

DIVISION VII
EXPENSES AND COSTS

232.142 Maintenance and cost of juvenile homes — fund.

1. County boards of supervisors which singly or in conjunction with one or more other counties provide and maintain juvenile detention and juvenile shelter care homes are subject to this section.
2. For the purpose of providing and maintaining a county or multicounty home, the board of supervisors of any county may issue general county purpose bonds in accordance with sections 331.441 to 331.449. Expenses for providing and maintaining a multicounty home shall be paid by the counties participating in a manner to be determined by the boards of supervisors.
3. A county or multicounty juvenile detention home approved pursuant to this section shall receive financial aid from the state in a manner approved by the director **of the department of human rights**. Aid paid by the state shall be at least ten percent and not more than fifty percent of the total cost of the establishment, improvements, operation, and maintenance of the home.
4. The director shall adopt minimal rules and standards for the establishment, maintenance, and operation of such homes as shall be necessary to effect the purposes of this chapter. The rules shall apply the requirements of section 237.8, concerning employment and evaluation of persons with direct responsibility for a child or with access to a child when the child is alone and persons residing in a child foster care facility, to persons employed by, residing in, or volunteering for a home approved under this section. The director shall, upon request, give guidance and consultation in the establishment and administration of the homes and programs for the homes.
5. The director shall approve annually all such homes established and maintained under the provisions of this chapter. A home shall not be approved unless it complies with minimal rules and standards adopted by the director and has been inspected by the department of inspections and appeals. The statewide number of beds in the homes approved by the director shall not exceed two hundred seventy-two beds beginning July 1, 2017.
6. A juvenile detention home fund is created in the state treasury under the authority of the department **of human rights**. The fund shall consist of moneys deposited in the fund pursuant to sections 321.218A and 321A.32A. The moneys in the fund shall be used for the costs of the establishment, improvement, operation, and maintenance of county or multicounty juvenile detention homes in accordance with annual appropriations made by the general assembly from the fund, for these purposes.

2019 House File 766, p. 43 – 44 (Health and Human Services Appropriation bill)

~~Sec. 21. JUVENILE DETENTION HOME FUND. Moneys deposited in the juvenile detention home fund created in section 232.142 during the fiscal year beginning July 1, 2019, and ending June 30, 2020, are appropriated to the department for the fiscal year beginning July 1, 2019, and ending June 30, 2020, for distribution of an amount equal to a percentage of the costs of the establishment, improvement, operation, and maintenance of county or multicounty juvenile detention homes in the fiscal year beginning July 1, 2018. Moneys appropriated for distribution in accordance with this section shall be allocated among eligible detention homes, prorated on the basis of an eligible detention home's proportion of the costs of all eligible detention homes in the fiscal year beginning July 1, 2018. The percentage figure shall be determined by the department based on the amount available for distribution for the fund. Notwithstanding section 232.142, subsection 3, the financial aid payable by the state under that provision for the fiscal year beginning July 1, 2019, shall be limited to the amount appropriated for the purposes of this section.~~

NEW SECTION – Justice System Appropriations – Criminal and Juvenile Justice Planning

JUVENILE DETENTION HOME FUND. Moneys deposited in the juvenile detention home fund created in section 232.142 during the fiscal year beginning July 1, 2020, and ending June 30, 2021, are appropriated to the department of human rights, division of criminal and juvenile justice planning, for the fiscal year beginning July 1, 2020, and ending June 30, 2021, for each eligible county and multicounty juvenile detention home. Each of the juvenile detention homes shall receive a base amount of \$100,000 and the remaining distribution will be an amount equal to a percentage of the costs of the establishment, improvement, operation, and maintenance of county or multicounty juvenile detention homes in the fiscal year beginning July 1, 2019, prorated on the basis of an eligible detention home's proportion of the costs of all eligible detention homes in the fiscal year beginning July 1, 2019. The percentage figure shall be

determined by the department of human rights, division of criminal and juvenile justice planning based on the amount available for distribution for the fund. Notwithstanding section 232.142, subsection 3, the financial aid payable by the state under that provision for the fiscal year beginning July 1, 2020, shall be limited to the amount appropriated for the purposes of this section.

There is appropriated from the general fund of the state to the department of human rights, division of criminal and juvenile justice planning, for the fiscal year beginning July 1, 2020, and ending June 30, 2021, the following amount to be used to manage and administer the juvenile detention home fund.....\$ 20,000

Reinvestment Grants and Funding Structures for Evidence/Community-Based Services

Overview: After passing comprehensive juvenile justice reform packages aimed at reducing reliance on residential placements while maintaining public safety, states around the country have reinvested funding back into community-based services. In addition to focusing on expansion and access to statewide programming, states have also focused on allocating funding at the local level to supplement state-level resources. Specifically, jurisdictions have created reinvestment grants for program expansion at the local level. Below are examples of grant programs in Georgia, Kansas and Kentucky. Other states have developed supplemental funding structures for local communities to promote and procure additional evidenced-based services in the community. Ohio and Washington are two states that have developed these types of funding structures and are summarized below.

Reinvestment Grants

| GEORGIA | |
|-----------------------------|--|
| Grant Description | <ul style="list-style-type: none"> ▪ Juvenile Justice Incentive Grant Program: seeks local juvenile justice projects that aim to reduce the number of youth served out of home; aims to develop programs that address the needs of youth who are typically committed to the Department of Juvenile Justice (DJJ) |
| Award Amount | <ul style="list-style-type: none"> ▪ New Applicants are eligible to apply for a maximum of \$350,000 ▪ Continuation applicants are allowed to apply up to \$750,000 |
| Award Period | <ul style="list-style-type: none"> ▪ July 1, 2016 – June 30, 2017 ▪ A continuation proposal is required annually; initial award does not guarantee continued funding |
| Funding Source ¹ | <ul style="list-style-type: none"> ▪ GA general assembly = \$5,000,000 ▪ Federal funds = \$1,000,000 |
| Administering Agency | <ul style="list-style-type: none"> ▪ Criminal Justice Coordinating Council (CJCC)² |
| Applicants | <ul style="list-style-type: none"> ▪ County commissions/boards of commissioners |

¹ Georgia Juvenile Justice Incentive Grants: Year Two Evaluation Report 2014-2015 (P. 5)

<http://cjcc.georgia.gov/sites/cjcc.georgia.gov/files/Juvenile%20Justice%20YR2%20Report%20FY15.pdf>

² State Administering Agency for criminal justice and victims' assistance programs; created by the General Assembly (O.C.G.A. § 35-6A-2), the Council is comprised of twenty-four members representing various components of the criminal justice system

| GEORGIA | |
|---|--|
| Application Eligibility Criteria | <ul style="list-style-type: none"> ▪ Local county commissions/boards of commissioners to apply on behalf of juvenile courts ▪ High priority given to 18 counties with highest numbers of youth committed to the Department of Juvenile Justice |
| Scope or Parameters of Grantee Activity | <ul style="list-style-type: none"> ▪ Activities are project-specific but should aim to reduce risk factors of participants through the use of an evidence model that addresses family engagement, reduces negative peer association, increases pro-social activities, and is tailored to the individual cognitive and maturational levels of their participants |
| Target Population | <ul style="list-style-type: none"> ▪ All youth receiving services from this grant award must score a medium to high on the Pre- Disposition Risk Assessment (PDRA) and be appropriate for the selected evidence-based program |
| Reporting Requirements | <ul style="list-style-type: none"> ▪ Monthly or quarterly expenditure reports (expected to expend 25% of funds in 1st quarter, 50% in 2nd quarter and 75% in 3rd quarter) ▪ Maintenance of supporting documents (e.g. timesheets, purchases, travel logs, inventory records, consultant contracts) ▪ Must attend any scheduled grant management workshop |

| KANSAS | |
|----------------------------------|--|
| Grant Description ³ | <ul style="list-style-type: none"> ▪ Competitive Collaboration grant: requires collaboration between multiple counties to support an evidence-based program; benefits smaller jurisdictions that might not have the capacity to support a program alone ▪ Non-competitive grant: targeted at each region; counties request additional money (in addition to regular state funds); to support evidence-based programs required by reforms |
| Award Amount | <ul style="list-style-type: none"> ▪ Competitive Collaboration grant: Four grants available, each for up to \$250,000 ▪ Non-competitive grant: amounts vary depending on recipient |
| Award Period | <ul style="list-style-type: none"> ▪ October 2017 – June 30, 2018, with up to two additional one-year renewals upon demonstration of program operation and implementation |
| Funding Source | <ul style="list-style-type: none"> ▪ KDOC |
| Administering Agency | <ul style="list-style-type: none"> ▪ Kansas Department of Corrections (KDOC) ▪ Oversight committee may provide input |
| Applicants | <ul style="list-style-type: none"> ▪ Competitive Collaboration grant: Two or more rural areas ▪ Non-competitive: Counties |
| Application Eligibility Criteria | <ul style="list-style-type: none"> ▪ Grant must be used for development and implementation of evidence-based community programs and practices for youth and their families |

³ Both Grants are promoted by the same RFP and require very similar application components

| KANSAS | |
|---|---|
| | <ul style="list-style-type: none"> ▪ Priority given to communities with high levels of out-of-home placement per capita and where community-based alternatives are lacking |
| Scope or Parameters of Grantee Activity | <ul style="list-style-type: none"> ▪ Activity must be evidence-based ▪ Activity must address justice-involved youth and/or their families |
| Target Population | <ul style="list-style-type: none"> ▪ Generally, justice-involved youth |
| Reporting Requirements | <ul style="list-style-type: none"> ▪ Monthly progress reports to KDOC including the specific outcome evidence established by the KDOC |

| KENTUCKY | |
|---|---|
| Grant Description | <ul style="list-style-type: none"> ▪ Juvenile Justice Fiscal Incentive Program: 90% percent of the funds are utilized for competitive grants for the purpose of establishing community-based services and treatment programs and providing alternatives to out-of-home placement; 10% is available to judicial districts, or groups of judicial districts to fund individualized interventions on an occasional basis to avoid commitment to the Department of Juvenile Justice |
| Award Amount | <ul style="list-style-type: none"> ▪ Total award: \$900,000 ▪ Minimum award to each judicial district(s) = \$10,000 ▪ Maximum award to each judicial district(s) = \$200,000. |
| Award Period | <ul style="list-style-type: none"> ▪ Grants will initially be awarded for 18 months - January 1, 2018 through June 30, 2019 ▪ Thereafter, will run fiscal year July 1, 2019 through June 30, 2020 |
| Funding Source | <ul style="list-style-type: none"> ▪ The Justice and Public Safety Cabinet⁴ |
| Administering Agency | <ul style="list-style-type: none"> ▪ The Administrative Office of the Courts (AOC) |
| Applicants | <ul style="list-style-type: none"> ▪ Judicial districts ▪ Local committees (groups of judicial districts) |
| Application Eligibility Criteria | <ul style="list-style-type: none"> ▪ Must be judicial districts or groups of judicial districts that have established local committees as defined by KRS 15A.062 (4)(a)(1) ▪ Local committees shall consist of local individuals or organizations, which may include judges, county attorneys, defense attorneys, educators, treatment providers, mental health or behavioral health providers, local officials, law enforcement, and other interested parties |
| Scope or Parameters of Grantee Activity | <ul style="list-style-type: none"> ▪ The purpose of the fiscal incentive program is to provide services to judicial districts, contingent on their pledged reduction in detention and commitment to DJJ |

⁴ The Kentucky Justice and Public Safety Cabinet is a state agency which oversees the Grants Management Branch; the Departments of Corrections, Juvenile Justice, Criminal Justice Training, Public Advocacy, Drug Control Policy; the State Police; the Parole Board; and Medical Examiner's Office

| KENTUCKY | |
|------------------------|--|
| | <ul style="list-style-type: none"> ▪ Use of evidence-based practices ▪ Reduces the use of commitments/ out-of-home placements ▪ Establishes or utilizes a variety of community-based services ▪ Supports a continuum of graduated responses (incentives and sanctions) in programs ▪ Considers local Disproportionate Minority Contact (DMC) data |
| Target Population | <ul style="list-style-type: none"> ▪ Youth who have been justice-involved and/or been placed in out-of-home programs, and who, with appropriate community-based services, could be served at home⁵ |
| Reporting Requirements | <ul style="list-style-type: none"> ▪ Programmatic progress reports; due quarterly ▪ Maintain and provide data upon request for monitoring and evaluation ▪ Development and maintenance of accounting system |

Funding Structures for Evidence/Community-Based Services

| OHIO | |
|-------------------------------|--|
| Funding Structure Description | <ul style="list-style-type: none"> ▪ Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors (RECLAIM) Ohio: Designed to provide more local autonomy in the administration of juvenile justice, RECLAIM Ohio is a funding initiative that encourages local juvenile courts to develop or contract for community-based services |
| Funding Allocation | <ul style="list-style-type: none"> ▪ Under the program, counties receive funding to develop or contract community-based services for youth who would have otherwise been committed to a residential facility⁶ ▪ Counties receive funding based on the following formula: <ul style="list-style-type: none"> ○ Each court is given credits based on the average number of youth adjudicated for acts over the previous 10 years⁷ that would have been felonies if committed by adults ○ Credits are then reduced by one for each bed day used in a facility during the previous year |

⁵ Application may provide more specific definition of target population through the formal application process

⁶ http://www.ojjdp.gov/pubs/reform/ch3_d.html

⁷ Starting in 2005 the RECLAIM program based credits on the average number of youth adjudicated over the previous 4 years but as more data has become available the formula has changed and credits are now based on the average number of youth adjudicated over the previous 10 years

| OHIO | |
|--|---|
| | <ul style="list-style-type: none"> ○ Only two-thirds of a credit are reduced for the use of a bed day within a community corrections facility during the previous year ○ A “court’s percentage of the remaining credits statewide translates into that court’s percentage of the total RECLAIM funds allocated to the courts”⁸ ▪ The funds received through RECLAIM can be used for a vast array of treatment, intervention, diversion, and prevention programs (examples programs include: day treatment, alternative schools, intensive probation, electronic monitoring, and residential treatment) <ul style="list-style-type: none"> ○ RECLAIM funds cannot be used for construction or renovation |
| Funding Period | <ul style="list-style-type: none"> ▪ RECLAIM payments are made to courts three times (July, January and June) throughout the fiscal year |
| Funding Source | <ul style="list-style-type: none"> ▪ Department of Youth Services |
| Administering Agency | <ul style="list-style-type: none"> ▪ Department of Youth Services |
| Applicants | <ul style="list-style-type: none"> ▪ County Juvenile Courts |
| Target Population | <ul style="list-style-type: none"> ▪ Youth who have been justice-involved and/or been placed in out-of-home programs, and who, with appropriate community-based services, could be served at home⁹ |
| Reporting Requirements/Quality Assurance | <ul style="list-style-type: none"> ▪ County Juvenile Courts must submit the following reports to the Department of Youth Services: <ul style="list-style-type: none"> ○ Annual and quarterly program reports ○ Final expenditure report ○ Fiscal status reports; due semiannually |

| WASHINGTON | |
|-------------------------------|---|
| Funding Structure Description | <ul style="list-style-type: none"> ▪ Juvenile Rehabilitation Administration (JRA)¹⁰ Block Grant Formula: All state dollars passed to local juvenile courts must be administered by the JRA using a block grant formula |

⁸ <https://www.dys.ohio.gov/Community-Programs/RECLAIM/RECLAIM-Ohio>

⁹ Application may provide more specific definition of target population through the formal application process

¹⁰ The Juvenile Rehabilitation Administration (JRA) is in the executive branch and serves that state’s highest risk youth committed to the JRA by any county juvenile court.

WASHINGTON

| | |
|--|---|
| Funding Allocation | <ul style="list-style-type: none"> ▪ A block grant formula is used and weighs the average assessed risk level of a court’s juvenile caseload to determine the funding that each local court will receive <ul style="list-style-type: none"> ○ Jurisdictions with more high risk youth will receive more funding than jurisdictions with more low risk youth ▪ The formula also rewards juvenile courts for placing youth in evidence-based programs <ul style="list-style-type: none"> ○ Jurisdictions that use evidence- based programs will receive more state funding than jurisdictions that do not use evidence-based programs |
| Funding Period | ▪ State funding is passed through the JRA to local juvenile courts on a yearly basis |
| Funding Source | ▪ Washington State Legislature |
| Administering Agency | ▪ Juvenile Rehabilitation Administration |
| Applicants | ▪ Juvenile Court Districts |
| Target Population | ▪ High risk youth |
| Reporting Requirements/Quality Assurance | <ul style="list-style-type: none"> ▪ The Community Juvenile Accountability Act (CJAA) committee provides oversight over the implementation of evidence-based programs by local juvenile courts ▪ The committee meets quarterly and members represent: Juvenile court administrators from each region; Washington State Superior Court Judges’ Association Family and Juvenile Law Committee; Staff from probation and case management as well as assessment specialists; Program quality assurance specialists; Juvenile Rehabilitation Administration; and Administrative Office of the Courts ▪ Consultants to the committee include the Family Policy Council, the Governor’s Juvenile Justice Advisory Council, and the Washington State Institute for Public Policy |

This project was supported by Grant #2017-ZB-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the Department of Justice.

State Examples on Matching Programming and Treatment to Risk-Level

Overview: Research shows that programming and treatment are most effective when appropriately matched to a youth's assessed risk-level and criminogenic needs. Use of objective, structured decision-making tools, like validated risk and needs assessments, allows juvenile justice systems to effectively target programming and treatment towards the highest risk youth and match interventions with corresponding needs to reduce reoffending.

Below are examples from states that have passed legislation that has mandated that programming and treatment be tied to adjudicated youth's assessed risk-level and criminogenic needs.

State Examples

Mississippi serves low risk youth in the community

- After considering offense severity and prior history, the state agency sends the lowest-risk committed youth to the community with a service plan.¹

Utah requires that treatment be tied to the results of a validated risk and needs assessment

- Utah requires that all adjudicated minors undergo a risk and needs assessment, and mandates that the results of that assessment inform disposition and case planning.²
- Treatment must be tied to an assessed criminogenic need.

Kentucky requires that treatment target a youth's risk and needs

- Kentucky requires that probation officers and Department of Juvenile Services staff be trained in the administration of validated risk and needs assessments and requires that treatment target risk and needs.³

Kansas requires a risk and needs assessment inform a youth's case plan and matches appropriate treatment to a youth's risk-level

- Kansas requires use of a validated risk assessment prior to disposition:
 - The results of that assessment must be used to create a single, uniform case plan shared by all parts of the system (court, probation, corrections, etc.).
- The Kansas Department of Corrections prohibits low risk youth from being admitted into a Moral Reconciliation Therapy (MRT) group.⁴

¹ <http://www.mdhs.ms.gov/section-13-institutional-services/>

² <https://le.utah.gov/~2017/bills/static/HB0239.html>

³ <http://www.lrc.ky.gov/record/14RS/sb200.htm>

⁴ <https://www.doc.ks.gov/juvenile-services/supervision-standards/standards/chapter-4/4-140>

Hawai'i requires that referrals to treatment and programs be informed by the results of a risk and needs assessment

- Hawai'i requires that youth receive a case plan, and that the supervision levels, frequency of contact with probation officer and the court, and referrals to treatment and programs be informed by the results of a risk and needs assessment.⁵

South Dakota uses a validated risk and needs assessment and additional assessments if necessary to match services to treatment needs

- South Dakota requires its Department of Corrections and Unified Judicial System to use a validated risk and needs assessment and a mental health or substance abuse assessment (if indicated by the general risk and needs tool), to guide referrals to treatment.⁶
 - SB73 required the Department of Corrections, the Unified Judicial System, and the Department of Social Services to establish a juvenile treatment referral process incorporating a risk and needs assessment tool.

Ohio uses a homegrown risk and needs assessment to match youth to programming

- Ohio requires statewide use of the [Ohio Youth Assessment System](#), developed in 2009 to evaluate juveniles' risk of reoffending and to match them with programs most likely to prevent recidivism.⁷

Florida uses an integrated assessment and case management process that guides a youth's programming based on their criminogenic needs

- Florida's Department of Juvenile Justice uses a "comprehensive assessment and case management process that addresses both criminogenic needs and protective factors, from the moment a youth enters the system to the moment they exit."⁸
 - The "Residential Positive Achievement Change Tool (R-PACT) is used for the department's residential programs and identifies youth's "highest scoring criminogenic needs, [guides] the development of intervention strategies and [assists] with determining progress."⁹
 - The R-PACT helps to develop a Youth Needs Assessment and identifies the interventions that should be used to address a youth's "risk/needs and protective factors."¹⁰ The interventions form a youth's case plan.

This project was supported by Grant #2017-ZB-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the Department of Justice.

⁵ http://www.capitol.hawaii.gov/session2014/bills/HB2490_CD2_.HTM

⁶ http://legis.sd.gov/legislative_session/bills/Bill.aspx?Bill=73&Session=2015

⁷ https://www.uc.edu/content/dam/uc/ccjr/docs/reports/project_reports/OYAS_final_report.pdf

⁸ <http://www.djj.state.fl.us/partners/our-approach/RA>

⁹ <http://criminology.fsu.edu/wp-content/uploads/R-PACT-Validation-Study.pdf>

¹⁰ *Ibid.*

IMPLEMENTING EVIDENCE-BASED PROGRAMS AND PRACTICES

WHAT IS AN EVIDENCE-BASED PROGRAM?

Evidence-based programs (EBP) are considered the gold standard. Evidence-based programs are standardized, replicable programs and practices that have been highly researched, and show positive outcomes in repeated studies.¹ EBPs that are designed for justice-involved youth reduce recidivism, family conflict, substance use, academic failure, behavioral problems, and associations with other youth who commit delinquent acts. Community-based programs increasingly use evidence-based programs across the country and have decreased the need for secure confinement of many youth.²

Why a program might not be determined 'evidence-based'

To be called evidence-based, a program must be repeatedly evaluated to ensure it is producing the same, positive results in different settings and that there are no unintended or harmful effects. The program must also be evaluated using different populations. As a result, the number of programs that are called evidence-based is fairly small. There are many reasons why a program may not be called an EBP:

- Too new
 - Programs that show initial success may fail to show long-term impacts after the intervention was applied or the program may have delayed impact and the full effects are not seen by the end of the intervention. However, it is important to understand that a program's newness may also simply mean there has not been enough time for the program to be evaluated or for the impacts to be analyzed to determine if there is a positive or negative effect.
- Not enough research
 - Some programs have not been through enough research to show the program is effective and does not produce unintended harmful or negative effects on the youth.
- The outcome of the program is not measurable
 - Programs should be designed and implemented with the goal of achieving specific outcomes. Outcomes need to be tangible and measurable so programs effectiveness can be tracked. If outcomes are non-measurable, such as the strength of parent-child relationship, there is no way of knowing if a) the outcome is being achieved and b) how to replicate it so other participants can experience similar outcomes.
- Program analysis does not demonstrate evidence of effectiveness
 - In some cases, programs are not labeled as evidence-based because the research that has been conducted on the program demonstrates poor results or results showed negative effects on youth.

¹ http://www.njcn.org/uploads/digital-library/resource_1650.pdf

² Justice Policy Institute 2013. Common Ground: Lessons Learned from Five States that Reduced Juvenile Confinement by More Than Half.

SHOULD PROMISING PROGRAMS BE UTILIZED?

“Promising programs” are programs that have displayed some evidence indicating that the model achieved the intended outcomes; however, additional research is recommended.³ Although all evidence-based programs were once considered promising, not all promising programs become evidence-based. This could be due to lack of research or the program not producing the intended outcomes.

Some common programs that have some evidence indicating that they achieved their intended outcomes but additional research is recommended to become evidence-based are:

- Mentoring programs
- Restorative justice programs
- Diversion programs
- After school programs
- Faith-based programs

Unlike evidence-based programs such as Functional Family Therapy or Multisystemic Therapy, promising programs have not met the highest standard of effectiveness or demonstrated strong enough evidence of positive results such as change behavior and developmental outcomes. Promising programs meet the minimum standard of effectiveness.⁴ The most significant differences between promising programs and EBPs are evaluation quality and positive intervention. Promising programs have not yet had the minimum required high quality trials nor have they demonstrated that the program’s impact sustained for a minimum of 12 months after the program intervention ends.⁵

If an agency decides to implement a promising program there is risk of the program not consistently being effective. It is encouraged to implement evidence-based programs because they are more likely to achieve the intended results. The gold standard is to refer a youth to a program that has demonstrated it is grounded in research and has evidence that the program will be effective in treating the youth’s identified needs and subsequently reducing recidivism. Agencies should strive to use the best programs possible, and those are evidence-based.

INTEGRATING EVIDENCE-BASED PRACTICES

Certain practices are considered evidence-based because they have been thoroughly evaluated to show positive outcomes. Evidence-based practices are what make up evidence-based programs. It is important to understand these underlying principles which act as key components in carrying out a program. “Practices” refer to common procedures, such as skill development, assessment completion, and/or case planning that may be used by agencies that work directly with justice-involved youth on a daily basis or in combination with brand-name treatment programs.⁶ In delinquency prevention this

³ <https://www.ojjdp.gov/mpg/Home/About>

⁴ <https://www.blueprintsprograms.org/criteria>

⁵ <https://www.blueprintsprograms.org/criteria>

⁶ https://jjie.org/hub/evidence-based-practices/key-issues/#_edn4

includes the assessment of the youth's individual and community needs and the selection of programs to address those needs.

Integrating evidence-based practices are accomplished by providing staff with access to evidence-based practices that can enhance interactions with youth in the juvenile justice system, improving outcomes at every stage. Staff that provides a consistent message helps youth understand the process and feel they are being treated fairly. Evidence-based practices can encourage higher quality interactions among staff and youth, increases support for implementation of evidence-based programming, impact the youth's behavior change, and reduce the likelihood of future system involvement. Evidence-based practices are best applied when delivered in conjunction with an evidence-based program because it targets the criminogenic needs of the youth and have been shown to reduce the risk of future delinquency and offending.

What are common evidence-based practices?

Decades of research have demonstrated that when the Principles of Effective Intervention (PEI) – risk, need, responsivity, and fidelity are followed, recidivism is reduced and the likelihood for positive behavioral change increases. Interventions and supervision practices that integrate these principles will have the greatest net improvements in public safety and improve the outcomes for the youth.⁷ When choosing a community-based program or practice, an agency should consider whether it incorporates the four principles to ensure it will effectively address the criminogenic needs of the youth being served.

CHOOSING THE PROGRAM/PRACTICE

As juvenile justice systems move toward data-driven policy, practice and program changes, data has become an increasing focus for state and local agencies. While professional judgment is crucial to good decision-making, relying solely on judgment is not sufficient. Collecting, analyzing, and reviewing comprehensive program data allows an agency to make data-informed program or practice decisions to improve outcomes. There are several points at which collecting and analyzing data are crucial.

To begin, agencies need to use data to get an accurate picture of the population being served and its needs and then analyze that data to address the gaps. This data will help with choosing the appropriate interventions and programs. Agencies should review the population it is serving and its current ability to address the need. The data can tell the agency which demographics are being underserved or if a demographic is not accessing or responding to current rehabilitation measures.

Common datasets to collect and analyze that will help evaluate the need to implement new evidence-based programs or practices are:

- Gender
- Race/ethnicity

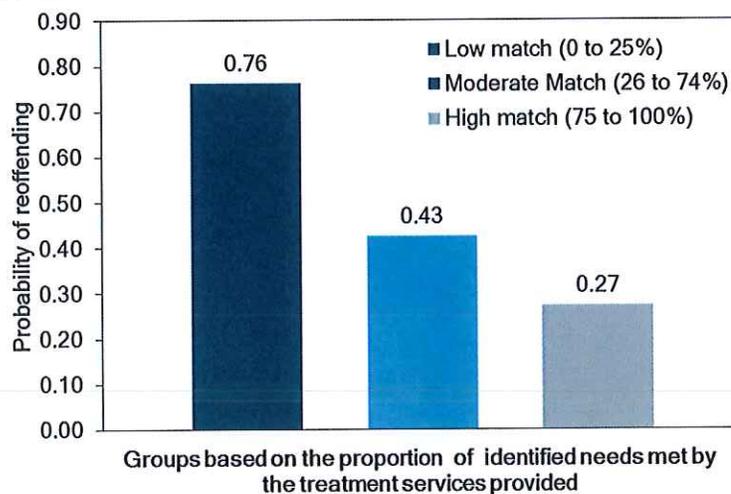
⁷ National Institute of Corrections (2004). Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention <https://nicic.gov/implementing-evidence-based-practice-community-corrections-principle-effective-intervention>

- Age
- Education status
- Zip code
- Current adjudicated offense

As previously described, addressing criminogenic needs is the most effective way to reduce a youth’s likelihood of future involvement in the juvenile justice system. Another dataset to consider is the risk level of the population. State agencies in Iowa use the Iowa Delinquency Assessment (IDA) to identify the youth’s needs, strengths, barriers, and incentives. This information helps select the most appropriate goals for a youth and to develop an effective case management plan⁸ which may include participation in a specific evidence-based program.

Graph: Matching Services to Needs⁹

Appropriately matching supervision and treatment to a youth’s risk level and needs results in a lower likelihood of future delinquent or criminal behavior. One study found that a poor match of services to needs was associated with greater levels of reoffending (see Graph 1, below). According to this research, when staff does not follow the recommended dosage as prescribed by the risk and needs assessment, such as the IDA, recidivism increased.



The datasets mentioned above can determine what type of program or practice will be beneficial in addressing the identified need for the targeted population. In addition to the target population, it is important to consider if the intervention is age, developmentally, and/or culturally appropriate. Analyzing the available data will prioritize the needs and geographic area of service participants while reflecting the resources and limitations of jurisdictions.

⁸ <https://www.mhs.com/MHS-Publicsafety?prodname=yjs-cmi>

⁹ Vieira, T.A., Skilling, T.A., & Peterson-Badali, M. (2009). Matching court-ordered services with treatment needs. *Criminal Justice and Behavior*, 36, 385–401

IDENTIFY AND ASSESS THE NEED

When choosing to implement a new program or deciding to expand an existing program, it is important to have a clear reason why this is the best course of action. Once the need has been identified based on data, a statement of need should be developed to provide a description of the issue(s), who is being affected, why the problem is significant, and why the problem is occurring. In addition, a clear statement of expected program results that are specific and measurable should be included. Referring to the above data sections will help shape this narrative.

Establishing program need¹⁰:

- What is nature and size of problem?
- Who is in need of services?
- What type and intensity/level of services is needed?
- Are the needed services available and accessible?
 - If yes, how are they being utilized?
 - Are the people in need aware of relevant services that exist?
 - If no, what are the solutions to accessing those services?
- Are there enough resources to address the need?

ADDRESS THE GAP(S)

After determining the need, the next step is to determine what, if any, programs and practices currently exist within the agency's area to meet those needs. It is important to take an inventory of the programs and practices currently being implemented in the community to address the identified need. Also, determine if the program is compatible with, and will not duplicate, current evidence-based practices and programs in that desired setting. By examining the available resources, the agency should know what programs are currently available to them, if the programs are evidence-based, the capacity of the programs, the effectiveness of the programs, and any feedback from the youth and their families. After determining the needs and examining what currently exists, it should be clear whether there are any gaps between the populations that need to be served versus resources already available to serve that specific population.

Asking the following questions can determine how to fill those gaps:

- What stage of the juvenile justice system needs additional services? (I.e. intake, detention, probation etc.)
- Is this a need that can be addressed through staff training/retraining on best practices?
- Can this need be addressed through current staff implementation?
- Can this need be addressed if a current program is expanded to accommodate more youth?
- Can this gap be addressed through implementation of a new program by a contracted provider?

¹⁰ Love, Arnold (2013) Basics of Program Evaluation

Filling a gap is not just about selecting a desired program or practice, or what appears to be a great idea. The chosen program must be an intervention identified through research, data, and an assessment of the agency to ensure it is the appropriate program that will ultimately reduce recidivism.

COLLECTING EVIDENCE-BASED PROGRAM/PRACTICE DATA

Collecting and analyzing data does not stop once the program or practice has been implemented. Data is essential in ensuring the intervention is addressing the targeted population and the targeted needs as intended. The same datasets analyzed when assessing the need (i.e. gender, race/ethnicity, age, and education status) should be routinely assessed once the intervention is operational because the number of youth being served can fluctuate and change the program's outcomes.

In addition to those basic case-level datasets, agencies should be prepared to collect data on the youth's supervision status as well as the program's completion rate. These datasets can determine if the program is having a positive impact on the participants. Evidence-based programs or practices are implemented to target risk factors that if addressed, will improve the youth's behavior and reduce the youth's chances of recidivating.

Agencies should be able to answer the following questions about youth currently involved in the EBP:

Supervision Status

- What was the youth's supervision status upon entering the program?
- Were there any changes in the youth's supervision while in the program?
- Did the youth receive any program violations?
- Did the youth violate their probation while enrolled in the program? What was the outcome of the violation?

Program Completion Rate

- Did the youth complete the program? Successfully or Unsuccessfully?
- Did the youth complete the program within the designated timeframe? ¹¹
- What was the percentage of youth living at home at the completion of program?
- What was the percentage of youth in school and/or working at the completion of program?
- What was the percentage of youth with no new arrests at the completion of program?

Receiving input from program participants can provide additional context. This input can be completed through performance-based surveys, youth and family surveys, or roundtable discussions. The focus should be on what is needed for public safety, how to address some of the complexities that led to the

¹¹ Most evidence-based interventions for youth residing at home require just 3-6 months. For example, Functional Family Therapy (FFT) (an EBP for youth at risk of out-of-home placement in the juvenile justice system) and Aggression Replacement Training (an EBP for moderate and high risk youth in the juvenile justice system) are only 30 hours long, typically delivered over approximately 3 months. Functional Family Therapy (FFT) - Blueprints Program Rating: Model. <http://www.blueprintsprograms.com/factsheet/functional-family-therapy-fft>
Program Profile: Aggression Replacement Training (ART) <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=254>

youth's justice involvement, and if the program is upholding their mission and goals. Such discussions can provide useful insight into implementation barriers and identify specific needs that are not being addressed in the programs.

REACHING THE DESIRED OUTCOMES

In order to determine if a local program is producing the same outcomes shown in the research, a data process must be in place. Outcome measures demonstrate how a program or practice is working as a whole. Analyzing these data points establishes a baseline for future comparison and allows the applicant to determine whether the program or practice is having the intended impacts. Key outcome measures may include (but are not limited to):

- reduced rates of re-arrest for program participants
- improved family functioning and school performance
- decrease in youth's criminogenic need(s)
- successful completion or discharge rate for youth participating in the program

Key indicators that inform whether the interventions are performing as intended and have the desired effects should be measured and documented. The ability to show that a program is reducing re-arrest among program participants, for example, is helpful when applying for additional or ongoing funding.

The importance of measuring outcomes

Without establishing proper performance measures, many agencies find that they are unable to answer basic questions about the effectiveness of programs and practices. There are several important reasons to why agencies should measure outcomes¹²:

- **Measuring the effectiveness of an intervention.** As discussed in the previous section, measuring the effectiveness of a program is the ultimate goal of performance measures and can be measured in many different ways.
- **Identifying effective practices.** With the information collected, it can be determined which activities to continue and build upon. Some practices might be modified or replicated based on the results.
- **Identifying practices that need improvement.** Some activities may need to change in order to improve the effectiveness of the program.
- **Demonstrating the program's value to existing and potential funders.** Funders want to ensure that their investment is achieving good results.
- **Getting clarity and consensus around the purpose of the program.** All stakeholders should understand what is going on in the program and what it is intended to achieve. Outcome measurement helps to clarify one's understanding of the program.

To reach the desired outcomes, it is important to measure and regularly assess the outcomes and to provide necessary feedback to those delivering the service. Regular reviews on outcome measures will

¹² Compassion Capital Fund (CCF), administered by the U.S. Department of Health and Human Services: "Measuring Outcomes". Page 5.

ensure the measures are still serving as reliable gauges of success for a program or practice.¹³ Feedback should be provided to the staff responsible for implementing the EBPs to contribute to the improvement of outcomes by making any necessary adjustments or changes.¹⁴

IMPLEMENTING EBPs WITH FIDELITY

The Fidelity Principle tells us it is important to implement a program or practice with fidelity to achieve the desired outcomes shown in the research. Thus, an agency must strive for fidelity with the implementation of any new program or practice. Model fidelity specifically refers to programs and interventions being implemented the way they were designed in order to achieve the recidivism reductions that have been reported in the research.¹⁵ Additionally, in order to make sure programs and practices are being implemented properly, staff must be provided with the proper materials, training, and ongoing coaching.

Implementing a program can be very expensive and time consuming, so having the ability to ensure the program is being implemented correctly and effectively is vital. As programs often adapt to meet cultural needs, time frames, or other resource issues, it is easy to stray from applying the EBP as it was tested. However, changing program components or not following the program can result in negative effects. In some cases, recidivism can actually be increased through poor program application¹⁶. The information provided in this toolkit can help agencies analyze their programs and gain a better understanding of the program's effectiveness. If, after analyzing the data, the intervention is not achieving the desired outcomes, then it would be appropriate for the agency to seek an outside entity to evaluate the program's process. Agencies should follow each stage of implementation and not cut any corners to speed up the process. This can result in low fidelity, an increase in expenses, and potential harm to the population it is serving.

There is significant evidence to suggest that lower fidelity reduces the effectiveness of the intervention¹⁷. Programs that monitor fidelity tend to have better outcomes than programs that do not.¹⁸ To begin the model fidelity process for an existing program, agencies should first assess the current level of fidelity. This begins with a fidelity assessment. Some EBPs may have established fidelity measures specific to the practice/intervention, or published recommendations for fidelity assessment and benchmarking. For EBPs that do not have established fidelity measures, planning for a fidelity assessment includes identifying the tools to be used, determining the frequency of fidelity measurement, and establishing the benchmark that will represent an acceptable level of fidelity.

¹³ "Evidence-Based Policymaking: A Guide for Effective Government", *Pew-MacArthur Results First Initiative*, 2014, 15.

¹⁴ Pennsylvania Juvenile Justice System Enhancement Strategy: "Evidence-Based Practices in Juvenile Justice". <http://www.icjc.pa.gov/Publications/Documents/JSES/Evidence-Based%20Practice%20in%20Juvenile%20Justice%20%E2%80%93%20Bench%20Card.pdf>

¹⁵ Crime and Justice Institute. Evidence-Based Practice PPT

¹⁶ Barnoski, R. (2004). Outcome evaluation of Washington State's research-based programs for juvenile offenders (Document No. 04-01-1201). Olympia: Washington State Institute for Public Policy

¹⁷ Burke, Oats, Ringle, Fichtner, & DelGaudio, 2011; Derzon, Sale, Spring, & Brounstein, 2005; Schoenwald, Carter, Chapman, & Sheidow, 2008

¹⁸ DuBois, Holloway, Valentine, & Cooper, 2002

The following sections will detail different ways to periodically evaluate the program for fidelity once it becomes operational.

INTERNAL QUARTERLY REVIEWS

Agencies coordinate internal reviews on a quarterly basis, at minimum, once the program has been implemented. Internal quarterly review is an in-house approach that can inform the agency of any adaptations needed to achieve high fidelity, ensure the core components of the program are still intact, and that the program is operating accordingly.

The method and frequency of reviews should be based on the capacity of the agency, but periodic reviews should never be neglected. It's important to make sure the review process fits the capacity of the agency as this should be a continuous process. This could be accomplished through free or inexpensive measures such as observation forms, checklists, in-person observations, audio recordings, or specific fidelity tools for the evidence-based program. The information collected should then be used to provide coaching and feedback to the staff delivering the intervention.

Here are some questions to consider when looking at the aspects of the program:

- Is the setting/space appropriate?
- Is there a manual and is it being followed?
- Are the sessions meaningful and a good use of time?
- Is the facilitator prepared?
- Does the facilitator use a solution-focused/problem-solving approach?
- Is the facilitator displaying pro-social behaviors and not reinforcing anti-social behaviors?
- How are anti-social behaviors being managed?
- Are good group behavior management techniques being used?
- Is effective communication occurring?
- Is there a positive staff and youth rapport?

ANNUAL EVALUATIONS

In addition to quarterly reviews, annual evaluations should be conducted to measure the improvement across the quarterly reviews and review the performance measures for the specific timeframe. Annual evaluations use a data-driven approach and are a more objective method to determine the effectiveness of the program. Therefore, annual evaluations should ensure the program is operating within its criteria and that program staff are meeting the required criteria to deliver the treatment (i.e. licensure/trainings).

Here are some questions to consider when looking at the program:

- What are the characteristics of the participants? How do these characteristics compare to the intended target population for the program? Is the program reaching the target population?
- Is the delivery of services consistent with the program design? To what extent does the current program application match the program design?

- What challenges and barriers have emerged? Are the participants rejecting the program or refusing to participate? What steps have been taken to overcome these challenges?
- Is the program design able to meet the participants' needs?
- Is the program producing desired outcomes (i.e. number of participants being served or sessions delivered)?
- What areas of the program are working well?
- How do resources, staff competencies and experiences, and timelines compare to what was expected?

An annual evaluation provides an opportunity to examine the program's performance measures, allows for correction or redirection during implementation, and can provide insight on the success of the program. Completing annual evaluations can be crucial for understanding if the intervention is producing the desired outcomes for your target population. There are different ways to assess program effectiveness:

- Assess program data in relation to program performance measure goals (e.g. At least 80% of participants will successfully complete the program). Use this comparison to gain understanding regarding more specific program components.
- Pre/Post tests can measure the participants' achievement of the program's goals and the program's effectiveness from the time the youth started the program and finish the program. This method can also show how the program impacted individual change and then those results can be aggregated to see how the population as a whole was impacted the program.
- Seeking feedback is a simple way to learn if the program was useful. This method is not the strongest indicator of whether the program worked, but in conjunction with other measures, can provide information that is beneficial when assessing the EBPs:
 - Feedback from the youth and their families provides an opportunity to learn if the program had an impact on the participant.
 - Feedback from the providers can provide good information about how the process was implemented, what challenges/barriers arose, and strengths of the program that may not be measured by formalized screening tools.

This project was supported by Grant #2017-ZB-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the Department of Justice.



Service Utilization in Juvenile Justice and Child Welfare: A Data Summary

Compiled by CJJP Staff, August 2019

Prepared for the Graduated Sanctions
Workgroup

Iowa Department of Human Rights
Division of Criminal and Juvenile
Justice Planning

Statistical Analysis Center

Steve Michael, Administrator
321 E. 12th Street
Des Moines, IA 50319
(515) 242-5823
<https://humanrights.iowa.gov>



Disclaimers

Service data was extracted from the Judicial Branch Case Management system (CMS) on August 1, 2019.

Services are defined as JCS delinquency service that had a duration of one or more days, during the report period. Youth may have one or more services.

Service categories were derived from the CMS two-letter codes and were reviewed by JCS staff. The categories are an attempt to group services by type or purpose of service.

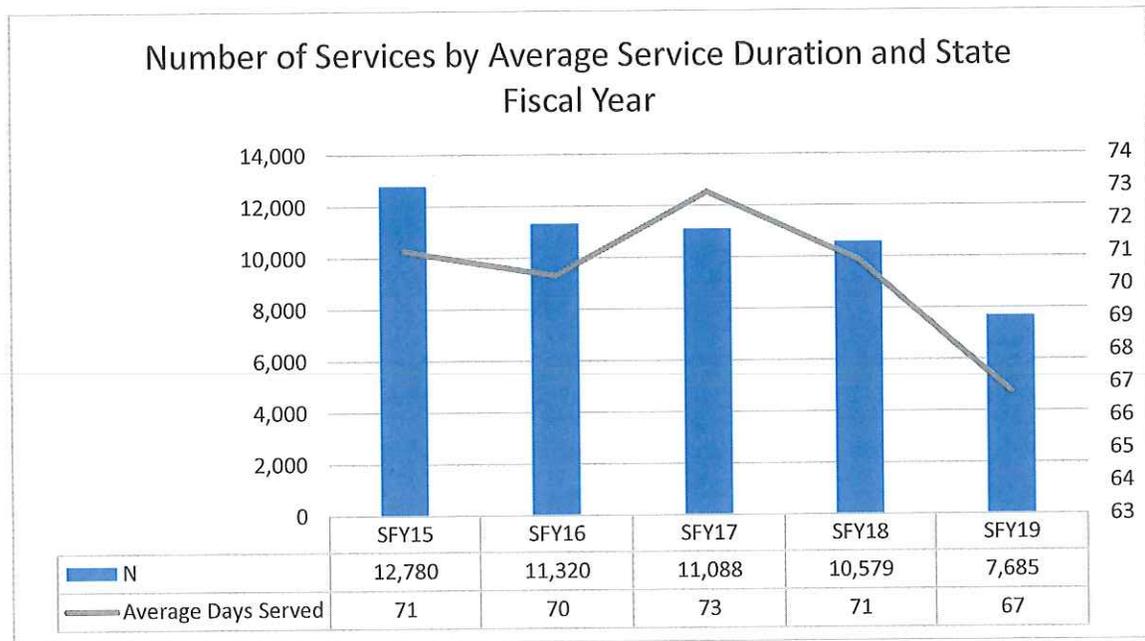
If a short form Iowa Delinquency Assessment (IDA) was conducted within 180 days prior to the beginning of the service or 30 days after the start of the service, it was used to determine risk level. If there was more than one IDA within this time frame, the assessment conducted closest to the start date of the service was selected. If an assessment was not found within this time frame the IDA risk level was coded as "none".

The data are a reflection of the official records contained in the case management system at the time the information was extracted to the Iowa Justice Data Warehouse. Some edits to these records may have occurred within the case management system after the extraction and such updates would be made in the data warehouse during the next upload cycle.

By law and court rule, charges are filed and disposed of in a number of ways for various reasons and are influenced by the actions and decisions of arresting agencies, witnesses, defendants, grand juries, prosecutors, magistrates, juvenile court and judges, which contribute to differences among jurisdictions and over time.

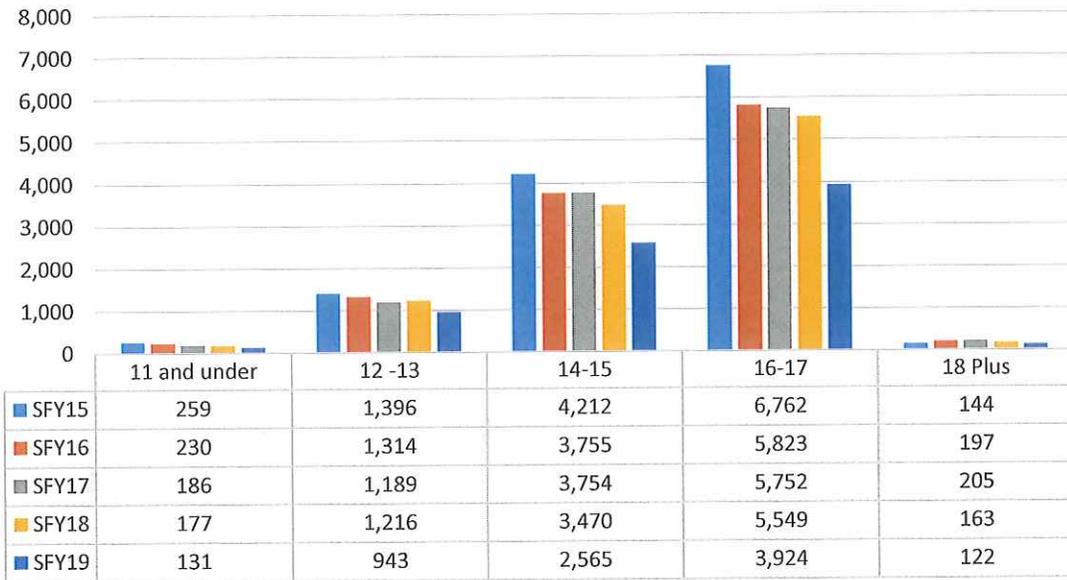
| Complaints | SFY15 | | SFY16 | | SFY17 | | SFY18 | | SFY19 | |
|---------------------|---------------|---------------|---------------|--------------|---------------|--------------|---------------|--------------|---------------|--------------|
| | F | M | F | M | F | M | F | M | F | M |
| 11 & under | 115 | 511 | 101 | 493 | 93 | 406 | 121 | 464 | 140 | 385 |
| 12-13 | 630 | 1,476 | 585 | 1,383 | 584 | 1,355 | 594 | 1,576 | 729 | 1,392 |
| 14-15 | 1,471 | 3,159 | 1,360 | 2,916 | 1,353 | 2,739 | 1,426 | 2,989 | 1,465 | 2,933 |
| 16-17 | 2,500 | 4,952 | 2,183 | 4,553 | 2,156 | 4,630 | 2,045 | 4,572 | 1,811 | 4,101 |
| Other | 32 | 77 | 25 | 88 | 26 | 89 | 28 | 84 | 39 | 74 |
| Sex Totals | 4,748 | 10,175 | 4,254 | 9,433 | 4,212 | 9,219 | 4,214 | 9,685 | 4,184 | 8,885 |
| Annual Total | 14,923 | | 13,687 | | 13,431 | | 13,899 | | 13,069 | |

- Statewide complaints decreased by 12.4%.
- Complaints decreased for 16-17 year olds, 28% for females and 17% for males.



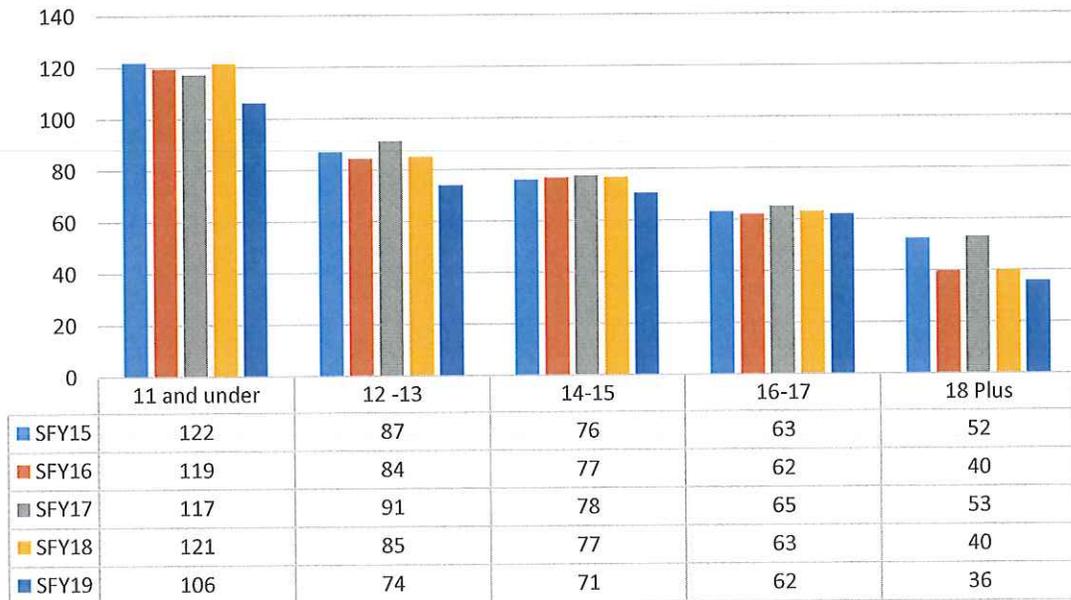
- The number of services provided has decreased by 39.8%.
- The average number of days served has remained stable.

Number of Services by Age at Start of Service and State Fiscal Year



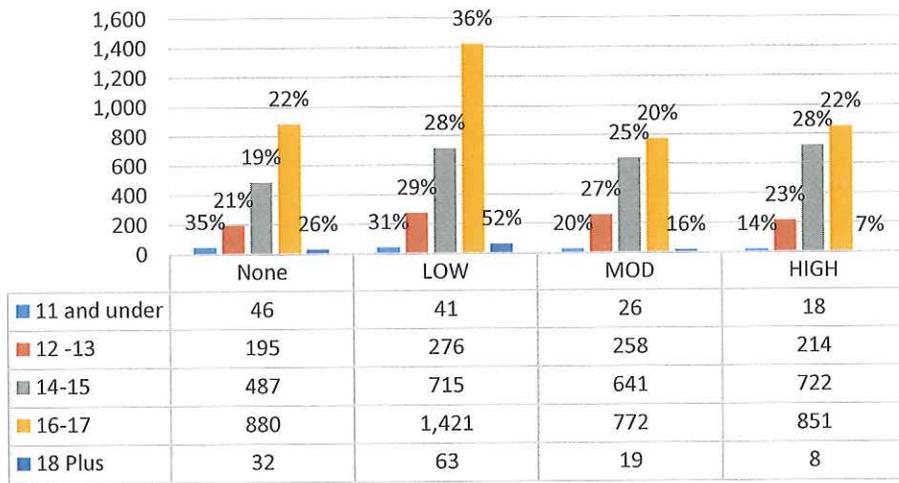
- More than 85% of the services provided were to youth ages 14 through 17.
- 16-17 year old youth received the most services in each year.

Average Duration of Service (days) by Age at Start of Service and State Fiscal Year



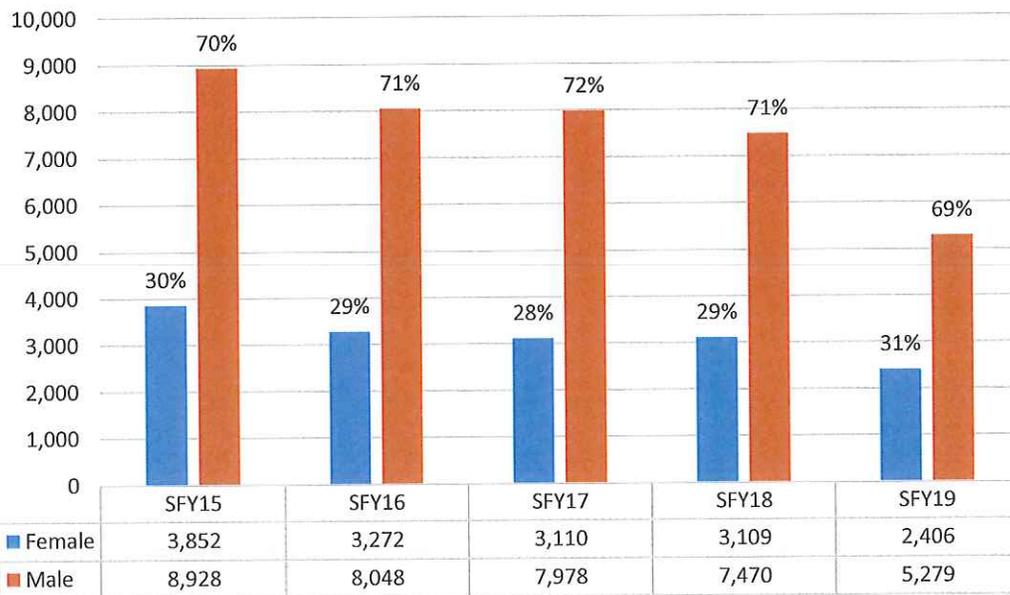
- The average duration of service (days) for youth 11 and under exceeds all other age groups.

Number of Services By Age at Start of Service and IDA Risk Level SFY 2019 Level (Percent within Age Group)



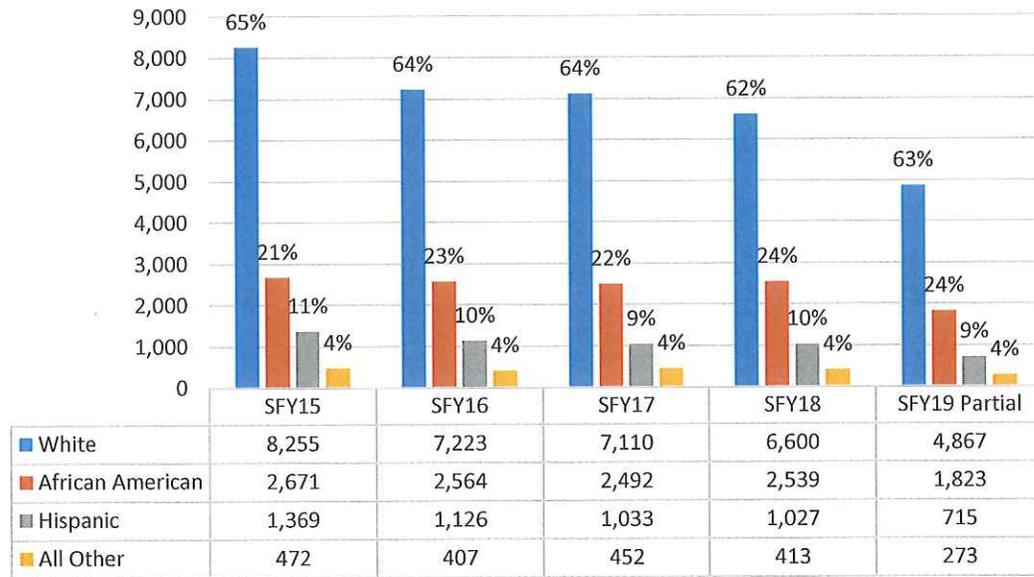
- Low risk youth received the most services at each age group except for 11 and under, where a risk score was not available.
- Youth aged 16-17 received the highest number of services in all risk levels.

Number of Services by Gender and State Fiscal Year



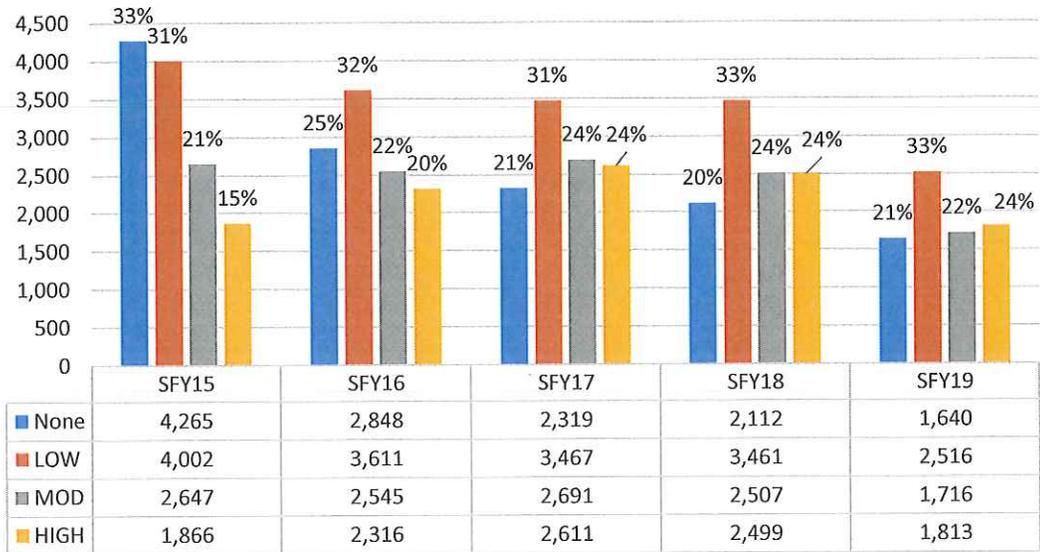
- The number of services for males and females has remained stable.

Number of Services by Race/Ethnicity and State Fiscal Year



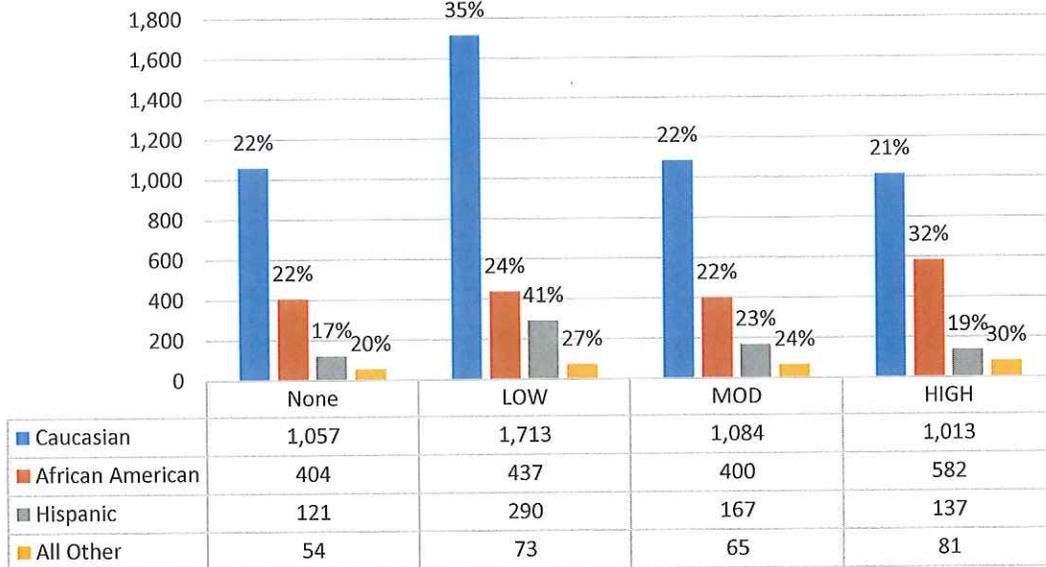
- The number of services for all races has decreased, with Hispanic youth showing the largest decrease of 47.8%.
- The percentage of services received by race has remained steady.

Number of Services and IDA Risk Level by State Fiscal Year



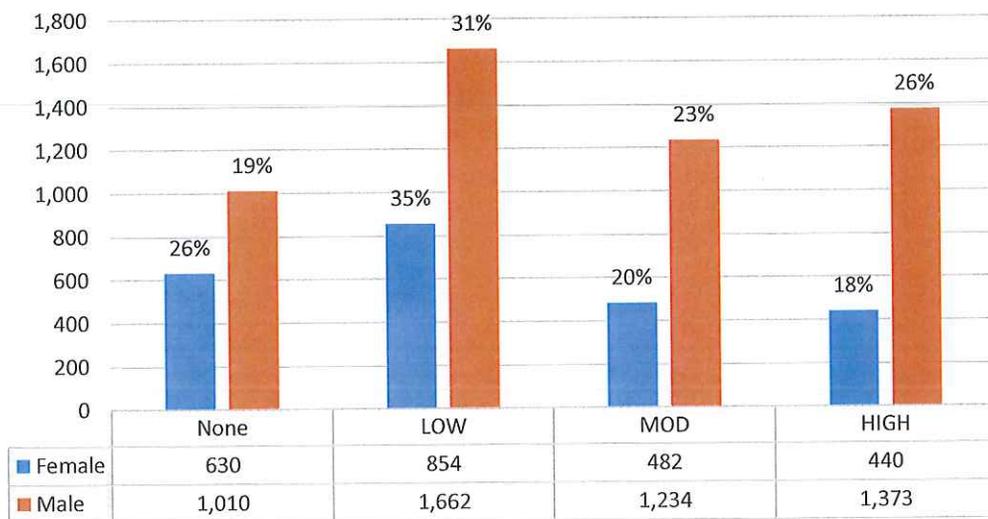
- Youth who do not have a short form IDA completed or were low risk comprised more than half of all youth who received services.

Number of Services by IDA Risk Level and Race/Ethnicity for State Fiscal Year 2019 (Percent within Race/Ethnicity)



- White youth who received services were more likely to be low risk compared to African-American youth were more likely to be moderate or high risk.

Number of Services by IDA Risk Level and Gender for State Fiscal Year 2019 (Percent within Gender)

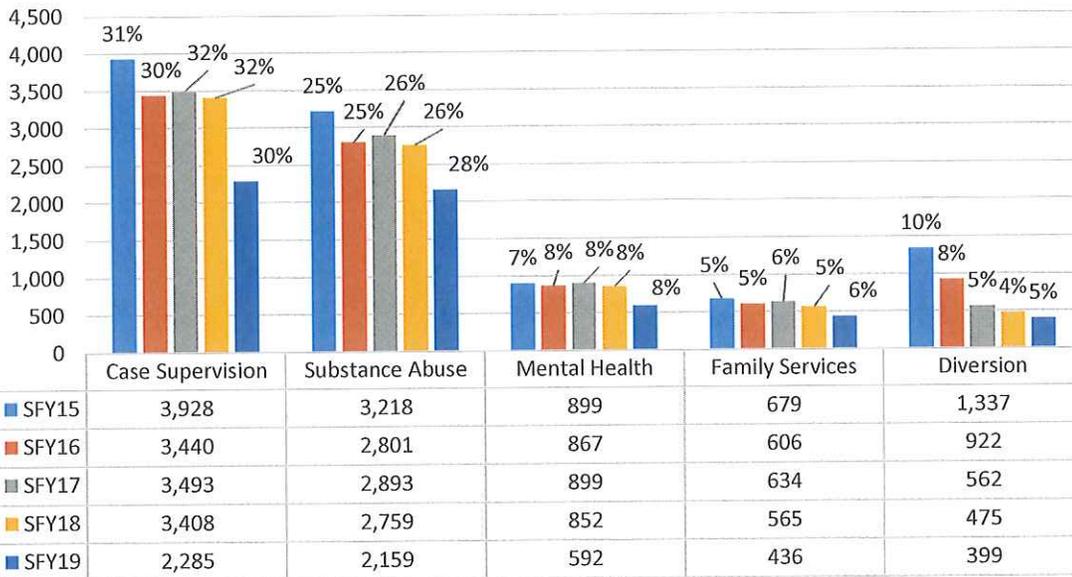


- The majority of females who received services were low risk or had no risk level.
- Males who received services were more likely to be moderate or high risk.

Two Letter Code Service Groupings

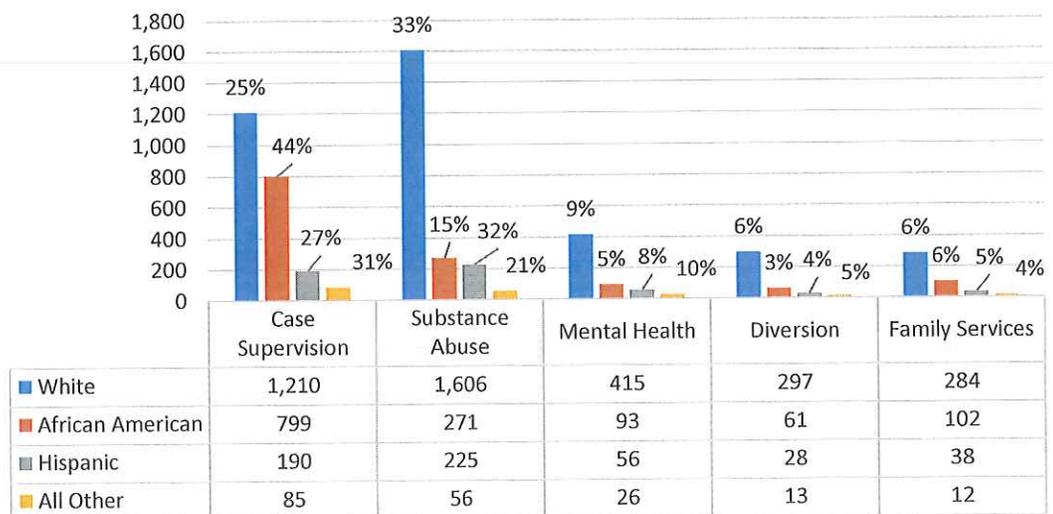
| Service Category | Code | Description | Service Category | Code | Description |
|-----------------------|------|--------------------------------|---------------------|-----------------------------|---------------------------------|
| Aggression Management | AR | Aggression Replacement Therapy | Mental Health | MH | Mental Health Evaluation |
| | AM | Anger Management | | CT | Individual Counseling/Therapy |
| | DV | Domestic Violence Program | | IM | Inpatient Mental Health Care |
| | CM | Case Management | | OP | Outpatient |
| Case Management | DP | JCS Intensive INFA | Prevention Services | MP | Mentoring-Preventative Services |
| | PC | Peer Court | | EI | Early Intervention Services |
| Case Supervision | SL | School Liaison Program | Sex Offender | SO | Sex Offender Program |
| | TM | Tracking and Monitoring | | SE | Sex Offender Evaluation |
| | EM | Electronic Monitoring | Substance Abuse | AE | Alcohol and Drug Education |
| | DE | Day/Evening Program | | DD | DOT OWI Class |
| | DA | Detention Alternative Program | | AV | Alcohol and Drug Evaluation |
| | VP | Violators Program | | DC | Drug Court |
| | IS | Individual Skill Building | | AT | Alcohol and Drug Treatment |
| Community Service | CS | Community Service Project | Transition Services | IT | Inpatient Substance Abuse Trtmt |
| | SP | Shoplifting Program | | EP | Job Skills/Employment Program |
| | FP | Fire Setter Program | | WA | Wraparound |
| Education Services | ES | Education Services | AP | Aftercare Program | |
| | LR | Law Related Education | CU | Cultural Transition Support | |
| Family Services | FC | Family Centered Services | FT | Family Team Meeting | |
| | FF | Functional Family Therapy | TP | Transition Planning | |
| Life Skills | GS | Gender Specific | Victim Realization | VI | Victim Impact Program |
| | LS | Life Skills | | VO | Victim/Offender Mediation |

Top 5 Service Categories by State Fiscal Year



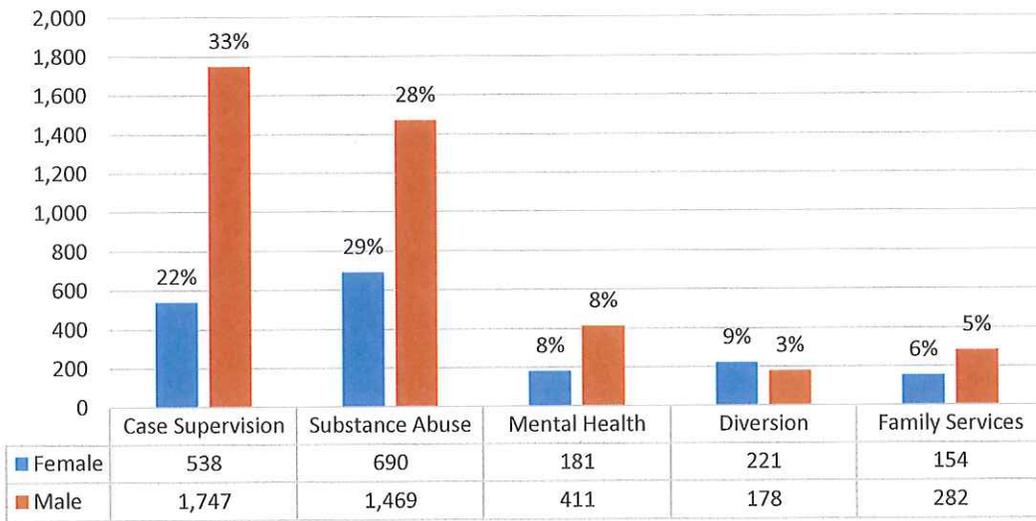
- The top five service categories account for approximately three-quarters of all services provided.
- Case supervision and substance abuse related services represent almost two-thirds of all services provided.

Top 5 Service Categories by Race/Ethnicity and State Fiscal Year 2019 (Percent with Race/Ethnicity)



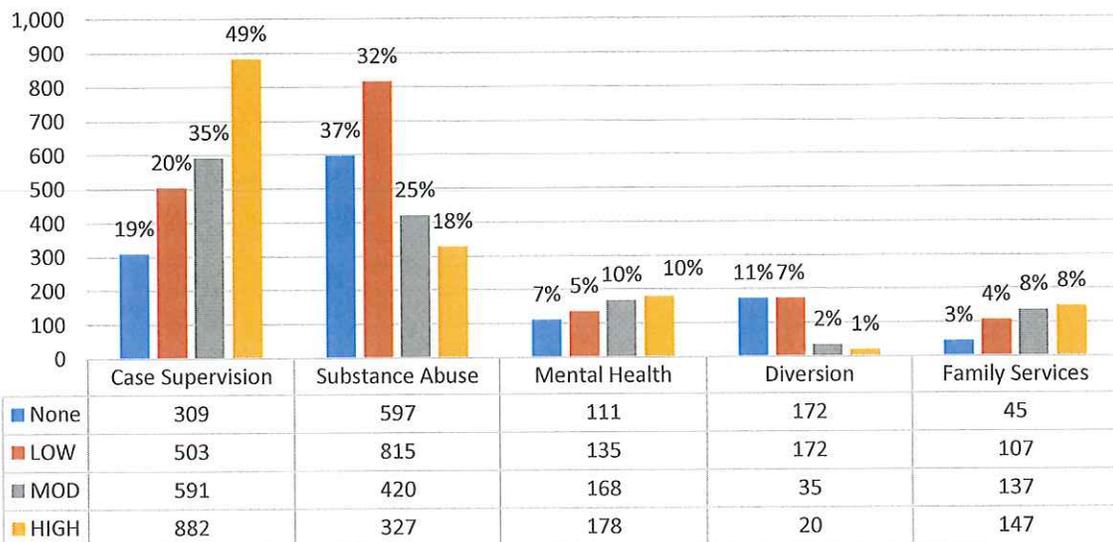
- African-American youth are more likely to receive case supervision services compared to other youth.

Top 5 Service Categories by Gender and State Fiscal Year
2019 (Percent within Gender)



- Male youth were more likely to receive case supervision services.

Top 5 Service Categories by IDA Risk Level and State Fiscal Year
2019 (Percent within Risk Level)



- Almost half of all services provided to high risk youth are case supervision services.



Governor Terry E. Branstad
Lt. Governor Kim Reynolds
San Wong, Director

Serious, Violent and Chronic Juvenile Female Offenders: Service and System Recommendations for Iowa February 2017

The full report can be found at: <https://humanrights.iowa.gov/criminal-juvenile-justice-planning/females-and-juvenile-justice>

These recommendations to create effective service and system elements for the small number of serious, violent, and chronic juvenile female offenders are interconnected and should be considered as a whole. All recommendations that follow are predicated on implementing practices and approaches that are effective for girls involved in the juvenile justice system. It is a foundational premise inherent in these recommendations that they be developed and provided applying these principles:

- Female responsive approach in a single-gender environment
- Trauma-informed
- Culturally responsive
- Developmentally appropriate
- Criminogenic risk/need factors

To be clear, these recommendations do NOT support creation or construction of an institution like the Iowa Juvenile Home and State Training School for Girls. Likewise, the principles above strongly dictate against creation of a facility that mirrors or is present on the campus of the Boy's State Training School.

These recommendations are straightforward in their approach, seeking to achieve the service – a placement of last resort – and system that many in the state have long sought for girls. Critically, this includes meeting the needs of this small group of high risk, high need girls using a unique setting that combines best practices for girls with the lowest level of security necessary to provide for community protection.

The service described guards against the “peer contagion” effect, that is, the co-mingling of high risk delinquent youth with low risk youth resulting in negative effects for the low risk youth. Girls who do not need the highest level of service and supervision, assuming community safety is not an issue, would be better served in a lower level setting appropriate for their needs, preferably one that is community based.

Girls who do need the highest level of service should have access to a placement of last resort that provides a balance of therapeutic services with protection of the safety of the girl, those around her, and the public when necessary. This service could be private and/or public. Keeping the girl close to home is a priority; more than one setting could aid in achieving that aim.

The recommendations are of two types: service and system. Service recommendations cover only the placement of last resort for the serious, violent, and chronic female juvenile offenders. System recommendations more broadly address the needs of “deep end” girls that may not require a placement of last resort. Recommendations are not prioritized, but rather appear alphabetically.

SERVICE RECOMMENDATIONS

A placement(s) of last resort is necessary for young women involved in the juvenile justice system. This level of residential setting could be in one location or in multiple locations, but should not mix low and high risk girls. The primary benefit of multiple locations would be in easing connection between young women, their families, and the communities to which they will be returning.

This setting must be single gender to be at its most effective. Female pathways into delinquency, their abuse and trauma histories, as well as broader gender-based experiences and expectations are among the variations that distinguish them from their male counterparts and make single-gender environments optimal for this highest level of care. All recommendations in this section apply to that single-gender type residential setting for serious, violent, and chronic female offenders.

ACCESS AND ELIGIBILITY

- No reject, no eject policy. This setting will allow extended placement up to age 19½ using Iowa Code section 232.53(4). Use the current criteria detailed in Iowa Code section 232.52(2)e to establish eligibility for placement in this setting. Further screening by Juvenile Court Services using the Iowa Delinquency Assessment and other tools, as is current practice, will assist the court in determining who, of those eligible, require placement.
- The Iowa Legislature directs the Division of Criminal and Juvenile Justice Planning to convene a group to write language revising Iowa Code 232.52(2)e to accommodate for the placement of last resort for girls and ensure that the eligibility criteria are suitably narrow and appropriate for only serious, violent, and chronic offenders. This new language should be written with consideration of any potential impact on the State Training School for Boys.

ASSESSMENT

- Require a current (within 30 days) Iowa Delinquency Assessment showing a moderate or high level of risk (with exceptions for female sex offenders) and identified primary need areas prior to admission.
- Once admitted, use one or more validated tools for further assessment that are female and culturally responsive, trauma informed, and developmentally appropriate.
- Use only assessment tools that have been validated by race and gender.

EDUCATION

- Access to commensurate curricula available to students in non-facility settings. Integrate the treatment and education structures to ensure that girls' access to education while in this setting is sufficient to get them to or keep them at grade level.
- Assessment that goes beyond determining current grade level to include other educational needs (e.g., whether they do well in a classroom setting or respond better to individual instruction.)
- Education should be provided through the local school district or Area Education Agency, which would include Special Education programs and services.
- Access to higher level and college entrance level classes, and more equitable and marketable vocational programs that lead to certification. Increase the level and quality of connection between the treatment/education structure within this setting and the educational settings immediately before and after placement in this setting.
- The residential setting should maintain a connection with the local public school to facilitate involvement in extra-curricular activities and to expand vocational opportunities.

FAMILY/SUPPORT SYSTEM ENGAGEMENT

- Use a combination of Family Team Decision-Making meetings, Youth Transition Decision-Making meetings, tele-family therapy, Multi-Dimensional Family Therapy, and related best practices to maximize family/support system engagement.
- Provide housing accommodations on-site and transportation for family visits/therapy sessions. Incorporate proactive family after care components (e.g., check-ins and support at intervals for a minimum of 90 days after the end of placement).

FUNDING

- Resources proportionally equivalent to the same level of care afforded to young men with similar risks and needs using a budget structure that does not rely upon filling a certain number of beds.
- Build in sufficient resources to allow for ongoing exploration of programmatic innovations and continuous quality improvement.

MENTAL HEALTH

- Counseling/therapy by licensed professionals, individual psychiatric and psychological services are provided on-site or are available without delay, and a contracted hospital stabilization unit for acute mental health episodes is readily available and in close proximity to the facility.

OVERSIGHT AND SECURITY

- Apply third-party oversight using the structure currently applied to group foster care through the Department of Inspections and Appeals with regulations/standards specific to it as a unique setting. Particular emphasis should be placed on standards related to youth, professional, and public safety, including best practices related to isolation and restraint, which curtails their use.
- Use a combination of secure and staff secure (see Definitions) options but with a primary emphasis on staff secure as much it is safely possible. Hands-off approaches, de-escalation techniques, and trauma-informed security practices should be standard operating procedure.
- This setting for girls should provide an annual facility report and individual discharge reports that, at a minimum, reflect:
 - Hours of educational instruction provided; Hours of therapeutic intervention provided; Number and amount of isolation/seclusion incidents and Number, type, and length of restraints used
- Seek regular outside evaluation and employ a specialist to research, operationalize, and conduct further internal evaluation related to female and culturally responsive service provision and environmental functioning that is trauma-informed, developmentally appropriate, and addresses criminogenic risk/need factors. This specialist should also be responsible for conducting continuous quality improvement activities that become an integrated part of the setting structure.

PROFESSIONAL TRAINING & EDUCATION

- Minimum education and experience standards for all levels of direct service, staff, who work with young women: BA degree in a related field plus two years experience working with delinquent girls.
- Female responsive, trauma-informed, culturally responsive, and developmentally appropriate best practice training is provided to all employees, not just direct service staff. It should be research-based, progressive, ongoing, result in an implementation plan, and be supported with additional funding.
- Employees should be evaluated for demonstration of these learned capacities, and fidelity to those training models should be measured.

TREATMENT & THERAPEUTIC APPROACHES

- Single-gender environment that uses proven therapeutic rather than control-oriented types of services with an emphasis on female responsive types of programming and which targets criminogenic risk/need factors.
- Use research and/or evidence-based services within this setting whenever possible and with fidelity to the specified standards. For all services offered, access the Standardized Program Evaluation Protocol process, the Gender-Responsive Program Assessment Tool or another appropriate tool to evaluate the effectiveness of the services being offered. (See Resources section.)
- The entire environment and all of its operations are created using a female and culturally responsive lens which is trauma-informed and developmentally appropriate. (See Resources section.)

SYSTEM RECOMMENDATIONS

All recommendations within this section relate to the larger system beyond a specific setting, but still relate to serious, violent, and chronic female offenders.

ACCESS AND ELIGIBILITY

- Support current Iowa Code 232.8(5)a which allows for ongoing involvement (follow-up services and guidance from a JCO) with Juvenile Court Services up to age 21 on a voluntary basis.
- Provide additional funding to Juvenile Court Services to supplement the work done with youth who continue to access services up to age 21.

ASSESSMENT

- Validate all assessment tools by race and gender.
- Use multiple tools in order to ensure any assessment is gender and culturally responsive, trauma-informed, and developmentally appropriate until such time as a single tool exists that encompasses all of these elements.

COURT PROCESSING

- Support “one family, one judge” for all girls formally involved in the juvenile justice system.
- Require court-appointed attorneys to provide a report detailing time spent with the client and whether he/she visited the client in placement (if applicable) to the judge at the adjudication and disposition hearings. Allow the judge to appoint the juvenile another attorney if, based on the report, the attorney has not visited with the client, other than a few minutes before the hearing, and/or has not visited the client while in placement (if applicable).
- Provide fully funded Girls Court (see Definitions) for all high risk and/or high need girls and girls with moderate risk levels as appropriate. Areas that do not have a sufficient volume of girls to sustain a formal Girls Court should institutionalize the following practices: Explain all court processes until the young woman clearly indicates understanding, allow the young woman to introduce the people who have accompanied her to Court, help the young woman identify “safe” places and people, use consequences that are therapeutic and meaningful instead of simply punitive, and give the young woman a real role in the decision-making process.

EDUCATION

- Make education credits easily identifiable and transferable.
- Establish universal standards for the number and type of credits required for graduation.
- Existing planning groups (e.g., Education Collaborative, Juvenile Reentry Task Force) that are addressing issues around delinquency and education must consider gender as they seek to improve policy and practice.

FAMILY FOSTER CARE

- Establish contracted homes with foster parents who have the capacity and willingness to work with moderate and high risk delinquent girls as well as low risk girls who are high need. These homes should receive higher levels of funding as well as targeted training, services, and support that is female and culturally responsive, trauma-informed, and developmentally appropriate. Also, respite care should be readily available and provided in the home where the girl is residing.

FUNDING

- Move from a fluctuating per diem rate budget to a predetermined annual budget structure in all group care settings and increase the reimbursement rate for service providers related to raised expectations and to incentivize an increase in their capacity and competencies related to young women with moderate to high risk and needs.

PROFESSIONAL TRAINING & EDUCATION

- Minimum education and experience standards for all levels of direct service, staff, who work with moderate to high risk and high need delinquent females: BA degree in a related field or equivalent experience.
- Make female responsive, trauma-informed, culturally responsive, and developmentally appropriate best practices training and technical assistance available for those working with girls in the juvenile justice system by creating a State level position to coordinate and/or provide this assistance.
- Require regularly scheduled female responsive, trauma-informed, culturally responsive, and developmentally appropriate best practice training for programs/agencies that receive State funding and are tasked with working directly with serious, violent, and chronic juvenile female offenders. Training should be research-based, progressive, ongoing, result in an implementation plan, and be supported with additional funding.

Contacts

Jennifer Tibbetts, Chair
Iowa Task Force for Young Women
319-551-0874

Steve Michael, Administrator
Division of Criminal and Juvenile Justice Planning
515-242-6122



Group Care Usage in Juvenile Justice and Child Welfare: A Data Summary

Compiled by CJJP Staff, August 2019

Prepared for the Group Care Workgroup

Iowa Department of Human Rights,
Division of Criminal and Juvenile Justice Planning

Statistical Analysis Center

Steve Michael, Administrator
321 E. 12th Street
Des Moines, IA 50319
(515) 242-5823
<https://humanrights.iowa.gov>



Disclaimer

Service data was extracted from the Judicial Branch Case Management system (CMS) and the Justice Data Warehouse Child Welfare data on August 7, 2019.

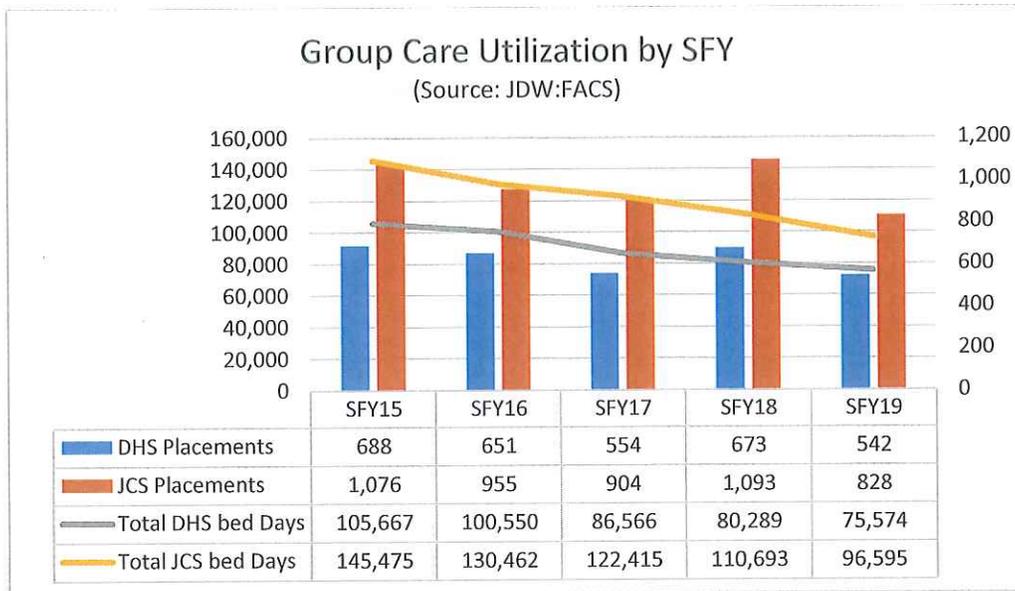
Group care is used for both child welfare and juvenile justice youth in Iowa. Under the current system, data about group care usage is collected and entered in both the Family and Child System (FACS) and the Judicial Branch Case Management system (CMS). Payments for group care are managed within FACS and case management information for the juvenile justice youth are found in the JB CMS. The data for this report was extracted from the Justice Data Warehouse (JDW). The JDW contains data from both the FACS and JB CMS systems. Reconciling differences between the two sources was beyond the scope of this analysis.

Each of the data charts are labeled to reflect the source system from which the data was extracted. Charts labeled "Source JDW:FACS" are from FACS and those labeled "Source JDW:CMS" are from JB CMS.

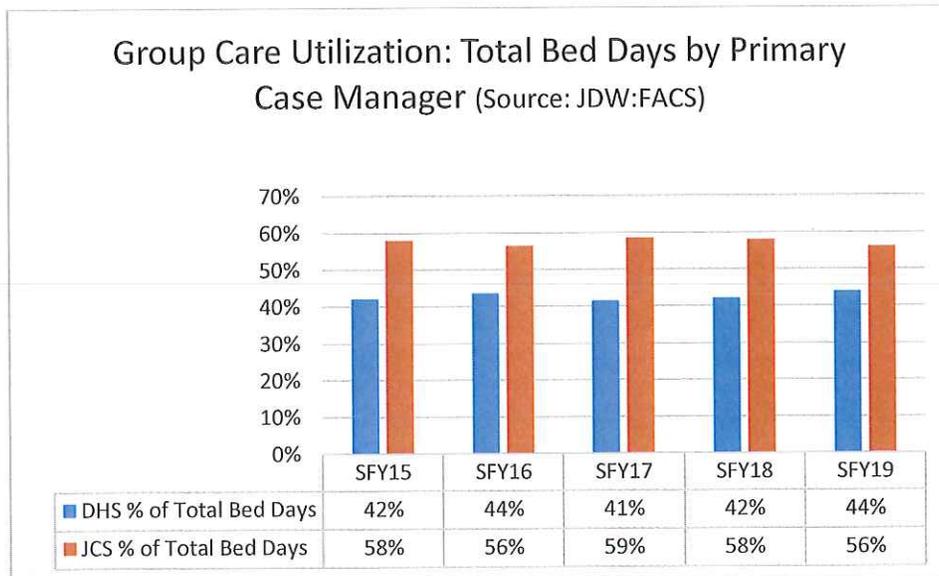
If a short form Iowa Delinquency Assessment (IDA) was conducted within 180 days prior to the beginning of the placement or 30 days after the start of the placement, it was used to determine risk level. If there was more than one IDA within this time frame, the assessment conducted closest to the start date of the service was selected. If an assessment was not found within this time frame the IDA risk level was coded as "none".

The data are a reflection of the official records contained in the case management system at the time the information was extracted to the Iowa Justice Data Warehouse. Some edits to these records may have occurred within the case management system after the extraction and such updates would be made in the data warehouse during the next upload cycle.

By law and court rule, charges are filed and disposed of in a number of ways for various reasons and are influenced by the actions and decisions of arresting agencies, witnesses, defendants, grand juries, prosecutors, magistrates, juvenile court and judges, which contribute to differences among jurisdictions and over time.

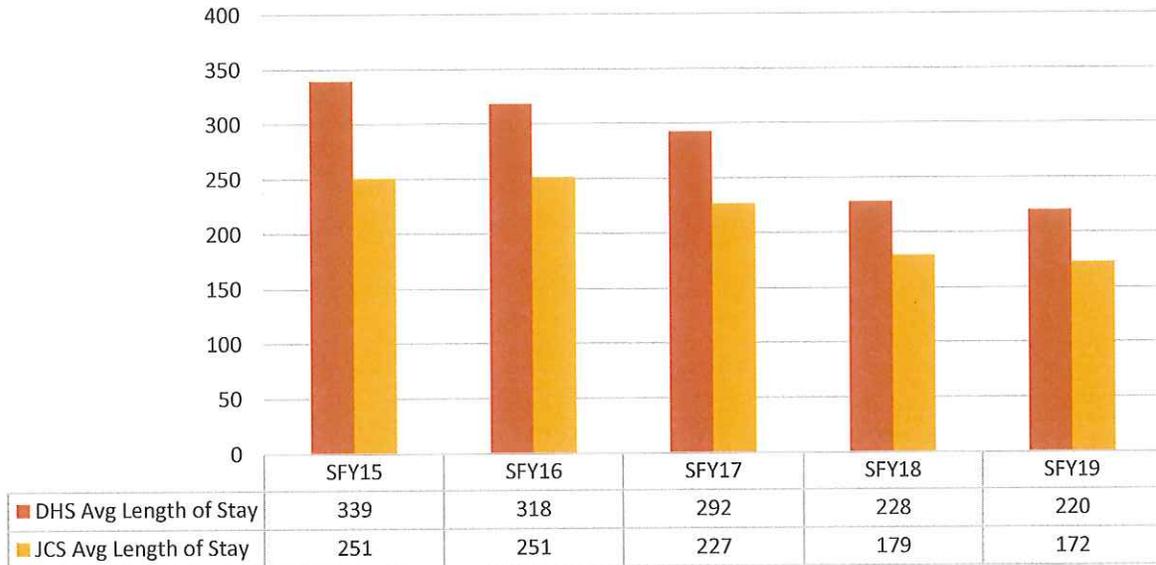


- Juvenile justice placements decreased by 23%, while child welfare placements decreased by 21%.
- Total Bed Days decreased by 28% for child welfare placements and by 34% for juvenile justice placements.



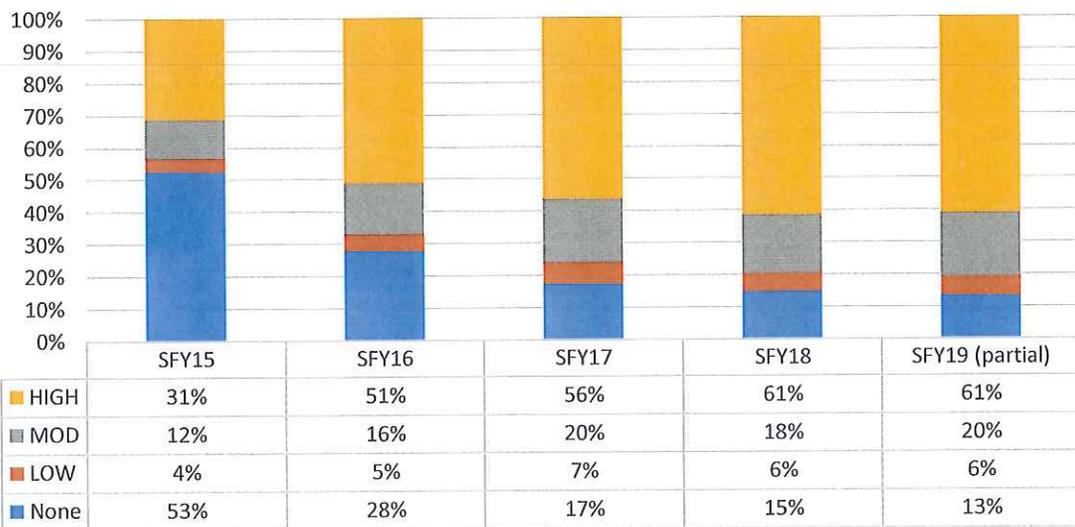
- The proportion of bed days used by juvenile justice and child welfare has remained steady.

Average Length of Stay by Primary Case Manager (Source: JDW:FACS)



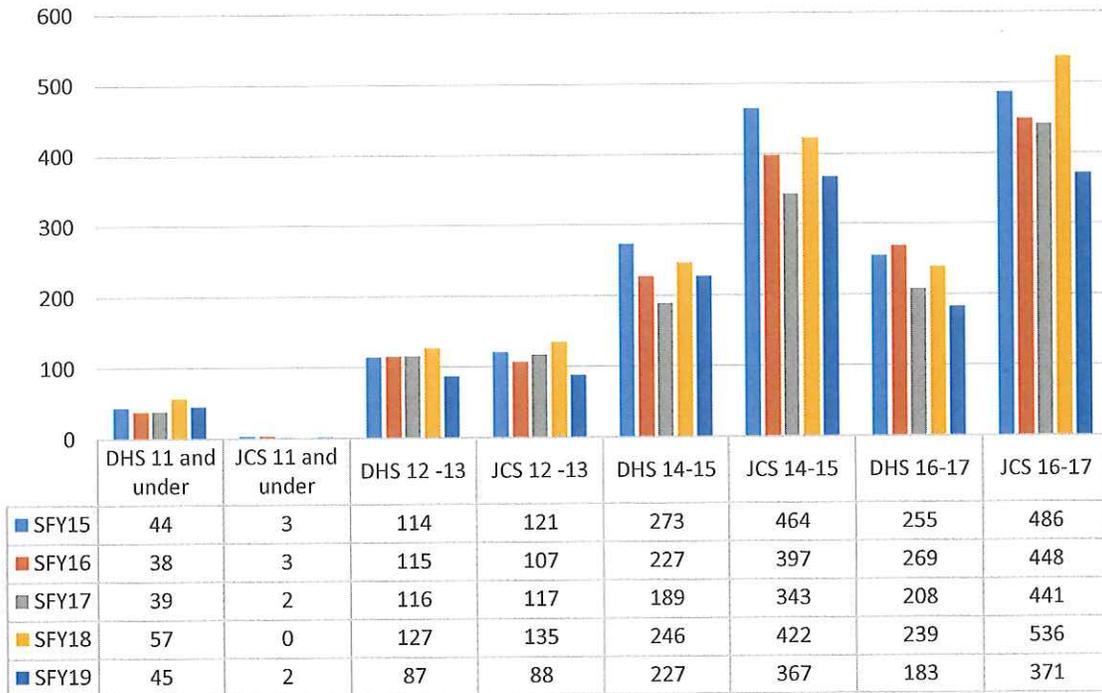
- The average length of stay dropped for child welfare and juvenile justice placements, 35% and 31%, respectively.

Proportion of Juvenile Justice Group Care Placements by IDA Risk Level (Source: JDW:CMS)

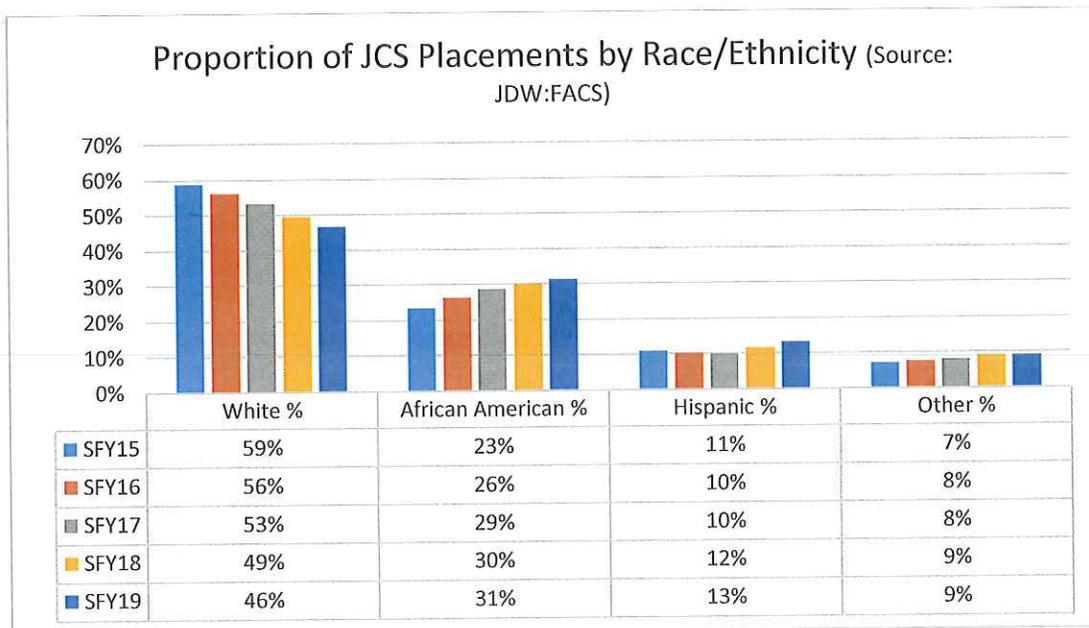
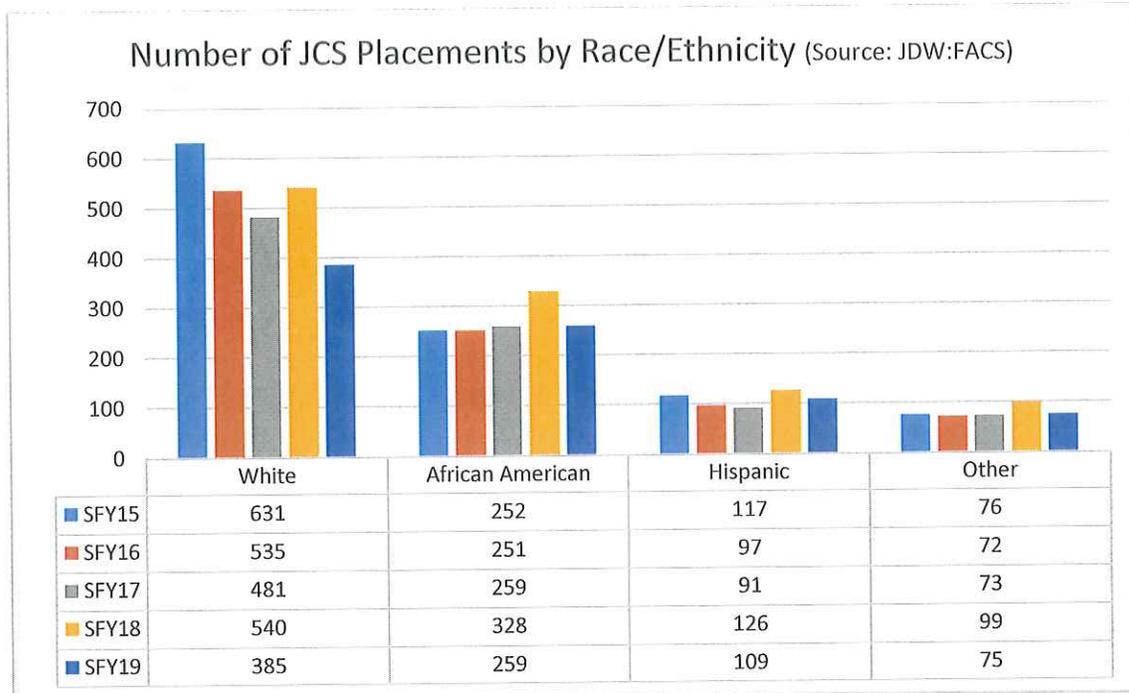


- Moderate and High risk youth make up over three-quarters of all group care placements.

Age at Start of Placement (Source: JDW:FACS)



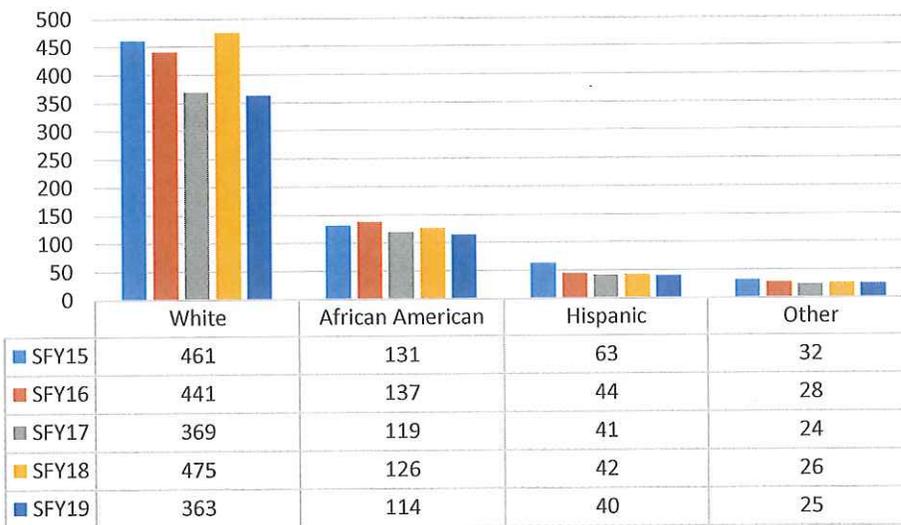
- Placements for juvenile justice youth have an average age of 15.3 years, compared to child welfare youth at 14.7 years.
- The median age for both juvenile justice and child welfare youth was 15 years old.



- Juvenile justice placements for White youth decreased by 39%, while African-American youth increased by 3%.

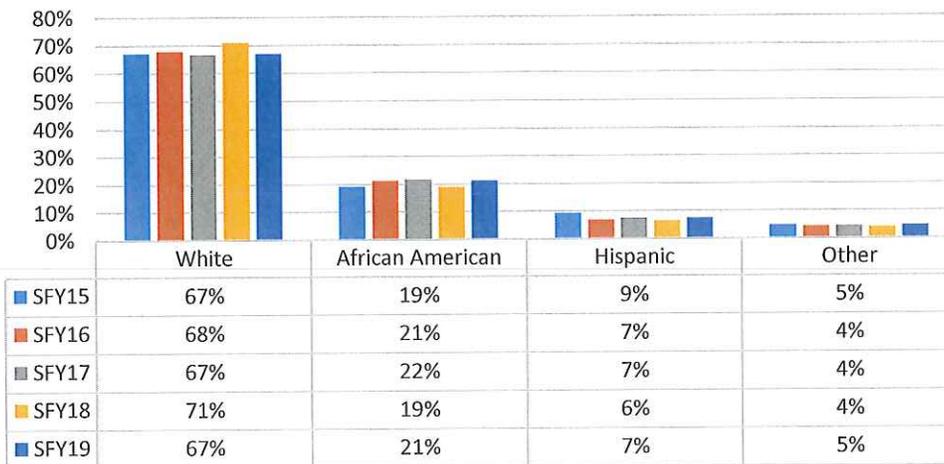
Number of DHS Placements by Race/Ethnicity

(Source: JDW:FACS)



Proportion of DHS Placements by Race/Ethnicity

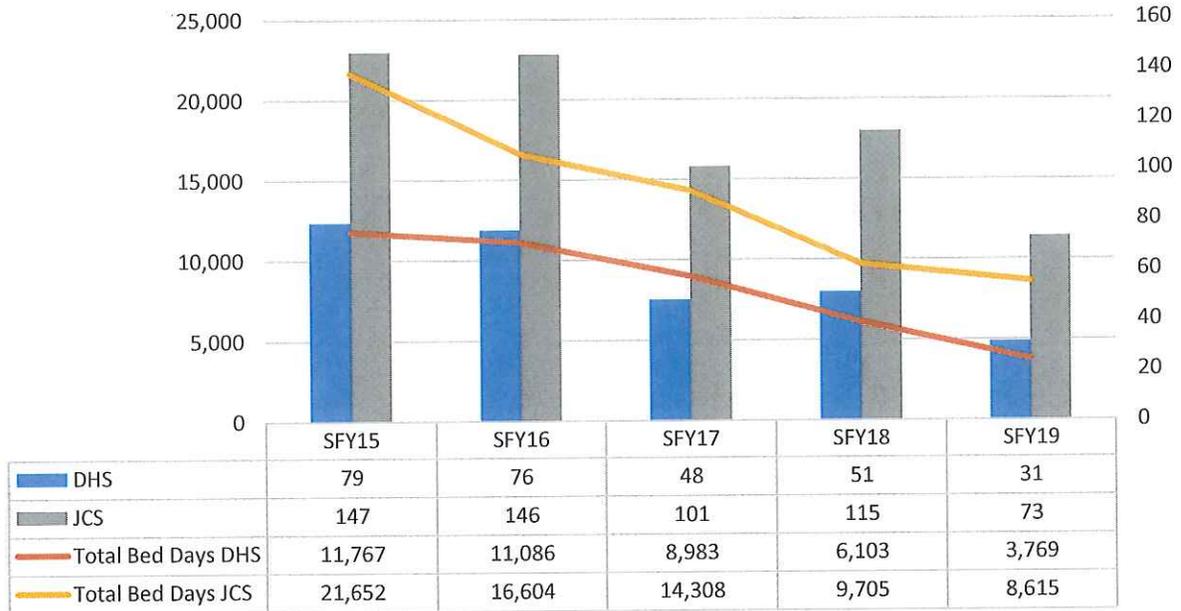
(Source: JDW:FACS)



- Child welfare placements for White and African-American youth decreased by 21% and 13%, respectively.

Juvenile Court District Details

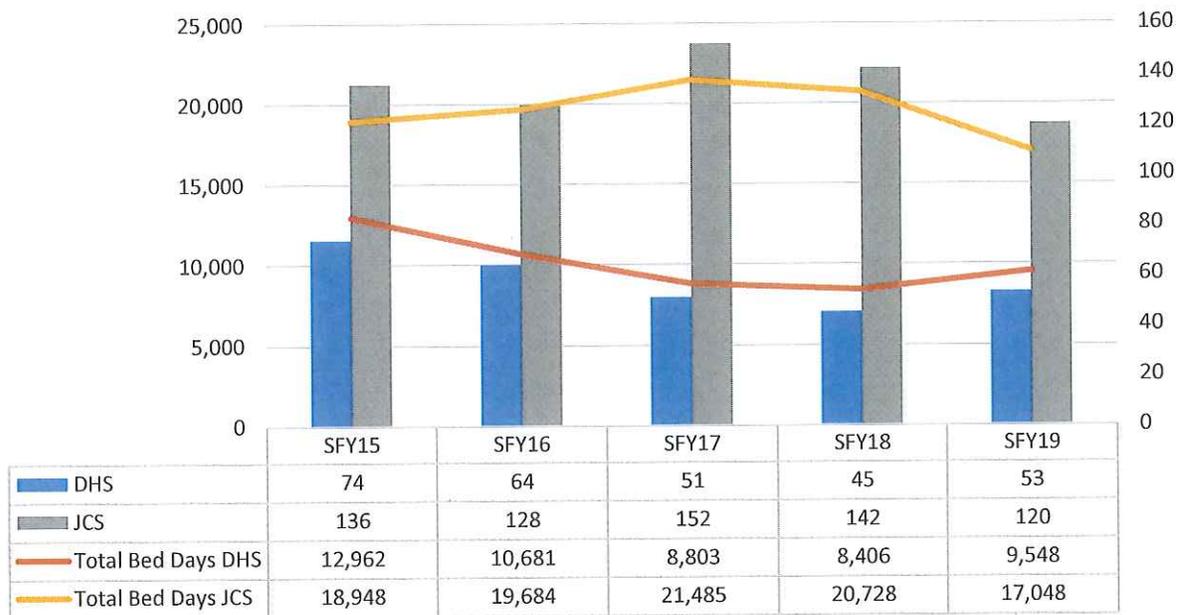
Group Care Utilization for District 1 (Source: JDW:FACS)



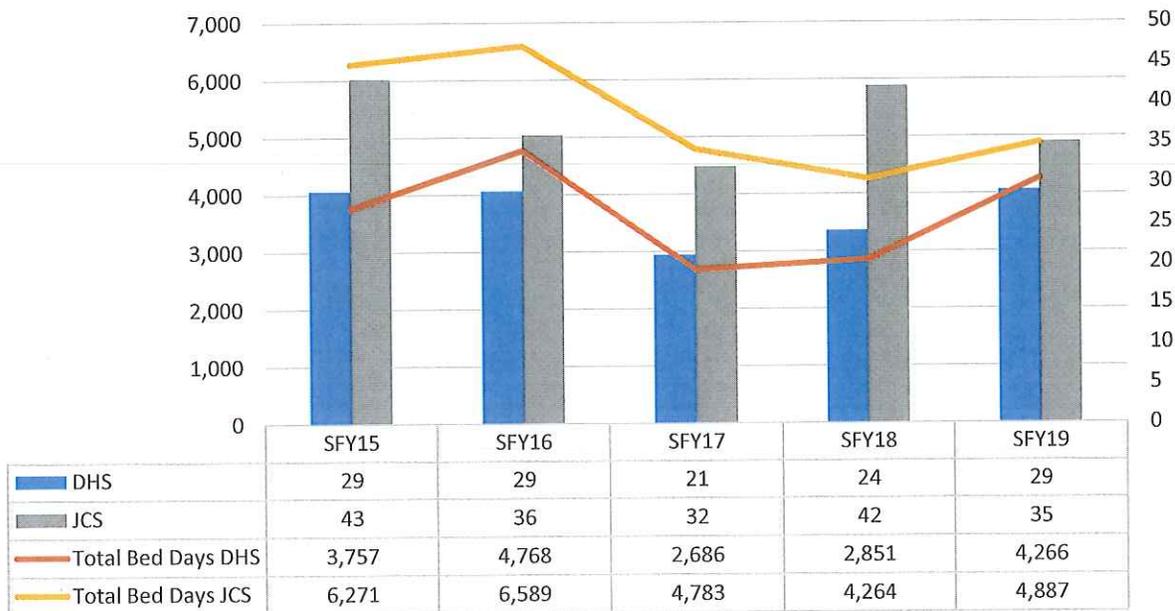
Group Care Utilization for District 2 (Source: JDW:FACS)



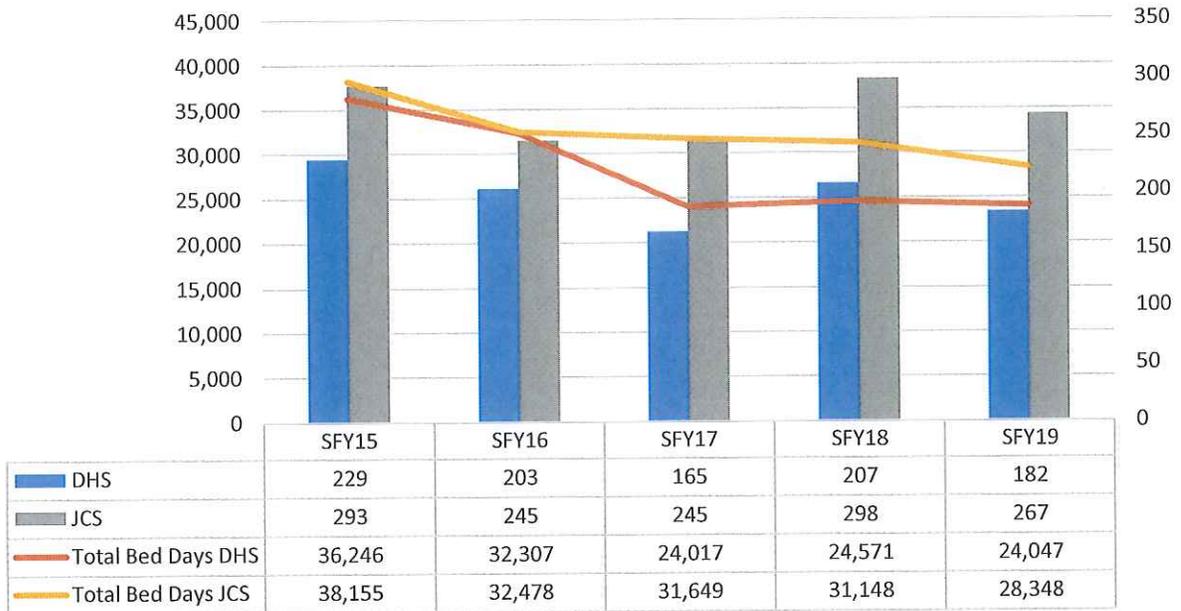
Group Care Utilization for District 3 (Source: JDW:FACS)



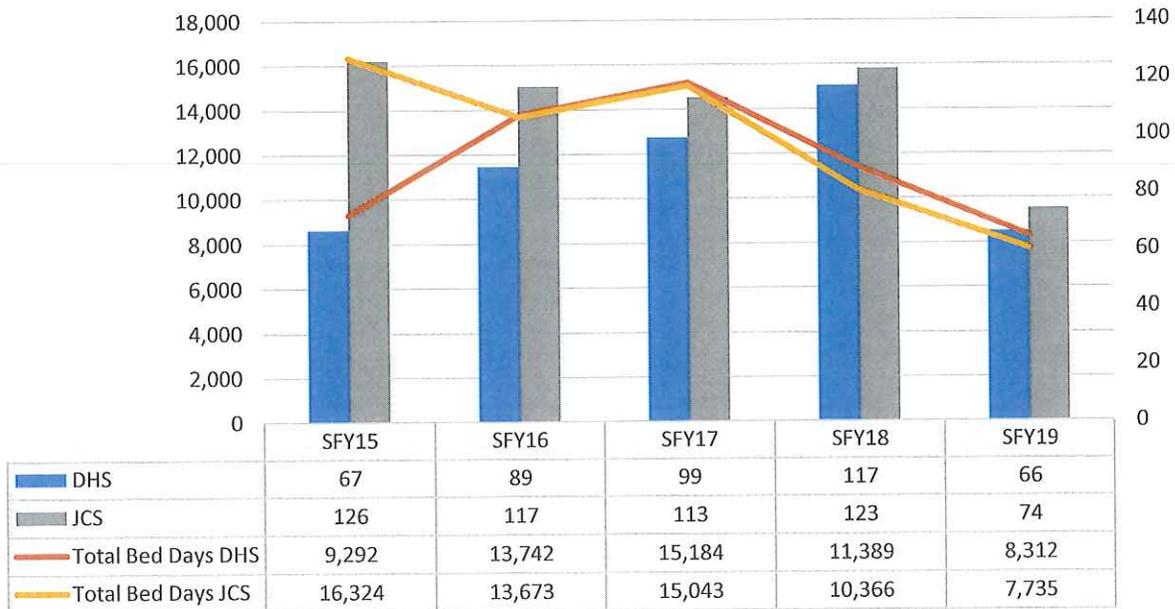
Group Care Utilization for District 4 (Source: JDW:FACS)



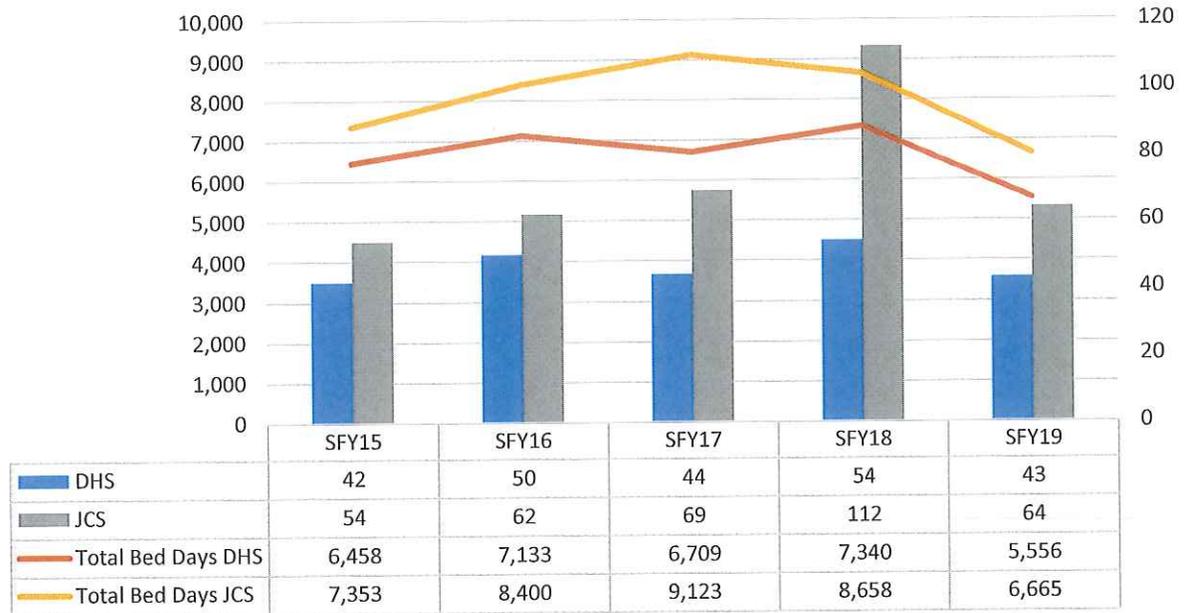
Group Care Utilization for District 5 (Source: JDW:FACS)



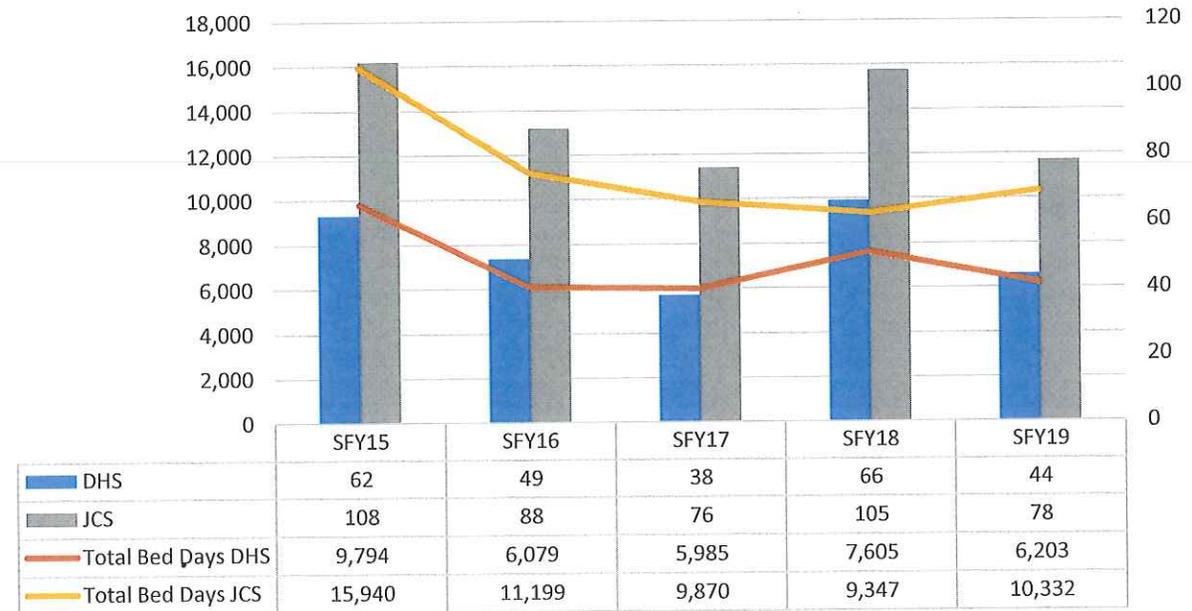
Group Care Utilization for District 6 (Source: JDW:FACS)



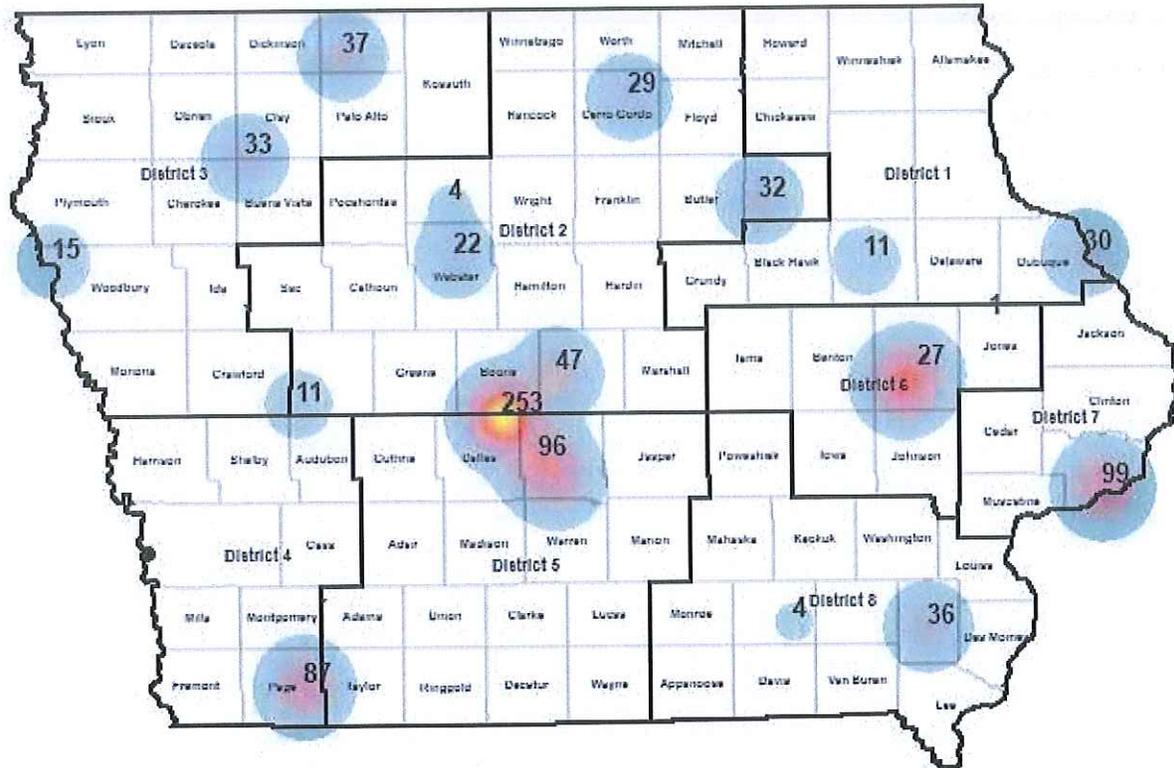
Group Care Utilization for District 7 (Source: JDW:FACS)



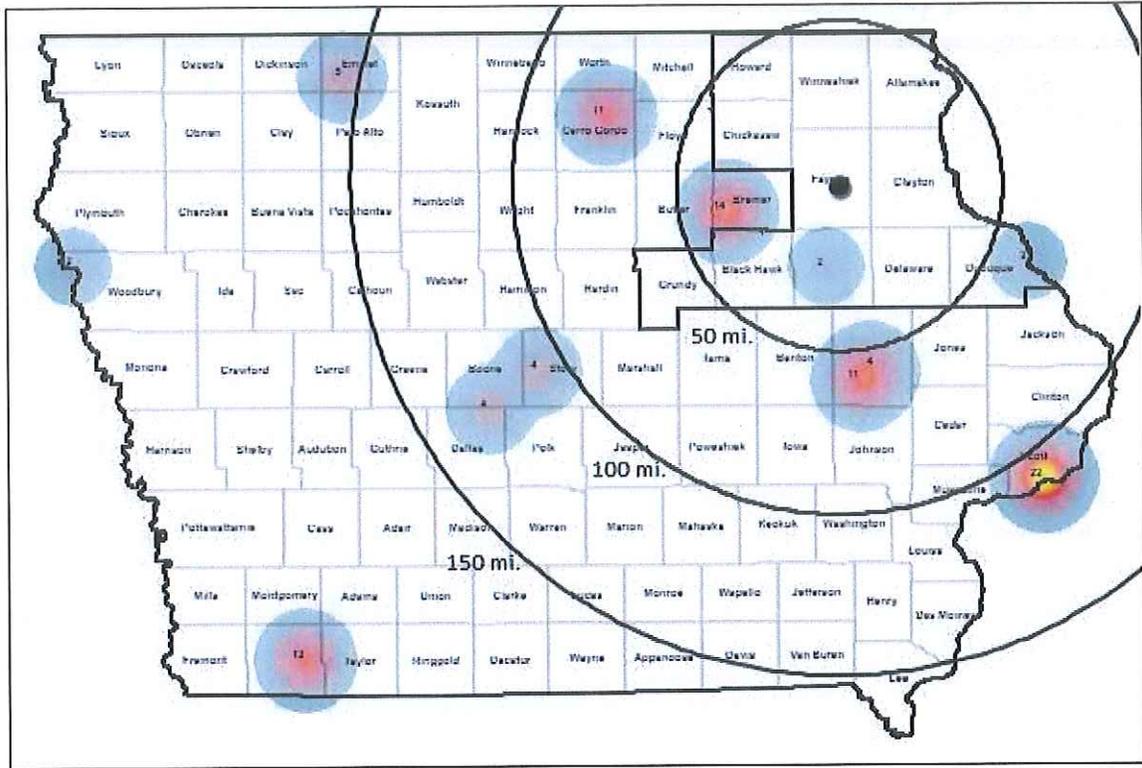
Group Care Utilization for District 8 (Source: JDW:FACS)



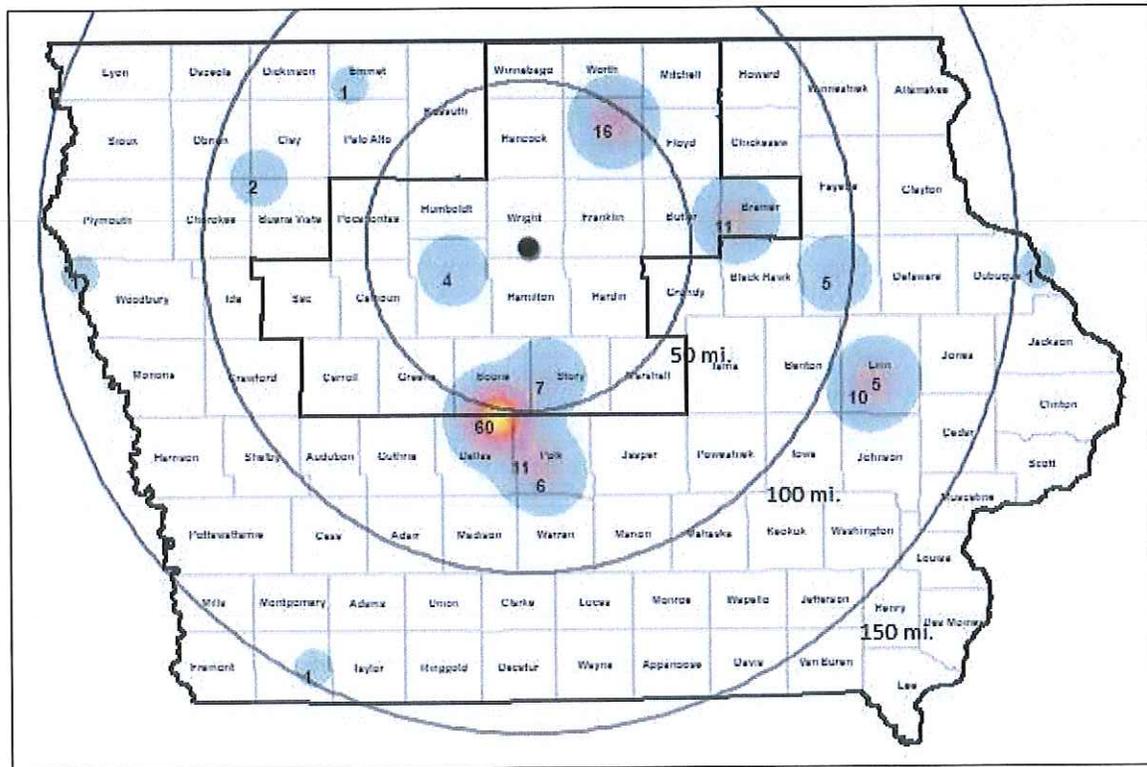
State Wide JCS Group Care Placements by City of Facility SFY 2019 (Source: JDW:CMS)



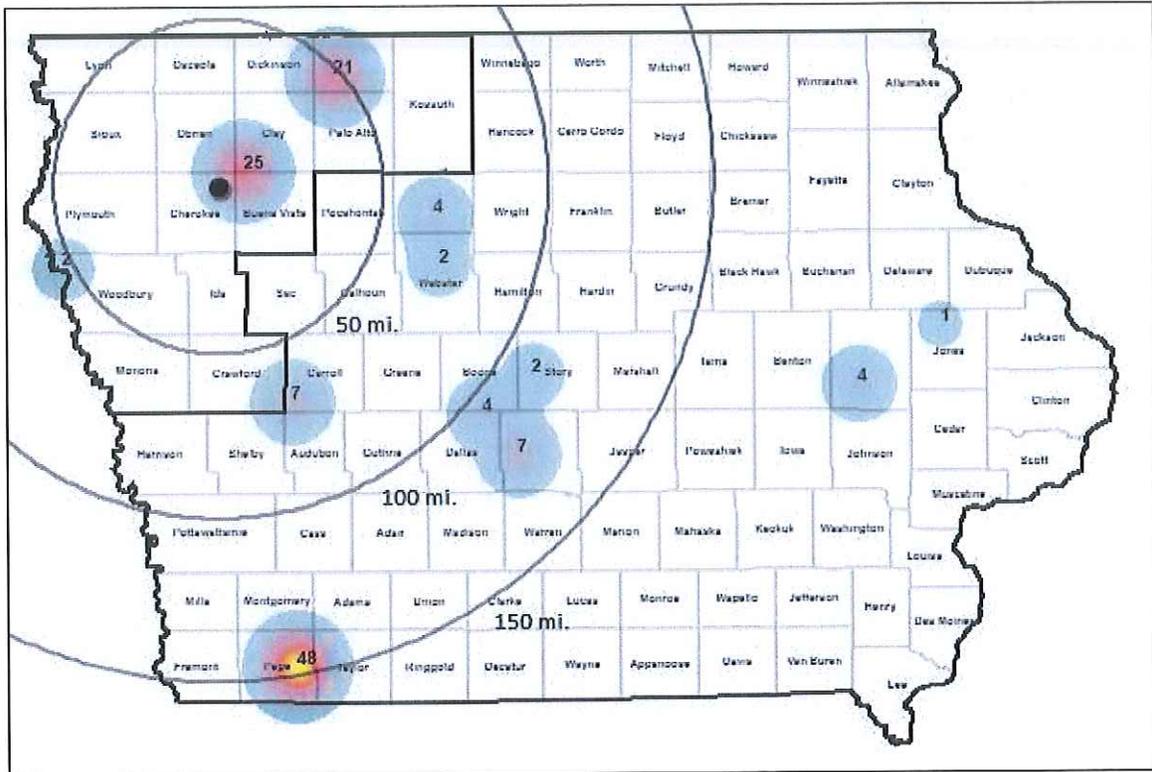
District 1 JCS Group Care Placements by City of Facility SFY 2019 (Source: JDW:CMS)



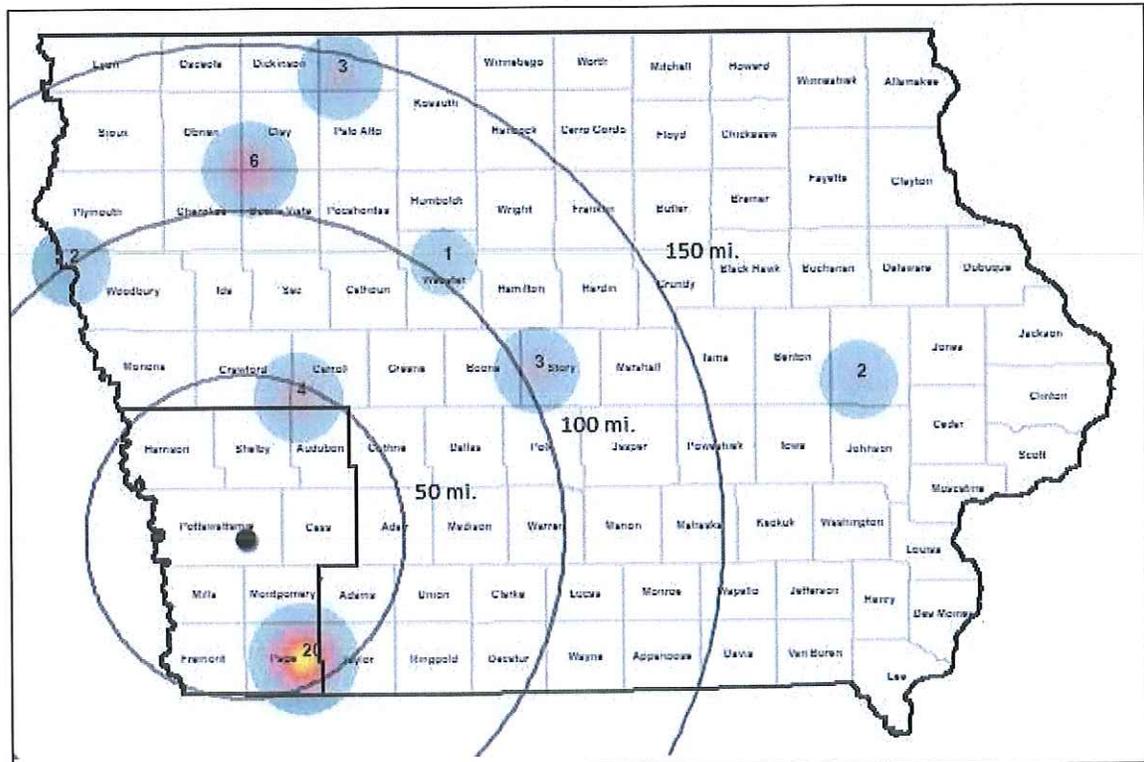
District 2 JCS Group Care Placements by City of Facility SFY 2019 (Source: JDW:CMS)



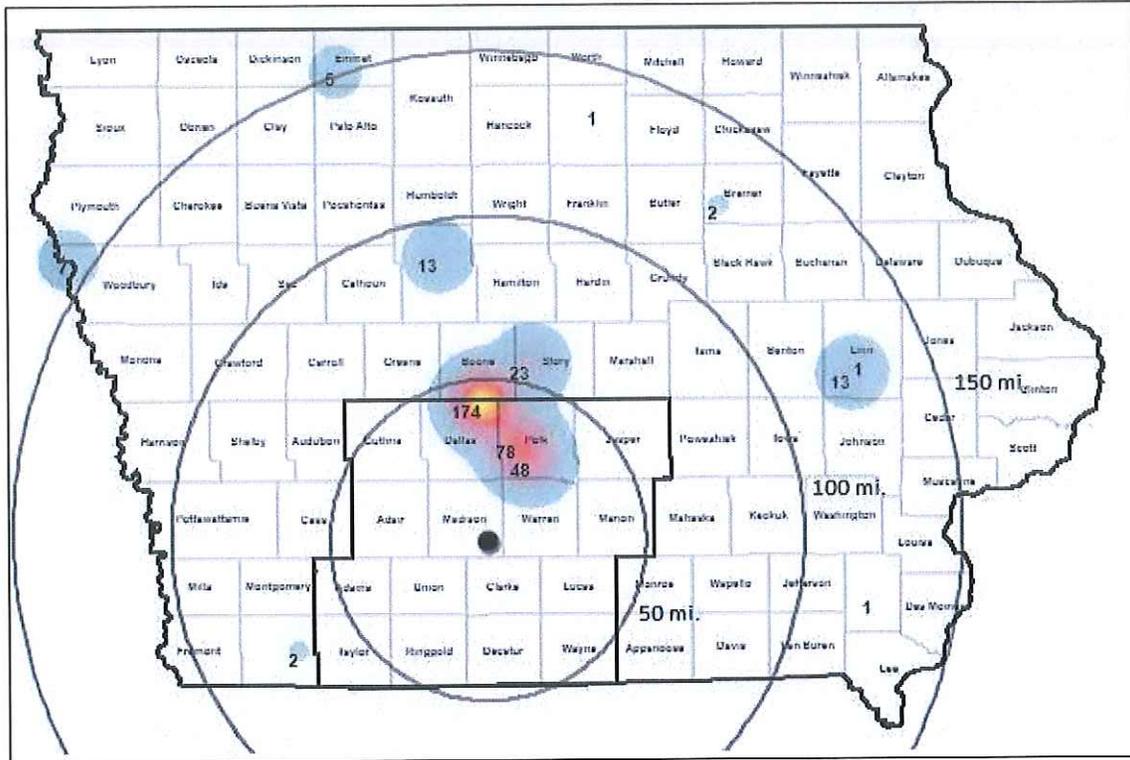
District 3 JCS Group Care Placements by City of Facility SFY 2019 (Source: JDW:CMS)



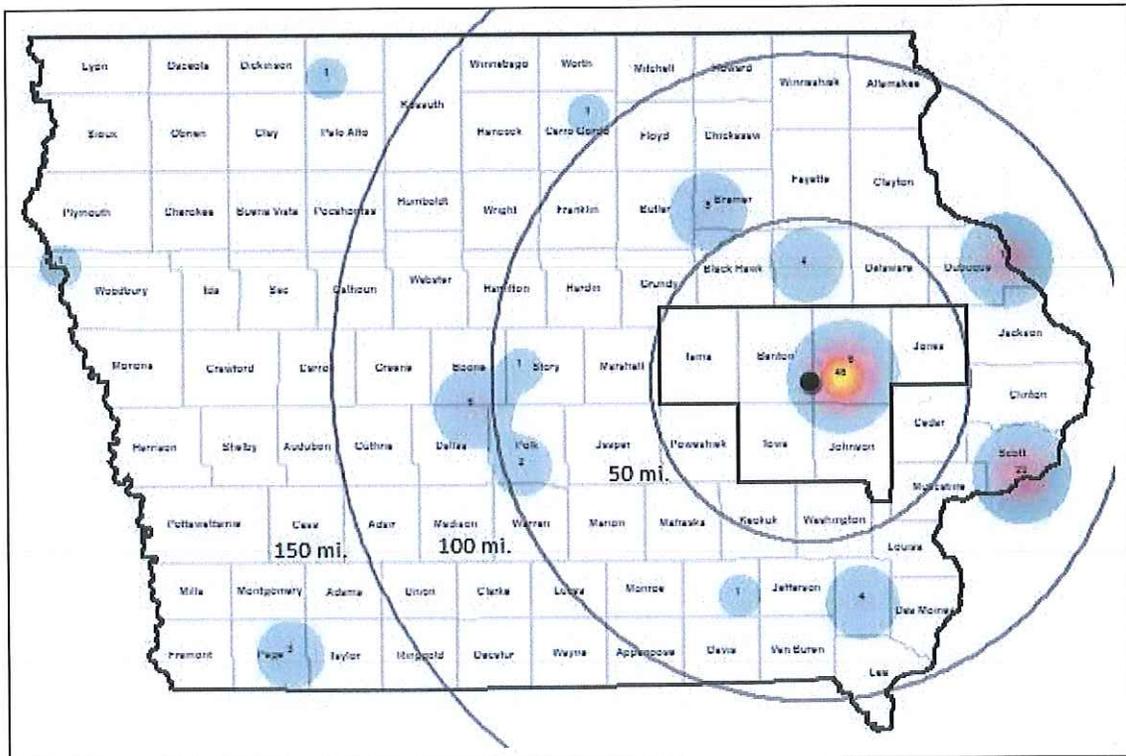
District 4 JCS Group Care Placements by City of Facility SFY 2019 (Source: JDW:CMS)



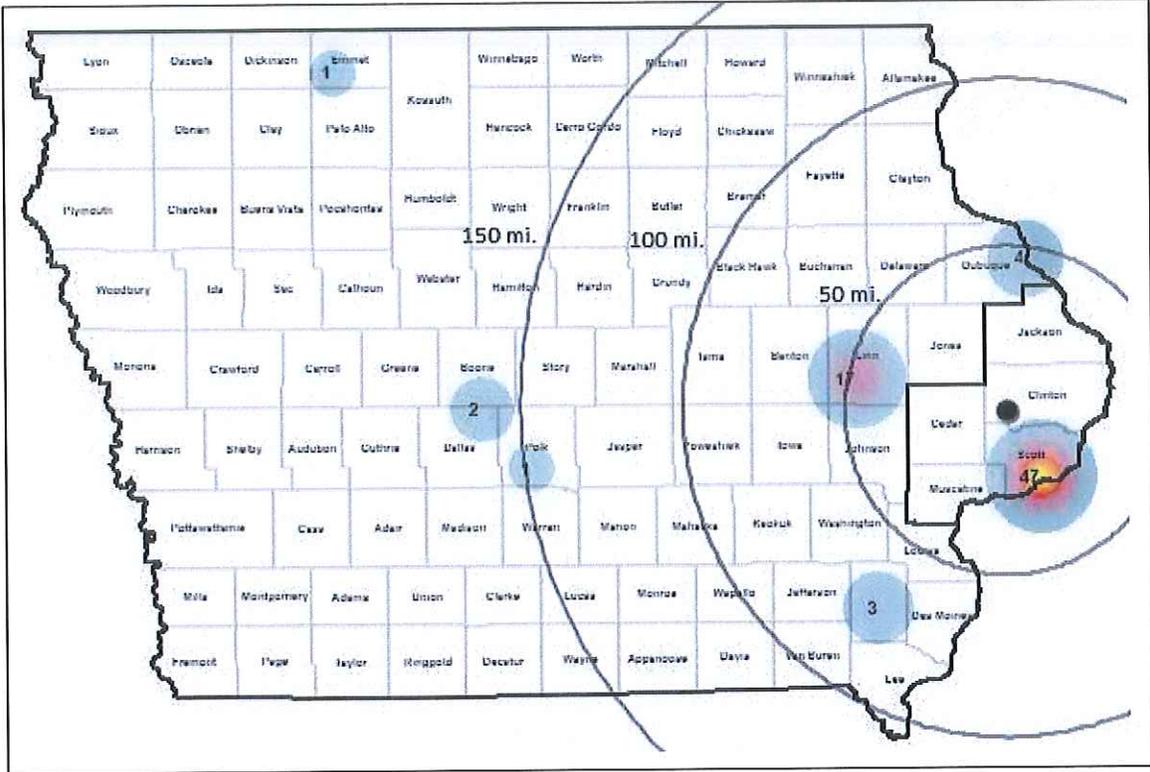
District 5 JCS Group Care Placements by City of Facility SFY 2019 (Source: JDW:CMS)



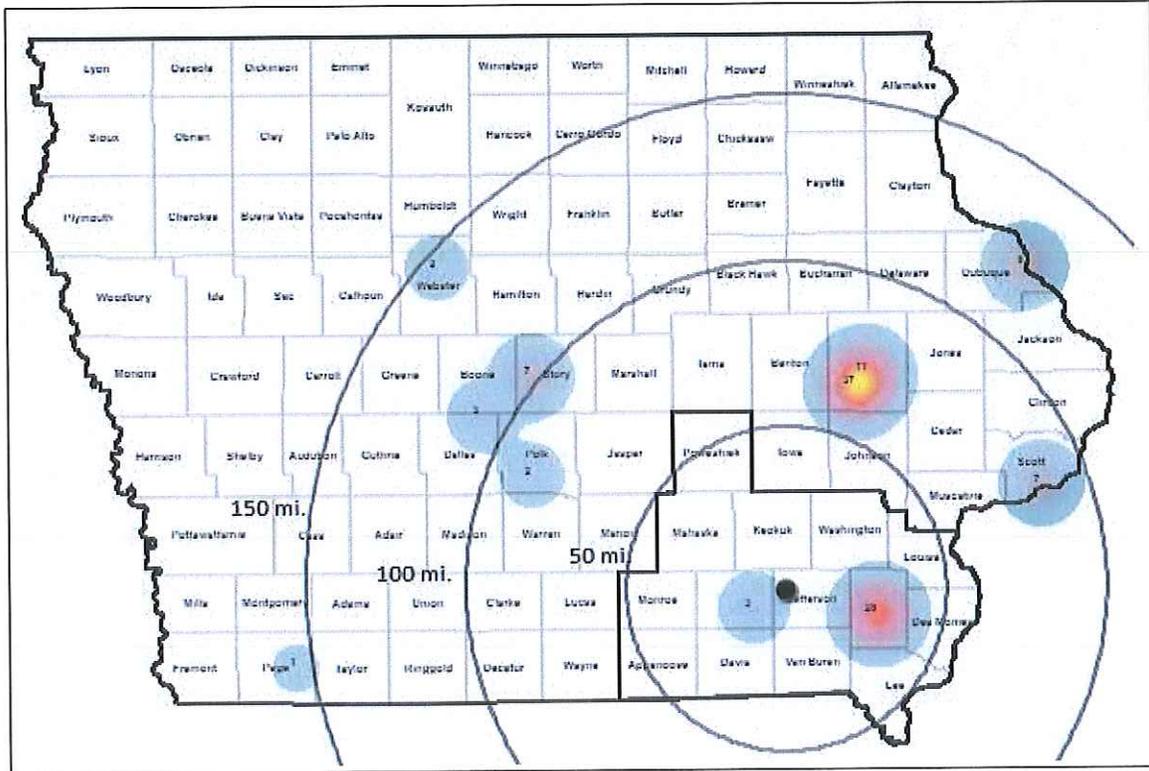
District 6 JCS Group Care Placements by City of Facility SFY 2019 (Source: JDW:CMS)



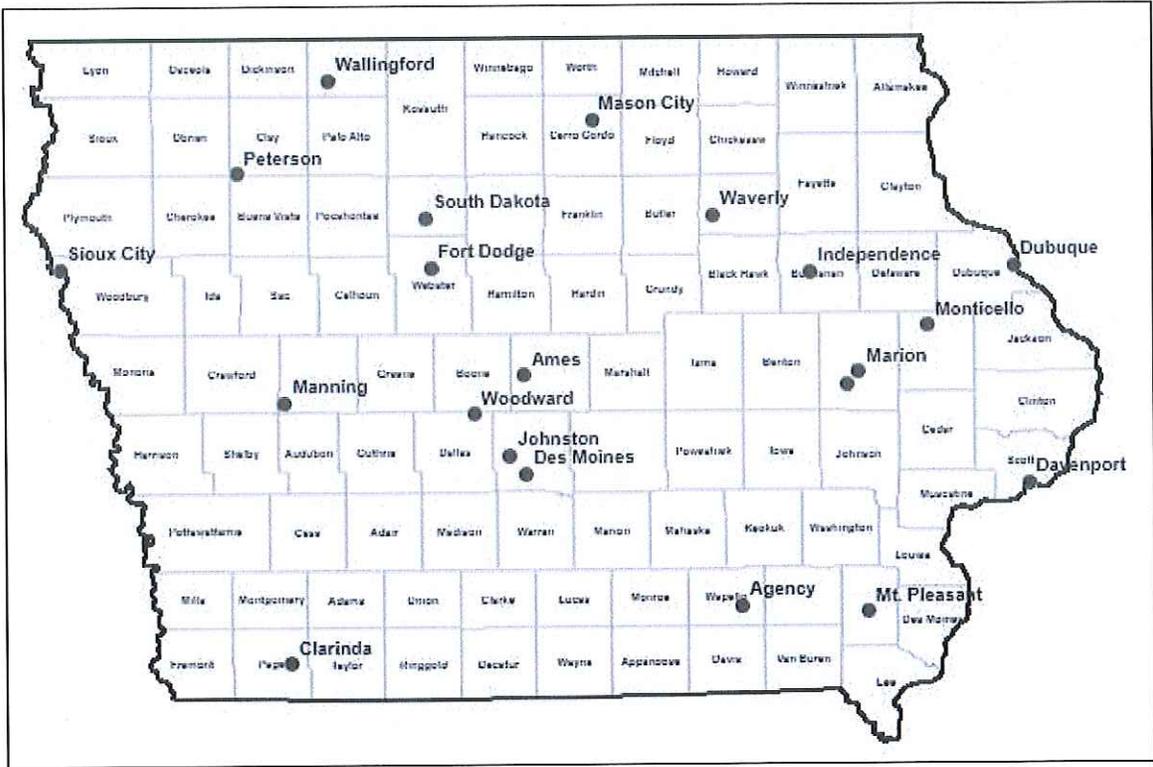
District 7 JCS Group Care Placements by City of Facility SFY 2019 (Source: JDW:CMS)



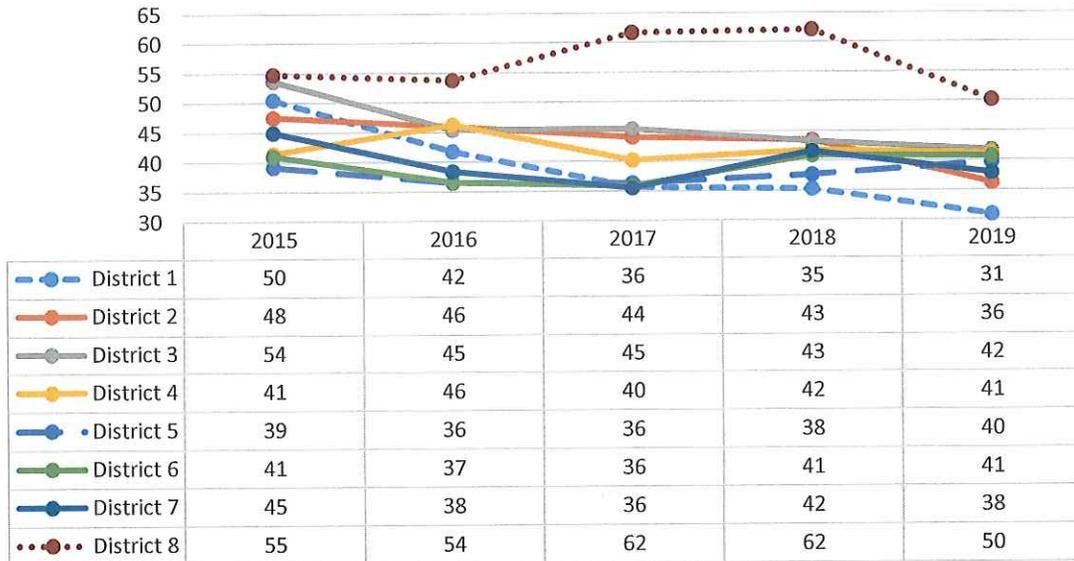
District 8 JCS Group Care Placements by City of Facility SFY 2019 (Source: JDW:CMS)



Cities with Group Care Facilities in Iowa that held Juvenile Justice Youth during SFY 2019.

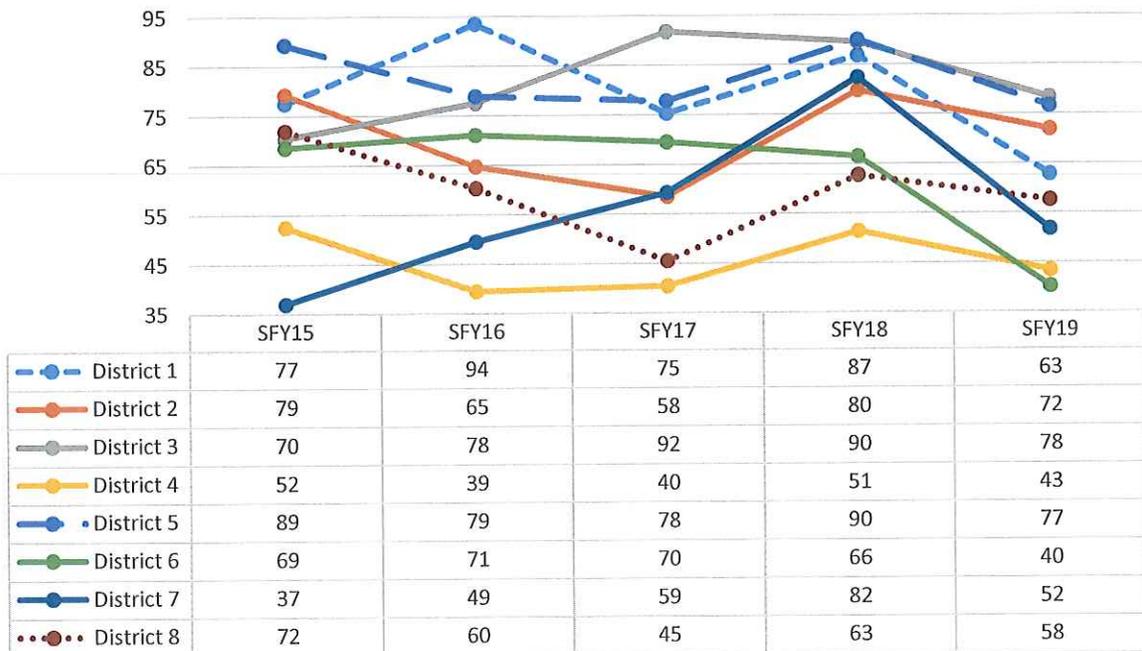


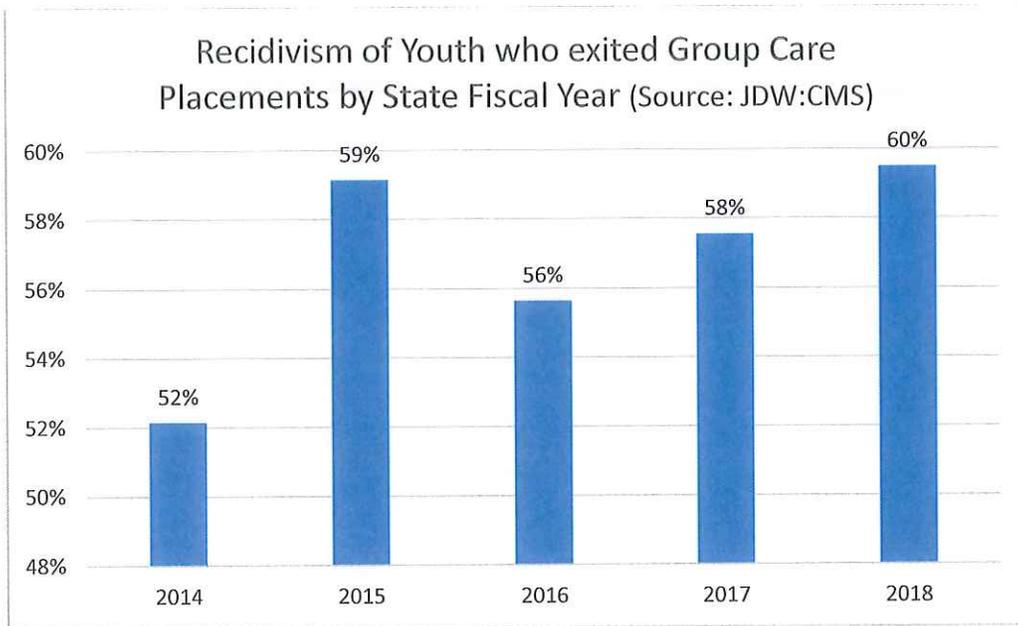
Complaints per 1000 Youth Population age 10 to 17 (Source: JDW:CMS)



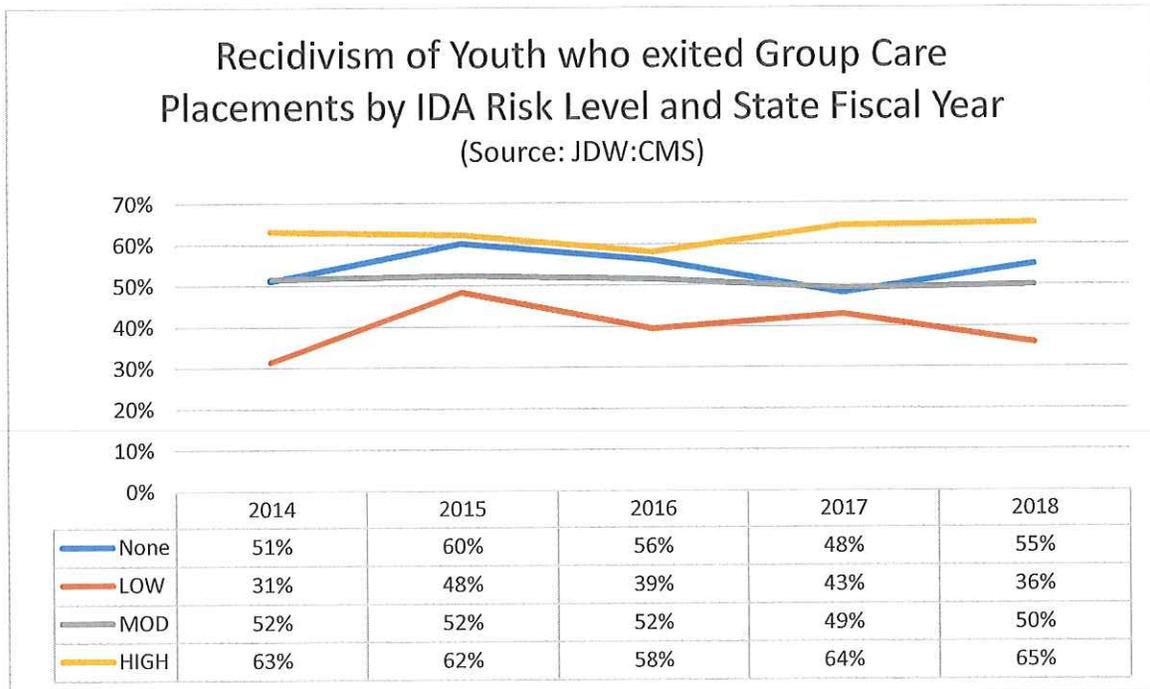
- District 8 has the highest number of complaints per 1000 Youth Population age 10 to 17.

Group Care Exits per 1000 Juvenile Complaints by District (Source: JDW:FACS)

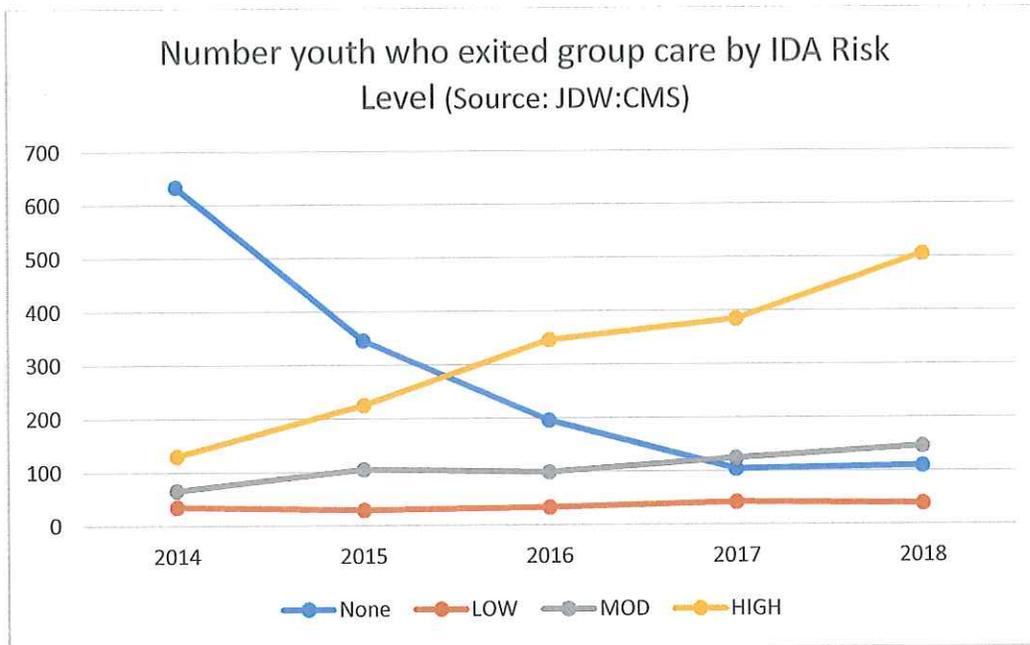




- Recidivism rates have been increasing over the last 5 years.



- Higher Risk Youth recidivate more often.
- Youth who have not received an IDA risk level recidivate at a level lower than High risk youth.
- Recidivism Rates within Risk Levels have fluctuated but do not show a clear trend.



- Youth who have received an IDA risk score have declined faster than youth with a High risk have increased.
- The Low Risk youth in group care has remained steady.
- Moderate Risk Youth have increased slightly.
- Conclusion: High risk youth make up a greater proportion of the youth who exit group care today.

Updated: 12/2/2019

State Examples of Group Care Funding Structures and Services

Overview: The Iowa Group Care Subcommittee requested information on how others states use and fund group care services and data on group care utilization for juvenile justice system-involved youth. CJI reached out to senior leadership in other states to request information, as well as reviewed publically available information to respond to the subcommittee's request. To date information has been collected from Colorado, Kansas, South Dakota and Utah. The following summarizes the information received from these four states and the document will be updated as CJI obtains additional information and data from other states.

1. Three (Colorado, Kansas and South Dakota) states have separate group care contracts for programs serving youth involved in the juvenile justice system and youth involved in the child welfare system; however, only one state (Kansas) serves these two populations of youth in separate facilities/programs.
2. Three (Kansas, South Dakota and Utah) states have a statewide group care rate.
3. All four states use alternatives to group care including Functional Family Therapy, Moral Reconciliation Therapy, Aggression Replacement Training, electronic monitoring/GPS, and other family-based services.
4. Three (Kansas, South Dakota and Utah) states have identified racial and ethnic disparities and are making efforts to address the disparities in their systems.

Updated: 12/2/2019

Table 1. State Responses on Group Care Utilization and Funding

| Question: | Kansas | South Dakota | Utah | Colorado |
|--|--------|---|--|----------|
| <i>Do juvenile justice youth and child welfare youth receive group care services in the same facilities?</i> | No | Yes | Yes | Yes |
| <i>If juvenile justice youth and child welfare youth are receiving group care services in the same facilities, why is that? How is treatment differentiated?</i> | | Given the size of the juvenile justice population it isn't reasonable to have private facilities serve just juvenile justice youth. Treatment is not really differentiated. | Youth need to have a similar risk/need level if they are in the same facility. There is department-wide contracting, quality assurance and service design making it possible to serve juvenile justice youth and child welfare youth receive group care services in the same facilities. | |
| <i>Are group care contracts for juvenile justice youth and child welfare youth separate?</i> | Yes | Yes | No | Yes |

Updated: 12/2/2019
What complications have arisen from having separate contracts, yet serving both populations of youth, in the same facilities?

Making sure that providers know the different contractual agreements and goals for child welfare youth versus juvenile justice youth.

New approach to serve both populations in the same settings and are focusing on education and increased communication across divisions.

| | No | No | No | No |
|--|--|---|--|---|
| <p>Do you have a no eject/reject clause in your contract with group care providers?</p> <p>Is there a statewide rate for group care? How are group care facilities paid?</p> | <p>Yes (same rate for all facilities of the same type) there is a statewide rate for group care.</p> <p>Juvenile justice providers are paid a rate that is a set amount annually. There is a small increment in the rate based on actual number of youth in the facility (i.e. per kid per day).</p> | <p>Yes (the Department of Social Services uses a cost reporting methodology to determine rates) there is a statewide rate for group care.</p> <p>There is a flat rate per youth per day (rates are determined by the Department of Social Services but the same daily rate is applied per youth/per day regardless of referral source).</p> | <p>Yes (the Department of Human Services uses a statewide rate) there is a statewide rate for group care.</p> <p>A flat rate per youth per day (the cost is generally the same for all youth in a particular program, although an enhanced rate is used for increased staffing).</p> | <p>Group care programs are paid a flat rate per youth/per day.</p> <p>Child welfare ends up paying more than the Division of Youth Services (DYS) for group care but DHS is working to open up more funding to even up that cost.</p> |



CRIME AND JUSTICE INSTITUTE
 A Division of Community Resources for Justice

Updated: 12/2/2019

Are different facilities paid different amounts? (E.g., Do facilities/programs serving rural areas get paid a different rate?)

No

No

Yes (there is a rural incentive and a higher rate for mental health services)

Yes an additional cost per day/per youth is used to provide enhanced substance abuse treatment.

| <p>Alternatives to Group Care?</p> <p>What has gone well when using alternatives to group care?</p> | <p>FFT, EPICS, YAP, MRT, ART and county specific evidence-based programs.</p> <p>Saved more than \$50 million over the past 3 years. Kids are diverted from the formal system at greater rates and more kids are on probation in the community rather than securely confined. Probation is much more of a service provider. There is a reduction in the rate that youth become involved with law enforcement for a 2nd or more time and a decrease in risk level from initial YLS/CMI.</p> | <p>Electronic Monitoring/GPS, foster care and shelter care.</p> <p>Avoid longer term placement and provides an opportunity for community-based treatment.</p> | <p>Family-based and in home services.</p> | <p>Independent living in apartments and foster care.</p> |
|---|--|---|---|--|

Updated: 12/2/2019

| | | | |
|---|---|---|---|
| <p><i>Have complications arisen when using alternatives to group care?</i></p> | <p>Educating jurisdictions on effective alternatives (too few professionals know what works to change juvenile behavior). Many alternatives are not well matched to small jurisdictions and there is resistance from some stakeholders because alternatives counter what they have done their whole career. FFT contractors have a lot of staff turnover.</p> | <p>Families are no longer interested in parenting the child.</p> | <p>Educating the public and other stakeholder groups on the effectiveness of these alternate programs.</p> |
| <p><i>Are there any alternatives that were considered but not used?</i></p> | <p>MST (there were not enough moderate and high risk youth)</p> | | <p>Therapeutic foster care.</p> |
| <p><i>Has your state identified racial and ethnic disparities in group care utilization? If so, what efforts have been made to address racial and ethnic disparities in group care?</i></p> | <p>In an effort to make front-end diversion opportunities more readily available, and reduce reliance on secure confinement for all youth, including group care, legislation was changed to: require mandatory</p> | <p>The South Dakota Council of Juvenile Services has awarded grants to local agencies/jurisdictions to address racial and ethnic disparities.</p> | <p>As youth move through the system in Utah, data show racial and ethnic disparities grow larger; Utah's 2017 legislation requires more mandatory diversions at the front-end and expansion of evidence-based</p> |



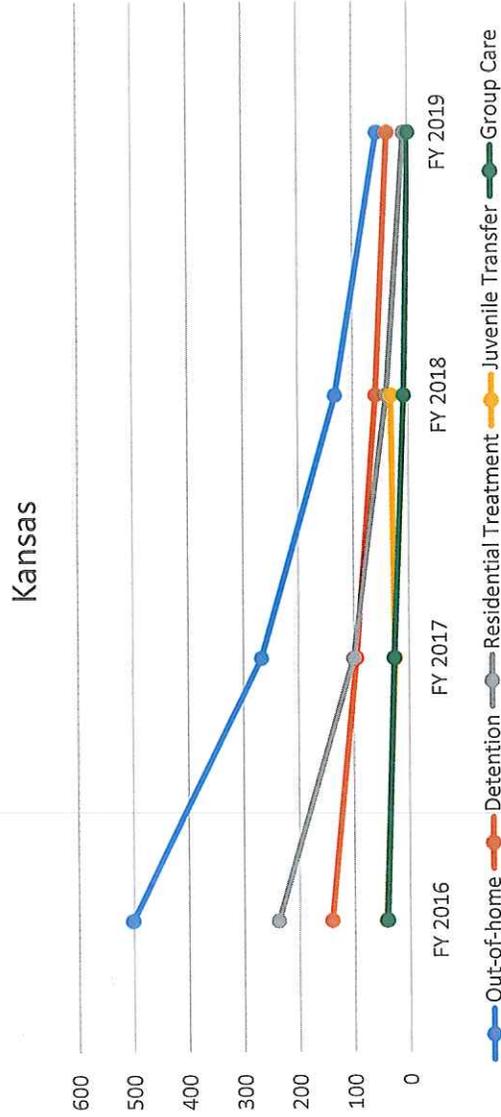
Updated: 12/2/2019

| | | | | |
|--|---|--|--|---|
| | <p>diversion for misdemeanors with no prior adjudications; risk assessments being mandatory for all youth upon adjudication to inform intensity of treatment; the use of Detention Risk Assessment Instrument statewide; and length of probation being based on offense and risk.</p> | | <p>services in the community. The state is also committed to disaggregating and reporting data on the juvenile justice population by race/ethnicity.</p> | |
| <p><i>What complications have arisen in addressing racial and ethnic disparities?</i></p> | <p>Don't have the necessary data collection and data analysis tools.</p> | <p>Have seen little success in decreasing racial and ethnic disparities.</p> | | |
| <p><i>How many staff do you have within the division who serve juvenile justice youth?</i></p> | <p>500</p> | <p>30 FTE in FY 2020 and 27.75 FTE in FY 2021.</p> | <p>800 (entire continuum of care including parole)</p> | <p>1,200 employees at Division of Youth Services (included in that 90 client managers that oversee commitment population)</p> |
| <p><i>Does your staff carry a caseload, including youth in group care placements?</i></p> | | | | <p>Client managers still oversee a child's case when they transition to a private placement like group care.</p> |

Updated: 12/2/2019

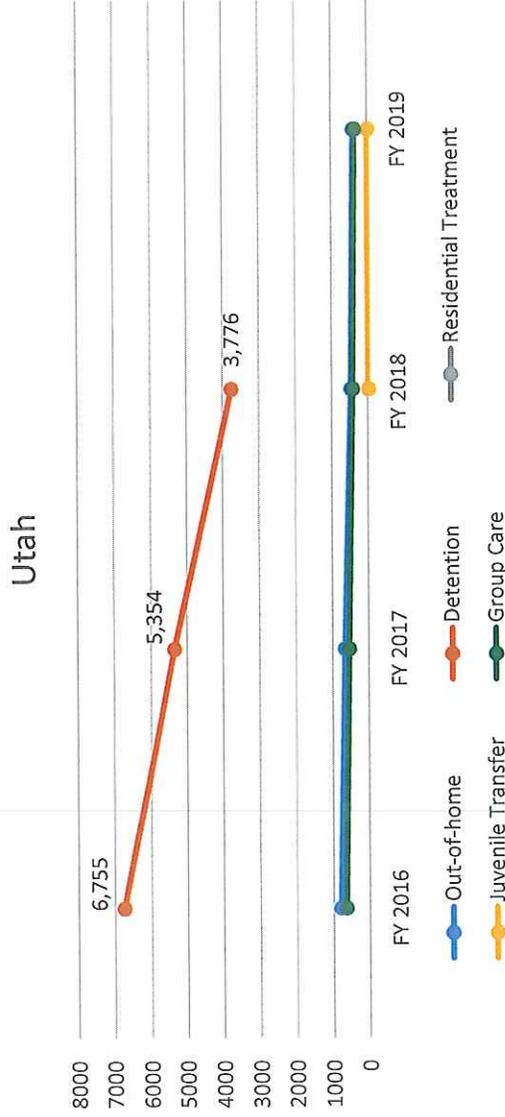
Appendix 1. Graph of Group Care and Out-of-Home Placement Data

In addition to the information included in Table 1, CJI sought to obtain data from states on out-of-home placement utilization. Kansas and Utah provided this data to CJI. The data from both of these states shows that overall out-of-placements, including group care placements, have declined since 2016.



*Please note that the out-of-home placement, detention, residential treatment and group care data are an average of the monthly population within each of these facilities during each fiscal year. Juvenile transfer data is a total amount per fiscal year.

Updated: 12/2/2019



This project was supported by Grant #2017-ZB-BX-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the Department of Justice.