

Progress Update on RAND Evaluation of JJCPA Funded Programs in Los Angeles County

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Justice Policy Program

Progress Since August 2022

Provide consultation for developing program evaluation design and metrics

- Reviewed FY 2024-25 CMJJP Governmental Agencies Funding Request Submission Form, refining sections related to evaluation and the evidence base of programs (September 2022)
- Assisted Probation with interpretation of trend data and developing evidence summaries for the BSCC Juvenile Justice Crime Prevention Act – Youthful Offender Block Grant Expenditure and Data Report (September 2022)
- Reviewed JJCC-CMJJP Ad-Hoc Subcommittee’s Funding Request Scoring Rubric and provided implementation recommendations based on feedback summarized in the 2021 gap analysis report (September 2022)
- Drafted language related to evidence-based elements of juvenile justice systems, as summarized in the 2021 gap analysis report, for the CMJJP (November 2022)

Current Programs of Focus

2021

- Mental Health Screening, Assessment, and Treatment
- Multisystemic Therapy
- CARE Program
- Juvenile Mental Health Court

2022

- DPH Substance Use Programs (Youth Substance Use, CENS, Support Services)
- LA County WDACS
- LA City EWDD
- Youth Development Training
- PPP (Ready 2 Rise)
- DPH Office of Violence Prevention Trauma Prevention Initiative/Capacity Building Training

Initial Set of Programs

2021

- Mental Health Screening, Assessment, and Treatment
- Multisystemic Therapy
- CARE Program
- Juvenile Mental Health Court

Initial Set of Programs: Progress Update

- Completed qualitative coding of interview data from Mental Health Screening, Assessment, and Treatment; CARE; and Juvenile Mental Health Court
 - Analysis expected to be complete by end of year
- Began qualitative coding of interview data for Multisystemic Therapy; coding to be complete by end of year
 - Analysis expected to be complete by end of January
- Working with Probation to clean and refine quantitative data received in August 2022; some updated data pulls have been necessary
 - Aim for analysis to be completed by early 2023 (e.g., Jan/Feb) and reports to follow

Second Set of Programs

2022

- DPH Substance Use Programs (Youth Substance Use, CENS, Support Services)
- LA County WDACS
- LA City EWDD
- Youth Development Training
- PPP (Ready 2 Rise)
- DPH Office of Violence Prevention Trauma Prevention Initiative/Capacity Building Training

Second Set of Programs: Progress Updates

- As of the August 2022 update, had conducted 18 interviews with 27 program staff
- Since August 2022, conducted six additional interviews with program staff
- Currently conducting interviews with individuals/organizations who participated in the three capacity-building programs
- Quantitative data for the youth-serving organizations (Substance Use programs, WDACS, EWDD) not yet available
- Goal is to complete interviews with capacity building participants by end of December 2022 or early January 2023

Gap Analysis 2022 Findings

Goals of the 2022 Gap Analysis

- During interviews with stakeholders across our evaluation tasks, stakeholders have suggested a need for a reference guide summarizing evidence on effective programs for the JJCPA target population
- We conducted a search of the peer-reviewed literature with the following aims:
 - Identify what types of programs have been evaluated in the academic literature, and what programs have emerged as promising or evidence-based
 - Identify the gaps in the existing juvenile justice literature
 - Determine what lessons drawn from the literature can be applied to the portfolio of programs funded by JJCPA in Los Angeles County

Methods Overview

- Conducted a comprehensive review of evidence-based practices for juvenile justice populations Conducted a search of five academic databases (PubMed, PsycINFO, Criminal Justice Abstracts, Social Science Abstracts, Social Services Abstracts)
 - Focus on articles published since 2000 reporting outcomes of youth-focused behavioral interventions
 - Abstracted relevant information about the program and effectiveness using a structured approach



Categories of Programs

Category	# of Included Studies
Diversion programs	33
Problem-solving courts and other court interventions	12
Care coordination interventions	8
Psychotherapy and other therapeutic interventions	22
Psychoeducation	16
Health-focused programs	10
Family-focused interventions	10
Substance use treatment	10
Wraparound service models	6
Boot camps	4
Risk-need-responsivity	3
Community supervision	3
Other	2

Summary of Findings

Category	Key Takeaways
Diversion programs	<ul style="list-style-type: none">□ Overall, diversion programs showed evidence of reducing recidivism.□ Restorative justice programs reported lower recidivism rates.□ Teen courts had mixed results, with one study finding negative effects for boys and no effect for girls.□ Mental health diversion programs tended to have positive reductions in recidivism, and some studies reported improved symptoms and service utilization.□ Providing judges with informed treatment plans prior to adjudication increased the use of alternative sanctions.
Problem-solving courts and other court interventions	<ul style="list-style-type: none">□ Results were mixed when examining drug courts' abilities to reduce recidivism; however, more-rigorous studies found a small to medium effect size.□ Only two studies examined the use of juvenile mental health courts. While results were generally positive, additional research is needed in this area.□ Courts targeting specific populations (e.g., girls in court or youth with a sexual offense) reported reduced recidivism rates.
Care coordination interventions	<ul style="list-style-type: none">□ Programs focused on care coordination had varying results, including nonsignificant reductions in recidivism, nonsignificant reduction in recidivism but reduced risk scores, and reduced odds of adjudication.□ These types of intervention occasionally reported increases in educational outcomes, increased skills, and improved self-efficacy.

Summary of Findings

Category	Key Takeaways
Psychotherapy and other therapeutic interventions	<ul style="list-style-type: none">□ CBT-based programs that address criminogenic risk tended to be effective at reducing recidivism.□ Other forms of CBT that target mental health had mixed outcomes, although certain forms of such therapy appeared to effectively improve mental health.□ Some other psychotherapeutic approaches showed promise, such as pastoral counseling, but many others did not demonstrate significant effects on recidivism (e.g., gender-specific therapeutic community, animal therapy).
Psychoeducation	<ul style="list-style-type: none">□ There was not strong evidence that skills training programs are effective at reducing recidivism.□ Victim awareness programs appeared to be associated with reduced recidivism, although program models varied across studies.
Health-focused programs	<ul style="list-style-type: none">□ Health-focused programs largely included an emphasis on sexual risk behavior and sometimes substance abuse.□ Although most of the studies in this category used a rigorous design, outcomes were mixed and leave open questions regarding the most effective way to address risky health behaviors in juvenile justice populations.

Summary of Findings

Category	Key Takeaways
Family focused interventions	<ul style="list-style-type: none">□ Multisystemic therapy was associated with reduced likelihood of rearrest across multiple RCTs, and even showed promise over long-term follow-up periods.□ Studies of FFT suggested that this approach can effectively reduce recidivism.□ Multidimensional treatment foster care was associated with positive mental health and educational outcomes, although there is a need to understand its effect on recidivism.□ There are many other approaches to integrating families into treatment, and although some were associated with positive effects, there is a need for additional studies of these models.
Substance use treatment	<ul style="list-style-type: none">□ Treatment facilities and correctional units that use therapeutic communities generally reported reductions in substance use and improved behavioral health outcomes; however, one study failed to find long-term benefits.□ Community-based substance use programs had mixed results.□ Family involvement in treatment had positive effects in one study.
Wraparound service models	<ul style="list-style-type: none">□ Mixed results were observed for wraparound service models.□ The length of program and whether the program was completed appear to be important factors.□ Studies also reported improved mental health outcomes.

Summary of Findings

Category	Key Takeaways
Boot camps	<ul style="list-style-type: none"><li data-bbox="568 301 1715 366">□ Boot camps were found to have little to no effect and, in one case, increased the odds of recidivism.
Risk-need-responsivity	<ul style="list-style-type: none"><li data-bbox="568 396 1734 461">□ Incorporation of risk-need-responsivity principles was associated with better outcomes.<li data-bbox="568 472 1586 502">□ Matching youths services with identified needs improves outcomes.<li data-bbox="568 513 1734 579">□ Service quality is important; additionally, youth who received a higher average of service quality across different services did better.
Community supervision	<ul style="list-style-type: none"><li data-bbox="568 609 1696 713">□ Programs that increased surveillance generally had null or negative effects; however, one study had youth self-report less delinquent behavior and less victimization.
Other	<ul style="list-style-type: none"><li data-bbox="568 742 1754 808">□ One study suggested that a wilderness program increased youths' feelings self-efficacy and hope for the future, but did not observe reduced recidivism.<li data-bbox="568 819 1667 887">□ Another study suggests that behavioral skills training can improve youths' preparation for job interviews.

Feedback and Questions?

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