal is to provide safe and privacy-conscious treatment that coordinates health care with counseling services, forensic collection, law enforcement, and prosecution.

SANEs are responsible for conducting the forensic examinations; collecting and documenting the findings; and working with police and prosecutors to offer ongoing case consultation, including testifying as expert witnesses if the case goes to trial. SANEs provide comprehensive psychological, medical, and forensic services to the victims. SANE interventions provide a number of different services, including crisis intervention and emotional support; injury detection and treatment; and health care (e.g., screening for sexually transmitted infections [STIs], prophylaxis or antibiotics for STIs, pregnancy testing, and emergency contraception).

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Crisis Intervention/Response, Victim Programs	Victims of Crime		14+	Both	There is no cost information available for this practice.	• Before CJ involvement

**Evaluation Outcomes**

- Found a small, yet statistically significant difference between victims treated by SANEs, compared with those treated by non-SANE health professionals in regard to the treatment of STIs (i.e., provision of STI prophylaxis/antibiotics). Sexual assault/rape victims cared for by SANEs were significantly more likely to be offered treatment for an STI, compared with those cared for by non-SANE health professionals.
- found a small, yet statistically significant difference between victims treated by a SANE, compared with those treated by a non-SANE health professional with regard to administration of emergency contraception (i.e., pregnancy prophylaxis). Sexual assault/rape victims cared for by SANEs were significantly more likely to be offered emergency contraception, compared with those cared for by non-SANE health professionals.

**References**

Toon, Clare, and Kurinchi Gurusamy. 2014. "Forensic Nurse Examiners versus Doctors for the Forensic Examination of Rape and Sexual Assault Complainants: A Systematic Review." *Campbell Systematic Reviews* 5.

<http://www.campbellcollaboration.org/lib/project/272/>

**Targeted School-Based Social Information-Processing Interventions for Aggression**

*Description:* Targeted (Selected and Indicated) School-Based Social Information-Processing Interventions are violence prevention programs that aim to improve one or more aspects of students’ social information-processing difficulties. Targeted prevention involves directing prevention efforts toward particular students who are at risk for aggressive or violent behavior, or who are already exhibiting these behaviors. Social information processing refers to how individuals (in this case, children) interpret and process social situations.

Social information-processing programs can be distinguished by three characteristics:

- The program includes training in at least one of the social information-processing steps: 1) encoding situational and internal cues, 2) interpreting the situational and internal cues, 3) choosing or clarifying a goal, 4) producing or accessing possible responses to meet the chosen goal, 5) selecting a response, and 6) executing the behavior.
- Rather than targeting specific behavioral skills, the program emphasizes cognitive–thinking skills. Through teaching students cognitive and thinking skills, social information-processing interventions aim to improve a student’s ability to process information in a variety of social situations.
- The program includes structured tasks and activities to teach cognitive skills to the students. Students then have the opportunity to apply the skills to actual social situations.

Practice Type	Targeted Population	Race/ Ethnicity	Age	Gender	Cost	Intervention Point(s)
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, School/Classroom Environment, Violence Prevention	In contrast to universal prevention programs, selected and indicated interventions target particular students. Selected interventions are delivered to students who are selected as a result of the presence of some risk factor that is believed to be associated with later aggressive or violent behavior. Indicated interventions also involve targeting particular students, but involve students who already exhibit the aggressive or violent behavior.	Asian/Pacific Islander, Black, Hispanic, Other, White	6-16	Both	There is no cost information available for this practice.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	Targeted (selected and indicated) school-based social information-processing interventions had a statistically significant impact on aggressive behavior, meaning that students in the treatment groups had significantly lower measures of aggressive and disruptive behaviors than comparison subjects who did not participate in the intervention.					

**References**

Wilson, Sandra Jo, and Mark W. Lipsey. 2006. *The Effects of School-Based Social Information Processing Interventions on Aggressive Behavior, Part II: Selected/Indicated Pull-Out Programs*. The Campbell Collaboration. <http://www.campbellcollaboration.org/lib/download/73/>

**Targeted Truancy Interventions**

*Description:* Truancy is a problem for school systems across the nation and other countries. All truancy programs have a short-term goal of improving attendance; many also have longer-term goals of raising grades and graduation rates. Different interventions are designed to meet the needs of different populations. For instance, universal programs target all students in an elementary school, while indicated programs target youth with chronic attendance problems.

There are many different types of interventions, settings, and approaches/strategies for truancy reduction. Broad categories include systems change, court-based programs, school-based programs, and community-based programs. Many programs include elements from different program types to successfully meet the needs of local communities.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Cognitive Behavioral Treatment, Group Therapy, Individual Therapy, Mentoring, Truancy Prevention, Wraparound/Case Management	Truants/Dropouts	Black, Hispanic, White	5-18	Both	There is no cost information available for this practice.	• Before CJ involvement
<b>Evaluation Outcomes</b>	- found that truancy interventions demonstrated a significant overall positive and moderate mean effect size on attendance - The authors found that, overall, interventions designed to increase attendance and enrollment demonstrated a significant positive, though small, effect.					

**References**

Maynard, Brandy R., Katherine Tyson McCrea, Terri D. Pigott, and Michael S. Kelly. 2012. "Indicated Truancy Interventions: Effects on School Attendance among Chronic Truant Students." *Campbell Systematic Reviews* 10. <http://www.campbellcollaboration.org/lib/download/2136/>

Klima, Tali, Marna Miller, and Cory Nunlist. 2009. *Targeted Truancy and Dropout Programs in Middle and High School*. Olympia, WA.: Washington State Institute for Public Policy, Document No. 09-06-2201. <http://www.wsipp.wa.gov/rptfiles/09-06-2201.pdf>



**Therapeutic Approaches for Sexually Abused Children and Adolescents**

*Description:* Therapeutic approaches for sexually abused children and adolescents are designed to reduce the effects of sexual abuse. The effects of s Traumatic reactions may include re-experiencing the abuse through memories or dreams, or actively attempting to avoid situations or stimuli that remind the child of the abuse. Victims may also engage in externalizing behaviors such as sexual behavioral problems, hyperactivity, and aggression. Alternatively, the effects of sexual abuse can cause children to exhibit internalizing behaviors such as depression and anxiety. Sexual abuse can manifest in various ways, such as posttraumatic stress disorder (PTSD), fear, and anxiety. Overall, therapeutic approaches for sexually abused children and adolescents aim to reduce the developmental consequences that result from this distinct form of maltreatment.

There are a variety of therapeutic approaches that are designed to treat the negative impacts of child sexual abuse, such as cognitive behavioral therapy (CBT), cognitive behavioral therapy for sexually abused preschoolers, trauma-focused cognitive behavioral therapy, child-centered therapy, eye movement desensitization and reprocessing, imagery rehearsal therapy, a recovering from abuse program, supportive counseling, and stress inoculation training.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Group Therapy, Individual Therapy, Victim Programs	Children Exposed to Violence, children and adolescents aged 18 and under who have experienced sexual abuse	Not specified	18 and under	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Before CJ involvement</li> </ul>

**Evaluation Outcomes**

- Therapeutic approaches to child and adolescent sexual abuse were found to have statistically significant impacts on symptoms of posttraumatic stress disorder (PTSD)/trauma. This means that psychological treatment was effective at reducing PTSD symptoms in the treatment groups, compared with the comparison groups.
- therapeutic approaches for child sexual behavior significantly reduced measures of externalizing behavior symptoms
- Overall, these results indicate that therapeutic approaches reduce the internalizing symptoms experienced by victims of child sexual abuse.

**References**

Harvey, Shane T., and Joanne E. Taylor. 2010. "A Meta-Analysis of the Effects of Psychotherapy with Sexually Abused Children and Adolescents." *Clinical Psychology Review* 30: 517–35.

Trask, Emily V., Kate Walsh, and David DiLillo. 2011. "Treatment Effects for Common Outcomes of Child Sexual Abuse: A Current Meta-Analysis." *Aggression and Violent Behavior* 16(1): 6–19.

Madonald, Geraldine, Julian PT Higgins, Paul Ramchandani, Jeffrey C. Valentine, Latricia P. Bronger, Paul Klein, Roland O’Daniel, Mark Pickering, Ben Rademaker, George Richardson, and Matthew Taylor. 2012. *Cognitive-Behavioural Interventions for Children Who Have Been Sexually Abused*. The Campbell Collaboration.

<http://www.campbellcollaboration.org/lib/project/19/>

**Universal School-Based Prevention and Intervention Programs for Aggressive and Disruptive Behavior**

*Description:* Universal school-based prevention and intervention programs for aggressive and disruptive behavior target elementary, middle, and high school students with the intention of preventing or reducing violent, aggressive, or disruptive behaviors. Universal programs are delivered in general classroom settings to all the students in the class, rather than only selected students considered at risk or in need of program services. Students are taught different skills and coping mechanisms to reduce violent, aggressive, or disruptive behavior.

There are a number of school-based intervention modalities that focus on reducing aggressive or disruptive behavior of students, including cognitively oriented strategies, social skills training, behavioral strategies, counseling (group, individual, and family), anger management programs, and social problem-solving programs. Other universal school-based programs teach students topics and skills such as emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, and teamwork. In addition to the classroom components, many of these intervention modalities use multi-approach methods in which parents, peers, or community members are involved in the intervention.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Classroom Curricula, Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Parent Training, School/Classroom Environment, Violence Prevention	elementary, middle, and high school students	Black, Hispanic, Other, White	6-18	Both	There is no cost information available for this practice.	• Before CJ involvement <i>Preventative</i>

<b>Evaluation Outcomes</b>	- Wilson and Lipsey (2007) found that universal school-based programs had a significant effect on aggressive/disruptive behaviors in treatment students - Park-Higgerson and colleagues (2008) found that universal school-based interventions reduced violent behavior in treatment students; however this effect was not statistically significant
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**References**

Wilson, Sandra Jo, and Mark Lipsey. 2007. "School-Based Interventions for Aggressive and Disruptive Behavior: Update of a Meta-Analysis." *American Journal of Preventive Medicine* 33(2 Suppl):S130–43.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2246021/>

Park-Higgerson, Hyoun-Kyoung, Suzanne E. Perumean-Chaney, Alfred A. Bartolucci, Diane M. Grimley, and Karan P. Singh. 2008. "The Evaluation of School-Based Violence Prevention Programs: A Meta-Analysis." *Journal of School Health* 78(9): 465–79.

**Universal Teacher Classroom Management Practices**

*Description:* Universal Teacher Classroom Management Practices are management techniques and programs for use in K–12 classrooms that aim to teach prosocial behaviors in order to reduce or prevent inappropriate or aggressive behaviors of students. These practices are considered universal because they are delivered to all students in a classroom, regardless of student risk factors.

A review of universal teacher classroom-management practices identified three examples of programs, each focusing on elements of the classroom environment and techniques for proactive, prosocial student involvement. The three examples are the Classroom Organization and Management Program, classroom management strategies, and multicomponent treatments.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Classroom Curricula, School/Classroom Environment`	K-12 students	Not specified	6-18	Both	There is no cost information available for this practice.	• Before CJ involvement <i>Preventative</i>

**Evaluation Outcomes** found that students in the treatment classrooms showed significantly less disruptive, inappropriate, and aggressive behavior than students in the control classrooms

**References**

Oliver, Regina M., Joseph H. Wehby, and Daniel J. Reschly. 2011. "Teacher Classroom Management Practices: Effects on Disruptive or Aggressive Student Behavior." *Campbell Systematic Reviews* 4:1–55.  
<http://www.campbellcollaboration.org/lib/download/1189/>

**Improved Street Lighting**

*Description:* Interventions that focus on improving street lighting aim to prevent crime by modifying an environment and reducing opportunities for offenders to commit crimes. These interventions may occur in public or private settings, such as residential neighborhoods, parking lots, shopping malls, campuses, hospitals, or various other facilities. Installation and street light components vary by setting. For example, in a neighborhood or residential setting, improved street lighting may include trimming bushes so that lights are more visible, or replacing old or broken lamps with new light fixtures to achieve the street light’s intended purpose. Through modifying and improving environmental measures in various settings, the overall goal of these interventions is crime prevention.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Community and Problem Oriented Policing, Community Awareness/Mobilization , Crime Prevention Through Environmental Design/Design Against Crime, General deterrence, Situational Crime Prevention	N/A	N/A	N/A	N/A	There is no cost information available for this practice.	N/A
<b>Evaluation Outcomes</b>	- found that improved street lighting interventions had a significant, small impact on crime. - found that improved street lighting interventions had a significant, small impact on reducing property offenses					

**References**

Welsh, Brandon C., and David P. Farrington. 2008. *Effects of Improved Street Lighting on Crime*. The Campbell Collaboration.  
[http://www.campbellcollaboration.org/news /improved\\_street\\_lighting\\_reduce\\_crime.php](http://www.campbellcollaboration.org/news /improved_street_lighting_reduce_crime.php)

**School-Based Conflict Resolution Education**

*Description:* Conflict resolution education (CRE) programs target incidences of opposition or disputes between youths (such as fights over possessions or verbal arguments), with the intention of affecting long-term prosocial behaviors of students in grades K–12. The primary goal of CRE programs is to facilitate constructive resolution of interpersonal conflicts between students and reduce related antisocial behaviors. CRE programs fall within the positive youth development family of programs that are designed to develop youth resiliency and capacity building.

School-based CRE programs focus on the nature of the conflict between students and provide options for responding. Such options are constructive self-management, communication, social perspective-taking, cooperative interpersonal problem-solving, promoting respect, and other related concepts. CRE program activities include facilitation, modeling, and guided practice of skills and strategies to manage conflict and develop social cognitive competence.

There are typically three formats of delivery for CRE programs. Direct skills instruction programs train students on CRE topics and rehearse conflict resolution strategies. Peer mediation programs train student-peer mediators in the specific CRE program to help their peers resolve disputes through a prescribed process. Embedded curriculum integrates CRE components into traditional school curricula and lesson plans

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, School/Classroom Environment	K-12 Students	Not specified	5-17	Both	There is no cost information available for this practice.	• Before CJ involvement

**Evaluation Outcomes** found that students who received CRE reported significantly fewer antisocial behaviors than students in the control group

**References**

Garrard, Wendy M., and Mark W. Lipsey. 2007. "Conflict Resolution Education and Antisocial Behavior in U. S. Schools: A Meta-Analysis." *Conflict Resolution Quarterly* 25(1):9–38.

**Universal School-Based Social Information Processing Interventions for Aggression**

*Description:* Universal school-based social information processing Interventions are school-based, violence prevention programs that target one or more aspects of students’ social information-processing difficulties. Social information-processing refers to how individuals, in this case, children, interpret and process social situations. An individual’s behavioral response is the result of personal experiences and objective social knowledge. It is believed that children with aggression fail to process the information received, which leads to aggressive behavior in social situations (Dodge and Crick 1990). Overall, the goal of these interventions is to improve the social behavior of school-aged children, and thereby reduce their negative behaviors (such as aggression and disruptive behavior) that are thought to be the result of cognitive deficits in social information- processing (Wilson and Lipsey 2006).

Although social information-processing programs have similar attributes to other behavioral social skills and cognitive-oriented programs, they can be distinguished by three characteristics:

- The program includes training in at least one of the social information-processing steps: (1) encoding situational and internal cues, (2) interpreting the situational and internal cues, (3) choosing or clarifying a goal, (4) producing or accessing possible responses to meet the goal chosen, (5) selecting a response, and (6) executing the behavior.
- Rather than targeting specific behavioral skills, the program emphasizes cognitive/thinking skills. Through teaching students cognitive and thinking skills, social information-processing interventions aim to improve a student’s ability to process information in a variety of social situations.
- The program includes structured tasks and activities to teach cognitive skills to the students. Students then have the opportunity to apply the skills to actual social situations.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Classroom Curricula, Conflict Resolution/Interpersonal Skills, Leadership and Youth Development, Violence Prevention	school-aged children	Asian/Pacific Islander, Black, Hispanic, Other, White	4-16	Both	There is no cost information available for this practice.	• Before CJ involvement <i>Preventative</i>
<b>Evaluation Outcomes</b>	found that universal school-based social information processing interventions had a statistically significant, though modest, impact on aggressive behavior.					

**References**

Wilson, Sandra Jo, and Mark W. Lipsey. 2006. *The Effects of School-Based Social Information Processing Interventions on Aggressive Behavior, Part I: Universal Programs*. The Campbell Collaboration.  
<http://www.campbellcollaboration.org/lib/project/14/>

**INTERVENTION POINT 1: LAW ENFORCEMENT AND EMERGENCY SERVICES**

**Adolescent Diversion Project (ADP)**

*Description:* ADP is a strength-based, university-led program that diverts arrested youth from formal processing in the juvenile justice system and provides them with community-based services. The program’s goal is prevent future delinquency by strengthening youth’s attachment to family and other prosocial individuals, increasing youth’s access to resources in the community, and keeping youth from potentially stigmatizing social contexts (such as the juvenile justice system).

The ADP focuses on creating an alternative to juvenile court processing within a strengths-based, advocacy framework. During an 18-week intervention, caseworkers –i.e., undergraduate psychology students – spend 6–8 hours per week with the juveniles in their home, school, and community. The caseworkers work one-on-one with juveniles in order to provide them with services tailored to their specific needs. Caseworkers focus on improving juveniles’ skills in several areas, including family relationships, school issues, employment, and free-time activities.

The first 12 weeks of services are called the active phase, and case workers spend time each week with juveniles while providing direct assistance in behavioral contracting and advocacy efforts. During the last four weeks of services, called the follow-up phase, case workers spend a little less time each week assisting juveniles in those same areas, but their role is that of a consultant, preparing juveniles to use the techniques and strategies they’ve learned following the end of the program.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/ Interpersonal Skills, Diversion, Mentoring, Wraparound/Case Management	Young Offenders	Black, White, Other	13-15	Both	Program cost: estimated at \$1,020.83 per youth for an 18-week intervention	<ul style="list-style-type: none"> <li>• Point 1</li> <li>• Point 2</li> </ul>

**Evaluation Outcomes** Significant reduction in the rates of official delinquency of participating juveniles as compared to juveniles formally processed in the system

**References**

Davidson, William S., Robin Redner, Craig H. Blakely, James G. Ernshoff, and Christina M. Mitchell. 1987. “Diversion of Juvenile Offenders: An Experimental Comparison.” *Journal of Consulting and Clinical Psychology* 55(1):68–75.

Smith, Emilie Phillips, Angela M. Wolf, Dan M. Cantillon, Oseela Thomas, William S. Davison. 2004. “The Adolescent Diversion Project: 25 Years of Research on an Ecological Model of Intervention.” *Prevention & Intervention in the Community* 27(2):29–47.



**Biting Back in Huddersfield (England)**

*Description:* Biting Back was implemented as part of a larger initiative, the Police Operations Against Crime program. This program was commissioned to contribute to an understanding and prevention of repeat victimization. While the aim of the program was to reduce repeat victimization as in other, similar programs, it was also designed to demonstrate that this type of program could successfully be implemented on a larger, division-wide scale. Since one of the biggest predictors of future victimization is having previously been victimized, police identified repeat victims and offered rising levels of response and support according to the number of times victims had been victimized.

The key steps for this program were as follows:

- Quantification of repeat victimization and its representation in official crime statistics
- Identification of repeat victims
- Establishment of program components, such as Cocoon Watch –i.e., immediate neighbors are alerted about the crime and invited to be vigilant for the victim and the property in question. Neighbors are given contact information to report any suspicious activity – and Police Watch –i.e., police patrols are deployed to the area of crime on a twice-weekly (silver response) or daily (gold response) basis, around the time of day the crime had occurred – and availability of equipment for temporary installation.
- Training of police to make them aware of the problem of repeat victimization and its impact; liaison with local authority
- Monitoring of the program

To deal with the issue of initial as opposed to repeat victimization, the police developed a tiered response. After the first victimization, the victim receives a “bronze response,” which includes components such as a personalized letter for the victim and a packet that included crime prevention advice, as well as discount vouchers for security equipment. After a second incident, police implement the “silver response,” which includes activities such as a visit from a Crime Prevention Officer and police watch visits. After a third incident, police implement the “gold response,” which can include increased police watches and the actual installation of high-tech equipment, such as alarms and covert cameras, by the police.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Victim Programs, Community Crime Prevention , Situational Crime Prevention, General deterrence, Specific deterrence	Repeat victims of crime from domestic burglary and theft from cars	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	There was a greater decrease in recorded and repeats crime than the surrounding areas. There was an increase in satisfaction with police services and no evidence of displaced crime.					

**References**

Chenery, Sylvia, John Holt, and Ken Pease. 1997. *Biting Back II: Reducing Repeat Victimisation in Huddersfield. Crime Detection and Prevention Series Paper 82*. London, England: Home Office, Police Research Group  
[http://www.popcenter.org/problems/domestic\\_violence/PDFs/Chenery\\_etal\\_1997.pdf](http://www.popcenter.org/problems/domestic_violence/PDFs/Chenery_etal_1997.pdf)

**Checkpoint Tennessee**

*Description:* Checkpoint Tennessee was a year-long statewide sobriety checkpoint program intended to deter impaired driving and reduce alcohol-related crashes. It was a joint effort between the Tennessee Department of Transportation, the Governor's Highway Safety Office (GHSO), the Department of Safety, the Tennessee Highway Patrol, and the U.S. Department of Transportation's National Highway Traffic Safety Administration. Checkpoint Tennessee was heavily publicized in mass media outlets. The goal was to arrest impaired drivers at checkpoints to get them off the streets, and to spread the message of zero tolerance for drunk driving in Tennessee. Many concerns over implementing sobriety checkpoints are about resources and cost, so another goal of Checkpoint Tennessee was to prove that it could be effective at reducing drunk-driving fatalities, while using existing personnel resources.

Three checkpoints were set up in at least four counties throughout the state every weekend. "Weekend blitzes" were conducted on five weekends out of the year, with checkpoints conducted in all 95 counties of Tennessee. There were approximately 900 checkpoints within the program year. At the checkpoints, all motorists were stopped to investigate for suspicion of impairment. If no evidence of impairment was found, they were given a pamphlet on driving under the influence and let go. If they were suspected of impairment, they were given further testing. Officers used several different types of equipment at checkpoints to detect driver impairment, including passive alcohol sensors in flashlights, video cameras, special lighting, cones, reflective vests, generators, signs, and floodlights. Passive alcohol sensors are flashlights with sensors to detect alcohol on the breath as the officer checks the eyes of the suspected drunken driver, and were an integral part of impairment testing at the checkpoints. Standardized field sobriety tests were also used to detect impaired drivers.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Community Crime Prevention , Specific deterrence	Alcohol and Other Drug (AOD) Offenders	Not specified	Not specified	Both	The total cost came out to \$927,594. The National Highway Traffic Safety Association provided federal funds of \$452,255 for covering public information, training and education materials, equipment, and program evaluation, and the State provided funds of \$475,339 for covering police salaries, publicity costs, and various other program expenses.	• Point 1
<b>Evaluation Outcomes</b>	Researchers observed a 20.4 percent reduction over the projected number of drunk-driving fatal crashes that would have occurred with no intervention. There was a statistically significant reduction in nighttime single-vehicle injury crashes after the start of the program, positive public opinion and awareness of the program.					

**References**

Lacey, John, Ralph K. Jones, and Randall G. Smith. 1999. *Evaluation of Checkpoint Tennessee: Tennessee's Statewide Sobriety Checkpoint Program*. Washington, D.C.: U.S. Department of Transportation, National Highway Traffic Safety Administration.

**DNA Field Experiment**

*Description:* The goal of the DNA Field Experiment was to examine the use of DNA evidence in the investigation of residential burglary, commercial burglary, and theft from automobiles, and its impact on the number of suspects identified, arrested, and convicted in these types of crimes compared to cases processed without DNA evidence. DNA processing can be a lengthy and costly process, so another goal of the program was to evaluate the cost-effectiveness of DNA evidence in solving property crimes and to determine if the use of DNA evidence produced outcomes that were worth the costs of DNA processing.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
DNA evidence collecting	N/A	N/A	N/A	N/A	Across all sites combined, using DNA evidence to process a single case added approximately \$1,400 in costs. They also found that, for suspects who would not have been identified and arrested through traditional investigations, the use of DNA testing cost \$4,502 for each additional suspect identified and cost \$14,169 for each additional arrest.	• Point 1

**Evaluation Outcomes** Property crime cases resulted in more than twice as many suspects identified, arrested and more cases accepted for prosecution, compared with traditional investigation.

**References**

Roman, J., Shannon Reid, Jay Reid, Aaron Chalfin, William Adams, Carly Knight. 2008. "The DNA Field Experiment: Cost-Effectiveness Analysis of the Use of DNA in the Investigation of High-Volume Crimes." Washington, D.C.: Urban Institute, Justice Policy Center.  
<http://www.ncjrs.gov/pdffiles1/nij/grants/222318.pdf>

**High Point Drug Market Intervention**

*Description:* The High Point Drug Market Intervention (DMI) is a series of place-based pulling lever interventions that were implemented in High-Point, N.C. Through identifying problem areas and key persistent offenders within these areas, the goal of the High Point DMI was to shut down open-air drug markets in targeted neighborhoods, while also reducing the violence associated with these drug markets.

In an effort to eliminate drug markets and reduce the violence associated with overt drug markets, the High Point DMI included three phases: identification phase, notification phase, and resource delivery. During the identification phase, high-density crime areas that had a strong prevalence of drugs were identified through mapping drug arrests, calls for service, reviewing serious crimes in hot spots to determine a drug connection, and finally analyzing information from various criminal justice agencies. After areas and key offenders were identified the intervention moved into the notification phase. During this phase, collaboration between agencies and community groups was central to changing the communities’ perceptions and norms. The final stage, resource delivery, consisted of law enforcement speaking with offenders and offenders completing a needs assessment. The law enforcement officers would inform offenders that if they continued dealing they would be arrested immediately; however, if they chose to stop moving forward no punitive action would be taken against them. Offenders completed a needs assessment so they could be matched with services in the community for extensive follow-up to assist them in their efforts to stop dealing. The resource delivery phase aided in the police community relationship and increased the perception of procedural justice.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Crime Prevention , Violence Prevention, Specific deterrence	Serious/Violent Offender, Alcohol and Other Drug (AOD) Offenders, High Risk Offenders	Not specified	Not specified	Not specified	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** The Intervention had a statistically significant impact on reducing violent incidents in the target areas.

**References**

Corsaro, Nicholas, Eleazer D. Hunt, Natalie Kroovand Hipple, Edmund F. McGarrell. 2012. “The Impact of Drug Market Pulling Levers Policing on Neighborhood Violence: An Evaluation of the High Point Drug Market Intervention.” *Criminology and Public Policy* 11(2):167-99.

**Hot Spots Policing (Lowell, Mass.)**

*Description:* The Hot Spots Policing strategy was implemented in 2005 by the Lowell (Mass.) Police Department and was intended to improve social and physical order in high-crime areas in Lowell. By improving social order in high-crime areas, the strategy seeks to reduce disorder-related crime. The ultimate goal is to improve order in these specific areas to create broad crime-reduction results across the greater area.

The strategy includes the use of several techniques aimed to improve physical and social disorder in hot spots of crime. The program uses three approaches to reduce disorder-related crime, based on a general policing disorder strategy: increased misdemeanor arrest –i.e., entails the use of aggressive order maintenance techniques by police, situational prevention strategies –i.e., entails a variety of measures broadly designed to improve physical and social disorder in target areas by police, social service actions –i.e., entails assistance from social service agencies to help police increase social order.

<b>Program Type</b>	<b>Target Site</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Foot Patrol, Community Crime Prevention, Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, Hot Spots Policing	The program concentrates on reducing disorder in locations in Lowell identified to have high levels of crime	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	There was a statistically significant reduction of the total number of calls for service in the treatment areas relative to the control. Observed disorder was alleviated and calls for service were not significantly displaced into surrounding treatment areas.					

**References**

Braga, Anthony A., and Brenda J. Bond. 2008. "Policing Crime and Disorder Hot Spots: A Randomized Controlled Trial." *Criminology* 46(3):577–607.

**Integrated Ballistics Identification System (IBIS)**

*Description:* The Integrated Ballistics Identification System (IBIS) was created to expedite the highly labor-intensive and time-consuming task of matching ballistics information in police investigations. In addition to matching evidence from an ongoing or current investigation, IBIS can be used to link ballistic information to prior investigations and to guns used in crimes—that is, firearms that have been used in the commission of multiple crimes but that may not have been recovered in the investigation.

Traditional methods of matching ballistics information involve firearm forensic experts taking evidence collected from a single crime scene and searching through image databases and other evidence collections manually to select potential candidates until they find an exact match. The IBIS assists in the manual searching and identifying of potential candidate matches by automating the entire system and searching evidence of multiple crime scenes simultaneously. With every new image entered, IBIS compares the recovered evidence with existing images from prior crime scenes to identify possible matches. IBIS is able to search through volumes of existing images and prior evidence from crime scenes and suggests a small number of cases as potential matches.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Ballistics Identification System	This technology was built and designed for forensic identification of ballistic information to firearms and is appropriate to use in any police department’s evidence or forensic unit.	N/A	N/A	N/A	In 1995, the adoption of the Integrated Ballistics Identification System (IBIS) cost the Boston Police Department’s Ballistics Unit \$540,000. The same equipment cost only \$295,000 in 2003, because of the decreasing costs of technology in general.	• Point 1
<b>Evaluation Outcomes</b>	There was an increase in cold hits after system implementation.					

**References**

Braga, Anthony A., and Glenn L. Pierce. 2004. “Linking Crime Guns: The Impact of Ballistics Imaging Technology on the Productivity of the Boston Police Department’s Ballistics Unit.” *Journal of Forensic Science* 49:1–6.

### Kirkholt (England) Burglary Prevention Project

*Description:* Kirkholt is a public housing area of Rochdale, England, that was selected for this project because of its high burglary rate. The project, implemented in two phases, had multiple aims. The goals of the first phase included establishing robust links between agencies for sustainable crime prevention and reducing residential burglary. For the second phase, aims included continuing the crime reduction strategies of the first phase (e.g., maintaining target hardening and the development of neighborhood watch units); securing community ownership of the project; and introducing offender/community initiatives to reduce the motivation to commit crime. For instance, when a survey revealed that many burglars committed a crime because of financial debt, program organizers developed a group on money management and also arranged for the introduction of a credit union for the area.

The program continued to evolve throughout the two phases of the project, and many of the components that were initially supported through special funding were absorbed by community agencies. One reason cited for the success of the program was that the focus on delivering services to victims of burglary made the pace of service delivery sustainable. This “drip feeding” approach meant that fewer resources were necessary at any one time and attention could be paced and focused.

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Classroom Curricula, Community Awareness/Mobilization, Neighborhood Watch, Probation/Parole Services, Victim Programs, Community Crime Prevention, Situational Crime Prevention	This program was directed at an area that suffered high burglary rates compared to the national average. Within that area, burglary victims were targeted for intervention and services.	N/A	N/A	N/A	The net expenditures for the program totaled just less than £300,000. The savings from burglaries averted totaled approximately £1.5 million, netting a savings of £1.2 million.	• Point 1
<b>Evaluation Outcomes</b>	Researchers found that the bulk of the burglary rate reductions were achieved during the first part of the intervention and noted an increased percentage of burglary victims who were classified as “new” residents (one year or less). There was no evidence of crime displacement.					
<b>References</b>						
Forrester, David, Samantha Frenz, Martin O’Connell, and Ken Pease. 1990. <i>The Kirkholt Burglary Prevention Project: Phase II</i> . Crime Prevention Unit Paper 23. London, England: Home Office. <a href="http://www-staff.lboro.ac.uk/~ssgf/KP/1990_Kirkholt_Phase_II.pdf">http://www-staff.lboro.ac.uk/~ssgf/KP/1990_Kirkholt_Phase_II.pdf</a>						

**Milwaukee (Wis.) Homicide Review Commission (MHRC)**

*Description:* The Milwaukee Homicide Review Commission (MHRC) attempts to reduce homicides and nonfatal shootings through a multilevel, multidisciplinary, and multiagency homicide review process. The goals of the commission are to establish and support homicide prevention and intervention strategies using strategic problem analysis.

The MHRC provides a unique forum for addressing violence in Milwaukee, Wis. The program is based on the involvement of law enforcement professionals, criminal justice professionals, and community service providers who meet regularly to exchange information regarding the city’s homicides and other violent crimes to identify methods of prevention from both public health and criminal justice perspectives. The MHRC makes recommendations based on trends identified through the case review process. These recommendations range from micro-level strategies and tactics to macro-level policy change. Many of the recommendations made to date have been implemented.

The MHRC is a multitiered intervention with four levels. Each level consists of participation by a different set of agencies and stakeholders:

- *Real-Time Review:* The Milwaukee Police Department responds to each homicide that occurs in the intervention districts by immediate response, investigation, increased patrols, and apprehension of identified subjects.
- *Criminal Justice Review:* The criminal justice review involves a monthly assessment of each homicide.
- *Community Service Provider Review:* The community service provider review incorporates insights from various community members based on their organizations.
- *Community Review:* These are designed to educate the community about the nature of homicides and shootings in the intervention districts.

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Community Crime Prevention , Violence Prevention	N/A	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	There was a statistically significant, 52 percent, decrease, in the monthly count of homicides in the intervention districts.					

**References**

Azrael, Deborah, Anthony A. Braga, and Mallory O’Brien. 2012. *Developing the Capacity to Understand and Prevent Homicide: An Evaluation of the Milwaukee Homicide Review Commission.* Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/240814.pdf>



**Minneapolis (MN) Hot Spots Experiment**

*Description:* Minneapolis Hot Spots Experiment was a targeted policing program with the goal of preventing and reducing overall crime in high-crime areas in Minneapolis, Minnesota. In order to deter criminal activity, the Minneapolis Police Department utilized strategies to identify "hot spots" of crime and increase police presence in these areas. The strategies implemented by the program were intended to provide a general deterrent effect in high-crime areas.

The program focused on small clusters of high-crime addresses, rather than entire patrol beats or neighborhoods. These were known as "hot spots" of crime, and were identified based on the frequency of calls for service to the area. Officers from the Minneapolis Police Department provided intensive patrol services to the high-crime areas of Minneapolis. The program focused on increasing police presence in "hot spots" of crime, rather than the specific activities conducted by officers during patrols.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Hot Spots Policing, General deterrence	N/A	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	In hot spots that did not receive intensified police patrols, there was a greater increase in citizen calls to police than in the experimental locations. There also was less observed disorder at the experimental sites.					

**References**

Sherman, Lawrence W., and David A. Weisburd. 1995. "General Deterrent Effects of Police Patrol in Crime 'Hot Spots': A Randomized, Controlled Trial." *Justice Quarterly* 12(4):625–48.

**Operation Ceasefire (Boston, Mass.)**

*Description:* Operation Ceasefire is a problem-solving police strategy that seeks to reduce gang violence, illegal gun possession, and gun violence in communities. The goals of the program are to carry out a comprehensive strategy to apprehend and prosecute offenders who carry firearms, to put others on notice that offenders face certain and serious punishment for carrying illegal firearms, and to prevent youths from following the same criminal path. As a deterrence strategy, the intervention is based on the assumption that crimes can be prevented when the costs of committing the crime are perceived by the offender to outweigh the benefits of committing a crime. Operation Ceasefire’s first main element is a direct law-enforcement attack on illicit firearms traffickers who supply youths with guns. The second element, known as the “pulling levers” strategy, involves deterring violent behavior by chronic gang members by reaching out directly to gangs, saying explicitly that violence will not be tolerated, and by following every legally available route when violence occurs.

The program is just one element of a collaborative, comprehensive strategy implemented in Boston to address escalating gang activity and rising violent crime rates. It combines aggressive law enforcement and prosecution efforts aimed at recovering illegal handguns, prosecuting dangerous felons, increasing public awareness, and promoting public safety and antiviolence. The program’s suppression tactics include numerous warrants and long sentences for chronic offenders, aggressive enforcement of probation restrictions, and deployment of Federal enforcement powers. The prevention strategy is centered on an ambitious communications campaign involving meetings with both community groups and gang members. Everyone in the community is informed that gang violence will provoke a zero-tolerance approach and that only an end to gang violence will stop new gang-oriented suppression activities. Ideally, these activities should be combined with a variety of other law enforcement strategies and grassroots community initiatives to combat crime.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Gang Prevention/Intervention, Children Exposed to Violence, Community Crime Prevention , Violence Prevention, Specific deterrence	High-risk youths as well as serious and violent juvenile offenders	Not specified	24 and under	Both	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	There was a statistically significant decrease in youth homicides, citywide gun assaults, calls for service, and the percentage of recovered handguns that had a fast time-to-crime (the time between a firearm’s first sale at retail and subsequent recovery in a crime).					

**References**

Braga et al. 2001. “Problem-Oriented Policing, Deterrence, and Youth Violence: An Evaluation of Boston’s Operation Ceasefire.” *Journal of Research in Crime and Delinquency* 38(3):195–225.

Braga, Anthony A., and Glenn L. Pierce. 2005. “Disrupting Illegal Firearms Markets in Boston: The Effects of Operation Ceasefire on the Supply of New Handguns to Criminals.” *Criminology & Public Policy* 4(4):717–48.

**Operation Cul-de-Sac**

*Description:* Operation Cul-de-Sac (OCDS) was designed to tackle the problem of gang violence—drive-by shootings, assault, and homicide—in high-crime areas of Los Angeles (LA), Calif. The Los Angeles Police Department (LAPD) installed traffic barriers to block access to certain streets by cars. The LAPD looked at data on gang violence to identify neighborhoods where gang violence and homicides were high. Analysis found much of the violence stemmed from multiple gangs fighting for the same prime drug sales locations. The analysis also determined that 80 percent to 90 percent of the drive-by shootings happened on residential streets at the periphery of the community. These residential streets connected to major thoroughfares, thus providing easy exit routes. Residential streets that only connected to other minor residential streets experienced very few drive-by shootings. The police therefore targeted for closure those streets that connected to major arteries.

The main intervention comprised street closures, although in the 1st year, this was combined with more intensive levels of street policing. The LAPD closed major roads leading to/from these hotspots by installing 14 temporary concrete K-rail (freeway dividers) traffic barriers. Signs were attached that read, “Narcotics Enforcement Area.” The barriers were placed to allow for unobstructed school, business, and emergency fire traffic. Being only 3 feet tall, the barriers did not impede foot traffic. Later, the concrete barriers were replaced with iron gates, which could be unlocked for emergency vehicles.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Community Crime Prevention , Situational Crime Prevention, Hot Spots Policing	High-crime areas of Los Angeles (LA), Calif	N/A	N/A	N/A	The cost of permanent traffic barriers was relatively low (\$100 for concrete barriers; up to \$2,000 for more elaborate gates).	• Point 1
<b>Evaluation Outcomes</b>	The intervention significantly reduced drive-by shootings; caused predatory crime to fall 8 percent the first year and 37 percent the second year of the program; and increased student attendance by around 200 students per day at the local high school after the street closures.					

**References**

Lasley, James R. 1996. “Using Traffic Barriers to ‘Design Out’ Crime: A Program Evaluation of LAPD’s Operation Cul-de-Sac.” Fullerton, Calif.: California State University, Division of Political Science and Criminal Justice.

**Operation Peacekeeper**

*Description:* Operation Peacekeeper is a community and problem-oriented policing program that was implemented in 1997 to address gun violence among youth gang members in Stockton, Calif. The program’s goal is to reduce gang involvement among urban youth aged 10 to 18 and decrease gun-related violence among gang-involved youths. It is modeled after the Ceasefire Initiative by the Boston (Mass.) Police Department, which used detailed information about gang activity to identify problem areas and reduce gang-related violence in the Boston metropolitan area.

To convey a credible, clear message about the consequences of gang violence to youths already involved in or at risk of being involved in gangs, Operation Peacekeeper relies on Youth Outreach Workers to communicate to youths that they have better options for their lives. Youth Outreach Workers are streetwise young men and women trained in community organizing, mentoring, mediation, conflict resolution, and case management. Working in neighborhood settings wherever young people at risk of violence are found—including schools, parks, street corners, and apartment complexes—the Youth Outreach Workers serve as mentors and positive role models for youth. Their role is to make sure youths understand the consequences of violence and that there are positive alternatives to gang membership.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization, Gang Prevention/Intervention, Specific deterrence	Serious/Violent Offender, Young Offenders, Gang Members	Black, Asian/Pacific Islander, Hispanic, White, Other	10-18	Both	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	The program was associated with a significant decrease in the monthly number of gun homicides. Also, when compared to gun homicide trends in other midsize California cities, the reduction in homicides in Stockton could be associated with the program.					

**References**

Braga, Anthony. 2008. “Pulling Levers Focused Deterrence Strategies and the Prevention of Gun Homicide.” *Journal of Criminal Justice* 36(4):332–43.

**Philadelphia Policing Tactics Experiment: Offender-Focused Policing**

*Description:* The Philadelphia Policing Tactics Experiment was a randomized controlled field experiment that tested three approaches to hot spots policing: offender-focused (OF) policing, foot patrol, and problem-oriented policing. OF policing is a deterrence-based strategy targeting high-risk offenders. OF policing’s main goal is to reduce violence by increasing the risk of apprehension for an area’s most prolific offenders. Targeted offenders were identified by intelligence analysts based on data from several police departments. This tactic was implemented in 20 violent crime hot spots in Philadelphia, as part of a field experiment testing different policing tactics in small, high-crime areas.

The selected individuals were subjected to increased police attention, including proactive questioning and surveillance. Officers assigned to OF policing aggressively patrolled the identified hot spots and made frequent contacts with the prolific offenders. The contacts ranged from making small talk with the known offenders to serving arrest warrants if the target offenders committed crimes. Some OF officers collaborated with local beat officers as well. In addition, some districts used flat-screen televisions in roll-call rooms to display photos and convey other intelligence on the target offenders to all law enforcement personnel in the district.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Violence Prevention, Hot Spots Policing, Specific deterrence	Repeat violent offenders	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1

<b>Evaluation Outcomes</b>	Hot spots that received the treatment reported significantly fewer violent crimes and violent felonies relative to the control areas. However, citizens’ perceptions of crime and safety were not impacted by the intervention.					
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**References**

Groff, Elizabeth R., Jerry H. Ratcliffe, Cory P. Haberman, Evan T. Sorg, Nola M. Joyce, and Ralph B. Taylor. 2015. “Does What Police Do at Hot Spots Matter? The Philadelphia Policing Tactics Experiment.” *Criminology* 53: 21-53.

Ratcliffe, Jerry H., Elizabeth R. Groff, Evan T. Sorg, and Cory P. Haberman. 2015. “Citizens’ Reactions to Hot Spots Policing: Impacts on Perceptions of Crime, Disorder, Safety, and Police.” *Journal of Experimental Criminology* 11: 393-417.

**Police Foot Patrol–Philadelphia 2009**

*Description:* The Philadelphia Police Department developed the Philadelphia Foot Patrol strategy in 2009, which used proactive, nonthreatening, and community-oriented approaches to local policing. The strategy combined these approaches with techniques borrowed from hot spots policing, disseminating foot patrol to specific high-crime locations. The overall goal was to create significant reductions in violent crime by increasing officer presence in high-crime locations, specifically during the summer months. The Philadelphia Foot Patrol Experiment in 2009 involved rookie officers who had just graduated from the police academy. The Philadelphia Foot Patrol Experiment was conducted over 22 weeks in the beginning of 2009 with two pairs of officers patrolled areas, resulting in 16 hours of patrol time per day. The hot spots targeted by the 2009 experiment encompassed an average of 1.3 miles of streets and 14.7 intersections.

During the implementation of the strategy, rookie officers engaged in various types of activities while patrolling assigned locations. Some officers engaged in extensive community-oriented work, speaking to community members and visiting child care centers and juvenile hangouts. Other officers took a more crime-oriented approach to their patrol assignment, stopping vehicles at stop signs and intersections, and interviewing pedestrians. In sum, the strategy used a meticulous analysis of the distribution of violent crime across locations, to successfully employ visible presence of officers in the most problematic areas.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Foot Patrol, Situational Crime Prevention, Violence Prevention, Hot Spots Policing, General deterrence	Concentrated on implementing foot patrol at certain addresses, street segments, and clusters of microspatial units with high levels of violent crime in Philadelphia.	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	There were significant reductions in reported violent crime, although the effect seemed to fade once officers were removed from their targeted beats.					

**References**

Ratcliffe, Jerry H., Travis Taniguchi, Elizabeth R. Groff, and Jennifer D. Wood. 2011. “The Philadelphia Foot Patrol Experiment: A Randomized Controlled Trial of Police Patrol Effectiveness in Violent Crime Hotspots.” *Criminology* 49(3):795–831.

Sorg, Evan T., Cory P. Haberman, Jerry H. Ratcliffe, and Elizabeth R. Groff. 2013. “Foot Patrol in Violent Crime Hot Spots: The Longitudinal Impact of Deterrence and Posttreatment Effects of Displacement.” *Criminology* 51(1):65–101.

<b>Portland (OR) Burglary Prevention Project</b>						
<p><i>Description:</i> The Portland (OR) Burglary Prevention Program was implemented in 1973 as part of the Impact Cities Initiative, which was funded by the Law Enforcement Assistance Administration. It was operated by the Crime Prevention Bureau (CPB), a division of Portland’s police department staffed by civilians. The program was intended to mobilize residents of neighborhoods to help develop a community crime-prevention strategy to reduce and prevent burglary in high-crime areas of Portland. More specifically, the program was intended to reduce burglaries at individual households, using private security techniques, and to promote safer neighborhoods by using collective prevention techniques.</p>						
<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Neighborhood Watch, Community Crime Prevention , Situational Crime Prevention, General deterrence	High-crime areas in Portland	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	Homes that participated in the program had lower burglary rates than those that did not. The results indicate that there was a citywide decline in burglary rates that could possibly be attributed to the program.					
<b>References</b>						
Schneider, Anne L. 1986. “Neighborhood-Based Antiburglary Strategies: An Analysis of Public and Private Benefits From the Portland Program.” In Dennis P. Rosenbaum (ed.). <i>Community Crime Prevention: Does It Work?</i> Beverly Hills, Calif: SAGE Publications, Inc., 68–86.						

**Safer Cities Programme (UK)**

*Description:* The Safer Cities Programme (SCP) was part of a larger British initiative, Action for Cities; SCP was designed to address diverse crimes (domestic and commercial burglary, domestic violence, etc.). The main goal of the program was twofold: to reduce crime and fear of crime, and to create safer environments for economic and community life to flourish.

Approximately 3,600 schemes, or projects, were funded through SCP. Of these, 500 focused on the prevention of domestic burglary. Comprehensive schemes appeared to be the most effective. Such programs combined: target hardening and community oriented activities. Although SCP is a national initiative, the initiative encouraged a local, team-based approach. A problem-oriented approach was used in the development of individual site schemes. Local crime data was used to identify particular crime problems and patterns, objectives were then set, and tailored preventive measures were selected. As programs were implemented, evaluation was encouraged so that changes could be made as appropriate.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization, Community Crime Prevention, Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention	Sites tended to experience general crime problems in addition to burglary, Police perceived burglary to be a particular concern of the area, Sites tended to be well-bounded geographical areas, Sites generally had a high level of police support	N/A	N/A	N/A	The overall cost for each burglary prevented was approximately £300 in high-crime areas and about £900 in lower-risk areas. The analysis estimated that the savings from these programs amounted to £31 million, which was close to the cost of implementing the Safer Cities Programme schemes.	• Point 1
<b>Evaluation Outcomes</b>	There was a reduction in burglary rates, burglary risk and the fear of burglary. For programs of moderate to high intensity, crime rates dropped in surrounding areas, while displacement was found more with the low-intensity programs.					

**References**

Eckblom, Paul, Ho Law, and Mike Sutton, with assistance from Paul Crisp and Richard Wiggins. 1996. *Safer Cities and Domestic Burglary. Home Office Research Study 164*. London, England: Home Office.  
[http://www.popcenter.org/library/scp/pdf/66-Eckblom\\_et\\_al.pdf](http://www.popcenter.org/library/scp/pdf/66-Eckblom_et_al.pdf)

Tilley, Nick, and Janice Webb. 1994. *Burglary Reduction: Findings From Safer Cities Schemes. Crime Prevention Unit Series: Paper No.51*. London, England: Home Office.  
<http://library.npia.police.uk/docs/hopolicers/fcpu51.pdf>



**San Diego (Calif.) Drug Abatement Response Team (DART)**

*Description:* The San Diego Drug Abatement Response Team (DART) in California was a program designed to reduce drug dealing at residential rental properties by encouraging improved property management practices. It leveraged the authority of civil law to pressure landlords into addressing problems at rental properties where drug problems had been identified.

The program targeted landlords and attempted to motivate positive changes through the possibility of nuisance abatement, which is a civil process whereby a property owner is sued to resolve public nuisances (such as drug dealing or prostitution) at a property. A suit carries the possibility of a large fine or even the loss of the property. The legal process is expensive and time-consuming, which explains why this strategy was combined with others. Some properties received letters from the DART. The letter informed them of the drug activity at the property and explained that the police would help them get rid of the drug dealers, if they wished. The letter also informed them that they could be sued under California law if they failed to remove the nuisance. Once the letter was sent, no further actions were taken by the police unless the property owner requested help.

A second group of properties also received a letter. This letter differed from that received by the first group: it emphasized the legal action the city of San Diego could take if the owners did not resolve the drug dealing problems at their property. The letter instructed owners to contact the police so that an interview could be scheduled; if the owner did not contact the police, the police followed up with them. At the scheduled meeting, the owner and police were joined by a member of the city’s Code of Compliance. They all inspected the property and developed a plan for mitigating drug activities.

<b>Program Type</b>	<b>Targeted Population/Sites</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Crime Prevention , Situational Crime Prevention	Alcohol and Other Drug (AOD) Offenders, Private rental properties that had been subjected to some form of drug enforcement.	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	Properties that received the full intervention (letter from police department, meeting with police and code enforcement, and threatened nuisance abatement) experienced a significant reduction in crime at rental properties with drug problems and more drug offender evictions.					

**References**

Eck, John, and Julie Wartell. 1998. “Improving the Management of Rental Properties With Drug Problems: A Randomized Experiment.” *Crime Prevention Studies* 9:161–85.  
[http://www.popcenter.org/library/crimeprevention/volume\\_09/](http://www.popcenter.org/library/crimeprevention/volume_09/)

<b>Specialized Multi Agency Response Team (SMART)</b>						
<p><i>Description:</i> Specialized Multi Agency Response Teams (SMARTs) are part of a team-based approach to reduce drug-related problems and improve habitation conditions at targeted problem sites. Once a site has been identified, the police visit the area and meet with various stakeholders (such as community representatives, landlords, and business owners) to establish working relationships. Police attempt to communicate to the stakeholders that they (the police) are invested in cleaning up the area. The police suggest simple crime prevention measures and explain landlords’ rights and tenants’ responsibilities. Activities can vary by site and include alternative, problem-solving tactics (e.g., inspecting drug-nuisance properties, posting “no trespassing” signs) and traditional law enforcement tactics (e.g., the arrest of drug dealers, increased police patrols at targeted sites).</p> <p>If these early measures do not lead to improvements, police deploy SMARTs to identify violations of various civil laws and regulatory rules. The team can include representatives from a variety of agencies, including housing, public works, fire, vector control, and the public utilities. These representatives inspect local properties, and when violations are identified to local fire, housing, or public works, vector control, or public utilities, the city inspectors issue citations. When violations are not rectified, civil laws can be used to bring suit against owners of drug-nuisance properties.</p>						
<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization, Community Crime Prevention, Situational Crime Prevention, Hot Spots Policing	Target sites are identified by police according to the number of emergency calls from an area, the number of narcotic arrests there, or special requests for police assistance from community-based groups. Sites can be residential or commercial, and they often experience multiple problems	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	Half the treatment sites experienced improvements in field contacts or arrests. There were reductions in the number of individuals contacted or arrested at the same SMART site; in the number of persons displaced to a catchment area address; and in the number of new individuals attracted to a site (suggesting a small net diffusion of benefits).					
<b>References</b>						
Green, Lorraine. 1995. “Cleaning Up Drug Hot Spots in Oakland, Calif.: The Displacement and Diffusion Effects.” <i>Justice Quarterly</i> 12(4):737–54.						

**Baltimore City (Md.) Drug Treatment Court**

*Description:* The objective of the BCDTC is to identify offenders with substance abuse addiction and offer them a treatment alternative to incarceration. There are four main goals: 1) Provide pretrial, drug-dependent detainees with close supervision, 2) Allow judges to use a cost-effective sentencing option by providing a fully integrated and comprehensive treatment program, 3) Reduce recidivism rates of street crime committed by drug-motivated offenders, and 4) Facilitate the academic, vocational, and prosocial skill development of offenders

Potential drug court participants are referred to the program from one of two tracks: circuit court felony cases or district court misdemeanor cases. An offender must satisfy several requirements to be eligible for participation in BCDTC –e.g., admit to substance use and/or show evidence of past substance use charges, not have any prior or current convictions for violent offenses, etc. If the public defender and State’s attorney determine the offender is best served by drug treatment court, the offender is sent to the drug court assessment unit. Staff members from this unit administer the Level of Supervision Inventory – Revised and Addiction Severity Index to assess the offender’s suitability for the program. Once the assessment is complete, the unit staff member decides whether to recommend the offender for the program. If recommended, the offender, State’s attorney, public defender, and probation agent appear before the drug treatment court judge to discuss the case. The judge ultimately renders the final decision of whether an offender will participate in the program.

The BCDTC program consists of four main elements: intensive probation supervision, drug testing, drug treatment, and judicial monitoring. Offenders must adhere to three face-to-face meetings with their probation officer per month, two home-visits, and verification of employment status. Drug testing is also performed in a series of phases of decreasing intensity. Judicial monitoring takes place in the form of frequent status hearings.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Drug Court, Individual Therapy, Probation/Parole Services, Residential Treatment Center	Alcohol and Other Drug (AOD) Offenders	Black, Hispanic, White	18+	Both	Average criminal justice system outcome costs were 4.8 percent lower for BCDTC participants (\$61,756) after 10 years than comparison group members (\$64,701). This results in a total cost savings of \$2,945 per participant over 10 years (or \$294.50 per participant per year).	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	Participants were significantly less likely to be rearrested and had lower scores of maximum crime seriousness. There was no significant difference between drug court participants and control members with respect to employment, physical and mental health or family and social relationships.					

**References**

Gottfredson et al. 2003. “Effectiveness of Drug Treatment Courts: Evidence From A Randomized Trial.” *Criminology & Public Policy* 2(2):171–96.

Gottfredson et al. 2005. “The Baltimore City Drug Treatment Court: 3-Year Self-Report Outcome Study.” *Evaluation Review* 29(1):42–64.

**CCTV in Five English Cities**

*Description:* Closed-circuit television (CCTV) cameras were installed in five urban center entertainment districts that attract economic activity at night and relatively high pedestrian and vehicle traffic. The towns and cities were Ashford, Eastbourne, Lincoln, Newport (Isle of Wight), and Peterborough. Cameras were installed to reduce crime and ran 24 hours a day.

In all but Eastbourne—where the police installed the cameras—the cameras were installed by the local council. These systems were linked with the police through dedicated telephone lines in the CCTV control rooms. Any actions taken as a result of information on assaults or precursors to violence were taken by the police.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence	Urban center entertainment districts that attract economic activity at night and relatively high pedestrian and vehicle traffic	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** Visits to emergency departments for assault-related injuries decreased. Although police-recorded violence increased in both the intervention and control sites, it increased more in the intervention sites than the control sites--a variation across sites and not statistically significant.

**References**

Sivarajasingam, Vaseekaran, Jonathan P. Shepherd, and Kent Matthews. 2003. "Effect of Urban Closed Circuit Television on Assault Injury and Violence Detection." *Injury Prevention* 9:312–16.

**CCTV in Gillingham, England**

*Description:* The public spaces in Gillingham, England’s High Street and the town center car parks were selected for closed-circuit television camera (CCTV) installation in order to reduce criminal activity in public spaces and increase feelings of safety for members of the community. In 1997, seven CCTV cameras were installed along High Street, much of which is a pedestrian zone, and in the adjacent car parks. The cameras could be used to identify individuals, groups, and car plate numbers in the majority of High Street and the car parks. Security staff monitored the cameras 24 hours each day, one operator per shift.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence	Public spaces in Gillingham, England’s High Street and the town center car parks	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	There was a reduction of crime in the treatment area, specifically driven by declines in property crime. However, violent crime increased in the treatment and comparison area. These increases were statistically significant.					
<b>References</b>						
Griffiths, Matthew. (2003). “Town Centre CCTV: An Examination of Crime Reduction in Gillingham, Kent.” Reading, England: University of Reading. <a href="http://www.popcenter.org/Responses/video_surveillance/PDFs/Griffith_nd.pdf">http://www.popcenter.org/Responses/video_surveillance/PDFs/Griffith_nd.pdf</a>						

**CCTV in Philadelphia (Pa.)**

*Description:* The city of Philadelphia, Pa., installed 18 closed-circuit television (CCTV) cameras at various locations in the city between July 2006 and November 2006 to help reduce crime. These cameras are monitored by the Philadelphia Police Department. Of the 18 cameras, eight were pan, tilt, zoom cameras. These cameras can be controlled by a remote operator so that they can tilt up and down, pan around the surrounding area, or zoom in on a particular segment of the viewing area or “viewshed.” These images are viewed in real time by a police officer. The remaining 10 cameras were Portable Overt Digital Surveillance System cameras. They do not allow for real-time image viewing. These cameras are moveable, the recording system is located in a bullet-resistant unit, and the camera emits a flashing strobe light to attract the attention of people in the area. The images can be viewed by patrol officers with equipment designed to access a wireless link.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence	N/A	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** Camera implementation had no significant impact upon the amount of serious crime in the target area but did significantly reduce the number of crime events and disorder type crimes. There were mixed results with respect to displacement/diffusion of benefits across evaluation sites.

**References**

Ratcliffe, Jerry H., Travis Taniguchi, and Ralph B. Taylor. 2009. “The Crime-Reduction Effects of Public CCTV Cameras: A Multi-Method Spatial Approach.” *Justice Quarterly* 26(4): 46–70.  
[http://jratcliffe.net/papers/Ratcliffe%20et%20al%20%282009%29%20Crime%20reduction%20effects%20of%](http://jratcliffe.net/papers/Ratcliffe%20et%20al%20%282009%29%20Crime%20reduction%20effects%20of%20)

**CCTV in Redton, England**

*Description:* The town of Redton, England, installed closed-circuit television (CCTV) cameras to cover most of the central commercial district, in part in response to concern in the business community about the town center’s decline. Sixty-three cameras were installed in the commercial center, in multistory parking garages, and along the main town center’s arterial roads. The cameras became operational in October 1995. Additionally, 47 “Help Points” were also installed to facilitate two-way communication between the public and the main control room.

The system includes three control rooms. The main control room is located at the police station, which is staffed 24 hours a day, 7 days a week by civilian Police Authority employees. This control room has access to all the cameras; employees located there can override the decisions of the auxiliary control rooms and bear the responsibility for crime prevention and detection by the system. Employees in the main control room can communicate easily with operational police units.

<b>Program Type</b>	<b>Target Site</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence	commercial district	N/A	N/A	N/A	There is no cost information available for this program	• Point 1

**Evaluation Outcomes** Using a trend analysis, there was no significant overall crime decrease. However, in analyses of separate types of crime, controlling for trends, the reduction was significant for some types of crime (theft of and from vehicles), but not from others (other theft, shoplifting).

**References**

Skinns, D. 1998. "Crime Reduction, Diffusion, and Displacement: Evaluating the Effectiveness of CCTV." In C. Norris, J. Moran, and G. Armstrong (eds.). *Surveillance, Closed Circuit Television, and Social Control*. Aldershot, England: Ashgate.

**CCTV in Southwark, England**

*Description:* The CCTV (closed circuit television) in Southwark program primarily aims to reduce crime, including burglary, auto crime, robbery, sexual assault, theft, and vandalism. Secondary aims of the program include reducing fear and improving public/business perceptions of the area. Although the process varied slightly across sites, the local government authority usually partnered with the police and local businesses to decide on the installation of cameras. The costs for installation have generally been split among various combinations of the local governmental council, local commercial interests, and the Home Office (United Kingdom). Maintenance of the system usually is supported by commercial interests and the local council. The cameras were installed so that they would be clearly visible, to attain their maximum deterrence effect; also, the degree of coverage was considered.

Police can visit the sites to retrieve tapes for viewing, but sometimes operators view tapes for police. The relationship between the operators and police can vary as well. Some sites have a very proactive relationship between the two. Moreover, the different environments can affect how the cameras are used and how effective they are.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence	Four areas were selected for camera installation in the Southwark Borough of London, England, to address local problems.	N/A	N/A	N/A	Annual costs, including capital costs and maintenance/operating expenditures, at £280,000 for the area.	• Point 1
<b>Evaluation Outcomes</b>	The evaluation showed a reduction in crime rates and improved public safety perceptions. With respect to displacement, buffer area reductions either matched or exceeded reductions in the target areas.					

**References**

Sarno, Chris, Michael Hough, and Marjorie Bulos. 1999. *Developing a Picture of CCTV in Southwark Town Centres: Final Report*. London, England: South Bank University.

[http://www.popcenter.org/problems/drugdealing\\_openair/PDFs/CCTV%20in%20Southwark%20Town](http://www.popcenter.org/problems/drugdealing_openair/PDFs/CCTV%20in%20Southwark%20Town)



**Canberra Reintegrative Shaming Experiments**

*Description:* The Reintegrative Shaming Experiments (RISE) in Canberra, Australia, were designed to measure the impact of “restorative policing” on both victims and offenders’ perceptions of justice, as well as overall satisfaction following the conference. The experiments also investigated the impact of restorative justice diversionary practices, particularly those that used the Wagga Wagga conference model, on repeat offending. The ultimate goal of the conference is to repair the harm caused by the offense by bringing together the offender, victim, and members of the community in a way that allows offenders to reintegrate into the community, and victims to return to their normal routines without fear of further victimization.

The RISE experiments were conducted to test the impact of reintegrative shaming conferences used in restorative justice. Diversionary conferencing, particularly the Wagga Wagga model investigated in the RISE experiments, typically lasts 1–2 hours. During this time the offender, victim, and supportive individuals for both parties discuss the crime, its impact, and reach an agreement on how the offender can make amends for the future. The Wagga Wagga model is different than other diversionary conferences in that the conference coordinator and facilitator is a police officer, and the conference is held at a police station; other diversionary conferences are held by non-police coordinators and facilitators at various other locations. In contrast to other restorative justice models, the Wagga Wagga conference model also used a great deal of reintegrative shaming.

The RISE experiments included offenders who had committed four types of offenses: drinking and driving, juvenile property offenses, juvenile shoplifting offenses, and youth violent offenses. The aim of the project was to include “middle range” offenses, neither so trivial that they would normally be dealt with by a simple caution or warning, nor so serious that the police would be reluctant to bypass the court system in favor of an experimental alternative (serious, sexual, and domestic violence offenses were excluded).

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Diversion, Restorative Justice, Victim Programs	Young Offenders, Victims of Crime, Alcohol and Other Drug (AOD) Offenders	Not specified	15-29	Both	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** The evaluation found a significant decrease in the reoffending rates of violent offenders some impact on offenders’ attitudes about the legitimacy of the law and reoffending. The evaluation found a limited impact of diversionary conferencing on recidivism outcomes.

**References**

Sherman, Lawrence W., Heather Strang, and Daniel J. Woods. 2000. *Recidivism Patterns in Canberra Reintegrative Shaming Experiments (RISE)*. Canberra, Australia: Australian National University, Research School of Social Sciences, Centre for Restorative Justice.

Tyler, Tom R., Lawrence Sherman, Heather Strang, Geoffrey C. Barnes, and Daniel Woods. 2007. “Reintegrative Shaming, Procedural Justice, and Recidivism: The Engagement of Offenders’ Psychological Mechanisms in the Canberra RISE Drinking-and-Driving Experiment.” *Law & Society Review* 41(3):553–585.

**Cardiff (Wales) Violence Prevention Programme (CVPP)**

*Description:* The Cardiff (Wales) Violence Prevention Programme (CVPP) is a multiagency partnership designed to prevent all forms of violence and reduce violence-related, emergency room admissions, particularly late at night and on weekends, when services are overextended and alcohol-related disorders are common.

CVPP was developed to serve as a data-sharing strategy and became fully operational in 2003. Through CVPP, city government representatives, police, city-licensing regulators, and an emergency-department consultant work together, and use data collected in emergency departments and through police intelligence to inform targeted-policing efforts and other strategies. It is believed that including emergency departments leads to increased violence prevention, as emergency departments have the unique ability to share anonymized electronic data about the precise location, weapon use, assailants, and the day/time of the violence that is not always known to the police. Using the combined emergency department and police data, the CVPP met about every 6 weeks to introduce or try to sustain a range of strategies that were designed to address the specific risks and patterns identified through the combined hospital and police data. Police strategies could include adjustments to patrol routes, employing more police in the city rather than the suburbs, targeting problematic areas, and informing the public of the use of closed circuit television.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization, Crisis Intervention/Response, Situational Crime Prevention, Violence Prevention, Hot Spots Policing	N/A	N/A	N/A	N/A	For every 1 British pound spent on the program, there was a savings of 19 pounds in criminal justice costs. In U.S. dollars, this means that for approximately every \$1.50 spent, there was a \$29 reduction in criminal justice costs.	• Point 1

**Evaluation Outcomes** Both hospital admissions related to violence and violence recorded by the police decreased as a result of the program, when compared with the comparison cities.

**References**

Florence, Curtis, Jonathan Shepherd, Iain Brennan, and Thomas Simon. 2011. "Effectiveness of Anonymised Information Sharing and Use in Health Service, Police, and Local Government Partnership for Preventing Violence Related Injury: Experimental Study and Time Series Analysis." *British Medical Journal* 342: 1–9.

**Charlotte–Mecklenburg (N.C.) Police Department Domestic Violence Unit**

*Description:* In the early 1990s, several U.S. cities explored the effects of policing practices on domestic violence. In the Charlotte, N.C., study, null effects were found for the deterrent effect of arrest on recidivism of domestic violence offenders—that is, arresting the offender did not have any significant effects on recidivism when compared to separating the offender from the victim or issuing a citation. The Charlotte–Mecklenburg Police Department concluded from the study that arrest alone was not enough to deter domestic violence and that further steps were necessary to reduce domestic violence in Charlotte. The department subsequently established a specialized unit to handle domestic violence cases, and the Domestic Violence Unit (DV Unit) was implemented as part of the Special Victims Unit in 1995. The goals of the unit are to reduce recidivism of serious domestic violence offenders and to assist victims of domestic violence through the process of prosecution and recovery. As such, the DV Unit is designed to assist with particularly chronic or violent cases of domestic violence. All domestic violence cases in the county are forwarded to the police sergeant, who decides if the case should be assigned to standard patrol or the DV Unit. Reports of cases are reviewed, and decisions are made based on the offender’s history and the severity of the case. Most of the cases involve intimate partner violence, as opposed to family violence.

The two main components of the DV Unit are 1) intensive investigation and 2) victim assistance. In the investigation component, domestic violence cases are assessed and, based on their seriousness, are determined if they are eligible for processing in the DV Unit. For those cases chosen for processing by the unit, the police department conducts follow-up interviews with witnesses, identifies and corrects missing information from reports, and prepares case materials for the district attorney. This specialized and focused attention is one of the main factors that differentiates the DV Unit from standard police processing. The victim assistance component provides services to help victims of domestic violence through the criminal justice process -e.g., providing crisis intervention, shelter, and food and gas cards to victims of domestic violence, counseling, making referrals to social service agencies, helping develop safety plans, and guiding victims through specific criminal justice procedures, such as obtaining restraining orders.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Crisis Intervention/Response, Wraparound/Case Management, Victim Programs, Specific deterrence	Serious/Violent Offender, Victims of Domestic Crime	Black, Hispanic, White, Other	Not specified	Both	There is no cost information available for this program	• Point 1
<b>Evaluation Outcomes</b>	Assigned offenders are less likely to recidivate compared to the control group. Offenders assigned to the unit had significantly lower recidivism frequency rates in comparison to offenders assigned to standard patrol.					

**References**

Exum, Lyn, Jennifer L. Hartman, Paul C. Friday, and Vivian B. Lord. 2010. “Policing Domestic Violence in the Post-SARP Era: The Impact of a Domestic Violence Police Unit.” *Crime & Delinquency* (Online first Nov. 4, 2010).

**Chicago Alternative Policing Strategy (CAPS)**

*Description:* The Chicago (IL) Alternative Policing Strategy (CAPS) is a community-based program established to transform policing efforts into an efficient five-step process for law enforcement. The goal of CAPS is to solve neighborhood crime problems, rather than merely to react to their symptomatic consequences. The program was developed by the Chicago Police Department (CPD).

Program activities consist of law enforcement’s concentrating more intensively on the community and on prevention, while rotating with other teams that handle lower-priority and rapid response calls. A five-step process was created for CPD to implement CAPS. The process consists of 1) identifying and prioritizing problems, 2) analyzing problems, 3) strategizing designs to deal with problems, 4) implementing a plan, and 5) evaluating effectiveness. Community commitment and involvement are another main component of CAPS

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Community Crime Prevention , Situational Crime Prevention, Violence Prevention	The program began in five policing districts but expanded to encompass the entire city of Chicago after a testing phase	Black, Hispanic, White	Not specified	Both	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** The study found that in close to half of the target beats, there was a reduction in crime versus what was found in comparison beats. However, the results also showed that there were some unsuccessful cases where the crime rate in the intervention increased versus the comparison beat.

**References**

Kim, So Young, and Wesley G. Skogan. 2003. *Community Policing Working Paper 27: Statistical Analysis of Time series Data on Problem Solving*. Chicago, Ill.: Illinois Criminal Justice Informational Authority.  
[http://www.ipr.northwestern.edu/faculty-experts/docs/policing\\_papers/caps27.pdf](http://www.ipr.northwestern.edu/faculty-experts/docs/policing_papers/caps27.pdf)

**Click-It-or-Ticket Campaign (Mass.)**

*Description:* The Click-It-or-Ticket (CIOT) program is a federal seat-belt-enforcement campaign initiated and funded by the National Highway Traffic Safety Administration. The overall goal of CIOT is to improve road safety by requiring drivers and passengers in vehicles to properly wear their seat belts.

The CIOT program occurs throughout the federal year through six mobilization periods of high-visibility traffic enforcement, and media advertisements that help to build public awareness about seat belt use. The mobilization periods are usually 1 to 2 weeks, and tend to take place around major holidays (such as Memorial Day weekend). During this time, designated police officers specifically and aggressively focus on traffic law enforcement. The mobilization periods are preceded by advertisements in the media that alert the public of the upcoming seat-belt-enforcement mobilization.

In Massachusetts, local police agencies are given grants (based on their population size) to implement the CIOT campaign. Police officers apply for overtime to work during the campaign mobilizations. During the mobilizations, police officers focus on traffic law enforcement and do not respond to any other calls. Furthermore, police officers are expected to give out a certain number of tickets per shift (although they are not penalized if they do not attain that number).

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention , General deterrence, Specific deterrence	Drivers, of all ages, who are not using seat belts. However, there is a particular focus on 18- to 34-year-old male drivers.	Not specified	Varies	Both	In 2012, states participating in the Click-It-or-Ticket program spent approximately \$12 million on campaign publicity. At the national level, approximately \$8 million was spent	• Point 1
<b>Evaluation Outcomes</b>	There was a significant decrease in motor vehicle accidents, but no significant impact on non-fatal injuries caused by vehicle accidents.					

**References**

Luca, Dara Lee. 2014. “Do Traffic Tickets Reduce Motor Vehicle Accidents? Evidence from a Natural Experiment.” *Journal of Policy Analysis and Management* 34(1):85–106.

**Burglary Reduction (Hartlepool, England)**

*Description:* The Hartlepool program was designed to tackle burglary problems in two high-burglary areas of Hartlepool, England. It was part of the larger Reducing Burglary Initiative, launched by England’s Home Office in 1998, which identified and provided funding to areas around the country where the burglary rates were at least twice the national average. Conceived of as a comprehensive approach to solve community problems, the program consisted of the following activities:

- *Alleygating.* For this component, alleys were identified where the installation of gates could control access to the area.
- *Target hardening.* The purpose of this component was to make properties more secure and harder to access, particularly with regard to repeat victims, burglary hot spots, and end terrace properties.
- *Property marking.* For this part of the program, organizers offered to mark five items of property at each house.
- *Youth programs.* Two different types of programs were introduced –e.g., engage at-risk youth and youth development program targeted at young offenders.
- *Education and awareness activities.* These activities varied considerably, but were intended to promote crime prevention on the part of the community and its individuals.
- *Community development.* Many of the activities were directed at building the capacity of the community to respond to and prevent crime.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Afterschool/Recreation, Community and Problem Oriented Policing, Community Awareness/Mobilization , Community Crime Prevention , Situational Crime Prevention, Specific deterrence	High burglary areas	N/A	N/A	N/A	Total project costs over the life of the project at £54,000, and the value of burglaries saved at £118,030, yielding a cost–benefit ratio of 2.19 and net benefits of £64,000.	• Point 1 ( <i>crime prevention</i> )

**Evaluation Outcomes** The program led to a reduction in burglaries and repeat victimization in the target area.

**References**

Sturgeon–Adams, Louise, Sue Adamson, and Norman Davidson. 2005. *Hartlepool: A Case Study in Burglary Reduction*. Hull, England: Centre for Criminology and Criminal Justice, University of Hull.  
<http://www.popcenter.org/library/scp/pdf/177-SturgeonAdams.pdf>

**Compstat (Fort Worth, Texas)**

*Description:* The main goal of Compstat is to develop specialized solutions to combat criminal activity. The program aims to improve management of police resources and operation of the department. It promotes communication among the department to implement resources efficiently and to generate effective solutions to reduce crime. The Fort Worth Police Department sought to reduce crime by targeting disorder and nuisance crimes in the neighborhood to test the “broken windows” theory of crime control. The goal was to reduce disorder in the neighborhood, improve citizens’ quality of life, and reduce more-serious crimes.

The primary component of the Fort Worth Police Department Compstat is known as “focusing,” which entails proactive engagement and specialized interventions in law enforcement crime control efforts. The Fort Worth Police Department implements this element and other basic components of Compstat using the “All Staff Meeting” approach. This approach holds frequent intensive meetings to discuss crime strategies. Headquarters meetings are held every 2 weeks, while division meetings are held every week. At these meetings, commanders identify problems in their areas and present potential solutions, and every police officer is required to participate. Geographic information system (GIS) analysts at the department provide crime analyses based on GIS mapping; lag time is less than 24 hours, so they are able to identify criminal activity quickly. This detailed information is used to identify crime hot spots and to develop crime prevention strategies.

No special units were created in the department to specifically implement Compstat, but existing divisions were delegated to implement specific aspects of the program. The timely and accurate crime information that Compstat helped provide made the enforcement more effective. Broken windows enforcement against disorderly conduct and nuisance crimes was enforced using the agency’s Neighborhood Police Officers. The remaining units were patrol-enhanced information and directed efforts, detectives to provide proactive approaches to investigations, community policing neighborhood patrol, structured tactical units, patrol special duty assignments, and centralized and specialized investigations units. Zero-tolerance units were also implemented, with officers who were employed to use targeted enforcement to solve predominant crime issues rather than answering calls for service.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Crime Prevention , Hot Spots Policing, General deterrence	Areas in Fort Worth identified to have high crime rates or rates of disorder.	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	The program did not result in increased arrests for all six types of nuisance offenses. However, there was an increase in drunkenness, drug offenses and disorderly conduct arrests. There was no statistically significant effect on violent crime, but an effect on the reduction of property and index offense rates.					

**References**

Jang, Hyunseok, Larry T. Hoover, Hee–Jong Joo. 2010. “An Evaluation of Compstat’s Effect on Crime: The Fort Worth Experience.” *Police Quarterly* 13(4):387–412.

**Dallas (Texas) Anti-Gang Initiative**

*Description:* In response to high numbers of gang crimes in 1996, the Dallas Police Department implemented the Anti-Gang Initiative that year. The goal of the initiative was to reduce gang-related crime through the use of specialized police strategies. Specifically, the program sought to reduce gang-related violence among juveniles in Dallas.

To reduce gang-related violence, the program implemented three main suppression tactics:

- *Aggressive truancy enforcement*
- *Aggressive curfew enforcement*
- *Simple saturation patrol*

<b>Program Type</b>	<b>Targeted Population/ Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Gang Prevention/Intervention, Truancy Prevention, Children Exposed to Violence, Community Crime Prevention , Violence Prevention, General deterrence, Specific deterrence	Serious/Violent Offender, Status Offenders, Truants/Dropouts, Young Offenders, Children Exposed to Violence, Gang Members / high levels of gang-related crime	Not specified	6-17	Both	Officers received overtime pay for the saturated patrol, which was provided as part of the evaluation grant from the Office of Community Oriented Policing Services.	• Point 1
<b>Evaluation Outcomes</b>	There was a statistically significant decrease in violent gang-related offenses. There were no statistically significant reductions in gang-related offenses reported to police					

**References**

Fritsch, Eric, Tory J. Caeti, and Robert W. Taylor. 1999. "Gang Suppression Through Saturation Patrol, Aggressive Curfew, and Truancy Enforcement: A Quasi-Experimental Test of the Dallas Anti-Gang Initiative." *Crime & Delinquency* 45(1):122–39.



**Data-Driven Approaches to Crime and Traffic Safety (DDACTS) in Kansas**

*Description:* Data-Driven Approaches to Crime and Traffic Safety (DDACTS) is a law-enforcement model in which both location-based crime and automobile crash data is analyzed through geo-mapping to determine problem locations, or “hot spots” (areas of high incidence of crimes and crashes) to employ targeted traffic enforcement strategies. The goal of DDACTS is to reduce crime, crashes, and traffic violations, as a means of improving the quality of life in the community.

DDACTS implementation is based on the following seven guiding principles of comprehensive, community-based law enforcement:

- Partners and stakeholder participation
- Data collection
- Data analysis
- Strategic operations
- Information sharing and outreach
- Monitoring, evaluation, and adjustment
- Outcomes

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, Hot Spots Policing, General deterrence, Specific deterrence	N/A	N/A	N/A	N/A	Implementation of Data-Driven Approaches to Crime and Traffic Safety (DDACTS) activities has no budgetary impact, as existing staff and no extra duty or overtime assignments are used	• Point 1
<b>Evaluation Outcomes</b>	The areas of targeted enforcement experienced significant declines in robberies, burglaries, and traffic crashes.					

**References**

Bryant, Kevin M., Gregory M. Collins, and Michael D. White. 2015. *Shawnee, Kansas, Smart Policing Initiative*. Washington, D.C.: Bureau of Justice Assistance, Smart Policing Initiative.

Bryant, Kevin M., Greg Collins, and Josie Villa. 2014. *An Evaluation of Data-Driven Approaches to Crime and Traffic Safety in Shawnee, Kansas: 2010-2013*. Washington, D.C.: Bureau of Justice Assistance, Smart Policing Initiative.

**Drug Market Analysis Program (Jersey City, NJ)**

*Description:* In 1990 the National Institute of Justice introduced the Drug Market Analysis (DMA) Program, which sought to develop strategies for countering street-level drug distribution and associated disorder problems as well as to encourage the use of geographic data in crime analysis. The DMA Program aimed to systematically evaluate policing strategies and programs to form a solid research base for targeting street-level drug markets. Jersey City, N.J., was one of five DMA demonstration sites. The program was developed to reduce drug-related activities in numerous identified hot spots around Jersey City.

This intervention consisted of three stages. The first stage, known as the “planning stage”, involved assignment of specific hot spots to individual responsible officers. These officers gathered intelligence, met with local businesses and residents, identified the specific areas within the hot spot to target, and drew up case files on the main individuals involved in local illicit drug sales. In the second stage, the “implementation stage”, the officers in charge coordinated the drug abatement to close down the local street-drug markets. This was done through an intensive crackdown on the hot spots, which varied in size and show of force depending on the geographic specificities, and could include the participation of other local government agencies (e.g., licensing, sanitation, buildings). In the final stage, the “maintenance stage”, the officers responsible maintained the gains made during the crackdown by monitoring the activity, alerting police patrol to intensify surveillance if necessary, and in larger sites coordinated foot patrols.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Community Crime Prevention , Situational Crime Prevention, Violence Prevention, Hot Spots Policing, Specific deterrence	The program was developed for implementation in drug hot spots	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	There was no significant difference between the experimental and control locations on violence and property offenses; but, there were reductions in disorder and narcotics offenses and fewer calls for service for some measures in the treatment catchment areas.					
<b>References</b>						
Weisburd, David L., and Lorraine A. Green. 1995. “Policing Drug Hot Spots: The Jersey City Drug Market Analysis Experiment.” <i>Justice Quarterly</i> 12(4):711–35.						

**Directed Patrol and Self-Initiated Enforcement in Hot Spots (St. Louis, Missouri)**

*Description:* In 2012, the St. Louis Metropolitan Police Department (SLMPD) implemented an experiment to assess the impact of different hot spots-policing tactics (directed patrol and self-initiated enforcement) on firearm violence. The experiment was implemented as part of a “Public Safety Partnership,” which included the SLMPD, the mayor’s office, and researchers at the University of Missouri, St. Louis. The SLMPD’s Crime Analysis Unit (CAU), alongside university researchers, developed the experiment, which was designed to last for 9 months.

Officers who were assigned to directed patrol were instructed to patrol slowly through the hot spots area and avoid engaging in self-initiated contact, unless a crime was in progress, or the safety of a citizen or fellow officer was in jeopardy. Conversely, officers who were assigned to self-initiated enforcement tactics were also instructed to patrol slowly through the hot spots area, but were also told to engage in forms of self-initiated activity. Self-initiated activity was defined as arrest, pedestrian checks, building checks, occupied vehicle checks, unoccupied vehicle checks, foot patrol, and problem solving

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Violence Prevention, Hot Spots Policing, General deterrence	Areas in St. Louis with the highest amount and concentration of firearm violence and robberies occurring over several months during the year prior to the experiment	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	Hot spots that received the self-initiated enforcement experienced a significant reduction in firearm assault rates. However, no differences were found on firearm robbery rates.					

**References**

Rosenfeld, Richard, Michael J. Deckard, and Emily Blackburn. 2014. “The Effects of Directed Patrol and Self-Initiated Enforcement on Firearm Violence: A Randomized Controlled Study of Hot Spot Policing.” *Criminology* 52(3): 428–49.

**Kansas City (MO) Gun Experiment**

*Description:* The Kansas City (MO) Gun Experiment was a police patrol project that was aimed at reducing gun violence, drive-by shootings, and homicides. For 29 weeks during 1992–93, the Kansas City Police Department (KCPD) focused extra police patrols in gun crime “hot spots” in a targeted area of the city. Extra patrol was provided in rotation by officers from the Central Patrol Division in a pair of two-officer cars. The officers on overtime worked from 7 p.m. to 1 a.m., 7 days a week. They were asked to concentrate on gun detection through proactive patrol, and they were not required to answer other calls for service.

The KCPD actually implemented three different strategies for increasing gun seizures in beat 144: 1) door-to-door solicitation of anonymous tips; 2) training police to interpret gun-carrying cues in body language; and 3) field interrogations in gun crime hot spots. The extra police patrol in hot spots areas was associated entirely with the third strategy. The actual techniques used by the officers to locate guns varied widely. They included searches of individuals under arrest on charges other than gun crimes, plain-view searches of cars, and safety frisks of individuals who had been stopped in their cars for traffic violations.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Weed and Seed Programs, Violence Prevention, Hot Spots Policing, General deterrence	Gun crime “hot spots”	White, Other	Varies	Both	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	There was an increase in gun seizures, a decline in gun crimes, some evidence of program benefit diffusion, and no displacement. There were lower homicides in the targeted area but no statistical difference in drive-by shootings or other types of crimes.					

**References**

Sherman, Lawrence W., and Dennis P. Rogan. 1995. “The Effects of Gun Seizures on Gun Violence: ‘Hot Spots’ Patrol in Kansas City.” *Justice Quarterly* 12(4):673–93.

**Kansas City (MO) Police Department Street Narcotics Unit**

*Description:* In Kansas City, MO, drug-related arrests more than tripled from 1,110 in 1988 to 3,806 in 1989. From 1988 to 1989, there was also an increase in the perception among citizens that crack houses were spreading in Kansas City. Pressure was placed on the Kansas City Police Department to address the problem and as a result, the department implemented the Street Narcotics Unit in 1989. The unit was employed specifically to raid crack houses on blocks with high levels of disorder and crime. The stated purpose of the unit was not to lock up drug offenders or even to substantially disrupt the drug market, but rather to improve public order by reducing crack-related crime in neighborhoods. The goal was also to provide short-term deterrence in blocks with high levels of disorder.

An undercover police officer or confidential informant (under the supervision of an undercover officer) would enter a suspected crack house and attempt to buy crack using marked bills. If the buy was successful, the drugs were impounded, and a search warrant was issued for the site. The warrant could then be issued within the subsequent 10 days. These raids were purposely made highly visible to people in the surrounding areas, with the intent of producing a short-term deterrent effect.

<b>Program Type</b>	<b>Targeted Population / Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Crisis Intervention/Response, Community Crime Prevention, Hot Spots Policing	Alcohol and Other Drug (AOD) Offenders / Crack houses on blocks with high levels of crime and disorder were selected using a combination of citizen complaints to a hotline, reports of crime in the area, and police identification of sites.	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	There were fewer calls for service and reported offenses for the experimental group. The Follow-up effects were sustained for both outcomes for about 2 weeks after the experiment ended.					

**References**

Sherman, Lawrence, and Dennis Rogan. 1995. "Deterrent Effects of Police Raids on Crack Houses: A Randomized, Controlled Experiment." *Justice Quarterly* 12(4):755–81.

**Indianapolis (Ind.) Directed Patrol**

*Description:* The main goal of directed patrol was to reduce crime in Indianapolis, particularly violent firearm-related crimes, by increasing police presence in high-crime areas. This proactive approach allowed officers to concentrate on suspicious activities and high-risk offenders, and to provide a deterrent effect in high-crime areas. This would ultimately incapacitate dangerous offenders and remove illegal guns from the streets.

During directed patrol, officers are relieved of the duty of responding to calls for service and instead assigned to a specific high-crime area to allow them to conduct proactive investigations of suspicious activities. Aggressive traffic enforcement and traffic stops are frequently used to investigate suspicious activities.

<b>Program Type</b>	<b>Targeted Population /Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Crime Prevention , Violence Prevention, Hot Spots Policing, General deterrence, Specific deterrence	Serious/Violent Offender, High Risk Offenders / police beats with high crime rates	N/A	N/A	N/A	The budgeted cost for the police department was \$120,000 to cover the overtime costs of officers working on this program	• Point 1
<b>Evaluation Outcomes</b>	The effect on reducing firearms crime was seen in the North target beats, but not the East. Control police beats showed an increase in gun crimes, and in the remaining areas of Indianapolis homicides increased.					

**References**

McGarrell, Edmund, Steven Chermak, Alexander Weiss, and Jeremy Wilson. 2001. "Reducing Firearms Violence Through Directed Police Patrol." *Criminology & Public Policy* 1(1):119-48

**Indianapolis (Ind.) Violence Reduction Partnership (IVRP)**

*Description:* The Indianapolis (Ind.) Violence Reduction Partnership (IVRP) was created in response to high levels of gun-related homicides in Indianapolis during the 1990s. It was a replication of the “Project Ceasefire” initiative by the Boston (Mass.) Police Department, which simultaneously held meetings with gang members to communicate a message of deterrence and launched a gang crackdown. Inspired by the success of the Boston initiative, the Indianapolis Metropolitan Police Department created its own version of the program in 1998. The program used a specialized approach to reduce gun-related violence among those most at risk for offending, mainly gang-involved chronic offenders who used illegal firearms.

The program was comprised of three stages: identification, implementation, and outreach:

- *Identification.* During this identification stage, research was conducted to find out details about the homicide problem in Indianapolis, including identification of key offenders and patterns of offending.
- *Implementation.* During this stage, “pulling lever” meetings were held with probationers and parolees. In these meetings, a message of deterrence was communicated, along with the consequences of violating the law.
- *Outreach.* This stage depended upon the participation of community partners. Meetings were held to come up with ideas to supplement the program, and neighborhood leaders, social service providers, and ex-offender mentors were recruited to participate.

Throughout all stages of the program, collaboration with community partners, criminal justice agencies, and research associates was necessary to tailor a specialized solution to the problem of gun violence in Indianapolis.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Gang Prevention/Intervention, Violence Prevention, Specific deterrence	Serious/Violent Offender, Gang Members, High Risk Offenders	Black, Asian/Pacific Islander, Hispanic, White, Other	Not specified	Both	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** When compared to the homicide trends in six other cities, Indianapolis was the only one that experienced a statistically significant decline. Gang-related homicides and homicides involving 15-24 year olds also showed a statistically significant decline.

**References**

McGarrell, Edmund, Steven Chermak, Jeremy Wilson, and Nicholas Corsaro. 2006. “Reducing Homicide Through a ‘Lever-Pulling’ Strategy.” *Justice Quarterly* 23(2):214–31.

Corsaro, Nicholas and Edmund McGarrell. 2009. “Testing a Promising Homicide Reduction Strategy: Reassessing the Impact of the Indianapolis ‘Pulling Levers’ Intervention.” *Journal of Experimental Criminology* 5(1):63–82.

Corsaro, Nicholas and Edmund McGarrell. 2010. “Reducing Homicide Risk in Indianapolis Between 1997 and 2000.” *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 87(5):851–64.

**Gunshot Detection Technology (Hampton, VA)**

*Description:* Gunshot detection systems are used by law enforcement to detect, respond to, and investigate gunfire. They are usually installed in high-crime urban areas as part of targeted interventions to reduce firearm-related crimes and violence in specific neighborhoods. The system improves police response to gunshots in two ways: 1) it alerts police to gunshots when there is no other notification (such as citizen calls for service or patrol officer observation), and 2) it shortens response time when there is notification, especially through a 911 call or other citizen call for service. Gunshot detection systems are completely automated and designed to notify police every time a possible gunshot is detected. In addition, the location information the system provides is much more accurate (within a few meters) about where the sound occurred. Citizen reports are not as accurate, which can increase police investigation time.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Crime Prevention , Violence Prevention	high-crime urban areas with firearm-related crimes	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** The study found promising results with regard to the gunshot detection system’s ability to improve community detection, as well as improve the data accuracy of gunshot events. However, results did not show a significant impact on the technology’s ability to reduce crime.

**References**

Scharf, Peter, Michael Geerken, and George Bradley. 2008. *Draft Technical Report for SECURES Demonstration in Hampton and Newport News, Virginia*. Washington, D.C.: Department of Justice, Office of Justice Programs, National Institute of Justice.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/233342.pdf>



**Law Enforcement Assisted Diversion (LEAD) Program (Seattle, Washington)**

*Description:* The Law Enforcement Assisted Diversion (LEAD) program is a pre-booking, community-based diversion program that was developed in Seattle, Washington. The program was designed to divert those suspected of low-level drug and prostitution offenses away from jail and prosecution and into case management, legal coordination, and other supportive services. The primary goal of LEAD is to reduce criminal recidivism. Other goals include reduction in legal and criminal-justice-service utilization and associated costs, as well as the improvement in psychosocial, housing, and quality-of-life outcomes.

Eligible individuals are diverted following arrest instead of undergoing standard jail booking and criminal prosecution. They are referred to a LEAD case manager to complete an intake assessment. The assessment includes items evaluating an individual’s substance-use frequency and treatment, time spent in housing, quality of life, psychological symptoms, interpersonal relationships, and health status. After the intake process, LEAD participants receive case management. Participants are connected with existing resources in the community such as legal advocacy, job training or placement, housing assistance, and counseling. Case managers can also access funds to provide financial support for a participant’s basic needs.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Diversion, Wraparound/Case Management	Alcohol and Other Drug (AOD) Offenders	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	25-50	Both	Over the first 29 months of implementation, the LEAD program costs were approximately \$899 per participant per month (or \$10,787 per participant per year).	• Point 1
<b>Evaluation Outcomes</b>	The intervention group was significantly less likely to have been arrested, compared with the control group, at the shorter- and longer-term follow ups. However, there was no significant impact on non-warrant arrests.					

**References**

Collins, Susan E., Heather S. Lonczak, and Seema L. Clifasefi. 2015a. *LEAD Program Evaluation: Recidivism Report*. Seattle, Wash.: University of Washington–Harborview Medical Center, Harm Reduction Research and Treatment Lab. [http://static1.1.sqspcdn.com/static/f/1185392/26121870/1428513375150/LEAD\\_EVALUATION\\_4-7-15.pdf](http://static1.1.sqspcdn.com/static/f/1185392/26121870/1428513375150/LEAD_EVALUATION_4-7-15.pdf)

**Little Village Gang Violence Reduction Project (Comprehensive Gang Model)**

*Description:* The Little Village Gang Violence Reduction Project (GVRP) was a comprehensive, community-wide program designed to reduce serious violence in Chicago’s gang-ridden Little Village neighborhood. The main goal of the GVRP was to reduce the extremely high level of serious gang violence, first at the individual youth gang member level, and then at the aggregate (especially gang and community) level. To address these problems, the Comprehensive Gang Model calls for community institutions—including law enforcement, social welfare agencies, and grassroots organizations—to work together using a more integrated, team-oriented approach.

The foundation of the GVRP was the Comprehensive Gang Model (also known as the Comprehensive Community-Wide Gang Program Model, the Comprehensive Gang Prevention and Intervention Model, and the Spergel Model). The model assumes gang violence is a product of social disorganization and presumes gangs become chronic and serious problems in communities where key organizations are inadequately integrated and where there are insufficient resources to target gang-involved youth. The model identifies five core elements (or strategies) communities should incorporate into their programs to achieve successful outcomes:

- Community mobilizations
- Social intervention
- Provision of social supports
- Suppression
- Organizational change and development of local agencies and groups

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization, Conflict Resolution/Interpersonal Skills, Crisis Intervention/Response, Gang Prevention/Intervention, Probation/Parole Services, Vocational/Job Training, Children Exposed to Violence, Community Crime Prevention , Violence Prevention	Serious/ Violent Offender, Young Offenders, Children Exposed to Violence, Gang Members	Hispanic, White	12-24	Male	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	The project appeared to reduce arrests for violent crimes, serious violent crimes, and drug crimes, but did not have an effect on arrests for property crimes or total arrests.					

**References**

Spergel, Irving A., Kwai Ming Wa, Susan F. Grossman, Ayad Jacob, Sungeun E. Choi, Rolando V. Sosa, Elisa M. Barrios, and Annot Spergel. 2003. *The Little Village Gang Violence Reduction Project in Chicago*. Chicago, Ill.: Illinois Criminal Justice Information Authority.

<http://www.icjia.state.il.us/public/pdf/ResearchReports/LittleVillageGVRP.pdf>

**Minneapolis Center for Victim-Offender Mediation**

*Description:* The Minneapolis Center for Victim–Offender Mediation is based upon the larger framework of restorative justice, which allows victims to come face-to-face with their offender in the presence of a mediator. The main objective of the Center is to empower the victims as they search for closure, stress to offenders the harm they caused, and compensate victims for the crime they experienced by making offenders pay restitution.

The Minneapolis Center for Victim–Offender Mediation is one of the first victim–offender mediation programs operating in such a large jurisdiction (it operates in Minneapolis and St. Paul, Minn.). The Center is operated by private, non-profit community based organizations that work closely with the juvenile court. The majority of mediation cases are referred by the juvenile court and probation staff, with a small number of referrals coming from the prosecuting attorney or police. The program operates as a diversion program for juvenile offenders, as well as a program following adjudication of juvenile offenders. The program operates with a four-phase process: intake, preparation for mediator, mediation, and follow-up. Referrals are accepted at any point in the juvenile justice process

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alternatives to Detention, Diversion, Restorative Justice, Victim Programs	Any property offenses or minor assaults that were committed by a juvenile.	Black, Hispanic, White, Other	10-18	Both	In 1992, the annual cost of operating the Minneapolis Center for Victim–Offender Mediation program was \$123,366.	<ul style="list-style-type: none"> <li>• Point 1</li> <li>• Point 2</li> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** Offenders in the program were more likely to complete their restitution obligation. Also, there was a significant impact on victim satisfaction with the juvenile justice system, but not so for offenders.

**References**

Umbreit, Mark S., and Robert B. Coates. 1992. *Victim Offender Mediation: An Analysis of Programs in Four States of the U.S.* Minneapolis, Minn.: Citizens Council Mediation Services.  
<https://www.ncjrs.gov/pdffiles1/Digitization/140263NCJRS.pdf>

**NICHD Investigative Interview Protocol**

*Description:* The National Institute of Child Health and Human Development (NICHD) Investigative Interview Protocol is a structured protocol for professionals conducting forensic interviews with suspected child sexual abuse victims. The protocol was developed to translate professional recommendations for interview strategies into operational guidelines practitioners can use while talking to children about alleged sexual abuse incidents. The NICHD protocol trains interviewers to use open-ended prompts and guides them through the phases of the investigative interview to increase the amount of information elicited from children’s free recall memory. The protocol has three phases: introductory, rapport building, and substantive or free recall. During the introductory phase, the interviewer introduces him/herself, explains the child’s task (including the need to describe events in detail and tell the truth), and explains the ground rules and expectations. The rapport-building phase is designed to create a relaxed, supportive environment for children and to establish rapport between the interviewer and child.

During the transition between the pre-substantive and substantive phases of the interview, a series of non-suggestive prompts are used to identify the incident under investigation. The interviewer would only shift to more carefully worded and increasingly focused prompts (in sequence) if the child did not identify the target event. If the child makes an allegation, the substantive or free recall phase begins with an invitation, such as “Tell me everything that happened from the beginning to the end as best as you can remember,” followed by other free-recall prompts, such as “Then what happened?” As soon as the narrative is complete, the interviewer prompts the child with cued invitations based on the child’s response in order to obtain incident-specific information

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Victim Programs, Children Exposed to Violence	Victims of Crime, Children Exposed to Violence	Hispanic, White, Other	2-14	Both	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	More protocol cases resulted in filed charges compared to pre-NICHD protocol cases. For those cases that went to trial, significantly more protocol cases resulted in a found guilty at trial outcome. Overall there were mixed results on findings for delays across case flow.					

**References**

Pipe, Margarent-Ellen, Yael Orbach, Michael Lamb, Craig B. Abbott, and Heather Stewart. 2008.*Do Best Practice Interviews with Child Abuse Victims Influence Case Processing?* Washington, D.C.: Department of Justice, National Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/grants/224524.pdf>

**Nashville (Tenn.) Drug Market Intervention**

*Description:* The goals of the Nashville (Tenn.) Drug Market Intervention were to disrupt a Nashville street drug market and deter potential offenders, and ultimately to reduce crime and promote a safer neighborhood. The program emphasized a zero-tolerance attitude toward drug dealing, which was demonstrated by a deliberate investigation and video recording of all drug sales in the target area. By reducing drug dealing, the program aimed to increase organization in the community, as disorganization is often associated with more serious crimes. The Municipal Nashville Police Department implemented its Drug Market Intervention program in four phases: identification, preparation, notification, and resource delivery:

- *Identification.* During this phase, the police department compiled information from several sources to distinguish drug hot spots.
- *Preparation.* Task force members focused on building relationships with other law enforcement agencies, prosecutors, social service providers, faith-based organizations, and community-based groups during this phase to prepare a customized strategy to tackle the open-air drug market in Nashville. During this phase, the community's individual chronic offenders were also identified and arrested. The facts of each case was reviewed by the police department and District Attorney's Office to determine which offenders would be prosecuted and which would have their charges withheld and instead receive "pulling lever notifications.
- *Notification.* During this phase, eligible offenders received their notifications.
- *Resource-delivery phase.* During this final phase, each of the offenders selected to be assigned to pulling levers notifications met with social service providers as part of a preliminary assessment panel.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Community Crime Prevention , Specific deterrence	Alcohol and Other Drug (AOD) Offenders	Black, White	Not specified	Both	The cost for the Drug Market Intervention investigation phase alone was estimated to be approximately \$48,785. After an examination of the costs of this program, it was estimated to cost about \$117 to handle each drug crime incident.	• Point 1
<b>Evaluation Outcomes</b>	As a result of the intervention, postintervention drug crime incidents declined, and surveyed residents believed that street drug markets were less of an issue after implementation. There was no statistically significant evidence that the intervention impacted Type 1 UCR offenses or calls for service.					
<b>References</b>						
Corsaro, Nicholas, Rod Brunson, and Edmund McGarrell. 2010. "Evaluating a Policing Strategy Intended to Disrupt an Illicit Street-Level Drug Market." <i>Evaluation Review</i> 34(6):513–48.						

**Operation Ceasefire: Hollenbeck Initiative**

*Description:* The Hollenbeck Initiative was a replication of Boston, Mass. Operation Ceasefire of the 1990s, which used problem-oriented policing to reduce gun violence and youth gang activity. The program was successful in reducing youth gang-related homicides, and the Los Angeles Police Department (LAPD) hoped to achieve similar results. The original goal of the program was to increase the cost of violent behavior to gang members by applying sanctions and increasing the benefits of nonviolent behavior by providing social services to offenders. However, the intended goal was not able to be achieved after a triggering event prompted a rapid implementation of the program. The goal then shifted to targeting the gangs responsible for the event.

The Hollenbeck Initiative used collaboration among law enforcement agencies, community organizations, and institutions to design the Operation Ceasefire program. These partnerships provided information and support necessary to implement the program. Originally, these organizations planned on providing such services as tattoo removal, substance abuse treatment programs, and job training.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Crisis Intervention/Response, Gang Prevention/Intervention, Children Exposed to Violence, Community Crime Prevention , Violence Prevention, Specific deterrence	Serious/Violent Offender, Children Exposed to Violence, Gang Members	N/A	N/A	N/A	There is no cost information available for this program	• Point 1

**Evaluation Outcomes** In the five targeted police reporting districts, violent crime decreased by 37 percent during the six months after the intervention. This was a significant change in comparison to the other districts, where violent crime decreased by only 22 percent. The intervention also reduced gun and gang crime.

**References**

Tita, George, K. Jack Riley, Greg Ridgeway, Clifford Grammich, Allan F. Abrahamse, and Peter W. Greenwood. 2003. "Reducing Gun Violence: Results From an Intervention in East Los Angeles." Santa Monica, Calif.: RAND Corporation. [http://www.rand.org/content/dam/rand/pubs/monograph\\_reports/2010/RAND\\_MR1764-1.pdf](http://www.rand.org/content/dam/rand/pubs/monograph_reports/2010/RAND_MR1764-1.pdf)

**Operation Impact (Newark, New Jersey)**

*Description:* Operation Impact was a saturation foot-patrol initiative implemented in Newark, New Jersey. In 2006, the Newark Police Department underwent several changes in its overall strategy and mission. The primary strategy against violence became proactive enforcement that targeted street-level disorder and the illicit narcotics trade. The agency provided more coverage on nighttime and weekend shifts and committed to a place-based approach in its crime-prevention efforts. Operation Impact was launched in June 2008 and represented the agency’s placed-based strategy.

The foot patrols were deployed as a deterrence mechanism. Potential offenders would notice an increased risk of apprehension because of the strengthened presence of police. In addition, officers engaged in proactive enforcement actions that were expected to disrupt street-level disorder and narcotics activity in violence-prone areas. During the implementation of Operation Impact, the unit engaged in 3,186 specific enforcement actions, including 634 arrests, 1,202 quality of life summonses, and 1,350 field interrogations.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Foot Patrol, Community Crime Prevention , Violence Prevention, General deterrence	N/A	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	The intervention reduced overall violence, aggravated assault, and shootings in the targeted area. Evidence for a reduction in murder rates was less clear and The initiative does not appear to have influenced the number of robberies.					

**References**

Piza, Eric L., and Brian A. O’Hara. 2012. “Saturation Foot-Patrol in a High-Violence Area: A Quasi-Experimental Evaluation.” *Justice Quarterly* 1–26.  
<http://www.tandfonline.com/doi/abs/10.1080/07418825.2012.668923#preview>

**Operation Safe Streets (Philadelphia, Pa.)**

*Description:* Operation Safe Streets was a law enforcement and crime prevention initiative implemented in Philadelphia, Pa., in 2002. The program, which targeted specific high-crime problem areas with a geographically targeted police crackdown, was implemented in response to rising violent and drug-related crime in Philadelphia. It was modeled after a similar police crackdown, Operation Sunrise, which was conducted by the Philadelphia Police Department in 1998. The goal of Operation Safe Streets was to improve public order by disrupting local drug markets and to prevent violent crime through the use of intensive localized policing. The sites identified for intervention were the highest drug-activity locations in the city.

Starting on May 1, 2002, the Philadelphia Police Department stationed pairs of officers at the locations identified. The locations, mainly drug corners, were policed around the clock in order to avoid their use by drug dealers and buyers and dissuade violent crime related to the drug trade (turf wars, gang conflict, etc). The operation required the involvement of more than 600 officers and close to 24-hour-a-day, 7-day-a-week policing of the target locations. The resources, both in terms of funds and required dedicated staff, were substantial.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Crisis Intervention/Response, Community Crime Prevention, Violence Prevention, Hot Spots Policing	Serious/Violent Offender, Alcohol and Other Drug (AOD) Offenders	N/A	N/A	N/A	The cost of the Philadelphia Safe Streets program over 5 years was estimated at \$100 million.	• Point 1
<b>Evaluation Outcomes</b>	Localized analysis of the intervention areas found reductions in violent and drug crime rates. Analysis on the adjoining areas suggests the intervention caused some spatial diffusion of benefits for violent and drug crime displacement. There were no statistically significant effects on citywide homicides, violent or drug crime rates.					

**References**

Lawton, Brian A., R.B. Taylor, and A.J. Luongo. 2005. "Police Officers on Drug Corners in Philadelphia, Drug Crime, and Violent Crime: Intended, Diffusion, and Displacement Impacts." *Justice Quarterly* 22(4):427-51.



**Phoenix (Ariz.) Repeat Offender Program**

*Description:* The Phoenix (Ariz.) Repeat Offender Program was designed to increase conviction and incarceration rates for chronic, high-risk offenders. This program was targeted at repeat offenders with extensive criminal histories in Phoenix, Ariz. The primary goal was to prosecute dangerous offenders to the full extent of the law resulting in incarceration, rather than merely arresting and booking. The program also sought to impose longer prison terms for convicted chronic offenders.

Postarrest case management was used to target chronic offenders in the area. A Repeat Offender Unit was set up in the Phoenix Police Department to identify these offenders; their cases were then given special attention in the criminal justice process. This special attention included examining the criminal history and background information of the offender, conducting follow-up investigations, and interviewing witnesses and victims. The information was used to identify chronic offenders and help prosecutors build their cases against them in order to obtain convictions.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Wraparound/Case Management	Serious/Violent Offender, High Risk Offenders	Not specified	Not specified	Not specified	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 1</li> <li>• Point 2</li> </ul>
<b>Evaluation Outcomes</b>	The experimental group was more likely to be sentenced to prison and have longer prison sentences. There was no statistically significant difference for conviction rates between the groups.					

**References**

Abrahamse, Allan, Patricia Ebener, Peter Greenwood, Nora Fitzgerald, and Thomas Kosin. 1991. "An Experimental Evaluation of the Phoenix Repeat Offender Program." *Justice Quarterly* 8(2):141–68.

**Problem-Oriented Policing in Violent Crime Places (Jersey City, NJ)**

*Description:* The Problem-Oriented Policing in Violent Crime Places strategy was adopted by the Jersey City Police Department (JCPD) in response to rising violent crime rates in Jersey City, NJ, during the early 1990s. Borrowing techniques from hot spots policing and problem-oriented policing approaches, the strategy specifically concentrated on creating reductions in violent crime. Problem-oriented policing entails the analysis of underlying issues contributing to a certain crime problem, while hot spots policing concentrates on controlling crimes that cluster in geographic areas. The application of both techniques enabled officers to identify underlying conditions of crime in high-activity violent crime locations, enabling the development of tailored strategies to modify problematic characteristics and reduce violent crime in targeted problem areas.

The strategy implemented by the JCPD used a series of problem-oriented tactics that could be broadly characterized as a “policing disorder” strategy. The approach used a broad range of techniques specifically intended to increase police activity and promote order in high-crime locations. To reduce social disorder, aggressive order maintenance techniques were applied, including the use of foot and radio patrols, the dispersing of groups of loiterers, the issuing of summons for public drinking, and use of ‘stop and frisks’ of suspicious persons. To reduce physical disorder, officers also made physical improvements in problem locations, which included securing vacant lots, removing trash from the streets, increasing lighting in areas, and removing graffiti from buildings.

<b>Program Type</b>	<b>Target Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Situational Crime Prevention, Violence Prevention, Hot Spots Policing	High-activity violent crime locations	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** The citizen calls for service were significantly reduced at three of the five treatment locations. Reported criminal incidents were significantly reduced at two of the treatment places. Social and physical disorder were alleviated 91 percent.

**References**

Braga, Anthony A., David L. Weisburd, Elin J. Waring, Lorraine Green Mazerolle, William Spelman, and Francis Gajewski. 1999. “Problem-Oriented Policing in Violent Crime Places: A Randomized Controlled Experiment.” *Criminology* 37(3):541–80.

<b>Project Exile</b>						
<p><i>Description:</i> Project Exile was a crime reduction strategy launched in 1997 in Virginia, by the U.S. Attorney’s Office, as a result of the spike in violent crime rates in the late 1980s and early 1990s. Overall, the goal of the project was to deter felons from carrying firearms and decrease firearm-related homicides through both sentence enhancements for firearm-related offenses and incapacitating violent felons.</p> <p>Essentially functioning as a sentence enhancement program, Project Exile targeted felons who were caught carrying firearms (i.e., felon-in-possession-of-a-firearm [FIP]) and prosecuted them in federal courts where they received harsher sentences, no option of bail, and no potential for early release. Prior to Project Exile, FIP cases could be processed in state courts. Through increasing the expected penalty for firearm-related offenses, Project Exile sought to deter both firearm carrying and criminal use. Additionally, through sentencing more violent offenders to longer prison sentences, the program sought to reduce crime through incapacitating violent felons. In addition to incapacitating offenders, the program sought to deter would-be offenders. To make the public aware of the sentence enhancements surrounding firearms, a broad “outreach” campaign was implemented using media outlets</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Crime Prevention , Violence Prevention, Court Processing, General deterrence, Specific deterrence	First Time Offenders, High Risk Offenders	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	Firearm-related homicides decreased significantly in the target area, compared with other U.S. cities where the program was not implemented.					
<b>References</b>						
Rosenfeld, Richard, Robert Fornango, and Eric Baumer. 2005. “Did <i>Ceasefire, Compstat, and Exile</i> Reduce Homicide?” <i>Criminology &amp; Public Policy</i> 4(3):419–50.						

**Project Safe Neighborhoods (Chicago)**

*Description:* The Chicago, Ill.–based Project Safe Neighborhoods (PSN) is part of a nationwide federally funded initiative designed to bring federal, state, and local law enforcement together to promote “a comprehensive and strategic approach to reducing gun crime.” The initiative promotes several context-specific strategies that can be implemented across various cities. Specifically, Chicago’s PSN program is based on three broad goals: 1) to reduce demand among gun offenders; 2) to reduce supply by identifying and intervening in illegal gun markets; and 3) to prevent the onset of gun violence. The demand and reduction goals rely on a combination of efforts to increase perceived costs of illegal gun use to change the behavior of offenders with histories of gun violence. The prevention component is intended to alter perceived notions about the legitimacy of the law and perceived costs of punishment to deter potential gun-related offending.

The majority of Chicago’s PSN strategies take place at the community level. These include community outreach and media campaigns, school-based programs, and various programs specifically geared toward known gun offenders. The most influential strategy applied at the community level is the use of offender notification meetings for exoffenders. PSN also implements multiagency case review and prosecutorial decisions, as well as law enforcement strategies to combat illegal gun offending.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Gang Prevention/Intervention, Wraparound/Case Management, Community Crime Prevention , Violence Prevention, General deterrence	Individuals who are most likely to be involved in firearm violence—presumably, exoffenders with a history of gun offending	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	Treatment districts experienced a 37 percent reduction in quarterly homicide rates and fewer gun-related homicides. There was a modest reduction of aggravated battery/assaults in the treatment district areas.					

**References**

Papachristos, Andrew V., Tracey L. Meares, and Jeffrey Fagan. 2007. “Attention Felons: Evaluating Project Safe Neighborhoods in Chicago.” *Journal of Empirical Legal Studies*, 4(2):223–72.

**Project Safe Neighborhoods (National Evaluation)**

*Description:* Project Safe Neighborhoods (PSN) is a nationwide, federally funded initiative that aims to allocate criminal justice resources toward reducing gun-related violence in urban communities. PSN was developed by combining strategies and tactics from other interventions such as Project Exile (in Richmond, Virginia), the Boston Gun Project, and the Strategic Approaches to Community Safety Initiative. Each site that received funding followed the general PSN model (described below), but individualized the approach to target the specific nature of gun crimes in that city. For example, sites may have involved different partners on the interagency task force or focused their enforcement efforts on different types of offenders.

As part of PSN, an interagency task force is established to collect data and analyze patterns of gun violence in a community. A PSN task force includes local, state, and federal criminal justice agencies; community organizations; and local service providers. They work together to conduct a problem analysis that provides a detailed understanding of gun-related crime and violence in a specific neighborhood. Through data analysis and the coordinated efforts of all agencies, an individualized strategy to address gun violence is developed. The data-driven enforcement strategy aims to detect instances of gun violence and prosecute offenders severely.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Crime Prevention, Violence Prevention, General deterrence, Specific deterrence	Individuals who are most likely to be involved in firearm violence	N/A	N/A	N/A	Estimates of costs for individual cities are not available; however, McGarrell and colleagues (2010) estimated that roughly \$1.5 billion had been spent so far on the national implementation.	<ul style="list-style-type: none"> <li>• Point 1</li> <li>• Point 2</li> </ul>
<b>Evaluation Outcomes</b>	Cities that received the program experienced a significant reduction in violent crime relative to control cities between 2000 and 2006.					

**References**

McGarrell, Edmund, Nicholas Corsaro, Natalie Kroovand Hipple, and Timothy Bynum. 2010. "Project Safe Neighborhoods and Violent Crime Trends in US Cities: Assessing Violent Crime Impact." *Journal of Quantitative Criminology* 26: 165–90.

**Public Surveillance Cameras (Baltimore, Maryland)**

*Description:* Public surveillance systems include a network of cameras and components for monitoring, recording, and transmitting video images. These systems are typically equipped with night vision, color recording, and have the ability to pan, tilt, and zoom. Most cameras are pre-programmed to scan an area for a predetermined time and pattern, yet can also be operated remotely by security personnel or an automated computer system to focus on a particular area of interest.

With the ultimate goal of crime reduction, cameras were placed throughout the city of Baltimore in areas with the highest crime rates. Installation areas included the 50-block downtown area and other selected neighborhoods. Crime rates were determined by incident and arrest reports, as well as input from district commanders. Overall these areas had a disproportionate number of shootings, murders and assaults, and were known for drug use. The selected areas were assessed to determine the feasibility of camera installation within the existing environment, which resulted in the installation of light poles to support the cameras, as well as the trimming of trees to ensure the camera’s range was not obstructed. Furthermore, necessary precautions were taken to ensure that the cameras did not infringe on the civil liberties of community members. An individualized range of motion for each camera was set to capture the desired images. Cameras were designed to follow their individualized pattern for 24 hours, moving from right to left and zooming in on desired locations. A variety of Baltimore Police officers, including retired officers, also have the ability to monitor the cameras, selecting the specific areas they want to focus on within the camera’s range.

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Community Awareness/Mobilization , Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, Violence Prevention, General deterrence	N/A	N/A	N/A	N/A	Overall, the evaluation found that the benefits that result from reduced crime are greater than the costs associated with the implementation of the public surveillance cameras	• Point 1

**Evaluation Outcomes** Three of the four selected areas in Baltimore, Md., experienced significant declines in crime rates.

**References**

La Vigne, Nancy G., Samantha S. Lowry, Joshua A. Markman, Allison M. Dwyer. 2011. *Evaluating the Use of Public Surveillance Cameras for Crime Control and Prevention*. Washington, D.C.: The Urban Institute, Justice Policy Center. <http://www.urban.org/UploadedPDF/412403-Evaluating-the-Use-of-Public-Surveillance-Cameras-for-Crime-Control-and-Prevention.pdf>

**Queensland (Australia) Community Engagement Trial (QCET)**

*Description:* The Queensland Community Engagement Trial (QCET) was a randomized field trial conducted in Australia to test whether police officers can improve the perceived legitimacy of police during encounters with citizens, using approaches that are based on the principles of procedural justice. The experiment evaluated the impact of police engaging with citizens by using a specialized script (that included key elements of procedural justice) during random breath test traffic stops. The goal of QCET was to examine whether the use of the script during short, routine traffic stops could increase the public’s trust and confidence in police and change views on drinking and driving. As applied to this project, the key principles of procedural justice are the: (a) perceived neutrality in the officer’s decision making, (b) perceived trustworthiness of police motives, (c) perceived citizen voice during the traffic stop, and (d) perceived respect from the officer.

For the QCET, 60 roadblock operations were randomized into the experimental condition or the control condition. The 30 control sites received the standard, random breath-test operations. Standard, random breath-test operations were conducted by assigning 6 to 10 traffic officers at roadblocks near bars, restaurants, or similar locations, and at highway entrances or exits, for a maximum of 4 hours. The 30 experimental sites received the standard, random breath-test operations as well. However, the notable difference between the experimental condition and control condition was the script delivered by the officers. At QCET roadblocks, officers were provided with a printed notecard with a full-text script and bullet points for incorporating the four key components of procedural justice into the traffic stop.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Situational Crime Prevention, General deterrence	Alcohol and Other Drug (AOD) Offenders	Black, Asian/Pacific Islander, White, Other	17-90	Both	There is no cost information available for this program	• Point 1
<b>Evaluation Outcomes</b>	The program was shown to significantly change citizens’ views on police and drinking and driving, increase satisfaction and compliance with police, and strengthen perceptions of procedural justice and police fairness.					

**References**

Mazerolle, Lorraine, Sarah Bennet, Emma Antrobus, and Elizabeth Eggins. 2012. “Procedural Justice, Encounters and Citizen Perceptions of Police: Main findings from the Queensland Community Engagement Trail (QCET). *Journal of Experimental Criminology* 8(4):343–67.

**Richmond (CA) Comprehensive Homicide Initiative**

*Description:* The Richmond (California) Comprehensive Homicide Initiative is a problem-oriented policing program composed of a broad collection of enforcement and nonenforcement strategies designed to reduce homicides. To address the rising number of homicides in the city, the Richmond Police Department began to rethink its strategy toward homicide and violent crime and in the early 1990s started to shift toward a problem-oriented policing philosophy. In 1995, Richmond was selected as a demonstration site for the U.S. Department of Justice’s Bureau of Justice Assistance Comprehensive Homicide Initiative. The initiative provided funding to jurisdictions to implement violence reduction strategies that concentrated on reducing homicides.

The Richmond Comprehensive Homicide Initiative combined traditional law enforcement practices with specific prevention and intervention efforts that involved partnerships with the community, other city agencies, and local schools. The initiative departed from the traditional police definition of homicide as a unique offense in which the appropriate police role is largely limited to after-the-fact investigation. Instead, it started to include homicide prevention as a critical police responsibility that can best be accomplished by identifying the paths that frequently lead to homicide and closing them by intervening early. With this new definition in mind, a plan was developed that concentrated on specific problem areas, including targeting domestic violence, enhancing investigative capabilities, intervening in the lives of at-risk youths, and targeting outdoor-, gun-, drug-, and gang-related violence.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization, Truancy Prevention, Violence Prevention	Serious/Violent Offender, Truants/Dropouts	Black, Asian/Pacific Islander, Hispanic, White	Any age	Both	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** It had a significant impact on homicide reduction in Richmond.

**References**

White, Michael D., James J. Fyfe, Suzanne P. Campbell, and John S. Goldkamp. 2003. “The Police Role in Preventing Homicide: Considering the Impact of Problem-Oriented Policing on the Prevalence of Murder.” *Journal of Research in Crime and Delinquency* 40(2):194–225.



**Rockford Pulling Levers Drug Market Intervention**

*Description:* The Rockford (Ill.) Pulling Levers Drug Market Intervention is a problem-oriented policing strategy used by the Rockford Police Department (RPD) to combat open-air drug markets and related offending in Delancey Heights, a high-crime neighborhood. The ultimate goal of the intervention is to reduce criminal offending, interrupt open-air drug markets, and make the high-crime community more inhabitable. The RPD uses a focused-deterrence strategy, sometimes referred to as a “pulling levers” approach. Pulling levers consists of several steps, including diagnosing a specific crime problem, organizing an interagency working group of criminal justice personnel, conducting research to identify the crime patterns of chronic offenders and their criminal networks, responding to law violators with a variety of sanctions as a coercive approach to stop their illegal behavior, providing targeted offenders with social services and community resources, and directly and continuously communicating with offenders so that they understand they are receiving special attention.

The Rockford Pulling Levers Drug Market Intervention included three stages: identification, notification, and resource delivery. The identification stage was a data-driven analysis used by the RPD to determine the appropriate neighborhood and individuals to target. The notification stage consisted of a targeted investigation that lasted several months, which resulted in the arrest and prosecution of chronic, violent offenders in the target neighborhood. Suspected offenders were also identified during the targeted investigation and were invited to a “call-in” meeting along with their families, key criminal- justice personnel, and community members. Finally, the resource delivery stage included support mechanisms for the offender and community improvements for the Delancey Heights neighborhood

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Violence Prevention, Alcohol and Drug Prevention, Hot Spots Policing, General deterrence, Specific deterrence	High Risk Offenders	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	The program was shown to significantly reduce nonviolent offenses in the target area, but not violent offenses.					
<b>References</b>						
Corsaro, Nicholas, Rod K. Brunson, and Edmund F. McGarrell. 2009. “Problem-Oriented Policing and Open-Air Markets: Examining the Rockford Pulling Levers Deterrence Strategy.” <i>Crime &amp; Delinquency</i> 59(7): 1085–1107.						

**Safe Street Teams (Boston, MA)**

*Description:* The SST program was designed to reduce violent crime by assigning teams of BPD officers to targeted crime hot spots around the city and requiring them to implement problem-oriented policing strategies to address specific violence-related problems at each site. Officers assigned to the SSTs were tasked with modifying the place characteristics, situations, and dynamics that promoted violence in the targeted areas.

There were almost 400 distinct problem-oriented policing strategies that were implemented by SST officers in the crime hot spots. The strategies fell into three broad categories:

- *Situational/environment interventions*
- *Enforcement interventions*
- *Community outreach/social service interventions*

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, Violence Prevention, Hot Spots Policing	N/A	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	The results showed that the intervention had significant reductions in total violent index crimes, robberies, and aggravated assaults over the 10-year study period; however, there were no significant reductions in homicides and sexual assaults.					
<b>References</b>						
Braga, Anthony A., David M. Hureau, and Andrew V. Papachristos. 2011. “An Ex Post Facto Evaluation Framework for Place-Based Police Interventions.” <i>Evaluation Review</i> 35(6):592–626.						

**Safer Cities Initiative**

*Description:* The main goal of the Safer Cities Initiative (SCI) was to reduce crime in the Los Angeles, Calif., area known as “Skid Row,” an area with a large homeless population concentrated in a densely packed area of economic disadvantage. The section had high rates of crime and victimization, including open-air drug markets, prostitution, theft, robbery gangs, and vandalism. As an attempt to combat rising levels of crime and improve public order in the Skid Row area, the Los Angeles Police Department (LAPD) implemented the SCI as a 68-week program starting in 2005.

The first law enforcement effort to address Skid Row began with a pilot program conducted by the LAPD in September 2005. Known as the “Main Street Pilot Project,” it sought to reduce the density of homeless encampments using fines and citations. After a successful implementation of the pilot program, the full-scale version of the SCI was launched on Sept. 17, 2006. Fifty full-time officers were stationed to the streets of downtown Los Angeles, where they broke up homeless encampments, issued citations, and made arrests for various offenses. In conjunction with this effort, portable toilets were removed from the area to deter homeless people from loitering. The LAPD also targeted crimes, such as public intoxication, drug use, and prostitution, all of which were believed to make the area more inviting to criminals. In addition, four to five officers were placed on foot patrol in the Historic Core area to concentrate exclusively on handling nuisance offenses and maintaining order. One of the LAPD’s mobile command stations was placed near Skid Row to facilitate law enforcement efforts.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Foot Patrol, Community Crime Prevention, Situational Crime Prevention, Violence Prevention	Homeless Individuals	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	For both the comparison and target areas, there was a significant decline in nuisance, property and violent crimes during the time of the initial pilot phase and an additional small decline after the full-scale program was implemented. However, further results showed a downward trend unique to the target area.					

**References**

Berk, Richard and John MacDonald. 2010. “Policing the Homeless: An Evaluation of Efforts to Reduce Homeless-Related Crime.” *Criminology and Public Policy* 9:813-840.

**Schenectady Public Surveillance Project**

*Description:* The Schenectady Public Surveillance Project (PSP) is a crime prevention project that seeks to impact crime and disorder in Schenectady, New York, through the installation of public surveillance cameras. The project was initiated in response to increasing crime rates and fear among residents in Schenectady. The overall goal of the video surveillance technology was to prevent crime and increase safety on the streets of Schenectady.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention, General deterrence, Specific deterrence	N/A	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1

**Evaluation Outcomes** The installation of cameras led to significant reductions in total crime and total disorder in the target area. However, no significant impact was found on violent crime or property crime.

**References**

McLean, Sarah J., Robert E. Worden, and MoonSun Kim. 2013. "Here's Looking at You: An Evaluation of Public CCTV Cameras and Their Effects on Crime and Disorder." *Criminal Justice Review* 38(3): 303–34.

<b>Secured by Design, West Yorkshire (England)</b>						
<p><i>Description:</i> Secured by Design (SBD) is a program that encourages housing developers to design out crime at the planning stage or concept stage. The concepts and standards can also be used to refurbish estates to bring them up to SBD standards. SBD was started by police forces in England to counter growing burglary rates. Housing developments must meet stated standards to be awarded SBD status. The key principles of SBD concern physical security, surveillance, access/egress, territoriality, and management and maintenance.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention	N/A	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	The findings revealed in the intervention areas that burglary rates experienced a downward trend there were improved feelings of safety and better visual disorder scores. However, repeat victimization rates were higher in the treatment areas.					
<b>References</b>						
<p>Armitage, Rachel. 2000. "An Evaluation of Secured by Design Housing Within West Yorkshire. Home Office Briefing Note 7/00." London, England: The Policing and Reducing Crime Unit, Home Office Research, Development and Statistics Directorate.  <a href="http://www.popcenter.org/library/scp/pdf/04-Armitage.pdf">http://www.popcenter.org/library/scp/pdf/04-Armitage.pdf</a></p> <p>Armitage, Rachel, and Leanne Monchuk. 2010. "Sustaining the Crime Reduction Impact of Designing Out Crime: Reevaluating the Secured by Design Scheme 10 Years On." <i>Security Journal</i>. doi:10.1057/sj.2010.6.</p>						

**South Dakota’s 24/7 Sobriety Project**

*Description:* The South Dakota 24/7 Sobriety Project was designed as a nontraditional approach to reduce the recidivism of repeat offenders convicted of driving while under the influence of alcohol (DUI). The program seeks to reduce recidivism through intensive testing and monitoring of alcohol consumption. The main goal is to encourage sobriety of offenders 24 hours per day, 7 days per week. Offenders can avoid incarceration as long as they abstain from alcohol and drug use. Swift and certain sanctions are used for offenders who test positive for substance use.

DUI offenders are placed in the 24/7 Sobriety Project as a condition of bail, sentencing, probation, parole, or child custody or visitation orders. The program monitors abstinence from alcohol and drug use through a variety of tests, including: 1) twice-a-day breathalyzer tests, 2) alcohol monitoring ankle bracelets, 3) Ignition Interlock, and 4) drug patch and urine testing. If program participants test positive for substance use, they are immediately subject to a short jail term (usually 1 or 2 days). Failure to show for a scheduled test may result in an arrest warrant for the participant. Further, offenders’ bond, parole, or probation may be revoked if they fail or skip tests.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Probation/Parole Services, Electronic Monitoring, Alcohol and Drug Prevention, General deterrence, Specific deterrence	Target first-time DUI offenders and individuals arrested or convicted for other offenses, such as assault, domestic violence, or child abuse and neglect.	White, Other	18+	Both	Participants of South Dakota’s 24/7 Sobriety Project are required to cover the costs of the program.	<ul style="list-style-type: none"> <li>• Point 1</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The program led to significant reduction in repeat DUI and domestic violence arrests, but did not impact first-time DUI arrests or traffic crashes.

**References**

Kilmer, Beau, Nancy Nicosia, Paul Heaton, and Greg Midgette. 2013. “Efficacy of Frequent Monitoring with Swift, Certain, and Modest Sanctions for Violations: Insights from South Dakota’s 24/7 Sobriety Project.” *American Journal of Public Health* 103(1):e37–e43.

**Target Hardening in Northumbria (England)**

*Description:* Target Hardening in Northumbria (England) supported the installation of security devices in residential properties to reduce burglary. A public housing estate in Newcastle upon Tyne in Northumbria was selected for the installation of security devices.

Police identified one public housing estate to receive enhanced security (e.g., deadbolts, solid doors) in residences. Northumbria Police surveyed 792 dwellings and provided recommendations on appropriate security devices to install. Installation of the security devices was focused on the ground floor, where most burglars entered homes. The aim was to secure all ground-floor points of entry so that burglars could not enter.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Community Crime Prevention , Crime Prevention Through Environmental Design/Design Against Crime, Situational Crime Prevention	N/A	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	While there was an increase in residential burglary in the treatment area, it was smaller than the control and displacement buffer areas. Recorded crime data showed an increase of attempted burglary in the treatment area, but surveyed data showed a decline. There was evidence of displacement, and displacement to the target area in vehicle theft and burglary in other premises.					

**References**

Allatt, Patricia. 1984. "Residential Security: Containment and Displacement of Burglary." *The Howard Journal* 23(2):99–116.

**Targeted Gun Law Messaging**

*Description:* Targeted Gun Law Messaging was a mail campaign focused on raising awareness about gun laws and regulations and increasing public safety in Los Angeles, Calif. Many firearms used in crimes are illegally obtained, and the illegal transaction of firearms is strictly prohibited by law. The mail campaign sought to reduce these sales by making the consequences widely known to those who purchase firearms.

As part of the mail campaign, which started in August 2007, gun buyers who had made transactions on odd-numbered days received a letter from law enforcement officials during the waiting period. The letter reminded them of the laws and consequences concerned with illegal secondary transfers of firearms; it stated that their gun purchase was on record, and emphasized that all future transactions related to the gun must be reported in accordance with laws. The letter reminded the buyer that a Dealer Record of Sale (DROS) form must be filled out if the gun is transferred to another owner and that failure to do so is a crime. The letter further stated that if the gun was used in a crime, Los Angeles City would prosecute the gun’s previous owner if they did not fill out a DROS form. The letter was signed by the Chief of the Los Angeles Police Department as well as the city and States attorneys’ offices.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Awareness/Mobilization , Situational Crime Prevention, Reminders/Notifications , General deterrence	Residents living in certain neighborhoods in Los Angeles, Calif., and who had purchased a firearm	N/A	N/A	N/A	There is no cost information available for this program.	• Point 1
<b>Evaluation Outcomes</b>	Those who received a letter were more than twice as likely to report their firearms stolen than those who did not. The mail campaign did not appear to have an impact on whether the firearm became a crime gun or not.					

**References**

Ridgeway, Greg, Anthony A. Braga, George Tita, and Glenn L. Pierce. 2010. “Intervening in Gun Markets: An Experiment to Assess the Impact of Targeted Gun-Law Messaging.” *Journal of Experimental Criminology* (online first, Aug. 26, 2010). <http://www.springerlink.com/content/v164617884153g11/fulltext.pdf>



**Hot Spots Policing**

*Description:* Used by a majority of U.S. police departments, hot spots policing strategies focus on small geographic areas or places, usually in urban settings, where crime is concentrated (Braga et al. 2012). Although there is not a common definition for “hot spots,” they are generally thought of as “small places in which the occurrence of crime is so frequent that it is highly predictable, at least over a one year period.” (Sherman 1995, pg. 36). Through hot spots policing strategies, law enforcement agencies can focus limited resources in areas where crime is most likely to occur. The appeal of focusing limited resources on a small number of high-activity crime areas is based on the belief that if crime can be prevented at these hot spots, then total crime across the city might also be reduced.

Hot spots policing relies primarily on highly focused, traditional law enforcement strategies. A visual representation of the relationship between the diversity of the hot spots policing approach and its level of focus compared to other policing strategies, such as community-oriented and problem-oriented policing. Hot spots policing can adopt a variety of strategies to control crime in problem areas, including order maintenance and drug enforcement crackdowns, increased gun searches and seizures, and zero-tolerance policing.

<b>Practice Type</b>	<b>Targeted Areas</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, General deterrence, Hot Spots Policing, Violence Prevention	Hot spot areas can include very small units of analysis such as buildings or addresses, block faces, or street segments, or bigger units such as clusters of addresses, block faces, or street segments.	N/A	N/A	N/A	There is no cost information available for this practice.	• Point 1
<b>Evaluation Outcomes</b>	This suggests hot spots policing strategies have a modest effect on reducing crime. The analysis suggests that hot spots policing efforts that rely on problem-oriented policing strategies generate larger crime reduction effects than those that apply traditional policing strategies in crime hot spots.					

**References**

Braga, Anthony A., Andrew V. Papachristos, and David M. Hureau. 2012. “The Effects of Hot Spots Policing on Crime: An Updated Systematic Review and Meta-Analysis.” *Justice Quarterly* 1:1–31.

<b>Closed Circuit Television (CCTV) Surveillance</b>						
<p><i>Description:</i> As a form of situational crime prevention, closed circuit television (CCTV) surveillance seeks to prevent both personal and property crime and can be used in place of, or in addition to, police. Public surveillance cameras monitor, record, and transmit images of a specific area of interest and are either monitored remotely by security personnel or preprogrammed to scan the specified area. It is believed that the increased surveillance provided by CCTV will reduce crime and increase arrest, without displacing crime to other nearby areas where CCTV is not in use</p>						
<b>Practice Type</b>	<b>Targeted Areas</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization , Crime Prevention Through Environmental Design/Design Against Crime, General deterrence, Situational Crime Prevention, Specific deterrence	CCTV cameras are placed in areas where they are thought to be most effective, which typically includes highly populated towns, city centers, car parks, or various other high-crime areas	N/A	N/A	N/A	There is no cost information available for this practice.	• Point 1
<b>Evaluation Outcomes</b>	<p>- closed circuit television (CCTV) had a significant, though modest, impact on crime meaning that CCTV was associated with a 16 percent reduction in overall crime.                      - found a significant effect size of 1.35. This indicates that CCTV reduced vehicle crimes by 26 percent.</p>					
<b>References</b>						
<p>Welsh, Brandon C. and David P. Farrington. 2008. <i>Effects of Closed Circuit Television on Crime</i>. The Campbell Collaboration.  <a href="http://www.campbellcollaboration.org/news /CCTV_modest_impact_on_crime.php">http://www.campbellcollaboration.org/news /CCTV_modest_impact_on_crime.php</a></p>						

**Focused Deterrence Strategies**

*Description:* Focused deterrence strategies (also referred to as “pulling levers” policing) are problem-oriented policing strategies that follow the core principles of deterrence theory. The strategies target specific criminal behavior committed by a small number of chronic offenders who are vulnerable to sanctions and punishment. Offenders are directly confronted and informed that continued criminal behavior will not be tolerated. Targeted offenders are also told how the criminal justice system (such as the police and prosecutors) will respond to continued criminal behavior; mainly that all potential sanctions, or levers, will be applied. The deterrence-based message is reinforced through crackdowns on offenders, or groups of offenders (such as gang members), who continue to commit crimes despite the warning. In addition to deterring violent behavior, the strategies also reward compliance and nonviolent behavior among targeted offenders by providing positive incentives, such as access to social services and job opportunities.

The focused deterrence framework was developed in Boston during the 1990s. Operation Ceasefire (Boston) was a problem-oriented policing project to stop serious gang violence by directly communicating to gang members that violence would no longer be tolerated, and backing up that message by “pulling every lever” legally available when violence occurred. At the same time, youth workers, probation and parole officers, and other community-based organizations offered services and resources to gang members. At a general level, the approach of focused deterrence strategies includes the following:

- Selecting a particular crime problem (such as youth homicide);
- Convening an interagency working group that may include law enforcement, social service, and community-based practitioners;
- Developing a response to offenders or groups of offenders that uses a variety of sanctions (“pulling levers”) to stop continued violent behavior;
- Focusing social services and community resources on target offenders to match the prevention efforts by law enforcement; and
- Directly and continually communicating with offenders to make them understand why they are receiving special attention

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Crime Prevention , Gang Prevention/Intervention, Specific deterrence, Violence Prevention	Gang Members, High Risk Offenders, Serious/Violent Offender	N/A	N/A	N/A	There is no cost information available for this practice.	• Point 1

**Evaluation Outcomes** Found that focused deterrence strategies were associated with an overall statistically significant, medium-sized crime reduction effect. This suggests that “pulling levers,” focused deterrence strategies can reduce crime.

**References**

Braga, Anthony A., and David L. Weisburd. 2012. “The Effects of ‘Pulling Levers’ Focused Deterrence Strategies on Crime.” *Campbell Systematic Reviews* 6.  
<http://campbellcollaboration.org/lib/project/96/>

**Neighborhood Watch**

*Description:* Also known as block watch, apartment watch, home watch, and community watch, neighborhood watch programs involve citizens in efforts to prevent crime in their neighborhood or community. Citizens remain alert for suspicious activities and report those activities to the police. The most frequent crime targeted is residential burglary, but other offences can be targeted as well, such as street robberies, car theft, and vandalism. Programs have been implemented in a variety of community settings and can be initiated by citizens or police. The size of the areas covered by watch programs can vary widely. Some of the smallest programs, or “cocoon,” include one dwelling and its immediate neighbors. Other programs include much larger areas with thousands of residents.

Neighborhood watch programs can have a variety of components, although the first three components listed below are the most commonly included elements. The first is the “watch” component—that is, citizens are asked to watch for suspicious activities and report those activities to the police. The second major component is property marking—that is, residents are encouraged to permanently mark personal property items to indicate ownership. This tactic makes it harder for criminals to offload stolen goods. The third major component is the home security survey. Residents are encouraged to evaluate their property for weaknesses (such as poor locks) that would allow easy access by offenders or obscure an offender’s entry (such as overgrown bushes near windows).

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Community Awareness/Mobilization , Community Crime Prevention , Neighborhood Watch, Situational Crime Prevention	N/A	N/A	N/A	N/A	There is no cost information available for this practice.	• Point 1

**Evaluation Outcomes** overall there was a positive impact on crime due to neighborhood watch programs.

**References**

Bennett, Trevor, Katy Holloway, and David Farrington. 2008. “The Effectiveness of Neighborhood Watch”. *Campbell Systematic Reviews* 18.  
<http://campbellcollaboration.org/lib/project/50/>

**Problem-Oriented Policing**

*Description:* Problem-oriented policing (POP) is an analytic method used by police to develop strategies that prevent and reduce crime. Under the POP model, police agencies are expected to systematically analyze the problems of a community, search for effective solutions to the problems, and evaluate the impact of their efforts (National Research Council 2004). POP represents police-led efforts to change the underlying conditions at hot spots that lead to recurring crime problems. It also requires police to look past traditional strategies and consider other possible approaches for addressing crime and disorder (Weisburd and Eck 2004).

POP interventions can take on many different forms and will vary depending on the specific problems being combated. One of the most popular methods for implementing POP in practice is a four-step process known as the SARA model:

- In the first step, *Scanning*, police rely on several different sources to identify and prioritize potential problems associated with crime and disorder in a jurisdiction
- Once the problem is identified, the next step is *Analysis*. This stage of the process involves identifying and analyzing relevant data to learn more about the problem, including potentially narrowing its scope and figuring out possible explanations why the problem is occurring.
- During the third step, *Response*, police and their partners select one or more responses or interventions based on the results from the Analysis conducted in the previous step.
- Finally, the *Assessment* step involves evaluating whether the responses were implemented in a way that was consistent with the Response plan, and whether the responses achieved their intended effects.

POP relies primarily on a diverse range of tightly focused policing strategies, some of which involve traditional law enforcement approaches and some of which involve alternative approaches. POP overlaps to some extent with other recent innovations in policing, including community policing, third-party policing, focused deterrence, and hot spots policing. Nonetheless, POP’s central elements are distinctive. Problem-oriented policing combines the resource targeting strategies of hot spots policing with the diverse approaches of community policing.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Community and Problem Oriented Policing, Community Crime Prevention , General deterrence, Hot Spots Policing, Specific deterrence, Violence Prevention	N/A	N/A	N/A	N/A	There is no cost information available for this practice.	• Point 1
<b>Evaluation Outcomes</b>	found a significant—but modest—effect of problem-oriented policing (POP) strategies on crime and disorder. This means that on average the POP strategies led to a significant decline in measures of crime and disorder.					

**References**

Weisburd, David, Cody W. Telep, Joshua C. Hinkle, and John E. Eck. 2008. “The Effects of Problem-Oriented Policing on Crime and Disorder.” *Campbell Systematic Reviews* 14.  
<http://www.campbellcollaboration.org/lib/project/46/>

**Reducing Gun Violence**

*Description:* There are various firearm-violence interventions that aim to reduce gun-related crimes and homicides in neighborhoods and communities. These different policies and programs aim to reduce the threat to public safety caused by firearms and decrease the number of illegal firearms or weapons in the possession of criminals.

Various policy and programmatic efforts have been put in place over the years throughout the United States with the intent of reducing gun violence. This issue has been a persistent public policy concern for communities, policymakers, and leaders. The target of many interventions has primarily been on reducing the rate of firearm-related homicides among urban youth (Makarios and Pratt 2012). To deal with this issue, several policy strategies have been deployed:

- First, there are public health approaches to increase information, training, and safe storage of guns through campaigns and outreach.
- Second are gun buy-back programs, wherein cash, gift certificates, or other incentives are offered in exchange for firearms
- Third are gun laws, whereby legislation has been passed in response to gun violence.
- Finally, there are law enforcement campaigns that aim to reduce gun violence

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization, General deterrence, Hot Spots Policing, Violence Prevention	Criminals owning guns	N/A	N/A	N/A	There is no cost information available for this practice.	• Point 1
<b>Evaluation Outcomes</b>	- They found the interventions were associated with a significant decrease in violent gun crime. This indicates that these programs overall had a moderate to weak effect on gun crime. - The authors disaggregated their analysis to show the effect of different types of interventions. Overall, the results of the disaggregated analysis show law enforcement strategies yielding the greatest effect on reducing gun crime, followed by gun laws, while gun buy-back laws were not shown to significantly reduce gun crime.					
<b>References</b>						
Makarios, Matthew D., and Travis C. Pratt. 2012. "The Effectiveness of Policies and Programs That Attempt to Reduce Firearm Violence: A Meta-Analysis." <i>Crime &amp; Delinquency</i> 58(2):222–44.						

**Sobriety Checkpoints**

*Description:* Sobriety checkpoints are police operations that aim to reduce the number of alcohol-related car crashes by preventing people from driving under the influence of alcohol and other substances. Driving under the influence (DUI) is prevented by increasing the perceived and actual risk of detection and apprehension by the police.

Sobriety checkpoints (also called DUI checkpoints) typically involve a number of police vehicles stationed at the side of the road, with police officers pulling vehicles over and testing drivers for illegal levels of substance use (most commonly alcohol). These interventions occur in public settings and may also include a publicity component, which would advertise when checkpoint enforcement will be in effect.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community and Problem Oriented Policing, Community Awareness/Mobilization, General deterrence, Situational Crime Prevention	Alcohol and Other Drug (AOD) Offenders	N/A	N/A	N/A	There is no cost information available for this practice.	• Point 1

**Evaluation Outcomes** sobriety checkpoints have a significant effect on reducing the number of car crashes.

**References**

Erke, Alena, Charles Goldenbeld, and Truls Vaa. 2009. "The Effects of Drink-Driving Checkpoints on Crashes—A Meta-Analysis." *Accident Analysis & Prevention* 41:914–23.

**Street-Level Drug Law Enforcement**

*Description:* Street-level drug law enforcement practices are policing strategies that aim to reduce or prevent illicit drug use, drug dealing, and associated problems at drug-dealing locations. Policing strategies are sometimes thought of as falling into four categories: standard policing, community policing, problem-oriented policing, and hot spots policing.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Prevention, Community and Problem Oriented Policing, Community Awareness/Mobilization , General deterrence, Hot Spots Policing, Situational Crime Prevention, Specific deterrence, Violence Prevention, Weed and Seed Programs	N/A	N/A	N/A	N/A	There is no cost information available for this practice.	• Point 1
<b>Evaluation Outcomes</b>	- found that street-level, drug law enforcement practices had a significant impact on drug-related calls for service. This means that areas targeted by street-level, drug law enforcement strategies were less likely to report drug-related calls for service compared with comparison areas. - found that street-level, drug law enforcement practices had a significant impact on offenses against persons. This means that targeted areas were less likely to have offenses committed against persons compared with comparison areas.					
<b>References</b>						
Mazerolle, Lorraine, David W. Soole, and Sacha Rombouts. 2006. "Street-level Drug Law Enforcement: A Meta-Analytical Review." <i>Journal of Experimental Criminology</i> 2(4):409–35. <a href="http://www.inspectieloket.nl/Images/06_Street-Level_Drug_Law_Enforcement_tcm296-282190.pdf">http://www.inspectieloket.nl/Images/06 Street-Level Drug Law Enforcement_tcm296-282190.pdf</a>						



**INTERVENTION POINT 2: INITIAL HEARING AND DETENTION DECISION-  
MAKING**

**Bronx (NY) Treatment Court**

*Description:* The Bronx Treatment Court (BxTC) in New York City provides an alternative to probation and confinement for first-time nonviolent felony drug offenders. The goals of the treatment court are to decrease any delays in case processing and to reduce offenders’ drug dependency and criminal activity while maintaining public safety. The court uses a post-plea model, which means defendants plead guilty to an eligible drug charge before participating in the program. Defendants also agree to a specific sentence should they fail the program. Participants can fail to graduate from BxTC due to repeated noncompliance, a new arrest, or voluntary opt-out from the program. Should defendants graduate from the program, pending drug charges against a defendant may be dismissed or reduced to a misdemeanor.

Once they become participants of BxTC, all defendants agree to the same treatment mandate. The treatment mandate involves at least 11 months of participation in drug court, divided into three phases of treatment. The first phase requires 60 days of drug-free participation and compliant time. The second phase requires 5 months of general compliance, and the final phase requires 4 consecutive months of drug-free and compliant time. The first two phases generally focus on compliance (e.g., trying to maintain abstinence, attending treatment, attending all scheduled court appearances, and avoiding warranting). During these phases, the program uses a compliant time clock, which is stopped when a sanction occurs and may be restarted afterwards. The third phase is the only phase that officially requires participants to complete an extended and consecutive drug-free period. Participation in BxTC requires appearances before the drug court judge at least twice a month during the first phase of treatment and once a month in subsequent phases.

BxTC uses a case management and treatment model where the court maintains a close working relationship with a core group of seven treatment providers. The providers serve as the primary providers of treatment and as the onsite clinical assessment team that reviews new cases. Treatment providers may run outpatient and inpatient programs, residential programs, gender-specific programs for mothers, methadone-to-abstinence programs, or a detoxification-of-methadone program. There is also a treatment provider that works specifically with offenders who are mentally ill chemical abusers. Aside from treatment services, most providers offer individual and group counseling, life skills training, education, job training, and job placement. BxTC refers each defendant to the treatment provider that will best suit the individual’s needs.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Drug Court, Group Therapy, Individual Therapy, Residential Treatment Center	First Time Offenders, Alcohol and Other Drug (AOD) Offenders	Black, Hispanic, Other	19+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	A significant reduction in post-arrest recidivism. Recidivism was found to be more common during the in-program period than post-program.					

**References**

Rempel, Michael, Dana Fox–Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader, and Michael Magnani. 2003. *The New York State Adult Drug Court Evaluation: Policies, Participants, and Impacts*. New York, N.Y.: Center for Court Innovations, 139–55.  
<http://www.courts.state.ny.us/whatsnew/pdf/NYSAdultDrugCourtEvaluation.pdf>

**Brooklyn (NY) Treatment Court**

*Description:* The Brooklyn Treatment Court (BTC) is the first drug court in New York City that offers substance abuse treatment for nonviolent felony and misdemeanor drug offenders. Through court-monitored treatment for eligible defendants, the court aims to break the cycle of addiction, crime, and incarceration. BTC uses a post-plea model in which defendants plead guilty to an eligible drug charge before participating in the drug court and agree to a specific jail or prison sentence to be served in the event of program failure. Upon graduation, the plea is vacated, and the case, dismissed.

BTC begins with an automatic screening process at arraignment. Paper-eligible cases (cases that involve defendants arrested on drug felony charges within Brooklyn) are identified and referred to BTC for legal and clinical screening. BTC participants must agree to one of four treatment mandates: misdemeanor, first felony, multiple felony, or predicate felony. The treatment mandates determine the minimum length of participation in BTC and the amount of time defendants must serve if they fail the program. In addition to the time requirements, defendants who plead guilty to a misdemeanor must complete two community service projects; all other defendants must complete three. Each treatment mandate is divided into three distinct phases of treatment. All three phase minimums must be completed as consecutive drug-free and sanctionless time.

A case management team is responsible for all key clinical decisions, including eligibility, initial treatment plan, placement in a specific program, and decisions to change the treatment plan during participation. Program participants continue to see their case manager during treatment to discuss progress or problems. During these visits, case managers can provide support for participants doing well with treatment, or, in some cases, provide warnings to those who are doing poorly. Participants are drug tested whenever reporting for a scheduled visit with their case manager. In addition to visits with a case manager, BTC also requires regular court appearances before the drug court judge. The appearances are usually every 1 to 2 weeks at the beginning of participation, and then monthly thereafter.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Drug Court	Alcohol and Other Drug (AOD) Offenders	Black, Hispanic, White, Other	19+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** A reduction in post-arrest recidivism and a significantly lower probability of reconviction than the comparison group.

**References**

Rempel, Michael, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader, and Michael Magnani. 2003. *The New York State Adult Drug Court Evaluation: Policies, Participants, and Impacts*. New York, N.Y.: Center for Court Innovations, 157–78.  
<http://www.courts.state.ny.us/whatsnew/pdf/NYSAdultDrugCourtEvaluation.pdf>

**Jackson County (Ore.) Community Family Court**

*Description:* The Jackson County (Ore.) Community Family Court (CFC) is a family drug court program for parents with admitted substance abuse allegations whose children are wards of the State of Oregon and are in the custody of the Department of Human Services (DHS). The CFC was designed to coordinate services and interventions that help to rehabilitate court-involved parents and their families. The goal of the program is to work toward parental sobriety, family reunification, and child safety.

Substance abusing parents can be referred to CFC by public defenders, the district attorney, judges, a mental health agency, DHS child welfare caseworkers, treatment providers, and other participating agencies. There is no standardized assessment used to determine eligibility of potential program participants. Eligibility is determined on a case-by-case basis by the CFC team. Once a parent is found to be eligible, a full substance abuse treatment assessment is performed to determine level of care. Participants are also screened for co-occurring mental disorders and suicidal ideation.

The program is designed to last a minimum of 12 months, from entry into the program until graduation. The CFC program consists of three phases. As participants demonstrate compliance with program requirements, they progress to the next phase of treatment. The phases differ on length, treatment requirements, and submission of drug tests. To graduate from CFC, participants must comply with their child welfare case plan, have a job or be in school, secure a sober housing environment, pay all court drug fees, complete community services, and have a written sobriety plan. CFC also offers an aftercare program for graduates (a Mentor Mom Program), and an alumni group that meets regularly to provide support to current participants.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Drug Court, Family Court, Family Therapy, Group Therapy, Individual Therapy, Parent Training, Wraparound/Case Management, Children Exposed to Violence	Children Exposed to Violence, Alcohol and Other Drug (AOD) Offenders, Families	Black, Hispanic, White	N/A	Both	The average cost of the CFC program was \$12,147 per participant. After 4 years, the criminal justice system outcome costs were \$35,287 for the comparison group, \$29,694 for all members of the CFC group, and \$22,286 for CFC graduates.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	Participant parents had more favorable treatment and criminal justice outcomes than the control group. Children of participants spent less time in foster care, returned sooner and were more likely to be reunited with a parent; but no difference in placement stability was found.					

**References**

Carey, Shannon M., Mary Beth Sanders, Mark S. Waller, Scott W. M. Burrus, and Jennifer A. Aborn. 2010. *Jackson County Community Family Court Process, Outcome, and Cost Evaluation*. Portland, Ore.: NPC Research.  
[http://www.oregon.gov/CJC/docs/Jackson\\_Byrne\\_Final\\_Report\\_June\\_2010.pdf?ga=t](http://www.oregon.gov/CJC/docs/Jackson_Byrne_Final_Report_June_2010.pdf?ga=t)

**Juvenile Breaking the Cycle (JBTC) Program (Lane County, Oregon)**

*Description:* The Juvenile Breaking the Cycle (JBTC) Program was a post-arrest effort designed to help substance-using youth by enlisting the aid of county and state organizations. Only youths with alcohol and or other drug (AOD) problems and who had been determined to be high risk were eligible for JBTC. The primary goals of the program were to increase access to treatment, reduce substance use, and reduce delinquency among high-risk, antisocial youths via intensive case-management services.

JBTC aimed to meet four objectives: 1) immediate identification of youths’ substance abuse problems at the time of arrest; 2) assessment to establish the degree of substance abuse problems and the presence of other psychological or criminogenic risk factors; 3) coordinate and integrate individualized services; and 4) use of sanctions, incentives, and rewards to encourage youths to comply with treatment and abstain from delinquency and substance use.

Components of the model included judicial oversight (including drug court for some participants), case management that included supervision by a probation counselor and service coordination by a service coordinator as well as urinalysis testing, substance abuse treatment, and mental health services. JBTC was designed to last 12 months. However, depending upon needs and services, some youths took longer to complete the program than others.

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Alcohol and Drug Therapy/Treatment, Diversion, Drug Court, Wraparound/Case Management	Youths identified as <i>both</i> being involved in serious and chronic offenses <i>and</i> involved in substance use.	Black, Hispanic, White, Other	9-18	Both	On average, at the 6-month follow up, a youth in JBTC required \$1,535 more taxpayer resources during the previous 6 months than a youth who was not in JBTC. At the 12-month follow up, on average, a youth in JBTC incurred \$457 more costs during the previous 6 months than a youth who was not in JBTC.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Results suggest that JBTC participants were significantly less likely to recidivate and had significantly fewer arrests, compared with non-JBTC participants. However, the impact on self-reported drug use was mixed.					

**References**

Lattimore, Pamela K., Christopher P. Krebs, Phillip Graham, and Alexander J. Cowell. 2004. *Evaluation of the Juvenile Breaking the Cycle Program*. Research Triangle Park, North Carolina: RTI International.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/209799.pdf>

**Multnomah County (Ore.) Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program**

*Description:* The Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program is a drug court program that was designed to reduce the increasing backlog of cases involving drug offenders in Oregon’s Multnomah County. The program focuses on providing treatment services for offenders facing first-offense drug charges. The Multnomah County District Attorney’s Office determines if a defendant is eligible for participation based on arrest charge, criminal history, probation status, additional charges, status at other jurisdictions (holds or retainers), and previous participation in the program. The STOP Program targets defendants charged with possession of a controlled substance and possession of more than an ounce of marijuana as well as other drug-related charges, such as tampering with drug records (i.e., forging prescriptions for pharmaceutical drugs). A defendant may still be eligible for the program if they face additional, non–drug related criminal charges, as long as participation in the diversion program does not interfere with conditions of probation for those other charges.

However, defendants are ineligible if they face distribution of controlled substance or manufacture of controlled substance charges, if they have any prior convictions for violent offenses, or if they have previously participated in the STOP Program but failed to complete the requirements.

The STOP Program uses a postplea model, meaning participants agree to plead guilty to the eligible drug charge before entering the program. If participants successfully complete the program, the charges can be dropped and the participants can apply to have them removed from their criminal history record. It is ultimately up to the defendant to decide to participate in the diversion program or take the case to trial.

The program uses what is known as a “STOP clock,” which is the amount of treatment days a participant has been in the program. To graduate, participants must spend 365 days in the program, but if the participant absconds or a bench warrant is issued, the STOP clock is stopped. When a participant returns to the program, the STOP clock starts again. The STOP Program has three phases of treatment that vary in length, depending on the needs of the participant. To graduate from the program, participants need to complete 365 days in treatment, have six consecutive clean UA tests, and get a recommendation from their individual counselor.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Alternatives to Incarceration, Diversion, Drug Court, Group Therapy, Individual Therapy	First Time Offenders, Alcohol and Other Drug (AOD) Offenders	Black, White, Other	18+	Both	Over a 5-year period, the total cost per program participant was \$43,705.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	The results found a statistically significant differences between the treatment group and the comparison group. There were fewer subsequent arrests, convictions, felony arrests, drug arrests, and parole and probation violations.					
<b>References</b>						
Finigan, Michael W. 1998. <i>An Outcome Program Evaluation of the Multnomah County S.T.O.P. Drug Diversion Program</i> . Portland, Ore.: NPC Research, Inc. <a href="http://npcresearch.com/wp-content/uploads/OPE.pdf">http://npcresearch.com/wp-content/uploads/OPE.pdf</a>						

**Queens (NY) Treatment Court**

*Description:* The Queens Treatment Court (QTC) is a drug court program for first-time nonviolent felony drug offenders who are arrested in Queens County, New York. The court seeks to reduce recidivism among persistent drug offenders with a history of substance abuse by providing them with drug or alcohol treatment services. The mission of QTC is to provide offenders with the tools necessary for long-term sobriety, using court-supervised treatment and case management services as an alternative to incarceration. Defendants are paper eligible for QTC if they are arrested on drug felony charges but do not have a prior felony conviction or a prior violent misdemeanor conviction. The QTC uses a postplea adjudication model, which means defendants plead guilty to an eligible drug charge before participating in the program. Participants also agree to a sentence of incarceration that is served if they fail out of the program and treatment is not completed.

After being accepted into the program, all participants must agree to the same treatment mandate, which requires at least 12 months of participation in QTC, divided into three phases of treatment. Case managers develop an appropriate treatment plan for each participant, based on the duration and frequency of drug use, primary drug of choice, living situation, family support, and criminal history. The program does not require all counted time in each phase be drug free; rather, the emphasis is on sanctionless time. This means that if the court decides not to sanction a particular infraction, such as a positive urine test, the participant will not lose time. In the event a participant is not in compliance with program requirements or is arrested for a new charge, QTC has a formal sanctions schedule, although the schedule is more advisory, and drug court judges frequently make case-by-base decisions. A new felony arrest will always result in failure from the program, as will repeated noncompliance or opting out.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Drug Court, Individual Therapy, Vocational/Job Training, Wraparound/Case Management, Motivational Interviewing	First-time nonviolent felony drug offenders	Black, Hispanic, White, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** Program participation had a significant impact on recidivism rates. In fact, the program produced one of the largest recidivism impacts of any drug court nationwide that has been evaluated to date.

**References**

Rempel, Michael, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader, and Michael Magnani. 2003. *The New York State Adult Drug Court Evaluation: Policies, Participants, and Impacts*. New York, N.Y.: Center for Court Innovations, 157–78.

<http://www.courts.state.ny.us/whatsnew/pdf/NYSAdultDrugCourtEvaluation.pdf>

**Suffolk County (NY) Drug Treatment Court**

*Description:* The Suffolk County Drug Treatment Court is an alternative to incarceration for drug-abusing defendants facing a broad range of charges, including misdemeanors and felonies, in Suffolk County, New York. The drug court program provides substance abuse treatment and education, as well as case management and intensive supervision, for defendants arrested for drug and non-drug charges, as long as there is an underlying addiction problem. Upon graduation, misdemeanor charges are dismissed or reduced to a violation, while felony charges are reduced to a misdemeanor.

Defendants charged with misdemeanor or felony offenses are eligible to participate in the drug court program. Defendants with prior felony convictions, as well as defendants who only use marijuana or who require methadone maintenance, can also be accepted into the program. Defendants are ineligible to participate if they are charged with a felony-level drug sale or charged for the most severe drug felonies. The drug court program does not accept defendants that are only addicted to alcohol; participants must demonstrate a drug addiction problem. If the clinical assessment shows a defendant is eligible for the program, they are given the option to enter.

The Suffolk County Drug Treatment court uses a postplea model, which means participants plead guilty to an eligible charge before beginning the program. Upon entering the program, participants agree to a fixed jail or prison sentence that is imposed in the event of drug court failure. All drug court participants agree to the same treatment mandates. They agree to at least 12 months of participation in the program, with at least 6 months of that time spent drug free. There are no formalized phases of treatment through which participants must progress to successfully complete the program. Rather, participants are assigned to one of five treatment modalities, which can range from the most restrictive residential assignment to the least restrictive, once-a-week outpatient assignment. To graduate, participants must meet treatment requirements as well as participate in a constructive activity outside of treatment. Participants who fail the program usually do so because of persistent noncompliance, a new arrest, or by voluntarily opting out. In the event of program failure, the jail or prison sentence is imposed and the case is returned to the usual criminal justice proceedings in the narcotics part of court.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Drug Court, Individual Therapy, Residential Treatment Center	Alcohol and Other Drug (AOD) Offenders	Black, Hispanic, White, Other	16+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

<b>Evaluation Outcomes</b>	The treatment court reduced recidivism rates following arrest up to 3 years. For postprogram recidivism, the study found the comparison group recidivated at 32 percent compared to 23 percent of the drug court participants.
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**References**

Rempel, Michael, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader, and Michael Magnani. 2003. *The New York State Adult Drug Court Evaluation: Policies, Participants, and Impacts*. New York, N.Y.: Center for Court Innovations, 197–216.  
<http://www.courts.state.ny.us/whatsnew/pdf/NYSAdultDrugCourtEvaluation.pdf>



**Ada County (Idaho) Drug Court**

*Description:* The Ada County Drug Court in Idaho is a pre-adjudication drug court program that provides court-supervised, community-based outpatient drug treatment and case management services to felony drug offenders. The goals of the drug court program are to increase offender accountability, decrease the likelihood of recidivism, and reduce drug dependency. To be eligible for the drug treatment program, offenders must have been charged with a felony drug or drug-related offense. Offenders are ineligible if they a) have more than one prior felony conviction or felony drug possession charge; b) were convicted of sex, dealing/distribution, or a violent crime; c) have not admitted guilt; d) were assessed low risk; or e) lived outside of the county.

The Ada County Drug Court program consists of four phases of outpatient treatment for a minimum of 1 year. Each treatment phase is about 3 months, depending on an individual's progress. Throughout the four phases, participants are assisted or provided with referrals for educational services, skills assessments, vocational training, and job placements. Participants also attend group sessions, individual therapy, drug abuse education classes, and other rehabilitative activities. Graduates of the program are able to participate in alumni activities, relapse prevention, and other treatment services. To graduate from the drug court, program participants must a) successfully complete all treatment requirements; b) have 6 months of negative drug tests, c) obtain full-time employment or enroll in school full time; d) repay any restitution owed in full; and e) obtain, or initiate steps to obtain, a GED (if not already a high school graduate).

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Drug Court, Group Therapy, Individual Therapy, Wraparound/Case Management	Offenders must have been charged with a felony drug or drug-related offense	White, Other	18-50	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** The program was shown to significantly reduce a participant’s likelihood of recidivating.

**References**

Shaffer, Deborah K., Jennifer L. Hartman, and Shelley J. Listwan. 2009. "Drug Abusing Women in the Community: The Impact of Drug Court Involvement on Recidivism." *Journal of Drug Issues* 39(4):803–27.

Koetzle, Deborah, Shelley J. Listwan, Wendy P. Guastaferrro, and Kara Kobus. 2015. "Treating High-Risk Offenders in the Community: The Potential of Drug Courts." *International Journal of Offender Therapy and Comparative Criminology* 59(5):449–65.

**Adolescent Diversion Program (New York State)**

*Description:* The Adolescent Diversion Program (New York State), or ADP, is a diversion program for 16- and 17-year-old defendants in New York state’s adult criminal justice system. The program seeks to divert older adolescents from the adult criminal justice system, providing them with age-appropriate alternatives and services. Overall, the goal of the ADP is to provide services to 16- and 17-year-old juveniles and reduce the use of conventional criminal penalties, while ensuring that recidivism does not increase and public safety is not jeopardized.

ADP functions as a diversion program for 16- and 17-year-old juveniles involved in the adult criminal justice system, not the juvenile justice system. Participation in the ADP program is voluntary. The program begins at the initial arraignment. If the case is not resolved during the arraignment, it is assigned to a specialized court through the ADP. In some instances, a youth may participate in the ADP as part of a predisposition agreement, meaning that the youth has not pled guilty or received a case disposition. In other cases, the defendant is required to enter into a guilty plea before participating in the ADP program. Whether the adolescent participates in the ADP program predisposition or postdisposition, completion of his or her assignment typically results in dismissal of charges or reduction of the charge to a noncriminal level. It is also possible that the judge offers an Adjournment in Contemplation of Dismissal (ACD) in exchange for service participation or offers an ACD following participation.

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Alternatives to Detention, Alternatives to Incarceration, Diversion	Young Offenders	Black, White	16-17	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** Similar rates of recidivism were found for ADP participants and comparison group members, suggesting that diverting older adolescents would not increase recidivism and risk to the public.

**References**

Rempel, Michael, Suvi Hynynen Lambson, Carolyn R. Cadoret, and Allyson Walker Franklin. 2013. *The Adolescent Diversion Program: A First-Year Evaluation of Alternatives to Conventional Case Processing for Defendants Ages 16 and 17 in New York*. New York, N.Y.: Center for Court Innovation.

[http://www.courtinnovation.org/sites/default/files/documents/ADP\\_Report\\_Final.pdf](http://www.courtinnovation.org/sites/default/files/documents/ADP_Report_Final.pdf)

**Adult Treatment Drug Courts (Multi-site)**

*Description:* The Multi-site Adult Drug Court Evaluation (MADCE) was a 6-year national evaluation funded by the National Institute of Justice that looked at the impact of adult drug courts. Adult treatment drug courts are specialized and problem-solving courts for drug-involved offenders that provide a combination of substance abuse treatment services and intensive judicial supervision of the treatment process. By addressing offenders’ drug abuse problems, adult treatment drug courts aim to reduce drug relapse and prevent future offending. The MADCE project had four primary goals: 1) test whether drug courts work for participants by reducing their drug use, crime, and multiple other problems associated with drug abuse, 2) examine for whom drug courts work best, 3) explain how drug courts work, and 4) examine whether drug courts generate cost savings.

As part of the MADCE, a Web-based survey was administered in 2004 to every active adult drug court in operation for at least 1 year. The survey results provide descriptive information about program characteristics and operations for the 380 adult drug courts that responded. For the full results of the survey, please see the Urban Institute’s 2011 report titled *The Multi-site Adult Drug Court Evaluation: What’s Happening With Drug Courts? A Portrait of Adult Drug Courts in 2004*

<https://www.ncjrs.gov/pdffiles1/nij/grants/237110.pdf>

<b>Program Type</b>	<b>Targeted Population/Sites</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Diversion, Drug Court, General deterrence	Alcohol and Other Drug (AOD) Offenders; The MADCE included 23 drug courts located in several different geographic areas across the United States. Most of the courts operated in urban or suburban areas, with only about one-fourth operating in rural areas.	Black, American Indians/ Alaska Native, Asian/ Pacific Islander, Hispanic, White, Other	18+	Both	The total benefit-to-cost ration is 1.92:1, meaning that for every \$1 invested in drug courts \$1.92 in costs is saved; however, this result also was not significant.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	Participants did better than comparison offenders on measures of drug use, criminal behavior, and incarceration. However, there were few significant differences between the groups on measures of other benefits, including socioeconomic status, mental and physical health, family support and homelessness.					

**References**

Urban Institute) Rossman, Shelli B., Michael Rempel, John K. Roman, Janine M. Zweig, Christine H. Lindquist, Mia Green, P. Mitchell Downey, Jennifer Yahner, Avinash Singh Bhati, and Donald J. Farole Jr. 2011e. *The Multi-site Adult Drug Court Evaluation: The Impact of Drug Courts*. Final Report: Vol. 4. Washington, D.C.: Urban Institute.

<https://www.ncjrs.gov/pdffiles1/nij/grants/237112.pdf>

**Baltimore County (Md.) Juvenile Drug Court**

*Description:* The Baltimore County Juvenile Drug Court (BCJDC) offers an alternative to traditional processing in the juvenile justice system by guiding youths with substance-abusing problems into treatment. The goal is to reduce youths’ use of drugs and criminal behavior. Intensive support is provided to eligible juveniles with substance-abusing problems who agree to live an alcohol- and drug-free lifestyle.

The BJCDC has four phases. The first two phases are highly structured and include frequent treatment sessions, supervision meetings, and drug testing. The last two phases are designed as aftercare phases, which involve decreasing supervision and treatment sessions and focus on relapse prevention, reentry, garnering family support, and the availability of other resources in the community. The program takes about 12 months to complete and the four program locations have a combined capacity to serve approximately 80 youths per year. Youths can graduate the BCJDC when all program requirements have been met. Upon graduating from the program, charges against the youth may be dismissed, unless denied by the SAO, especially if the victim is opposed to the decision. Completely non-compliant youths are terminated from the program and often committed to placement or regular probation.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Drug Court, Family Therapy, Group Therapy, Individual Therapy	Alcohol and Other Drug (AOD) Juvenile Offenders, Nonviolent Juvenile Offenders	White, Other	13-17	Both	The program investment costs were estimated to be approximately \$56,631 per BCJDC participant per year.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** At the 2-year follow up, program participants had significantly fewer overall and drug-related rearrests than a matched comparison group.

**References**

Mackin, Juliette R., Lisa M. Lucas, Callie H. Lambarth, Theresa Allen Herrera, Mark S. Wallter, Shannon M. Carey, and Michael W. Finigan. 2010. *Baltimore County Juvenile Drug Court Outcome and Cost Evaluation*. Portland, Ore.: NPC Research.  
[http://www.ndcrc.org/sites/default/files/baltimore\\_co\\_juv\\_dc\\_outcome-cost\\_0110.pdf](http://www.ndcrc.org/sites/default/files/baltimore_co_juv_dc_outcome-cost_0110.pdf)

**Drug Treatment Alternative to Prison (DTAP)**

*Description:* The Drug Treatment Alternative to Prison (DTAP) program was developed by the Kings County District Attorney’s Office in Brooklyn, N.Y., and is the first prosecution-led residential drug treatment diversion program in the country. The program’s objective is to reduce recidivism and drug use by diverting nonviolent felony drug offenders to community-based residential treatment. The program attempts to incorporate three fundamental components of effective treatment: a high level of structure, a long period of intervention, and flexibility.

To be eligible to participate, defendants must be 18 years or older, currently charged with a felony, and have at least one prior felony. Defendants must also be addicted to drugs and in need of substance abuse treatment; the addiction should be a contributing factor in their criminal activities. To avoid net-widening and ensure the program is serving a prison-bound population, cases are accepted if the District Attorney’s Office can determine that the evidence assures a high likelihood of felony conviction. DTAP uses a deferred-sentencing model. Defendants that are accepted into the program plead guilty to a felony but the prison sentence is deferred while participants enter intensive residential drug treatment, followed by optional aftercare services. Those participants who successfully completed DTAP treatment are permitted to withdraw their guilty plea and have the case dismissed. Those participants who drop out or fail the program are brought back to court and sentenced on the guilty plea.

DTAP participants are sent to long-term, intensive, residential drug treatment programs for a duration of 15 to 24 months. The programs follow the traditional therapeutic community philosophy and structure, which includes providing participants with treatment services in a highly structured and supervised community-based residential environment. Treatment services emphasize self-help in recovery through individual and group counseling sessions and by using the dynamics of communal living to teach participants about positive, personal, and social values and behavior.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Diversion, Group Therapy, Individual Therapy, Residential Treatment Center, Vocational/Job Training, Therapeutic Communities	All drug-addicted, nonviolent repeat felony offenders arrested in Brooklyn that face mandatory sentencing under New York State’s second felony offender law	Black, Hispanic, White	18+	Both	DTAP program costs \$40,718 per participant.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	Participation in the program led to reduction in the prevalence and rate of recidivism and delayed time to first rearrest.					

**References**

Dynia, Paul, and Hung–En Sung. 2000. “The Safety and Effectiveness of Diverting Felony Drug Offenders to Residential Treatment as Measured by Recidivism.” *Criminal Justice Policy Review* 11(4):299–311.

Belenko, Steven, Carol Foltz, Michelle A. Lang, and Hung–En Sung. 2004. “Recidivism Among High-Risk Drug Felons: A Longitudinal Analysis Following Residential Treatment.” *Journal of Offender Rehabilitation* 40(1/2):105–32.

**Idaho DUI Courts and Misdemeanor/DUI Courts**

*Description:* Idaho’s Driving Under the Influence (DUI) Courts and Misdemeanor/DUI Courts use a comprehensive approach to address the underlying causes of driving under the influence. The approach involves a collaboration of various criminal justice actors, including judges, probation officers, and community-based service providers. DUI Courts focus primarily on altering the behavior of alcohol and/or drug-dependent offenders arrested for DUI or driving while impaired (DWI). Misdemeanor/DUI Courts are similar to DUI courts, but allow offenders with misdemeanor charges other than DUI or DWI to participate.

Participation in DUI and Misdemeanor/DUI Courts in Idaho is voluntary. For each court, the admission process determines eligibility of offenders by examining various issues-e.g., prior criminal record, presence of a substance abuse disorder, risk/need level. The main program components of the DUI Courts and Misdemeanor/DUI Courts across Idaho vary by location, but most share similar objectives and procedures -e.g., phases, incentives/sanctions, weekly random drug tests, self-help meetings

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Group Therapy, Individual Therapy, Probation/Parole Services, DUI/DWI Courts			18+	Both	There is no cost information available for this program.	• Point 2
<b>Evaluation Outcomes</b>	The treatment group had a lower recidivism rate than the comparison group. However, the treatment group had a statistically significant higher rate of new charges classified as felonies.					
<b>References</b>						
Ronan, Scott M., Peter A. Collins, and Jeffrey W. Rosky. 2009. “The Effectiveness of Idaho DUI and Misdemeanor/DUI Courts: Outcome Evaluation.” <i>Journal of Offender Rehabilitation</i> 48(2):154–65.						

**Independence Youth Court**

*Description:* The Independence Youth Court (IYC) is a diversion program for young offenders. The primary goal of the IYC is to reduce the occurrence of juvenile crime by diverting youth from the traditional juvenile justice system and providing an alternative to formal processing.

The IYC uses a youth judge model, meaning there are no juries for the cases. Instead, youth attorneys present the case to a youth judge who is responsible for the sentencing decision. Although the youth judge is responsible for overseeing all cases and passing various sentences, the program’s presiding judge speaks with the defendant and his or her parents following the sentencing decision to ensure all parties understand the sentence and the overall diversionary process of teen courts. The IYC also provides youth with the opportunity to plead not guilty during their first appearance in the program. A not guilty plea results in a trial, which typically requires the defendant, victim (if any), and any witnesses to be present during the trial. Following the trial, the youth judge is responsible for determining the defendant’s guilt in the particular case. Although youths may be found not guilty, they must still comply with their original diversion agreements or they will be transferred back to the Jackson County Family Court, where their case will be processed through the traditional juvenile justice system.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alternatives to Detention, Diversion, Teen/Youth Court	First Time Minor Offenders, Young Offenders,	White, Other	7-16	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** Treatment youth were significantly less likely to reoffend.

**References**

Butts, Jeffrey A., Janeen Buck, and Mark B. Coggeshall. 2002. *The Impact of Teen Court on Young Offenders*. Washington, D.C.: The Urban Institute, Justice Policy Center.  
<https://www.ncjrs.gov/pdffiles1/ojdp/237391.pdf>

**Indigent Defense for Homicide Cases (Philadelphia, Penn.)**

*Description:* Indigent defense involves the constitutionally mandated free representation of individuals accused of crimes who are unable to afford private representation. States, counties, and local jurisdictions utilized various methods to provide indigent defense to defendants who cannot afford a lawyer, including a public defender office, an assigned counsel system, or a contract system. In Philadelphia, the indigent defense system relies on both public defenders and private counsel. Pennsylvania is the only state in which each county is solely responsible for funding indigent defense without any assistance from the state; therefore, the costs are backed by the city of Philadelphia

In Philadelphia, after a defendant is arrested for murder, they must receive a preliminary arraignment. At the arraignment, the court magistrate reviews information about the defendant compiled by the court’s pretrial unit in order to determine if the defendant can afford counsel. As a result of the change in 1993, if the defendant in a case with a murder charge is unlikely to be able to afford counsel, the magistrate appoints either the Defender Association or a to-be-determined appointed counsel to represent the defendant.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Court Processing	Serious/Violent Offender	Black, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	Defendants were less likely convicted of murder, had shorter sentences and spent fewer years in prison than defendants represented by private counsel. The probability of receiving a life, minimum or maximum sentence was reduced. There was no conclusion on death sentences or statistical differences for guilty rates.					

**References**

Anderson, James M., and Paul Heaton. 2013. *Measuring the Effect of Defense Counsel on Homicide Case Outcomes*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/grants/241158.pdf>



**Guam Adult Drug Court**

*Description:* The Guam Adult Drug Court (GADC) is a drug court diversion program that has three main goals: to help participants become clean and sober, improve their lives, and reduce their involvement with the criminal justice system. The program focuses on getting participants into treatment as soon as possible after arrest. The GADC is a deferred-plea program, which means that upon successfully completing the program, eligible charges are dismissed and the participant’s record is expunged. The program can be completed in 12 months (including 6 months of aftercare) but participants have up to 2 years to complete the program.

The GADC has four phases, each with corresponding treatment and probation requirements. The time spent in each phase depends on how quickly a participant can fulfill the requirements. Different criteria must be met to move from phase to phase. Program requirements include attendance at weekly self-help groups, meetings with the case managers, attendance at family and individual counseling sessions, payment of fees, completion of community service hours, submission to random urinalyses each week, and participation in weekly or monthly drug court hearings.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Diversion, Drug Court, Family Therapy, Group Therapy, Individual Therapy, Probation/Parole Services	Alcohol and Other Drug (AOD) Offenders	Asian/Pacific Islander, White, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	The intervention group went back through the court system less often than comparison group members, recidivated less, and had no drug-related crimes. The graduation rate was 66% for the program.					

**References**

Carey, Shannon M. and Mark S. Waller. 2007. *Guam Adult Drug Court Outcome Evaluation: Final Report*. Portland, Ore: NPC Research, Inc.  
[http://www.npcresearch.com/Files/Guam\\_Adult\\_Drug\\_Court\\_Outcome\\_Evaluation\\_Final%20Report\\_0](http://www.npcresearch.com/Files/Guam_Adult_Drug_Court_Outcome_Evaluation_Final%20Report_0)

**Front-End Diversion Initiative**

*Description:* The Front-End Diversion Initiative (FEDI) seeks to divert juveniles with mental health needs from adjudication in the juvenile justice system by using specialized supervision and case management. FEDI was originally implemented in four Texas probation departments. In Texas, probation intake is the gatekeeper to the juvenile court and therefore was an ideal point to implement a preadjudicatory diversion strategy. The primary diversion strategy was the use of specialized juvenile probation officers. The efforts of the initiative supported the development, implementation, and evaluation of the use of specialized juvenile probation officers.

The FEDI program used several specialized supervision and case management strategies that were considered best practices, such as small caseloads, specialized trained officers, internal and external service coordination, and active problem solving. In following this model, FEDI included specialized juvenile probation officers whose caseload did not have more than 15 juveniles with mental health needs, which is smaller than a traditional caseload for juvenile probation officers in Texas. These officers were trained in motivational interviewing, family engagement, crisis intervention, and behavioral health management.

If a child is accepted into the FEDI program, the initial case plan is completed within the first 72 hours. This plan includes the goals for the child and family to work toward, as well as services in the community. The plan also identifies the educational needs of a child and the child’s overall strengths and values. This plan is reviewed monthly during the youth’s participation in the FEDI program. Once a goal is obtained, the officer determines new goals for the child and family to work toward completing. Finally, once the program is completed the officer develops a discharge plan that links the child and family with services in the community.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Diversion, Family Therapy, Probation/Parole Services, Motivational Interviewing	Mentally Ill Offenders, Young Offenders	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	12-16	Both	There is no cost information available for this program.	• Point 2
<b>Evaluation Outcomes</b>	Participants were significantly less likely to face adjudication compared to those who only received traditional supervision while on probation.					

**References**

Colwell, Brian, Soila F. Villarreal, and Erin M. Espinosa. 2012. “Preliminary Outcomes of a Preadjudication Diversion Initiative for Juvenile Justice Involved Youth With Mental Needs in Texas.” *Criminal Justice and Behavior* 39(4):447–60.

**Juvenile Drug Courts With Contingency Management and Multisystemic Therapy**

*Description:* Juvenile drug courts are problem-solving courts for cases involving substance-abusing juveniles in need of specialized treatment services.

Contingency management is a threefold process consisting of 1) addressing the target behavior or behaviors, 2) providing tangible reinforcers when those behaviors are exhibited, and 3) removing incentives when those behaviors are not shown. Integrating the contingency management protocol with juvenile drug court services includes several components. The first component is the use of validated instruments and clinical interviews to determine the extent of the juvenile’s substance use. If the juvenile’s substance use is measured toward the latter end of the scale, he or she is introduced to the contingency management protocol and referred to treatment services. At that time, a therapist employed by a community-based service provider collaborates with the juvenile and parents/guardians to analyze the juvenile’s substance use behaviors. Referrals are made to self-management and drug refusal skills training, then the juvenile and parents/guardians create a contingency contract to outline rewards for negative substance screens and consequences for positive ones.

Multisystemic therapy enlists the support of family members in the treatment process. The juvenile drug courts incorporate key therapeutic elements and skills building of multisystemic therapy into their creation and implementation of treatment programs. Key strategies include juvenile and family collaboration in the development of treatment goals, conceptualizing interventions to meet those goals, maintaining a nonblaming stance, and incorporating skills such as empathy, reflective listening, and flexibility. The overall goal of multisystemic therapy is to keep juveniles who exhibit serious problems—such as criminal behavior—at home, in school, and out of trouble. Juveniles are treated in the environments where their problem behaviors exist (i.e., home, school) rather than in an unfamiliar environment (i.e., custody) to enable change. At program completion, the therapist works with the juvenile and parents/guardians to create an aftercare plan.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Drug Court, Family Therapy, Individual Therapy, Probation/Parole Services, Wraparound/Case Management, Alcohol and Drug Prevention	Alcohol and Other Drug (AOD) Offenders	Black, White, Other	12-17	Both	the DC/MST/CM group was the most costly approach, with an average treatment cost of \$12,994 per case over a 12-month period	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	The program significantly reduced alcohol and poly drug use, positive drug urine screens, status offenses, and property offenses. The program had mixed effects on marijuana use and offenses against persons					

**References**

Henggeler et al. 2006. “Juvenile Drug Court: Enhancing Outcomes by Integrating Evidence-Based Treatments.” *Journal of Counseling and Clinical Psychology* 71(1):42–54.

Henggeler et al. 2012. “Enhancing the Effectiveness of Juvenile Drug Courts by Integrating Evidence-Based Practices.” *Journal of Consulting and Clinical Psychology* 80(2):264–75.

**Maine Juvenile Drug Treatment Courts**

Description: Maine’s juvenile drug treatment courts are court supervised, post-plea (but pre-final disposition) drug diversion programs that provide comprehensive community-based treatment services to juvenile offenders and their families. The primary goal of the drug court programs is to reduce substance abuse and the likelihood of arrest among participants.

Eligible participants are referred from a variety of sources, including the district attorney, juvenile community corrections officer (JCCO), defense counsel, school official, or other interested person. Juveniles may only be accepted into the drug court program at a hearing and by an order of the court. This means juveniles must enter a guilty plea to pending charges or accept a motion to revoke probation in order to participate. Juveniles not admitted to the program are returned to court for traditional adjudication.

The juvenile drug court programs run about 52 weeks and are divided into four phases, each with distinct treatment goals and specified completion times. Juvenile drug court participants can receive a variety of treatment services. To advance to the next phase, participants must abstain from drug and alcohol use, pass a certain number of random tests for drug and alcohol use, attend sessions of substance abuse treatment, appear at weekly status hearings before the designated program judge, and desist from committing any new crimes. Maine’s juvenile drug courts use rewards and sanctions to ensure compliance to program goals and objectives, but there is no structured sanctions protocol in place. Participants are eligible for graduation from the drug court program upon successful completion of the Phase 4 requirements.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Diversion, Drug Court	Young Offenders, Alcohol and Other Drug (AOD) Offenders	White, Other	Under 18	Both	The total cost of operating the juvenile drug courts was calculated to be approximately \$914,563	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** The program had a small effect on recidivism.

**References**

Anspach, Donald F., and Andrew S. Ferguson. 2005. *Part II: Outcome Evaluation of Maine’s Statewide Juvenile Drug Treatment Court Program*. Augusta, Me.: University of Southern Maine.  
<http://www.maine.gov/dhhs/samhs/osa/pubs/correct/2005/jdtcoutcomeeval.pdf>

**Mental Health Courts (Multisite)**

*Description:* Mental health courts (MHCs) are postbooking jail diversion programs that aim to divert justice-involved individuals with serious mental illnesses out of the court system and into community-based treatment without jeopardizing public safety. The goal is to reduce program participants’ recidivism by enhancing access and use of treatment. Although eligibility criteria vary by site, courts usually accept both felony and misdemeanor charges (with the general exclusion of violent crimes) and require an Axis I diagnosis (such as schizophrenia, bipolar disorder, and depression) to enroll. Participation in MHCs is voluntary. Eligible offenders have the choice to participate in the MHC or keep their cases in regular criminal court processing.

MHCs use a similar model of other problem-solving courts, such as drug courts. One important feature of MHCs is the periodic status review hearings before the MHC judge. If eligible offenders agree to participate, they have an initial hearing before the MHC judge where they may enter a guilty plea and agree to the conditions established by the program as well as the disposition of the criminal charges. MHC participants are required to keep in frequent contact with the judge, their caseworkers, and community treatment staff by attending subsequent status hearings. The purpose of the hearings is to monitor compliance and keep the participants on track. Another important feature of MHCs is the use of sanctions and incentives to ensure adherence to the conditions of the program, including treatment compliance and attendance at status hearings. Most MHCs require treatment as a condition of enrollment. One important difference between MHCs and drug courts is the philosophy underlying both programs. MHCs use a recovery model, in which relapse is considered part of the treatment process, whereas drug courts use an abstinence (from drug and alcohol use) model.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Diversion, Group Therapy, Individual Therapy, Mental Health Court	Mentally Ill Offenders	Hispanic, White, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** Mental health courts in four cities were shown to significantly reduce participants’ rates of arrests and incarceration days at the 18-month follow-up.

**References**

Steadman, Henry J., Allison Redlich, Lisa Callahan, Pamela Clark Robbins, and Roumen Vesselinov. 2011. “Effect of Mental Health Courts on Arrests and Jail Days: A Multisite Study.” *Archives of General Psychiatry* 68(2):167–72.  
<http://gainscenter.samhsa.gov/cms-assets/documents/62075-221384.effectsofmhconarrestsandjaildays.pdf>

**Oregon Drug Courts**

*Description:* The Oregon Drug Courts offer an alternative to a traditional court by providing intensive and comprehensive management of drug offenders, through increased treatment, monitoring and interaction with the Drug Court Judge, to achieve reductions in reoffending and better drug treatment outcomes for substance users. Reduced recidivism and improved treatment outcomes also help to achieve significant reductions in future costs to the criminal justice system and the health care system while increasing public safety. Participation in the drug courts is voluntary.

The program uses a nonconfrontational arrangement between defense attorneys and the prosecution to determine the best course of action for offenders while maintaining their right to due process. A treatment specialist assesses the participant to establish a treatment plan. To graduate from the program, the participant is expected to meet all the treatment objectives and undergo drug screening, including intensive abstinence monitoring for at least 6 months. The participant is also expected to attend a set number of Alcoholics Anonymous/Narcotics Anonymous (or AA/NA) meetings and have regular meetings with the drug court judge. While individual interventions are adapted to the offender after assessment by treatment professionals, the program requirements also vary by county, depending on how the program is implemented. Participants receive rewards for doing well or sanctions for not meeting requirements. Again, these vary by drug court.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Drug Court, Individual Therapy, Probation/Parole Services, Wraparound/Case Management	Offenders who have substance use problems.	Black, Hispanic, White	18+	Both	The average initial cost of the drug court program was \$16,411 per participant	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	Participants had fewer rearrests and lower recidivism rates. The treatment group also engaged in less criminal activity over time than the comparison. Drug court results and implementation varied by court across the state.					

**References**

Carey, Shannon M., and Mark S. Waller. 2011. *Oregon Drug Court Cost Study: Statewide Costs and Promising Practices. Final Report.* Portland, Ore.: NPC Research.  
[http://www.oregon.gov/CJC/docs/ORDC\\_BJA\\_Cost\\_and\\_Best\\_Practices\\_Final\\_Report\\_Rerelease\\_March](http://www.oregon.gov/CJC/docs/ORDC_BJA_Cost_and_Best_Practices_Final_Report_Rerelease_March)

**Operation Hardcore (Los Angeles, CA)**

*Description:* The Hardcore Gang Investigations Unit was created by the Los Angeles District Attorney’s Office to selectively prosecute cases involving serious, violent, gang-related offenses. The unit is tasked with targeting gang offenders who have a history of committing violent offenses and prosecuting them in either juvenile or criminal court. The purpose of the unit is to (1) identify and apprehend violent hardcore gang members and monitor their cases as they progress through the criminal justice system; (2) work with victims, witnesses, parents, and other involved parties to support them in their efforts to eliminate the gang problem; and (3) aid the efforts of other criminal justice and governmental agencies that are also working to handle and reduce the violence and crime related to gangs. The unit is a self-contained part of the Los Angeles District Attorney’s Office and began prosecuting gang-related felony cases in 1979.

Prosecutors select their cases based on criteria (such as police reports or prior convictions) that are designed to help identify individuals who have an established pattern of criminal behavior and go on to commit a serious violent offense. Cases are usually brought to their attention by law enforcement with the goal of early unit involvement. Each prosecutor is given several benefits, such as a reduced caseload, additional investigative support from the police and other agencies, and the ability to work an assigned case on a continuous basis from beginning to end. These benefits help prosecutors work more closely with witnesses, allow for early case preparation, and restrict any settlements to well before the actual trial. Prosecutors in the unit develop an expertise in gang relations and gain a better understanding of the lifestyle, allegiance, and family relationships that contribute to offender motives for committing serious offenses. This expertise aids prosecutors in creating cases against gang-affiliated offenders and helps them to convince juries of the credibility of their argument at trial.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Gang Prevention/Intervention, Violence Prevention, Court Processing	Serious/Violent Offender, Gang Members	Black, Hispanic, White, Other	Not specified	Not specified	Financial support from the Law Enforcement Assistance Administration in its first year with a grant totaling \$327,011. In its second year (1980), the program received a federal grant of \$352,248. By its third year it was funded completely by the County of Los Angeles.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	There was a decrease in case dismissals, higher conviction and incarceration rates and fewer case rejections. There was no significant difference in the rate of pleas.					

**References**

Dahmann, Judith. 1983. *An Evaluation of Operation Hardcore: A Prosecutorial Response to Violent Gang Criminality*. Washington, DC: U.S. Department of Justice, National Institute of Justice.

Pyrooz et al. 2010. “Gang-Related Homicide Charging Decisions: The Implementation of a Specialized Prosecution Unit in Los Angeles.” *Criminal Justice Policy Review*, 22(1):3-26.

**Ottawa County (Mich.) Sobriety Court Program**

*Description:* The Ottawa County Sobriety Court Program is a driving under the influence (DUI) court located in Ottawa County in western Michigan. The court program has three main goals: diverting offenders from jail, eliminating substance use, and reducing the recidivism of offenders that live within the court’s jurisdiction. The program targets offenders with their second DUI charge or criminal charges that involve substance abuse. Potential program participants may be referred by a number of agencies, including the police, defense counsel, or prosecutor’s office. Once a potential participant is identified, the Sobriety Court case manager administers an initial screening. If an offender is found to be eligible for the program and shows a desire to participate, he or she enters a postplea agreement and begins treatment. The Sobriety Court Program has four phases. Participants must spend a minimum of 17.5 months in the program but cannot take longer than 24 months. The Sobriety Court Program uses a system of rewards and sanctions for compliant and noncompliant behavior.

Participants that successfully complete the program are released from their probation term. Probation terms are generally 24-month sentences, but participants can be released early if they complete all the phases in less time. Participants that are terminated from the program for noncompliance receive a jail sentence of up to 365 days.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Diversion, Group Therapy, Individual Therapy, DUI/DWI Courts	Alcohol and Other Drug (AOD) Offenders	Not specified	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	There were significant differences between participants and the comparison group who were on traditional probation. The intervention group was rearrested less often and spent less time in jail following entry into the program.					

**References**

Carey, Shannon M., Bret E. Fuller, and Katherine Kissick. 2008. *Michigan DUI Courts Outcome Evaluation: Final Report*. Portland, Ore.: NPC Research.  
[http://council.legislature.mi.gov/files/sdtcac/mi\\_dui\\_outcome\\_eval\\_final\\_report\\_0308.pdf](http://council.legislature.mi.gov/files/sdtcac/mi_dui_outcome_eval_final_report_0308.pdf)



**Reading for Life (RFL)**

*Description:* Reading for Life (RFL) is a diversion program in Indiana for juveniles (aged 13–18) who have committed non-violent offenses. In the program, juveniles study works of literature and classic virtue theory in small groups, led by trained volunteer mentors. The goal is to foster moral development in juveniles who have committed offenses, and reduce their rates of recidivism.

RFL primarily consists of small reading groups. During an initial assessment, juveniles are given a 3-minute reading assessment, to determine group placement (Rasinski and Padak 2005). The groups are small, consisting of no more than five participants of comparable reading ability and two trained mentors. The groups meet twice a week for 1 hour over the course of 10 weeks. At the start of the group sessions, each small group selects a novel to read from several options. Over the course of the program, the sessions include oral readings, journaling about questions developed by the mentors, and facilitated discussions on virtuous character implications that are found in the readings and during writing exercises. All RFL groups are given an opportunity to apply the lessons learned during the sessions by choosing a 1-day community service project that is thematically consistent with the group readings and discussions. This is designed to promote reconciliation and engagement with the community. After successfully completing the program, juveniles are not required to report that they were charged or convicted of a crime on any employment or academic application. When they become of legal adult age, if they remain offense-free for at least 1 year, they may petition the state to have their juvenile record expunged.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Diversion, Mentoring	Juveniles who have committed their first or second non-violent offenses	Black, Asian/Pacific Islander, Hispanic, White, Other	13-18	Both	The total program costs for Reading for Life (RFL) have been approximately \$224,000 since 2010, which is roughly \$1,000 per participant in the treatment group.	• Point 2
<b>Evaluation Outcomes</b>	Participants had a lower chance of being prosecuted for any offense (including misdemeanors and felonies) and had fewer arrests than the comparison group.					

**References**

Seroczynski, A.D., William N. Evans, Amy D. Jobst, Luke Horvath, and Giuliana Carozza. 2015. *Reading for Life and Adolescent Re-Arrest: Evaluating a Unique Juvenile Diversion Program*. South Bend, Indiana: University of Notre Dame, Center for Children and Families.  
<http://econweb.umd.edu/~davis/eventpapers/EvansLife.pdf>

**Red Hook Community Justice Center: Criminal Court for Adults**

*Description:* The Red Hook Community Justice Center (RHCJC) is a problem-solving community court that seeks to prevent crime by addressing its underlying causes, while also aiming to improve the quality of life in the Red Hook neighborhood. The RHCJC functions as a multijurisdictional court, combining the following four parts: 1) a criminal court, which handles adult misdemeanor cases along with some felony arraignments; 2) a summons part, which handles minor violations of the law; 3) a family court that hears juvenile delinquency cases; and 4) a housing part that handles tenant–landlord disputes.

The primary function of the RHCJC Criminal Court is to process misdemeanor or minor felony cases arising from arrests in the RHCJC catchment area between Sunday afternoon and noon on Friday (these times are set because the RHCJC is not open on the weekends). Defendants arrested between 12:00 p.m. on Friday and 12:00 p.m. on Sunday are arraigned at the borough’s primary criminal courthouse in downtown Brooklyn. At arraignment, the defendant and defense attorney appear before the judge, and the defendant can either enter a plea or plead not guilty. If the defendant enters the plea, the judge then imposes the conditions of the plea or may dismiss the case. Alternatively, if the defendant pleads not guilty, the judge must make determinations regarding pretrial release.

The goal at arraignment is to resolve cases by assigning and enforcing meaningful sanctions that serve as a deterrent to criminal behavior. Unlike other community courts, which adjourn cases to a traditional criminal court if the case is not resolved at arraignment or if the defendant does not accept treatment, the RHCJC Criminal Court for Adults keeps misdemeanor cases on the docket through final disposition. RHCJC’s goal is to replace the case dispositions that require no further obligations from the defendants with those that assign meaningful sanctions, even for minor offenses. Additionally, the RHCJC seeks to ensure that defendants begin serving the social and community service sentences as quickly as possible.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Community Courts, Probation/Parole Services, Court Processing	Misdemeanor or minor felony cases	Black, Asian/Pacific Islander, Hispanic, White	18+	Both	The RHCJC appears to have avoided approximately \$4.5 million from reduced property offending. Similarly, the RHCJC appears to have avoided \$10.7 million from reduced violent offending.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** The program had a statistically significant impact on recidivism rates for defendants.

**References**

Lee, Cynthia G., Fred L. Cheesman II, David B. Rottman, Rachel Swaner, Suvi Lambson, Mike Rempel, and Ric Curtis. 2013. *A Community Court Grows in Brooklyn: A Comprehensive Evaluation of the Red Hook Community Justice Center*. Williamsburg, Va.: National Center for State Courts.  
<http://www.courtinnovation.org/sites/default/files/documents/RH%20Evaluation%20Final%20Report.pdf>

**San Francisco (Calif.) Behavioral Health Court**

*Description: The San Francisco Behavioral Health Court (BHC) is a mental health court established in early 2003 in response to the increasing numbers of mentally ill defendants cycling through the jails and courts. The court aims to intensely monitor a subset of mentally ill offenders whose criminal behavior is directly linked to their mental illness. The mission of the BHC is to:*

- Connect criminal defendants who have serious mental illness to treatment services
- Find disposition to their criminal charges that take mental illness into consideration
- Ensure public safety by decreasing recidivism through appropriate mental health treatment and intensive supervision

The BHC provides services to participants through a continuum of care, beginning with in-jail services, transitional care prior to release, and early release into the community. The court has adopted several practices for treating mental ill offenders, including Forensic Assertive Community Treatment, Illness Management and Recovery, Trauma Informed Care, Integrated Dual Diagnosis Treatment, Dialectical Behavior Therapy, and the Supported Employment Program. The BHC has also adopted the Women’s Integrated Skills and Health (or WISH) Project, which diverts in-custody female offenders with co-occurring disorders to appropriate community mental health treatment services. The BHC is one of the only mental health courts in the country to develop gender specific treatment.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alternatives to Incarceration, Diversion, Mental Health Court	Mentally Ill Offenders	Not specified	18+	Both	Using an average annual BHC caseload of 206 clients, the study estimated that operating costs per person was approximately \$12,101	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	The study showed participation was associated with positive results (even if a participant did not complete the entire program and graduate). Participants were less likely to be charged with a new offense and resulted in a longer time to a new violent charge					

**References**

McNiel, Dale E., and Renee L. Binder. 2007. “Effectiveness of a Mental Health Court in Reducing Criminal Recidivism and Violence.” *American Journal of Psychiatry* 164(9):1395–1403.

**Staff Training Aimed at Reducing Rearrest (STARR)**

*Description:* Staff Training Aimed at Reducing Rearrest (STARR) is a training program for federal community supervision officers providing direct service to clients (that is, offenders under supervision). Its overall goal is to reduce clients’ failure rates and recidivism by training officers to use behaviorally based skills during client interactions. STARR teaches officers about a structured cognitive–behavioral supervision approach that seeks to address dynamic risk factors of clients by improving one-on-one officer–client interactions. The STARR curriculum was developed with the risk–need–responsivity (RNR) model.

Officers in STARR participate in 3½-day classroom training sessions. The training sessions include a discussion of the theory and research supporting the development of the STARR curriculum (including the RNR model), a demonstration of each skill, exercises, and an opportunity for officers to practice each skill and receive feedback.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Probation/Parole Services	Federal community supervision officers dealing with moderate- or high-risk clients on pretrial supervision or postconviction supervision.	Black, Hispanic, White, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

<b>Evaluation Outcomes</b>	Trained officers were twice as likely to capitalize on opportunities to use behavioral strategies that could help shape client behavior. Discussions about cognitions, peers or impulsivity were more likely to occur among officers in the experimental group.
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**References**

Robinson, Charles R., Scott W. VanBenschoten, Melissa Alexander, and Christopher T. Lowenkamp. 2011. “A Random (Almost) Study of Staff Training Aimed at Reducing Rearrest (STARR): Reducing Recidivism Through Intentional Design.” *Federal Probation* 75(2):57–63.  
<http://www.uscourts.gov/uscourts/FederalCourts/PPS/Fedprob/2011-09/starr.html>

**Utah Juvenile Drug Courts**

*Description:* Utah Juvenile Drug Courts (JDCs) offer substance abuse treatment and programming to juveniles in an effort to reduce participants’ alcohol and other drug (AOD) offenses and delinquency offenses. Although JDCs throughout Utah vary from one court to another, the basic drug court philosophy and components are the same. The basic elements of the drug court model include 1) screening and assessment, 2) an individualized treatment plan, 3) judicial supervision, 4) community-based treatment, 5) a designated courtroom, 6) regular status hearings, 7) accountability and compliance monitoring, 8) sanctions and incentives, 9) comprehensive services, 10) a non-adversarial team approach, and 11) case dismissal or sentence reduction for successful completers.

The Utah JDCs vary in their treatment modality, treatment intensity, frequency of random drug testing, and judicial-hearing frequency. For example, although the majority of courts in Utah use individual and group treatment, there is one court that primarily uses group treatment. Treatment intensity across courts could include any of the following: a 30-day social detox followed by outpatient treatment, primarily outpatient treatment with intensive outpatient treatment as needed, outpatient treatment only, or both outpatient and intensive outpatient treatment. Similarly, random drug testing could include testing by phase (3 times per week in phase 1, and 1 time per week in phase 4); testing by priority assignment (2 times per month if low assignment, and 5–6 times per month if high assignment; or 4–6 times per month if low assignment, and 10–12 times per month if high assignment); or simply 3 times per month. Finally, juvenile hearing frequency also varies across the Utah JDCs: specific courts may hold review hearings biweekly, bimonthly, or once a month at a minimum.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Detention, Diversion, Drug Court, Group Therapy, Individual Therapy, Alcohol and Drug Prevention	Alcohol and Other Drug (AOD) Offenders; Youths served by the Utah JDCs have varying backgrounds and offense histories, but generally the courts accept juveniles who have been charged with an AOD offense	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	15-17	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** The program was shown to significantly reduce delinquency and criminal offenses, but not alcohol and other drug offenses.

**References**

Hickert, Audrey, Erin Becker, Moises Prospero, and Kristina Moleni. 2011. “Impact of Juvenile Drug Courts on Drug Use and Criminal Behavior.” *OJJDP Journal of Juvenile Justice* 1(1):60–77.

**Adult Drug Courts**

*Description:* Drug courts aim to reduce recidivism and substance abuse among eligible, nonviolent drug offenders. Drug courts require participants to abstain from drug and alcohol use, be accountable for their behavior, and fulfill the legal responsibilities of the offenses they committed. Often used as an alternative to incarceration (post-adjudication models), drug courts provide offenders an opportunity to receive treatment and education services designed to help them live crime-free lives, while still being closely monitored. Drugs courts may also operate as diversion programs (pre-adjudication models) where offenders are offered entry into the drug court with an agreement that the charges against them will be reduced or dismissed upon successful program completion.

Drug courts have six key components: (1) collaborative, non-adversarial, outcome driven court processing; (2) early identification of eligible offenders; (3) drug treatment integrated into criminal justice case processing; (4) urine testing; (5) judicial monitoring; and (6) the use of graduated sanctions/rewards. The main components of drug court programs include screening participants for drugs and alcohol, ensuring participants comply with treatment, and making sure participants attend status hearings in order for judicial staff to monitor individual progress in court. Judicial staff collaborates with drug court staff to determine individual sanctions or rewards in response to a participant’s positive or negative behavior. Various rewards such as praise, tokens of achievement, or advancement to the next program phase are used to motivate progress. Sanctions may include increased treatment attendance, community service, or brief jail stays. It is up to each court's discretion to determine which sanctions and awards are suitable for the situation.

If participants are compliant with program requirements, then advancement through three or more less intense stages occurs. Judicial and drug court staff members must decide if a participant has met the requirements of the phase necessary to progress. If participants comply with program structure and complete mandated requirements, then successful completion is possible. The incentive to complete the program successfully is typically a reduced or dismissed charge.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Alcohol and Drug Therapy/Treatment, Diversion, Drug Court	Alcohol and Other Drug (AOD) Offenders	Other, White	18-99	Both	The analysis revealed that annual program cost was \$11,227.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	- Program participants were less likely to recidivate compared to offenders who did not participate. On average, drug court participants have a recidivism rate about 13 percentage points lower than nonparticipants.					

**References**

Aos et al. 2001. *The Comparative Costs and Benefits of Programs to Reduce Crime*. Olympia, Wash.: Washington State Institute for Public Policy.

Latimer et al. 2006. *A Meta-Analytic Examination of Drug Treatment Courts: Do They Reduce Recidivism?* Ottawa, Ontario: Department of Justice Canada, Research and Statistics Division.

Mitchel et al. 2012. “Drug Courts’ Effects on Criminal Offending for Juveniles and Adults.” *Campbell Collaboration* 4.

Shaffer, Deborah. 2010. *Reconsidering Drug Court Effectiveness: A Meta-analytic Review*. Las Vegas, NV: University of Las Vegas Department of Criminal Justice.

Drake, Elizabeth. 2012. *Chemical Dependency: A Review of the Evidence and Benefit-Cost Findings*. Olympia, WA: Washington State Institute for Public Policy.

Sevigny et al. 2013. “Do Drug Courts Reduce the Use of Incarceration?: A Meta-Analysis.” *Journal of Criminal Justice* 41(6): 416–25.

**Adult Mental Health Courts**

*Description:* Mental health courts (MHCs) are specialized, treatment-oriented, problem-solving courts that divert mentally ill offenders away from the criminal justice system and into court-mandated, community-based treatment programs. MHCs were developed as a way to address the large number of individuals with mental illnesses who come into contact with the criminal justice system. The goal of MHCs is to reduce recidivism and decrease the amount of contact that mentally ill individuals have with the criminal justice system by linking them to treatment and services to improve their social functioning.

MHCs often share a number of similar features, but implementation of the programs may greatly vary and depend on a number of factors, such as availability of treatment in the community. MHCs operate in the same way as other types of problem-solving courts (e.g., drug courts). MHCs have a separate docket for mentally ill defendants, and there is usually a dedicated judge, prosecutor, and defense counsel for all court hearings and monitoring sessions. MHCs use mental health assessments and individualized treatment plans. The process involves intensive supervision of offenders with ongoing court monitoring and emphasizing accountability. Monthly drug screenings may be required and medication may be checked in the court every week to ensure that participants are adhering to the treatment plan. Immediate sanctions may be used to address negative behavior and noncompliance, while incentives may be used to encourage positive behavior and compliance.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Individual Therapy, Mental Health Court	Mentally Ill Offenders	Black, Other, White	18+	Both	They found a benefit-to-cost ratio of 6.96, which means that for every \$1.00 invested in MHCs, there is a cost savings of \$6.96. The total program benefits to taxpayers and others in society (such as potential victims) is \$20,424 per participant.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes** found that adult mental health courts (MHCs) were associated with significant reduction in recidivism for participants with serious mental illness in the criminal justice system. However, one meta-analysis found no significant impact of MHCs on recidivism.

**References**

Cross, Brittany. 2011. *Mental Health Courts Effectiveness in Reducing Recidivism and Improving Clinical Outcomes: A Meta-Analysis*. Graduate school Theses and Dissertations.

Sarteschi, Christine M., Michael G. Vaughn, and Kevin Kim. 2011. "Assessing the Effectiveness of Mental Health Courts: A Quantitative Review." *Journal of Criminal Justice* 39:12–20.

Lee, Stephanie, Steve Aos, Elizabeth Drake, Annie Pennucci, Marna Miller, and L. Anderson. 2012. *Return on Investment: Evidence-based Options to Improve Statewide Outcomes*. Olympia, Wash.: Washington State Institute for Public Policy.

Utah Criminal Justice Center. 2012. *Mental Health Court for Adult Offenders: Technical Report*. Salt Lake City, Utah: The University of Utah, Utah Criminal Justice Center.

**Juvenile Diversion Programs**

*Description:* Juvenile diversion is an intervention strategy that redirects youths away from formal processing in the juvenile justice system, while still holding them accountable for their actions. Diversion programs may vary from low-intensity warn-and-release programs to more-intensive treatment or therapeutic programming, all in lieu of formal court processing. Diversion programs are also designed to be less costly than formal court proceedings because they reduce the burden on the court system, reduce the caseload of juvenile probation officers, and free up limited resources and services for high-risk juvenile offenders. The goal of diversion programs is to reduce recidivism or the occurrence of problem behaviors without having to formally process youth in the justice system.

There are generally two different types of diversion programs: caution/ warning programs and formal programs. Caution or warning programs are the least invasive. In these programs, youths are diverted out of the system with no further action, aside from a warning or formal caution, usually from the police. Alternatively, formal diversion programs usually involve some conditions youths must fulfill, including an admission of guilt and an agreement to participate in a diversion intervention. Successful completion of diversion programming will generally result in no further judicial processing. here are many different examples of diversion interventions, such as restorative justice programs (including victim–offender mediation or family group conferencing), community service, treatment or skills-building programs (including cognitive–behavioral therapy or employment training), family treatment, drug courts, and youth courts.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Diversion, Drug Court, Family Therapy, Individual Therapy, Restorative Justice, Teen/Youth Court, Wraparound/Case Management	First Time Offenders, Serious/Violent Offender, Young Offenders	Black, Other, White	12-18	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>

**Evaluation Outcomes**  
 Mixed results: found there was no significant effect on recidivism, suggesting diversion was no better than traditional justice processing. Found that the average recidivism rate of diverted youth was significantly lower than that of the comparison youth who went through the traditional justice system, suggesting diversion worked better than formal system processing

**References**

Schwalbe, Craig S., Robin E. Gearing, Michael J. MacKenzie, Kathryne B. Brewer, and Rawan W. Ibrahim. 2012. “A Meta-Analysis of Experimental Studies of Diversion Programs for Juvenile Offenders.” *Clinical Psychology Review* 32:26–33.

Wilson, Holly A., and Robert D. Hoge. 2012. “The Effect of Youth Diversion Programs on Recidivism: A Meta-Analytic Review.” *Criminal Justice and Behavior* (published online Oct. 15, 2013).



**Juvenile Drug Courts**

*Description:* Juvenile drug courts are dockets within juvenile courts for cases involving substance abusing youth in need of specialized treatment services. The focus is on providing treatment to eligible, drug-involved juvenile offenders with the goal of reducing recidivism and substance abuse. The programs allow for intensive judicial supervision of youth that would not ordinarily be available in the traditional juvenile court process.

The juvenile drug court model is comprised of six stages. The stages include (1) screening and assessing of young people to identify alcohol or substance use problems, (2) coordinating services across agencies, (3) helping kids and families make an initial contact with services, (4) getting them actively engaged in services, (5) transitioning them out of services, and (6) transitioning into long-term supports, such as helping relationships and community resources. Other key elements include collaborative, interdisciplinary planning with youth, families, and drug court teams; frequent judicial reviews; drug testing; and incentives and sanctions designed to reinforce good behavior and modify bad behavior.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Alcohol and Drug Therapy/Treatment, Diversion, Drug Court	Alcohol and Other Drug (AOD) Offenders, Young Offenders	Other, White	13-17	Both	The analysis revealed the annual program cost was \$2,645 per participant. The benefit to cost ratio was \$4.50 and total benefits yielded \$13,861.	<ul style="list-style-type: none"> <li>• Point 2</li> <li>• Point 3</li> </ul>
<b>Evaluation Outcomes</b>	found a small negative effect showing a decrease in recidivism for program participants					

**References**

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**INTERVENTION POINT 3: COURT PROCESSING, JAIL ACTIVITIES, AND  
MEDICAL SERVICES**

**Assisted Outpatient Treatment (AOT)**

*Description:* Assisted outpatient treatment (AOT), also known as outpatient commitment (OPC), is a civil legal procedure whereby a judge can order an individual with a serious mental illness to follow a court-ordered treatment plan in the community. AOT is intended for adults diagnosed with a serious mental illness who are unlikely to live safely in the community without supervision and treatment, and who also are unlikely to voluntarily participate in treatment. The goal of AOT is to improve access and adherence to intensive behavioral health services in order to avert relapse, repeated hospitalizations, arrest, incarceration, suicide, property destruction, and violent behavior. AOT is designed to ensure that service providers and county administrators deliver appropriate services to high-risk, high-needs individuals. Case managers, Assertive Community Treatment (ACT) team members, other clinical service providers, county personnel and attorneys, recipient advocates, and family members are among those who participate in AOT-related activities

Forty-four states have statutes permitting some form of OPC or AOT –e.g., New York State’s “Kendra’s Law.” The intent of these laws were not only to authorize court-ordered community treatment but also to require mental health authorities to provide resources and oversight necessary so that high-risk individuals with serious mental illness may experience fewer incidents and can live in a less restrictive alternative to incarceration or involuntary hospitalization. Kendra’s Law established mechanisms so that local mental health systems give individuals entering AOT priority access to case management and other mental health services that are essential to treating an individual’s mental illness, avoiding relapse that would lead to arrest, incarceration, violence, self-harm, or re-hospitalization, and helping the individual live in the community.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Group Therapy, Individual Therapy, Wraparound/Case Management, Violence Prevention	Mentally Ill Offenders	Black, Asian/Pacific Islander, White, Other	18 -50	Both	For every \$1.00 invested in AOT in Nevada County, \$1.81 was saved (Heggarty 2011).	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Participants had lower odds of arrest, arrest for violent behavior, and a reduction in overall violent behavior if they received longer treatment and more outpatient community visits.					

**References**

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Swanson, Jeffrey W., Marvin S. Swartz, Randy Borum, Virginia A. Hiday, H. Ryan Wagner, and Barbara J. Burns. 2000. “Involuntary Outpatient Commitment and Reduction of Violent Behavior in Persons With Severe Mental Illness.” *British Journal of Psychiatry* 176:324–31.

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**Project BUILD**

*Description:* Project BUILD (Broader Urban Involvement and Leadership Development; now the BUILD Violence Intervention Curriculum) is a violence prevention curriculum designed to help youth in detention overcome problems they may face in their communities, such as gangs, crime, and drugs. The program is designed to intervene in the lives of youth who have come in contact with the juvenile justice system to reduce recidivism and diminish the prospects that youth will become adult offenders.

Project BUILD (BUILD Violence Intervention Curriculum) has undergone several changes since the program was evaluated in 2000. Currently, students enrolled in the BUILD Violence Intervention Curriculum are taught a variety of new life skills, receive additional academic tutoring and assistance, participate in sports and recreational activities, go on field trips, and engage in leadership development and civic engagement. The BUILD Violence Intervention Curriculum includes components such as socio-emotional learning, positive youth development, and restorative justice. Youth may receive anything from one workshop to the full 10-week session of the curriculum.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Aftercare/Reentry, Alternative School, Classroom Curricula, Gang Prevention/Intervention, School/Classroom Environment, Violence Prevention	Youth in a detention center	Black, Hispanic, White, Other	10-17	Both	There is no cost information available for this program.	• Point 3
<b>Evaluation Outcomes</b>	Youths who participated in the program had significantly lower rates of recidivism compared to nonparticipants.					

**References**

Lurigio, Arthur, Gad Bensinger, S. Rae Thompson, Kristin Elling, Donna Poucis, Jill Selvaggio, Melissa Spooner. 2000. *A Process and Outcome Evaluation of Project BUILD: Years 5 and 6*. Unpublished Report. Chicago, Ill.: Loyola University.

**"Seeking Safety" for Incarcerated Women**

*Description:* Seeking Safety is a manualized cognitive-behavioral intervention for individuals with co-occurring posttraumatic stress disorder (PTSD) and substance use disorders. Seeking Safety has been used for a number of different populations, including incarcerated women. The intervention targets many of the unique needs of incarcerated women with PTSD and substance use disorders, which could interfere with their recovery and thus place them at risk for reoffending. The overall goal of Seeking Safety is to improve PTSD, depression, interpersonal skills, and coping strategies of incarcerated women.

Seeking Safety (SS) is a 12-week intervention, during which groups meet twice a week for 2 hours each time. As part of the treatment, SS provides psychoeducation, which seeks to educate participants about the consequences of trauma and the links between trauma and substance use. SS also integrates cognitive, behavioral, and interpersonal topics, and teaches specific coping skills. The treatment consists of 25 topics (such as asking for help and coping with triggers), which address the cognitive, behavioral, interpersonal, and case management needs of persons with both substance use disorders and PTSD.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Cognitive Behavioral Treatment, Gender-Specific Programming, Group Therapy, Victim Programs	Incarcerated women	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	18+	Female	There is no cost information available for this program.	• Point 3
<b>Evaluation Outcomes</b>	Evaluation results suggest that the program significantly reduced PTSD and depression scores in program participants.					

**References**

Lynch, Shannon M., Nicole M. Heath, Kathleen C. Matthews, and Galatia J. Cepeda. 2012. "Seeking Safety: An Intervention for Trauma-Exposed Incarcerated Women?" *Journal of Trauma & Dissociation* 13: 88–101.

**Amity In-Prison Therapeutic Community**

*Description:* The Amity In-Prison Therapeutic Community (TC) provides intensive treatment to male inmates with substance abuse problems. Participants volunteer for the program; all participants must reside in the dedicated housing unit during the last 9 to 12 months of their prison term. The Amity TC is located in a 200-man housing unit at the R.J. Donovan Correctional Facility, a medium-security prison in San Diego, Calif. Program residents are provided with a variety of treatment services to help prepare them for reentry into the community following release from prison.

The Amity TC treatment program uses a three-phase treatment process. The first phase (lasting 2 to 3 months) includes orientation, clinical assessment of inmates’ needs and problem areas, and planning of interventions and treatment goals. During the second phase of treatment (lasting 5 to 6 months), residents can earn positions of increased responsibility through hard work and by showing greater involvement in the program. During the reentry phase, which lasts 1 to 3 months, residents prepare for their return to the community by working with program and parole staff to strengthen their planning and decision-making skills. The Amity TC program has a number of components that are not generally found in other community or prison TCs. For instance, the program uses a formal curriculum to complement informally mediated teaching sessions. The program also uses psychodrama groups that allow participants to reenact roles or situations that remain unresolved.

Amity TC graduates are offered the opportunity to participate in a community-based, residential aftercare TC treatment program for up to 1 year. The community TC, called Vista, can accommodate up to 40 residents at a time. The aftercare residents must work to maintain the facility while they continue the program curriculum they began in prison. Vista residents are encouraged to participate in self-help groups (such as Narcotics Anonymous) and other community services as needed. The aftercare program follows a continuity-of-care model by building on the foundation of the in-prison TC curriculum and individualizing services for each resident so participants can build on the progress they made while in the prison treatment phase.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Group Therapy, Individual Therapy, Residential Treatment Center, Therapeutic Communities	Alcohol and Other Drug (AOD) Offenders, Prisoners	Black, Hispanic, White, Other	18+	Male	Amity TC program cost \$8.57 per day per participant and the Vista aftercare program cost \$16.26 per day per participant.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes** Overall, participants had lower levels of reincarceration rates compared to the control groups.

**References**

Wexler, Harry K., George De Leon, George Thomas, David Kressel, and Jean Peters. 1999. “The Amity Prison TC Evaluation: Reincarceration Outcomes.” *Criminal Justice and Behavior* 26(2):147–67.

Wexler, Harry K., Gerald Melnick, Lois Lowe, and Jean Peters. 1999. “Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California.” *The Prison Journal* 79(3):321–36.

Prendergast, Michael L., Elizabeth A. Hall, Harry K. Wexler, Gerald Melnick, and Yan Cao. 2003. “Amity Prison-Based Therapeutic Community: 5-Year Outcomes.” *The Prison Journal* 84(1):36–60.

<b>Changing Course</b>						
<p><i>Description:</i> Changing Course is an interactive journal designed specifically for offenders incarcerated in a local correctional setting (i.e., jail) who have been screened or identified as having a potential substance use disorder. The primary emphasis of the journal is to help inmates make the connection between their substance use and criminal activity. Changing Course was designed as a self-directed resource for inmates to start the process of making positive life changes. It provides inmates with a way to assess the costs and benefits associated with different life choices they might make and helps them develop a plan for changing their behavior following release.</p> <p>Changing Course is a 24-page interactive journal that includes visually appealing images, factual information, and individual writing exercises to engage inmates as they contemplate the process of making a positive life change. The journal was not designed for use as a clinical treatment aid. Rather, it is a pretreatment tool to help inmates begin to appreciate the connections between their substance use, behaviors, and problems with the law in order to encourage inmates to seek treatment upon release. Two consequences of using interactive journaling with jail inmates are that stays in local jails are often brief and release can occur abruptly and unexpectedly. Professionals may not get the opportunity to review the inmates’ reactions to the journal, the journaling process, the amount of time spent on the journal, or whether the inmates complete the journaling process at all.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment	Alcohol and Other Drug (AOD) Offenders, Prisoners	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	18-65	Male	The Changing Course interactive journal is available for \$3.60 each at The Change Companies® Web site: <a href="http://www.changecompanies.net/products/product.php?id=CH1">http://www.changecompanies.net/products/product.php?id=CH1</a> .	• Point 3
<b>Evaluation Outcomes</b>	The recidivism rate of inmates who participated in the program’s interactive journal intervention was significantly lower compared with the control group.					
<b>References</b>						
Proctor, Steven L., Norman G. Hoffman, and Steve Allison. 2012. “The Effectiveness of Interactive Journaling in Reducing Recidivism Among Substance-Dependent Jail Inmates.” <i>International Journal of Offender Therapy and Comparative Criminology</i> 56(2):317–32.						

**DUI Intensive Supervision Program (DISP)**

*Description:* The DUI (Driving Under the Influence of Intoxicants) Intensive Supervision Program (DISP) in Multnomah County, Oregon, is a comprehensive 3-year program that includes swift sanctions, intensive probation, close monitoring, and mandatory treatment for repeat impaired-driving offenders. Its main goal is to change offenders’ thinking about the use of alcohol and drugs, to initiate behavioral changes that reduce recidivism, enhance public safety, and increase offenders’ quality of life.

Most repeat DUI offenders adjudicated in the Multnomah County Circuit Court are given the chance to enroll voluntarily in DISP. To be eligible, offenders must have been convicted of DUI at least once in the past. Although participation in DISP is voluntary, once an offender enters the program he or she is required to complete it or face probation revocation and increased jail sanctions. An incentive for participating in DISP is reduced jail time and suspension of the fine associated with the DUI conviction. Misdemeanor offenders spend only 2 days in jail when they begin the program. Felony offenders face more jail time upon conviction; this is subject to mandatory minimum laws and the discretion of the judge. DISP participants do not serve additional jail time unless they violate the conditions of probation. DISP participants are also subject to a wide spectrum of license sanctions.

In addition to the initial short jail sentence and driver’s license sanction, intervention components of DISP include electronic alcohol monitoring for no fewer than 90 days, random urinalysis, sale of all vehicles, mandated treatment for no less than 1 year, attendance at self-help groups (Alcoholics Anonymous or Narcotics Anonymous), and fulltime employment or school attendance. Participants are required to meet no less than monthly with their case managers. DISP participants must also see the judge at 90 days and again before they are transferred to a less-intensive probation. Before transfer, participants must complete and pass a polygraph test, during which they are asked again about the last time they drank alcohol, used drugs, or drove.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Detention, Probation/Parole Services, DUI/DWI Courts, Electronic Monitoring, Specific deterrence	Alcohol and Other Drug (AOD) Offenders	Not specified	18+	Both	There is no cost information available for this program	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	There were statistically significant differences between the treatment and comparison group across all counties. The treatment group experienced lower DUI recidivism, driving with a revoked or suspended license recidivism and any other traffic offense conviction.					

**References**

Lapham, Sandra C., Laura Ring Kapitula, Janet C’de Baca, and Garnett P. McMillan. 2006. “Impaired-Driving Recidivism Among Repeat Offenders Following an Intensive Court-Based Intervention.” *Accident Analysis and Prevention* 38:162–69.



**Connections**

*Description:* Connections is a juvenile court-based program designed to address the needs of juvenile offenders on probation who have emotional and behavioral disorders and the needs of their families. The program’s goal is to connect youths and families with local resources to reduce youths’ risk of recidivating. Connections uses the Wraparound Model to engage with youth, their families and service providers. Youth and family teams are convened to identify needs and coordinate services with multiple service providers for youths and families who have complex needs. Services may include family therapy, clinical therapy, substance abuse treatment, special education, medication, caregiver support, public assistance, housing, and mental health care. In theory, the program treats its target population in a holistic way by participating in cross-system collaboration using Wraparound to ensure youths do not recidivate. Activities provided to youth include crisis stabilization, parent/partners programming, family support and training organization, interagency meetings, and increased access to flexible funding (flexible funds are used for nontraditional services such as general equivalency diploma testing, respite care, clothing, or transportation). Youth are generally discharged from the program at the end of their probationary period. Three months prior to discharge, youth begin to transition out of Connections, to ensure they are connected with community service providers and other necessary resources.

The program was developed in Clark County, Washington. The county applied for and received the Comprehensive Community Services for Children and Their Families Program grant. With the grant, Clark County was able to enhance and develop a wide array of mental health services. There was commitment of the Judges, administration and county commissioners. The Clark County Juvenile Court was able to sustain the Connections program after the system of care grant ended, and it operates under the same philosophy and practice as when it started in 2001.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Family Therapy, Probation/Parole Services, Wraparound/Case Management	juvenile offenders who are seen as “high risk” or likely to reoffend that also have mental health issues	White	14-17	Both	There is no cost information available for this program	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The intervention youth were significantly less likely to recidivate, commit a felony offense or serve time in detention.					

**References**

Pullman, Michael, D., Jodi Kerbs, Nancy Koroloff, Ernie Veach-White, Rita Gaylor, and DeDe Sieler. 2006. “Juvenile Offenders With Mental Health Needs: Reducing Recidivism Using Wraparound.” *Crime and Delinquency* 52(3):375–97.

**Court Date Reminder Notices (Nebraska)**

*Description:* When defendants fail to appear in court, this can be costly for the criminal justice system because of inefficient use of time and resources. To reduce failure-to-appear (FTA) rates, some court systems have begun sending reminders to defendants about their mandated court appearances. In Nebraska, a pilot court reminder program was implemented in which defendants were sent postcard reminders of their scheduled court dates. Court date reminder postcards were sent out to misdemeanor defendants who had committed nonwaiverable, nontraffic offenses. Misdemeanor defendants in the participating counties were randomly assigned to one of four groups:

- *A reminder-only (simple reminder)*
- *reminder with an explanation of consequences for failing to appear (reminder-sanctions notice)*
- *A reminder explaining the negative consequences while also highlighting the issues of procedural justice (reminder-combined notice)*
- *No reminder was sent (control)*

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Reminders/Notifications	Misdemeanor defendants who had committed nonwaiverable, nontraffic offenses.	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	19+	Both	Overall, the reminder postcards cost between \$1.46 and \$1.68 each to send	• Point 3

**Evaluation Outcomes** There were significant differences in failure-to-appear rates between the experimental groups that received any type of postcard reminder and the control group that received no reminder.

**References**

Bornstein, Brian H., Alan J. Tomkins, and Elizabeth M. Neeley. 2011. *Reducing Courts' Failure to Appear Rate: A Procedural Justice Approach*. Washington, D.C.: U.S. Department of Justice, Office of Justice Program, National Institute of Justice.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/234370.pdf>

**Delaware KEY/Crest Substance Abuse Programs**

*Description:* KEY/Crest is a corrections- and community-based multistage substance abuse treatment program for drug-involved offenders. The Delaware Department of Correction (DOC) provides a continuum of primary (in prison), secondary (work release), and tertiary (aftercare) therapeutic community (TC) treatment for drug-involved offenders. Each stage in the continuum corresponds to the offender’s changing correctional status: incarceration, work release, and parole or community supervision.

KEY is the first component of the substance abuse treatment continuum. The prison-based TC program is designed as a total treatment environment and is discipline-based and isolated from the rest of the prison population. The primary goal of KEY is to change negative patterns of behavior, thinking, and feelings that predispose an offender toward drug abuse. Inmates receive behavioral, cognitive, and emotional therapy that focuses on changing behavior first and emotion last. Inmates typically become involved in the KEY program during the last 12 to 18 months of incarceration. The second component of the substance abuse program is Crest. The Crest Outreach Centers are residential work release centers based on the TC model that allow offenders recovering from substance abuse to continue their treatment as they transition into the community. Typically, offenders work during the day and return to their assigned center at night for therapy, counseling, or treatment. The Crest program is usually 6 months in duration. The first 3 are spent entirely at the Crest Center, with offenders engaged in full-time substance abuse treatment. During the next 3 months, offenders become involved in the work-release portion of the program. Offenders go through several phases of treatment during their time in the Crest program: 1) Entry, evaluation, and orientation, 2) Primary (Counselors and offenders explore the challenges and issues faced by individual offenders), 3) Job-seeking, and 4) Work Release. Aftercare is the final component of the substance abuse treatment continuum and takes place once an offender has completed Crest and is on probation.

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Group Therapy, Individual Therapy, Residential Treatment Center, Therapeutic Communities	Alcohol and Other Drug (AOD) Offenders, Prisoners	Black, Hispanic, White, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** Program completers and aftercare recipients were less likely to be arrested or use drugs. Also, the treatment group did better at follow-up in remaining arrest and drug-free.

**References**

Martin et al. 1995. “Assessment of a Multistage Therapeutic Community for Drug-Involved Offenders.” *Journal of Psychoactive Drugs* 27(1):109–16.

Martin et al. 1999. “Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware: From Prison to Work Release to Aftercare.” *The Prison Journal* 79(3):294–320.

Inciardi et al. 2004. “Five-Year Outcomes of Therapeutic Community Treatment of Drug-Involved Offenders After Release From Prison.” *Crime & Delinquency* 50(1):88–107.

### Engaging Moms Program

*Description:* The Engaging Moms Program (EMP) is a gender-specific, family-based intervention designed to help substance-abusing mothers participating in drug court maintain their parental rights. The program helps mothers demonstrate that they can be reunited with their children. It provides mothers the tools and services to comply with all court orders, attend court sessions, remain drug-free, and demonstrate the capacity to parent their children, thereby helping them to succeed in drug court.

EMP was adapted for use in family drug court using the theory and method of multidimensional family therapy EMP’s program theory maintains that change in six core areas is essential for drug-using mothers to achieve sobriety and adequately care for her children. The six core areas of change include:

- Mother’s motivation and commitment to succeed in drug court and to change her life
- The emotional attachment between the mother and her children
- Relationships between the mother and her family of origin
- Parenting skills
- Mother’s romantic relationships
- Emotional regulation, problem solving, and communication skills

The EMP intervention is organized into three stages:

- *Stage 1: Alliance and Motivation*
- *Stage 2: Behavioral Change*
- *Stage 3: Launch to an Independent Life*

Program Type	Targeted Population	Race/ Ethnicity	Age	Gender	Cost	Intervention Point(s)
Alcohol and Drug Therapy/Treatment, Cognitive Behavioral Treatment, Drug Court, Family Court, Family Therapy, Gender-Specific Programming, Parent Training	Females, Alcohol and Other Drug (AOD) Offenders, Families	Black, Hispanic, White	18+	Female	There is no cost information available for this program.	• Point 3
<b>Evaluation Outcomes</b>	Mothers who participated in the program showed equal or better improvement than those who received Intensive Case Management Services for all outcomes. Mothers who participated were more likely to have positive child welfare outcomes.					

#### References

Dakof, Gayle A., Jeri B. Cohen, Craig E. Henderson, Eliette Durate, Maya Boustani, Audra Blackburn, Ellen Venzer, and Sam Hawes. 2010. “A Randomized Pilot of the Engaging Moms Program for Family Drug Court.” *Journal of Substance Abuse Treatment* 38:263–74.

**Equipping Youth to Help One Another (EQUIP)**

*Description:* Equipping Youth to Help One Another (EQUIP) is a multicomponent treatment program that seeks to establish a “climate for change” where youth can turn antisocial and self-destructive behavior into positive behavior that helps them and others around them. This is done by teaching antisocial youth problem-solving and helping skills, anger management and social skills training, and moral education.

Delinquent youth are often lacking social skills and proper moral judgment, and suffering from development delays. EQUIP combines elements from two other programs, Positive Peer Culture (PPC) and Aggression Replacement Training (ART), to address these issues. The group aspect of PPC programs is modified and supplemented with the curriculum and training of ART programs, with the result being EQUIP. Emphasis is on moral education in an attempt to help youth reach age-appropriate moral reasoning and social skills. This process aims to move youth away from appeals to physical power to sound moral reasoning. Youth are also taught anger-management strategies that cover cognitive-behavioral skills, such as self-monitoring of emotions and thoughts, thinking ahead, and self-evaluation.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Gender-Specific Programming, Group Therapy, Leadership and Youth Development	Male juveniles 15 to 18 years of age who are in correctional institutions for less serious felonies (e.g. breaking and entering, burglary) and violations of parole.	Black, Hispanic, White	15-18	Male	There is no cost information available for this program.	• Point 3

**Evaluation Outcomes** The experimental group demonstrated larger gains in social skills, lower levels of institutional misconduct, and were less likely to recidivate than either of the control groups.

**References**

Leeman, Leonard W., John C. Gibbs, and Dick Fuller. 1993. “Evaluation of a Multi-Component Group Treatment Program for Juvenile Delinquents.” *Aggressive Behavior* 19:281–92.

**Auglaize County (Ohio) Transition (ACT) Program**

*Description:* The Auglaize County Transition (ACT) Program is one of the Nation’s first jail reentry programs. The goal of the program is to reduce recidivism of jail inmates once they reenter the community, and thus the program addresses the numerous problems faced by inmates during reentry, such as medical and mental health issues, job placement, or drug and alcohol addiction. The ACT Program relies on case managers that link inmates to resources that can appropriately deal with these issues, both in the community and in jail. The ACT Program operates in the Auglaize County Correctional Center (ACCC), a full-service, 72-bed jail that holds both felony and misdemeanor pretrial, presentenced, and sentenced inmates for up to 18 months.

Immediately upon entering ACCC, correctional staff perform intake assessments, in which inmates report any problems or issues that may require treatment or services. Case managers review every inmate’s assessment and design a Reentry Accountability Plan based on inmates’ individual needs to assist them both during their time in jail and after their release. Because the program works on a philosophy of providing individualized treatment to program participants, there are a variety of services and treatment options available to participants. Once a program participant is released from ACCC, case managers work with the Ohio Adult Parole Authority or the Municipal Court Probation Department to coordinate a transition plan that ensures aftercare services are continued and maintained while participants are under community supervision.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Group Therapy, Individual Therapy, Probation/Parole Services, Vocational/Job Training, Wraparound/Case Management	Jail Inmates	Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** | The program was successful in reducing recidivism rates among participants.

**References**

Miller, Holly Ventura, and J. Mitchell Miller. 2010. “Community In-Reach Through Jail Reentry: Findings From a Quasi-Experimental Design.” *Justice Quarterly* 27(6):893–910.

**In-Prison Visitation (Florida)**

*Description:* Prisoner reentry is one of the foremost social problems of the 21st century. As a result, extensive research has been conducted to understand why some individuals continue a life of crime and others are able to desist from crime. Visitation, which has been a longstanding feature of the U.S. prison system, has been considered a way to reduce the recidivism rate. It is believed that through visitation, inmates can create ties to the community, which can reduce recidivism, and improve in-prison behavior and prisoner adjustment. Families, friends, and the community are assumed to provide support for prisoners and reduce the likelihood that prisoners will recidivate once they return to the community.

In-prison visitation is available to all general inmates of the Florida Department of Corrections (DOC). During in-prison visitation, prisoners receive visits from family members, spouses/significant others, children, other relatives, and friends. The Florida DOC holds that in-prison visitation is not a right but a privilege for inmates, and can be revoked for a period of time based on inmate behavior.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Specific deterrence	Prisoners	Black, Hispanic, White	18+	Both	There is no cost information available for this program.	• Point 3
<b>Evaluation Outcomes</b>	The recidivism rate was significantly lower for inmates who received visitation compared with those inmates who did not receive visitation.					
<b>References</b>						
Mears, Daniel P., Joshua Cochran, Sonja Siennick, and William Bales. 2012. "Prison Visitation and Recidivism." <i>Justice Quarterly</i> 26(6):889–918.						

**Indianapolis (Ind.) Family Group Conferencing Experiment**

*Description:* The Indianapolis (Indiana) Family Group Conferencing Experiment, also known as the Indianapolis Restorative Justice Conference Project, was a restorative justice diversion program for young, first-time juvenile offenders. The goal was to break the cycle of offending before it reached the stage of repeat offending.

Once the case was found to be eligible for a restorative justice family group conference, it was assigned to a conference coordinator who proceeded to contact the offender, his or her parent (or parents), and the victim (or victims) to assess the willingness of the parties to participate in a conference. A conference was then scheduled to bring every party to the incident together to discuss it. After the discussion, the group then began the process of agreeing to a plan that would allow the offender to repair the harm that was caused by the crime. This agreement may have included restitution, community service, or other elements to address the specifics of this case. The final agreement that outlines the group’s recommendations was prepared and signed by all the participants.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Diversion, Restorative Justice, Victim Programs	First Time Offenders, Young Offenders, Victims of Crime	White, Other	11-14	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Participants were less likely to recidivate as fast and had, on average, fewer rearrests than juveniles in the control group.					

**References**

McGarrell, Edmund F., and Natalie Kroovand Hipple. 2007. “Family Group Conferencing and Reoffending Among First-Time Juvenile Offenders: The Indianapolis Experiment.” *Justice Quarterly* 24(2):221–46.



<b>Forever Free</b>						
<p><i>Description:</i> The Forever Free program at the California Institution for Women (CIW) began as the first comprehensive prison-based substance abuse treatment program in the United States for incarcerated women. The program works to reduce the incidence of substance abuse, the number of in-prison disciplinary actions, and recidivism following release to parole by providing a range of treatment services to meet the needs of participants. Forever Free consists of two parts:</p> <ul style="list-style-type: none"> <li>• An intensive 6-month program provided to women inmates near the end of their incarceration period</li> <li>• Community-based residential treatment for women who graduated from the program and volunteer to continue treatment while on parole</li> </ul> <p>While incarcerated, women inmates in the Forever Free program are housed in a 120-bed residential unit and participate in program services 4 hours per day, 5 days per week. In-prison services include individual substance abuse counseling, special workshops, educational seminars, 12-step programs, parole planning and urine testing. In addition, individual and group sessions cover a number of subjects believed to be crucial to women’s recovery, including self-esteem, anger management, assertiveness training, healthy versus disordered relationships, abuse, posttraumatic stress disorder, codependency, parenting, and sex and health. Upon graduation from Forever Free and discharge to parole, women can voluntarily enter a community-based program provided by a variety of treatment organizations in Southern California.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Cognitive Behavioral Treatment, Gender-Specific Programming, Therapeutic Communities	Females, Alcohol and Other Drug (AOD) Offenders, Prisoners	Black, Hispanic, White, Other	18+	Female	There is no cost information available for this program.	• Point 3
<b>Evaluation Outcomes</b>	The intervention group reported fewer arrests during parole, less drug use and were employed more at follow-up than the comparison group.					
<b>References</b>						
Hall, Elizabeth A., Michael L. Prendergast, Jean Wellisch, Meredith Patten, and Yan Cao. 2004. “Treating Drug-Abusing Women Prisoners: An Outcome Evaluation of the Forever Free Program.” <i>The Prison Journal</i> 84(1):81–105.						

**Hawaii Opportunity Probation with Enforcement (HOPE)**

*Description:* Hawaii Opportunity Probation with Enforcement (HOPE) is a community supervision strategy for substance-abusing probationers. The main goals of HOPE are to reduce drug use, recidivism, and incarceration. HOPE targets probationers who generally have long histories of drug use and involvement with the criminal justice system and who are considered at high risk of failing probation or returning to prison. HOPE begins with a warning/notification hearing in front of a judge, who makes expectations of compliance clear to the probationer: violation of probation conditions will not be tolerated, and each violation will result in an immediate brief stay in jail. HOPE was designed with a theoretical foundation that emphasizes clearly defined behavioral expectations for probationers, the use of swift and certain sanctions when probationers fail to comply with those expectations, and elements of procedural justice that make it clear to probationers that courtroom members (probation officers and supervising judges) want them to succeed.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alternatives to Incarceration, Probation/Parole Services, Specific deterrence	Alcohol and Other Drug (AOD) Offenders	Black, Asian/Pacific Islander, Hispanic, White, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** Participants were less likely to miss appointments with probation officers, use drugs and be arrested.

**References**

Hawken, Angela, and Mark Kleiman. 2009. *Managing Drug Involved Probations With Swift and Certain Sanctions: Evaluating Hawaii's HOPE*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice. <http://www.ncjrs.gov/pdffiles1/nij/grants/229023.pdf>

**Mendota Juvenile Treatment Center**

*Description:* The Mendota Juvenile Treatment Center (MJTC) is a residential facility that provides mental health treatment to serious and violent juvenile offenders in secured correctional institutions. The program was established by the Wisconsin State Legislature in 1995 to meet the needs of youths who are too unruly, aggressive, or “treatment refractory” to be housed in the state’s traditional correctional centers. Youths are typically transferred to MJTC when they are unresponsive to customary rehabilitation services provided in correctional institutions. MJTC seeks to control and rehabilitate such youth by combining the security consciousness of a traditional correctional institution with the strong mental health orientation of a private psychiatric facility. The overarching goal of the program is to replace the antagonistic responses and feelings created by traditional correctional institutions with more conventional bonds and roles, which can encourage positive social development.

Unlike most secured, state-funded correctional facilities, MJTC is housed on the grounds of a state mental health center. The staff consists of experienced mental health professionals rather than security guards or correctional officers. This organizational design allows for a clinical–correctional hybrid approach to treating violent juvenile offenders that addresses security concerns while promoting a core mental health philosophy. Youth in MJTC undergo intensive individualized therapy designed to treat their underlying emotional problems and “break the cycle of defiance” triggered by typical institutional settings. Whenever youth in treatment act out or become unruly, they receive additional therapy as well as enhanced security.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Crisis Intervention/Response, Group Therapy, Individual Therapy, Residential Treatment Center, Violence Prevention	Mentally Ill Offenders, Serious/Violent Offender, Young Offenders, Prisoners, High Risk Offenders	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White	16-18	Male	\$161,932.23 per youth who received treatment in MJTC. MJTC had a cost–benefit ratio of 1 to 7.18, meaning the program produced benefits of \$7.18 for every dollar of cost.	• Point 3

**Evaluation Outcomes** Overall, the studies evaluating the program showed treatment had a significant impact on measures of felony and violent felony offenses, but did not impact misdemeanor offenses.

**References**

Caldwell, Michael F., and Gregory J. Van Rybroek. 2005. “Reducing Violence in Serious Juvenile Offenders Using Intensive Treatment.” *International Journal of Law and Psychiatry* 28:622–36.

Caldwell, Michael, Jennifer Skeem, Randy Salekin, and Gregory Van Rybroek. 2006. “Treatment Responses of Adolescent Offenders With Psychopathy Features: A 2-Year Follow-Up.” *Criminal Justice and Behavior* 33(5):571–96.

**Minnesota Prison-Based Sex Offender Treatment Program**

*Description:* The Minnesota Prison-Based Sex Offender Treatment Program (SOTP) provided by the Minnesota Department of Corrections (MNDOC) offers treatment, therapy, and transitional services to convicted male sex offenders in prison. The SOTP uses a cognitive-behavioral framework to provide long-term intensive sex offender and chemical dependency treatment that is consistent with the risk-needs-responsivity model.

The choice to enter treatment in prison is not entirely voluntary. After inmates receive a treatment directive, they have a right to refuse treatment. However, there are consequences to this decision. Offenders who do not comply with the treatment directive may have their wages frozen, or they may be subject to extended incarceration disciplinary time that results in a longer prison stay. Treatment participation (or nonparticipation) is an item on the Minnesota Sex Offender Screening Tool (Revised), which has been used to guide decisions about community notification levels and civil commitment referrals.

Inmates in the SOTP are housed in two adjacent wings of a larger living unit. The living units operate within a modified therapeutic milieu, which includes clear living unit/program structure and rules. Inmates meet weekly with other members of their living unit to address general housekeeping issues and community cohesion, and to provide support to one another as a community. The SOTP is not a closed living unit, and inmates in the program have some interaction with the general population during movement and activities such as dining, religious services, or educational programming.

Eligible sex offenders start the program in a 30-day assessment phase. The assessment phase includes psychological testing, completion of assignments to facilitate the assessment of treatment needs, and a review of offending history and offense dynamics. Following the assessment phase, inmates participate in an average of 6 hours per week of staff-facilitated group therapy sessions. Another component of the SOTP is treatment for chemical dependency. In addition, education sessions are facilitated between inmates and members of their family and/or support system to prepare offenders for their return to the community as well as to help them reach specific treatment goals. Inmates also participate in psychoeducational programming, which varies according to offenders' individualized treatment plans.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Cognitive Behavioral Treatment, Group Therapy, Individual Therapy	Sex Offenders, Prisoners	White, Other	Not specified	Male	There is no cost information available for this program	• Point 3

**Evaluation Outcomes** Participants recidivated less and more slowly than untreated inmates. Treatment also impacted recidivism for violent and general offenses; but was not found to be more, or less, effective for certain types of sex offenders.

**References**

Duwe, Grant, and Robin A. Goldman. 2009. "The Impact of Prison-Based Treatment on Sex Offender Recidivism." *Sexual Abuse: A Journal of Research and Treatment* 21(3):279-307

**Minnesota Prison-based Chemical Dependency Treatment**

*Description:* The Minnesota Department of Corrections (MNDOC) provides prison-based chemical dependency (CD) treatment for offenders who are chemically abusive or dependent. The primary goal of in-prison treatment programs is to reduce the recidivism rates of offenders with CD issues once they reenter the community.

The prison-based CD treatment is based on the therapeutic community model. Inmates in treatment are housed separately from the rest of the prison population. There are typically 15–25 hours of treatment programming per week. The treatment programs also emphasize to inmates that it is their personal responsibility to identify and acknowledge their criminal and addictive thinking and behavior. CD programming includes educational materials that provide information on the signs and symptoms of CD, as well as the dangers and effects that drug use can have on the body and on family and relationships.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Group Therapy, Individual Therapy, Therapeutic Communities	Alcohol and Other Drug (AOD) Offenders, Prisoners	Not specified	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>
<b>Evaluation Outcomes</b>	Offenders who received treatment had significantly lower rates of reoffending. Completing treatment reduced the hazard for rearrest by 22 percent, for reconviction by 20 percent, and for incarceration by 27 percent. Increased treatment time was also found to have some impact on recidivism.					

**References**

Duwe, Grant. 2010. "Prison-Based Chemical Dependency Treatment in Minnesota: An Outcome Evaluation." *Journal of Experimental Criminology* 6:57–81.

**Moving On (Minnesota)**

*Description:* Moving On is a curriculum-based, gender-responsive intervention created to address the different cognitive–behavioral needs of incarcerated women. Specifically, the program seeks to improve communication skills, foster relationship building, and teach healthy ways to express emotion. The program emphasizes goal setting and self-reflection. Moving On targets women who have specific criminogenic needs such as antisocial thinking, unhealthy peer and family relationships, and negative emotional expressions.

Moving On is delivered in 26 sessions over the course of 12 weeks, with each session lasting 1.5 to 2 hours. Class sizes tend to be small, ranging from 5 to 10 participants (there is a maximum of 10 participants per facilitator). Sessions consist of both group and one-on-one discussions.

Program activities include self-assessments, writing exercises, and role-playing and modeling activities. Participants are encouraged to set goals for the future and assess their personal strengths and weaknesses. Facilitators engage in skill modeling to show participants how to respond to adverse stimuli. Participants then engage in simulations and role-playing exercises to practice the skills they learned. The program has a graduated practice model, meaning new skills are practiced progressively in more challenging situations. Moving On uses a rewards/punishments system to encourage positive behaviors and deter negative ones.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Gender-Specific Programming, Group Therapy, Individual Therapy, Motivational Interviewing	Incarcerated women who are serving the last half of their confinement period	Not specified	18+	Female	The Moving On program curriculum costs \$565.95.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>
<b>Evaluation Outcomes</b>	The program was shown to significantly reduce recidivism as measured by rearrests and reconvictions, but did not have a significant impact on reincarcerations for a new offense and technical violation revocations.					

**References**

Duwe, Grant, and Valerie Clark. 2015. "Importance of Program Integrity Outcome Evaluation of a Gender-Responsive, Cognitive-Behavioral Program for Female Offenders." *Criminology and Public Policy* 14(2):301–28.

**Multisystemic Therapy–Family Integrated Transitions (MST–FIT)**

*Description:* The Multisystemic Therapy–Family Integrated Transitions (MST–FIT) program provides integrated individual and family services to juvenile offenders who have co-occurring mental health and chemical dependency disorders. Services are provided during a juvenile’s transition from incarceration back into the community. The overall goal of MST–FIT is to provide necessary treatment to youth, thereby reducing recidivism. The program also seeks to connect youth and their families to appropriate community supports, achieve youth abstinence from alcohol and other drugs, improve youth mental health, and increase youth prosocial behavior.

The MST–FIT program begins in a youth’s final 2 months in a residential facility and continues for 4 to 6 months during parole supervision. MST–FIT is based on components of three programs: Multisystemic Therapy (MST), Dialectical Behavior Therapy (DBT), and Motivational Enhancement Therapy (MET). The overarching framework of the program is derived from MST, a family-based preservation model for community-based treatment. MST provides the foundation of the intervention, while the other intervention strategies are delivered within the MST framework. MST tailors treatment goals to a youth’s individual risk and protective factors within his or her natural environment (i.e., family, school, and community). This treatment component uses therapists to coach caregivers in establishing productive partnerships with schools, community supports, parole, and other systems, and to help caregivers develop skills to be effective advocates for those in their care.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Cognitive Behavioral Treatment, Family Therapy, Individual Therapy, Probation/Parole Services	Juvenile offenders who have co-occurring mental health and chemical dependency disorders	Black, American Indians/Alaska Native, Hispanic, White	12-19	Both	A cost-benefit analysis of the MST–FIT program indicated that for every \$1 spent on FIT, \$3.15 is saved in criminal justice expenses and avoided criminal victimization.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Results showed the intervention had a significant effect on felony recidivism at 36 months postrelease. However, it did not appear to have a significant effect on overall recidivism (misdemeanor or felony).					
<b>References</b>						
Trupin, Eric J., Suzanne E. U. Kerns, Sarah Cusworth Walker, Megan T. DeRobertis, and David G. Stewart. 2011. “Family Integrated Transitions: A Promising Program for Juvenile Offenders with Co-Occurring Disorders.” <i>Journal of Child &amp; Adolescent Substance Abuse</i> 20:421–36.						

**Modified Therapeutic Community for Offenders with Mental Illness and Chemical Abuse (MICA) Disorders**

*Description:* Modified Therapeutic Communities (MTCs) focus on offenders with mental illness and chemical abuse (MICA) disorders. They adapt existing models of therapeutic community (TC) programs for substance users for the growing population of offenders who present co-occurring disorders—that is, individuals with one or more mental health disorders combined with one or more disorders pertaining to alcohol or substance use. Key to the treatment of MICA patients in MTCs is the community method of treatment and the use of peer self-help. The program is adapted for offenders with mental health disorders by making it more flexible, more personalized, and less intensive. This adaptation is accomplished by acknowledging achievements and special developmental needs; increasing rewards, orientation, and instruction; and diminishing sanctions and confrontation within the treatment program. Individual treatment plans set out the goals, objectives, and targets within the requirements for each stage. Rewards grant the patient greater freedoms and responsibilities.

Like traditional TCs, the MTC program involves developing and fostering a community of both offenders and staff, in which members are encouraged to help themselves and others while using the community as part of the treatment. Program participants are all housed together in prison, separate from the general inmate population. Services available to residents include mental health counseling, medication, and psychiatric services, which are provided by a local mental health center.

The traditional TC formula is modified to make it more accessible and appropriate to MICA offenders who present greater developmental issues. Key elements of the program include group therapy, individual therapy, monitoring of mental health, and medication management. These elements are linked to recovery stages in four phases:

- Phase 1: Admission and Orientation
- Phase 2: Primary Treatment
- Phase 3: Live-in Reentry
- Phase 4: Live-out Reentry

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Individual Therapy, Therapeutic Communities	Offender population that presents co-occurring disorders	Black, Hispanic, White, Other	18+	Male	The per diem cost of a Modified Therapeutic Community (MTC) for inmates with mental illness and chemical abuse (MICA) disorder in Colorado’s San Carlos Correctional Facility at \$155.56 per inmate	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes** Participants in the treatment group were less likely to abuse substances; and if they did start, it was later than the control group.

**References**

Sullivan, Christopher J., Karen McKendrick, Stanley Sacks, and Steven Banks. 2007. “Modified Therapeutic Community Treatment for Offenders with MICA Disorders: Substance Use Outcomes.” *The American Journal of Drug and Alcohol Abuse* 33:823–32.



<b>Nutritional Supplements for Young Adult Prisoners</b>						
<p><i>Description:</i> Providing nutritional supplements to offenders in a controlled environment, like a prison, is based on the assumption that dietary deficiencies, especially diets lacking in vitamins, minerals, and essential fatty acids, may have negative effects on behavior. Therefore, providing prisoners with nutritional supplements to decrease this deficiency may, in turn, lead to a noticeable reduction in negative, antisocial behavior. Providing nutritional supplements is meant to improve nutritional deficiencies among incarcerated inmates. There are currently no set standards for providing nutritional supplements to prisoners, however.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Violence Prevention	Prisoners	Not specified	18-25	Male	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>
<b>Evaluation Outcomes</b>	The treatment group who received the active nutritional supplement showed a reduction in disciplinary incidents compared to the control group who received placebo capsules. There was no significant difference in the development of aggressive and hostile behavior or psychological well-being between the groups.					
<b>References</b>						
<p>Gesch, C. Bernard, Sean M. Hammond, Sarah E. Hampson, Anita Eves, and Martin J. Crowder. 2002. "Influence of Supplementary Vitamins, Minerals and Essential Fatty Acids on Antisocial Behaviour of Young Adult Prisoners: Randomised, Placebo-Controlled Trial." <i>The British Journal of Psychiatry</i> 181:22–28.</p> <p>Zaalberg, Ap, Henk Nijman, Erik Bulten, Luwe Stroosma, and Cees van der Staak. 2010. "Effects of Nutritional Supplements on Aggression, Rule-Breaking, and Psychopathology Among Young Adult Prisoners." <i>Aggressive Behavior</i> 36:117–26.</p>						

**Prison Industry Enhancement Certificate Program (PIECP)**

*Description:* The Prison Industry Enhancement Certificate Program (PIECP) provides state prison inmates with private sector jobs to reduce post-release recidivism, improve post-release employability, and improve potential job quality and wages. Participation in the program is voluntary. In the PIECP, inmates produce goods or provide services at minimum wage (or higher) for private sector companies. The work may range from labor-intensive routine tasks (i.e., assembly line) to highly skilled craftsmanship (i.e., sheet metal welding). The program provides inmates with both “soft” skills (i.e., going to work regularly, getting to work on time, having a positive work attitude) and “hard” skills (i.e., learning a trade or skill such as welding), which increase their chances of finding employment upon their release.

There are three models for operation of a PIECP program: 1) employer, 2) manpower, and 3) customer. In the *employer* model, private sector firms manage the PIECP inmate population and produce goods for sale in open markets. In the *manpower* model, inmates are supervised by the private company, but are considered to be employed by the Department of Correction. Under the *employer* and *manpower* models, the inmates have regular contact with and are supervised by free world workers, providing them with an employment (rather than correctional) environment during the day. Under the *customer* model, Departments of Correction operate the PIECP production facilities, manage the workers, and deliver the goods to private firms for sale in open markets.

Program Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Vocational/Job Training, Violence Prevention	Minimum- and medium-security prisoners without medical problems who have a reasonably low risk for rule violations	Black, Hispanic, White, Other	18-51	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes** Compared with inmates who worked in traditional prison industries and participated in other activities such as education and drug treatment, program participants had significantly higher post-release employment and lower recidivism rates.

**References**

Smith, Cindy J., Jennifer Bechtel, Angie Patrick, Richard R. Smith, and Laura Wilson-Gentry. 2006. *Correctional Industries Preparing Inmates for Re-entry: Recidivism & Post-release Employment*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/214608.pdf>

**Prison-Initiated Methadone Maintenance Treatment**

*Description:* The primary goal of providing methadone maintenance to prisoners is to engage heroin-addicted offenders in drug abuse treatment before they are released and return to the community. Prison-initiated maintenance therapy offers inmates the opportunity to participate in substance abuse treatment while incarcerated and then provides referrals to community-based treatment programs to encourage their continued treatment during reentry. The medication-assisted treatment, called methadone maintenance treatment (MMT), is targeted at individuals with dependence on opioids, including heroin and morphine. Most facilities providing MMT are community based; there are very few treatment programs available to offenders in jail or prison, despite the higher rates of heroin use among prisoners compared to the general population.

In addition to administering medication, prisoners participating in methadone maintenance also receive counseling services. Services can include group-based education and discussion on relapse and overdose prevention, cocaine and alcohol abuse, and other reentry issues. Upon release from incarceration, prisoners are advised to report to a community-based facility as soon as possible to continue MMT. Prison-initiated methadone maintenance initiates treatment shortly before release from incarceration, to ensure that participants receive a minimum amount of time in treatment (such as 3–6 months) and encourage them to continue the remainder of MMT in the community.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Group Therapy, Individual Therapy, Wraparound/Case Management	Alcohol and Other Drug (AOD) Offenders, Prisoners	Black, White, Other	35-45	Male	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes** The counseling + methadone group were significantly more likely to spend more days in treatment compared to the other groups. There were fewer positive urine drug tests for opioids and cocaine for the counseling + methadone group compared to those who received counseling only in prison.

**References**

Gordon, Michael S., Timothy W. Kinlock, Robert P. Schwartz, and Kevin E. O’Grady. 2008. “A Randomized Clinical Trial of Methadone Maintenance for Prisoners: Findings at 6 Months Post Release.” *Addiction* 103:1333–42.

Kinlock, Timothy W., Michael S. Gordon, Robert P. Schwartz, Terrence T. Fitzgerald, and Kevin E. O’Grady. 2009. “A Randomized Clinical Trial of Methadone Maintenance for Prisoners: Results at 12 Months Post Release.” *Journal of Substance Abuse Treatment* 37:277–85.

**San Juan County (N.M.) DWI First Offenders Program**

*Description:* The San Juan County DWI First Offender Program is designed to work with court-defined first-time offenders convicted of driving while intoxicated (DWI). The goal of the program is reduce DWI rearrest rates. The program was introduced to counter high rates of alcohol-related motor vehicle crashes. First-time offenders are incarcerated in a minimum-security facility for 28 days. While incarcerated, program recipients receive a multicomponent treatment that is culturally appropriate (for example, Native Americans have access to a sweat lodge and talking circles). There are nine specific treatment components:

- Alcohol use, abuse, and dependence
- Health and nutrition
- Psychological effects of alcohol abuse
- Drinking-and-driving awareness
- Stress management
- Goal-setting for the immediate future
- Family issues and alcohol
- Domestic violence
- HIV/AIDS prevention

There is a work release program for clients who are employed. Participants receive individual counseling, group programs, and postdischarge monitoring for 3 to 12 months. Throughout the program, motivational interviewing techniques are used in client–counselor interactions.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Motivational Interviewing	Court-defined first-time DWI offenders	American Indians/Alaska Native, Hispanic, White	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes** The treatment group improved more than the participants in the control group did for all three measures of alcohol use (total consumption, drinking days, and average blood–alcohol content). However, the findings were not statistically significant for a reduction in DWI recidivism.

**References**

Woodall, W. Gill, Harold D. Delaney, Stephen J. Kunitz, Verner S. Westerberg, and Hongwei Zhao. 2007. “A Randomized Trial of a DWI Intervention Program for First Offenders: Intervention Outcomes and Interactions with Antisocial Personality Disorder Among a Primarily American Indian Sample.” *Alcoholism: Clinical and Experimental Research* 31(6):974–87.

**Targeted Interventions for Corrections (TIC)**

*Description:* Targeted Interventions for Corrections (TIC) consists of six brief life-skill interventions to be used in a variety of correctional-based settings. The interventions address the core aspects of addiction treatment and recovery. They focus on what incarcerated individuals need to work on to improve their potential for early engagement in treatment and early recovery, including motivation for treatment, controlling anger, opening lines of communication, correcting criminal thinking errors, and improving social networks. The overall goal of TIC is to provide interventions that address drug-related problems and treatment needs in correctional populations.

The TIC interventions were designed to be user friendly, manual guided, and short (interventions averaged four sessions each). The six life-skills interventions include motivation (TIC–Motivation); understanding and reducing angry feelings (TIC–Anger); ideas for better communication (TIC–Communication); unlocking your thinking, opening your mind (TIC–Criminal Thinking); building social networks (TIC–Social Networks); and common sense ideas for HIV prevention and sexual health (TIC–HIV/Sexual Health).

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Group Therapy, Individual Therapy, Motivational Interviewing	Alcohol and Other Drug (AOD) Offenders, Prisoners	Black, Hispanic, White, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** TIC significantly impacted measures of cognitive changes–knowledge, attitude, and psychological functioning–except criminal thinking.

**References**

Joe, George W., Kevin Knight, D. Dwayne Simpson, Patrick M. Flynn, Janis T. Morey, Norma G. Bartholomew, Michele Staton Tindall, William M. Burdon, Elizabeth A. Hall, Steve S. Martin, and Daniel J. O’Connell. 2012. “An Evaluation of Six Brief Interventions That Target Drug-Related Problems in Correctional Populations.” *Journal of Offender Rehabilitation* 51:9–33.

**Thinking for a Change**

*Description:* Thinking for a Change (T4C) is a cognitive-behavioral curriculum developed by the National Institute of Corrections that concentrates on changing the criminogenic thinking of offenders. T4C is a cognitive-behavioral therapy (CBT) program that includes cognitive restructuring, social skills development, and the development of problem-solving skills.

T4C stresses interpersonal communication skills development and confronts thought patterns that can lead to problematic behaviors. The program has three components: cognitive self-change, social skills, and problem-solving skills. Lessons on cognitive self-change provide participants with a thorough process for self-reflection concentrated on uncovering antisocial thoughts, feelings, attitudes, and beliefs. Social skills lessons prepare participants to engage in prosocial interactions based on self-understanding and awareness of the impact that their actions may have on others. Finally, problem-solving skills integrate the two other components and provide participants with a step-by-step process to address challenges and stressful situations they may encounter. The program is divided into 25 lessons (each lasting approximately 1 to 2 hours), with the capacity to extend the program indefinitely. The curriculum is designed to be implemented with small groups of 8 to 12 offenders

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Group Home, Probation/Parole Services	a variety of offenders, including adults and juveniles, probationers, prison and jail inmates, and offenders in aftercare or on parole	White, Other	Not specified	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** There was a statistically significant difference in the proportion of offenders who recidivated between the treatment group and the control group. The control group was 57 percent more likely to be arrested during the follow-up period

**References**

Lowenkamp, Christopher T., Dana Hubbard, Matthew D. Makarios, and Edward J. Latessa. 2009. "A Quasi-Experimental Evaluation of Thinking for a Change: A 'Real World' Application." *Criminal Justice and Behavior* 36(2):137-46.

**Washington State’s Residential Drug Offender Sentencing Alternative**

*Description:* The Drug Offender Sentencing Alternative (DOSA) is a law that was passed in Washington State in 1995, which allows incarcerated offenders with substance abuse problems to receive a reduced prison sentence in exchange for completing a chemical-dependency treatment program. In 2005, a modification to the law created a "residential" DOSA, which allows offenders to receive chemical-dependency treatment in the community in lieu of confinement. The primary goal of residential DOSA is to reduce rates of recidivism by increasing community-based treatment alternatives for substance-abusing offenders.

Under residential DOSA, the chemical-dependency treatment program is a minimum of 90 days. Offenders receive treatment at a Washington State Department of Corrections-funded residential facility. The types of services provided to the offender vary, depending on the severity of the substance abuse problem. Offenders must voluntarily agree to participate in chemical-dependency treatment and urine testing. Residential treatment staff cannot prevent offenders from leaving the facility. However, offenders are returned to confinement (either prison or jail) to serve the remainder of their sentence if they do not complete treatment. Once the residential treatment term has been satisfied, offenders must serve 2 years under community supervision or half of the midsentence range, whichever is greater, and attend continued outpatient treatment.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Alternatives to Incarceration, Probation/Parole Services, Residential Treatment Center	Alcohol and Other Drug (AOD) Offenders	Black, White	Not specified	Both	Washington State’s Residential Drug Offender Sentencing Alternative (DOSA) was \$564 more expensive per offender than prison-based DOSA. Residential DOSA cost \$16,740 per offender versus \$16,176 per offender for prison-based DOSA.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes** Residential DOSA was shown to significantly reduce overall recidivism rates compared with prison-based DOSA.

**References**

Drake, Elizabeth K., Danielle Fumia, and Lijian He. 2014. *Washington's Residential Drug Offender Sentencing Alternative: Recidivism & Benefit-Cost Analysis*. Olympia, Wash.: Washington State Institute for Public Policy.  
[http://www.wsipp.wa.gov/ReportFile/1577/Wsipp\\_Washingtons-Residential-Drug-Offender-Sentencing-Alternative-Recidivism-Cost-Analysis\\_Report.pdf](http://www.wsipp.wa.gov/ReportFile/1577/Wsipp_Washingtons-Residential-Drug-Offender-Sentencing-Alternative-Recidivism-Cost-Analysis_Report.pdf)

**Incarceration-based Therapeutic Communities for Adults**

*Description:* Incarceration-based therapeutic communities (TCs) are separate residential drug treatment programs in prisons or jails for treating substance-abusing and addicted offenders. The defining feature of TCs is the emphasis on participation by all members of the program in the overall goal of reducing substance use and recidivism. Residents of TCs progress through treatment in three stages 1) induction and early treatment, 2) primary treatment, and 3) reentry.

Specific treatment interventions vary by facility, but there are several common components of TCs. Residents of TCs are housed separately from other inmates in order to establish and maintain a drug-free, rehabilitative, prosocial environment. Residents must follow strict community rules and norms, reinforced with set rewards or punishments, as a way to facilitate self-control and responsibility. Routines are established to teach goal planning and accountability. Residents must participate in TC-related roles, as assigned, based on a hierarchy of increasing responsibilities and privileges. Residents must also participate in TC-related activities such as community meetings, individual and group counseling, games, and role playing

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Aftercare/Reentry, Alcohol and Drug Prevention, Alcohol and Drug Therapy/Treatment, Cognitive Behavioral Treatment, Group Therapy, Individual Therapy, Motivational Interviewing, Residential Treatment Center, Therapeutic Communities	Alcohol and Other Drug (AOD) Offenders, Prisoners	Not specified	18+	Both	for every \$1 spent, adult therapeutic communities produced a benefit of \$2.59, or a 23 percent return on investment.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes** The results indicated that treatment group offenders were significantly less likely to recidivate than comparison group offenders after release

**References**

Mitchell, Ojmarrh, David B. Wilson, and Doris L. MacKenzie. 2012. "The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior: A Systematic Review." *Campbell Systematic Reviews* 18.

<http://www.campbellcollaboration.org/lib/project/20/>

Drake, Elizabeth. 2012. *Chemical Dependency Treatment for Offenders: A Review of the Evidence and Benefit-Cost Findings*. Olympia, Wash.: Washington State Institute for Public Policy.

[http://www.wsipp.wa.gov/ReportFile/1112/Wsipp\\_Chemical-Dependency-Treatment-for-Offenders-A-Review-of-the-Evidence-and-Benefit-Cost-Findings\\_Full-Report.pdf](http://www.wsipp.wa.gov/ReportFile/1112/Wsipp_Chemical-Dependency-Treatment-for-Offenders-A-Review-of-the-Evidence-and-Benefit-Cost-Findings_Full-Report.pdf)



**Motivational Interviewing for Substance Abuse**

*Description:* Motivational Interviewing (MI) is a brief client-centered, semidirective psychological treatment approach that concentrates on improving and strengthening individuals’ motivations to change. MI aims to increase an individual’s perspective on the importance of change. When provided to those who abuse substances, the long-term goal is to help them reduce or stop using drugs and alcohol.

MI is a brief intervention. The substance abuser and the MI counselor will typically meet from one to four times, for about 1 hour each session. The settings of delivery can vary and consist of aftercare/outpatient clinics, inpatient facilities, correctional facilities, halfway houses, and other community-based settings. MI incorporates four basic principles into treatment: 1) expressing empathy, 2) developing discrepancy, 3) rolling with resistance, and 4) developing self-efficacy.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Cognitive Behavioral Treatment, Individual Therapy, Motivational Interviewing	Alcohol and Other Drug (AOD) Offenders, Individuals who are less motivated or ready to change, and who may show more anger or opposition	Not specified	Not specified	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The results showed that individuals in the MI treatment groups significantly reduced their use of substances compared with individuals in the no-treatment control groups.

**References**

Smedslund, Geir, Rigmor C. Berg, Karianne T. Hammerstrøm, Asbjørn Steiro, Kari A. Leiknes, Helene M. Dahl, and Kjetil Karlsen. 2011. “Motivational Interviewing for Substance Abuse.” *Campbell Systematic Reviews* 6.  
<http://www.campbellcollaboration.org/lib/project/100/>

**Treatment in Secure Corrections for Serious Juvenile Offenders**

*Description:* Interventions targeting serious (violent and chronic) juvenile offenders sentenced to serve time in secure corrections aim to decrease recidivism rates when juveniles are released and return to the community. These interventions can include psychological approaches, social and educational methods, and environmental conditions, all of which support the learning of prosocial attitudes and behaviors. There are a number of different types of treatment that may be available to juvenile offenders in secure corrections. The treatment types include behavioral, cognitive-behavioral, cognitive, education, and nonbehavioral.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Group Therapy, Individual Therapy, Therapeutic Communities, Violence Prevention	Serious/Violent Offender, Juvenile	Not specified	12-21	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>
<b>Evaluation Outcomes</b>	- chronic and violent juvenile offenders who received treatment in secure corrections had lower recidivism rates than comparison group juveniles who did not receive treatment. - the treatment provided in secure confinement significantly reduced the serious recidivism of chronic and violent juvenile offenders					

**References**

Garrido, Vicente, and Luz Anyela Morales Quinto. 2007. "Serious (Violent or Chronic) Juvenile Offenders: A Systematic Review of Treatment Effectiveness in Secure Corrections." *Campbell Systematic Reviews* 7.

<http://www.campbellcollaboration.org/lib/project/30/>

**Adult Sex Offender Treatment**

*Description:* Given that the large majority of incarcerated adult sex offenders will someday return to the community, finding ways to treat, manage, and supervise these offenders is imperative. One approach is to provide treatment for sex offenders. The main goal of sex offender treatment is to reduce the risk of recidivism for this offender population. Sex offender treatment programs are based on a variety of methods, some of which are cognitive-behavioral methods, classical behavioral, insight oriented, hormonal medication, medical castration, therapeutic communities, faith-based treatment, and intensive supervision.

Current sex offender treatment practice typically consists of the therapist or other trained professionals attempting to get offenders to take responsibility for their actions, while also addressing and treating any underlying co-occurring disorders. The therapist works with offenders to help them recognize the wrongfulness of their actions, while also documenting and advising the courts on the level of risk each offender may be to the community. Sex offender treatment can occur in the community or while the sex offender is in a secure setting, such as a prison or mental health facility. Although some sex offender programs are mandatory, others will accept only those who volunteer for treatment. In addition, sex offenders may receive treatment geared specifically toward addressing sexually aggressive behavior, or they may receive treatment directed toward addressing general offending behavior

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Cognitive Behavioral Treatment, Group Therapy, Individual Therapy, Specific deterrence, Violence Prevention	High Risk Offenders, Prisoners, Serious/Violent Offender, Sex Offenders	Not specified	18+	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	- found that providing treatment had significant, positive impacts on the general recidivism rates of sex offenders.					

**References**

Aos, Steve, Marna Miller, and Elizabeth Drake. 2006. *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia, Wash.: Washington State Institute for Public Policy.  
<http://www.wsipp.wa.gov/ReportFile/924>

Lösel, Friedrich, and Martin Schmucker. 2005. "The Effectiveness of Treatment for Sexual Offenders: A Comprehensive Meta-Analysis." *Journal of Experimental Criminology* 1:117-46.

Hanson, R. Karl, Guy Bourgon, Leslie Helmus, and Shannon Hodgson. 2009. "The Principles of Effective Correctional Treatment Also Applied to Sexual Offenders: A Meta-Analysis." *Criminal Justice Behavior* 36:865-91.

**Cognitive Behavioral Therapy (CBT) for Moderate- and High-Risk Adult Offenders**

*Description:* Cognitive behavioral therapy (CBT) is a problem-focused, therapeutic approach that attempts to help people identify and change dysfunctional beliefs, thoughts, and patterns of behavior that contribute to their problem behaviors. For adult offenders, CBT explains how cognitive deficits, distortion, and flawed thinking processes can lead to criminal behavior. CBT programs emphasize individual accountability and attempt to help adult offenders to understand their thinking processes and the choices they make before they commit a crime.

CBT can be delivered in various criminal justice settings, including institutions (such as prison) and community-based settings. CBT can also be delivered as part of a multifaceted program or a standalone intervention. CBT for adult offenders addresses a number of problems associated with criminal behavior such as social skills, means–end problem solving, moral reasoning, self-control, impulse management, and self-efficacy. Techniques to address these problems include cognitive skills training, role playing, anger management, and other strategies that focus on improving social skills, moral development, or relapse prevention.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Cognitive Behavioral Treatment, Individual Therapy	High Risk Offenders, Prisoners	Not specified	28-40	Both	They estimated that the cost of delivering CBT is approximately \$419 per participant	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	a significant effect size favoring the treatment group, meaning that moderate- and high-risk adult offenders who received CBT were significantly less likely to commit crime, compared with adult offenders who did not receive CBT.					

**References**

Aos, Steve, and Elizabeth Drake. 2013. *Prison, Police, and Programs: Evidence-Based Options that Reduce Crime and Save Money*. Olympia, Wash.: Washington State Institute for Public Policy.  
[http://www.wsipp.wa.gov/ReportFile/1396/Wsipp\\_Prison-Police-and-Programs-Evidence-Based-Options-that-Reduce-Crime-and-Save-Money\\_Full-Report.pdf](http://www.wsipp.wa.gov/ReportFile/1396/Wsipp_Prison-Police-and-Programs-Evidence-Based-Options-that-Reduce-Crime-and-Save-Money_Full-Report.pdf)

**Correctional Work Industries**

*Description:* Correctional work industries are designed to provide work experiences for inmates while they are incarcerated. There are multiple objectives of prison-based work industries, including 1) providing inmates with opportunities to work, 2) reducing institutional problem behaviors by decreasing the amount of idle time for inmates, and 3) assisting in the operation of prisons by using inmates in institutional maintenance tasks. Correctional work industries can affect recidivism rates because they provide inmates with the opportunity to develop marketable job skills, which can help lead them to employment after their release from prison.

There are several different models of PIECP programs. Programs that use the employer model often (but not always) have private sector firms located inside the correctional institution that manage the PIECP inmate population and produce goods for sale in open markets. In the customer model, the departments of correction manage the PIECP production facilities and deliver the produced goods to private firms for sale in open markets. With the manpower model, inmates are supervised by the private companies but are considered to be employed by the department of correction .

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Vocational/Job Training	Prisoners (eligibility criteria may vary by industry)	Not specified	18+	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes** The results from two meta-analyses looking at the effects of correctional work industry programs on recidivism were mixed, but the preponderance of evidence suggests a positive impact.

**References**

Wilson, David B., Catherine A. Gallagher, and Doris Layton MacKenzie. 2000. "A Meta-Analysis of Corrections-Based Education, Vocation, and Work Programs for Adult Offenders." *Journal of Research in Crime and Delinquency* 37(4):347–68.

Aos, Steve, Marna Miller, and Elizabeth K. Drake. 2006. *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia, Wash.: Washington State Institute for Public Policy.  
<http://www.wsipp.wa.gov/ReportFile/924>

**Corrections-Based Adult Basic/Secondary Education**

*Description:* Adult basic education (ABE) classes for incarcerated adult offenders provide instruction in arithmetic, reading, and writing [English as a second language (ESL) may also be taught, if needed]. ABE classes are targeted to adult prisoners who read below the ninth grade level. Those who can read at a ninth grade level move onto adult secondary education (ASE) classes. ASE classes provide high school-level coursework that generally prepares inmates to take tests, such as the General Education Development (GED) exam, to earn a certificate of high school equivalency.

Correctional education programs, including ABE and ASE classes, can vary dramatically from prison to prison. Participation is voluntary or mandatory for inmates across jurisdictions. When mandatory, inmates who have not achieved a specified level of education must participate in programming for a certain amount of time. Inmates can withdraw from the program only after the compulsory period has passed. The amount of required time in the program and the level of education achievement will also vary. In addition, the method in which classes are provided to inmates will vary by jurisdiction. Some prisons may use onsite instruction, where teachers and volunteers go to the facility to conduct classes. There are some programs that allow prisoners to provide peer instruction to other prisoners. Distance learning programs involve coordinating with an outside educational institution. Some state prison systems have partnered with local community colleges to provide onsite class instruction, while other states administer classes through their own correctional school district. Some jurisdictions have taken advantage of technological advances in correctional education. For example, satellite television has been used as a way to conduct instructor-led courses without requiring teachers/volunteers to be in the prison. In addition, there are numerous software programs available that can replace face-to-face classroom instruction.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Academic Skills Enhancement, Aftercare/Reentry	Prisoners	Not specified	18+	Both	They estimated the average annual cost of correctional education programs per inmate participant was between \$1,400 and \$1,744	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes**

- Overall, three meta-analyses found that there were significant reductions in recidivism (including reoffending, rearrest, reconviction, reincarceration, and technical parole violation) for inmates who participated in ABE and adult secondary education/GED programs, compared with inmates who did not participate
- Those who participated in education programs were more likely to find employment.

**References**

Wilson et al. 2000. "A Meta-Analysis of Corrections-Based Education, Vocation, and Work Programs for Adult Offenders." *Journal of Research in Crime and Delinquency* 37(4):347–68.

Aos et al. 2006. *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia, Wash.: Washington State Institute for Public Policy.

Davis et al. 2013. *Evaluating the Effectiveness of Correctional Education: A Meta-Analysis of Programs That Provide Education to Incarcerated Adults*. Washington, D.C.: U.S. Department of Justice, the Office of Justice Programs, Bureau of Justice Assistance.

**Corrections-Based Vocational Training Programs**

*Description:* Vocational training or career technical education programs in prison are designed to teach inmates about general employment skills or skills needed for specific jobs and industries. The overall goal of vocational training is to reduce inmates’ risk of recidivating by teaching them marketable skills they can use to find and retain employment following release from prison. Vocational and technical training programs can also reduce institutional problem behaviors by replacing inmates’ idle time with constructive work. In addition, some vocational training programs can assist in the operation of prisons by having inmates assist in institutional maintenance tasks.

Vocational education can be offered in various trade industries, including barbering, building maintenance, carpentry, electrical trades, painting, plumbing, food service/culinary arts, horticulture, custodial maintenance, upholstery, auto detailing, masonry, welding, and heating, ventilation, and air conditioning. The type of vocational training available in a prison will depend on inmates’ interests, availability of teaching staff, and funding. Inmates may be connected with prospective employers through vocational training or apprenticeship programs. In addition, some vocational education programs include opportunities to work hours toward industry-recognized credentials and certificates. Trade certifications tend to be in construction, occupational safety, plumbing or electrical apprenticeships, automotive service, welding certification, and general computing. College credit may also be earned for some vocational training programs at the postsecondary level.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Vocational/Job Training	Prisoners	Not specified	18+	Both	They estimated the average annual cost of correctional education programs per inmate participant was between \$1,400 and \$1,744.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes**

- Overall, three meta-analyses found that there were significant reductions in recidivism (including reoffending, rearrest, reconviction, reincarceration, and technical parole violations) for inmates who participated in vocational training programs, compared with inmates who did not participate.
- Both meta-analyses that examined employment-related outcomes found vocational training made a positive and significant impact on program participants’ odds of obtaining employment following release from prison.

**References**

Wilson et al. 2000. “A Meta-Analysis of Corrections-Based Education, Vocation, and Work Programs for Adult Offenders.” *Journal of Research in Crime and Delinquency* 37(4):347–68.

Aos et al. 2006. *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia, Wash.: Washington State Institute for Public Policy.

Davis et al. 2013. *Evaluating the Effectiveness of Correctional Education: A Meta-Analysis of Programs That Provide Education to Incarcerated Adults*. Washington, D.C.: U.S. Department of Justice, the Office of Justice Programs, Bureau of Justice Assistance.

**Gender-Specific Programming for Incarcerated Females**

*Description:* Gender-Specific Programming for Incarcerated Females entails in-prison substance abuse and other types of treatment programs that are specifically designed for incarcerated women. The goals of the programs are to reduce the risk of recidivism.

Substance abuse treatment under the risk-reduction model is typically provided either through a therapeutic community or cognitive—behavioral approach. Various programs are aimed at improving women’s functioning during and after incarceration. The programs can target women’s psychological and physical well-being and focus on issues such as coping with physical or sexual abuse, parenting, and HIV risk. Many of the programs try to help the women heal emotionally from past experiences of victimization; to reduce symptoms or incidence of depression, posttraumatic stress disorder, and anger; and to boost self-esteem. Other programs target parenting skills. Finally, other programs aim to improve women’s physical health by increasing HIV awareness and prevention efforts and helping HIV-positive inmates by addressing feelings of isolation, stigma, shame, and poor self-image

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Cognitive Behavioral Treatment, Gender-Specific Programming, Group Therapy, Parent Training, Therapeutic Communities	Females, Prisoners	Black, Hispanic, White	18+	Female	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>
<b>Evaluation Outcomes</b>	found that recidivism was significantly lower for the treatment group than for the comparison group					

**References**

Tripodi, Stephen J., Sarah E. Bedsoe, Johnny S. Kim, and Kimberly Bender. 2011. “Effects of Correctional-Based Programs for Female Inmates: A Systematic Review.” *Research on Social Work Practice* 21(1):15–31.

Gobeil, Renee, Kelley Blanchette, and Lynn Stewart. 2016. “A Meta-Analytic Review of Correctional Interventions for Women Offenders.” *Criminal Justice and Behavior* 43(3):301–22.



**Incarceration-based Narcotics Maintenance Treatment**

*Description:* Narcotics maintenance treatment programs help opioid-addicted individuals alleviate withdrawal symptoms, reduce opiate cravings, and bring about a biochemical balance in the body in order to reduce the illicit use of opioids, including narcotics such as heroin, morphine, and oxycodone. Narcotic maintenance programs attempt to reduce harms associated with opioid dependency, such as disease transmission and criminal activity, by prescribing synthetic opioid medication. The medication is designed to block the euphoric high produced by opioid use and suppress withdrawal symptoms. Opioids cause a release of excess dopamine in the body. Users become dependent on the drug because they need opiates to continuously occupy the opioid receptor in the brain.

In addition to administering medication, incarceration-based narcotic maintenance programs may also provide counseling services, group-based education, and discussions on relapse and overdose prevention, drug and alcohol abuse, and other reentry issues. Two common types of narcotic maintenance programs are methadone maintenance treatment and buprenorphine maintenance treatment.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Alcohol and Drug Therapy/Treatment	Alcohol and Other Drug (AOD) Offenders, Prisoners	Not specified	18+	Both	According to the White House Office of National Drug Control Policy (2000), methadone maintenance therapy (MMT) has a cost-benefit ratio of 4:1. This means that for every \$1 spent on MMT, \$4 is accrued in economic benefit.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>

**Evaluation Outcomes** Treatment group offenders who participated in narcotic maintenance programs were significantly less likely to experience relapse after release, compared with comparison group offenders. Overall, the mixed findings from the 2012 meta-analysis by Mitchell, Wilson, and MacKenzie suggest that incarceration-based narcotics maintenance programs may increase the odds of recidivism for program participants, but decrease the odds of a drug relapse.

**References**

Mitchell, Ojmarrh, David B. Wilson, and Doris L. MacKenzie. 2012. "The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior: A Systematic Review." *Campbell Systematic Reviews* 18.

<http://www.campbellcollaboration.org/lib/project/20/>

**Juvenile Aftercare Programs**

*Description:* Juvenile aftercare consists of reintegrative services designed to prepare juvenile offenders, who were placed out of their homes, for reentry into the community. The overall goal of aftercare programs is to reduce the recidivism rates of juvenile offenders.

Aftercare programs are for juvenile offenders who serve time in out-of-home placements following adjudication. Out-of-home placements include detention, secure confinement, wilderness or boot camps, group homes, and residential treatment. They generally start while the youth are detained, continue through their transition into the community, and are maintained during the supervision period in the community (Weaver and Campbell 2015). Aftercare requires collaboration between the confinement facility and the community to ensure effective delivery of services and supervision. It may also involve partnerships between public and private organizations to expand the overall capacity of youth services. There are a variety of aftercare programs with different components. Generally, aftercare intervention strategies concentrate on changing individual behavior and thereby preventing further delinquency. Aftercare programs differ from the traditional juvenile justice model. For instance, youths in aftercare programs receive services and supervision as they transition into the community and while they are under supervision in the community.

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Aftercare/Reentry, Family Therapy, Group Home, Individual Therapy, Probation/Parole Services, Wraparound/Case Management	Prisoners	Other, White	10-25	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes**  
 Mixed results: They found an overall mean effect size of 0.12, meaning that aftercare had a small, yet significant impact on recidivism. However, Weaver and Campbell (2015) analyzed the results from 30 studies and found that although juvenile aftercare appeared to reduce recidivism for juvenile offenders, the impact was not significant.

**References**

James, Chrissy, Geert Jan J.M. Stams, Jessica J. Asscher, Anne Katrien De Roo, and Peter H. van der Laan. 2013. "Aftercare Programs for Reducing Recidivism Among Juvenile and Young Adult Offenders: A Meta-Analytic Review." *Clinical Psychology Review* 33: 263–74.

Weaver, Robert D., and Derek Campbell. 2015. "Fresh Start: A Meta-Analysis of Aftercare Programs for Juvenile Offenders." *Research on Social Work Practice* 25(2): 201–12.

**Juvenile Sex Offender Treatment**

*Description:* Given the prevalence of sexual offending by juveniles, coupled with the potential link between sexually abusive behavior during adolescence and sexual offending later in life, a variety of interventions are widely used for juvenile sex offender management. Overall, interventions that target juvenile sex offenders aim to reduce the sexual, violent, and nonviolent recidivism of juveniles through a variety of treatment modalities. For many years, juvenile sex offender treatment was largely based on adult sex offender treatment, as juvenile and adult sex offenders were thought to be similar. However, when research emerged indicating the developmental, motivational, and behavioral differences between juvenile and adult sex offenders, therapeutic interventions for juveniles became more responsive to the diversity of sexually abusive behaviors and the specific offending-related factors found among adolescents and children.

here are various types of juvenile sex offender treatment interventions or modalities, such as cognitive-behavioral, cognitive-behavioral/relapse prevention, psychotherapeutic (sexual trauma), and multisystemic therapy.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Cognitive Behavioral Treatment, Family Therapy, Group Therapy, Individual Therapy, Violence Prevention	Sex Offenders, juveniles	Not specified	7-20	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes**

- juvenile offenders who participated in sex offender treatment were significantly less likely to recidivate than juvenile offenders in the comparison group who did not receive treatment.
- There were mixed results when examining the impact of juvenile sex offender treatments on sexual recidivism. juvenile offenders who participated in sex offender treatment were significantly less likely to sexually recidivate than juvenile offenders in the comparison group. Hanson and colleagues (2009) found no significant difference between juvenile sex offenders in the treatment and comparison groups with regard to sexual recidivism

**References**

Losel, Friedrich, and Martin Schmucker. 2005. "The Effectiveness of Treatment for Sexual Offenders: A Comprehensive Meta-Analysis." *Journal of Experimental Criminology* 1:117-46.

Reitzel, Lorraine, R., and Joyce L. Carbonell. 2006. "The Effectiveness of Sexual Offender Treatment for Juveniles as Measured by Recidivism: A Meta-Analysis." *Sexual Abuse: A Journal of Research and Treatment* 18:401-21.

Hanson, R. Karl, Guy Bourgon, Leslie Helmus, and Shannon Hodgson. 2009. "The Principles of Effective Correctional Treatment Also Apply to Sexual Offenders: A Meta-analysis." *Criminal Justice and Behavior* 36(9):865-91.

**Postsecondary Correctional Education (PSCE)**

*Description:* Postsecondary correctional education (PSCE) is academic or vocational coursework taken beyond a high school diploma or equivalent that allows inmates to earn credit while they are incarcerated. The credits earned from participating in PSCE may be applied toward an associate’s, bachelor’s, or graduate degree, depending on the program and participating higher education institution (Gorgol and Sponsler 2011; Davis et al. 2013). The goal of providing PSCE is to advance inmates’ educational attainment levels to improve their opportunities for employment following release from prison and reduce their odds of recidivating.

There are a variety of methods used by correctional facilities to deliver PSCE classes to participating inmates, such as onsite instruction, correspondence courses, and video/satellite instruction. Gorgol and Sponsler (2011) conducted a survey of correctional education administrators from 43 states and found that the most common method of program delivery was onsite, in-class instruction. To overcome some of the difficulties with providing onsite instruction (such as limited space for classes and security concerns), some of the state facilities used distance learning or correspondence courses. States were less likely to report using online or video/satellite instructional methods (almost all states prohibit use of the Internet by inmates).

Practice Type	Targeted Population	Race/Ethnicity	Age	Gender	Cost	Intervention Point(s)
Academic Skills Enhancement, Aftercare/Reentry, Vocational/Job Training	Prisoners	Not specified	18+	Both	They estimated that the average annual cost of correctional education programs per inmate participant was between \$1,400 and \$1,744.	<ul style="list-style-type: none"> <li>• Point 3</li> <li>• Point 4</li> </ul>
<b>Evaluation Outcomes</b>	Overall, three meta-analyses found that there were significant reductions in recidivism (including reoffending, rearrest, reconviction, reincarceration, and technical parole violation) for inmates who participated in postsecondary correctional education (PSCE) compared with inmates who did not participate.					

**References**

Wilson, David B., Catherine A. Gallagher, and Doris Layton MacKenzie. 2000. “A Meta-Analysis of Corrections-Based Education, Vocation, and Work Programs for Adult Offenders.” *Journal of Research in Crime and Delinquency* 37(4):347–68.

Chappell, Cathryn A. 2004. “Postsecondary Correctional Education and Recidivism: A Meta-Analysis of Research Conducted 1990–99.” *Journal of Correctional Education* 55(2):148–69.

Davis, Lois M., Robert Bozick, Jennifer L. Steele, Jessica Saunders, and Jeremy N.V. Miles. 2013. *Evaluating the Effectiveness of Correctional Education: A Meta-Analysis of Programs That Provide Education to Incarcerated Adults*. Washington, D.C.: U.S. Department of Justice, the Office of Justice Programs, Bureau of Justice Assistance.  
[https://www.bja.gov/Publications/RAND\\_Correctional-Education-Meta-Analysis.pdf](https://www.bja.gov/Publications/RAND_Correctional-Education-Meta-Analysis.pdf)

**INTERVENTION POINTS 4 AND 5: REENTRY AFTER SANCTION IMPOSED;  
COMMUNITY SUPERVISION AND SUPPORT**

**Maryland Ignition Interlock Program**

*Description:* Maryland introduced the Ignition Interlock Program for drivers with multiple alcohol offenses to decrease the number of subsequent alcohol-related traffic violations. Participating drivers were notified by letter that they were eligible for license reinstatement pending enrollment in the program. Participants had 30 days to install the interlock in their vehicle or face suspension for failure to comply. The interlock is a device that connects the vehicle’s ignition system to a breath analyzer. Before the offender can start the car, the individual must breathe into the device, which is calibrated to “lock” the ignition if the breath–alcohol level exceeds a preprogrammed level.

A driver’s sentence to drive with an ignition interlock may be extended if one or more violations are detected during a monitoring period. If a violation is detected, the violator receives a letter of notification, and the time in the program is extended by 1 month. The driver may be forced to leave the program and see the original suspension imposed if there are four monitoring periods with a violation. Drivers are expected to have at least 50 starts within each 30-day monitoring period. Participating drivers are expected to pay for all costs associated with the program, including the installation of the ignition interlock, the monthly maintenance costs, the extra fee for obtaining a restricted driver’s license, and the fee for obtaining a license without the restriction once the sentence has been completed.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Situational Crime Prevention, Specific deterrence	Drivers applying for license reinstatements who had two or more alcohol-related traffic violations in their lifetime and who had been approved by the Medical Advisory Board in Maryland to apply for the reinstatement.	Black, American Indians/ Alaska Native, Asian/ Pacific Islander, Hispanic, White, Other	19-75	Both	There is specific cost information for the Ignition Interlock Program in Maryland available at the Motor Vehicle Administration Web site: <a href="http://www.mva.maryland.gov/About-MVA/INFO/26200/26200-14T.htm">http://www.mva.maryland.gov/About-MVA/INFO/26200/26200-14T.htm</a>	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** Being in the interlock program reduced a driver’s risk of committing a violation within the first year by approximately 64 percent. There was a reduction in the risk for new alcohol-related traffic violations, and less recidivism after the program.

**References**

Beck, Kenneth H., William J. Rauch, Elizabeth A. Baker, and Allan F. Williams. 1999. “Effects of Ignition Interlock License Restrictions on Drivers With Multiple Alcohol Offenses: A Randomized Trial in Maryland.” *American Journal of Public Health* 89:1696–1700.

Rauch, William J., Eileen M. Ahlin, Paul L. Zador, Jan M. Howard, and G. Doug Duncan. 2011. “Effects of Administrative Ignition Interlock License Restrictions on Drivers With Multiple Alcohol Offenses.” *Journal of Experimental Criminology* 7(2):127–48.

**Reduced Probation Caseload in Evidence-Based Setting (Iowa)**

*Description:* The Reduced Probation Caseload in Evidence-Based Setting (Iowa) program aims to intensify the probation experience by reducing the caseloads of probation officers dealing with certain offenders—typically the more high-risk probationers. In conjunction with the use of other evidence-based tools and risk assessment techniques, the reduction in caseloads aims to reduce probationers’ recidivism in high-risk cases by providing more hands-on monitoring and greater scrutiny of their rehabilitative efforts and treatment progress.

The program combines both the use of increased supervision and greater adherence to a required treatment regimen, in combination with an officer who is more available and thus more responsive to the particular needs, risks, and abilities of the probationer. This program also depends on an integration of evidence-based practices within the probation services. The principal evidence-based practices that the program relies on are officer training to identify probationers’ static and dynamic risks to determine the appropriate level of supervision based on likelihood of reoffense. In evidence-based settings, resources are concentrated on high-risk offenders, including treating and monitoring dynamic factors, such as illegal drug use. This allows for only the highest risk offenders to be placed on the reduced probation caseloads, making best use of correctional resources in a risk–needs–responsivity (RNR) framework.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Probation/Parole Services, Motivational Interviewing	High Risk Probationers based on an RNR aligned assessment.	Not specified	Not specified	Male	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The treatment group subjects were arrested less than the control group.

**References**

Jalbert, Sarah Kuck, William Rhodes, Michael Kane, Elyse Clawson, Bradford Bogue, Christopher Flygare, Ryan Kling, and Meaghan Guevara. 2011. *A Multisite Evaluation of Reduced Probation Caseload Size in an Evidence-Based Practice Setting*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/234596.pdf>

**Reduced Probation Caseload in Evidence-Based Setting (Oklahoma City)**

*Description:* The Reduced Probation Caseload in Evidence-Based Setting (Oklahoma City, Okla.) program aims to intensify the probation experience by reducing the caseloads of probation officers dealing with certain offenders—typically the more high-risk probationers. In conjunction with the use of other evidence-based tools and risk assessment techniques, the reduction in caseloads aims to reduce probationers’ recidivism in high-risk cases by providing more hands-on monitoring and greater scrutiny of their rehabilitative efforts and treatment progress.

The program combines both the use of increased supervision and greater adherence to a required treatment regimen, in combination with an officer who is more available and thus more responsive to the particular needs, risks, and abilities of the probationer. This program also depends on an integration of evidence-based practices within the probation services. The principal evidence-based practices that the program relies on are officer training to identify probationers’ static and dynamic risks to determine the appropriate level of supervision based on likelihood of reoffense. In evidence-based settings, resources are concentrated on high-risk offenders, including treating and monitoring dynamic factors, such as illegal drug use. This allows for only the highest-risk offenders to be placed on the reduced probation caseloads, making best use of correctional resources in a risk–needs–responsivity (RNR) framework.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Probation/Parole Services, Motivational Interviewing	High Risk Probationers based on an RNR aligned assessment.	Not specified	Not specified	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** Their evaluation found a significantly higher revocation rate for the treatment compared with the control group. However, the rate of revocations was still very low for the treatment and 1.3 percent for control probationers.

**References**

Jalbert, Sarah Kuck, William Rhodes, Michael Kane, Elyse Clawson, Bradford Bogue, Christopher Flygare, Ryan Kling, and Meaghan Guevara. 2011. *A Multisite Evaluation of Reduced Probation Caseload Size in an Evidence-Based Practice Setting*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.  
<https://www.ncjrs.gov/pdffiles1/nij/grants/234596.pdf>



**Boston (Massachusetts) Reentry Initiative (BRI)**

*Description:* The Boston Reentry Initiative (BRI) is an interagency public safety initiative that helps adult offenders who pose the greatest risks of committing violent crime when released from jail transition back to their neighborhoods. The goal of BRI is to reduce recidivism among recently released high-risk violent offenders by providing mentoring services, case management, social service assistance, and vocational development to program participants.

Each month, the Boston Police Department (BPD) selects 15 to 20 high-risk inmates committed to Suffolk County House of Correction (the local jail) to participate in the BRI. Both subjective and objective criteria are used during the selection process. The objective criteria include consideration of an offender’s age, sex, current conviction offense, and past criminal arrest history. The BPD’s Boston Regional Intelligence Center examines the list of offenders entering the Suffolk County House of Correction and makes subjective recommendations about who should be enrolled in the program based on several factors, including gang membership, criminal history, likelihood to recidivate, and expectation that the inmate will return to a community with high rates of violent crime.

Within 45 days of entering the House of Correction, program participants attend a BRI panel session. The session includes representatives from criminal justice agencies, and social service providers who present inmates with information about the program from the unique perspective of his or her organization. The initiative is voluntary, so inmates must choose to participate. If inmates choose to participate, following the panel session, program participants are assigned a case manager who begins working and meeting with inmates immediately. A “transition accountability plan” helps to set out a coordinated regimen of treatment and supervision beginning at the House of Correction and continuing after release. The plan includes an array of wraparound services customized to address participants’ individual needs.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Mentoring, Probation/Parole Services, Wraparound/Case Management	Serious/Violent Offender, Alcohol and Other Drug (AOD) Offenders, High Risk Offenders		17-30	Male	The annual budget for the Boston Reentry Initiative (BRI) is approximately \$1.8 million.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The study found participants, relative to the control group, had significantly lower failure rates, arrests for violent crime, or arrests for any crime. The differences between the two groups narrowed somewhat over time.

**References**

Braga, Anthony A., Anne M. Piehl, and David Hureau. 2009. “Controlling Violent Offenders Released to the Community: An Evaluation of the Boston Reentry Initiative.” *Journal of Research in Crime and Delinquency* 46(4):411–36.

**Breath Alcohol Ignition Interlock Device Program (Illinois)**

*Description:* The Breath Alcohol Ignition Interlock Device Program (BAIID) combated high rates of driving under the influence (DUI) of alcohol in Illinois. The BAIID office coordinates the program and is notified by the administrative hearings office when an individual has been granted an MDDP with a BAIID. Participants are required to pay for all costs associated with this program. Participants can legally drive only those vehicles that have a BAIID installed. The interlock connects the vehicle’s ignition system to a breath analyzer. Before the offender can start the car, the individual must breathe into the device, which is calibrated to “lock” the ignition if the breath alcohol level exceeds a preprogrammed level (0.05). BAIIDs are removed 1 year after installation.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/ Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Situational Crime Prevention, Specific deterrence	Offenders with multiple DUI violations who were granted limited driving privileges through a Monitoring Device Driving Permit (MDDP) during the suspension or revocation of their license. , first time offenders	Not specified	21+	Both	Participants in the program pay a device installation fee of approximately \$100.00 (to the vendor of choice), a monthly rental fee of about \$80.00 (to the vendor of choice), and a monthly monitoring fee of \$30.00 (to the Office of the Secretary).	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The interlock device did deter new violations, but did not promote long-term behavior change.

**References**

Raub, Richard A., Roy E. Lucke, and Richard I. Wark. 2001. *Illinois Secretary of State’s Breath Alcohol Ignition Interlock Device Program: Final Report, Vol. 2: Pilot Implementation Evaluation*. Evanston, Ill.: Northwestern University, Center for Public Safety.

<http://www.popcenter.org/library/scp/pdf/232-Raub.pdf>

**Clarke County (Ga.) Victim Impact Panels**

*Description:* The Clarke County Victim Impact Panels (VIPs) is a restorative justice program operated through the courts. The main goal of VIPs is to keep offenders convicted of driving under the influence (DUI) from drinking and driving in the future. VIPs also allow DUI victims to express their personal trauma and share their story with convicted drunk drivers. Lastly, like other restorative justice programs, VIPs work to repair the harm done by the offense, both to the victim and the offender. Thus, offenders are not specifically condemned and punished, and victims play a role in the proceedings, rather than the state stepping in for them.

Clarke County VIPs are tightly monitored and scripted. Sessions are held at the county courthouse and range from 60- to 90-minutes; program participants must attend once a month. The panel consists of four to five victims of drunk driving. Each victim gives a 10- to 15-minute presentation of how a drunk driver had an impact on his or her life. Failure to attend a session is equal to violating probation. Offenders were warned that if they missed a session, they could face a new court appearance and possible jail time. This strict attendance policy resulted in very high attendance.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Restorative Justice, Victim Programs, DUI/DWI Courts, Specific deterrence	Offenders with a DUI conviction.	Black, White	16+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** After 5 years, fewer participants were rearrested than offenders who did not attend.

**References**

Rojek, Dean G., James E. Coverdill, and Stuart W. Fors. 2003. "The Effect of Victim Impact Panels on DUI Rearrest Rates: A Five-Year Follow-Up." *Criminology* 41(3):1319–40.

**Community and Law Enforcement Resources Together (ComALERT)**

*Description:* Community and Law Enforcement Resources Together (ComALERT) is a reentry program in Brooklyn, N.Y., that provides substance abuse treatment, employment, and housing services for parolees transitioning from prison back into the community. The goal of the program is to reduce recidivism of parolees by providing them with the tools and support they need to remain drug-free, crime-free, and employed. Parolees are not eligible if they are a convicted sex offender or arsonist or suffer from a serious and persistent mental illness. Most program participants are on parole for either a drug crime or a crime of violence, such as robbery, assault, and homicide.

ComALERT services begin for parolees almost immediately upon release from prison. An inmate released from prison has 24 to 48 hours from release to report to the New York State Division of Parole, which is the primary source of program referrals. The parole officer may decide to refer a parolee to the division’s Access Center, based on a prerelease assessment need for treatment. At the center, a ComALERT–certified alcohol and substance abuse counselor (CASAC) works on site to streamline the referral process. The CASAC administers a psychological assessment that asks about parolees’ past activities and future goals. After the assessment, parolees are directed to the ComALERT Reentry Center in downtown Brooklyn, where they go through program orientation and are assigned to a social worker. All ComALERT participants receive nonintensive, outpatient substance abuse treatment. Program participants are required to attend individual therapy sessions with their primary counselor once per week, as well as weekly group treatment sessions. The final component of the ComALERT program is service referral. Program participants are referred to a variety of service providers.

For most participants, the program last between 3 and 6 months. If a participant is in noncompliance with program requirements, the parole officer is informed of the violation. A law enforcement sanction, such as parole revocation, can be used at the discretion of the parole officer. For less serious violations, other sanctions, such as more frequent drug testing, can also be used. In order to graduate from the ComALERT program, participants must be drug-free for 3 months and either employed or in school.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Group Therapy, Individual Therapy, Probation/Parole Services, Vocational/Job Training	Alcohol and Other Drug (AOD) Offenders	Black, Hispanic, White, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Participants were less likely to be rearrested, reconvicted, or reincarcerated than the matched control group. They had a higher employment rate, but there was no statistical difference in reincarceration by parole violation, co-residence and contact with children, or drug and alcohol use.					

**References**

Jacobs, Erin, and Bruce Western. 2007. *Report on the Evaluation of the ComALERT Prisoner Reentry Program*. Albany, N.Y.: New York State Division of Criminal Justice Services.  
[http://scholar.harvard.edu/files/brucewestern/files/report\\_1009071.pdf](http://scholar.harvard.edu/files/brucewestern/files/report_1009071.pdf)

<b>Community-based Residential Programs (Ohio)</b>						
<p><i>Description:</i> Community-based Residential Programs in Ohio include halfway houses (HWH) and community-based correctional facilities (CBCF). HWHs provide residential services to state parolees who have been released from prison. CBCFs are 4- to 6-month-long programs that take sentenced offenders directly from court. The goal of the correctional programs is to reduce recidivism by offering a wide range of programming related to chemical dependency, education, employment, and family relationships. The Ohio CBCFs also provide cognitive behavioral therapy, anger management, life skills, health and wellness, and socialization programming.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Alternatives to Incarceration, Cognitive Behavioral Treatment, Day/Evening Treatment, Group Home, Probation/Parole Services, Residential Treatment Center	Offenders placed in community-based residential programs as part of their parole, post-release control (PRC), transitional control, or probation	Black, Hispanic, White	17-36	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Offenders in community-based residential programs were less likely to recidivate (measured by new arrests and re-incarcerations) than those not in the programs.					
<b>References</b>						
Lowenkamp, Christopher T., and Edward J. Latessa. 2005. "Increasing the Effectiveness of Correctional Programming through the Risk Principle: Identifying Offenders for Residential Placement." <i>Criminology &amp; Public Policy</i> 4(2):263–90.						

<b>Effective Practices in Community Supervision (EPICS)</b>						
<i>Description:</i> The Effective Practices in Community Supervision (EPICS) model aims to teach community supervision officers how to translate principles of effective intervention into practice, and how to use core correctional practices in face-to-face interactions with offenders. Community supervision officers are taught to follow a structured approach to their interactions with offenders, by adhering to the risk, needs, and responsivity (RNR) principles.						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Probation/Parole Services, Vocational/Job Training, Wraparound/Case Management	Community supervision officers to be used on offenders	White, Other	Not specified	Both	There is no cost information available for this program	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Officers in the treatment condition exhibited a greater use of core correctional skills over time than officers in the comparison condition					
<b>References</b>						
Labrecque, Ryan M., and Paula Smith. 2015. "Does Training and Coaching Matter? An 18-Month Evaluation of a Community Supervision Model." <i>Victims &amp; Offenders</i> 00:1-20.						

**Effects of Information Letters on Paying Restitution (Pennsylvania)**

*Description:* Although Pennsylvania passed a law in 1995 that mandated restitution (i.e., court-ordered payment from an offender to a crime victim for the harm that was caused by the crime); it was found that only about half of the victims in the state received their full restitution. As a result, researchers at the Pennsylvania State University conducted an experiment to test whether sending a monthly letter that contained specific information would affect how much money the probationers paid. The experiment sought to determine if a small-scale intervention (i.e., sending the monthly letters with non-coercive messages) could help to change offenders’ behavior and benefit society by increasing restitution payments.

Specifically, the experiment analyzed the relative impact of three types of letters:

- Information Only (a letter that contained information about how much they owed originally)
- Rationale Only (a letter that described why the economic sanctions were legitimate and why they should pay their restitution)
- Information and Rationale

In addition to increasing the likelihood of restitution payment, the experiment sought to determine which of the three letters resulted in the greatest increase in restitution payments. Probationers were randomly assigned to receive only one type of letter (a fourth group of control probationers received no letters). Probationers received a letter once a month, for 6 months.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Probation/Parole Services, Restorative Justice, Court Processing, Reminders/Notifications	Probationers	Black, White, Other	18+	Both	The overall cost of supplies and labor to send out the letters was \$9,600	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Probationers who received letters showing how much they had paid already and how much they owed paid significantly higher amounts and made significantly more monthly payments than probationers who received no letters.					

**References**

Ruback, R. Barry, Andrew S. Gladfelter, and Brendan Lantz. 2014. “Paying Restitution: Experimental Analysis of the Effects of Information and Rationale.” *Criminology & Public Policy* 13(3):405–36.

<http://onlinelibrary.wiley.com/doi/10.1111/1745-9133.12094/abstract>

**Electronic Monitoring (Florida)**

*Description:* The Florida Department of Corrections (DOC) approved the use of Electronic Monitoring (EM) in 1987 to track offenders, to increase compliance with the terms of offenders’ release into the community, and to thereby reduce recidivism. Increasingly, the use of EM targets sex offenders and violent offenders.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alternatives to Detention, Alternatives to Incarceration, Home Confinement with or without Electronic Monitoring, Probation/Parole Services, Electronic Monitoring, Specific deterrence	Serious/Violent Offender, Sex Offenders, High Risk Offenders, offenders under community supervision	Black, Hispanic, White	14+	Both	The annual cost to Florida of the radio frequency (RF) system was \$719 and the cost of the active GPS equipment and services was \$3,263	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Compared with the control group on other forms of community supervision, the technology reduced the risk of failure to comply.					

**References**

Bales, William D., Karen Mann, Thomas G. Blomberg, Gerald G. Gaes, Kelle Barrick, Karla Dhungana, and Brian McManus. 2010. “A Quantitative and Qualitative Assessment of Electronic Monitoring.” Tallahassee, Fla.: Florida State University, College of Criminology and Criminal Justice, Center for Criminology and Public Policy Research.  
<http://www.criminologycenter.fsu.edu/p/pdf/EM%20Evaluation%20Final%20Report%20for%20NIJ.pdf>



**Family Solutions Program (FSP)**

*Description:* The Family Solutions Program (FSP) is a family intervention program designed to establish positive family influences on at-risk youth behavior and build social skills for youth well-being in preparation for a successful adulthood. The goal of the FSP is to help first-time juvenile offenders and their families find solutions, in a group setting, to family conflict and poor decision-making that will prevent repeat criminal behavior and improve personal and family well-being. FSP promotes group social support and community networking, successful parenting practices, and skill-building such as anger management and improved decision-making. The FSP is an intervention that involves the immediate and extended family of the targeted child.

FSP consists of 10 weekly 2-hour sessions in a multiple-family group intervention (MFGI) format. MFGI typically consists of three phases: (1) creating conditions for a learning laboratory including group formation and trust-emotional support; (2) group-involvement through role plays, activities and discussions, breakout skill building and exploration, and homework; and (3) closure, celebration, and future-planning. The FSP structure is approximately 6–8 families and two FSP Certified Group Co-leaders. FSP group co-leaders are guided by an FSP Leader Manual including session topics, goals and objectives, description of activities, suggested group discussion questions, materials needed, and case illustrations. FSP session topics focus on building a support system within the group, family cooperation, building family–school partnerships, parenting skills including monitoring and communication, family contracting, anger-management skills, the process of good decision-making, community service, and graduation.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Family Therapy, Group Therapy	First Time Offenders, Status Offenders, Young Offenders, Families	Black, Hispanic, White	14-17	Both	Costs for implementation of the Family Solutions Program (FSP) can be found on the Families4Change (F4C) Web site: <a href="http://www.families4change.org">http://www.families4change.org</a>	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Those completed the program reoffended less than the program dropouts and the probation comparison youth group.					
<b>References</b>						
Quinn, William and David VanDyke. 2004. “A Multiple Family Group Intervention for First-Time Juvenile Offenders: Comparisons with Probation and Dropouts on Recidivism.” <i>Journal of Community Psychology</i> 32(2).						

**Juvenile Justice Assessment Planning Referral Placement (JARPP)**

*Description:* Juvenile Justice Assessment Planning Referral Placement (JARPP) is a training curriculum for juvenile justice probation/parole case managers (PCMs). JARPP was designed to promote PCMs’ use of evidence-based practices (EBPs), (including standardized assessment tools, ongoing case planning, and service referral) to identify the mental health and substance use needs of delinquent youths and increase their access to community clinical services. JARPP includes a 3-day training that provides PCMs with content and principles behind the primary elements of JARPP (assessment, case planning, and referral), as well as activities to build the PCMs’ capacity to implement the EBPs effectively. JARPP focuses on service-oriented supervision and on engaging youths and families in planning and behavior change, which is reflected in the training content and skill-building exercises.

The JARPP protocol promotes the use of standardized assessment tools and case planning to identify the needs of youths. The protocol includes 1) a series of standardized assessment tools adopted by the agency, 2) guidelines for treatment matching based on assessment results, and 3) referral procedures for providers. For the 3-day core training, an extensive manual of practice guidelines was developed and incorporated into the sessions. PCMs also receive supplemental materials including daily lesson plans, case studies, and materials for role playing. In addition, PCMs receive information on risk and needs assessment and the use of the agency’s intake screens and treatment service planning protocols. The JARPP training model also includes three 2-hour follow-up training sessions, which are held approximately 3, 6, and 12 months following the 3-day (18-hour) core training.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Probation/Parole Services, Vocational/Job Training, Wraparound/Case Management, Motivational Interviewing	Young Offenders	Not specified	Under 18	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	There were significant reductions in the recidivism and placement rates for youths whose PCMs received enhanced JARPP training.					

**References**

Young, Douglas W., Jill Farrell, and Faye Taxman. 2013. “Impacts of Juvenile Probation Training Models on Youth Recidivism.” *Justice Quarterly* 30(6):1068–89.

<b>Global Positioning System for High-Risk Gang Offenders (California)</b>						
<i>Description:</i> The goals of the California Department of Corrections and Rehabilitation's (CDCR's) global positioning system (GPS) monitoring program are to monitor and track the movement of parolees. The CDCR's High-Risk Gang Offender (HRGO) GPS monitoring program is specifically for parolees who have been categorized as high risk for gang involvement or activity. The two main components of the HRGO GPS monitoring program are GPS monitoring and intensive supervision.						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alternatives to Incarceration, Gang Prevention/Intervention, Probation/Parole Services, Electronic Monitoring, General deterrence, Specific deterrence	Gang members, Parolees categorized as high risk for gang involvement or activity	Black, American Indians/Alaska Native, Hispanic, White, Other	18+	Male	Overall, the GPS program cost \$21.20 a day per parolee	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Parolees monitored by the GPS program had significantly less arrests for new offenses and violent offenses, but had higher odds of technical violations.					
<b>References</b>						
Gies, Stephen V., Randy Gainey, Marcia I. Cohen, Eoin Healy, Martha Yeide, Alan Bekelman, and Amanda Bobnis. 2013. <i>Monitoring High-Risk Gang Offenders With GPS Technology: An Evaluation of the California Supervision Program. Final Report.</i> Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. <a href="https://www.ncjrs.gov/pdffiles1/nij/grants/244164.pdf">https://www.ncjrs.gov/pdffiles1/nij/grants/244164.pdf</a>						

**Profile: InnerChange Freedom Initiative (Minnesota)**

*Description:* InnerChange Freedom Initiative (Minnesota) is a voluntary, faith-based prisoner reentry program that attempts to reduce recidivism by preparing inmates for reintegration from prison to the community. The program seeks to promote positive values and address the criminogenic needs of participants by educating inmates in a variety of areas, including substance abuse, victim-impact awareness, life-skills development, cognitive skill development, moral development, education, community reentry, and religion. Although the program promotes Christianity, the InnerChange program is open to both Christians and non-Christians. Additionally, the InnerChange program matches each offender with a mentor in the community and engages the community by involving local churches in program activities, with the belief that such support and ties to the community will reduce the recidivism rate of participants. Overall the InnerChange program hypothesizes that the program can obtain its goal of reduced recidivism through a variety of program components:

- using Christian philosophies that promote a crime-free lifestyle and prosocial behaviors
- addressing the criminogenic needs of program participants,
- including high-risk offenders,
- housing program participants together, and
- ensuring that program participants receive a “continuum of care” so that their guidance and support does not stop once they are released from prison but instead continues into the community.

The InnerChange program is offered to male inmates at the Minnesota Correctional Facility (MCF), a medium-security prison. Although the program is privately funded and largely operated by volunteers from local churches and religious organizations, the security, housing, and other general inmate expenses are the responsibility of the Minnesota Department of Corrections (MnDOC). The program typically includes 40 men at a time and begins about 18 to 24 months before participants’ release. The program includes three phases, with Phases 1 and 2 completed in prison during which the men live in the same housing unit. Phase 3 occurs after release.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Individual Therapy, Mentoring, Vocational/Job Training, Therapeutic Communities	Prisoners, High Risk Offenders	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other	Not specified	Male	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Participants were rearrested, reconvicted, and reincarcerated less than the comparison group. There was no statistically significant impact on revocations for a technical violation between the groups.					

**References**

Duwe, Grant, and Michelle King. 2012. “Can Faith-Based Correctional Programs Work? An Outcome Evaluation of the InnerChange Freedom Initiative in Minnesota.” *International Journal of Offender Therapy and Comparative Criminology* 57(7):813–14.

**Mental Health Services Continuum Program (Calif.)**

*Description:* The Mental Health Services Continuum Program (MHSCP) was designed to reduce the symptoms of mental illness among parolees, by providing timely, cost-effective mental health services that enhance parolees’ level of individual functioning in the community. The program targets inmates with mental health problems who are under the jurisdiction of the California Department of Corrections and Rehabilitation (CDCR) and are expected to be paroled in the next few months. The overall goal is to reduce recidivism of mentally ill parolees and improve public safety.

The MHSCP includes

- Pre-release assessment of mentally ill inmates who are close to being paroled
- Pre-release benefits eligibility and application assistance
- Expanded and enhanced post-release mental health treatment for mentally ill parolees
- Improved continuity of care from the Mental Health Services Delivery System to the community-based Parole Outpatient Clinic (POC)
- Increased assistance for reintegration into the community upon discharge from parole

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Group Therapy, Individual Therapy, Probation/Parole Services, Wraparound/Case Management	Mentally Ill Offenders, Prisoners	Black, Hispanic, White, Other	30-45	Both	Pre-release assessments were associated with annual savings of \$2,357 for each Enhanced Outpatient Program (EOP) parolee and \$1,049 for each Correctional Clinical Case Management System (CCCMS) parolee	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Parolees who participated in the program and received a pre-release assessment or who had one or more contacts with the Parole Outpatient Clinic showed a significant reduction in the odds of being returned to custody.					

**References**

Farabee, David, Joy Yang, Dan Sikangwan, Dave Bennett, and Umme Warda. 2008. *Final Report on the Mental Health Services Continuum Program of the California Department of Corrections and Rehabilitation—Parole Division*. Los Angeles, Calif.: David Geffen School of Medicine at UCLA, Semel Institute for Neuroscience and Human Behavior, UCLA Integrated Substance Abuse Programs.  
[http://www.cdcr.ca.gov/adult\\_research\\_branch/Research\\_Documents/MHSCP\\_Final%20Report%209-19-08%20%282%29.pdf](http://www.cdcr.ca.gov/adult_research_branch/Research_Documents/MHSCP_Final%20Report%209-19-08%20%282%29.pdf)

**Methodist Home for Children's Value-Based Therapeutic Environment (VBTE) Model**

*Description:* The Methodist Home for Children’s Value-Based Therapeutic Environment (VBTE) Model is a nonpunitive treatment model that concentrates on teaching juvenile justice–involved youth about prosocial behaviors as alternatives to antisocial behaviors. The VBTE Model is used in juvenile group homes operated by the Methodist Home for Children (MHC) in North Carolina. The MHC homes provide residential services for youths involved in the juvenile justice system who are referred for treatment through the state’s Department of Juvenile Justice and Delinquency Prevention (DJJDP). To ensure a consistent approach in the treatment of youth, the VBTE Model provides a common set of values, skills, therapeutic activities, and intervention tools. In addition, an integrated approach is taken to individualized treatment plans for youth that incorporates parents, teachers, and court counselors.

The MHC VBTE Model has five treatment components. The five components are designed to complement one another and concentrate on the treatment and services provided to youths and their families:

1. *Service planning*, which provides a family and community approach to meet the needs of youths and their families
2. *The skills curriculum*, which provides staff with a teaching tool and promotes clear expectation and individualization for youths and their families
3. *Learning theory*, which promotes the understanding of individual youths and their behavior, which is critical to creating effective motivation systems
4. *Motivation systems*, which provide staff with a daily plan that supports the overall service plan, promotes therapeutic interactions, teaches and reinforces skills, and implements principles of the learning theory
5. *Therapeutic (focused) interactions*, which provide youths with structured teaching and reinforcement based on each individual’s service plan and learning levels, and incorporates the motivation system that is modified for each youth

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Family Therapy, Group Therapy, Individual Therapy, Violence Prevention	Young Offenders, Families	Black, White, Other	10-18	Both	The average cost of running a group home for 1 year was a little over \$600,000. Of that yearly cost, the VBTE Model costs over \$211,000 a year to implement.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	It had significant effects on new charges and convictions for person offenses, but it did not significantly affect charges and convictions for property, drug, and public order offenses. Youths who received the treatment did spend significantly fewer total days incarcerated compared with control youths.					

**References**

Strom, Kevin J., Alex Cowell, Debbie Dawes, Stephanie Hawkins, Marlee Moore, Brendan Wedehase, and Danielle M. Steffey. 2010. *Evaluation of the Methodist Home for Children’s Value-Based Therapeutic Environment Model: Final Report*. Research Triangle Park, N.C.: RTI International.

<b>Minnesota Comprehensive Offender Reentry Plan (MCORP)</b>						
<p><i>Description:</i> The Minnesota Comprehensive Offender Reentry Program (MCORP) was a case management program implemented in seven different correctional institutions across Minnesota. The program connected caseworkers in prisons with supervision agents in the communities to which participants return upon release from prison. Participants worked with their prison caseworkers and community supervision agents to develop strategies to prevent recidivism through motivational interviewing and SMART (Small, Measurable, Attainable, Realistic, and Timely) planning strategies. This connection between caseworkers was meant to bridge the gap between prison and release. Additionally, the program aimed to strengthen the relationship between incarcerated individuals and their caseworkers by limiting caseload sizes.</p>						
<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Probation/Parole Services, Wraparound/Case Management, Motivational Interviewing	Prisoners	White, Other	18+	Both	MCORP received \$2.24 million in state funding for operational costs	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	It significantly reduced recidivism as measured by rearrest, reconviction, technical violation revocation, and reincarceration for any reason, but had no significant impact on new offense reincarceration.					
<b>References</b>						
<p>Duwe, Grant. 2013. <i>An Evaluation of the Minnesota Comprehensive Offender Reentry Plan (MCORP) Pilot Project: Final Report</i>. St. Paul, Minn.: Minnesota Department of Corrections.</p> <p><a href="https://www.doc.state.mn.us/pages/files/8913/8142/3580/MCORP_Evaluation_Final_DOC_Website.pdf">https://www.doc.state.mn.us/pages/files/8913/8142/3580/MCORP_Evaluation_Final_DOC_Website.pdf</a></p>						

**Naltrexone for Federal Probationers**

*Description:* Naltrexone hydrochloride is a medication used in the treatment of opioid addiction. Approved by the Food and Drug Administration in 1985 for use in opioid dependence, the medication works by antagonizing opioid receptors and blocking the effects of opiates (usually in the form of heroin) consumed by addicts. Naltrexone can help patients avoid relapse in the early stages of detoxification treatment without increasing the severity of withdrawal symptoms. The medication is usually prescribed as part of a drug treatment program that includes counseling and other support services.

A typical treatment regimen will vary by patient, depending on the extent of the opioid addiction. Some patients are required to take daily doses (usually 50mg per day), while other patients receive higher doses (100mg to 150mg) two or three times each week. Once a patient has detoxified from opioids and has stabilized on naltrexone, regular opioid drug use has little if any effect. Patients discover that intake of even large doses of opioids no longer produces the same effects as it once did. Opioid-seeking behavior can be reduced as long as patients continue to take naltrexone as prescribed, especially in conjunction with other drug treatment approaches, such as individual counseling sessions.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Individual Therapy, Probation/Parole Services	Alcohol and Other Drug (AOD) Offenders	Black, Hispanic, White	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** There was significantly less opioid use among the experimental group. The experimental group receiving naltrexone was significantly less likely to be reincarcerated.

**References**

Cornish, James W., David Metzger, George E. Woody, David Wilson, A. Thomas McLellan, Barry Vandergrift, and Charles P. O’Brien. 1997. “Naltrexone Pharmacotherapy for Opioid Dependent Federal Probationers.” *Journal of Substance Abuse Treatment* 14(6):529–34.



**New Jersey Community Resource Centers**

*Description:* Community Resource Centers (CRCs), also known as Day Reporting Centers, are nonresidential multiservice centers that facilitate parolees’ successful reintegration back into the community by offering a combination of services and supervision. They serve as community-based alternative sanctions for technical parole violators or as a condition of parole on release from prison. The New Jersey State Parole Board (NJSPB) uses CRCs as one approach to parole supervision.

The centers are open 7 days a week and offer educational services; assistance in obtaining a GED; vocational and skills training, employment preparation and job placement; substance use education and programming; family counseling; and life skills training. Typical participation in the CRCs is 90 days. Although the various centers follow the same model of parole supervision, the programmatic concentration and quality of services are not uniform from site to site.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Alternatives to Incarceration, Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Day/Evening Treatment, Diversion, Family Therapy, Probation/Parole Services, Vocational/Job Training, Motivational Interviewing	Serious/Violent Offender, Alcohol and Other Drug (AOD) Offenders, High Risk Offenders	Black, Hispanic, White	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Participants had lower reconviction rates than parolees who received no community supervision, did not participate in community programs, or participated in a Halfway Back program. Participants also had significantly lower rates than parolees who either did not receive community programming or any community supervision.					
<b>References</b>						
Ostermann, Michael. 2009. “An Analysis of New Jersey’s Day Reporting Center and Halfway Back Programs: Embracing the Rehabilitative Ideal Through Evidence Based Practices.” <i>Journal of Offender Rehabilitation</i> 48(2):139–53.						

**New Jersey Halfway Back Program**

*Description:* Halfway Back (HWB) is a highly structured program that serves as an alternative to incarceration for technical parole violators or as a special condition of parole on release from prison in New Jersey. HWB programs are run at nine different secure residential facilities in the State and provide parolees with an environment that is halfway between prison and ordinary parole release. The program is run by the New Jersey State Parole Board (NJSPB) and targets technical parole violators who have failed to meet supervision conditions, relapsed, or demonstrated some other form of poor behavior (excluding new criminal charges). HWB participants spend several months at a residential facility, receiving necessary treatment services, and are released back to their communities to finish the remainder of their sentence under parole supervision once they complete the program.

The program-review committee, which includes treatment and parole staff, determines the length of stay as well as program conditions—that is, lockdown versus work release—for each participant. HWB participants typically remain in the program for 90–180 days. When parolees first enter the program, they undergo an orientation and assessment process that identifies and determines appropriate services to address their individual needs. The HWB program generally provides services such as intensive substance abuse programming; relapse prevention; employment preparation, placement, and vocational training; financial management skills; anger management techniques; mental health services; gang deprogramming; and family restoration.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Alternatives to Incarceration, Conflict Resolution/Interpersonal Skills, Day/Evening Treatment, Diversion, Family Therapy, Gang Prevention/Intervention, Probation/Parole Services, Residential Treatment Center, Vocational/Job Training, Motivational Interviewing	Serious/Violent Offender, Alcohol and Other Drug (AOD) Offenders, High Risk Offenders	Black, Hispanic, White	18+	Both	This was multiplied by the daily costs of the program (\$68 per participant), which totaled about \$1.57 million. At the standardized rate, the program costs \$692,072 for every 100 HWB participants.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Participants lasted considerably longer to a rearrest and had the lowest rate of reincarceration compared to the other groups (day reporting centers, parolees with no community programming and max-outs).					

**References**

Ostermann, Michael. 2009. “An Analysis of New Jersey’s Day Reporting Center and Halfway Back Programs: Embracing the Rehabilitative Ideal Through Evidence Based Practices.” *Journal of Offender Rehabilitation* 48(2):139–53.

**Offender Reentry Community Safety Program**

*Description:* The Offender Reentry Community Safety (ORCS) Program, formerly called the Dangerous Mentally Ill Offender Program, provides up to 5 years of reentry planning and services to mentally ill offenders released from prisons in Washington State. In 1999, the Washington State Legislature passed legislation to better identify and improve services to offenders with mental illness in an effort to decrease the risk they pose to communities and themselves once they are released from prison. Through interagency coordination, the ORCS Program aims to ease the stresses of community reintegration and reduce post-release offending by providing individualized services to offenders. A dangerously mentally ill offender (DMIO) is someone “with a mental disorder who has been determined to be dangerous to self or others.”

Once an individual is designated as a DMIO (usually 6 months prior to release), he or she is immediately referred to mental health services within the prison. For 3 to 4 months prior to release, the offender receives mental health treatment, transition planning, and other specialized services to prepare for leaving prison. Numerous services are available to participants depending on their needs. Prior to leaving prison, an assessment is conducted to determine what specific assistance the individual will benefit from prior to release and within a community setting. After release, ORCS program participants continue to receive social services for up to five years. Services available in the community include mental health treatment, housing assistance, substance abuse treatment, medical assistance, and vocational training. DMIO designees are not required to use these services unless it is a condition of their probation.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Aftercare/Reentry, Probation/Parole Services, Wraparound/Case Management, Violence Prevention	Mentally Ill Offenders, Prisoners	White, Other	18+	Both	The author estimated that over 4 years, the program costs \$33,866 for each participant.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** Program participants had significantly lower violent felony and overall felony recidivism rates compared with the matched control group 4 years following release from prison.

**References**

Mayfield, Jim. 2009. *The Dangerous Mentally Ill Offender Program: Four-Year Felony Recidivism and Cost Effectiveness*. Olympia, Wash.: Washington State Institute for Public Policy.  
<http://www.wsipp.wa.gov/ReportFile/1036>

**Operation New Hope**

*Description:* Operation New Hope (formerly Lifeskills '95) is a curriculum-based aftercare treatment program designed to assist chronic, high-risk juvenile offenders in their reintegration to the community after they are released from secure confinement. The program reinforces small successes while addressing the chronic offender's fears of the real world. The program is designed to treat improperly socialized juvenile offenders by using a series of lifestyle and life skill treatment modalities in an integrated educational approach to healthy decision-making.

The treatment consists of 39 hours of programming completed over 13 consecutive weekly meetings that concentrate on different coping skills. There are 13 primary and 29 secondary program treatment topics. The 13 primary topics are 1) Program Introduction, 2) The "Pit"—Dealing With Your Emotions, 3) Unmanageability, 4) Denial, 5) The Problem of Thinking You Can Do It Alone, 6) "Letting Go," 7) Perceptions, 8) Expectations, 9) Reality, 10) Love, 11) Family Dynamics, 12) Living With Addiction, and 13) Continuous Practice. Each session lasts approximately 3 hours. The first half of each session is used for lectures, while the last half of each session is used for group discussion. Participants may begin the program during any point in the curriculum. Participation in a given session does not depend on attending the previous session for understanding, nor for progressing through the program.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Cognitive Behavioral Treatment, Conflict Resolution/Interpersonal Skills, Group Therapy, Leadership and Youth Development, Mentoring, Probation/Parole Services	Serious/Violent Offender, Alcohol and Other Drug (AOD) Offenders, High Risk Offenders	Black, Hispanic, White	16-22	Both	Operation New Hope manuals can be purchased through the program's Web site at <a href="http://www.onhcares.com/home/index.php?option=com_content&amp;view=article&amp;id=25&amp;Itemid=152">http://www.onhcares.com/home/index.php?option=com_content&amp;view=article&amp;id=25&amp;Itemid=152</a>	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** Participants were more successful at parole, less likely to be arrested or use drugs, displayed greater improvements in social behavior, and were more likely to be employed compared to the control group parolees.

**References**

Josi, Don A., and Dale K. Sechrest. 1999. "A Pragmatic Approach to Parole Aftercare: Evaluation of a Community Reintegration Program for High-Risk Youthful Offenders." *Justice Quarterly* 16(1):51–80.

**Philadelphia (Pa.) Low-Intensity Community Supervision Experiment**

*Description:* The Philadelphia Low-Intensity Community Supervision Experiment was conducted to examine the effects of lowering the intensity of community supervision with low-risk offenders in an urban community. The purpose of the experiment was to test an alternative to the regional supervision model used by the Philadelphia (Pa.) Adult Probation and Parole Department (APPD), for which caseloads per officer had increased steadily for decades. The goal was to test whether no- or low-risk offenders could be supervised in large caseloads without increasing recidivism and risk to the public. The aim of the experiment was to test the effects of reducing the intensity of community supervision for offenders who would be at low risk of committing serious offenses such as murder, attempted murder, aggravated assault, robbery, or sex crimes. Low risk was defined as “a forecast of no charges for serious crimes within 2 years of the probation or parole case start date.”

Offenders in the experimental treatment group received low-risk, low-intensity supervision. They were placed into a fairly sizeable caseload with other low-risk offenders: each probation officer received and maintained a caseload of about 400 offenders. With such large caseloads, probation officers were not able to invest a substantial amount of time on each case. Low-risk offenders were intended to receive a considerably reduced level of supervision compared with the standard model of regional supervision.

Low-risk offenders were informed on their first visit that they were in a low-risk caseload and subject to the reduced reporting requirements described above. Offenders were also informed that they would be transferred back to standard supervision if they were rearrested for a new crime or if an arrest warrant was issued because there was no contact for 6 months.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Probation/Parole Services, Specific deterrence	Low-risk offenders	Black, White	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The results showed that reducing the intensity of supervision had no effect on the subsequent criminal behavior of low-risk offenders.

**References**

Barnes, Geoffrey C., Lindsay C. Ahlman, Charlotte Gil, Lawrence W. Sherman, Ellen M. Kurtz, and Robert Malvestuto. 2010. “Low-intensity Community Supervision for Low-risk Offenders: A Randomized, Controlled Trial.” *Journal of Experimental Criminology* 6:159–89.

**Preventing Parolee Crime Program (PPCP)**

*Description:* The Preventing Parolee Crime Program (PPCP) is a multidimensional, parole-based reintegration program run by the California Department of Corrections. The program aims to reduce crime and reincarceration of parolees by providing them with services that can facilitate a successful reintegration into society following release from prison. The program, originally called the Preventing Parolee Failure Program, was implemented in response to the record high recidivism rates among California parolees. The program was created to address the many problems that cause a high rate of return to prison among parolees reentering the community, including substance abuse, unemployment, illiteracy, and homelessness.

PPCP consists of six networks of service providers that offer community- and residential-based drug abuse treatment, job training and placement services, math and literacy skill development, and housing. Although the PPCP service networks vary in their specific treatment goals and activities, together they comprise an integrated, statewide program designed to reduce high rates of parolee recidivism and reincarceration.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Academic Skills Enhancement, Alcohol and Drug Therapy/Treatment, Aftercare/Reentry, Probation/Parole Services, Vocational/Job Training	Alcohol and Other Drug (AOD) Offenders, High Risk Offenders	Black, Asian/Pacific Islander, Hispanic, White, Other	18+	Both	The results showed a net savings of more than \$21 million from the incarceration days avoided by the PPCP participants. In other words, for each \$1 invested in PPCP, the net return was \$0.47	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** Participants who met treatment goals had the lowest recidivism rates. In general, the longer the parolees stayed in a program, the less likely they were to return to prison.

**References**

Zhang, Sheldon X., Robert E.L. Roberts, Valerie J. Callanan. 2006. "Preventing Parolees From Returning to Prison Through Community-Based Reintegration." *Crime & Delinquency* 52(4):551–71.

**Random Drug Testing with Immediate Results and Immediate Sanctions**

*Description:* In a large urban county within a Midwestern state, there had been an increase of self-reported substance abuse among individuals sentenced to prison and among probation and parole violators returning to prison. The Department of Corrections (DOC) in this county was interested in finding programs and procedures that could help in the management of parolees with substance abuse issues. One method that is commonly used to supervise and manage the risk of parolees with substance abuse histories is drug testing. The DOC agreed to test three different models: 1) random drug testing with immediate results and immediate sanctions, 2) random drug testing with delayed results and delayed sanctions, and 3) routine (non-random) drug-testing procedures with delayed results and delayed sanctions. The goal of the experiment was to determine the efficacy of alternative methods of instant drug testing, and determine how the different methods affected rates of relapse and recidivism of parolees with substance abuse issues.

The experiment involved three different methods of instant drug testing. The parolees were randomly placed into one of three groups: an experimental group, or one of two control groups. The experimental group received frequent, random drug testing with instant results, immediate sanctions, and referrals for substance abuse treatment upon a positive screen. Offenders were required to call a toll-free number each day that indicated whether they were selected for a drug test. The first control group received frequent, random drug testing and treatment referral, but did not receive immediate test results or immediate sanctions. Offenders in this group were also required to call a toll-free number each day that determined whether they were selected for a drug test. The second control group received standard “parole as usual,” and was not randomly tested nor did they receive immediate sanctions. Procedures for the second control group mirrored those for standard parole, in regard to testing frequency, feedback, sanctions, and treatment referrals

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Probation/Parole Services, Alcohol and Drug Prevention, Specific deterrence	Alcohol and Other Drug (AOD) Offenders, Parolees	Black, Hispanic	18+	Male	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The experimental group (that had random drug testing with immediate results and immediate sanctions) had lower rates of relapse and recidivism; however, they were less likely to be admitted to treatment; and recidivism effects were short-lived.

**References**

Grommon, Eric, Stephen M. Cox, William S. Davidson II, and Timothy S. Bynum. 2013. “Alternative Models of Instant Drug Testing: Evidence From an Experimental Trial.” *Journal of Experimental Criminology* 9(2):145–68.  
<https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=267468>

**Special Needs Diversionary Program (SNDP)**

*Description:* The Special Needs Diversionary Program (SNDP) was designed for juvenile offenders with mental illness. Developed in 2001 in North Texas, SNDP provides mental health treatment in conjunction with specialized probation supervision to juveniles who display low levels of conduct and mental health disorders, with the aim of rehabilitating and preventing them from falling further into the criminal justice system. The SNDP program offers mental health services (including individual and group therapy), probation services (including life skills, mentoring, and anger management), and parental education and support. Specialized juvenile probation and professional mental health staff from the local mental health centers work together to coordinate intensive case-management services.

SNDP involves collaboration between mental health and juvenile justice officials to provide treatment to reduce recidivism. Once a case is referred to the SNDP, the program follows procedures based upon typical wraparound strategies. For each case, a therapist and SNDP probation officer are assigned to conduct individualized treatment and case management. Service teams provide intensive community-based services with support from probation officers, mental health personnel, and the community. Services provided to juveniles include individual and family therapy, rehabilitation services, skills training, and chemical dependency education. Parents/guardians and family members of the juvenile offender are also required to participate.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Diversion, Group Therapy, Individual Therapy, Probation/Parole Services, Wraparound/Case Management, Court Processing	Mentally Ill Offenders, Juvenile offenders	Black, Asian/Pacific Islander, Hispanic, White	10-17	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Rearrests within 1 year were significantly lower for program participants, compared with non-participants. Although SNDP did not significantly affect the time to rearrest, the diversion program had an overall positive impact on juvenile offenders with mental illness.					
<b>References</b>						
Cuellar, Alison E., Larkin McReynolds, and Gail Wasserman. 2006. "A Cure for Crime: Can Mental Health Treatment Diversion Reduce Crime among Youth?" <i>Journal of Policy Analysis and Management</i> 25(1):197–214.						



**Strategic Training Initiative in Community Supervision (STICS)**

*Description:* STICS is a job training program for probation officers to help them apply the risk–need–responsivity (RNR) model with probationers to reduce recidivism. The objectives of the training include changing how probation officers interact with offenders and adjusting the focus of sessions with clients. By training probation officers to implement RNR principles into their interactions with probationers, they may reduce recidivism rates in their probationers.

The training program includes a 3-day training based on 10 modules. These modules are designed to explain the overview and rationale for STICS; introduce RNR model principles; teach how to implement those principles when working with probationers; encourage the use of prosocial modeling, reinforcement, and other cognitive–behavioral techniques; and explain the benefits of using a strategic supervision structure in individual sessions. The training is followed by monthly meetings designed for skill maintenance. A 1-day refresher course is delivered approximately 1 year after the initial training.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Probation/Parole Services, Vocational/Job Training	Probation Officers	Black, White, Other	18+	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	The results of the study revealed significant changes in the officer population; but non-significant differences regarding offenders’ subsequent recidivism.					
<b>References</b>						
Bonta, James, Guy Bourgon, Tanya Ruge, Terri–Lynne Scott, Annie K. Yessine, Leticia Gutierrez, and Jobina Li. 2010. <i>The Strategic Training Initiative in Community Supervision: Risk–Need–Responsivity in the Real World</i> . Ottawa, Canada: Public Safety Canada. <a href="http://www.publicsafety.gc.ca/res/cor/rep/_fl/2010-01-rnr-eng.pdf">http://www.publicsafety.gc.ca/res/cor/rep/_fl/2010-01-rnr-eng.pdf</a>						

**West Midlands (England) High-Crime-Causing Users (HCCU)**

*Description:* West Midlands High-Crime-Causing Users (HCCU) was a community-based partnership that provided more direct and intensive treatment to high-risk offenders in an effort to reduce their offending behavior. The HCCU was a partnership between the police and treatment providers in Coventry, West Midlands, in England. The HCCU provided high-risk offenders with standard arrest services such as treatment referral and access to mediation and psychosocial support, but also more intensive direct client work, such as seeing clients more often, and a more intensive partnership for each client’s case. Offenders in the HCCU scheme would move through the stages of treatment rapidly, including access to detoxification and rehabilitation treatment if needed, and would have more coordinated police responses if they were rearrested or failed to comply with their treatment plan.

The West Midlands HCCU was based on the same principles as the Drug Interventions Programme (DIP), which was overseen by the Home Office in England. Both the HCCU and DIP programs were based on the belief that drug treatment can decrease crime. The DIP required offenders to be tested for Class A drugs (opiates/crack/cocaine) when first arrested. If the offender tested positive, he or she was mandated to attend drug treatment. Offenders involved in the HCCU pilot scheme received services provided to those in the DIP, as well as additional key elements-e.g., More intensive therapeutic work, Greater access to a wide range of therapeutic options, A team that was more rapid and responsive, More intensive police involvement and awareness of a client’s therapeutic engagement and progress.

<b>Program Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Alcohol and Drug Therapy/Treatment, Community and Problem Oriented Policing, Individual Therapy, Wraparound/Case Management, Therapeutic Communities, Alcohol and Drug Prevention	Alcohol and Other Drug (AOD) Offenders, High Risk Offenders	Asian/Pacific Islander, White, Other	20-45	Both	There is no cost information available for this program.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>

**Evaluation Outcomes** The program was shown to significantly reduce the average number of arrests for participants.

**References**

Best, David, Deborah Walker, Elizabeth Aston, Charlotte Pegram, and Geraldine O’Donnell. 2010. “Assessing the Impact of a High-Intensity Partnership Between the Police and Drug Treatment Service in Addressing the Offending of Problematic Drug Users.” *Policing & Society* 20(3):358–69.

**Interventions for Domestic Violence Offenders: Duluth Model**

*Description:* One prominent clinical intervention employs a feminist psychoeducational approach and is widely known as the Duluth Model. Originating in 1981 from the Duluth Domestic Abuse Intervention Project in Duluth, Minnesota, this intervention proposes that the principal cause of domestic violence is a social and cultural patriarchal ideology that historically has allowed men to control women through power and violence. Violence perpetrated on women and children originates from their relative positions of weakness and vulnerability socially, politically, economically, and culturally. As such, the model does not assume that domestic violence is caused by mental or behavioral health problems, substance use, anger, stress, or dysfunctional relationships. The program concentrates on providing group facilitated exercises that challenge a male’s perception of entitlement to control and dominate his partner. The Duluth Model is considered less of a therapy and more of a psychoeducational program for domestic violence perpetrators. This treatment technique focuses on providing an improved and broadened understanding of the causes and effects of the underlying problems experienced by the offender.

The Duluth Model makes use of the “Power and Control Wheel” as a tool to understand patterns of abusive behavior, including acts and threats of physical and sexual violence. These behaviors are used by the abuser to control domestic violence victims. The wheel includes eight items: (1) intimidation, (2) emotional abuse, (3) isolation, (4) economic abuse, (5) male privilege, (6) coercion and threats, (7) using children, and (8) minimizing, denying, and blaming. The wheel is designed so abusers recognize the patterns of domestic violence rather than viewing domestic violence as isolated or cyclical acts. The aim of the intervention is to convince men to use nonviolent strategies outlined in the “Equality Wheel.” The eight items making up this wheel are (1) negotiation and fairness, (2) economic partnership, (3) shared responsibility, (4) responsible parenting, (5) honesty and accountability, (6) trust and support, (7) respect, and (8) non-threatening behavior. These are seen as the foundations for a strong and egalitarian relationship.

<b>Practice Type</b>	<b>Targeted Population</b>	<b>Race/Ethnicity</b>	<b>Age</b>	<b>Gender</b>	<b>Cost</b>	<b>Intervention Point(s)</b>
Conflict Resolution/Interpersonal Skills, Gender-Specific Programming, Group Therapy, Violence Prevention	Male domestic violence perpetrators and female victims.	Not specified	Not specified	Both	There is no cost information available for this practice.	<ul style="list-style-type: none"> <li>• Point 4</li> <li>• Point 5</li> </ul>
<b>Evaluation Outcomes</b>	Babcock and colleagues (2004) found that the Duluth intervention demonstrated a significant positive effect on recidivism.  Babcock and colleagues (2004) found that the Duluth intervention demonstrated a significant positive effect on victimization.					

**References**

Babcock, Julia C., Charles E. Green, and Chet Robie (2004) “Does Batterers’ Treatment Work? A Meta-Analytic Review of Domestic Violence Treatment.” *Clinical Psychology Review*, 23, 1023-1053.