

Center for Evidence-Based
Corrections

Department of Criminology, Law
& Society

School of Social Ecology

UCI University of
California, Irvine

Division of Juvenile Justice

Treatment Model Process Evaluation

Kristy N. Matsuda, James Hess, and Susan F. Turner

May 15, 2020

The opinions expressed herein represent those of the authors and do not necessarily represent the position of the California Department of Corrections and Rehabilitation.

Table of Contents

List of Tables	iv
Table of Figures	v
Executive Summary.....	1
Summary of the Theoretical Evaluation	1
Summary of Implementation Evaluation.....	2
Reduce the DJJ Population.....	5
Eradicate DJJ Parole	6
Return to Rehabilitation	6
Prioritize “Evidence-Based” Practices.....	6
Scope of this Process Evaluation.....	7
Part I: Theoretical Evaluation.....	8
Purpose	8
Methods.....	8
Evolution to the Current DJJ Treatment Model.....	9
The Current IBTM Theoretical Model	10
Aspirational IBTM.....	12
Evaluating the Overarching IBTM Framework.....	12
Includes Youth, Staff, Families, and Communities (Integrated)	12
Staff are Integral for Change & Communication to Motivate Discussion.....	15
Identify Risks, Needs, and Strengths to Create a Comprehensive Treatment Plan.....	15
Risk Assessment Instruments	16
Comprehensive Individual Treatment Plans.....	17
IBTM’s Model.....	17
Create/Sustain Helpful Community Links	19
Build Healthy Relationships	19
Education	20
Work and Career Technical Education.....	21
Stages of Change.....	21
Effective Treatment Programs.....	22
Effective Programs	23
Introduction to Treatment.....	24

Aggression Replacement Training (ART)/ Aggression Interruption Training (AIT)	24
CounterPoint.....	25
Cognitive Behavioral Interventions for Substance Abuse (Substance Abuse).....	25
Interactive Journaling	25
Skill of the Week	26
IMPACT.....	27
A New Freedom	28
Sexual Behavior Treatment Program (SBTP).....	29
Skills and Behaviors are Practiced and Reinforced	30
Positive Reinforcement.....	30
Outcomes.....	31
Evaluation	32
Theoretical Evaluation Findings Summary.....	32
Part II: Implementation Evaluation.....	34
Methods.....	34
Youth Interviews	34
IBTM Data	37
Staff Interviews	39
Analysis Plan	39
Results – Youth Interviews.....	40
Risk Level and Housing Units	40
Youth Rights Handbook and Treatment Orientation.....	40
Program Assignment and Completion	41
Results – Official IBTM Data on Program Participation	43
Youths’ Total Treatment Completion	48
Youths’ Assessments of Specific Programs.....	48
Difficulties in Comprehension.....	51
Recommendations for Program Changes	52
Youth Preferences.....	53
Skill of the Week	54
Interactive Journaling	55
Identifying Additional Programming.....	56

Program Fidelity.....	59
Education	60
Vocation	60
Medical Care & Mental Health	60
Incentives.....	61
Inconsistencies in Incentives.....	61
Perceptions of Staff.....	64
Behavior Treatment Program (BTP).....	65
Grievances.....	66
Punishment.....	66
Intensive Behavioral Treatment Program (IBTP)	66
Contact with Loved Ones	66
Gang Membership	67
Results - Staff Interviews	68
Staffing	68
Understaffing and Vacancies	69
Staff Fit.....	73
Training	74
Summary	78
IBTM Program Fidelity	78
Staffing	78
Fit to Program	79
Component Confusion	80
The Curse of “Evidence-Based”	80
Working with Youth	83
Continuity of Care	85
Change and Efficiency	85
Conclusions & Recommendations	88
References	92
Appendices.....	101

List of Tables

Table 1. Comparison of Characteristics of Control and Interview Sample (n=144).....	36
Table 2. Youth self-report program assignment and completion.....	42
Table 3. IBTM Program Participation Record for Evaluation Sample (n=144).....	45
Table 4. Congruence between Interview and Official Data on Program Participation (n=72).	47
Table 5. Summary of Youth Program Assessments and Mean Rating of Helpfulness by IBTM Program (n=158).....	49
Table 6. Summary Measures of Youths' Assessment of the Impact of IBTM Programs on their Attitudes and Behaviors (N=158).....	50
Table 7. Youths' Reasons why IBTM Curriculum was Difficult to Understand.	51
Table 8. Proportion of sample assigned and completing Interactive Journals (n=72)	55
Table 9. Number of youth that report participating in informal DJJ programs (n=72).....	57
Table 10. Youth Assessment of IBTM Fidelity by Facility.....	59
Table 11. Comparison of Incentives by Facility.....	62
Table 12. Summary Statistics about Youths' Feelings about Staff.....	64
Table 13. Differences in Feelings about Staff by Facilities [Means (SD)].	64
Table 14. Comparison of Youth Responses about Discipline and Punishments by facility.	65

Table of Figures

Figure 1. The Current Theoretical DJJ IBTM Program Model.	10
Figure 2. Percent of Programming Completed by Youth in the Sample	48
Figure 3. Youth Belief Whether Incentives Improve Youth Behavior (n=69).....	63

The Division of Juvenile Justice: Treatment Model Process Evaluation

Kristy N. Matsuda, James Hess, & Susan F. Turner

The Center for Evidence-Based Corrections, University of California, Irvine

May 15, 2020

Executive Summary

The Integrated Behavioral Treatment Model (IBTM) is the framework that the Division of Juvenile Justice (DJJ) implemented to reduce recidivism and other problematic youth behavior. The purpose of IBTM is to provide youth with the resources that they need for sustained change. In general, IBTM focuses on exposing youth to education, vocation, cognitive behavioral therapy and skills training to address youths' individual risks, needs, and strengths. The framework is designed to be an integrated program that involves DJJ staff, delinquent youth, their families, and the community.

The purpose of this process evaluation is to assess the quality of IBTM's implementation. This process evaluation has two components: 1) a theoretical evaluation that examines how IBTM and its components conform to the evidence-based literature, and 2) the implementation evaluation that assesses how IBTM is actually being provided to youth.

Summary of the Theoretical Evaluation

The theoretical evaluation finds that the overall IBTM framework is ambitious and generally conforms to the rehabilitative principles supported by the empirical literature of "what works" in juvenile corrections. If IBTM were fully implemented with fidelity, one should expect to see behavioral change in the youth that were committed to DJJ. However, there are parts of the IBTM theory that have not yet been implemented and some parts that have not yet been adequately conceived. Thus, the current IBTM would need to be refined and updated before it is considered "fully implemented."

From interviews with staff, it is clear that DJJ knows that some of the areas are not fully implemented. Staff are currently working on creating and implementing components that provide trauma-informed care to male youth and treatment for LGBTQ youth. However, there are additional areas DJJ has implemented that still require further development, refinement, and empirical assessment.

We recommend that DJJ further develop:

- 1) A formalized program with data collection regarding the treatment with youths' families.
- 2) A clearer conceptualization of how it creates and sustains links to the community (and how that benefits youth).
- 3) A treatment philosophy and plan for gang-involved youth.
- 4) Empirical assessments of their risks and needs instrument, CA-YASI to ensure that it is performing the function that DJJ intends.

There are also areas that DJJ has not adequately conceived. Most of the outcomes that DJJ purports to effect have not been fully operationalized by the agency. This would make it impossible to assess systematically. Specifically, we recommend that DJJ:

- 1) Carefully consider its short- and long-term outcomes and operationalize them. This will allow future assessment of them.
- 2) Consider whether the programs that are currently provided are designed to bring about change in **all** of the outcomes. If not, adopt programs that have been shown to improve each of the desired outcomes.
- 3) DJJ's commitment to program fidelity is commendable. We recommend that DJJ operationalize its goals for fidelity, create tools, set a schedule, maintain records, and collect data on each step of the fidelity model to be used in later assessments.

Summary of Implementation Evaluation

This evaluation utilized interviews with youth, staff, and official IBTM program attendance records to assess the quality of the implementation of IBTM. The study concludes that youth are receiving treatment programs in all areas as DJJ intends. Youth are receiving treatment programs, education, vocation, medical, and mental health support. Youth are receiving positive reinforcements and other aspects of the DJJ's disciplinary system. Youth have consistent contact with their family and loves ones. Overall, youth were generally positive about the quality of their programming.

However, our interviews with staff reveal that though staff do seem to believe that IBTM is effective, they also believe that it has not been implemented with fidelity. The reasons for the lack of fidelity center primarily around issues related to staffing (e.g., understaffing, fit of staff, training of staff). There are reasons to believe that DJJ's impending transition to Health and Human Services may alleviate some of these staffing issues. However, it will not remedy all of the issues and DJJ has to be committed to addressing them. The following are our recommendation:

1) Formalize the documentation and concrete understanding of IBTM, its policies, and its practices for all parties.

In addition to the formal documentation of IBTM recommended above, there are other areas where DJJ should document. Youth in this study asked for additional information about the policies that pertain to them. The *Youth Handbook* should be updated and comprehensive. Similarly, DJJ needs to update their materials that present what it does and offers just so that all interested parties understand what DJJ is doing right now.

For staff, DJJ needs to make a concerted effort to formalize and document staff day-to-day operations and procedures. DJJ staff report learning how to do their job by asking others. This is extremely inefficient and can lead to errors and inconsistencies. Yet, staff at all levels of DJJ report having to do this. Staff need formalized instructions about how to do their work. They need rules on data entry, report writing, case conference information, board reports, and all areas of their daily responsibilities. The text needs to

formalized and consistent so that it can be easily disseminated to all current and future staff.

2) Fill staffing vacancies as quickly as possible, and in the interim open up opportunities for community helpers to assist in DJJ.

Staffing was clearly shown to be the cause of a great deal of staff discontent and the loss of IBTM program fidelity. The problem may not be solved for a while. DJJ needs to make filling staff roles a priority to ease the burden that is already apparent on their current staff. In the interim, DJJ should consider how it could use non-profits, organizations, volunteers, interns, and other community resources to help enrich the youth and alleviate some of the burden on staff. It also provides youth with community links. DJJ may also want to consider contracting with outside providers to run treatment programs that are currently taught by DJJ staff. Research would suggest that the fidelity of that model is higher than having correctional staff teach the programs and it would free up staff for many of their other duties.

3) Support innovation, but collect the data to evaluate.

Variations in programs offered by facility, desires to innovate, pilot programs, changes in policies... these are all the ideas that may help improve the conditions for the DJJ youth. They also may or may not be effective. We encourage the use of innovation because we know that programs can always be better. DJJ should not be afraid to innovate and try new things, but it *HAS* to collect data alongside the innovation (see related point 5). Before innovation occurs, DJJ has to set rules and procedures for data collection (i.e., who will do it, when they will do it, what they will collect). From these data, it can determine if their innovation should be implemented more widely or discontinued.

4) Closely examine the positive reinforcement system in DJJ.

The incentives part of IBTM might be a great first place to innovate, pilot, and evaluate. Staff note that it is complicated to understand and implement consistently. The data show that it is not being implemented consistently. Youth believe that it could be changed for the better. A pilot program to change the incentives could provide an alternative to the current program. This would require documentation of a methodologically sound pilot program, formal rules of data collection, and a commitment to see it through. However, it could also be a well-informed way to improve an important part of the IBTM framework.

5) DJJ has to prioritize their data.

One of the limitations of this study was our inability to assess whether DJJ youth were receiving programs that were tailored to their individual needs. This was because the data for the youth's treatment plan was not captured in a way that supported data analysis. DJJ's data systems and data collection efforts have substantial limitations. They are not comprehensive enough. They are not reliable enough. They are not efficient enough for DJJ to use them for comprehensive evaluations. DJJ has to make the commitment to improve and modernize its data collection and maintenance systems, formalize the

instruction for staff to input data, implement quality control measures, and then tailor the data collection to the IBTM theoretical model to meet its evaluation goals. It is overdue for this stage of DJJ's evolution, and it will be critical to DJJ's future success.

The Division of Juvenile Justice: Treatment Model Process Evaluation

Kristy N. Matsuda, James Hess, & Susan F. Turner

The Center for Evidence-Based Corrections, University of California, Irvine

May 15, 2020

For years, California was a world leader and innovator in juvenile corrections. Until it was not. Decades of punitive policies and stiffer penalties for juvenile crime led to overcrowded facilities and the loss of a rehabilitative focus (Krisberg, 2011). The recidivism rate of youth exiting the California Youth Authority in 2004 (CYA, as it was then called) was very high. More than 80 percent of youth released from CYA were returned to state custody within three years (CDCR, 2010). Beginning in 1999, a series of events including a California Attorney General investigation into CYA conditions, media reports, videos of youth mistreatment, and a significant class-action lawsuit (commonly referred to as *Farrell*)¹, California's state juvenile justice system began to change forever (Center on Juvenile and Criminal Justice, 2013; Krisberg, 2014).

In 2003, an expert review of the conditions of CYA identified failures in numerous areas including safety, medical care, due process, training, treatment and rehabilitation, education, denial of religion, accommodations for youth with disabilities, and other conditions of confinement (Siggins & Seidlitz, 2008). In 2004, Governor Schwarzenegger signed a consent decree that promised sweeping reforms to the state youth correctional system. The first major change came in 2005. CYA was renamed the "Division of Juvenile Justice" (DJJ) and placed within the larger adult correctional system, the California Department of Corrections and Rehabilitation (CDCR). In 2006, a panel of state-approved correctional experts prepared a Safety and Welfare Remedial Plan to address the most significant concerns. The plan would push DJJ's "operating theory" away from predominantly punitive measures and toward rehabilitative practices (Buchen, 2013).

Reduce the DJJ Population

The journey from the old CYA to the current DJJ includes significant changes. For example, DJJ has drastically reduced its correctional population. At its peak in 1996, CYA housed over 10,000 youth in its aging facilities. The population began declining in 1997 for many reasons including changes in public perception, judicial decision-making, sentencing policies, and changes in the cost of housing youth in CYA (see Krisberg, Vuong, Hartney, & Marchionna, 2010). In 2007, "realignment" legislation was passed requiring nonviolent juvenile offenders and juvenile parole violators to be supervised by the county rather than sent to DJJ. By 2009, DJJ housed approximately 1,500 youth (Krisberg et al., 2010). Today, DJJ houses fewer than 700 youth in three facilities and one conservation camp; DJJ operates two facilities in Stockton

¹ The *Farrell* lawsuit was originally filed as *Farrell v. Harper*, No. RG 03079344 (Cal. Super. Ct., Alameda Cnty) on January 6, 2003 by the Prison Law Office and the firm Latham Watkins. The official name of the lawsuit changed depending on who the head of the CYA/DJJ was at the time. Thus, the lawsuit has had several names, over many years. It has been named *Farrell v. Harper*, *Farrell v. Allen*, *Farrell v.*, *Beard*, *Farrell v. Cate*, etc. As a result, it is typically referred to simply as *Farrell*.

(O.H. Close and N.A. Chaderjian) and one in Ventura (Ventura Correctional Facility) that houses male and female offenders. DJJ also operates Pine Grove Conservation Camp in Northern California.

Eradicate DJJ Parole

DJJ, like many correctional agencies, historically had a parole division that oversaw youth who exited its facilities. This division of DJJ was responsible for assisting and monitoring offenders' transitions back into the community. In 2010, the California legislature eliminated DJJ parole services and transferred post-release community supervision to individual counties. Realignment had already given counties the power to revoke parole for *violations*. Senate Bill 1628 extended all responsibility for post-release supervision to the county level (Krisberg, 2014). California's 58 counties are now free to handle these returning juvenile offenders in their discretion and with whatever resources they have available.

Return to Rehabilitation

The *Farrell* lawsuit brought to light how similar CYA was to the California Department of Corrections (CDC) prisons. In fact, Krisberg (2014, p. 46) found that "to justify increasing pay for its members to the level of state police officers, the DJJ union leaders asserted that youth facilities were as dangerous as state prisons..." He found that even if staff were interested in providing rehabilitation, the management of DJJ was not supportive (Krisberg, 2014). The major focus of the consent decree was to reorient DJJ toward providing rehabilitation. This was not a commitment to merely implement a series of treatment programs, but rather to create an overarching theoretical framework that focuses on rehabilitation. The resulting framework is called the "Integrated Behavior Treatment Model" (IBTM) and is the focus of this evaluation and report.

Prioritize "Evidence-Based" Practices

Another significant philosophy change was the adoption of "evidence-based" correctional policies and procedures. In 2004, former Governor George Deukmejian chaired a Corrections Independent Review Panel that produced a report to Governor Schwarzenegger about the necessary reforms to the California correctional system (Corrections Independent Review Panel, 2004). One of the report's findings was that policies and procedures used in corrections should be "evidence-based." In other words, policies should not be enacted unless there is research or data-driven evidence to support it. As part of the reorganization of the California correctional system, SB 737 (2005) included the requirement that "programs should be evidence-based, result-oriented and subject to periodic reviews."

CYA once had a very active research division (Krisberg, 2014). The CYA research division not only facilitated outside scholars conducting studies within DJJ, but also had its own research agenda that included evaluation and assessment. The experts involved in *Farrell* helped DJJ design a program that was supported by "evidence-based" scholarship.

There are numerous accounts of how the changes required in *Farrell* were conceived and executed (e.g., Krisberg, 2011; 2014; Krisberg, et al., 2010). Under the guidance of subject-matter experts and Special Masters from the courts, DJJ significantly reformed its juvenile correctional system. In February 2016, the court released DJJ from the consent decree (even though not all components of every plan had been fully implemented, see Ajmani & Webster, 2016).

Once the *Farrell* consent decree was dismissed in 2016, the courts were no longer responsible for overseeing DJJ's operations. How will the implantation of IBTM continue without court oversight? The question then becomes, will DJJ's decision-making continue to be driven by research and data? This

evaluation is part of DJJ’s orientation toward using science and data in its decision-making. Recent reports on DJJ support the notion that DJJ has become more transparent and more willing to allow outside entities to evaluate DJJ, even if the results are critical of their ability to reform (e.g., Washburn & Menart, 2019).

The purpose of this evaluation is to assess how DJJ’s treatment model, IBTM, is functioning. The consent decree is over. There are no more special masters, nor assessments, nor reports due to the court. In the absence of such oversight, it is important investigate how DJJ is providing programming to its population.

Scope of this Process Evaluation

The purpose of this evaluation is to assess the quality of DJJ’s current treatment model. This process assessment will include two parts: (1) a theoretical evaluation and (2) an implementation evaluation. The theoretical evaluation will assess how well the IBTM theory and logic model conform to evidence-based practices as established by the broad research literature. In other words, does IBTM include components that have been shown to be effective by evaluation research? The theoretical evaluation tells us how well we should expect IBTM to work, knowing nothing about how it is actually being implemented by DJJ. Because of *Farrell* we know that subject-matter experts help to design IBTM in line with evidence-based practices, so this review will update the research review to cover what we now know to be “best practices.”

The second part of this evaluation is an implementation evaluation. The implementation evaluation determines whether the theoretical model is being executed as intended (i.e., with “fidelity”). A process evaluation is critical to understanding the likelihood that we should expect to see behavioral change in an outcome evaluation.² If the program is not being successfully implemented, then we would not expect to see behavioral change from youth incarcerated in DJJ. Further, if we do see behavioral change in youth enrolled in a program, but the program has not been implemented with fidelity, we cannot conclude that the change is due to the program. The specific methods used for each part of this evaluation will be explained in each section.

It is important to note what this process evaluation is *not*:

- 1) This evaluation is not an assessment of how closely the current IBTM model conforms to the agreement under the *Farrell* consent decree. Numerous reviews over the years have focused on the degree to which DJJ fulfilled its obligations under *Farrell* (e.g., Ajmani & Webster, 2016; Buchen, 2013; Krisberg, 2011; 2014). Special Master Reports for *Farrell* are available online, so we will not be doing in-depth coverage of DJJ’s efforts to comply with *Farrell*. Occasionally an examination of history is needed to understand the evolution of the program or previous issues noted about the program, and that will be provided in this report. Therefore, this report will not include a complete summary or history of the *Farrell* findings.

² This research team will also be conducting an outcome evaluation with DJJ data. The results of the outcome evaluation are expected in June 30, 2022.

- 2) This evaluation is not an audit or an investigation into specific issues (e.g., violence, housing, use of force, solitary confinement). DJJ is audited yearly or bi-yearly by the Office of Audits and Court Compliance (OAC). Those audits generally cover the *Farrell* items as well as items such as cleanliness, sanitation, conditions of confinement, and staff understanding of IBTM. The audits include examinations of the data related to use of force, limited programs, grievances, discipline, and other operational items. OAC utilizes the same principle as in *Farrell* where 85 percent or higher is deemed compliant. If a facility is below that mark, a corrective action plan is put in place and OAC returns in 120 days to re-audit those items. The Office of the Inspector General of California provides independent prison oversight usually on special topics and occasionally includes DJJ facilities (e.g., Office of the Inspector General, 2019).
- 3) This evaluation is not an assessment of DJJ's detention facilities and infrastructure. It is intended to be an assessment of DJJ's treatment model. We acknowledge that the treatment model may be significantly affected by facilities, but, as will be seen later, because infrastructure is not a part of DJJ's treatment theory, it is not the focus of this evaluation. The Annie E. Casey Foundation (AECF) offers a guide which would be useful to assess juvenile detention facilities (AECF, 2014) but that is not the focus of this evaluation.
- 4) This is not an assessment of DJJ's standards. Some standards and policies were reviewed as they relate and help explain the treatment model. We did not conduct a review of DJJ's standards and policies to assess their conformity to state law or best practices. There are tools available to help assess juvenile justice standards (e.g., AECF, 2014), but that is not the primary purpose of this evaluation.

Part I: Theoretical Evaluation

Purpose

The purpose of the theoretical evaluation is to understand how closely DJJ's current IBTM framework conforms to the best practices available in the research literature. In other words, to assess whether DJJ has created a rehabilitative framework that *SHOULD*, theoretically, reduce recidivism and bring about positive behavioral change. This evaluation will examine the overarching IBTM framework and its individual components. This portion of the evaluation does not consider the quality of program delivery. It does indicate if a component has not yet been implemented.

Methods

To perform this theoretical evaluation, we had to identify the current logic model of DJJ's IBTM. At the time of this evaluation, DJJ did not have an official visual depiction of the theoretical model of IBTM. Thus, the first step in this process was to create one. UCI created a draft of the IBTM model based on written descriptions of IBTM available in the following official DJJ documents:

- 1) The *Youth Rights Handbook* that is distributed to all youth upon their admission to DJJ.
- 2) The "Mission Statement" page of the DJJ website.

- 3) The *Integrated Behavior Treatment Model (IBTM) Overview (Version 2.1)* that is part of the California Department of Corrections and Rehabilitation: Basic Correctional Juvenile Academy training materials (CDCR, 2015).

This draft of the theoretical model was then reviewed by DJJ’s executive team (i.e., DJJ staff that determine policies, procedures, and treatment direction). Various DJJ staff offered feedback on the draft, in multiple iterations, until DJJ agreed that the model presented in this study accurately describes the current IBTM treatment model.

From this model, we gathered empirical literature relevant to IBTM (to the degree that it was available). We also included relevant information about evidence-based practices in juvenile corrections that may not be present in the current IBTM logic model. This review reflects our best effort at presenting a current review of the applicable literature to this theoretical framework.

Evolution to the Current DJJ Treatment Model

During *Farrell*, DJJ, with the assistance of subject-matter experts, adopted a new correctional system that was geared toward rehabilitation. Of the numerous reforms that DJJ adopted during that period, the evolution of IBTM seems to be the least clear (for a history see Krisberg, 2014). When it came time to choose a new treatment framework, numerous options could have been adopted. Court experts offered the states of Washington, Colorado, and Missouri as potential prototypes (Krisberg, 2014).

There is not one “model” juvenile justice system (Krisberg, 2011). States can and have taken different approaches to reform their systems (e.g., Krisberg, 2014; Howell, Lipsey, Wilson, Howell, & Hodges, 2019). States differ in their budgets for juvenile corrections, the extent of reforms they intend to implement, and the characteristics of the population under supervision. Most evaluations are not conducted on the full system (usually just components or programs), and even fewer on a state-correctional system (most are done with county correctional populations) (Krisberg, 2011).

In the end, DJJ adopted a framework it titled the “Integrated Behavior Treatment Model” (IBTM). The IBTM framework looks most similar to the Integrated Behavior Model implemented by Washington State’s Juvenile Rehabilitation Administration (JRA) in 2002 (CDCR, 2006; Juvenile Rehabilitation Administration, 2002). Washington’s JRA had also authored a 124-page manual on its integrated model that was designed around evidence-based programs and strategies (JRA, 2002). Components of the JRA model have been evaluated with positive results (Barnoski, 2004; Washington State Institute for Public Policy, 2007). However, Washington’s JRA model differs from DJJ’s IBTM in important ways. Most significantly, JRA includes both a state and community residential component and a parole services component. Thus, JRA can provide youth with a continuum of care that DJJ cannot. Given this reality, DJJ’s IBTM needed to be designed to fit DJJ’s unique needs and population. Thus, DJJ’s IBTM was inspired by, but unique from, JRA. Despite the similarities in structure and theory, we cannot rely on evaluations of JRA alone to estimate the effectiveness of DJJ’s IBTM model.

The Current IBTM Theoretical Model

DJJ’s IBTM model, as it was conceived and enacted during *Farrell* continues to evolve. DJJ continues to refine its vision and policies after the consent decree. It is, as Krisberg noted in 2014 a “work in progress” (pg. 794). This evaluation will examine the *current* IBTM model. In consultation with DJJ’s Executive and Treatment Teams, the model presented in Figure 1 describes the current IBTM treatment model.

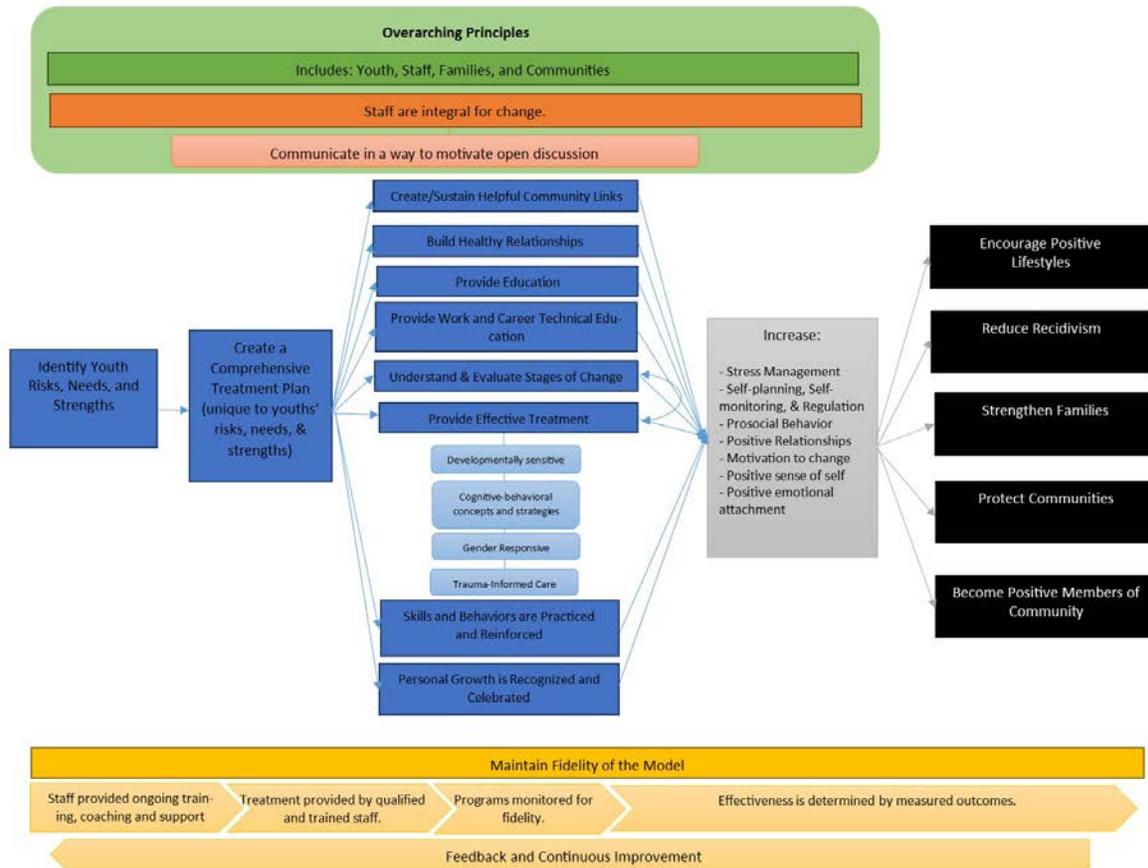


Figure 1. The Current Theoretical DJJ IBTM Program Model.

The green and orange bars at the top of Figure 1 indicate the overarching principles that are constant throughout IBTM. The IBTM model is designed to include the participation of the youth, DJJ staff, youths’ families and the community (green box). The community component includes the communities from which the youth originate, including the resources and services that are offered to youth upon reentry, as well as the community of outside volunteers, programs, and individuals that come into the facilities while the youth are incarcerated to become their “community.” These elements are to be active participants in the entire treatment process. The “vision statement” trained into staff is “Working together with youth to prioritize and achieve goals for successful community living.” (CDCR, 2015: 2).

The other constant of IBTM is the need for staff to bring about change. In the IBTM framework, staff are central to the youths' ability to be treated. Specifically, staff's ability to communicate with youth can facilitate open discussions to motivate youth and to lead them through the process. Staff have the responsibility to utilize communication styles that invite youth and their families into the treatment process and help develop their rehabilitative engagement. In this model, the staff perform the risk assessment, create the individual treatment plans, run the programs, provide discipline and incentives, and ultimately assist in the re-entry process.

In Figure 1, areas shaded in blue represent the steps DJJ takes to produce outcomes. IBTM hinges on the ability of DJJ to identify youths' risks, needs, and strengths correctly. From this information, DJJ creates a comprehensive treatment plan for each youth. This plan is to be unique to the youth's risks, needs and strengths. Then, DJJ provides the needed treatment as determined by the youths' plans. IBTM is not intended to be a "one size fits all" model.

The third column of blue boxes represents the characteristics of the treatment options that DJJ provides. Treatment programs offered by DJJ can have the following characteristics: 1) create and help sustain links to the community, 2) build healthy relationships, 3) provide education, 4) provide vocation and/or career technical education, and 5) assist youth in understanding and personally evaluating their stages of change. IBTM calls for these treatment options to be "evidence-based," and that means that the treatment options should be: 1) developmentally sensitive (i.e., appropriate for the population that they serve), 2) utilize cognitive-behavioral strategies, 3) are gender responsive, and 4) include trauma-informed care. The IBTM model is predominantly a cognitive-behavioral, skills-based program model. This is because the IBTM model prioritizes youth skills and behaviors being practiced and reinforced. IBTM also believes strongly that personal growth needs to be celebrated and acknowledged. The model does this in a variety of ways. IBTM includes positive reinforcement strategies with incentives, levels, and recognition of achievement.

According to the IBTM model, this programming strategy should result in youth change while incarcerated (the gray box). Treatment in DJJ should improve: 1) stress management, 2) self-planning, self-monitoring, and regulation, 3) pro-social behavior, 4) positive relationships, 5) the motivation to change, 6) a positive sense of self, and 7) positive emotional attachments (to people either within or outside of DJJ). These behavioral changes should also impact post-release behavior (the black boxes) including: 1) encourage positive lifestyles, 2) reduce recidivism, 3) strengthen families, 4) protect communities, and 5) for youth to become positive members of the community.

The final component of IBTM is presented in Figure 1 in yellow boxes. IBTM includes a commitment to maintain the fidelity of the model using evaluation and data analysis. To maintain fidelity, DJJ should provide ongoing and effective training for staff, ensure that treatment is being provided by qualified staff members, monitor programs for fidelity, ensure that the treatment programs are being implemented as intended, and determine "effectiveness" by using measured outcomes. To ensure continuous improvement, monitoring of program fidelity and assessed outcomes should provide the feedback needed to improve training or revise IBTM.

Aspirational IBTM

One important caveat to note about the logic model is that Figure 1 depicts the “aspirational” IBTM theory. In other words, it is the theoretical model that DJJ administrators and staff intend to implement. There are components of this model that they have not yet implemented (or even designed). Thus, the evaluation of the theory of IBTM (“theoretical evaluation”) will be different from the evaluation of the implementation of IBTM (“process evaluation”). For example, DJJ intends for all IBTM programs and components be “trauma-informed” but, currently, only female offenders housed in DJJ have a truly trauma-informed curriculum. Some of the programs for male offenders include a consideration of trauma as part of the curriculum, but the entire program would not yet be considered “trauma-informed.”

The aspirational nature of some of the IBTM logic model is best exemplified in the outcome section. DJJ has set lofty ambitions for the reach of IBTM, despite the fact that some of the outcomes are relatively abstract and difficult to quantify, and therefore, challenging to assess. For example, how would “encourage positive lifestyles” or “become positive members of the community” be effectively measured? DJJ does not currently have a method by which it intends to measure or capture some of these constructs. The overarching goal of the logic model is to better the “entire individual,” not just in terms of offending behavior, but also as related to other, non-offending behaviors and to bring about general positive outcomes. This is commendable and aspirational, but at current time, not operational (which is discussed more fully in Part II).

Evaluating the Overarching IBTM Framework

As stated earlier, IBTM was the model implemented by DJJ in response to the *Farrell* lawsuit. It was developed in concert with academics and other subject-matter experts with the intention of being evidence-based. However, because there is not a pre-packaged, evidence-based juvenile corrections system available, the specifics of the model chosen must be evaluated for merit. The theoretical evaluation of the framework is the purpose of this section. We will use the IBTM logic model for this assessment, and include empirical reviews of the specific programs that were selected by DJJ as its “effective treatment.”

The purpose of creating IBTM was to focus on rehabilitation, not punishment. That was central to the *Farrell* lawsuit and the remedial plans that followed. In fact, of the handful of factors that are shown to be a major correlate of program effectiveness, therapeutic interventions are significantly associated with reduction in recidivism (Lipsey, 2009). Non-therapeutic interventions such as surveillance, deterrence, and discipline are shown to have either smaller impacts on recidivism (as compared to therapeutic programs) or increased recidivism (Lipsey, 2009).

Includes Youth, Staff, Families, and Communities (Integrated)

The problem behaviors that lead a youth to be sentenced to incarceration in a state-run correctional facility happen in communities. Families, schools, and communities generally have been wrestling with the youth for years, with limited success, prior to their DJJ sentence (Lerman & Pottick, 1995; Maguin & Loeber, 1996). Youth who have problems in school are also the same youth that have delinquency issues

(Maguin & Loeber, 1996). Youth in the juvenile justice system have significant mental health and substance abuse problems (e.g., Shufelt & Coccozza, 2006). Families of the incarcerated youth have been struggling with the youth and/or may be victims of the youth (e.g., Lerman & Pottick, 1995). By the time a delinquent youth reaches DJJ, that youth (and his/her family) have very likely already come to the attention of the school system, community professionals and helpers, local law enforcement, neighbors, friends, and family. For an offender to be successfully reintegrated back into his/her community, a healthy relationship with those systems and people need to be established (Zhang & Srinivasan, 2019).

The IBTM model highlights the need for youth, staff, family and communities to all be active participants in treatment. The idea of integration in treatment is supported by the empirical literature. However, the best practice literature for juvenile delinquents and mental health needs is to integrate the services and players for the youth *in the community*. The best chances for success in treatment comes from juveniles being treated in the “least restrictive” setting that takes into consideration the youth’s community and familial context (Coalition for Juvenile Justice, 2000; MacKinnon-Lewis, Kaufman, & Frabutt, 2002). The OJJDP’s Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders is an evidence-based program that calls for interagency teams and collaboration to identify and treat youth in their communities, with sentencing to a state-run institution as the last resort (see Wilson & Howell, 1993; Howell, et al., 2019). The interagency teams should include juvenile justice, child welfare, social services, mental health and education (Howell, et al; 2019) that all join and share information to plan and provide the best treatment plans for delinquent youth. This should include services starting from police, to the courts, to justice, and all the way through reentry while including all of the other health and human services agencies. For high-risk youth, the recommendation is that community teams have at least one juvenile justice staff, someone from education, social services, public health, the youth, family, and individuals from the private sector (Howell et al., 2019). An example would be the National Council of Juvenile and Family Court Judges’ “One Family, One Judge Model” (Barnett, Abbott, and Stewart, 2018). For youth who require incarceration in a state-run institution (as a last resort), there should be a solid reentry component to the interagency treatment that will provide the youth a safe and effective way back from incarceration (Howell, et al, 2019). The same sort of integrated best practice is recommended for youth with mental health problems (Melton & Pagliocca, 1992). Services need to be individualized to the needs of each offender and the community needs to be able to provide the full continuum of evidence-based, culturally, and ethnically sensitive resources to the family (Costello, Angold, & Burns, 1999). This service provision should happen continuously across multiple agencies that coordinate with families until the treatment is no longer needed. Thus, each agency should have a point person to coordinate services with the systems and the families (Howell et al, 2019).

For such an integrated system to become a reality, many things need to be in place. Primarily, there must be a concentrated, state-wide commitment to this protocol. This plan requires a state-wide management information system be in place where data on dispositions, treatment, risks and needs, and recidivism can all be maintained so that all involved agencies (e.g., corrections, social services, education, mental health) can have access to and update the information. This system would need to generate management reports for ease of data analysis and updating (Howell et al, 2019). Florida is one example of a state that has implemented a state-wide data system like this as part of its integrated approach to treating juvenile delinquents (e.g., Baglivio, Wolff, Howell, Jankowski, & Greenwald, 2017).

The reality is that California is currently far from this type of integrated best practice. California does not have policies in place that would provide a standardized continuum of care from courts, to county, to state. California also does not have a standardized continuum of care from just state-level incarceration to county supervision. California has 58 counties that each run community corrections in their own way. California has a state-run correctional system whose data systems are not integrated in a network to share with other state or county agencies. Even if the infrastructure for interagency sharing was in place, the data collected by DJJ is not currently collected in a method appropriate for reliable electronic data sharing (Matsuda, Hess, & Turner, 2020). In addition to the information management limitations, California has not formally adopted a sanctioning system in which commitment to DJJ is systematically used only as a “last resort.” There is no formal disposition matrix that has been purposefully implemented in the state’s judicial system that has prioritized that position.

As noted earlier, the state discontinued DJJ parole, thus removing the ability of DJJ to oversee the reentry process for its youth. This effectively leaves the counties responsible for providing a continuum of care for each youth based on data they receive from DJJ as the youth are being released. The counties do not have consistent procedures for youth returning from DJJ. There is no data management system in place for DJJ to follow-up with released youth. In short, after the youth are released, DJJ staff have no further connection with the youth (even if they want).

Given the realities of the state at this time, DJJ does not operate a truly integrated juvenile correctional system, as recommended in the research literature. It can, however, commit itself to integrating within the confines of the current reality. The IBTM theory that youth, staff, families, and communities must all work together in the best interest of the child. To this end, DJJ trains staff to work with youth to strive to meet their goals. In addition, DJJ staff are responsible for reentry planning for youth nearing release. These staff communicate with counties about youth that will be released to them. Parole Agents for DJJ are also supposed to learn of the resources available in each county to provide a comprehensive post-release plan. It is important to note that counties are not required to adopt the recommended reentry plan that is sent by DJJ staff.

Within DJJ, staff attempt integration when providing youth treatment. Staff and youth obviously work together every day. Each youth has a Treatment Team that includes staff members from various departments that meet to discuss each youth’s progress. Some of their therapeutic efforts, as we were told by staff, is to provide family counseling (by teleconference) for youth who they believe would benefit. DJJ provides visitation, letter writing without charge (to a certain point), and free phone calls to loved ones to increase connections with family. DJJ relies on community programs and members to come into the facilities to volunteer their time or provide informal programs in which the youth can participate.

In short, DJJ attempts to gather various players to engage in the youths’ treatment protocol. The limitations of their jurisdiction keep them from a full justice system integration. The question is, will the effort toward integration within DJJ be enough? Is there reason to believe that a youth’s time with DJJ, regardless of how tremendous the programs are, is enough to change the trajectory of offending if the youths’ future is in the hands of someone other than DJJ?

Staff are Integral for Change & Communication to Motivate Discussion

Staff have a central role in the IBTM model. The staff relationship with the youth provide the youth the opportunity to engage with the treatment protocol. Staff know that they must “convince” the youth to “buy into” treatment to get their participation. This is no small task, as the incarcerated youth population may have previously resisted prior attempts to change their behavior and/or mindset. DJJ staff are trained in the “motivational interviewing” technique. This technique originated in the 1980’s (see Miller, 1983) as a way to help people commit to change. It has evolved to combine a supportive and empathetic counseling style that helps clients explore their issues and work through their ambivalence to change. The technique has been tested in randomized controlled trials and found to be more effective than traditional counseling in the medical and health settings (Rubak, Sandbæk, Lauritzen, & Christensen, 2005) and in correctional settings (McMurrin, 2011). The technique has been linked to behavioral change in substance abuse treatment (McMurrin, 2011), and to encourage engagement in treatment, but has not been shown to decrease recidivism in a youth correctional population (Howell, et al., 2019).

Research shows that treatment programs administered by mental health professionals are more effective than those administered by correctional staff (Greenwood & Turner, 2009). Some of the DJJ units are heavily taught and led by mental health professionals (e.g., IBTP, MHRU, and SBTP), but these are very specialized units with specialized needs. On Core Units, the programs are taught almost exclusively by correctional staff, and there is room to explore whether the outcomes can be improved if the programs are instead lead by staff with a mental health background.

Identify Risks, Needs, and Strengths to Create a Comprehensive Treatment Plan

The key to IBTM is for youths’ risks, needs, and strengths to be correctly identified by staff so a comprehensive treatment plan can be created that is individually tailored to their needs. DJJ utilizes CA-YASI as a risk-assessment instrument to identify the youths’ risks, needs, and strengths. Staff use the results of CA-YASI to work with the youth on their goals and their actions steps. It also helps to determine which programs that youth will be assigned.

The Risk Needs and Responsivity (RNR) Model (Andrews & Bonta, 2010) is one of the most accepted frameworks on providing effective treatment to offenders (Howell, et al., 2019). This evidence-based model has three main tenets (Bonta & Andrews, 2007):

- 1) Risk – The level of service that is provided should match the level of risk of the offender. If the desired outcome is to reduce recidivism, then the risk of recidivism should be determined. If some other outcome is desired, the risk of that outcome should be determined.
- 2) Need – An offender’s criminogenic need should be targeted by the treatment. Andrews and Bonta (2006) have specified the major predictors of criminal behavior, or the “central eight.” The offender might have many other needs, but to reduce criminal behavior the needs need to predict criminal behavior.
- 3) Responsivity – An offender is most likely to benefit from the intervention if it is cognitive-behavioral treatment, and if it is tailored to the abilities, strengths and motivations of the individual. The treatment should include a strong relationship with staff (i.e., warm, respectful,

collaborative with the offender) and structured treatment (i.e., modeling, reinforcement, problem-solving).

Risk Assessment Instruments

According to RNR, the best way to calculate the risks and needs of an offender is with a structured risk assessment instrument (Bonta & Andrews, 2007). These instruments can lead to more effective treatment and placement decisions, guide supervisory plans, reduce disparity in decisions, improve management of youth, predict recidivism, assist in institutional adjustment, measure rehabilitation in treatment, increase staff accountability, and provide agencies with important information about service use and gaps (Howell, et al., 2019; Shook & Sarri, 2007).

Research shows that actuarial predictions consistently outperform clinical judgments (e.g., Grove, Eckert, Heston, Bouchard, Segal, & Lykken, 2000). This is true for predictions of violence. In a study of 1,000 predictions of client violence, the actuarial method correctly identified 90 more violent clients than the clinical assessment (Ægisdóttir, et al., 2006). The reason actuarial methods outperform professional judgment, even very experienced professional judgment, has been researched. One reason with empirical support is that practitioners sometimes attempt to alter or influence the results of their assessments to fit their subjective judgments or their personal goals for their clients (Gebo, Stracuzzi, & Hurst, 2006; Miller & Maloney, 2014). Using actuarial methods does not necessarily eliminate all attempts to influence assessments, but, depending on the tool, can significantly reduce bias.

Risk and needs assessments (hereby referred to as “risk assessments”) have evolved over time. Static factors (i.e., characteristics that do not change over time) were first to show predictive ability in later delinquency. Dynamic factors (i.e., characteristics that can change over time) were later added to provide better-refined tools. However, research consistently shows that the best predictor of future delinquency is previous delinquency, thus static factors are usually the strongest predictors (Loeber, Slott, & Stouthamer-Loeber, 2008). Unfortunately, programming and treatment cannot change static risk factors, so dynamic factors are the only measures that can potentially be impacted by intervention. Unfortunately, the influence of dynamic factors on almost every domain of recidivism decreases as juveniles get older (Loeber, Slott, & Stouthamer-Loeber, 2008; Tanner-Smith, Wilson, & Lipsey, 2013; Van der Put, et al., 2012).

Risk assessment instruments have higher validity if they are generated from actual recidivism data on the populations to which they will be applied. Instruments should be equitable, meaning they accurately estimate recidivism likelihood across racial/ethnic, gender, and age. They also should be reliable (Baird, Healy, Johnson, Bogie, Dankert, & Scharenbrock, 2013). In addition, shorter instruments are generally better (Howell, et al., 2019).

What are the risk factors for criminal behavior? In the RNR model, the risk factors have been described as the “Central Eight” that is then broken down into the “Big Four” and the “Modest Four” (Andrews, et al., 2011). The “Big Four” are the strongest predictors of criminal behavior and include: (1) history of criminal behavior, (2) antisocial personality, (3) antisocial values and beliefs, and (4) delinquent peers. The “Modest Four” are variables that are still predictors, but more temporally distal to offending. They include: (1) family and relationships, (2) school and work, (3) leisure and recreation, and (4) substance abuse.

Comprehensive Individual Treatment Plans

After risks and needs are determined, a treatment plan can be designed that is tailored to the motivation and strengths of each offender (i.e., the responsivity part of the RNR model). The best juvenile justice systems identify and schedule services to match treatment needs. They set a timetable for services. They identify providers to deliver those services, and they specify treatment goals and objectives for all youth (Howell et al, 2019). According to Howell and colleagues (2019), “There is no one-size-fits-all intervention for juveniles at risk for subsequent delinquency. Interventions must be well matched to the need and risk profiles of each juveniles.” (Howell, et al., 2019, p. 38) If the program type matches the needs of the offender, then the largest effects on recidivism should be expected.

Matching the right services to the right risks and needs becomes tricky because longitudinal research shows us that disorders are often co-occurring, and this can increase the persistence of serious delinquency. The ability to match all of the needs effectively becomes the challenge. There are great examples of justice systems doing a tremendous job of service matching. For example, the Oregon Youth Authority developed six treatment typologies for males and four for females that determine their treatment needs based on risks, needs, and strengths, AND they added screenings for suicide, substance abuse, educational level, vocational interests, and mental health. They also have assessments related to sexual and violent offending (Oregon Youth Authority, 2015). Other service level matching examples exist in Florida (Baglivio et al., 2017), Australia (Casey & Day, 2016), and North Carolina (Howell et al., 2019). However, as stated earlier, these states have a wider reach, where they have service matching across the entire state as part of their network.

IBTM’s Model

The spirit of IBTM follows the RNR model. The IBTM theory seeks to identify the risks, needs, and strengths of the youth to create a comprehensive treatment plan unique to each individual. As stated prior, the staff are trained to create a strong relationship that is based on respect and collaborative working with the youth. As will be discussed later, the interventions that IBTM runs are cognitive-behavioral programs with a great deal of skills building. On the surface, IBTM appears to be designed like the evidence-based RNR model.

DJJ uses the California Youth Assessment and Screening Instrument (CA-YASI) created by Orbis Partners as its risk (needs and strengths) assessment instrument. The qualities of CA-YASI as a risk assessment tool will be examined more closely in a future report. We will keep our current discussion at a theoretical level. CA-YASI has an empirical literature base. It has been highly recommended as a risk and needs instrument (Howell, et al, 2019) because of previous evaluations that have been validated in community correctional samples of youth (e.g., Orbis Partners, 2007; Scott, Brown, & Skilling, 2019). It was tailored to the DJJ population by Orbis Partners to reflect the more serious nature of DJJ’s youth.

DJJ assesses youth upon entry using CA-YASI. CA-YASI calculates the risk and need of each youth and the treatment team uses this information to create the youth’s comprehensive treatment plan. CA-YASI is also used to place the youth in a housing unit (High Core, Moderate Core, Low Core). The youth is then

reassessed regularly on CA-YASI to see if his risk level changes.³ If it does, he can move units. In addition to core units, DJJ has units for sex offenders and youth with mental health needs. It has different units for youth of various risks, but DJJ staff choose which treatment programs youth are taking based on scores from CA-YASI.

CA-YASI includes a number of domains: legal history, correctional history, violent and aggressive behavior, peer relationships, community involvement (including social activities, role models, and neighborhood), substance use, attitudes, adaptive skills (e.g., impulsivity, consequential thinking, problem solving, interpersonal skills), family, education/employment, mental and medical health, and community. The CA-YASI items are mostly consistent with the RNR model's Central Eight (with some extra categories).

After assessment data is entered, the dashboard presents a wheel of risks and needs. The staff member then takes the wheel and determines (with the help of the youth) the areas to focus on and the programs to assign a youth. DJJ does not appear to use any formal service mapping program, algorithm, or policy to decide which programs the youth should be assigned. The staff member is in charge of putting together treatment plan based on their own expertise.

What is still not known is how well CA-YASI can distinguish risk level in a population that is already very high risk? The youth in DJJ are considered the most serious offenders in the state who require the most intense resources (CDCR, 2020). Studies of RNR, YASI (more generally) and other risk assessment instrument often use samples of justice involved youth at various levels of seriousness (e.g., Baglivio, Wolff, Howell, Jackowski, & Greenwald, 2018; Luong & Wormith, 2011; Orbis Partners, 2007; Scott, Brown, & Skilling, 2019). In these studies, the dispositions in the samples can range from diversion to incarceration. Thus, recommendations of matching risk with intervention is very important. An offender at low-risk for recidivism, should not be incarcerated in a state-facility because the "treatment" does not meet the risk (Luong & Wormith, 2011). These studies do not attempt to classify youth by risk *within* the high-risk category. This is what DJJ is attempting to do with CA-YASI. DJJ is using CA-YASI to distinguish low, moderate, and high risk of recidivism within the group that is already considered the highest risk. It is not clear if CA-YASI (or any risk assessment instrument) has the sensitivity to distinguish this level of risk. If it cannot, then we would not expect to see youth move from a high core unit to a low core unit, or see any measureable change in CA-YASI score over time in DJJ. This empirical question will be examined in detail in the future.

The IBTM model also specifies a number of other short-term (gray box) and long-term (black boxes) outcomes of their treatment. CA-YASI is a risk assessment that predicts risk of recidivism, but not the risk of the other outcomes. If DJJ expects to implement a treatment paradigm that implicates outcomes like stress, self-esteem, attachment, relationships, and motivation to change, then it will also have to implement risk assessment instruments that specifically target those constructs to understand which youth require interventions for those issues (and then provide interventions to serve those needs).

³ CA-YASI is also used to assess female offenders, but there is only one housing unit for females in DJJ, so they do not move units based on their CA-YASI risk. There is also no specialized units for female offenders.

Create/Sustain Helpful Community Links

The integrated nature of the IBTM framework prioritizes fostering community links for the youth. This makes sense intuitively because the bonds to conventional society may be severely fractured for youth who reach the level of state-run corrections. DJJ staff did not have one concrete theory of community links to youth treatment, but did offer a number of potential reasons why they are important. For example, (1) The community can provide opportunities and emotional support for youth when they return (i.e., a form of social capital), (2) Youth need to navigate their communities to obtain services, and/or 3) People who feel more connected and embedded in their communities are less likely to commit crime in them. There is not overwhelming empirical support for any of these potential explanations alone. “Community,” in research, is often operationalized as friends, family in social capital research, or employment or programming in reentry research. There is some evidence that ties to a community may reduce certain types of crime, but due to the connections of local friends (Sampson & Groves, 1989) not the community itself, and possibly only in neighborhoods of a certain racial/ethnic makeup (Warner & Wilcox Rountree, 1997).

Creating links to people and resources in the community might assist youth in the reentry process. DJJ does have a number of volunteers from the communities that provide services for youth inside the facilities. However, some DJJ staff mentioned that DJJ has a policy that community members are not allowed to have contact with released youth if they are still a current volunteer in the facilities. Given this, it seems as if DJJ’s intention is not to create bonds and attachments with community actors.

The IBTM framework could benefit from more specificity as to the role of community in the treatment program. It is hard to predict exactly how this part of the program is being implemented at this time. A solid operationalization would make it possible to measure the effect they are hoping to capture and then assess if the theory of its importance is correct.

Build Healthy Relationships

IBTM is vague about what constitutes “healthy relationships.” Which relationships (e.g., parents, employer, partner, child)? How many (e.g., all of them, at least one)? What does a healthy relationship look like? DJJ does not currently have a program that solely targets building healthy relationships. Currently, DJJ’s program CounterPoint purports to assist in creating healthy family relationships. DJJ has an interactive journal about relationships that can be assigned to youth. The exception to this is in the Sexual Behavior Treatment Program, where the curriculum includes discussion and work about identifying, creating, and maintaining healthy relationships.

There are programs like Functional Family Therapy that specifically target relationships, are evidence-based, been shown to be effective in a high-risk youth population, and can be facilitated inside a correctional facility (e.g., Washington State Institute for Public Policy, 2004, 2017). There is also always the potential that one of the programs that they do offer could strengthen relationships by reducing youth aggression and impulsivity. DJJ needs to be more specific about how they are going to operationalize this particular construct in all their youth.

Theoretically and empirically, healthy attachments to family, school, and community are important to reducing delinquency (Hirschi, 1969; Petersilia, 2003; Visher & Travis, 2003). Youth recidivists are less likely to have strong parental attachments, strong attachments to school, and just generally strained insecurely attached to conventional community institutions (Katsiyannis, Zhang, Barrett, & Flaska, 2004). In contrast, incarcerated youth who are high on protective factors like strong attachments and bond, strong social support, a strong commitment to school or work were shown to be less likely to become violent recidivists (Lodewijks, Ruiters, & Dorelieijersm, 2010). DJJ youth are already entering the facility with strained relationships with family, school and the community. Some DJJ youth are parents themselves, and being separated from their child(ren) can have significant effects on their children (e.g., Parke & Clarke-Stewart, 2002; Travis, Cincotta McBride, & Solomon, 2005). There is also time that is lost where the DJJ youth misses out on learning how to be a parent for that child and a co-parent to their partner/child's other parent. Can DJJ provide programs that are going to repair those relationships so significantly to increase attachment and create bonds? That is the empirical question. If they can, there is reason to believe that delinquency and other problem behaviors would decrease upon release.

There is, however, a second complication, and that is gangs. The IBTM model does not specifically mention gangs, but it is implicated in all of the IBTM goals related to community, healthy relationships, lifestyle, and recidivism. In a facility, gang membership is related to higher rates of violent and non-violent victimization compared with non-gang youth (regardless of whether the youth joined in the facility or had maintained membership from community to the facility (as cited in Howell, et al., 2019). Decades of gang research support the notion that youth in gangs are more likely to be engaged in violence and offending than youth not in gangs (e.g., Thornberry, Krohn, Lizotte, & Chard Merschen, 1993). The strongest predictor of gang joining is attitudes (e.g., beliefs in aggression) and antisocial peers. Family factors and placement in foster care also predict membership in a gang (Howell et al., 2019), and so all of these issues have to be resolved together when thinking about DJJ youth.

A major problem is that there are no evidence-based intervention programs for gang-involved youth that has been shown to be effective in an incarcerated population. Thus, the challenge of strengthening prosocial bonds and weakening antisocial bonds to the gang becomes one of the largest challenges for DJJ. The gang problem does not currently have a place in the current IBTM depiction. However, given the presence of gangs in California, generally, and in California corrections, specifically, it is a problem that might warrant more attention in DJJ's treatment protocol (Petersilia, 2008).

Education

After *Farrell*, DJJ's rehabilitative focus centered squarely on providing education for all of the youth who had not graduated with a diploma or a general equivalency diploma (GED). The purpose was to make sure that as many youth as possible were going to leave the facility with a high school diploma (or GED). This is consistent with research that shows that recidivism is correlated with low academic performance, and the more serious the felonies, the more severe the deficits in math and reading (Katsiyannis & Archwamety, 2000; Katsiyannis, Ryan, Zhang, & Spann, 2008). Research shows that completion of a GED was associated with longer times to recidivism, especially for women. Research shows that correctional education for adults and juveniles is effective to reduce the rate of recidivism (Davis, Steele, Bozick, Williams, Turner, Mikes, Saunders, & Steinberg, 2014; Katsiyannis, et al., 2008) and other outcomes like attitudes, postrelease employment, reading comprehension, and grade placement (Drakeford, 2002;

Steele, Bozick, & Davis, 2016).⁴ Selection bias is often a problem with this type of research. Youth that participate in these kinds of studies often volunteer or are chosen which could improve results. The fact that DJJ requires all youth to attend school until they earn a diploma or GED can help reduce that problem in an evaluation.

While providing a good education is important, especially to this correctional population, other correctional agencies have noted challenges. For example, after youth are released, there are so many other barriers to success in the community that the presence of a diploma may not be as impactful as they had hoped (Risler & O'Rourke, 2009). From discussions with DJJ staff, it is clear that they know this, but will continue to do their part to ensure that at least they are contributing to the solution.

Work and Career Technical Education

Though DJJ has stated that education is a priority, they have also included vocational training and career technical education as part of the IBTM framework. Research supports this decision. Research shows that two factors are particularly important in reentry: 1) employment and 2) ties to family (Berg & Huebner, 2011; Laub & Sampson, 2003; Petersilia, 2003; Visher & Travis, 2003). Studies show that providing jobs significantly reduces the likelihood of recidivism (Berg & Huebner, 2011; Uggen, 1999) because offenders were less likely to commit crime during periods of employment (Laub & Sampson, 2003).

Studies of youth find that vocational training does lead to lower recidivism rates compared to just academic education alone (Wilson, 1994). The research recommends providing both in concert. Education and vocational interventions in a correctional youth population have not been shown to be as strong as cognitive-behavioral interventions, but they are still shown to be effective (Howell & Lipsey, 2012). The cost-benefit ratio is impressive though. One cost-benefit analysis of providing education and employment training together for juvenile justice youth in Washington State found a benefit to cost ratio of 41.84 to 1. That is over 40 dollars saved for every dollar spent on the training (WSIPP, 2017).

Like education studies, vocational training studies also can suffer from selection bias. Vocational training in corrections is optional and generally youth have to want to have the job in order to get one (Davis et al., 2014). There is also usually criteria for being selected for a job in corrections. This can mean that the best performing offenders receive a work assignment. These offenders may be less likely to offend anyway, thus isolating the effects of the training is more complicated. The added challenge for DJJ is the lack of ability to follow-up with its youth post-release to see if the vocational training and education led to employment upon release.

Stages of Change

An individual's motivation to change has been found to predict both retention and engagement in treatment (Hiller, Knight, Leukefeld & Simpson, 2002). The model for "motivation to change" is called the

⁴ Research in the areas of correctional education could be stronger and more conclusive if there were stronger research designs. Evaluations need to be able to measure program dosage, identify program characteristics, examine other indicators of program efficiency, and implement strong protocols like random assignment for anyone to make definitive statements about what is the best method to provide correctional education (Davis, et al., 2014). That aside, it is clear that correctional education can make a difference on the later offending trajectory even with the current research base.

“Transtheoretical Model” (Prochaska & DiClemente, 1982). Motivation to change is measured in five stages: 1) the Precontemplation Stage where the individual has no plans to change; 2) the Contemplation Stage where the individual is aware of problems and thinking of overcoming the problem; 3) the Preparation Stage where the individual makes small changes and sets the intention to act; 4) the Action Stage where the individual modifies behaviors, experiences, or the environment to cease his problem behavior; and finally, 5) the Maintenance Stage where the individual stabilizes his behavior and attempts to prevent relapse.

The Stages of Change Model is not without issues (e.g., West, 2005) but the model is still quite popular. Studies show that willingness to change is correlated with chronic behavior patterns like smoking, drinking, or battering (e.g., Wells-Parker, Kenne, Spratke, & Williams, 2000). To our knowledge, studies have not linked stages of change specifically to youth behavior and outcome.

Effective Treatment Programs

Cognitive-Behavioral Strategies

Most of DJJ’s formal programming are Cognitive Behavioral Therapy (CBT) programs. Cognitive Behavioral Therapy is the most widely accepted approach to treating offenders (Hoffman, 2013). CBT principles can be successfully utilized in many types of interventions such as counseling (MacKenzie, 2000) or anger management (Hoffman, 2013; Lipsey, Landenberger, & Wilson, 2007). Research overwhelmingly supports CBT as effective for disorders across most treatment setting (Prochaska & Norcross, 2010). Support for CBT exists regardless of whether the interventions are generic or branded (Lipsey, Landenberger, & Wilson, 2007). CBT programs related to anger management have been found to reduce recidivism and violence, especially high-risk offenders (Lipsey, Landenberger, & Wilson, 2007). The benefit of this type of treatment is even more pronounced when the treatment is completed (Henwood, Chou, & Browne, 2015).

Developmentally Appropriate

The programs are all written for the DJJ youth audience, so the text is written in a developmentally appropriate manner for this population. There is the question of whether the programs can span the age range of the DJJ population. DJJ can house youth in their mid-teens to their mid-twenties and there could be a great deal of difference between a 16 year-old and a 24 year-old in maturity, comprehension, and relevance of a program. For example, what might be appropriate examples for a teenager excited to get his driver’s license may not be appropriate for a young man who is already a father. Currently, the curriculums are not age-graded for those types of realities. Staff who teach the programs can, sometimes, tailor the examples to their group, but whether or not that actually occurs is a question for evaluation.

Research has shown that the risks that predict recidivism can change as youth age (Loeber, Slott, & Stouthamer-Loeber, 2008). This means that the treatment focus for youth may need to change over time. For example, Van der Put and colleagues (2012) found that the family had the strongest association with recidivism early on, but then at age 14, attitude was most strongly associated.

Gender Responsive

The IBTM framework strives to be gender responsive, and that is critical because risk factors for males and females differ. For example, the rate of sexual assault in females involved in the justice system is four

times the rate of justice-involved males (Baglivio, Epps, Swartz, Huq, Sheer, Hardt, 2014). In the current evaluation, we examine only the programs for male youth, so we are not in a good position to discuss the gender responsiveness of the IBTM framework. DJJ does run a separate curriculum for young female offenders, so the overall IBTM framework is gender responsive.

IBTM is not, however, currently adapted to differences in sexual orientation or gender identity (i.e., LGBTQIA+ youth). Studies show that LGBTQ youth are overrepresented in the child welfare and juvenile justice system (Irvine & Canfield, 2016). Within corrections, a study in California's adult prisons found that non-heterosexual prisoners (i.e., gay, bisexual, or "other") and transgender prisoners were more likely to be the victim of sexual assault than the rest of the random sample (Jenness, Maxson, Matsuda, & Sumner, 2007). Given the unique needs of this population, it has been recommended that gender-responsive programming include queer responsive programming (Kahle & Rosenbaum, 2019). This is a limitation that DJJ staff are aware of and currently attempting to remedy.

Trauma-Informed

DJJ strives for IBTM to be trauma-informed. It is important for any juvenile correctional system to provide trauma-informed care (Howell et al., 2019). Youth with the highest need are more likely to have multiple risk factors (Dartington Hall, 2016). For example, exposure to adverse childhood events can accumulate and increase the rate of recidivism in youth. Negative experiences include: living with parents who divorce, parent who died, parent who is incarcerated, someone who is mentally ill or suicidal, someone with alcohol or drugs, domestic violence, witness violence, or experiencing economic hardship (Sacks & Murphy, 2018; Wolff, Baglivio, & Piquero, 2017). Some portions of the IBTM curriculum are trauma-informed. This is well represented in the programming for female youth, but not males. It is also a significant part of the curriculum in Sexual Behavior Treatment Program (SBTP). However, the trauma-informed curriculum has not extended significantly to the core units. This is also a limitation that DJJ staff are aware of and currently attempting to remedy.

Effective Programs

There are three ways to assess whether a specific treatment program is "evidence-based". First, one can conduct a direct evaluation of the program for effectiveness. This is often time consuming and expensive, and so usually the least available option. Second, if the organization implemented a program from a list of model programs, and insured that it was implemented with fidelity, then that is a strong indicator of an evidence-based program. Third, if the program that was implemented is similar to a program that is shown to be effective by a meta-analysis of studies of similar type, that is an indication of an evidence-based program. (Howell et al., 2019) In the following section, we will review the programs that have been implemented by DJJ as part of IBTM. We will use all three methods stated above, to see how well they conform to our expectation of evidence-based programs.

In this evaluation, we received the curriculum for the following programs that DJJ runs: Introduction to Treatment, Anger Replacement Treatment (ART) which was preceded by Aggression Interruption Training (AIT), Cognitive Behavioral Interventions for Substance Abuse (Substance Abuse), CounterPoint, New Freedom, Imprisoned Men Putting Away Childish Things (IMPACT) (which is no longer offered), Skill of the

Week, Interactive Journaling, and the Sex Behavior Treatment Program (SBTP)⁵ (which is a specialized unit that is run with its own specific program theory).⁶ We review the known empirical base for the programs whose curriculum we have obtained.

Introduction to Treatment

Introduction to Treatment is a six-session pre-treatment orientation developed by the University of Cincinnati and adapted for use for the DJJ population. Ideally, youth relatively new to DJJ complete this program prior to attending the other more formal treatment programs. The purpose of the program is to provide youth information on the types of themes and components that are most frequent in IBTM. Topics include decisional balance, goal setting, cognitive behavioral treatment, thinking reports, active listening, and giving feedback. Introduction to Treatment provides a foundation of skills, procedures, and expectations that are part of the other treatment programs to which the youth will be assigned while in DJJ. To the best of our knowledge, there have not been any relevant empirical research to assess the effectiveness of Introduction to Treatment.

Aggression Replacement Training (ART)/ Aggression Interruption Training (AIT)

DJJ originally began its anger management CBT with Anger Interruption Training, a curriculum created for DJJ by the University of Cincinnati that was adapted from Aggression Replacement Training (ART) by Dr. Barry Glick. ART is a model program. It is an evidence-based program that has been shown to significantly reduce recidivism in incarcerated youth (Greenwood & Turner, 2009; Howell et al., 2019; WSIPP, 2004; 2016). A cost-benefit analysis shows that, if implemented well, the program can save 11.66 dollars for every dollar spent of the program. There is even some evidence that ART can successfully reduce recidivism in a community sample of gang members (Goldstein & Glick, 1994). Several programs like Aggression Replacement Therapy (ART) have found success in adapting CBT concepts to meet the needs of offenders (Hoffman, 2013). The University of Cincinnati adapted the program to DJJ needs and DJJ implemented Aggression Interruption Training. The DJJ's version of the AIT program has never been evaluated, but closely follows the evidence-based ART curriculum.

In 2019, DJJ switched from AIT to ART, which is an evidence-based program. Given the timing of the change, a majority of the youth that were included in this study received AIT and not ART, but our review of both curricula suggests that, if taught consistently, the results should be consistent across the two

⁵ DJJ also runs the Mental Health Residential Unit (MHRU) and the Intensive Behavior Treatment Program (IBTP). Both of these units serve youth with different levels of mental health issues. The formal programs that they run on that unit are the same as the programs that are run on the Core Units. We will not focus on these units specifically because the programs that they run are the same as on other units and the specialized mental health care that they provide was not thoroughly investigated in this study.

⁶ The Behavioral Treatment Program (BTP) runs a few programs to attempt to stabilize youth behavior so that youth can return to their long-term living units. In this study, we do ask youth questions about their participation in these programs. The curriculum for these programs were not part of this evaluation. We were told the components stem from other programs that are offered in DJJ.

groups. For model programs, the biggest concern is the slippage that occurs when it is adopted into another venue and to ensure that the program is being implemented with fidelity.

CounterPoint

CounterPoint is a cognitive behavioral program that addresses anger management, antisocial peers, and gang membership by providing prosocial skills-based training. The program also purports to address healthy relationships within the family. CounterPoint was created by Orbis Partners (who also created CA-YASI). It draws from the social learning theories of criminal behavior. CounterPoint began as a community-based program, and was evaluated in that capacity. In a sample of Canadian Federal prisoners released into the community, CounterPoint program completers were less likely to recidivate compared to program non-completers and non-participants (Yessine & Kroner, 2004). The program was then adapted specifically for DJJ youth.

The CounterPoint curriculum was designed with the best-practices in juvenile programming in mind. The program material has a theoretical basis in the psychological and criminological literature, it uses the RNR tenants, accounts for criminological risk factors, and the role of deviant attitudes. It is a well-documented CBT program designed for use with this population. It has not, however, been evaluated in this population or any high-risk incarcerated juvenile population, to our knowledge.

Cognitive Behavioral Interventions for Substance Abuse (Substance Abuse)

An effective substance abuse program is needed for DJJ youth to be successful upon release. Substance addiction has been shown to delay the time to desistance (Hoeve, McReynolds, and Wasserman, 2013). It also has been shown to be the type of program with the most challenges to successful implementation (at least in community settings) (Fagan, Hanson, Hawkin, & Arthur, 2008).

DJJ's Substance Abuse curriculum was designed by the University of Cincinnati Corrections Institute (UCCI) for youth with a moderate to high substance abuse need. It was designed for use within correctional settings and utilizes cognitive behavioral techniques. This particular program covers emotional regulation, emotion management, stress and anxiety management, and social skills like communicating, asking for help, and dealing with peers. There is a significant portion of the program that focuses on problem solving and relapse prevention.

We could not find any evidence that this specific program has been evaluated for effectiveness. The program design is based on a number of evidence-based strategies, but we could not find any evaluations using this particular curriculum.

Interactive Journaling

Interactive Journaling is a type of writing which allows for reflective thinking (which is a required skill in all of CBT) and experiential disclosure (or providing an outlet for reflective thought). Disclosure can be done in different ways. Written disclosure is the focal point of interactive journaling (which does not have to be shared) or bibliotherapy (where the writing is intended to be read by the individual). Disclosure can also be done verbally as would be expected in individual or group therapy. The appeal of Interactive Journaling is that it is less expensive and less staff-intensive alternative to in-person counseling or group

treatment program. It can be structured either in booklets or online if needed, with results similar to formal counseling (Apodaca & Miller, 2003)

DJJ uses *The Change Companies Interactive Journaling*®. These journals utilize motivational interviewing, motivation to change (Transtheoretical change), expressive writing, and cognitive-behavioral therapy. First introduced in 1989 by Serenity Support Services (now The Change Companies), it is an “indicated” program in the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-Based Programs and Practices – which means that it has no adverse effects, concerns, or unintended consequences identified by the developer.

According to DJJ documentation, youth are supposed to be assigned four mandatory journals and can be assigned three other optional journals (or chapters of journals). There is also a journal specific for female offenders and one for substance abuse youth. DJJ does not formally collect or record the completion of the Interactive Journals. Logging the completion of the journals in the Casework Documentation tab in the Ward Information Network is not consistently done.

Much of the literature on bibliotherapy and interactive journaling is not done in a correctional population. This approach has been shown to be effective in reducing depressive symptoms, anxiety, or mild alcohol abuse, but was less successful in serious alcohol abuse and cigarette smoking (e.g., Apodaca & Miller, 2003; Bowers, Richards, & Lovell, 2001; Cuijpers, 1997; Mains & Scogin, 2003). Research does show that the effects of interactive journaling are stronger for individuals who volunteer for the intervention and weaker when it is assigned (Apodaca & Miller, 2003). Research on disclosure finds strong support that the written reflection, and not just cognitive processing, improves cognitive functioning, social relationships, and educational outcomes (Frattaroli, 2006). Each of these outcomes is implicated in the outcomes of the IBTM treatment theory.

Interactive journaling is an intervention that has been shown to be effective in refocusing low-risk offenders toward a prosocial life and has had significant effects on recidivism rates (Proctor, Hoffman, & Allison, 2012; Smith, Hall, Williams, An, & Gotman, 2006). Interactive Journaling may also be useful in identifying higher risk offenders for more intensive treatment and increasing their motivation to enroll in those programs.

Randomized control trials of Interactive Journaling are promising, but still scarce (Miller, 2014). Studies with an incarcerated population have found that journaling is associated with lower levels of recidivism (e.g., Proctor, Hoffman, & Allison, 2012). Not all studies utilize samples that generalize to California’s prisoner population (e.g., Proctor, Hoffman, & Allison, 2012), but a self-assessment showed reductions in recidivism regardless of age, gender, and ethnicity (Ernst, unknown). Studies have also shown that journal completers had higher gains in motivation scores than during pre-treatment.

Skill of the Week

The Skill of the Week (SOW) curriculum was developed collaboratively with staff from University of Cincinnati Correctional Institute who worked with DJJ on the initial implementation of the IBTM. The curriculum is applied to all youth in all of the DJJ facilities. All of the youth, in all of the units, work on the same specific skill in a structured fashion. The program is intended to help youth build a repository of skills

that they can practice and model. Fifty of the skills were taken directly from the supplemental materials within the Aggression Replacement Training (ART) curriculum (the other two were chosen by DJJ staff). The AIT/ART curriculum comes with a longer list of skills than is taught in the program. IBTM staff came up with the idea of “Skill of the Week” as a way to utilize the remaining skills. The Skill of the Week curriculum and process is trained to all staff just like AIT/ART.

The skills are part of ART, which suggests that they have a strong evidence-based foundation. This specific way of teaching one skill per week in a short daily presentation has not previously been evaluated for effectiveness.

IMPACT

Incarcerated Men Putting Away Child Things (IMPACT) is a program that started in 1995 in San Quentin Prison. It was a program that was created and written by Chaplain Earl Smith (of San Quentin Garden Chapel) and a group of incarcerated men as a program for other incarcerated men. The program centers around themes of male accountability, an exploration of masculinity, and skill-building toward healthy and responsible behaviors. The program includes twelve weekly group sessions. The curriculum includes eight modules, each module is twelve weeks or sessions long. The program was taught in DJJ facilities by ex-offenders from CDCR adult prisons. The documented curriculum includes workbooks for each module and large and small group sessions taught with a documented curriculum.⁷ The program started in DJJ in 2006 and ended in 2017.

The goals of the program are to reduce institutional violence, increase programmatic opportunities, and decrease recidivism post-release. A training manual or program information for IMPACT was not available for this evaluation.

To our knowledge, the only evaluation of IMPACT was an evaluation conducted by CDCR’s Office of Research (CDCR, 2009). The evaluation included pre- and post-program surveys about the youth’s attitudes and beliefs (CDCR, 2009). The evaluation of the program was designed and executed after IMPACT was already implemented. In the evaluation, the Correctional Program Assessment Inventory (CPAI) and the Correctional Program Checklist (CPC) were both adapted and used to evaluate the quality of the program delivery. Then interviews and observations were both conducted at all of the five sites that ran the IMPACT program. Interviews with 69 staff, administrators, youth, and facilitators were conducted by the evaluation team. The team also did more than 10 hours of observations of group sessions. They also used official data in the Ward Information Network (WIN) to assess program participation and disciplinary violations.

The evaluation noted that participation in IMPACT was voluntary and there was no attempt to match the risk and need of the youth with their participation in the program. The evaluation interviews showed wide support for the program by administrators, staff, and youth. The evaluation also concluded that facilitators were dedicated to the youth and the program. Youth stated that they trusted the facilitators

⁷ The CDCR 2009 evaluation noted that there was a documented curriculum for the IMPACT program, and noted that it was a strength of the program. The IMPACT curriculum was not reviewed for this evaluation.

and that they had shared experiences despite the fact that the facilitators lacked the licensing and credentials of traditional program facilitators.

The IMPACT outcome evaluation (i.e., CDCR, 2009) found that 1,174 youth had participated in at least one module. The WIN data show that the IMPACT youth were lower risk than the rest of DJJ which could be due to the voluntary nature of the program. Of the 1,174 youth, 809 (69 percent) completed at least one module. The data show a 15 percent decrease in the number of violent violations for IMPACT participants after the first module. Fewer violations within six months were reported for participants who successfully completed the program. This trend held in each of the four facilities that was studied. Results differed by age. Despite completion, youth 19 to 23 saw an increase in their violent disciplinary violations post-program completion. In contrast, youth 14 to 18 years old saw a decrease post-completion. Despite the limited scope, the evaluation concluded that IMPACT provided a valuable service to DJJ (but offered areas for improvement). The curriculum was designed to conform to RNR principles and had a curriculum that could address gang and violence issues, though that is not specifically documented in the program goals (CDCR, 2009).

The company that ran IMPACT dissolved, so DJJ was forced to discontinue the use of the program around May 2017. It is not clear if the recommendations from the 2009 CDCR Office of Research Evaluation were ever implemented. It does not appear that the program was ever re-evaluated before its termination in 2017. IMPACT is included in this review because the sample used in this process evaluation could have received the program during their commitment period in DJJ.

A New Freedom

IMPACT provided DJJ with a much needed “gang” curriculum and, when IMPACT was discontinued, DJJ needed an alternative gang curriculum. Membership in a gang delays the likelihood of desisting from crime upon release (Pyrooz, Sweeten, Piquero, 2013; Sweeten, Pyrooz, & Piquero, 2013).

DJJ chose to adopt the Phoenix Groups’ “A New Freedom 100” curriculum. The curriculum utilizes CBT, dialectical behavioral therapy (DBT) (an evidence-based strategy), skills practice, stages of change, and motivational interviewing with a curriculum that is intended for an incarcerated youth population. The curriculum includes gang intervention and desistance. The program also include components in other areas, not just gang-related (e.g., anger management, depression, substance abuse, trauma, sleep disorders, self-harm).

In 2009, the CDCR Adult Research Branch (the Office of Research, OR) conducted a review of A New Freedom. The purpose of the review was to provide DJJ with information to consider adopting the program as their gang intervention curriculum. The OR review included a review of the literature provided by the Director of Research of A.R. Phoenix Resources, Inc. (i.e., A New Freedom’s developer). The review also included a telephone survey of six of the nine states that were using A New Freedom’s curriculum in their long-term juvenile justice programming facilities. The list was provided by Dr. Alton the Director of Research of Phoenix (CDCR, 2009).

The OR review concluded that the curriculum was based on evidence-based concepts and suitable for high-risk behavior and beliefs. In particular, the review notes that the “Functional Thinking” and cognitive restructuring portion of the curriculum is most appropriate for the juvenile residential gang intervention program (CDCR, 2009, p.1). The review also concluded that the curriculum includes many IBTM

components like CBT, motivational interviewing, stages of change, and can be tailored to youth's individual needs. The report also noted that the curriculum was age-appropriate, had workbooks for male and female offenders, and could be provided in English and Spanish.

The telephone survey of other states concluded that staff could be easily trained in the curriculum, the materials were easy to follow and implement, and that the resources seem to engage youth. Not all of the states that were surveyed, however, were using the gang intervention part of the program. Only three of the six states were using the gang intervention curriculum. The report did not mention any known evaluations of the effectiveness of the New Freedom curriculum in the six states or elsewhere.

The conclusion of the OR review of A New Freedom was that the program seemed "promising." If it was to be implemented, however, OR recommended that it include an evaluation component. The OR review of A New Freedom was published in 2009. The program, however, was not adopted until 2018. In 2018, the program website had a statement that said, "Our programming was accepted as evidence-based by the National Gang Center/OJJDP/Bureau of Justice Assistance (additional research is forthcoming)." That verbiage has since been removed from its website, but it is our understanding that staff's belief that A New Freedom was accepted as an evidence-based program influenced DJJ's decision to adopt it. We confirmed with the Director of the National Gang Center that A New Freedom has never been designated an effective program. The National Gang Center had been in communication with the program and was awaiting the "forthcoming research" but it was never provided (James Howell, personal communication, May 29, 2018). We have not been able to locate any evidence that the program has been evaluated for effectiveness.

[Sexual Behavior Treatment Program \(SBTP\)](#)

SBTP is a stand-alone curriculum intended to be taught on a specialized unit of youth sex offenders. Assignment into SBTP has to be court ordered. The curriculum was created by Dr. Nancy Calleja in collaboration with DJJ (2012) and is designed with evidence-based principles. The research base that supports SBTP includes the components that we have already described (e.g., bibliotherapy, substance abuse, cognitive behavioral therapy, skills training) and is informed by research specific to sex offenders. The program is arguably the most comprehensive program that DJJ runs for youth. The facilitator manual for SBTP is 498 pages long.

SBTP includes comprehensive case planning and individual treatment plans. It is also broken up in stages, called "stagework," from Orientation to Stage Seven. Youth may not progress to the next level until they have successfully completed a previous stage. This can take as much time as necessary. In addition to the basic curriculum, SBTP includes: Resource Groups, Individual and/or Family Therapy, Interactive Journaling, Plant or Pet Care, Family Support, Integrated Substance Abuse Treatment, Video-Therapy, Biblio-Therapy (as described earlier), Comprehensive Reentry Planning, Experiential and Facilitated Group Activities, and an Outcome Evaluation (which is possible because they are continuously collecting data using standardized assessment tools that are not generally used in the core units). SBTP also relies more heavily on mental health staff than the other units to run regular groups and provide mental health services.

An SBTP youth will not be recommended for discharge unless he completes the core SBTP program. Youth, however, can "max out" of the program and then be released prior to completion. The groups are also

designed to be “infinite” because if youth complete all stages, they can become peer mentors to others and provide support.

To our knowledge, there has not been an evaluation of SBTP, but the design of the program is so comprehensive that it appears, theoretically and conceptually, to be the strongest program that DJJ runs. It includes so many evidence-based practices under one program that has a systematic flow. It includes the assistance of more mental health professionals than the other core programs. The curriculum also has wider reaching coverage than the curriculum for core youth. SBTP youth receive more work on families, restorative justice, life skills, trauma, substance abuse, mental health, healthy relationships, and healthy lifestyle choices. This is in addition to any of the other resources in DJJ like education, vocation, religion, and others.

Skills and Behaviors are Practiced and Reinforced

The programs that DJJ has chosen, and that are reviewed above, are heavily skills-based. The curriculums call for practice and reinforcement of those skills. Some programs like Skill of the Week are intended for all youth to be working on the same skill at the same time (i.e., they all have a shared sense of purpose). The question becomes one of fidelity. Are the youth being taught the curriculum and given a chance to practice their skills and behaviors both inside and outside of the lessons. The curriculum certainly provides the resources and opportunity.

Positive Reinforcement

The RNR model supports the notion that using positive reinforcement (i.e., rewards) can be an effective way to promote prosocial behavior (Andrews & Bonta, 2010; Andrews, Bonta, & Wormith, 2011). When alternative effects can produce rewards similar to those created by crime, then RNR would expect crime to decrease (Andrew, Bonta, & Wormith, 2011). The research on positive reinforcement has decades of support in the area of parenting and psychology. There is decades of research in psychology regarding the effect of “positive parenting” on the behavior of youth. Positive parenting focuses on raising children with an emphasis on communication, collaboration, emotional connections and a feeling of belonging, setting expectations, building skills, mutual respect, and positive reinforcement (for a general review see Halloran, 2020). As opposed to parenting styles that are authoritarian or too permissive, the goal is to be authoritative (i.e., not too permissive, but not too restrictive). The notion that a parent can set limits for their child with respect can then lead to a healthy bond and desired youth behaviors. Positive parenting includes behavioral management strategies like “time outs” but also positive reinforcements (e.g., tokens or point charts, small prizes).

DJJ’s IBTM model is very consistent with the philosophy of positive parenting, but staff fulfill the “parent” role and the youth incarcerated in DJJ would be the “child.” Goal setting is based on communication and collaboration. IBTM strives to increase a youth’s sense of belonging. The programs are building skills in a theoretical environment of mutual respect. BTP can be seen as the “time out.” And there is a significant part of IBTM that focuses on positive reinforcement and incentives.

The incentives system is the “point chart” of DJJ. Youth can earn checks and stars for behaviors that are recognized by staff members. A collection of those checks and stars can lead to rewards like staying up

late, or prizes like food or hygiene (e.g., shampoo, deodorant) free from the unit, and a collection of earned points can result in monthly prizes like “Youth of the Month” or unit parties.

The decades of research on positive parenting show benefits in health, mental health, cognitive development, social and emotional development, and behaviors including externalizing behaviors and recidivism. The framework has been shown to increase the internal and emotional markers that IBTM seeks to affect like regulation, prosocial behavior, positive relationships, and attachment. It also may help with educational gains, recidivism, and strengthening families (Halloran, 2020).

The body of literature on parenting that suggests that the approach has merit. It is not clear, however, if staff can create relationships with delinquent youth that are close enough to mirror the effects of positive parents or caregivers. It is not clear if the short relationship that a youth has in DJJ can supersede whatever previous experience the youth had with other forms of parenting or reinforcement. It is also not clear how effective this strategy will be with youth who are in their twenties. Despite all these uncertainties, it is an ambitious theoretical attempt to truly be *in loco parentis* (in place of parent), and not just strive to be any parent, but a very good one.

Outcomes

IBTM has theoretical outcomes (black boxes) and mediators (gray boxes). It is not the purpose of this evaluation to determine what the most appropriate outcomes of a program should be. That is a decision for the program/organization. In correctional populations, outcomes generally include recidivism, institutional misconduct, antisocial attitudes and beliefs, antisocial peers, mental health symptoms, or employment post-release. The only comment that we will offer in this section is that some of the long-term outcomes that are stated by DJJ are extremely ambiguous and will be difficult to measure in this or any future evaluation. For example, “encourage positive lifestyles” is vague. Will the youth be encouraging others to have positive lifestyles? Is the youth encouraged that she/he will have a positive life? What constitutes a positive life? How long of a follow-up does that require to see movement toward a positive life?

In fact, with the exception of “reduce recidivism”, *all* of the long-term goals that DJJ has included in its theoretical model are too abstract to quantify and measure. If DJJ wants to assess its impact, it must define the outcomes so they can be measured. DJJ should carefully consider its short- and long- outcomes and operationalize them. How would “success” be measured? How long does DJJ expect the effects to last (e.g., three years, forever)?

DJJ should also carefully consider whether the risk assessment instrument and treatment programs that they have available are designed to change their stated outcomes. For example, one of DJJ’s short-term outcomes is stress management. Do any of the IBTM programs purport to improve stress management? How will DJJ determine which youth need assistance in stress management? How will they know if stress has been reduced (i.e., how will it be measured)? These questions need to be asked and answered for each of the outcomes presented in Figure 1.

When considering how to operationalize desired outcomes, it is important that they do not reflect a class, race, gender, or any other sort of bias. The definition of “positive member of society” depends on who is setting the criteria. If that person (or people) is using his own opinion, but it does not conform to the

beliefs of the youth or the youth's family, then it is not realistic to put that expectation on the individual. For example, going to college or being gainfully employed might be an indication of a "positive lifestyle" but it might not be the goal of an individual.

Evaluation

The quality of the implementation of a treatment program matters. In fact, it matters quite significantly (Lipsey, 2009). Implementation must be done well enough to obtain the effects the program is capable of producing (Howell et al., 2019). If fidelity of program implementation is not high, the program outcomes will be attenuated. In fact, research shows differences in the rate of recidivism for programs that are implemented well and the same program that is not implemented well (Baglivio, et al., 2018; WSIPP, 2017). It is common for implementers to make adaptations to the programs. In one study in Pennsylvania, 44 percent of program implementers reported making adaptations to the curriculum. These included changes to procedures, dosage, content, and target population (Rhoades, Bumbarger, & Moor, 2012). When asked why, the most common answer was a lack of time (80 percent), limited resources (72 percent) and difficulty retaining participants (71 percent). All of these are realities of implementing programs in DJJ, and thus should always be on the forefront when considering the fidelity of the IBTM model.

In terms of fidelity, DJJ's training structure is a disadvantage. Research shows the strongest implementation fidelity is found when a program teaches and manages a site. Fidelity has been found to falter when the program trains the site to teach the program itself (Howell et al., 2019). This is the case for all of the programs in DJJ. The programs are designed by outside entities, those entities come in and train the DJJ trainers, and then DJJ takes over the implementation and assessment of the program. DJJ Master Trainers then train staff. Staff that implement the programs well then become supervisors that assess the staff that are teaching on the units. This process, like a game of telephone, can lead to slippage from the original curriculum. Because of these conditions, it is extremely important that DJJ continually assess themselves to try to retain fidelity.

To assess the fidelity of program implementation, we must know the quality of service delivered, the amount of services provided, and we must have information about the population the program seeks to serve (i.e., program effects will be higher for higher risk offenders because there is more room for improvement) (Lipsey, 2009). Assessments of fidelity need to be done regularly because so much can change in a correctional setting (e.g., staff, youth, policies, facilities) and all such changes can impact how a program is being implemented and sustained over time.

There are actuarial tools that have been designed to help assess programs' implementation fidelity. DJJ has implemented the Correctional Program Checklist (CPC) to help assess program fidelity. If it is used regularly to assess programs, it is a great method to keep checks on fidelity. In addition, DJJ has regular observations of its instructors to see how instructors are delivering the programs on the units. This is also a great way to increase fidelity in DJJ program delivery.

Theoretical Evaluation Findings Summary

After a review of the components of IBTM, we conclude that the framework has promise. The IBTM framework itself could use more documentation and updating to meet the changing desires of DJJ (i.e., its aspirations). The Executive and Treatment Teams should meet and focus on operationalizing their

constructs, how they intend to measure their progress, and a schedule for updating the policies and documentation. This includes the documentation that presents the IBTM model to the world (i.e., the website, the youth in DJJ, parents, and the community). Presenting IBTM in a succinct and updated manner would also help keep all volunteers and community-based programs aware of the entire treatment model, so that they can find a place to fit into the “big picture.”

The components of IBTM were put together thoughtfully and most are evidence-based. It reflects what we currently know about what works with youth in correctional institutes. All of the formal programs are documented though some of that documentation is probably due for updating and revisions. Some parts of the model (e.g., SBTP and ART) seem stronger than other sections (e.g., community links, A New Freedom). Clearly, some parts of the model are still aspirational and require more conceptualization by DJJ before they can be considered an active part of IBTM. Thus, as a whole, IBTM is an ambitious, rehabilitative protocol.

However, we also know that there are a number of programs, groups, activities that are not “formal,” parts of IBTM and can be added by facilities and units to serve the youth. That can be beneficial from an individual case plan perspective, but it can also be very difficult to account for from a global treatment model point of view. There are mixed messages that occur when staff are free to innovate in certain areas (e.g., create a new informal program), but not innovate in others (e.g., change the curriculum of the established programs). For example, setting up a sports league inside a facility could be good, but deciding that Substance Abuse curriculum is boring and needs to be taught a different way, is problematic for fidelity. DJJ could be more clear and consistent as to what it can and cannot be modified, and provide more formal documentation, record keeping, and/or training related to the more informal aspects of the program.

There are some areas in particular that DJJ should consider. First, SBTP is extremely comprehensive in its service provision to youth. The program components are also highly varied and interesting. Comparatively, the program afforded the core units seems repetitive and less comprehensive. The core programs (ART, Counterpoint, Substance Abuse, etc.) are all CBT programs that are structured with the same general style: group meetings, skills based, examples, modeling, and practice. In contrast, SBTP has a variety of pedagogy incorporated in the structure. There are some group, skill based, modeling and practice programs, but there is also bibliotherapy, video therapy, plant and pet care, group therapy, and individual therapy. It seems that the SBTP curriculum is challenging and more comprehensive, but also more interesting. If it is shown to be effective in this group, it might be worth considering creating as intensive and stimulating a curriculum for all the youth.

Second, there are some other model programs that exist that could be adopted in a correctional setting. Staff and youth mention the desire to include vocation and life skills. Other potential options could include, for example, Functional Family Therapy that can be adopted for treatment of the family while incarcerated. In addition, a recent research study has shown that the model program, Functional Family Therapy, can be designed specifically for youth at high risk for gang membership. Youth who were enrolled in Functional Family Therapy Gang (FFT-G) were significantly less likely to recidivate 18 months post-program and for less cost than treatment as usual. The results were strongest for youth at highest risk for gang involvement (Carlton, 2020; Gottfredson, et al., 2018). Currently, the IBTM framework does not have

a noticeable reentry component or curriculum and that should be considered as a way to ease the youths' transitions back into the community.

Third, the importance of the evaluation and fidelity component cannot be overstated. IBTM has so many moving parts, and failure at any of those components can impact the overall program. Currently, the evaluation and fidelity component seems more like an aspiration than reality. DJJ does not currently have the tools and the data in hand to be able to effectively assess their treatment program. Even if it did, there are so many "informal" parts being offered in the facilities that are not being trained or captured at all. Our recommendation is that DJJ make the effort to decide upon the measurable goals of the organization, then carefully document policies that all facilities can follow to reach those goals, and then collect the necessary data to make those assessments. This research is one step toward those larger evaluation and assessment goals, but much more work needs to be completed in this area.

Part II: Implementation Evaluation

The purpose of the implementation evaluation is to understand if DJJ is actually delivering the IBTM treatment model as the model was theorized. In other words, are the youth actually getting what they are supposed to be getting? DJJ is an organization with many programs, facilities, staff, and a constant stream of youth being admitted and discharged. A true experiment with randomized control groups to test the IBTM treatment model was not possible. Instead, we interviewed DJJ staff, a sample of DJJ youth, and reviewed program participation data to understand how IBTM was functioning in DJJ.

A previous report on DJJ data systems emphasized the various limitations of using DJJ official data. As problematic as it may be, the DJJ data are the only data available to evaluate DJJ's implementation of IBTM programs. Thus, we move forward with the data but document any data-related concerns in this report (e.g., see Matsuda, Hess, & Turner, 2020 for an overview of known limitations to the data).

Methods

The details of the methods used for the youth interviews, the official data, and the staff interviews are included in this section.

Youth Interviews

For this study, we focused on learning the experiences of youth that were nearing the end of their commitment to DJJ. We wanted to speak with youth who had already been through a significant portion of their treatment process because we believed they would have the most knowledge about the programming. Our target sample was male youth who were within six-months of their earliest possible release date between June 1 and December 31, 2019.⁸ In total, 144 male youth fit these criteria. At the

⁸ Females were excluded from these study methods. There is currently one unit that houses female offenders in Ventura Youth Correctional Facility. DJJ houses approximately 20 to 30 females at any given time. The female offenders have a unique set of programs designed for their needs and, with very few exceptions, generally do not share programming with male offenders. Utilizing these same methods with females would have yielded a potential interview sample of only five females. This is not a sample statistically powerful enough to make reliable

time of the roster pull, nine of the 144 male youth had been transferred to jail, were out to court, or were being housed in the Department of Mental Health (i.e., were not physically in one of the three DJJ facilities). They were not placed on our list of individuals to interview.

Upon approval from the University of California, Irvine (UCI) Institutional Review Board (IRB), a group of interviewers made trips to the three DJJ facilities to interview youth. DJJ staff were not given a detailed description of the purpose of our visit. Staff were instructed to call each youth on the roster and send them directly to the interview room of one of the study team members. All interviews were conducted in secure rooms with no video or audio recording. DJJ staff were allowed to visually check the rooms periodically for safety, but they were not allowed to continuously monitor the rooms or enter. All interviewers ensured that conversations could not be overheard.

Youth were called to interviews by staff. Staff were told to call the youth for a “research interview” or “research study” and not provide any other details. Youth were requested one at a time and not allowed to congregate together before or after the study. Once youth were with an interviewer and confidentiality could be guaranteed, the interviewer would explain the study procedures and attempt to obtain consent. Youth were told that we were conducting an evaluation of the treatment program in DJJ and that their opinion was of great importance. Youth were not compensated for their participation in the research project.

Due to logistics and scheduling with the facilities, interviewing in the facilities did not begin until July 15, 2019. By that date, 40 of the youth from the sample of 144 had already been released from custody. Five of the youth were out to court or transferred when we arrived for data collection. In total, 99 youth were available in the three facilities for interviewing.

Juveniles. Nine of the youth in the potential pool of 99 youth were legal juveniles. The rest of the youth were legally capable of providing their own consent. To obtain the consent of juveniles, DJJ first sent a letter (drafted by UCI) to the last known address of the legal guardians of all juveniles that fit the recruitment criteria. The letter informed them that a research study was being conducted in DJJ and it was possible that a researcher could contact the parent/guardian to explain the study. Guardians had the option to “opt out” of being contacted by researchers by directly contacting DJJ, in which case UCI would not be allowed to contact them to obtain consent. No parents contacted DJJ to provide an active refusal, but three of those letters were returned to DJJ as “undeliverable.” Interviewers called the juveniles to interviews like all other participants, but if, after the explanation of study procedures, risks and benefits, the youth indicated they would be willing to participate, the interviewer explained that she would have to obtain parental consent first. The youth provided the phone number of their legal guardian and the interviewer indicated that they would be back another day to finish the interview if she could obtain parental consent. Of the nine juveniles, four of them refused to the interviewer and five assented to the interview. However, for two of the five juveniles who assented, the letter mailed to their guardian was “undeliverable,” so we did not attempt to obtain parental consent because it did not conform to our

conclusions about the programming for female offenders in DJJ. Thus, the methods by which to evaluate the program for female offenders will require a different method than the one that we are utilizing in the current study.

human subjects' protocol.⁹ The guardians of the remaining three juveniles were contacted and provided consent for their child's participation.¹⁰ An interviewer returned to the facilities to complete those three juvenile interviews.

Interview Sample

Of the 99 youth that we contacted for the study, eight refused to leave their living unit. Researchers never had the opportunity to see these youth or explain the study. Eighteen youth refused to participate in the research study after researchers explained the purpose, methods, risks and potential benefits of the study. In total, 72 youth participated in the research interviews¹¹ (72.7 percent participation rate). We interviewed 26 youth in N.A. Chaderjian (Chaderjian or Chad), 21 in O.H. Close (Close), and 25 in Ventura Youth Correctional Facility (Ventura).

Of the 144 youth on the original roster, 72 were not interviewed due to transfers, discharges, being out to court, or refusals. This group serves as a natural comparison group for the 72 youth in the study sample. Comparing the characteristics of the youth that we did not obtain for this research will help us understand if we should expect that the 72 youth that agreed to participate in the study are substantially different from other DJJ youth. If the interview sample is significantly different than the group we did not have the chance to interview (i.e., "control group") then it would be more difficult to generalize our findings from these youth interviews to the rest of the DJJ population.

Table 1 provides a comparison of the characteristics of the two groups and shows that the final interview sample in this research is not statistically different from the control group. This increases our confidence that results of the youth interviews can reflect the experiences and opinions of all other youth in DJJ nearing the end of their commitment.

When comparing the type of case, age at earliest possible release date, race/ethnicity and age at admission, our sample is statistically equivalent to the control group. Over 45 percent of our sample was 18 or 19 years old, which is slightly older than the control group but not statistically different. Our sample of juveniles is smaller than the control group for reasons that likely had to do with obtaining consent as mentioned prior. Over half of our sample was Hispanic or Latino, 30.6 percent were Black, 11.1 percent were White, and the 4.2 percent another race. Most of our sample was 17 or 18 when they were admitted to DJJ.

Table 1. Comparison of Characteristics of Control and Interview Sample (n=144).

	Total	Control	Study
Case Type			
DJJ CASE	95.8%	94.4%	97.2%
Other	4.17%	5.6%	2.8%

⁹ One of these juveniles was interviewed by accident by the interviewer even though it violated the research protocol. The incident was promptly reported to UCI's Institutional Review Board and the interview data was destroyed and is not part of this analysis.

¹⁰ A translator was provided for parents who did not fluently speak English.

¹¹ One juvenile was interviewed accidentally prior to obtaining a parent's consent. This incident was reported and the interview was destroyed and not included in the sample.

Age at Earliest Possible Release Date			
< 18	9.0%	13.9%	4.2%
18-19	39.6%	33.3%	45.8%
20-21	41.0%	43.1%	38.9%
22-25	10.4%	9.7%	11.1%
Race/Ethnicity			
Black	29.2%	27.8%	30.6%
Hispanic/Latino	50.0%	45.8%	54.2%
Other	7.6%	11.1%	4.2%
White	13.2%	15.3%	11.1%
Age at Admission			
<16	31.3%	30.6%	31.9%
17-18	58.3%	56.9%	59.7%
19-20	9.0%	11.1%	6.9%
21-22	.7%	1.4%	0%
>22	.7%	0	1.4%

Interview Instrument

Youth were interviewed using a structured interview instrument. The interview had two portions, the main interview form and a program grid. Youth were asked numerous questions that covered their current housing location, their history of programming in DJJ, the types of services they received, their opinions on the IBTM components, their attitudes about staff, and their outlook on the future. In interviews, youth were asked to report about their participation in the entire series of programs that DJJ runs. All youth were asked all questions. This means that even if a youth was a sex offender and living on a sex offender unit (which runs a specialized series of programs), they were still asked about their participation in programs in any other unit just in case the youth had moved from various units because it is possible for all DJJ youth to be able to move units and receive programs from those units.

IBTM Data

Data on program participation is captured by DJJ in a series of spreadsheets known as the “IBTM data.” Treatment information is collected using a sign-in sheet for each group in each program. Each unit runs its own series of programs. Each program administration has a sign-in sheet to capture youth attendance. These attendance sheets are then input into Excel files. Data on participation has been collected since 2009, however the current Excel workbooks the IBTM program utilizes for data entry contain data starting in 2016. The IBTM data analyzed in this study reflect all IBTM records for the sample from January 2016 to June 2019.

There are a number of problems with this method of data collection (see Matsuda, Hess, & Turner, 2020). The most serious is that the data entry process is known to introduce serious errors – especially in regards

to collecting the correct identifier for the program participants. None of the fields for data entry into IBTM sheets is fixed by DJJ. Each field (including unique identifiers and name) are manually entered, or copy and pasted down a record (which we have found can simply multiply data entry errors at a faster rate).

Extensive cleaning of the data was required before these data could be used for this evaluation. As detailed in the previous report, there were over one hundred instances in which a youth name and DJJ number did not correspond correctly. On rare occasion, this was correct and the individuals had the same name but different DJJ numbers. Most of the time, it was a data entry error on one or both of the fields. The process of going through the data required creating code for data management software to run and identify errors. It required DJJ to be committed to providing a contact that would look up records with UCI to try to help figure out how to correct the typos in DJJ number and name. Then, UCI went into the data and manually corrected the hundreds of errors that we found in the data.

The second major hurdle with the IBTM data is that it is captured and entered by person in each program. For example if Youth 1 is in three different programs, s/he will be in three different spreadsheets. An individual could appear in the same spreadsheet multiple times if he was enrolled in the same program multiple times. Given these nuances and 41 different program sheets to manage, creating a treatment history for an individual is cumbersome. In addition, the formatting of the spreadsheets are not necessarily the same, so each spreadsheets needs its own individual care to process.

In short, it is for these (and other) issues that DJJ has never used the IBTM treatment records to understand the trends in its youths' program participation and program history. When staff need to understand youths' progress in programming they turn to the Ward Information Network (WIN) to read their case files. The case notes in WIN about programming are not standardized and they do not aggregate easily, so staff are looking on a case-by-case basis only.

IBTM Data Processing

In DJJ, there are different units designed to serve youth's needs:

- Core Units: Core units that are divided by risk level - low core, moderate core, and high core.
- BTP: The Behavior Treatment Program (BTP) is a unit for youth whose behavior is violent and aggressive while in DJJ. Youth are provided programming in BTP that help to prepare youth to return to a less restrictive unit as quickly as possible.
- SBTP: The Sexual Behavior Treatment Program (SBTP) is a specialized unit for sex offenders.
- MHRU: The Mental Health Resource Unit (MHRU) is a specialized unit for youth whose mental health impacts their ability to participate in Core, SBTP, or BTP units.
- IBTP: The Intensive Behavior Treatment Program (IBTP) is the highest level of care afforded to youth with acute psychiatric symptoms and mental health impairment.

Each unit runs its own programming, so if a youth is moved from a unit, his participation in the current program will change and he will have to begin a new series of programming in the new unit. Thus, a youth's programming history could be filled with multiple starts and stops of certain programs. For example, the program AIT is offered on the core units, IBTP, and MHRU. If a youth is transferred from a

core unit to MHRU and then IBTP, it is possible that he could have been assigned AIT three or more times. In this research, we call each enrollment into a new program a “cycle.” For this evaluation, we calculated the IBTM treatment data to count the number of enrollments (i.e., cycles) and completions an individual had in every program. Then, we linked the records for the different program to the individual, to create a treatment record for each individual in the sample.

Staff Interviews

Interviews with staff were conducted either by phone or in person in private interviews or focus groups between September and December 2019. We interviewed DJJ staff in various positions about their experiences working in DJJ. We conducted confidential interviews and focus groups with 34 DJJ staff. The interview subjects included staff who work in the facilities and interact daily with youth, such as Youth Correctional Officers, Youth Correctional Counselors, and Parole Agents (n=12). We also interviewed managers, supervisors, and administrators within each of the three DJJ facilities (n=13). Administrative staff at DJJ Headquarters were also interviewed (n=6). The interviewed administrators oversee all aspects of care provision, safety and security, and data management within DJJ. We also interviewed individuals outside of DJJ who work with, own, or maintain DJJ’s data systems (n= 3). Some of the outside individuals work for other divisions of CDCR (but not DJJ) while others work for outside entities that design, manage, or provide support for DJJ’s systems.

Staff interviews were either conducted on the phone between one DJJ staff member and the interviewer, in person in a one-on-one interview, or in a focus group with between two and seven participants. Focus group participants were recruited from a pool of staff that could be pulled away from their institutional duties at the time of the visit. Candidates were told about the research protocol and asked if they would be willing to join a focus group. Participation was voluntary and staff were not compensated. Staff in focus groups were asked not to provide their names or any other identifying information to the interviewer. They were also asked to not reveal each other’s identities. When responding, they identified themselves only by the number they were assigned. Interviews and focus groups were audio recorded and transcribed. They lasted between 35 and 90 minutes.

Staff interviews were semi-structured and designed to maximize the amount of unsolicited DJJ staff feedback. The questions were broad and centered on challenges to implementing IBTM, their beliefs about areas of improvements, and staff opinions about whether IBTM was implemented with fidelity and effective.

Analysis Plan

In the following sections, the youth interview data will be presented first, broken down by each component of IBTM. Next, we analyze the official IBTM data on program participation. Then we will present the remainder of youth interview responses. This is followed by presentation of viewpoints obtained in staff interviews. After the results are presented, the final sections contain conclusions based on all of the types of data.

Results – Youth Interviews

As the Methods section notes, the 72 youth we interviewed very closely approximate all the youth that fit the sampling criteria (which was male youth within the last six-months of the earliest possible release date), so we feel confident that their responses are generalizable to the older DJJ population.

Risk Level and Housing Units

The first section of the interview instrument asked youth about their current housing unit. The data show that the interviewed youth reflect all of the different DJJ units. At the time of interview, our sample lived in the following units:

- 35.2 percent (25 youth) were High Core
- 26.8 percent (19 youth) were Moderate Core
- 5.6 percent (4 youth) were Low Core
- 22.5 percent (16 youth) were in the Sexual Behavior Treatment Program (SBTP)
- 4.2 percent (3 youth) were in the Behavioral Treatment Program (BTP)
- 2.8 percent (2 youth) were in the Mental Health Residential Unit (MHRU)
- 2.8 percent (2 youth) were in the Intensive Behavioral Treatment Program (IBTP)

One of the intentions of tiered housing units by risk (High, Moderate, Low) is to support movement as youth begin to program and lower their risk of reoffending. If it is working, we would expect that youth nearing release would be in a low risk unit. This sample, who is nearing the end of their release, shows that the proportion of youth still in High Core units far exceeds the proportion in either Moderate or Low core units. As will be seen later in this report, staff have opinions as to why youth were not lowering their risk and moving housing units. In general, there was skepticism that the current assessment tool to assign housing, CA-YASI, was capable of showing this movement.

Youth Rights Handbook and Treatment Orientation

Two components that support a youth's transition into DJJ are receiving and reviewing the *Youth Rights Handbook* that is a 153-page document that includes, among other things, the philosophy and components of IBTM, the Disciplinary Decision Making System, the rights of youth, the process for grievances, and other essentials that youth need to know. There is also a Youth Orientation presentation that youth are supposed to receive during or around the time of their intake. This presentation helps explain the policies available in the Youth Rights Handbook and other important aspects of what their time in DJJ will be like.

When asked if they had received a treatment orientation during or around the time of their intake, 81.9 percent of youth said they had. The rest said they did not receive it or they could not remember. The orientation happens at the beginning of a commitment and a number of youth said that was "years ago." Almost all of the youth stated that they received the *Youth Rights Handbook* (98.6 percent). Despite receiving the handbook, only 64.8 percent admitted to reading it, and 64.3 percent reported that a staff member went over it with them. Youth were asked how helpful the handbook had been to them. They responded on a scale from 1 (Not Helpful) to 5 (Extremely Helpful). Very few youth (n=4) responded that the handbook was "Extremely Helpful." 28.2 percent reported it was "Not Helpful." The rest of the youth were evenly distributed between the middle three categories (Mean = 2.58, SD = 1.28).

When asked how prepared the youth felt for their transition into DJJ after their orientation (if they had it) and receiving and reviewing the Handbook (if they did), 40 percent said they were completely or well prepared, 32.3 percent said they were sufficiently prepared, and 27.7 percent said they were not at all or not well prepared.

When asked how the orientation or the Handbook could better prepare youth, many youth had no suggestions. The following are offered suggestions in order of frequency mentioned:

1) Update/Revise the Information. Youth claimed that the information was not up to date (7 youth) or that it was not comprehensive enough (8), or specific enough (3). Some youth (4) were skeptical that the handbook reflected the actual policies of the organization (i.e., the policies that staff had to follow). Youth said that staff would “claim” they could not allow something because “those are the rules” but the youth said that those rules were not in the handbook. Youth wanted to know the “actual rules.” For example, one youth was told that youth could not refuse to eat breakfast even if they were not hungry. The youth did not believe that was an actual policy. It was not stated in the Handbook, and staff would not explain where it came from. Areas where youth noted they wanted more information included grooming standards, rules to seize their property, and the intended day-to-day schedule. Youth were frustrated that the Handbook included lots of programs and incentives that they did not actually get.

2) Explaining the “Politics”. Youth (4) wanted more resources to help them navigate the social issues of being incarcerated in DJJ. They wanted to know how to stay out of fighting and conflict, how to figure out who to “trust,” how to defend themselves, and the dynamics of groups that do not get along. As one youth said, “they give you life skills, but not the skills that help you serve time.” For this, some (3) recommended that youth mentorship might be helpful. Youth could be the best resource to explain how other youth can traverse DJJ.

Program Assignment and Completion

Youth were asked to indicate if they were assigned a program and, if so, whether they completed that program. Youth in all units were asked about their participation in all programs offered for male youth in DJJ. That includes program that are no longer offered in the facilities and programs that are not in their units (in case they had moved). In total, youth were asked if they had ever been assigned and/or completed 23 different programs. Table 1 presents the self-reported program participation and completion records for the sample.

According to self-report, the percent completion for programs ranged from 73.6 in AIT to 5.6 in New Freedom (see Table 1). Approximately a third of the sample completed the SBTP programs, and 22.5 percent of the sample was housed in an SBTP unit. So we know that some proportion of youth that are no longer on the SBTP unit have taken SBTP programs. The table shows a disconnect between what youth believe their program experience has been and what the intention of some of these programs are.

Table 2. Youth self-report program assignment and completion.

Program	Unit	Completed	Incomplete	Not Assigned	Ongoing
Introduction to Treatment	All	52.8%	2.8%	37.5%	0.0%
AIT¹²	Core	73.6%	4.2%	19.4%	Discontinued
ART	Core	11.1%	1.4%	81.9%	5.6%
CBI - Substance Abuse	Core	37.5%	4.2%	43.1%	15.3%
CounterPoint	Core	51.4%	4.2%	30.6%	13.9%
IMPACT¹³	Core	45.8%	1.4%	51.4%	Discontinued
New Freedom	Core	5.6%	0.0%	93.1%	1.4%
ABC Model¹⁴	BTP	62.5%	4.2%	23.6%	8.3%
Anger Control Training	BTP	55.6%	1.4%	36.1%	4.2%
Behavior Chain Model	BTP	44.4%	1.4%	47.2%	2.8%
Making Choices	BTP	36.1%	1.4%	61.1%	1.4%
Social Skills	BTP	37.5%	2.8%	54.2%	5.6%
Criminal Thinking Errors	SBTP	36.1%	0.0%	61.1%	2.8%
Express Yourself	SBTP	38.9%	0.0%	59.7%	1.4%
Healthy Living	SBTP	34.7%	1.4%	59.7%	2.8%
Independent Living	SBTP	34.7%	1.4%	63.9%	0.0%
Moods Matter	SBTP	34.7%	0.0%	63.9%	0.0%
Orientation Resource Group	SBTP	25.0%	1.4%	72.2%	0.0%
Restorative Justice/Restorative Me	SBTP	27.8%	0.0%	69.4%	0.0%
SBTP Stages	SBTP	12.5%	1.4%	76.4%	9.7%
Surviving Trauma	SBTP	8.3%	1.4%	90.3%	0.0%
Trauma Focused CBT	None	8.3%	0.0%	91.7%	0.0%
Advanced Practice	Any	31.9%	2.8%	27.8%	34.7%

Some programs are never designed to be “completed.” For example, Advanced Practice is not designed to ever be completed. Thus, it is not clear why 31.9 percent of youth would believe that they completed Advanced Program unless they were told something inconsistent with the theoretical model or they were moved off the program to pursue something else. Also, after the youth interviews were complete, we learned that the program Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a program that is only offered to females, but 8.3 percent of our male sample reported completing that program. It is possible that some of the youth in SBTP mistakenly believed this was the trauma portion of their curriculum.

¹² AIT has been replaced with ART

¹³ IMPACT has been replaced by New Freedom

¹⁴ ABC Model is now Behavior Chain Model

This raises some issues about using youth as reliable and valid sources of their own treatment history. Youth would comment, during the interviews, that a lot of the programs sound the same and do similar things, so it was difficult for them to remember which one did what by the title of the program. They are correct. For example, CounterPoint has a section about the ABC model in it. So, it would be difficult for a youth who has taken CounterPoint and the program in BTP to distinguish where they learned the ABC model. Also, programs are run and then discontinued and youth are not necessarily informed that the ABC model in BTP is now the Behavior Chain Model. Thus, we realize that youth are at a disadvantage for having a full understanding of their treatment history because they are not privy to up-to-date information about the IBTM theoretical model and specifics about the programming. We learned that youth are actually not reliable informants about the fidelity of IBTM because they do not get to know how IBTM is supposed to run in the first place. This puts even additional pressure on DJJ to collect reliable program participation records if youth cannot provide a reliable and complete treatment history.

Another issue that Table 2 brings forward is that youth almost always believe that if they were assigned a program, they “completed” the program. This is consistent for all of the programs. Fewer than five percent of youth in any program believed that they did not complete the program if assigned.

Results – Official IBTM Data on Program Participation

We analyzed the official treatment history data for the 144 youth in our sample (control and interview). Table 3 presents the results of the treatment history of the sample using DJJ’s IBTM data. The list of programs for which records were available is listed in the left column. At the end of the table, a summary by type of program is available. For example, because AIT is virtually identical to ART, and AIT is available in multiple units, a summary of youth who ever took any version of AIT was created. This row is a closer match to self-reported program information provided by the youth because youth in interviews were only asked if they ever took each type of program (and not where). The next set of columns present the data for the sample that ever participated in the program (regardless of the type of unit). The last set of columns present the data for the sample that ever completed the program.

A comparison of program assignment and program completion for the interviewed youth and the non-interviewed youth showed only one significant differences between the groups.¹⁵ In other words, the interviewed sample had the same level of exposure to programs as the non-interviewed sample. The interview and control sample were equally likely to complete all the programs, except the study sample was slightly more likely to complete the Restorative Justice program. Because the groups are statistically similar, we will discuss the summary of exposure to treatment for all 144 youth. A comparison of program exposure and completion by interview and control groups is available in Appendix A.

As Table 3 shows, the program that was taken by the largest proportion of youth is Introduction to Treatment. This makes sense because all youth are supposed to receive Introduction to Treatment when they first arrive in DJJ. However, in this sample only 111 of the 144 youth (77.1 percent of the sample)

¹⁵ Statistically significance was determined at the $p < .05$ level. This particular comparison has small cell sizes. The results should be interpreted with caution.

have a record of being enrolled in Introduction to Treatment. A closer examination of the data show that 54.5 percent (18 of the 33, 12.5 percent of the total sample) of the youth who are shown as not receiving Introduction to Treatment were admitted prior to 2016. The IBTM data that we analyzed for this study begin in January 2016. Thus, missing data in these instances is likely due to the lack of a record and does not necessarily mean that the program was not provided. The other 14 youth have no record of participating in Introduction to Treatment even though other youth admitted at the same time did, so this is less likely to be a record keeping omission. Thus, our best estimate is that 9.7 percent (14 of the 144) of the total sample did not receive Introduction to Treatment (or have no record of their participation). The treatment record shows that almost all of the youth, 95.5 percent, that were assigned Introduction to Treatment completed the program.

AIT is the program that is most frequently assigned to youth in the sample, and this is consistent with youth recollection. Over 71 percent of the sample had been assigned at least one cycle of AIT, and the range of cycles indicates that some youth were assigned to a core version of AIT four times. Only 60.2 percent of the youth assigned to AIT completed the program (43.1 percent of the entire sample of youth). Though youth may have been assigned to AIT multiple times, no youth successfully completed the core AIT program more than once. DJJ recently discontinued the use of AIT in favor of ART, so few youth in our study had exposure to ART (n=3) and none had completed the program.

CounterPoint was assigned to 66 percent of the sample and completed by 53.7 percent of the youth that were assigned. The range of times youth were assigned to CounterPoint was zero to five times, though nobody completed the core version of CounterPoint more than once.

Advanced Practice was assigned to 66 percent of the youth on the core units. An individual could have been assigned Advanced Practice up to eight times in our sample. The program is designed never to be complete, so all versions of Advanced Practice show a zero percent completion rate.

IBTM data from the BTP was prone to being copied and pasted from a record of one program to a record to another program. This was determined because errors in data entry between name and unique identifier were duplicated from program record to program record. Therefore, not surprisingly, the data for BTP program participation and completion is nearly identical. Approximately 42 percent of the youth in our sample had been assigned to programming in the BTP. These youth could have been enrolled in a BTP program up to nine times during their commitment. None of the youth enrolled in BTP programs had a record of completing those programs.

Because programs in the SBTP, IBTP, and MHRU are specialized, they are less likely to be attended by the DJJ population. In this sample, 25 of the 144 youth (17.4) had been assigned to the SBTP Core program, but there is no record of any of the youth completing the program. The program with the highest rate of completion in DJJ (besides Introduction to Treatment that is required of all youth) is SBTP's Criminal Thinking program. The completion rate is also quite high for other SBTP programs like Express Yourself (84.6 percent), Orientation (83.3 percent), and Healthy Living (70.0 percent). Other SBTP programs did not have as high a completion rate like Restorative Justice where only 47.4 percent of youth completed the program. The other noteworthy thing about SBTP programs is that youth are completing the programs multiple times. Both Restorative Justice and Independent Living have youth who completed the programs three times.

Table 3. IBTM Program Participation Record for Evaluation Sample (n=144).

	Ever Taken the Program			Ever Completed the Program			
	n	% Sample	Cycles	n	% Sample	% Assigned	Cycles
<i>Ever in...</i>							
Introduction to Treatment	111	77.1%	0-1	106	73.6%	95.5%	0-1
CounterPoint	95	66.0%	0-5	51	35.4%	53.7%	0-1
Substance Abuse	56	38.9%	0-3	15	10.4%	26.8%	0-2
ART	3	2.1%	0-1	0	0.0%	0.0%	0
AIT	103	71.5%	0-4	62	43.1%	60.2%	0-1
Advanced Practice	95	66.0%	0-8	0	0.0%	0.0%	0
BTP							
Anger Control	60	41.7%	0-9	0	0.0%	0.0%	0
Behavior Chain	60	41.7%	0-7	0	0.0%	0.0%	0
Making Choices	60	41.7%	0-8	0	0.0%	0.0%	0
Social Skills	61	42.4%	0-8	0	0.0%	0.0%	0
SBTP							
Orientation	12	8.3%	0-2	10	6.9%	83.3%	0-1
Core	25	17.4%	0-2	0	0.0%	0.0%	0
Criminal Thinking	16	11.1%	0-2	15	10.4%	93.8%	0-2
Express Yourself	13	9.0%	0-2	11	7.6%	84.6%	0-2
Healthy Living	10	6.9%	0-2	7	4.9%	70.0%	0-1
Independent Living	17	11.8%	0-3	9	6.3%	52.9%	0-3
Moods Matter	12	8.3%	0-2	7	4.9%	58.3%	0-2
Restorative Justice	19	13.2%	0-3	9	6.3%	47.4%	0-3
Substance Abuse	6	4.2%	0-1	0	0.0%	0.0%	0
IBTP							
AIT	6	4.2%	0-5	4	2.8%	66.7%	0-4
Advanced Practice	11	7.6%	0-1	0	0.0%	0.0%	0
Express Yourself	5	3.5%	0-3	3	2.1%	60.0%	0-2
Moods Matter	5	3.5%	0-3	3	2.1%	60.0%	0-3
MHRU							
AIT	6	4.2%	0-2	2	1.4%	33.3%	0-1
Advanced Practice	19	13.2%	0-4	0	0.0%	0.0%	0
CounterPoint	5	3.5%	0-1	1	0.7%	20.0%	0-1
Express Yourself	11	7.6%	0-2	8	5.6%	72.7%	0-1
Mood Matters	6	4.2%	0-1	6	4.2%	100.0%	0-1
Substance Abuse	13	9.0%	0-1	5	3.5%	38.5%	0-1
<i>Any Version of...</i>							
AIT/ART	107	74.3%	0-6	57	39.6%	53.3%	0-4
CounterPoint	97	67.4%	0-5	52	36.1%	53.6%	0-1
Substance Abuse	70	48.6%	0-3	18	12.5%	25.7%	0-2
Advanced Practice	102	70.8%	0-8	0	0.0%	0.0%	0
Moods Matter	22	15.3%	0-3	14	9.7%	63.6%	0-3
Express Yourself	26	18.1%	0-3	20	13.9%	76.9%	0-2

Though a small sample of youth were in IBTP programs, about two thirds of the youth completed each program (and repeatedly). At least one youth in the IBTP AIT program successfully completed the program four times.

The range of completion of programs in the MHRU units vary significantly from 100 percent completion for youth taking Mood Matters to 20 percent completion for MHRU youth taking CounterPoint. Unlike SBTP and IBTP, youth in MHRU are not as frequently completing the same program multiple times.

Because youth can move from unit to unit during their commitment and because there are numerous versions of some of the programs available, we created some summary measures counting the assignment and completion cycles of participation in ANY version of like programs. This allows us a better picture of how many youth are being exposed to the same type of program. For example, when considering all AIT programs in any unit, 107 youth (or 74.3 percent of the sample) participated in some version of the program. Of these, 53.3 percent completed the program at least once (though some completed the program four times). That means that 39.6 percent of the entire study sample completed some version of AIT. Similar rates are available for the program CounterPoint. Approximately 67 percent of youth participated in the program and 53.6 percent of those participants completed CounterPoint. Of all the DJJ programs with data, Substance Abuse is the program with the lowest completion rate. Only 25.7 of youth that were assigned Substance Abuse completed it. This means that only 12.5 percent of the sample of released (or nearly released) youth in DJJ successfully completed any Substance Abuse program.

Interview Data vs. Official Data

The hope in interviewing youth was that if youth responses were accurate, they could provide insight into programs that were otherwise not available. We know that the IBTM official data has limitations, but it is the best source of treatment data currently available. Interview data can provide a richness that official data cannot, if we believe it is trustworthy. Table 4 shows the congruence of official and interview data in the 72 youth who were interviewed. Percent correct represents the respondents that correctly reported that they did participate in a program and those that correctly reported that they did not ever participate in the named program.

Table 4 shows that youth were quite accurate in their recollection of participation in some programs like SBTP Core (93.1 percent correct) and CounterPoint (90.3 percent correct). In general, there is high recollection for the main programs like AIT (85.7 percent correct), Substance Abuse (81.9 percent correct), Advanced Practice (80.6 percent correct). Accuracy of memory is relatively weak for programs that youth experienced first in their DJJ commitment like Introduction to Treatment (50 percent correct) and SBTP Orientation Resource Group (69.0 percent correct) and that is consistent with memory and recall. It is important to remember that we know that a significant proportion of youth do not have an official record for Introduction to Treatment, even if it was delivered.

Youth also struggled with deciphering between some of the programs with generic names like Anger Control, Behavior Chain, and Social Skills. Youth explained during interviews that the names of these programs are also terms that are often included in other programs, so it was difficult for them to remember which program was which. The youths' struggle to decipher between like programs is evident in the data in Table 2. However, in general youths' recollection of what treatment there was assigned is relatively consistent with the official participation record.

Table 4. Congruence between Interview and Official Data on Program Participation (n=72).

Corroborated				
	Participated	Not Assigned	Total	% Agree
AIT (Any)	49	11	70	85.7%
CounterPoint (Any)	46	19	72	90.3%
Advanced Practice (Any)	43	15	72	80.6%
Substance Abuse (Any)	31	28	72	81.9%
Intro to Treatment	30	6	72	50.0%
Anger Control	24	20	70	62.9%
Behavior Chain	17	20	69	53.6%
Criminal Thinking Errors	10	44	72	75.0%
Express Yourself (any)	13	41	72	75.0%
Healthy Living (any)	7	43	71	70.4%
Independent Living	10	46	72	77.8%
Making Choices	20	32	72	72.2%
Moods Matter (Any)	9	46	71	77.5%
SBTP Orientation Resource Group	2	47	71	69.0%
Restorative Justice	11	49	70	85.7%
SBTP Core	14	53	72	93.1%
Social Skills	22	28	72	69.4%

Youth recollection of what programs they *completed* is NOT consistent with the official data. Almost all youth seemed to believe that they completed the programs that they were assigned. The official determination of “program completion” by DJJ requires attendance to every single session (otherwise, the record is shown as incomplete). A comparison of official and interview data clearly show that youths’ understanding of their successful completion is not consistent with DJJ’s assessment. Youth in the interviews were far more likely to report that they “Completed” a program than the official data suggest. For example, 53 of the 72 interviewed youth reported that they were assigned AIT and completed it. The official data show that only 26 of those 53 actually successfully completed the program. In interviews, 27 youth reported that they completed a Substance Abuse program, but the official data only confirmed that nine of those youth actually completed the program. The reporting for CounterPoint was better. Thirty-seven youth in interviews reported completing CounterPoint and 22 of those youth were corroborated by the data. The rates are even worse for the less frequented programs. Of the 25 youth that reported successfully completing Moods Matter during their stay only four received credit for completion from DJJ. Of the 28 youth that said they successfully completed Express Yourself, only nine were backed with DJJ data. This could suggest that youth are not aware of the requirements to show “completion.”

Youths' Total Treatment Completion

Table 3 reported the official rates of completion for each IBTM program. The proportion of participants that completed the program ranged from zero to 100 percent depending on the program. Table 3, however, does not report the extent of treatment completion in total for the youth. How many youth are close to being released but have successfully completed zero programs? How many youth have completed all of the programs they have been assigned?

Figure 2 presents the proportion of youth in the sample divided by the percent of their programming that they completed. For example, approximately 14 percent of the sample successfully completed 76 to 100 percent of their assigned programming. Of the 20 youth in this group, a vast majority (16 youth) completed 100 percent of the programs they were assigned. Over 15 percent of the youth completed over half to three-quarters of the programs they were assigned. The largest proportion of youth (38.7 percent) completed 26 to 50 percent of their programs. Finally, 31.7 percent of the youth completed 25 percent or less of the programs they were assigned. In fact, 27 youth (or 19 percent of the sample) does not have a record of completing any program while in DJJ.

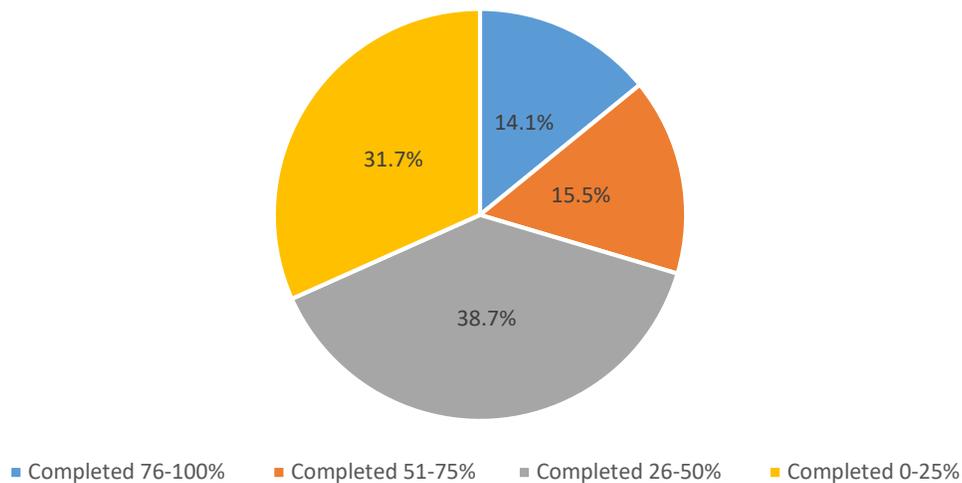


Figure 2. Percent of Programming Completed by Youth in the Sample

Youths' Assessments of Specific Programs

Originally, the interview methods called for asking youth to comment about every program that they had completed in DJJ. We did not know how many programs a youth could have completed prior to the youth interviews because the official treatment record had not yet been analyzed. At the pilot test, we realized that, under certain circumstances, a youth could have participated in a majority of the programs. We also realized that youth were not going to be willing to answer questions about every single program they had taken, and methodologically, the data would not be reliable. Youth clearly struggled to remember the specifics of programs that they took near the start of their commitment. Thus, we aimed to get youth to give us information on the last three programs that they completed (and remembered). The 72 youth interviews yielded 158 program assessments. That we will discuss in this section.

Table 5 shows the representation of the programs that youth assessed in the interviews (i.e., the number of assessments we received on each program) and the final column is the average youth rating of how helpful the program was (measured on a five point scale with 1 being “Not at all helpful” and 5 being “Extremely Helpful”).

Table 5. Summary of Youth Program Assessments and Mean Rating of Helpfulness by IBTM Program (n=158).

Program	Frequency	Percent	Helpful
ABC Model	8	5.1%	2.37 (.92)
AIT	40	25.3%	3.35 (1.19)
ART	3	1.9%	4.33 (.58)
Anger Control Training	4	2.5%	3.50 (1.99)
Behavior Chain Model	1	.6%	5.00
CBT for Substance Abuse	21	13.3%	3.38 (.92)
CounterPoint	35	22.2%	3.41 (1.37)
Criminal Thinking Errors	6	3.8%	2.50 (1.05)
Express Yourself	5	3.2%	4.00 (1.00)
IMPACT	1	.6%	4.00
Independent Living	4	2.5%	3.50 (1.00)
Introduction to Treatment	3	1.9%	1.67 (.58)
Making Choices	3	1.9%	2.67 (.58)
Moods Matter	5	3.2%	2.60 (.89)
Orientation Resource Group	2	1.3%	4.00 (.00)
Restorative Justice/Restorative Me	4	2.5%	3.50 (1.73)
SBTP Stages	7	4.4%	3.57 (1.27)
Social Skills	3	1.9%	3.67 (1.15)
Surviving Trauma	2	1.3%	4.50 (.71)
TF-CBT	1	.6%	5.00

A comparison of just the programs that were mentioned most often¹⁶ did not show significant differences in helpful. In other words, these data did not show any program that was significantly more helpful than others. Across all the programs, youth were more likely to respond that a program was extremely helpful (19.7 percent) than not helpful (8.9 percent), so that offers some assurance that the programs are providing a purpose.

Youth were asked to make assessments about the aspects of the program that are related to program fidelity like the quality of the instructors, their comprehension of the lessons and homework, and their completion of the homework. The average rating for instructors was 3.79 (SD = .99) which is between fair and good. Over 64 percent of youth said the instructors were good or very good. Only 7 percent of assessments rated instructors poor or very poor.

In 77.1 percent of the assessments, youth responded that some sort of homework was assigned that was intended to be completed outside of the group. Youth self-reported that they completed the homework

¹⁶ Programs included in the comparison were ABC Model, AIT, CBT for Substance Abuse, CounterPoint, and SBTP Stages.”

almost all of the time (mean = 4.53, SD= .98). Overall comprehension of the program materials was high. Overall, 72.6 percent of youth said they rarely or never had problems understanding the lessons, and 79.3 percent said they rarely or never had problems understanding the homework. Over 12 percent of youth stated that they had trouble comprehending lessons all or most of the time, and 13.2 percent stated they had problems understanding homework all or most of the time.

Youth were asked whether they believed that the programs have had an impact on various aspects of their lives: their behavior, their attitudes, their problem solving ability, their mental well-being, their interactions with staff, their interactions with youth, and their interactions with people on the outside. They were also asked whether they agreed or disagreed that the program was a “useful part of the DJJ treatment program.”

Table 6 shows the overall summary measures of the youths’ assessment of the impact of the IBTM programs on their attitudes and behaviors. In general, youth agree that the programs change their behaviors and the interactions. They are less confident that the programs change their mental health or their interactions with staff. Regardless, the responses are positive. Youth also agree that the programs are a useful part of the IBTM program.

Table 6. Summary Measures of Youths' Assessment of the Impact of IBTM Programs on their Attitudes and Behaviors (N=158).

Did it change your...	Mean (SD)	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Slightly Agree (4)	Agree (5)	Strongly Agree (6)
Behavior	4.18 (1.43)	4.5%	15.3%	6.4%	22.3%	35.0%	16.6%
Attitudes	4.15 (1.40)	3.8%	15.9%	5.7%	24.8%	35.0%	14.6%
Problem Solving	4.28 (1.40)	2.6%	14.7%	8.3%	21.0%	33.8%	19.7%
Mental Health	3.94 (1.54)	3.8%	23.1%	8.3%	21.8%	26.3%	16.7%
Staff Interactions	3.92 (1.54)	5.7%	20.4%	10.2%	19.7%	27.4%	16.6%
Youth Interactions	4.27 (1.44)	2.6%	19.1%	3.2%	17.8%	38.9%	18.5%
Outside Interactions	4.06 (1.67)	3.9%	27.3%	5.8%	9.1%	29.9%	24.0%
Is it a useful program?	4.47 (1.50)	8.3%	7.6%	3.8%	12.1%	45.2%	22.9%

The strength of responses may change by program. However, as shown in Table 5, we did not collect a large pool of assessments on all of the programs, so analyses are not possible. A comparison of these program assessment responses for the programs for which we had over seven responses is included in Appendix B. Generally, the table shows that there are differences by program. SBTP Stagework was clearly harder to understand than the other programs, however, youth in it were also more likely to say that it changed their attitudes and behaviors. ABC Model, which is a BTP program, was assessed by youth to be the less impactful on their behavior and the least useful of the handful of programs in this comparison.¹⁷

¹⁷ It is also important to note that both SBTP Stagework and ABC Model had the fewest number of respondents and statistically, the larger the sample the more likely to regress to the mean. Thus, these more noticeable results might not continue to be so extreme if there were more youth in the sample.

Difficulties in Comprehension

Though a majority of the youth did not seem to have major problems comprehending the program lessons or the homework, we asked the youth what the problems were *when* they did occur. The results are summarized in Table 7. The table is divided into six major categories: subject, instructor, youth, curriculum, relevance, and group.

Table 7. Youths' Reasons why IBTM Curriculum was Difficult to Understand.

Program	Subject	Instructors	Youth	Curriculum	Relevance	Group
ABC Model		X	X		X	
AIT		X	X	X		
Anger Control Training					X	
ART		X				X
CBT for Substance Abuse		X	X	X	X	
CounterPoint	X	X	X	X		
Criminal Thinking Errors		X		X		
Making Choices				X		
Moods Matter				X		
Express Yourself	X	X		X		
Independent Living	X			X		
Intro to Treatment				X		
Orientation Resource Group	X			X		
Restorative Justice/ Restorative Me		X				
SBTP Stages	X	X	X	X		
Social Skills		X				
Surviving Trauma			X	X		

Subject – Programs with an X in the subject column are not actually criticisms of the program. Youth in this category are noting that the work is difficult because the subject matter is difficult or the concepts are hard to grasp. For example, in SBTP Stagemwork, youth mentioned that the concept of self-discovery was difficult. It took a while for them to grasp what kind of work and introspection they had to achieve in order to advance levels.

Instructor – This category includes anything related to how the instructor of the program presented the curriculum. Most often mentioned was the way that instructors explain the materials, differences between teachers, presentation style (i.e., spoke too quickly), or complaints that the teachers were not actually teaching the curriculum at all.

Youth – Sometimes youth attributed their difficulty with their programming to their own capabilities. This category includes youth acknowledging that they were not paying attention or they were goofing off. It could also include learning disabilities. It could also reflect differences in abilities like the youth who said they received the program when they were younger and they did not understand it at that time.

Curriculum – This category is broad and can include anything related to the way that the lessons and homework were designed. It could be the way it is written (e.g., too many big words, too many

acronyms, the way it was worded). It could include the amount of work that was associated with the program. It could include the general layout of the program (i.e., role-playing, design, how long it is).

Relevance – Some youth would mention that the program did not apply to their life. This could be related to curriculum. Given that staff can incorporate their own examples in their program, this could also be an instructor issue. The most frequent complaints are that the examples were not applicable to their lives, did not fit their situation, or were “off the wall.”

Group – This complaint did not occur frequently with youth. These concerns had to do with how or where the group was run. Staff (as will be reviewed later) often mentioned that the setting and conditions for where groups would have to occur was not ideal. Youth could also complain that the setting of the program or the other youth in the group were far too distracting to concentrate.

Recommendations for Program Changes

Youth were asked whether they would change the programs in any way. Youth only offered suggestions for change in 21.8 percent of the assessment (n=34). There did not seem to be specific programs that were overwhelmingly mentioned as needing change. The youths’ recommendations square nicely with their concerns regarding comprehension as previously mentioned (aside from the youth who suggested getting rid of the program entirely). The most frequently mentioned changes are included here:

- **Good & Consistent Staffing:** “We need a solid group with a good instructor. It is pointless [for the instructor] to half-ass it.” This is consistent with the youth comments about what made programs difficult to understand. The youth repeatedly mentioned that the quality of teachers is different, and that some staff are not good. Youth wanted staff to be clearer, slow down, and give more information.
Youth did not like change in the staff that taught their programs. Consistency was important to them, like it is for many youth. It can be tough to get comfortable sharing in a group setting and, as one youth noted, if a substitute is teaching, “it is not comfortable.”
- **Give Them More:** Critics might be skeptical, but youth, in general, wanted more time and attention in these groups. Some youth wanted the groups to be longer. Others noted that they wanted to have smaller groups, to go over the information more intimately. Youth noted that if the group had just one or two people in it, the youth would care more. Youth also asked for more content, deeper topics, and more detail in the discussions. For Express Yourself, youth mentioned that they wanted more days of it, both in the formal program, but also later to extend the activities on their own. For IMPACT, youth just wanted it to return to the facilities. Youth who had had SBTP wanted it expanded to other units, not just sex offenders, but to any youth. They also asked for more coverage on family topics and family relations.
- **More Applicable to their Lives:** As noted above, youth were critical about the program examples and their applicability to their lives. They wanted the examples to be more realistic for their situations. In some programs, the examples are written toward a general delinquent population in the community, but these youth in DJJ are serious offenders dealing with serious issues. The idea that a scenario might be about whether to go to a party or not go to a party was not of interest to them. These youth wanted to know how to say “No, I will not sell drugs for you” to their brother and be accepted for doing it.

Youth Preferences

Liked the Most

Youth were asked which, if any, of the programs they liked the most. Almost a quarter of youth stated they had no preference (21.4%). The same proportion of youth stated that they liked CounterPoint the most. AIT was the second most popular program (20%). A distant third favorite was Substance Abuse (8.6%) and all other programs were mentioned one to three times each.

When youth were asked why they liked CounterPoint, youth valued that it taught them “useful skills,” that it helped them change their thinking and their opinions and help them change their value systems and open up. One youth also stated that they “learned the most” in this program.

Though fewer youth chose AIT, the reasons they chose the program were similar. Youth that liked AIT the most appreciated that it was actually useful to them, that they actually learned in the program, and that it was relevant to their needs. As one youth said he “always had anger issues and now [I have] new strategies to overcome.”

These statements are encouraging that youth are appreciating their programming, not because it was easy or fun, but because it was useful and meaningful to their lives.

Most Helpful

The youth were also asked which program was the most “helpful” (which could be different than the one that they liked the most). In this instance, 26.1 percent said AIT, and 21.7 percent said CounterPoint. An additional 16 percent of respondents said that none of the programs were more helpful. The reasons that youth found these programs helpful were similar to why they “liked” the programs: they were relevant, they were effective, and they learned something.

Important to note, 11.6 percent of the sample said the SBTP StageWork was the most helpful. This is the comprehensive programming for sex offenders in DJJ. This is particularly noteworthy because, though this is not the largest proportion of youth in the interview sample, it is a very large proportion of the youth who took SBTP stages. In our sample, nine youth reported taking SBTP StageWork, of these, eight of them reported it was the most helpful program they ever received in DJJ (though only three reported liking it the most). This is high praise for SBTP StageWork. This shows that youth are acknowledging that this is relevant to their problems and that it is helping even if the youth do not enjoy doing it. Youth were not saying that SBTP StageWork was easy. In fact, it was just the opposite. Youth noted how difficult it was to do the work, but say that it helped them see their behaviors, understand why they were wrong, and how to change. One youth described it as “learning where I came from and what I did to my victim.”

Disliked and Least Helpful

Youth were also asked what programs they disliked the most and believed were the least helpful. Like many questions of preference in this interview, most often, youth had no preference. Over 30 percent of the youth reported they did not dislike any program and 11.8 percent said that they disliked all of them equally. When a specific program could be deciphered, the most disliked program was Advanced Practice (8.8%), Substance Abuse (8.8%) and 7.4 percent said CounterPoint. Since no program really stood out significantly, the general comments of why youth did not enjoy them was that it was not helpful (i.e., too

basic, things everyone knows), too boring or long, did not make sense, and not relatable. This was most often mentioned with Substance Abuse. Multiple youth mentioned that they were assigned Substance Abuse when they did not have a substance abuse problem and that it did not apply to their situation at all. One youth noted that it felt like “upper or middle class people came and wrote it, and they don’t know how we live.” Two youth mentioned that they disliked it because of the specific staff teaching it. In those instances, youth said the staff did not actually teach the program, they just had the youth sign in and then they did nothing. Otherwise, all other comments had to do with the curriculum of the program and not the delivery.

There was a similar distribution of answers for the programs that youth found the least helpful. Over 31 percent of youth said that they could not think of a program that was not helpful, and almost 12 percent of youth said that none of the programs were helpful. Of those youth that could decipher between the programs, an equal proportion (10.5%) found Substance Abuse and Advanced Practice equally not helpful. Youth felt that Substance Abuse did not apply to them. One youth, for whom the program did apply, noted that drug rehabilitation on the outside was better. A majority of the youth who believed Advanced Practice was the least helpful had the same reason, they believe that the curriculum was just like Skill of the Week.

Skill of the Week

All youth, in all units, are supposed to be given Skill of the Week (SOW). This is a 52-week curriculum where a different skill is taught weekly (and then the same curriculum is retaught the next calendar year). The skills are taken from the unused skills in the AIT/ART curriculum. Each living unit is supposed to teach and model the skill for the youth in groups. The skills are also posted in every living unit in each facility. Overwhelmingly, the youth reported that Skill of the Week was being taught consistently to them (Mean = 4.48, SD, 1.01 on a 5-point scale). Over 73 percent of youth said that the program was being provided all or most of the time. Only 2 youth (2.8 percent) said the program was never provided.

Youth, on average, believed the program was between “slightly” and “moderately” helpful (mean = 2.63, SD = 1.37 on a six-point scale). The distribution showed that a larger proportion of youth found the program to be “Not Helpful” (31 percent) compared to 12.7 percent that found it “Extremely Helpful.” Reasons for youth ambivalence to the program? Youth did not seem to have a problem understanding the program (mean = 1.54, SD = 1.19 on a five-point scale). Over 76 percent of youth said they rarely to never had a problem understanding the curriculum.

Youth were asked whether they actually use the skills they learned in SOW (mean = 3.17, SD, 1.42 on a five-point scale). Almost 48 percent of youth reported that they use the skills all or most of the time and 32.4 percent of youth said they rarely or never use the skills. Similarly, 40.8 percent of youth (29 youth) disagreed or strongly disagreed that SOW was a useful part of the DJJ program, compared to 29.6 percent of youth that agreed or strongly agreed that it was useful.

Criticisms of the program included implementation fidelity issues (e.g., staff do not use the entire time intended for the program) to content issues (e.g., it is too childish, it is not realistic, too basic, too repetitive). A few youth reported that staff used SOW as a punishment. They chose youth to go up and demonstrate activities as a way to make fun of them in front of the other youth.

Interactive Journaling

Interactive journals are cognitive behavioral based workbooks that prompt youth to delve into subjects related to their incarceration but without a formal proctor. They are cheaper alternatives to providing rehabilitation that have been shown to be effective (in conjunction with other CBT). Staff, during staff interviews, noted that some of these journals (e.g., victim awareness) used to be an in-person group in DJJ, and there was ambivalence about whether the journals provided the same treatment.

Four interactive journals are supposed to be mandatory: *What Got Me Here*, *Individual Change Plan*, *Re-Entry Planning*, and *Victim Awareness*. The other journals (or portions of journals) could be assigned as the Treatment Team deems necessary. We asked youth to recall their interactive journals (at the journal level, and not down to the chapter level). Table 8 shows the assignment and completion measures by interactive journal.

Of the four mandatory journals, between 67.6 and 85.9 percent of youth in our sample completed them. *What Got Me Here* was the journal that was most frequently assigned. This journal is supposed to be assigned when youth first arrive, though 14.1 percent of youth still reported that they were never assigned that journal.

Table 8. Proportion of sample assigned and completing Interactive Journals (n=72)

Interactive Journaling	Completed	Incomplete	Not Assigned	Ongoing
<i>What Got Me Here</i>	85.9%	0.0%	14.1%	0.0%
<i>Individual Change Plan</i>	69.0%	1.4%	25.3%	4.2%
<i>Re-Entry Planning</i>	67.6%	1.4%	23.9%	7.0%
<i>Victim Awareness</i>	72.2%	0.0%	20.8%	6.9%
<i>Handling Difficult Feelings</i>	58.3%	0.0%	38.9%	2.8%
<i>Relationship and Communication Skills</i>	56.9%	0.0%	38.9%	4.2%
<i>Responsible Behavior</i>	67.6%	2.8%	26.8%	2.8%

The tailored comprehensive treatment plan that is at the heart of the IBTM theory is called the “Individual Change Plan” (ICP). Every youth is supposed to have a plan that they create with their counselor. They are all also supposed to work through the Interactive Journal *Individual Change Plan*, though 25.3 percent of the youth said that they had never been assigned the journal. We asked the youth directly in the interview if they had an individual change plan; 64.6 percent said that they did have one, while 35.4 percent said they did not. Of those that knew of their ICP, 38.6 percent believed it pretty or very accurately reflected their needs. Only 4.29 percent believed that it did not. Thus, it appears that youth are either not aware of the titles or components of IBTM, or that there are holes in the treatment plans for some youth.

It is possible that some youth had not yet received their re-entry planning journal. Youth in the sample were within six months of their earliest possible release date, but we do not know how soon youth are supposed to receive their re-entry planning journal. In this study, *Re-Entry Planning* and *Victim Awareness* journals were the most likely to still be ongoing for the youth.

On average, youth found the journals to be slightly to moderately helpful (mean = 2.81, SD=1.32). The two journals that were identified as being the most helpful was *Victim Awareness* (n=15), 23.4 percent and *Re-Entry Planning* (n=11) 17.2 percent. Over 17 percent of youth said that none of the journals were most helpful. Most youth (74.6 percent) could not pinpoint a journal that they believed was not helpful to them.

Identifying Additional Programming

Facilities and staff in DJJ are given the leeway to design and implement informal programs if they believe there to be a need. These programs may or may not have any formal program theory or implementation documentation. These programs do not have attendance sheets like the formal IBTM programs, so the record of who participates is not officially collected by DJJ.¹⁸ These programs may only be available on certain units or for a limited time. For this study, we were interested in understanding how much exposure youth have to these informal programs.

We examined as much information as possible about DJJ from websites, DJJ brochures and posters, the *Youth Manual*, and informal conversations with DJJ staff and administrators (prior to the start of the study) to compile a list of programs that may have been offered at DJJ in the last decade. When we interviewed youth, we asked them first to free recall any informal programs that they received. Then, we would read the list of programs we had compiled to see if we could pick up any programs that they had not thought of. This list was not reviewed by any staff in DJJ prior to data collection.

Table 9 presents the number of youth that participated in the programs that we specifically asked about. As can be seen from the table, youth had not participated in most of the programs in their time in DJJ. Thus, DJJ may want to consider updating some of their information about what is available to youth in the facilities. For example, some facilities have a huge AmeriCorp posters hanging outside of them, but none of the youth had ever heard of AmeriCorp or taken any of their programs.

¹⁸ It is possible that the host of the intervention may collect records on program participation for their own purposes, but these records were not known to us during this evaluation. No staff in DJJ made any indication that formal record of attendance was part of these programs.

Table 9. Number of youth that report participating in informal DJJ programs (n=72).

Program Name	#	Program Name	#
AA or NA	2	Program or Fundraiser for Victim’s Rights	14
Alliance for a Healthier Generation	0	Educational Resource Group	0
Biblio-therapy	1	Re-entry Job Fair	3
Debate	2	Re-entry Program	12
Discharge Communication Workshop	5	Reintegration Academy	10
Experiential Stage Group	0	Respect for Women	2
Family Therapy/ Council/ Forum	0	Restoring Youth in Communities (AmeriCorp)	0
Fire Camp	12	Skateboarding	1
Foster Grandparents	43	Sleep Therapy	1
Free Venture/ Merit	5	Student Advisory Council	2
Group Therapy	2	Tattoo Removal	4
Individual Therapy	10	Victim Awareness	16
Life Skills	4	Video Therapy	1
Parenting Course/ Workshop	2	Youth Advisory Council	3
Pet/ Plant Care	9	Youth Offender Program Orient.	0

Foster Grandparents was the program that was experienced by the largest number of youth in our sample. Foster Grandparents are volunteers that come in to the Stockton facilities daily to help in the schools. Youth in the schools see them daily. Youth that do not go to school may see them, but not interact with them (they were not included as “participating” in these data). Youth in Ventura do not have the Foster Grandparent program.

Victim Awareness and Victim Fundraisers may actually be the same program to youth. We asked youth if they participated in “programs or fundraisers for victim’s rights” and “Victim Awareness,” but many youth in interviews noted that their Victim Awareness was their participation in fundraisers to raise money for their victims. Thus, it is not entirely clear what the other Victim Awareness events/program might have been. Fourteen youth stated that they participated in the fundraisers, and 16 had participated in the Victim Awareness. Again, these could represent the same youth.

Twelve of the youth in our sample had been to fire camp for some time during their commitment. The fire camp is for lower risk youth to learn and train with CalFire. We did not interview any of the youth residing at Pine Grove, the DJJ fire camp, so all youth in this category had previously been to Fire Camp and had since been returned to a facility.

The nine youth that took part in plant or pet care are all in the SBTP program. It is part of their StageWork to be given a plant to take care of (and then plant in the garden in DJJ) and then a fish to keep in their room. Youth who had participated in this program were very proud of themselves. Some even stopping the interview to point out where their tree was currently planted.

Programs that were mentioned during the free recall section included:

ARC	Kairos Torch
Alpha Leadership/ Alpha Resource Program	L.A. Rams
Art Therapy	Motivating Individual Leadership for Public Advancement (MILPA)
Sports:	Prison Education Program (PEP)
- Basketball	Peer-to-Peer Interaction
- Softball	Rite of Passage
- Dodgeball	Vice Council
- Kickball	Vocation
- Soccer	Education Orientation
- Baseball	Odyssey
- Weight Lifting	SPOAS training
Dress for Success/ Successfully Dressed	Book Club
Father Figures	Mentoring
Garden/Grow It Cook It	
Ironman	

A number of these programs are run through a religious group of some sort. In fact, the religious organizations (both inside and outside DJJ) seem to be a very important and consistent source of support for many youth. During our interviews, 59.4 percent of the youth reported going to some church service since being in DJJ. Similarly, 56.6 percent of youth report attending an event hosted by a church that was not part of its regular services. Some of these might be represented above, like Kairos Torch, which is a volunteer based program in Northern California that a number of youth reported wanting to be a part of. Some of these gatherings were rather informal, like a dinner hosted by one of the religious denominations and open to all youth. Youth, even those that were not necessarily religious, frequently commented that they would go to church planned gatherings because they were very nice and welcoming.

Almost 70 percent (69.6%) of the youth had participated in some type of sport program while in DJJ. The types of sports are listed above. This is beyond just an individual's desire to workout or play around with other youth. This refers to some sort of structured league or practice schedule led by DJJ staff. YCCs would try to organize sports leagues and tournaments that would allow housing units to compete against each other. This was mentioned by many of the youth at various times in the interviews as a highlight. In fact, as will be seen later during staff interviews, staff also believe that more organized sports would be beneficial for the youth.

There was no consensus on what youths' favorite or least favorite program was in all of their time in DJJ (including these informal programs). Generally, youth seemed quite content to receive programs of any sort. A few youth mentioned reentry events (n=4) and sports (n=3) as their favorites. A few youth reported tattoo removal (n=3) as their least favorite. The youth wanted the tattoo removal service but they all noted that it happened extremely infrequently so it was hard to get the process completed.

Youth were asked if there were programs that they would like that are not offered or available in DJJ: 50 of the 69 youth responding said nothing. Of those who provided a substantive response, the most common answer focused on their release: reentry (n=5), vocation (n=3), and life skills (n=2). Other youth

mentioned wanting assistance appealing internal DJJ decisions, providing needed medications, drug addiction programming, and assistance with their legal cases.

Program Fidelity

To help assess program fidelity, we asked youth how often they could not get programs they needed. We cannot expect programs to be effective if the youth are not receiving them. A majority of youth (61.2%) said that they rarely or never had a problem getting a program that they needed. In contrast, 19.4 percent of youth said that they were unable to get their needed programs all or most of the time.

The most common reason youth believed they could not get the needed programs was due to some sort of group disturbance, misbehavior, or limited programming causing a disruption to the normal schedule (n=13). This is actually corroborated with staff interviews as a major reason why a program may not be delivered. The next most frequent answer offered by youth (n=7) was that the timing of the program did not align with the timing of the youth’s need or there was not enough space in a program at the time, so they had to wait for another cycle.

Six youth noted that they were unable to get the program due to staff bias, staff unavailability, or staff “laziness.” An additional four noted that they were unstable or not capable of being an active member in a group.

Overall, youth were asked how much they agreed with three questions regarding DJJ program fidelity:

- 1) Do they agree or disagree that the programs offered in DJJ work?
- 2) Do they agree or disagree that the programs in DJJ are run well?
- 3) Do they agree or disagree that the programs are assigned fairly?

A summary of the youth responses to these questions is provided in Table 10. In general, youth in DJJ agree that the programs work, that they are run well, and that assignment to the programs is fair. More than half of the youth respondents “agreed” or “strongly agreed” with those statements. There is, however, evidence that the youths’ responses vary by facility. Youth in Ventura had stronger support for the programs than youth in Close, and both facilities had stronger support than the youth in Chaderjian. Significant differences in fairness were detected between Ventura and Chad ($F(2,64) = 3.88, p < .05$). In other words, youth in Ventura were significantly more likely to agree that their programs were being assigned fairly than youth in Chaderjian.

Table 10. Youth Assessment of IBTM Fidelity by Facility.

	Total	% Agree or Strongly Agree	Chaderjian	Close	Ventura
Programs Work	4.06 (1.52)	54.4%	3.84 (1.49)	4.00 (1.52)	4.36 (1.59)
Programs Run	4.04 (1.39)	53.0%	3.88 (1.33)	4.14 (1.28)	4.14 (1.58)
Programs Fair	4.10 (1.42)	59.7%	3.52 (1.58)*	4.30 (1.23)	4.59 (1.30)*

Education

After *Farrell*, education became a priority for DJJ. All youth that do not enter with a diploma or GED must attend school in DJJ. Programming and appointments may not interfere with the school day. Youth in the interview were asked to assess their experience with education. In our sample, 27.9 percent already had a GED or diploma before entering DJJ, so they did not have any opinions about the high school program.

For the youth with experience in DJJ's high school (n=48), opinions on education were relatively evenly split. About one third (29.2 percent) of youth thought the education in DJJ was worse than the educational experience outside of DJJ. About one-third (31.3 percent) thought DJJ education was better, and the rest (39.6 percent) thought they were the same. Over 44 percent of the interviewees had earned their diploma since being in DJJ, and another 8.8 percent earned a GED. At the time of interview, 19.1 percent were still in school, and 64.3 percent of those youth expected to have their diploma or GED before they were released.

A community college degree was not available in DJJ, but some community college courses were available. In our sample, 39.1 percent of respondents said they had taken some community college courses while in DJJ.

Vocation

Over half (52.2 percent) of the youth in our sample had participated in some type of vocational or career technical education while in DJJ, and 34.8 percent had earned at least one type of vocational certification. The range of vocational experience included computing, Photo Shop, culinary, food safety, gardening and landscaping, forklift driving, construction, welding, masonry, plumbing, woodshop, and fire prevention/fire camps.

Medical Care & Mental Health

This is not an evaluation focused on medical and mental health care needs of DJJ youth, but it is an important part of the treatment process, so general satisfaction questions were included in the interview. Over 85 percent (85.5%) of youth reported that they had needed some sort of medical care while being in DJJ (i.e., medical, dental and/or vision). Of those, 89.3 percent reported that they received the medical care that they needed. The average rating of the medical care was 3.54 (SD = .98) which was between Fair and Good in the 5-point scale.

One surprising anecdote: In one facility, the question about medical care inspired several youth to mention, unsolicited, that there was one nurse in the facility whose solution to all problems was to suggest the youth "drink more water." According to youth, this was the case even when bones turned out to be broken or the problems were, in their perspective, quite serious. We did not specifically ask about nurses within "medical staff" so it was particularly memorable just because of the frequency by which it was offered unprompted by multiple youth in the same facility.

We also asked youth whether they believed that they had sufficient access to a psychologist to address their mental health needs. Overwhelmingly, the youth said they would not prefer to increase or decrease the time they see with a mental health professional in DJJ. In total, 72.5 percent of the sample said they wanted no change. Only 19.1 percent of youth reported that they needed mental health care since being in DJJ. Of those, 84.6 percent reported receiving the care that they needed. The average rating of mental health care was 3.63 (SD= .83) which was slightly higher than the rating of medical care, but also between Fair and Good on the 5 point scale. We found no statistically significant differences in opinion of medical or mental health care by facilities.

Incentives

A big part of IBTM is the emphasis on positive reinforcement and celebrating youths' successes as opposed to a punishment based model. DJJ utilizes multiple levels of incentives to accomplish this. There are daily checks and stars that can earn daily incentives (e.g., late night). Youth can earn weekly incentives, monthly incentives, and special incentives. There are also levels that youth can move up and down which would provide additional privileges, including invitations to other celebratory events. For example, in Ventura some youth at the highest level were allowed to leave the facility to work events for the Los Angeles Rams organization. The incentive and reward structure is complicated and is supposed to be learned by all staff members in DJJ so it can be applied consistently.

Youth were asked if they had been earning any incentives since being at DJJ. Almost all youth (97.1%) had heard of and earned some incentive. Incentives mentioned were stars (91.2%), late night (82.4%), food, (54.4%), checks (30.9%), hygiene products (23.6%) or something else (29.4%) like getting their own room, getting to stay in the prize room, or getting to go to a car show.

Youth were asked how many stars they received in the last week. The range of stars in the past week was zero to 13, with a modal response of seven (30.3%), but 27.3 percent of youth said they had earned three stars in the last week. The modal category of earned late nights in the last week was seven (38.8%) and the range was zero to seven. Youth were asked the number of weeks in the past month that they earned some incentive like hygiene or food from staff (range was 0 to 4), and 71.2 percent of youth said they earned something every week. Some youth mentioned that everyone got something regardless of their behavior, so it is not clear if it is truly an "incentive."

Youth of the Month is an award that DJJ created. The youth who receives this honor can receive special bonuses like getting to move into a game room. When asked, only 10.1 percent of respondents ever reported being Youth of the Month.

Inconsistencies in Incentives

One of the biggest challenges of running a program that intends to be tailored to individual needs across multiple facilities is the potential for bias and inconsistency. As it is, we know that the facilities have access to different resources. Close and Chaderjian are located in Northern California (and right next to each other) and so volunteers and programs can be run at both with little travel time or additional resources. Thus, both facilities can enjoy the daily presence of Foster Grandparents. Ventura does not have a Foster Grandparent program, but its geographical location to Los Angeles does mean that it has other programs that are specific to their facility that the two Stockton facilities do not have. For example, the Los Angeles Rams football camp happens inside Ventura, and occasionally retired Rams players come into the facility to watch games with the youth. This program is not afforded to the youth in the other two facilities. These

are the obvious differences in the facilities, but one can also expect more nuanced differences like emphasis on priorities like incentives and reinforcement.

We compared the youths' self-report of their incentives by facility to see if there were any systematic differences in how they were earned. Table 11 compares the proportion of youth who reported receiving incentives by facility. There were no statistically significant differences in proportion of youth receiving any type of incentive, checks, stars, or late nights. But there are statistically significant differences in the average number of late nights ($F(2,64)=4.96, p<.01$) and stars ($F(2,63) = 5.62, p<.01$) that were reported by youth. Youth in Ventura were significantly more likely to earn both types of incentives than youth in O.H Close. As the incentives get bigger, more discrepancies appear. For example, 68.2 percent of youth in Ventura report receiving food as an incentive where less than half of Chad and Close youth report the same (but these differences are not statistically different).

The difference in receiving hygiene as an incentive is statistically different by facility. Only 4.5 percent of youth in Ventura reported receiving hygiene items as weekly incentive, but 23.8 percent of youth in Close and 40 percent of youth in Chad reported receiving it. Youth in Close were significantly more likely to report ever being Youth of the Month. In total, 52.4 percent of the sample in Close reported being YOM at any point in their stay, compared to 36 percent of youth at Chad, and 14.3 percent of youth at Ventura ($\chi^2 (2) = 6.81, p<.05$).

Table 11. Comparison of Incentives by Facility.

Type of Incentive	Chad	Close	Ventura
Have Incentives	100%	95.2%	95.7%
Earned Checks	32.0%	23.8%	36.4%
Stars	88.0%	95.2%	90.9%
Late Night	84.0%	71.4%	90.9%
Food	48.0%	47.6%	68.2%
Hygiene*	40.0%	23.8%	4.5%
Youth of the Month*	36.0%	52.4%	14.3%
Other	32.0%	28.6%	27.3%
Late Night Last Week	4.40 (2.12)	3.20 (2.97)*	5.59 (2.30)*
Stars Last Week	4.44 (1.87)	3.65 (2.39)*	5.95 (2.50)*
Incentives Work	3.40 (1.26)	3.71 (1.35)	3.30 (1.46)

* $p<.05$

It is possible that these results reflect a difference in the behavior of the populations in each facility. The sample size in this study is too small for us to further delineate groups and compare them. These results could also, potentially, reflect a difference in resources (e.g., maybe Ventura does not buy that much hygiene but they do buy food). These results could also reflect staff bias. The data, as a whole, show that staff in Ventura are giving more incentives, including more stars and late nights, than the other facilities, but the youth in Close, with the lowest average late nights and stars, are most likely to award the Youth of the Month prize.

When asked, 59.4 percent of youth said they would change the incentive program. Youth actually had a good deal of consensus about the incentives. The most frequent suggestion was to provide more or better items (21 youth). Youth suggested better quality goods or changing the incentives that are available periodically. One youth noted that the items available as incentives were also available for purchase in canteen, so it was not much of a motivator for youth with money. Items that were exclusive to incentives would be more effective. Some youth (n=5) mentioned that they would like to see privileges added to the list (instead of just material items). They suggested being able to go to the kitchen to make their own meals, more time to go out or be outside of their room, or more phone calls.

Though it may seem counterintuitive, twice as many youth reported that they would prefer incentives be harder to earn (n=6) than easier (n=3). Some suggested that incentives be offered monthly not weekly which, they believe, would really require the effort of the youth. One youth noted that if monthly incentives were offered, perhaps the incentive could be bigger to make it worth the effort. Suggestions offered by youth were pizza parties, televisions in their room, and additional privileges.

As with most of the other parts of this interview, only a handful of youth complained that the process was not “fair.” Five youth in the sample believed that staff were biased toward certain youth and that it was easier for those youth to obtain incentives. Some youth mentioned that some staff would use incentives to make “deals” with youth that were not being compliant, and those youth believed this was not the purpose of the incentives.

Regardless of any perceived flaws in the incentive system, we asked youth if they believed that the incentives improved youth behaviors. The results are presented in Figure 3. Youth, generally, did believe that incentives improved youth behavior. There were no statistically significant differences in youths’ belief that incentives could work by facility (see Table 11).

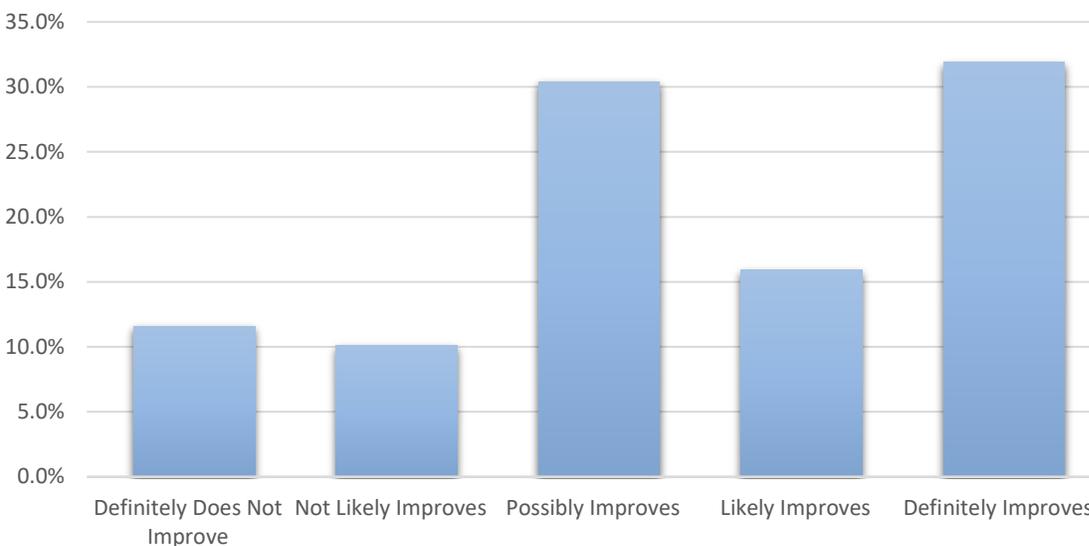


Figure 3. Youth Belief Whether Incentives Improve Youth Behavior (n=69)

Perceptions of Staff

Part of the IBTM framework is that staff should be the catalyst for change. This should be done because staff can foster a relationship with the youth that could motivate them and get them to their goals. Staff should be trained to communicate in a way that opens discussion. Staff also are the force that should have to recognize and celebrate personal growth and run the programs that provide youth with the skills they need to change their lives. In the IBTM model, the importance of staff's impact on the youth cannot be understated, so it seems integral that youth feel positive about the staff around them, or at least trust that staff can get them where they need to go.

Youth were asked how they felt about different types of staff in their facility. For each staff they were asked how positively (from slightly positive to very positive) or negatively (from slightly negative to very negative) they felt. Table 12 presents the summary measures by role.

Table 12. Summary Statistics about Youths' Feelings about Staff.

Type of Staff	Mean (SD)	Very Negative	Negative	Slightly Negative	Slightly Positive	Positive	Very Positive
YC Counselor	3.78 (1.48)	10.3%	13.2%	11.8%	23.5%	33.8%	7.4%
YC Officer	3.62 (1.48)	10.3%	16.2%	16.2%	23.5%	26.5%	7.4%
Parole Agent	4.43 (1.19)	3.0%	7.5%	4.5%	26.9%	44.8%	13.4%
Administration	3.80 (1.40)	9.2%	10.8%	15.4%	26.2%	32.3%	6.2%
Education	4.78 (1.02)	3.2%	1.6%	3.2%	21.0%	58.1%	12.9%
Medical	4.44 (1.24)	6.1%	6.1%	3.0%	13.6%	65.2%	6.1%
Mental Health	4.74 (1.04)	3.5%	1.7%	0.0%	25.6%	52.6%	17.5%
Treatment Team	4.07 (1.54)	8.8%	11.8%	8.8%	20.6%	33.8%	16.2%

Youth in the study felt more positive (than negative) about staff in Education, Mental Health, Medical, Parole Agents, and their Treatment Team. Youth felt most negative about Youth Correctional Officers. Youth felt similarly about the Administration of DJJ and Youth Correctional Counselors. The similarity in the youths' feelings about YCCs and YCOs is noteworthy because YCOs are supposed to be mainly in charge of safety and security whereas YCCs are responsible for running the living unit and providing a lot of the youths' treatment programs. However, YCCs are also responsible for safety and security of youth, and that might help explain why youth feel similarly about them as they do YCOs. It is also a source of contention for the YCCs, which will be presented later in this report during the summary of staff interviews.

Table 13. Differences in Feelings about Staff by Facilities [Means (SD)].

Staff Positions	All Youth	Chaderjian	Close	Ventura
YC Counselors	3.78 (1.48)	3.40 (1.32)	3.56 (1.53)	4.36 (1.49)
YC Officers	3.62 (1.48)	3.40 (1.47)	3.48 (1.29)	4.00 (1.63)
Parole Agents	4.43 (1.19)	4.12 (1.36)	4.48 (1.12)	4.73 (1.03)
Administration	3.80 (1.40)	3.54 (1.35)	3.68 (1.42)	4.18 (1.43)
Education	4.78 (1.02)	4.64 (1.05)	4.40 (1.14)	5.00 (.79)
Medical	4.44 (1.24)	3.96 (1.51)*	4.42 (1.22)	5.00 (.53)*
Mental Health	4.74 (1.04)	4.52 (1.17)	4.47 (1.12)	5.21 (.63)
Treatment Team	4.07 (1.54)	3.52 (1.45)*	4.09 (1.70)	4.68 (1.29)*

*Significant differences between the facilities at $p < .05$

Table 13 provides the comparison of the data by facilities and shows differences in youth feelings toward staff. Only the comparisons between Medical ($F(2,63) = 4.55, p < .05$) and Treatment Team ($F(2,65) = 3.60, p < .05$) staff reach statistical significance, but the trend in the data is consistent for all positions. Youth in Ventura rate all positions of staff in DJJ more favorably than youth in Chaderjian or Close. In addition, the data show more favorable opinions for YCC than YCOs in Ventura, and that is what one would expect if the IBTM model is effective. Ideally, we would like to see youth feeling positively about their Youth Correctional Counselors because they are so important to the delivery of their treatment program.

Behavior Treatment Program (BTP)

The Behavior Treatment Program is a short-term housing unit for youth who demonstrate violent, disruptive, and aggressive behavior. The BTP is not necessarily intended to be a form of punishment, but contains fewer privileges and involves more limited movement than core programs. The BTP does provide programming, but not the programming youth receive elsewhere in DJJ. The BTP programs are supposed to stabilize youth behavior so that they can be returned to their actual living units and continue with their Individual Treatment Plans. In our sample, 63.4 percent of the sample had been to the BTP during this commitment. The average number of months in the BTP was 3.98 (SD = 5.42). With a range of zero full months to two years total.¹⁹

We asked youth about the conditions inside the BTP. Most youth (67.4%) agreed or strongly agreed that the BTP was safe (mean = 4.37, SD = 1.46). Over half (55.8%) agreed or strongly agreed that effective programs were available for youth in the BTP (mean = 3.93, SD = 1.62). But, there was much less agreement that the BTP was an effective way to change youth behavior (mean = 3.46, SD = 1.55). Only 30.2 percent of youth agreed or strongly agreed that it was an effective way to change behavior and 23.3 percent slightly agreed it was effective. In contrast, 37.2 percent of youth disagreed or strongly disagreed that it was an effective method to change behavior.

Table 14. Comparison of Youth Responses about Discipline and Punishments by facility.

	Total Mean (SD)	Chaderjian	Close	Ventura
BTP Time in mos.	3.98 (5.42)	2.32 (2.58)	1.14 (.78)	7.68 (7.36)*
BTP Safe	4.37 (1.46)	4.11 (1.64)	4.50 (1.43)	4.60 (1.30)
BTP Program	3.93 (1.62)	3.83 (1.62)	4.10 (1.73)	3.93 (1.67)
BTP Work	3.46 (1.55)	3.22 (1.44)	4.20 (1.47)	3.27 (1.67)
Grievance Fair	3.64 (1.62)	3.43 (1.62)	3.59 (1.50)	3.94 (1.78)
Grievance Use	3.80 (1.60)	3.29 (1.65)*	3.70 (1.49)	4.50 (1.47)*
Punishment Fair	3.28 (1.64)	2.56 (1.36)*	3.48 (1.60)	3.91 (1.72)*
Punishment Frequent	4.04 (1.59)	4.28 (1.57)	3.76 (1.58)	4.04 (1.65)
Punishment Work	3.63 (1.72)	3.12 (1.67)	3.76 (1.64)	4.09 (1.77)
Punishment Harsh	3.12 (1.49)	3.72 (1.54)*	2.62 (1.12)*	2.90 (1.58)

*Significant differences between the facilities at $p < .05$

¹⁹ The time may not have been consecutive months. We asked the youth to report how much total time they were in BTP.

A comparison of the three facilities in Table 14 shows that Ventura youth spent a significantly longer period of time in the BTP than youth from either Chaderjian or Close. The average number of months in BTP in Ventura was over 7.5 months compared to just over one month in Close and over two months in Chaderjian. However, the longer period spent in BTP in Ventura did not lead to a decrease in feelings about BTP in youth. Ventura youth were not significantly more likely to believe that BTP was worse than the other youth. In fact, Chaderjian youth were consistently the least likely to rate the BTP favorably.

Grievances

We asked questions related to grievances and punishments on a six-point scale ranging from Strongly Agree to Strongly Disagree. We asked 1) if the youth believed that the grievance process was fair in their facility, and 2) if they believed that they could use the grievance process without retaliation. Youth were just slightly in agreement that the grievance process was fair or that they could use it without retaliation. What is more striking about the results is how different the youth in Ventura believed they could file a grievance without retaliation than the youth in Chaderjian. That difference is statistically different ($F(2,61) = 3.37, p < .05$) (see Table 14).

Punishment

We also asked youth a series of questions about the general use of punishment in DJJ. We asked youth if they believed that: 1) punishments were applied fairly, 2) punishments were used too frequently, 3) punishments worked, and 4) if the punishments were too harsh. All responses were on a six-point scale from “Strongly Agree” to “Strongly Disagree.” On average, the youth were ambivalent on the issues of punishment with a mean that is between slightly agree (4) and slightly disagree (3) (see Table 14). Youth more strongly believed that the punishments were too frequent than that they were too harsh. What is more interesting is that again, youth in Chaderjian are the least satisfied with their experience. Youth in Chad were less likely to believe that punishments were fair than youth in the other facilities (though it is only statistically different than Ventura ($F(2,65) = 4.65, p < .05$). Chad youth were more likely to agree that the punishments were too frequent, less likely to believe they work, and significantly more likely to believe that they were too harsh ($F(2, 64) = 3.70, p < .05$).

Intensive Behavioral Treatment Program (IBTP)

Only eight youth in the interview sample had ever been in IBTP. It is hard to draw conclusions from a sample so small. In general, all of the youth agreed (either slightly or strongly) that IBTP was safe. Almost all ($n=7$) agreed to some degree that effective programming was available in this unit. However, the youth were equally split about whether they believed it was an effective way to change youth behavior. Half of the youth disagreed with that IBTP could change youth behavior, two youth strongly agreed, one youth slightly agreed, and one “did not know”.

Contact with Loved Ones

One feature of IBTM is that families and communities are supposed to be connected. IBTM strives to maintain and strengthen those connections because one of the outcome goals of DJJ is to create stronger families. Because of this goal, DJJ provides free, regular phone calls, stamps to mail letters, and allows visitors to come up on weekends.

However, we also know that DJJ facilities are only in two places (i.e., Stockton and Ventura), and those limited locations can strain the potential for families to come visit their youth. We were interested in how

often youth are being in contact with their loved ones. We asked youth how frequently they had contact (i.e., phone call, letter, or visit) with loved ones.

Over 80 percent of youth reported that they had some form of contact with a loved one weekly. Another 10.3 percent reported at least monthly contacts. Almost all of the youth had contact with phone calls (97.1 percent). Fewer had visits (66.2 percent) or letters (55.9 percent).

For the 55 youth who had been to multiple facilities, 38.2 percent said their contact with loved ones was the same regardless of facility. Another 38.2 percent said it was easier or much easier to keep in contact in their current facility, and 23.6 percent said it was harder or much harder to keep in contact in their current facility. There were significant differences by facility ($\chi^2(4)=11.23, p<.05$). Youth housed in Ventura were more likely to report that it was easier to keep in contact with family (54.5%). Over 40 percent of the youth in Chaderjian (41.2%) reported it was easier to keep in contact, but only 12.5 percent in Close. Over 43 percent of youth in Close stated it was harder to keep in contact there than in other places they had been. This is compared to 29.4 percent of youth at Chad and 4.5 percent of youth in Ventura.

Gang Membership

The dynamic of gangs is problematic for all juvenile delinquents, but has specific challenges in a correctional setting. Institutional gang membership can be an oppositional force working against the desires of staff and even the youth. Unfortunately, there are no evidence-based interventions for gangs to be used inside a juvenile correctional facility. So dealing with gang issues and youth embedded in a gang culture can be one of the biggest issues for staff.

In this sample, we asked youth about their affiliation and their friends in the community. Over half of the sample (52.9 percent) reported that they were currently a member of a street gang (in the community). Of those that said they were not currently a member, nine (13 percent of our sample) reported previously being in a street gang. In total, that is 69.4 percent of the youth in the sample that has a history in a gang.

Another common way for researchers to understand a youth's gang ties and embeddedness is to ask what proportion of their friends (in the community) are gang involved (e.g., Matsuda, Esbensen & Carson, 2012). It is also a good indicator of the type of social support youth will return to upon release. In this sample, 39.7 percent of the youth said that *all* of their friends in the community are gang members, 17.6 percent said most of their friends, 17.6 percent said about half, 11.8 percent said few, and 13.2 percent said none.

Over 60 percent (60.3%) of the sample reported that they are currently affiliated with a gang or unsanctioned group inside the facilities. Almost all of these youth (90.2%) knew about the group prior to entering the institution. There was no significant difference in gang membership (street or institutional) by facility.

When we asked why the youth joined/affiliated with a group when entering DJJ, 38 youth responded. The most common answer ($n=11$) was that the youth was already a part of the group before (i.e., from the streets). Ten youth said that it was just a "part of life" that they accepted. Seven youth pointed to the people in the group and said that they either liked them, thought they were good people, or they were their family. Only five youth mentioned that they joined the group inside for protection.

Gang involved youth did not seem to believe that their gang membership interfered with their treatment program. The mean answer was 2.46 ($SD = 1.43$), which is between rarely and occasionally on a five-point

scale. Over a third of the youth (36.6 percent) said that their membership “never” interfered with their treatment program. In contrast, 26.8 percent of youth said it interfered “All or most of the time.” Youth were even less likely to believe that their gang membership interfered with their voluntary activities in DJJ (mean = 2.02, SD = 1.27) and 51.2 percent of youth said that their affiliation “never” interfered with their voluntary activities.

Results - Staff Interviews

Staff Interviews were conducted with DJJ administrators in headquarters and inside of the facilities. In addition, interviews of supervisors, managers, and line staff were conducted in each of the three DJJ facilities. One conclusion of this study is that, despite what respondents think, there actually is a great deal of consensus in youth and staff responses about the issues in DJJ. The agreement of responses is not what people expected. One staff member described a “disconnect” between upper level administrators who were sending down new policies and procedures, and their awareness of what the realities were on the ground level. The data we collected, for the most part, does not support the disconnect perceived by some. Upper level administrators offered many of the same “challenges” to IBTM treatment as line staff and other employees in the institutions.

Correctional literature often describes worlds where prisoners and correctional officers are in opposition to each other. While there is clearly a social distance between youth and staff in DJJ, there is also general agreement between the two groups about what is needed and what some of the challenges have been. These results suggest that all invested groups (i.e., administration, staff, and youth) have a shared understanding of what IBTM is intending to do, how it is succeeding, and areas for improvement.

The major themes that emerged from the staff interviews are presented in this section. In general, staff seem to believe in IBTM and that it can be effective. But staff at all levels of DJJ are skeptical that it is currently being implemented with fidelity. And the reasons for this seem to be primarily centered around the current challenges related to staffing in DJJ.

Staffing

Respondents at every level of the DJJ hierarchy from administrators in headquarters, to superintendents, to supervisors and managers, to line staff, all mentioned staffing as a barrier to their work. Almost every single interviewee (whether in one-on-one interview or focus group) discussed staffing issues.²⁰ The problems with staffing came in a few inter-related areas: 1) Understaffing and Vacancies, 2) Fit, and 3) Training and Mentoring. In short, DJJ is noticeably understaffed. New staff that are hired may not (all) be the right fit for a job at DJJ. The current training for new staff is inadequate to prepare them to do their job well. As a result, the quality of the IBTM program that is currently being enacted is not as high as desired.

²⁰ The exceptions were interviewees who were in specialized areas like medicine or data management.

Understaffing and Vacancies

“Everyone is all like stretched thin.” (R1)

“We get pulled in a lot of directions that maybe, if we were able to focus on what it is we need to do, then that would have helped...We continue to evolve and grow. Our responsibilities are growing and yet we, you know, there is still just the same number of us trying to do everything.” (R2)

“Staff are getting burned. They are getting tired.” (F2.2)

These sentiments were expressed, in some way or another, in almost all of the interviews and focus groups. The three DJJ facilities are currently understaffed. Some facilities more than others. In our interviews, the staff from O.H. Close mentioned the toll of staff vacancies the most vehemently, however, staff in each of the facilities mentioned vacancies leading to staff burnout. As one respondent in O.H. Close said “Nobody is effective as a double-double-single.” (R3.2) Meaning, performance suffers after two days of double shifts and then a single.

Understaffing can be viewed objectively and subjectively. To understand the extent to which staff were correct about the understaffing, we examined two sources of data: 1) the DJJ organizational charts of November 15, 2019 and 2) the official COMPSTAT data on the subject. A review of COMPSTAT shows that in November 2019, O.H. Close had a vacancy rate of 27.1 percent, Chad had 13.8 percent vacant positions, and 13 percent for Ventura. The organizational charts let us examine where those vacancies are located. In Close, 29 percent of the YCC positions were vacant. YCCs are responsible for movement, running living units, leading groups, and the other daily operations of the youths’ treatment program. The organizational chart showed 18 percent YCC vacancy in Chad and 10 percent in Ventura. Thus, O.H. Close staff were correct in their assessment that they were significantly understaffed (even compared to other DJJ facilities), and the vacancies were clearly felt by the respondents.

In light of the vacancies, staff reported that they had to take on many responsibilities outside of their “normal” or original duties. This was reported at every level of DJJ. Administrators were in charge of multiple projects, divisions, oversight, and areas of accountability. Superintendents can be in charge of multiple facilities. Supervisors are given multiple roles and duties. And line staff consistently mentioned that it is not possible to perform all of their expected duties to the best of their ability with the time that was allotted for them. It seems, from the interviews, that the better an employee is at his/her job, the more work he/she is asked to do. Given the vacancies, these staff members may have to work alone without direct supervisors or without positions under them to assist. The result of piling on additional responsibilities is that jobs are less likely to be done as well as they could be. As one respondent mentioned “I want to say [I have] maybe a little too many hats occasionally to give something the attention or oversight it deserves.” (R3)

The understaffing seems to impact the YCCs and other staff on the living units the most significantly. These staff members play multiple roles for the youth on their unit. They run the unit, lead the programs, do counts, movement, paper work, and respond to disturbances and events. Staff in these roles have to provide many services in addition to running treatment programs. Even under ideal staffing conditions, staff mentioned that “role changing” was a difficult task. Staff know that they have to get youth to “buy in” to their treatment. But, they say it can be very difficult to do that when the same staff member just

had to search their room and write them up. When the units are understaffed, it is clear that staff believe that there is just not enough time or resources to get all of their tasks done (and done well). It was also clear that the additional work that was required due to understaffing was leading to staff burnout and exhaustion. This was a shared sentiment in all three facilities, but the more vacancies in a facility, the stronger the sense of burnout.

Staff on the living units most commonly stated that program fidelity suffered because they did not have the time to do all of their roles. Because staff have to respond to codes, when they happen, they said it was just not possible to provide all the other services all the time. Even if everything is running smoothly and a group is ready to start, an incident can occur and multiple staff would have to respond which would take them off their regularly scheduled task. In addition, the time to prepare to teach the programs is not factored into the time that the staff are expected to deliver the program (e.g., they are given an hour a day to teach the program but not additional time to prepare for the program). This results in staff having to “wing it” (F1.3, 2.5) when teaching the program. This is most unfortunate because staff also mentioned that the best way for them to get youth to buy in to the IBTM framework is to prepare examples that are relevant to the kids in the group they are teaching.

The IBTM protocol also calls for interdisciplinary group meetings, or case conferences, where various members of the youth’s treatment team all meet to discuss the youth’s needs and performance. Staff in one focus group had a long discussion about how staff often did not have time to attend the case conferences because they had to be somewhere else, respond to something, or were otherwise occupied. This suggests that the interdisciplinary nature of IBTM may be lacking.

The policy of DJJ is that there must always be one staff member on the unit. This means that during the morning shift, when there are only two staff on the unit, a staff member cannot even go to the bathroom if the other staff member is running a group. Some admitted that they have to confine youth to their room just to perform movements when there are not enough staff available. Staff who work this shift lamented that this restriction in staffing means that staff on the unit rarely get to sit down with someone and have a conversation to check in and build rapport. Every staff focus group, in each of the three facilities, proffered that the two staff on the morning watch was problematic for their effectiveness and program implementation fidelity.

It was not a coincidence that when staff and supervisors mentioned the programs that they considered “the best,” they also happened to note that the programs were good because they were “overstaffed.” These quality programs and units were also described to have a “solid curriculum” or have seasoned staff.

[Reasons for Understaffing](#)

Staff discussed DJJ’s long history of vacancies. Staff that have a long history with the department mentioned that CDCR (the larger organization) controls the hiring of staff to DJJ. Staff can be hired at any time of the year to work in the Division of Adult Institutions (DAI) or Division of Adult Parole Operations (DAPO), but the hiring period for DJJ is limited to just two times a year and only for a few weeks each time. This means that someone interested in working for DJJ is forced to wait until the hiring windows open for DJJ jobs, which could be six months. Then, that person would have to undergo a lengthy background check, psychological evaluation, the hiring process, and the 16-week training academy. In reality, a person would not start work in DJJ for a year or two after applying. It has been difficult for DJJ to get candidates into the academy.

DJJ went through a decade of significant reform where the population decreased dramatically, and there was threat for some time that DJJ would be eliminated. Staff described that uncertainty regarding future employment led a number of seasoned staff members to transfer to other places in CDCR. Because of the closures, DJJ did not run the academy for new recruits for five years. According to staff, DJJ has not had sufficient staff for the past 4.5 years.

With the number of openings available, the most experienced staff members had their choice of positions and would move to the “easiest” positions. This left the most difficult programs to the newest staff members. Staff recall that when there were few openings, staff were happy to get any assignment, but now, people refuse to take certain shifts. Staff avoidance of shifts can take the form of chronic absenteeism and sick leave or excessive staff shift changes to get out of doing harder positions.

Another factor that has led to vacancies in DJJ is the attractiveness of DJJ staff to other CDCR divisions. DJJ staff appear to be in high demand by DAPO because the qualifications required of a parole officer (e.g., motivational interviewing, goal setting, case planning) are all central to DJJ training. Well-trained DJJ staff have been successfully recruited away from DJJ to DAPO also leading to the staffing shortage.

The current staffing dynamic in DJJ has created a negative cycle of staffing. Facilities are understaffed. Burden of understaffing moves to remaining staff. Seasoned staff leave, promote up, or shift to easier positions. DJJ recruitment and hiring occurs rarely and only a few new candidates train to work at DJJ (and not CDCR more generally). The process for hiring and training is long. Newly hired staff (for which there are not many) move into the most challenging positions. New staff become overwhelmed by the responsibilities of their job. They quit. Facilities are understaffed. And the cycle continues.

Staff Recommendations:

The number one desire by staff, in all aspects of DJJ from headquarters to line staff, was to see vacancies filled and the number of staff increased. This likely can only be accomplished if CDCR allows DJJ to be in control of its own hiring, or if the easy transfer of staff from DJJ to other divisions in CDCR is eliminated or reduced. With DJJ’s impending move from CDCR to Health and Human Services (HHS) in July 2021, this problem could be alleviated. DJJ, theoretically, should become in charge of its own staffing and training, and because DJJ is no longer part of CDCR, moving to another division would not be an internal transfer.

Staff knew they could not affect the overarching hiring practices of CDCR, but they were quick to offer recommendations of accommodations that would help them with the staffing issues in the interim. First and foremost, staff in every facility, in many positions, were adamant that the morning shift of only two staff members on a living unit made it practically impossible to run groups effectively.

Additional staff coverage would make better programmatic options possible. Staff noted that groups run much better if staff can take the group off the unit (e.g., to a space intended for programming). The change of scenery, being off the unit, and being in a space that is quiet and intended specifically for programming can change youths’ orientation to programming (i.e., they are in a programming space, it is time to program). Staff are also far less likely to be interrupted to respond to something for the unit. This cannot currently be done in the mornings with only two staff on the unit.

Staff in high core units agreed that taking the youth off the unit would be beneficial to their programming, but that it would not be safe for one staff member to take a group of eight to ten high core youth alone

off the unit. For this to be feasible in the high core groups, additional staff would have to be available on the unit (during the morning shift) and in the programming bungalow with the group (i.e., two staff members per group). In general, staff knew that the high core units could benefit significantly from changes in staffing patterns and programming. These are the youth with the highest risk and require the most programming, so finding a more effective way to provide those resources to this group was of concern to both DJJ administrators in headquarters and staff in the facilities.

Another suggestion was to allow program groups to be smaller which would not necessarily require additional staff, but would require staff to allocate additional time to programs. Staff reported that the size of the group was challenging because there was always going to be a youth or two that had no interest in programming and/or required staff attention for their disruptive behavior. This unnecessarily punished the youth in the group who were interested in programming and desired to learn. More intimate groups, they believed, would be easier to control and engage. This also conforms to a recommendation offered by youth to have smaller program groups to facilitate learning.

All of these changes would require more staff to be hired and retrained, or it would require a reallocation of resources and duties in other positions. YCCs, PAs, and other unit leaders had a strong desire to see Youth Correctional Officers take more of the operational and response responsibilities. They noted that YCOs could be responsible for youth movement at various points of the day (i.e., to showers, education, meals) which would free up YCC time. Living unit supervisory staff were also frustrated that so much of their time has to be allocated to responding to fights and disturbances. Given that YCOs job duties are safety and security, it seemed to the other staff that their time would better be served just as a treatment provider and not also as movement and security.

Ventura Youth Correctional Facility seems to be receptive to the idea and is currently trying to implement a pilot program where YCOs would take a more active role in the youths' day. The program has not yet been approved (see *Follow-Through* section). It is important to note that support for this type of staffing change was mentioned in all facilities, not just Ventura.

The other recommendation that was offered by some staff was the increased use of interns and outside providers to run programs. Staff noted that youth had great respect for interns that would come in and volunteers whose only job was to run groups. These individuals only come in once a week or so, and they are not in charge of security or discipline. Youth give them their undivided attention because they look forward to their visits. The interns and volunteers also have more than ample time when they are not in the facilities to prepare for the groups, unlike the current living unit staff.

One supervisor offered that more staff was not necessarily needed if the culture of DJJ could change to be less individualist and more team focused. If people were more willing to "pitch in" and lend a hand to support each other, the situation may improve. This may be a solution that is supported in some of the facilities that are less understaffed, but we doubt that the staff in O.H. Close, where vacancies are the highest, would be supportive of this as a primary line of defense.

Staff Fit

“We are having a lot of growing pains because our staff are so young.” (C2.2)

While DJJ is understaffed, staff are not entirely satisfied with new staff that are being hired to fill vacancies. This sentiment was most often shared by seasoned staff members in both managerial and non-managerial positions. Seasoned staff members were quick to criticize the struggle that new staff had managing the youth, and the consequences that had for the youth and the program as a whole. Younger staff were criticized for lacking “street smarts” or the ability to talk and relate to youth from the streets. Seasoned staff reported that “book smart” new employees lack the finesse to pivot to the DJJ population.

Decades ago, when the street gang problem in Southern California was gaining national attention, the intervention of using staff “from the street” (i.e., either ex-gang members or non-gang members from the same community) became the common response (Klein, 1995). There was a respect but also relatability that the gang members felt with those individuals. Staff in DJJ shared a similar notion about what it takes to be a good “fit” to work with the youth in DJJ. While they said that new staff are educated and can quickly learn the program curriculum, they struggle to build the rapport necessary for working with the youth. One staff member said, “Younger staff seem to be scared of the youth” (R6) which does not lead to a good working relationship. Whereas, when people like former gang members come in, these individuals with similar past experience can connect with the youth. Another senior staff member wondered whether new staff actually looked at work in DJJ as a career and not a job, because, as they mentioned, you cannot come in and do good work if you think this is just a job.

There seems to be a consistent struggle with the new staff. Some of the difficulties are practical considerations such as new staff struggling with appropriate documentation, case conferences, and report writing. But mostly, staff frequently commented that new staff struggle to find the balance between the IBTM principles of reinforcement and accountability. Seasoned staff know how much you can give and when to stand your ground with youth, but they noted that new staff struggle with finding this balance. On shifts that are most populated by new staff, youth can take advantage and a program that may have been running smoothly during one shift can be upended at other shifts. Senior staff noted that youth are quick to take advantage of the inconsistencies. It causes a great deal of frustration to other youth who are not taking advantage of the “system,” are attempting to work hard, and are seeing their peers allowed to misbehave without consequence. Staff noted that it is important not to react when the youth are offering nonsense. Staff need to be consistent and provide all the different things we are to be providing regardless. This is clearly a skill that some staff have and others need to develop.

Seasoned DJJ staff members questioned whether new staff were adequately aware of what they were getting themselves into when they took a job at DJJ. The realities of the job were the cause of staff leaving. As stated prior, new staff are being thrown into an understaffed situation where they are being asked to do more than they may have anticipated. Also, staff mention that during recruitment they are often “sold” on their jobs because they think they will be counseling youth and sitting and working with them, and in reality they rarely get to do this. According to staff, the idea of sitting in an office and delving deep into their youths’ lives is a myth (including having an office).

Transparency.

Seasoned staff recall prior years when DJJ was far more transparent to outsiders. They used to have “open houses” for the community members to come in and see what they were doing. Youth were allowed to

demonstrate their trades and become a more integrated part of the community. DJJ was also more transparent in its recruitment of people. They would encourage people who were interested in working in DJJ to come in and volunteer first, and see if they liked it. Staff said youth were very receptive to volunteers in a way that they are not to new recruits. “If you come in with a green jumpsuit with new creases and no wrinkles, they are going to give you the business.” (C3). But, as stated earlier, the youth are very attentive and excited for outside volunteers. This also allowed volunteers to have a better understanding of how DJJ operated and what working inside DJJ would entail. If new recruits had volunteered prior to applying, staff thought, they would know what it takes before they decided to apply.

Mentorship

Seasoned staff often mentioned the change in mentorship in DJJ. DJJ used to have an informal understanding of extensive mentorship where “O.G.” staff took ownership of their unit and made sure to train up the newest staff members. There was no consensus as to why that mentorship no longer occurred, but there was agreement that it does not happen like it once did. To effectively mentor, it requires older staff to be willing to pitch in and do non-required tasks even if they promote up – to lead by example. For example, senior staff that could take promotions to easier units but choose to stay in the harder units to be an effective mentor. Or supervisors and managers who choose to lead programs even if they do not have to, which would reduce the burden on YCCs on the living unit. Senior staff admit that this does not happen as much anymore.

Why has informal mentoring stopped in DJJ? Staff offered many explanations. First, and as stated prior, many senior staff have retired or left the division which depleted the available “O.G.s” to serve as mentors. Second, because of the shifting of staff around CDCR and DJJ, staff are promoting much faster than in previous years. If it used to take someone eight years to promote to parole agent, now it takes two and a half years. As one staff member said, “Now someone with a year’s experience is teaching someone with six months who is teaching someone with two weeks [experience]” (R3). And another wondered, “What kind of experience does someone with two years have to mentor someone?” (RC3). Third, vacancies have led to burnout which makes the idea of taking on more duties less appealing. It is more difficult to convince senior staff to take on more responsibilities like taking worse posts or providing mentoring when they are already overwhelmed. Finally, senior staff (both rank and age) mentioned numerous times that the new generation of staff (both rank and age) were hard to mentor because they did not ask for help and seemed resistant to input. Senior staff said that younger staff always claim “they know, they know.” It appeared to others that younger staff want to do less and get paid more.

Training

*“What they told us [in the academy] is this is the last time you are going to work as a team.”
(Recent Academy Graduate)*

Based on staff interviews, the importance of staff training may be as important as the need to fill vacancies. This theme was offered unsolicited from both people who offer and supervise trainings and the ones who take the trainings. Currently, CDCR runs the Correctional Academy for DJJ’s new recruits. As stated before, CDCR is also responsible for the hiring of new staff for DJJ. It became clear that, from the staff perspective, CDCR’s control of DJJ’s training academy is a detriment to DJJ’s ability to recruit and

retain well-qualified individuals. In fact, the prior sections that laid out issues of staffing and staff “fit” are clearly linked to training.

CDCR’s Academy is not taught by the DJJ Treatment Team Trainers. They are taught by CDCR staff from various divisions. DJJ staff mentioned that the Academy trainers have been successful in convincing some new recruits not to actually move to DJJ for employment but stay in the Division of Adult Institutions. This has not assisted in the recruitment and retention of staff. The Academy curriculum has also contributed to the lack of preparedness in staff, the lack of fit, and high turnover. All of these factors lead to a decrease in IBTM program implementation integrity.

Limitations of the Academy

Staff believe that the CDCR academy does not orient DJJ treatment staff appropriately. The emphasis on safety and security led our interviewees to believe that it sets false expectations about what new staff’s jobs will entail at DJJ, and this causes new recruits to come in ill prepared and surprised when confronted with reality. For example, staff said that they were being trained in how to stand and where to position your body to increase security, as well as how to use your belt (i.e., with chemical agents). The Academy seems to train new staff to have an “us versus them” (staff versus youth) mentality. Once staff start work in DJJ, it becomes very clear that is not the job that they are expected to do (for YCCs not YCOs). DJJ staff acknowledged that their job is all about talking to the youth and trying to reach them on a personal level, so the “us versus them” mentality is antithetical for what they need. Senior staff also believe that it leads newer staff to rely too heavily on their possession of chemicals to gain compliance. Senior staff were quick to agree that in previous years, staff could gain compliance and diffuse situations by using their words and their rapport. Those same staff believed that new staff were not trained to have the same confidence in their ability to do that. That sentiment was confirmed by interviews with newer staff who mentioned their need to have their belts to respond to an incident and if they do not have their belts, they would not engage the youth.

One potential explanation for the lack of teamwork and group cohesion may be that the recruits from the Academy are told that they will not be working as a team (as exemplified by the quote above). Staff that most recently attended the Academy revealed that this individualized mindset, perhaps, made more sense for officers in the Division of Adult Institutions where correctional officers are responsible for institutions with thousands of prisoners and developing connections with prisoners is not encouraged. YCCs know that the IBTM model requires working together as a team (e.g., treatment teams, case conferences, board hearings). The Academy training of not speaking to youth is antithetical to the purpose of their work. And the lack of mentorship and teamwork was a negative and not a positive. Being trained that teamwork is not important may also help explain why mentorship has dissipated in DJJ.

In addition to the overarching message, staff believed that the Academy did not provide enough coverage of important aspects of the job such as report writing, running groups, and physical interactions. Older staff members recalled receiving formal training in casework management. One staff remembered 40 hours of small group counseling training where they actually ran groups. It was more hands on and made it easier when they were expected to conduct groups on their own. This degree of extra training, staff believed, would help new staff do a better job of running programs.

Practicums

“The academy is longer now, but they are teaching them policies. They aren’t teaching them the practical things that you need when you get here. You can’t watch Power Point all day long. They need less time in the classroom and more time in the institution.” (C3)

DJJ used to run their own Academy, and staff clearly preferred the old training method. They said the groups were smaller, more intimate, and focused on teamwork. The content was specific to just work in DJJ, and staff greatly appreciated the old practicums. When DJJ ran the Academy, a large part of the training were practicums where the recruit would go to the facility site for a week at a time, shadow staff, learn by doing, and then return to debrief. This practicum would occur twice in the 16-week period, and most staff that had it mentioned that this was where all of their learning happened. “You learn more in a week down here than you could in a month up there” (F1.6). Recruits still go into the facilities, but staff were quick to point out that it was only to learn how to do searches and observations. There is no more shadowing actual employees, which is where the older staff believed they learned the most. The lack of this real experience contributes, staff believe, to the lack of fit between some new recruits and their work in DJJ. They do not have a clear view of what their daily routine will actually be in working with youth.

The Need and Desire for More Training

“I wish we could have more training. Our trainers are good, but some of our staff need more and more training. But there just aren’t enough hours of the day. But they need it.” (R6)

To their credit, most DJJ staff desired more training and more information. After the Academy, the DJJ Training Team takes control of the training for DJJ. This includes training new people in specific programs and block training to keep people up to date. With the high rate of turnover of staff, this has been quite a challenge for the training team that has to keep retraining new staff to fill positions. This wears resources thin. Like all the other positions and areas in DJJ, the training team is also tasked with providing a lot of work with very few people.

Staff require training to lead programs, and this is not a natural talent for some. Staff are quick to realize that some are not great at teaching (and also may have no desire to do it). Regardless, it is part of the job. Part of the role of the DJJ training team is to evaluate and assess all of the instructors. If they are not teaching programs with fidelity, they go through more training and mentoring. This alone is quite work intensive.

The staff we spoke to desire more training and more specialized training. Some staff mentioned that they wished that the block training was geared toward certain classifications. That would be training for all employees and then additional training by role in DJJ.

A number of staff desired additional knowledge and resources to deal with some of the youth in their population. They wanted to be armed with every possible way to deal with them, but did not have enough information. The following are all topics related to youth need that staff desired extra training:

- 1) Mental health issues – from psychiatric disorders to youth who were born substance dependent (e.g., “crack babies,” “fetal alcohol”).
- 2) Autism
- 3) LGBTQIA+ - the current proportion of youth in this category are currently low, but DJJ staff expect that this will be increasingly important.
- 4) ADHD and Learning Disabilities
- 5) Gang Members

Staff also believed that the timing of training can be a problem. Staff are trained in all of the programs but a lot of time can pass before a staff member would actually lead some of the programs. Staff said the quality of program deliver could suffer the farther out you are from your initial training because there was no refresher.

Unfortunately, the DJJ training team is not sufficiently staffed currently to be able to meet all of these needs. Regardless of the talent on the training team, there is a limit to what they can provide without more assistance.

Formal Documentation

“This is the first time ever in my career where I walked into a place and there was no formal historical records. It was all through knowledge.” (R1)

With the need for more people and more training, staff often said that most of the time, they learned “on the job” (i.e., they learned how to do something new when it came up). This requires mentorship from more seasoned staff, which we have previously noted is in short supply. The amount of mentorship available clearly varies case-by-case. Some newer staff felt supported and mentored. They indicated that they learned how to do their job because of mentorship. Other newer staff did not have a consistent mentor and described the constant struggle of trying to figure out how to do new things.

Regardless of whether the staff had or did not have adequate mentorship, it was clear that formal documentation of policies and procedures is not available to DJJ staff. One respondent described his current position in DJJ as the “least documented” of any position he has ever had (R1). There are policies that are written such as the Institution and Camps Manual that precedes CDCR Department Operations Manual (DOM). These policies often cover business-like requirements such as human resources, staffing requirements, and document retention policies. The policies are fragmented, lengthy, legal, and technical. Line staff can also get “Post Orders” which detail the expectations of their position, but they are described to be very general and do not include the practical information to get staff through their day-to-day duties. For example, there is no instructions or manual to assist staff to input data into the data systems. Staff trying to complete a case conference – report for the first time have to go to senior staff for instructions. This problem extends to DJJ staff in headquarters that are trying to do their jobs. For most, it has been “a learn as you go” experience.

This is a problem for staff and program integrity. Staff interviews reveal that the quality of mentorship will vary by individual, which means that the quality of performance will vary. Do we believe that the procedural instructions that are passed down by word of mouth will be consistent across facilities and over time? One newer staff member mentioned that she takes it upon herself to document all of the

things that she learns about her job so she can refer to it at a later time. If staff are already overworked and overburdened, the feeling of being unprepared is overwhelming.

Summary

CDCR's control of DJJ's hiring and training of candidates appears to be hindering DJJ's ability to recruit and retain new staff. The result is that DJJ is seriously understaffed and each employee is taking on the extra burden. On a positive note, almost all of the staff members interviewed for this study presented themselves as genuinely dedicated to helping the youth and knowing that their job was important. This is great news for DJJ, but it will only go so far to protect employees who are stretched too thin and burning out.

When DJJ gains control of its hiring and regains control of its training, hopefully many of these concerns regarding staffing can be alleviated. At that point, the new cohort of recruits will accept their jobs knowing what will be required of them and having the confidence to perform their work effectively. This should lessen the burden on other staff, and increase the team aspect at DJJ. The staff at DJJ are a surprisingly optimistic group that see the potential for change in their near future and believe that the current issues can be remedied. They also, however, know that the situation is negatively impacting the program fidelity of IBTM.

IBTM Program Fidelity

"I don't know if the programs have been done with fidelity. I think certain pockets have done well, and I don't know if overall we have done it with enough fidelity... I think our ability to understand what the kids need is high. But our ability to get the kids the focused and intense treatment is not high." (R2)

"I think the concept of IBTM has its benefits especially if it is done correctly. But, I don't want to say most cases, but in some cases, it doesn't get done correctly and there are a lot of reasons why it doesn't." (F3)

Without a formal process evaluation of IBTM implementation, the word of staff and youth are the best measure that we have to assess program implementation fidelity. Interviews with youth were actually less informative in this regard because youth do not know what they are supposed to be getting. Staff, however, are all trained in every program and they were the best source of knowledge about how well they were doing implementing the programs as they had been trained.

Staffing

As discussed in the previous section, staffing issues is the primary reason that staff are skeptical that IBTM has been implemented consistently with fidelity. Staff often said that groups were regularly interrupted because of a disturbance or because a lack of staff on the unit to run groups. This was confirmed by youth as the most often reason they would not receive a group. The lack of time to prepare for groups led some staff to believe that it was not being done well enough. One respondent believed that less than half of program facilitators were actually doing a good job.

The quality of staff dedication to groups was also called into questions. Some staff were clearly touted as being good program leaders. Staff were also quick to say that, depending on the person, sometimes they want to take shortcuts or “water down” the program, and then the program does not happen the way it is supposed to.

DJJ has implemented a number of procedures to increase the fidelity of program implementation like routine observations of the instructors, additional training for staff that are shown to have a need, and continuous training for all staff. However, the lack of staff (e.g., those that would do these assessments of other staff) makes it impossible to make implementation fidelity the number one priority. Because the training staff that do the assessment of program delivery are the same people that have to do the trainings, write the trainings, inform the policies, and a number of additional tasks. As is commonly the case in DJJ, there is just not enough people to do the work.

Fit to Program

An important part of IBTM is the fit of the youth to the program they are assigned. Staff also noted that there might be reason to consider whether staff are a good fit to teach a program. The notion of staff only teaching groups that they liked was offered as a potential solution because staff believed that if you like doing a group, you will be better at it and work harder at it. Sometimes staff are assigned to groups and they do not do a good job.

One respondent believed that if staff liked the group, they might actually put in useful case notes about the people in the group. Currently, the case notes just talk about what the group was about, not what the youth was actually doing (how their participation was). When it is time for the case conference (or research and evaluation), the notes about what was taught in the session is not helpful, but understanding if youth participated and engaged in the program would be.

Some staff expressed their preference for some programs over others and said they tried to teach those groups more than the ones that they disliked. One respondent specified that he did not care to teach Substance Abuse but loved CounterPoint because the program offered the opportunity to personalize it. The Substance Abuse curriculum is a program that requires reading the curriculum verbatim. Staff can tailor CounterPoint to engage the youths’ interests. Interestingly, though the numbers are small for both staff and youth interviews. CounterPoint was the program that youth reported they liked the most in their interviews. Youth did mention that CounterPoint was the “most relevant to their lives” and got them “to open up.” Substance Abuse was mentioned by multiple youth as a program that they was least helpful (though Advanced Practice was most often mentioned).

In general, aside from disruptions to being able to provide programming, staff seemed to agree that the program fidelity depended on who was facilitating and how serious they were. The talent of staff would change the how youth “buy in” to treatment and how receptive they are to participate. This is central to the IBTM theory. That staff would be the catalyst to change, so the desire for staff to be a functional part of programming is paramount.

Component Confusion

One reason that respondents believed that IBTM was not working as well as it could was confusion with the process. Specifically, they noted confusion around reinforcements. In the previous staffing section, we described the challenges that new staff were having with navigating the balance between reinforcement and discipline. Part of the challenge, staff believed, had to do with how complicated the positive reinforcement system of IBTM really is. Staff believed that both staff and youth had a hard time figuring out the intended way to do it, thus, staff were implementing it inconsistently and youth were frustrated. According to staff, there are posters all over the units that describe how it works, but one would actually have to sit there and study it (consistently) to figure out what they should be doing. All staff (including maintenance staff and teaching staff) have to be trained in it, but there is little faith that all staff are applying it consistently. Some staff use reinforcements to “deal” with youth (e.g., staff telling a youth that they will not write them up if they do *some action* the staff desires). Which defeats the purpose of being reinforced for behavior that they exhibit. These sentiments were echoed by youth in their interviews about incentives.

What is confusing about the reinforcement system? When we asked the question, one staff member said “Well, there are just a lot of stars.” (F4). Another staff member clarified and mentioned that it is not just the stars, there are checks, negative checks, positive checks. But in reality it is not just stars and checks, it is praise, negative checks, positive checks, stars, recognition, late night incentive, weekly incentive, monthly incentive, and a monthly star chart. This is really just the reinforcement system. There are also levels, program credits, and disciplinary decision making as part of the larger Behavior Management System. The Youth Rights Handbook is given to each youth to describe the policies of DJJ. Is the positive and negative reinforcement system confusing? This section of the Youth Rights Handbook is 40 pages long! Is it reasonable to believe that the typical DJJ youth will be able to digest those 40 pages of descriptions, tables, charts and flowcharts to understand the Behavior Management System? Is it reasonable to expect that all staff members in DJJ will have read these policies and understand it well enough to be able to apply it consistently to the youth? Staff appear to be skeptical. And the data on the implementation of rewards by facility support that it is not currently being done consistently.

The Curse of “Evidence-Based”

The reliance on “evidence-based” principles and practices has surely increased the quality and effectiveness of programs. It also comes with a downside. The requirement that adopted programs be “evidence-based” sometimes leads to the trimming of programs that have not yet earned that coveted determination. Because evaluations are expensive, time consuming, and require an expertise, not all programs can afford evaluations to determine their effectiveness. This does not mean that they are not effective. It just means that it has not yet been determined. Sometimes in the haste to ensure that all programs are “evidence-based” we can throw out the proverbial baby with the bathwater.

Many staff in DJJ, especially those who were around prior to the significant changes of the *Farrell* lawsuit, believe that IBTM is missing some of the components that DJJ used to have and to which, they believed,

were helpful to youth. Those programs were eliminated during *Farrell* because they were not “evidence-based.”²¹

Two types of programs were mentioned quite often as being “missing” from the IBTM framework: vocation and life skills (as it relates to re-entry). According to seasoned staff, DJJ used to have a very well-developed and impressive vocational program. Staff in interviews would reminisce the years when DJJ had a barbershop with certification, and an operating travel agency, woodshop, and cabinetry. Staff understood the need for education, but they also believed that not all youth were going to get a college degree in their post-release life. As one staff member said:

“I think we’ve kind of missed the talent of our youth. They’re very good with their hands. With the disabilities and the IEPs, yeah it’s okay to get your high school diploma. It is very important. However, those that just lack the ability to accomplish that - but they could shine over here in some type of vocation.” (F2.3)

DJJ does have some vocational programming. Youth interviews revealed that 52.2 percent of youth had participated in some type of vocational or career technical education. And over 34 percent had earned at least some type of vocational certification. There is a variety of vocational experience, as described previously. They also have outside organizations like CALPIA/Free Venture coming in to teach computer coding. Staff noted that the coding class was impressive, but they also acknowledged that not all youth were well equipped for coding, but if more variety were offered, they could find a different calling. Staff also believe that the vocation does not serve enough youth. They described some groups as taking only eight to ten at a time and one that can use 20, but they did not believe that was enough work to effectively serve the population.

The other area that staff really wanted to see provided for the youth was life skills, especially those related to reentry. From youth interviews, it appears that staff impressions are consistent with what youth report that they would like for themselves. Skills related to reentry was mentioned often by youth as what they desired to receive, and vocation was included as a reentry skill they would need. Recall, that the population of youth that we spoke to were close to release, so their desire for reentry skills might not reflect the desires of youth that recently arrived in DJJ. Youth in the SBTP were actually quick to complement their exposure to life skills that is part of their curriculum.

Staff desired a life skills program for youth with children (i.e., “family skills”). Of the youth we interviewed, 25 percent had at least one child, so this seems like a logical component of instruction. There are evidence-based parenting programs available for consideration (e.g., Piquero, Farrington, Jennings, Tremblay, Piquero, & Welsh, 2008). Implementing an effective parenting course could help the children of the DJJ youth overcome their risks for later delinquency.

Youth exiting DJJ are often legally adults, many in their early twenties. There are a number of things that DJJ youth know they do not yet understand. Staff (and youth) both believed that DJJ youth would benefit

²¹ It is not entirely clear why any of these programs were eliminated. Some staff believed that it was because they were not evidence-based, others also noted that under *Farrell* the shift went toward prioritizing education (which does not automatically require the elimination of any other type of program). We have no verification on what the actual reason was.

from a required reentry group for youth or a formal curriculum for independent living skills. These classes would teach the youth the practical parts of being released like applying for a job, money management (e.g., write a check, open a bank account or credit card), transportation, release requirements. DJJ does have some reentry groups and a reintegration academy. Despite the fact that all the youth we interviewed were close to their earliest possible release date, only 16.7 percent had participated in a reentry group and 13.9 percent had participated in a reintegration academy.

Seasoned staff remember a time when youth nearing reentry would be taken out of the DJJ grounds to get them acclimated to life on the outside. Staff used to take youth to visit their placement upon release, to ride the bus, and learn how to go grocery shopping. Staff used to take the youth to the DMV to get them identification, now they just give the youth instructions about how to get their identification from the DMV. Staff remembered fondly that these outings were fun for them and very helpful to the youth, but they were discontinued because they were not evidence-based. In actuality, there is evidence that life-skills and reentry has significant effects on outcomes (Wright, Zhang, Farabee, & Braatz, 2014). This particular program may not be evidence-based but there is research evidence that these types of interventions can be helpful. And even regardless of whether it is evidence-based or not, providing practical help for youth transitioning can be worth it for easing youths' burden, improving reentry, and showing concern for them.

Along the lines of programs that might not be evidence-based but heavily desired, staff's wish list also included additional staff to make a formalized sports program more frequent. The desire for established sports teams and leagues was shared by youth and staff in this study. Youth mentioned their love of sports tournaments and leagues repeatedly in the interviews. Staff also mentioned wishing they could offer sports more often because the young men needed to be outside and expend some energy. Many were quick to remind us that these are young men in their late teens and early twenties, and they have an endless amount of energy. Sports was also seemed as an equalizer, a way for the youth to work together, be teammates, when they might otherwise never choose to interact with one another. But, for this to happen would require additional personnel on the unit to take a group of guys outside for sports, and this just was not the reality on a regular basis.

Getting Housing Right

The accuracy and effectiveness of CA-YASI will be the subject of a future report. DJJ staff offered their opinion on CA-YASI as a tool (see Matsuda, Hess, Turner, 2020). CA-YASI was implicated in this report because of its use in housing decisions. A number of staff mentioned that they did not like CA-YASI as a housing placement tool. They believe that the tool places too many youth on a high core unit when they are reasons to believe that would do much better on a lower core unit. CA-YASI is a risk assessment instrument that includes both static (i.e., historical and will not change at reassessment) and dynamic (i.e., can change on reassessment) measures. Recalling that DJJ youth are, arguably, the most serious young offenders in the state, one would expect that the static risk would be quite high. This number will not change over time. It is used to predict the risk and needs of recidivism. A representative from Orbis Partners confirms that CA-YASI can be used for housing placement information. However, staff were mixed about their understanding of their training. Some believed that their training (from Orbis Partners) specifically stated that CA-YASI should not be used to assign youth to housing units and others stated that it was being used as intended. Regardless of whether it should or not, many staff preferred that staff be able to make housing decisions without using CA-YASI.

Staff noted that any youth that comes in to DJJ will score high on CA-YASI because the static measures reflect the youth's life *at the time of the crime*. However, youth that come from juvenile hall can be acclimated to institutional life before they get to DJJ. The attitudes and behaviors of those youth are different when they enter DJJ than the time of their commitment offense, but CA-YASI measures at the time of the offense. Staff believe that some of these youth can enter DJJ and be ready to program, but CA-YASI puts them on a high core unit because of their behavior prior to conviction (and not based on behavior prior to entrance in DJJ). The problem with classifying these youth too high is that the youth get exposed to the issues on the High Core Units and they get in trouble. Staff believe that if they started in a lower core unit, they would transition into the program with fewer issues. Overrides are possible in DJJ, but the paperwork is cumbersome. Staff that believed that CA-YASI should not be used for housing decisions thought that staff could make a better determination of the housing unit that would be most beneficial to youth.

Some staff also believed that there was a reluctance to deem any youth “low risk” because of the seriousness of their previous crime or the mere fact that they were in DJJ. It was this hesitancy that created the number of overrides and the creation of mixed unit designations like moderate/high units or moderate/low. Some staff really desired a “true low core” unit because they believed that there were youth that absolutely fit that criteria – regardless of what CA-YASI would conclude. These staff envisioned that the true low core unit would only house the youth that are actively programming and can be agreed to be housed with anyone. This, according to staff, is the true essence of the different housing units.

One other suggestion about housing by staff was the belief that DJJ should operate a unit that was a true residential drug treatment unit (like the Karl Holton facility that DJJ had previously run). This unit would only include youth who had a serious substance abuse problem, and increase the programming associated with addiction. There was concern that the Substance Abuse Training Program offered as part of IBTM was not sufficient for this group of youth.

Working with Youth

One very encouraging finding from DJJ staff interviews is that staff did not frequently attribute blame to youth for problems. This is surprising given that the youth housed in DJJ are objectively the most serious youth offenders in California. DJJ staff acknowledged the seriousness of this youth population, but staff (especially senior staff) firmly believed that they could help the youth and that IBTM is an effective treatment protocol – if it is implemented with fidelity. Staff were far more likely to attribute their hardship to organizational features already mentioned, like staffing and training. This section summarizes the handful of issues staff mentioned about working with youth that could be addressed by DJJ policies and practices (if desired).

Youth Buy-In

Staff know that youth “buy in” is the most important part of the treatment process. Youth have to be motivated to change. They have to want to be an active participant in the programs. Youth on the high core unit are the most reluctant to program. On the positive side, staff know that they are best resource to motivate youth. Staff can get to know them, find out what motivates them, help them reach their goals, and be a reliable presence in their life. This is absolutely the core of the IBTM framework.

There are some factors that staff know decrease the likelihood that youth are going to program. First, is timing. Staff note that youth that are new to the institution are often “rocking” (i.e., not programming) and it is common, and youth make trouble for a period of time at the beginning and then they start

programming because they want to get home. This seems to be particularly common for some gang involved youth, where the gang has “mandated” a period of rocking. For example, youth affiliated with the Southerners are supposed to not program for the first 13-months and then they are free to program. Staff even described youth knowing the date that they were free to program and being excited that it was coming.

Because it is so common for youth to not want to program at the beginning, some staff seemed frustrated that these youth were mixed in with youth that wanted to program (because of their living unit that was determined by risk). Staff know that delivering a program with fidelity is challenging enough with understaffing and their multitude of duties. They mentioned that when those one or two youth (in a group of eight to ten) are just goofing off and causing trouble, it is so much harder to deliver programs to those that want to learn. Staff wished there was an alternative of a unit where all the disruptive youth go during their “rocking” period, until they get to a point where they are tired of the drama and are willing to go to a programming unit.

One suggestion by staff was to change the level system of IBTM so that new youth into DJJ start at a higher level, instead of the lowest level. This recommendation was offered because staff realized that youth enter at the lowest level with no privileges and that working up to privileges is difficult, but if they started at a higher level that came with privileges that might be motivated not to lose what they already had. In this way, it might change the youth mentality to buy-in immediately.

Gangs

Gangs are a big influence in corrections in California, generally, but also in DJJ. Staff struggle with knowing how to push youth beyond the belief system instituted by the gangs. It could be concrete influences like a mandate to not program for a certain period of time. It could be a more fluid influence like peer pressure from gangs. Many staff recognized that as strong as IBTM could be, they do not have a good solution for what to do about gangs. There is no curriculum that breaks that bond, and right now, “the gang trumps IBTM” (F3.4). Staff are correct that there is not evidence-based gang intervention program that has been shown to be effective in a carceral setting. Thus, it is not for a lack of implementation that DJJ is limited in this regard. Only time and evaluation will tell if A New Freedom and/or ART can significantly reduce the bond to gangs for DJJ youth.

Punishments

A number of staff expressed their frustration that the Behavioral Management System offers few punishments, particularly “time adds” and room confinement. Staff, especially older staff who remember the previous policies, believe that the loss of the ability to use these options have limited what they can do to bring about behavioral change. Staff feel as if they cannot hold the youth accountable for their actions anymore. Some staff desire to use punishments and not just withhold incentives. They also believe that the graduated punishments are not that severe and that youth do not fear receiving them at all, and that makes it difficult to manage the risk. These sentiments were spilt between some staff who felt this way and others who believed IBTM could work effectively without time adds.

Continuity of Care

Best-practices in juvenile justice would recommend a continuity of care in the justice system (e.g., Howell, et al., 2019). Currently, California is not set up as that kind of system. While there is an exchange of information from one agency to the next, it is not a seamless data and treatment plan transition. Staff clearly see this as a detriment to the youth and to DJJ's effectiveness. DJJ lost its parole division years ago, so when youth are released they are returned for community supervision in the county. DJJ Parole Agents work with the youth to create a reentry plan for each youth, that they provide to each county, but they also reported that they knew that the quality of reentry care varied by county. This was a point of frustration for many in DJJ, especially by those who work closely with youth as they transition. DJJ staff wanted their parole division to be reinstated so they could be responsible for their youths' transition back into the community. Staff reported that, often times, they never know what happens to the youth unless the youth calls to tell them or the county keeps them updated (which is not required). Even the data collection in DJJ is not structured in a centralized way to see a youth's offending history from beginning to end.

DJJ staff and administrators know that they are going to be judged based on the rate of recidivism of their youth, but they also know that once they leave their facilities, they no longer have control over what conditions they return to in their community. They provide youth with community resources, but counties have to be receptive of the reentry plan and have the resources to take them. In reality, a county can do whatever they want once the youth leave DJJ. Without DJJ parole, the current DJJ parole agents do not have liaisons in each of the counties, so it is up to the parole agents to try and find services available in each of the 58 California counties (and it can always be rejected by the counties). As, indicated in various other sections of this report, DJJ parole agents have so many other things to do that they report it too burdensome to find up-to-date programs and vendors in all the counties.

In lieu of having DJJ parole back, staff wished for a DJJ run halfway house to slow the youths' transition to the community that would allow for some continuity of care for the youth. This would give staff more influence on their progression.

In general, staff were worried about their youth after they left DJJ, and they were unhappy about the restrictions that DJJ has on youth being able to maintain contact with volunteers that they bonded within while incarcerated. As one staff mentioned sometimes a youth that has no family and no community linkages can make very close and strong relationships with volunteers inside DJJ. Because of the rule that current volunteers cannot have contact with youth once they are released, that youth would leave with no family and no support from the person who was a consistent influence on their life inside. Staff wished there was a way to provide more stable community links for these youth, and while they understand the reason for that prohibition, they also believed that it could do more harm than good.

Change and Efficiency

DJJ is a division that knows that change can be hard. They have had a lot of change in the past 20 years. They experienced significant downsizing of staff and youth population, uncertainty over whether it would continue to exist at all, overhaul of programming and theory, endless audits and evaluations, and that was just during *Farrell*. Even after *Farrell*, DJJ continues to go through tremendous change. They have had three Directors in the past four years. All of them with their own vision for DJJ's future. Now, DJJ is working

to transition out from CDCR, as directed by Governor Newsom, and as an independent agency in the Department of Health and Human Services. This change is quite significant as it will force DJJ to become a stand-alone department that does not rely on CDCR.²²

Transparency

The result of this continuous flux is uncertainty amongst the staff. As stated prior, when the DJJ population was diminishing, and there was talk of DJJ closing for good, staff were fearful of losing their jobs. With the current shift to Health and Human Services, staff are unclear what the transition means for them personally. Most of the staff believe the transition would be a good thing for the department, in general, but they have many questions about what it meant for them specifically. Those questions, they believed, were not being adequately answered. It is quite possible that these those questions do not yet have answers, but generally, there seemed to be discontent with the level of transparency of the organization, both to the public and to its employees. Staff in the facilities felt a disconnect with decision-makers in headquarters. Some staff wondering whether administrators without a correctional background are even “aware” of what line staff in the facilities go through when they are deciding on policy.²³ This is not a one-way street. Staff in headquarters felt a disconnect with what was going on with in the facilities. Some mentioning that they learn about things happening in their own organization from the news.

The roles of staff in headquarters are described as siloed (i.e., people work in their content area with very little reach to other areas). DJJ is understaffed even in headquarters, so that means that staff all over DJJ are working with very few co-workers in their area. In short, DJJ has many lone actors, over-performing for their job description. These staff see only their part of the organization and not much of the overall picture. But staff all over the Division are committed to helping the youth in the facilities, so not knowing what is happening in their organization is discouraging. And that seems to have an impact on staff morale. The desire for transparency about change and policies was noticeable. The desire of staff to feel like DJJ is a cohesive Division and not segmented was also noticeable in all areas.

Follow-Through & Efficiency

On one hand, many DJJ staff spoke about the Division like a small, close-knit family. The Division, of course, is much smaller than the adult divisions of CDCR. And, given their understaffing, there was a “small but mighty” vibe in the department. However, there is also the great sense that the Division is a bureaucracy, and that staff who want change and see where it should happen have been repeatedly disappointed by the lack of action or follow-through.

DJJ, like any agency or business, has areas that need improvement. Contracts with vendors can take over a year to finalize, which means that trying to establish a new program for youth can take multiple years to implement. Their infrastructure and buildings are old and their ability to get their needed fixes has not been quick or easy. Their data systems are antiquated and not providing the kind of information that would be helpful in 2020 (see Matsuda, Hess, & Turner, 2020). However, achieving long-term change in

²² The degree to which DJJ will continue to rely on CDCR for aspects of its operations is beyond the scope of this research. The details have not been made clear to us. We know that there will be some relationships between the two departments that will continue, but that will become the exception rather than the norm.

²³ This is probably not abnormal in tiered organizations. In fact, a Superintendent and other higher level administrators discussed how their viewpoint on what is “right” for the organization naturally expands as their purview increased.

some of these areas has been difficult. As one staff member put it, “I go to meetings for IT priority and we are in the same place we were 5 years ago. We can never get anything approved” (R2). This sentiment was shared by many others. Quick fixes, little patches are done, but nothing major has improved the usability of DJJ’s data systems.

Many staff members noted that they have meetings to discuss issues, and present ideas for change, and even when others agree, there is still no forward movement. Pilot programs, potential changes to policy, improvements to operations, were all noted as being brought up at some time and never moved forward. Staff did not have reasons for the lack of results, it was almost as if ideas for change were offered and then evaporated. It might be because staff are already too over-burdened to take on new tasks and new projects. It might also be because there is skepticism that anything will change. It may be that these ideas were exhaustively investigated but not approved. Regardless, staff are not informed why change does not happen.

Many of the staff in this study had previously participated in studies, evaluations, or interviews, but never read or were aware of what happened with those studies. They did not receive or hear about any final reports. They did not see any policy or practical changes. Staff report lots of discussion and lots of meetings, and very little change from those discussions. This has led to a feeling of frustration and a feeling of a waste of time that could otherwise be spent on a litany of other things that need to be done.

The result of inaction in areas where staff see a need will cause future problems. Technology has advanced far beyond what DJJ currently uses. Staff in the facilities scoffed at the level of technology they have. One staff was quick to compare DJJ to Microsoft or Google, and note that they cannot attract young, capable staff with the antiquated methods of doing business. Young staff would have to learn how to be inefficient during their training.

In one sense, DJJ is rapidly changing. In another sense, DJJ is desperately behind in critical ways. This tension is confusing and frustrating for staff. Staff are expected to do so much, with scarce resources. Technological advances would make their jobs easier, and they know it. Staff have been dealing with numerous inefficiencies: paper files, inefficient data entry, data that do not produce useful metrics, multiple steps and/or data systems to log simple information like youth program participation or completed and assigned staff training. These are all items that most organizations handle via technology and electronic systems. If DJJ adopted better systems for data, this would make staff more available for critical functions such as observations, trainings, and the details that will get IBTM from “great in theory” to “confidently implemented with fidelity.”

Conclusions & Recommendations

The three methods of data collection in this Process Evaluation suggest that youth are being provided with a number of programs and services by DJJ. Youth are quite satisfied by the programming and experiences that they are receiving. Perhaps surprisingly, youth would prefer more programs, more information, and perhaps more rigor and structure. DJJ youth, like most youth, prefer consistency in their staff and program offerings.

This study also shows that there are areas where IBTM is not performing as expected. First, this sample of youth nearing the end of their commitment are not moving down levels. A majority of youth in this study are still in a high core unit. There is also a substantial number of youth that are completing very few, if any programs. DJJ staff should also examine whether the current method of offering groups on the unit is the most efficient method. The official programming data are showing some youth being enrolled in the same program multiple times. This would have to happen if the youth are moving units. Is it the best use of resources and time for a youth to be starting and stopping the same program multiple times?

Consistency across facilities is also something that DJJ should address. If facilities are going to be allowed to provide whatever services and incentives they desire, should there be any concern if it is inequitable for youth. According to these data, youth in Ventura clearly indicate that they are more satisfied with their programming than youth in Chaderjian. The IBTM philosophy certainly does not intend for that result. Is there a desire to look at what institutional factors might be contributing to those effects? A future outcome evaluation will examine whether youth satisfaction with their programs is related to better performance upon release. If it is, then DJJ will need to rethink whether standardization of programming should occur across facilities.

Staff, at all levels of DJJ, and youth generally conclude the same thing. IBTM seems promising, and parts of it are enjoyable and working well. However, staff also are quite forthcoming that IBTM is probably not being implemented with a great deal of fidelity at this time. Staffing shortages are leading to problems implementing the program as intended. The issues raised by staff are not unique to DJJ. Difficulties in providing program requirements with case load size, resource limitation, and time needed is consistently noted as a major hurdle to sustaining evidence-based programs (Lipsey, Howell, Kelly, Chapman, & Carver, 2010; Howell et al., 2019). Only time will tell if DJJ's shift to Health and Human Services can help alleviate their staffing shortage. That, along with a new staffing pattern in the morning shift, or a reallocation of job duties for YCCs might be the relief that is needed to allow staff to provide the IBTM programming with fidelity. After a period of stabilization, it might be possible for DJJ to consider adding some additional programs and opportunities for youth like formal sports program, increase vocational programming, and life skills. Which, we believe, would also make youth happy.

Youth and staff share similar feelings about the IBTM program. It is an ambitious theoretical model, which is clearly not designed and implemented in its entirety yet, nor running with the desired level of fidelity yet. But, nobody in our staff interviews was operating with blinders. All staff appeared to be aware, honest, and comfortable being critical of the department and admitting that they could do better and that they were intending to do just that.

We offer the following recommendations based on the findings of this study:

1) Formalize the documentation and concrete understanding of IBTM, its policies, and its practices to all parties.

The results of this theoretical evaluation concludes that the current state of IBTM is ambitious and steeped in evidence-based principles. It is not, however, fully conceived or documented. Documenting IBTM, in the way that a program's theoretical model should, would force the administrators of DJJ to clarify the outcomes they want DJJ to produce. This would make clearer the kinds of programs and interventions that DJJ has to adopt and the data that it would have to collect to detect those outcomes. While we acknowledge that parts of IBTM are aspirational at this time, we urge DJJ to formalize the IBTM theoretical model and operationalize all of the constructs. A majority of the outcomes are too vague to measure now or in the future. This will not assist DJJ's understand of its future.

Youth in this study also asked for additional information about the policies that pertain to them. The *Youth Handbook* should be updated and comprehensive. It should reflect the current IBTM treatment model, not the one that was conceived over a decade ago. Similarly, DJJ needs to update their materials that present what it does and offers just so that all interested parties understand what DJJ is doing right now.

For their staff, DJJ needs to make a concerted effort to formalize and document staff day-to-day operations. DJJ is understaffed. Everyone is doing more than they expect to be doing. When staff learn how to do their job by asking others it leads to errors, inconsistencies, and is extremely inefficient. Yet, staff at all levels of DJJ report having to do just that. Staff need formalized instructions about how to do their work. They need rules on data entry, report writing, case conference information, board reports, and all areas of their daily responsibilities. The text needs to formalized and consistent so that it can be easily disseminated to all staff existing staff, and provided for new staff to acclimate to their role in DJJ.

2) Fill staffing vacancies as quickly as possible, and in the interim open up opportunities for community helpers to assist in DJJ.

Staffing was clearly shown to be the cause of a great deal of staff discontent and the loss of IBTM program fidelity. It also may not be solved for a while. As it is, staff noted that they have been dealing with this problem for 4.5 years. DJJ needs to find a solution for the vacancies in their facilities. Staff in this study offered suggestions that may or may not be possible. Regardless, DJJ needs to make filling staff roles a priority to ease the burden that is already apparent on their current staff.

In the interim, DJJ should consider how it could use non-profits, organizations, volunteers, interns, and other community resources to help enrich the youth and alleviate some of the burden on staff. The Foster Grandparent volunteers in Chad and Close are a good example. They are an extremely consistent group that have a very high visual presence in the facility. Whether youth actually interacted with them or not, the youth knew they

were there every day. The youth we spoke to greatly respected them for their presence (even if they did not speak or work with them). These are community volunteers that are helping educational staff by providing support in the classroom. These are connections and human experiences that are beneficial to the youth, and bring the community into the facilities – which is part of the IBTM framework. Staff noted that youth respond very well to interns and volunteers that come into the facilities, and they wanted those individuals to have a bigger role in their programming.

Inviting more community members to have a regular presence inside DJJ to assist with the youth could help alleviate some staff burden, while also providing youth with some much needed social contact. DJJ may also want to consider contracting with outside providers to run treatment programs that are currently taught by DJJ staff. Research would suggest that the fidelity of that model is higher than having correctional staff teach the programs (Howell, et al., 2019). This may be especially important for programs that no staff are interested in teaching. It would also help free up staff for many of their other duties.

3) Support innovation, but collect the data to evaluate.

Variations in programs offered by facility, desires to innovate, pilot programs, changes in policies... these are all the ideas that may help improve the conditions for the DJJ youth. They also may or may not be effective. They also may create bias in program implementation. We encourage the use of innovation because we know that programs can always be better. DJJ should not be afraid to innovate and try new things, but it *HAS* to collect data alongside the innovation (see related point 5). Before innovation occurs, DJJ has to set rules and procedures for data collection (i.e., who will do it, when they will do it, what they will collect). From these data, DJJ can determine if their innovation should be implemented more widely or discontinued.

4) Closely examine the positive reinforcement system in DJJ.

The incentives part of IBTM might be a great first place to innovate, pilot, and evaluate. Staff note that it is complicated to understand and implement consistently. The data show that it is not being implemented consistently. Youth believe that it could be changed for the better. This would be a great place to allow a pilot program to change the incentives in one unit of each facility and evaluate the results with data. To do this, would require documentation of a methodologically sound pilot program, formal rules of data collection, and a commitment to see it through. However, it could also be a well-informed way to improve an important part of the IBTM framework.

5) DJJ has to prioritize their data.

One of the largest limitations of this study was our inability to assess whether DJJ youth were receiving programs that were tailored to their individual needs. This was because the data for the youth's treatment plan was not captured in a way that supported data

analysis. This is not unique to this particular evaluation because DJJ's data systems and data collection efforts have substantial limitations. The current data collection strategies are not comprehensive enough, they are not reliable enough, and they are not efficient enough for DJJ to use them for comprehensive evaluations. IBTM official data, requires extensive human resources to process and use even for the simplest tasks. Youth are not reliable enough to be able to capture their entire treatment history. Staff cannot currently be relied upon to be provide consistent and detailed enough information about youth programming in the data systems. Even if they did, the data would not be formatted for use without significant processing. DJJ has to make the commitment to improve and modernize its data collection and maintenance systems, formalize the instruction for staff to input data, implement quality control measures, and then tailor the data collection to the IBTM theoretical model to meet its evaluation goals. It is overdue for this stage of DJJ's evolution, and it will be critical to DJJ's future success.

References

- Ægisdóttir, S., White, M.J., Spengler, P.M., Maugherman, A.S., Anderson, L.A., Cook, R.S., Nichols, C.N., Lampropoulos, G.K., Walker, B.S., Cohen, G., & Rush, J.D. (2006). The meta-analysis of clinical judgment project: Fifty-six years of accumulated research on clinical versus statistical prediction. *The Counseling Psychologist*, 34, 341-382.
- Ajmani, N. & Webster, E. (2016). *Failure after Farrell: Violence and inadequate mental health care in California's Division of Juvenile Justice*. San Francisco, CA: Center on Juvenile and Criminal Justice.
- Andrews, D.A. & Bonta, J., 2010, *The psychology of criminal conduct* (5th ed.) New Providence, NJ: Matthew Bender Lexis Nexis.
- Andrews, D.A., Bonta, J. & Wormith, J.S. (2011). The Risk-Need-Responsivity (RNR) Model: Does adding the Good Lives Model contribute to effective crime prevention? *Criminal Justice and Behavior*, 38, 7, 735-755.
- Andrews, D.A., Guzzo, L., Raynor, P., Rowe, R.C., Rettinger, L.J., Brews, A., & Wormith, J.S. (2011). Are the major risk/need factors predictive of both female and male reoffending? A test of the eight domains of the Level of Service/Case Management Inventory. *International Journal of Offender Therapy and Comparative Criminology*, 56, 1, 113-133.
- Annie E. Casey Foundation (AECF) (2014). *Juvenile detention alternative initiative, A guide to juvenile detention reform, juvenile detention facility assessment*, 2014 Update. Available at <https://www.aecf.org/m/resourcedoc/aecf-juvenile-detention-facility-assessment-2014.pdf>.
- Apodaca, T.R., & Miller, W.R., (2003). A meta-analysis of the effectiveness of bibliotherapy for alcohol problems. *Journal of Clinical Psychology*, 59, 3, 289-304.
- Baglivio, M.T., Epps, N., Swartz, K., Huq, M.S., Sheer, A., & Hardy, N.S. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*, 3, 2, 1-17.
- Baglivio, M.T., Wolff, J.T., Howell, J.C., Jankowski, K., & Greenwald, M.A. (2017). A multi-level examination of risk/needs change scores, community context, and successful reentry of committed juvenile offenders. *Juvenile Violence and Juvenile Justice*, 15, 38-61.
- Baglivio, M.T., Wolff, K.T., Jackowski, K., & Greenwald, M.A. (2018). The search for the holy grail: Criminogenic needs matching, intervention dosage, and subsequent recidivism among serious juvenile offenders in residential placement. *Journal of Criminal Justice*, 55, 46-57.
- Baird, C., Healy, T., Johnson, K., Bogie, A., Dankert, E.W. & Scharenbroch, C. (2013) *Risks and needs assessments in juvenile justice: A comparison of widely available risk and needs assessment systems*. Oakland, CA: National Council on Crime and Delinquency.
- Barnett, E., Abbott, S., & Stewart, M. (2018). *Consolidated court proceedings for crossover youth*. Washington, DC. Center for Juvenile Justice Reform.

- Barnoski, R. (2004). Outcome evaluation of Washington State's research-based programs for juvenile offenders. Olympia, WA: Washington State Institute for Public Policy.
- Berg, M. & Huebner, B.M. (2011). Reentry and the ties that bind: An examination of social ties, employment, and recidivism. *Justice Quarterly*, 28, 2, 382-410.
- Bonta, J. & Andrews, D.A. (2007). *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Canada: Her Majesty the Queen in Right of Canada. Retrieved from <http://www.courtinnovation.org/sites/default/files/documents/RNRModelForOffenderAssessmentAndRehabilitation.pdf>
- Bowers, P., Richards, D., & Lovell, K. (2001). The clinical and cost-effectiveness of self-help treatments for anxiety and depressive disorders in primary care: A systematic review. *British Journal of General Practice*, 51, 471, 838-845.
- Buchen, L. (2013). *California's Division of Juvenile Facilities: Nine years after Farrell*. San Francisco, CA: Center on Juvenile and Criminal Justice.
- California Department of Corrections and Rehabilitation (2006). Division of Juvenile Justice Mental Health Remedial Plan. Sacramento, CA: California Department of Corrections and Rehabilitation. Retrieved from <https://www.clearinghouse.net/chDocs/public/JI-CA-0013-0013.pdf>.
- California Department of Corrections and Rehabilitation (2010). *2010 juvenile justice outcome evaluation report: Youth released from the Division of Juvenile Justice in fiscal year 2004-05*. Sacramento, CA: California Department of Corrections and Rehabilitation.
- California Department of Corrections and Rehabilitation (2015). *Basic Correctional Juvenile Academy: Integrated Behavior Treatment Model (IBTM) Overview (Version 2.1)*. Sacramento, CA: California Department of Corrections and Rehabilitation.
- California Department of Corrections and Rehabilitation Adult Research Branch. (2009). *Review of the Phoenix/ New Freedom Gang Intervention Curriculum*. Sacramento, CA: California Department of Corrections and Rehabilitation.
- California Department of Corrections and Rehabilitation (2020). Division of Juvenile Justice. Retrieved from <https://www.cdcr.ca.gov/juvenile-justice/>.
- California Department of Corrections and Rehabilitation Office of Research (2009). Assessment and evaluation of the IMPACT program in the Division of Juvenile Justice facilities in California. Sacramento, CA: California Department of Corrections and Rehabilitation.
- Carlton, M. (2020). *Functional Family Therapy – Gangs: Adapting an evidence-based program to reduce gang involvement*. Washington, D.C.: National Institute of Justice. Retrieved from https://nij.ojp.gov/topics/articles/functional-family-therapy-gangs-adapting-evidence-based-program-reduce-gang?utm_source=govdelivery&utm_medium=email&utm_campaign=nijjournal/.
- Casey, S. & Day, A. (2016) Accountability in juvenile justice: A framework to assess client outcomes. *International Journal of Offender Therapy and Comparative Criminology*, 60, 1645-1669.

- Center on Juvenile and Criminal Justice (2013). *Farrell Lawsuit Timeline*. San Francisco, CA: Center on Juvenile and Criminal Justice. Retrieved from http://www.cjci.org/uploads/cjci/documents/farrell_litigation_timeline.pdf.
- Coalition for Juvenile Justice (2000). *Handle with care: Serving the mental health needs of young offenders*. Washington, D.C.: The Sixteenth Annual Report to the President, the Congress, and the Administration of the Office of Juvenile Justice and Delinquency Prevention.
- Corrections Independent Review Panel (2004). *Reforming Corrections*. Sacramento, CA: Corrections Independent Review Panel.
- Costello, E., Angold, A., & Burns, B., (1999). *Improving mental health services for children in North Carolina: The great smoky mountains study*. Raleigh, NC: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
- Cuijpers, P. (1997). Bibliotherapy in unipolar depression: A meta-analysis. *Journal of Behavioral Therapy & Experimental Psychology*, 28, 2, 138-147.
- Davis, L. M., Steele, L. J., Bozick, R., Williams, M.V, Turner, S, Miles, J.N.V., Saunders, J., & Steinberg, P.S., (2014). *How Effective Is Correctional Education, and Where Do We Go from Here? The Results of a Comprehensive Evaluation*. Santa Monica, CA: RAND Corporation. Available at https://www.rand.org/pubs/research_reports/RR564.
- Drakeford, W. (2002). The impact of an intensive program to increase literacy skills of youth confined to juvenile corrections. *Journal of Correctional Education*, 53, 4, 139-148.
- Ernst, D.B. (unknown). Recidivism rates following The Change Companies®' impaired driving curricula. Retrieved from <https://www.changecompanies.net/evidence/?id=42>.
- Fagan, A.A., Hanson, K., Hawkins, J.D., & Arthur, M.W. (2008). Implementing effective community-based prevention programs in the community youth development study. *Youth Violence and Juvenile Justice*, 6, 256-278.
- Frattaroli, J. (2006). Experimental disclosure and its moderators: A meta-analysis. *Psychological Bulletin*, 132, 6, 823-865.
- Gebo, E., Stracuzzi, N.F., & Hurst, V. (2006). Juvenile justice reform and the courtroom workgroup: Issues of perception and workload. *Journal of Criminal Justice*, 34, 425-433.
- Goldstein, A.P., & Glick, B. (1994) Aggression Replacement Training: Curriculum and evaluation. *Simulation & Gaming*, 25, 1, 9-26.
- Gottfredson, D.C., Kearley, B., Thornberry, T.P., Slothower, M., Devlin, D., & Fader, J.F. (2018). Scaling-up evidence-based programs using a public funding stream: A randomized trial of Functional Family Therapy for Court-Involved Youth. *Prevention Science*, 19, 939-953.
- Greenwood, P. and Turner, S.F. (2009). An overview of prevention and intervention programs for juvenile offenders. *Victims and Offenders*, 4, 365-374.

- Grove, W.M., Eckert, E.D., Heston, L., Bouchard, T.J., Segal, N., & Lykken, D. T. (2000). Clinical vs. mechanical prediction: A meta-analysis. *Psychological Assessment, 12, 1*, 19-30.
- Halloran, E.C. (2020). Positive approaches to parenting and discipline: evidence-based, century old ideas still not used enough. *Clinician's Toolkit for Children's Behavioral Health*. (ed.) Michele Knox. Elsyvier: London, U.K.
- Henwood, K.S., Chou, S., & Browne, K.D. (2015). A systematic review and meta-analysis on the effectiveness of CBT informed anger management. *Aggression and Violent Behavior, 25, B*, 280-292.
- Hiller, M.L., Knight, K., Leukefeld, C., & Simpson, D.D. (2002). Motivation as a predictor of therapeutic engagement in mandated residential substance abuse treatment. *Criminal Justice and Behavior, 29, 1*, 56-75.
- Hirschi, T. (1969). *Causes of Delinquency*. Berkeley, CA: University of California Press.
- Hoeve, M., McReynolds, L.S., & Wasserman, G.A. (2013). The influence of mental health disorder on severity of reoffending in juveniles. *Criminal Justice and Behavior, 40*, 289-301.
- Hoffman, S. (2013). *The Wiley Handbook of Cognitive Behavioral Therapy*. Wiley Blackwell.
- Howell, J.C. and Lipsey, M.W. (2012). Research-based guidelines for juvenile justice programs. *Justice Research and Policy, 14*, 18-34.
- Howell, J.C., Lipsey, M.W., Wilson, J.J., Howell, M.Q., & Hodges, N.J. (2019). *A handbook for evidence-based juvenile justice systems: Revised edition*. Lanham, Maryland: Lexington Books.
- Irvine, A., & Canfield, A. (2016). The overrepresentation of lesbian, gay, bisexual, questioning, gender nonconforming and transgender youth within the child welfare to juvenile justice crossover population. *American University Journal of Gender, Social Policy & the Law, 24, 2*, 243-262.
- Jenness, V., Maxson, C.L., Matsuda, K.N., & Sumner, J.M. (2007). *Violence in California correctional facilities: An empirical examination of sexual assault*. Irvine, CA: University of California, Irvine Center for Evidence-Based Corrections.
- Juvenile Rehabilitation Administration (2002). *Integrated Treatment Model Report*. Olympia, WA: Washington State Juvenile Rehabilitation Administration.
- Kahle, L.L. & Rosenbaum, J. (2019). Making gender-responsive programming more queer-responsive. *Oxford Research Encyclopedia of Criminology and Criminal Justice*. Retrieved from <https://oxfordre.com/criminology/view/10.1093/acrefore/9780190264079.001.0001/acrefore-9780190264079-e-532>
- Katsiyannis, A. Zhang, D., Barrett, D.E., & Flaska, T. (2004). Background and psychsocial variables associated with recidivism among adolescent males: A 3-year investigation. *Journal of Emotional and Behavioral Disorders, 12, 1*, 23-29.
- Katsiyannis, A., & Archwamety, T. (2000). Academic remediation, parole violations, and recidivism rates among delinquent youths. *Remedial and Special Education, 21, 3*, 151-179.

- Katsiyannis, A., Ryan, B. J., Zhang, D., & Spann, A. (2008) Juvenile Delinquency and Recidivism: The Impact of Academic Achievement. *Reading & Writing Quarterly*, 24, 2, 177-196.
- Klein, M. (1995). *The American Street Gang: Its nature, prevalence, and control*. New York, NY: Oxford University Press.
- Krisberg, B. (2011). *The long and winding road: Juvenile corrections reform in California*. The Chief Justice Earl Warren Institute on Law and Social Policy Research Brief. Berkeley, CA: University of California, Berkeley Law School.
- Krisberg, B. (2014). *Reforming the Division of Juvenile Justice: Lessons Learned*, 46 *McGeorge Law Review*, 775. Available at: <https://scholarlycommons.pacific.edu/mlr/vol46/iss4/5> .
- Krisberg, B., Vuong, L., Hartney, C., & Marchionna, S. (2010). *A new era in California Juvenile Justice: Downsizing the state youth corrections system*. Berkeley, CA: Berkeley Center for Criminal Justice and National Council on Crime and Delinquency.
- Laub, J.H. & Sampson, R.J. (2003). *Shared beginnings, divergent lives: Delinquent boys to age 70*. Cambridge: Harvard University Press.
- Lerman, P., & Pottick, K.J. (1995). *The Parents' perspective: Delinquency, aggression, and mental health*. Chur, Switzerland: Harwood.
- Lipsey, M.W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders*, 4, 124-147.
- Lipsey, M.W., Howell, J.C., Kelly, M.R., Chapman, G.L., & Carver, D. (2010). *Improving the effectiveness of juvenile justice programs: A new perspective on evidence-based practice*. Washington, DC: Georgetown University, Center for Juvenile Justice Reform. Retrieved from <http://peabody.Vanderbilt.edu/research/pri/publications.php>.
- Lipsey, M.W., Landenberger, N.A., & Wilson, S.J. (2007) Effects of cognitive-behavioral programs for criminal offenders: A systematic review. *The Campbell Collaboration Library of Systematic Reviews*. Retrieved from https://publikationen.uni-tuebingen.de/xmlui/bitstream/handle/10900/64639/1028_R.pdf?sequence=1
- Lodewijks, H.P.B., Ruiter, C.d., & Doreleijers, T.A.H. (2010). The impact of protective factors in desistance from violent reoffending: A study in three samples of adolescent offenders. *Journal of Interpersonal Violence*, 25, 3, 568-587.
- Loeber, R., Farrington, D.P., Stouthamer-Loeber, M., White, H., & Wei, E. (2008). *Violence and serious theft: Development and prediction from childhood to adulthood*. New York: Routledge.
- Loeber, R., Slott, N.W., & Stouthamer-Loeber, M. (2008). A cumulative development model of risk and protective factors. In R. Loeber, H.M. Koot, N.W., Slott, P.H. Van der Laan, & M.Hoeve (Eds.) *Tomorrow's criminals: The development of child delinquency and effective interventions*. (pp. 3-17). Hampshire, England: Ashgate.

- Luong, D., & Wormith, J.S., (2011). Applying risk/need assessment to probation practice and its impact on the recidivism of young offenders. *Criminal Justice and Behavior*, 38, 1177-1199.
- MacKenzie, D.L. (2000). Evidence-based corrections: Identifying what works. *Crime & Delinquency*, 46, 4, 457-471.
- MacKinnon, Lewis, C., Kaufman, M.C., & Frabutt, J.M. (2002). Juvenile justice and mental health: Youth and families in the middle. *Aggression and Violent Behavior*, 7, 353-363.
- Maguin, E. & Loeber, R. (1996). Academic performance and delinquency. *Crime & Justice*, 20, 145-264.
- Mains, J.A. & Scogin, F.R. (2003). The effectiveness of self-administered treatments: a practice friendly review of the research. *Journal of Clinical Psychology*, 59, 2, 237-246.
- Matsuda, K.N., Esbensen, F.A., & Carson, D.C. (2012). Putting the “gang” in “Eurogang”: Characteristic of delinquent youth groups by different definitional approaches. In Esbensen, F.A., & Maxson, C. (eds). *Youth Gangs in International Perspectives*. New Your, NY: Springer.
- Matsuda, K.N., Hess, J., & Turner, S.F. (2020). *Division of Juvenile Justice Data Systems Evaluation*. Irvine, CA: Center for Evidence-Based Corrections.
- McMurrin, M. (2011). Motivational Interviewing with offenders: A systematic review. *Legal and Criminological Psychology*, 14, 83-100.
- Melton, G. & Pagliocca, P. (1992). Treatment in the juvenile justice system: directions for policy and practice. In J.J. Coccozza (ed.), *Responding to the mental health needs of youth in the juvenile justice system*. Seattle, WA: The National Coalition for the Mentally Ill in the Criminal Justice System.
- Miller, J. & Maloney, C. (2014) Practitioner compliance with risk/needs assessment tools: A theoretical and empirical assessment. *Criminal Justice and Behavior*, 40, 716-736.
- Miller, W.R. (1983). Motivational interviewing with problem drinkers. *Behavioral and Cognitive Psychotherapy*, 11, 2, 147-172.
- Miller, W.R. (2014). Interactive journaling as a clinical tool. *Journal of mental health counseling*, 36, 1, 31-42.
- Office of the Inspector General (2019). *Monitoring the use of force: The California Department of Corrections and Rehabilitation continues to perform well in self-assessing its use-of-force incidents, but has shown little improvement in its overall compliance with policies and procedures*. Sacramento, CA: Office of the Inspector General. Available at <https://www.oig.ca.gov/wp-content/uploads/2019/06/OIG-2018-Use-of-Force-Monitoring-Report-1.pdf>.
- Orbis Partners Inc. (2007). Long-term validation of the Youth Assessment and Screening Instrument (YASI) in New York State Juvenile Probation. Ontario, Canada: Orbis Partners Inc.
- Oregon Youth Authority (2015) *Oregon juvenile reformation system*. Salem, OR: Oregon Juvenile Authority.

- Parke, R., & Clarke-Stewart, A., (2002). *Effects of Parental Incarceration on Young Children*. Papers presented for the "From Prison to Home" Conference. Available at <http://www.urban.org/sites/default/files/publication/60691/410627-Effects-of-Parental-Incarceration-on-Young-Children.PDF>.
- Petersilia, J. (2003). *When prisoners come home: Parole and prisoner reentry*. New York, NY: Oxford University Press.
- Petersilia, J. (2008). California's correctional paradox of excess and deprivation. *Crime and Justice: A review of research*, 37, 1, 207-278.
- Piquero, A. R., Farrington, D., Jennings, W. G., Tremblay, R., Piquero, A., & Welsh, B. (2008). Effects of early family/parent training programs on antisocial behavior and delinquency: A systematic review. *Campbell Systematic Reviews*, 4, 11, 1–122.
- Prochaska, J.O. & DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19, 275-288.
- Proctor, S.L., Hoffmann, N.G., & Allison, S. (2012). The effectiveness of interactive journaling in reducing recidivism among substance-dependent jail inmates. *International Journal of Offender Therapy and Comparative Criminology* 56, 2, 317-332.
- Pyrooz, D.C., Sweeten, G., & Piquero, A.R. (2013). Continuity and change in gang membership and gang embeddedness. *Journal of Research in Crime and Delinquency*, 50, 239-271.
- Rhoades, B.L., Bumbarger, B.K., & Moor, J.E. (2012). The role of a state-level prevention support system in promoting high-quality implementation and sustainability of evidence-based programs. *American Journal of Community Psychology*, 50, 386-401.
- Risler, Ed and O'Rourke, T. (2009). Thinking exit at entry: Exploring outcomes of Georgia's Juvenile Justice Education Programs. *Journal of Correctional Education*, 60, 3, 225-239.
- Rubak, S., Sandbæk, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: A systematic review and meta-analysis. *British Journal of General Practice*, 55, 305-312.
- Sacks, V. & Murphy, D. (2018) *Research brief: The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity*. Bethesda, MD: Child Trends
- Sampson, R., & Groves, B. (1989). Community structure and crime: Testing social disorganization theory. *American Journal of Sociology*, 94, 774-802.
- Scott, T., Brown, S.L., & Skilling, T.A. (2019) Predictive and convergent validity of the Youth Assessment and Screening Instrument in a sample of male and female justice involved youth. *Criminal Justice and Behavior*, 46, 811-831.
- Shook, J.J. & Sarri, R.C. (2007). Structured decision making in juvenile justices: Judges' and probation officers' perceptions and use. *Children and Youth Services Review*, 29, 1334-1351.

- Shufelt, J.L., & Cocozza, J.J. (2006). *Mental health disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study*. Delmar, NY: National Center for Mental Health and Juvenile Justice.
- Siggins, E. & Seidnitz, A. (2008). How policy affects practice in the treatment of juvenile offenders: The California experience. In Hoge, R.D., Guerra, N.G., and Boxer, P. (eds). *Treating the Juvenile Offender*. New York: The Guilford Press.
- Steele, J.L., Bozick, R., & Davis, L.M. (2016). Education for incarcerated juveniles: A meta-analysis, *Journal of Education for Students Placed at Risk*, 21, 2, 65-89.
- Sweeten, G., Pyrooz, D.C., & Piquero, A.R., (2013). Disengaging from gangs and desistance from crime. *Justice Quarterly*, 30, 469-500.
- Tanner-Smith, E.E., Wilson, S.J., & Lipsey, M.L. (2013) Risk factors and crime. In F.T. Cullen and P. Wilcox (eds.) *The Oxford handbook of criminological theory* (pp. 89-111). New York: Oxford University Press.
- Thornberry, T.P., Krohn, M.D., Lizotte, A.J., & Chard-Weirchem, D., (1993). The role of juvenile gangs in facilitating delinquent behavior. *Journal of Research in Crime and Delinquency*, 30, 1, 55-87.
- Travis, J., Cincotta McBride, E., & Solomon, A.L. (2005). *Families left behind: The hidden costs of incarceration and reentry*. Washington, D.C.: Urban Institute Justice Policy Center.
- Van der Put, C.E., Dekovic, M., Stams, G.J., Hoeve, M., Dekovic, M., Spanjaard, H.J.M., Van der Laan, P.H., & Barnoski, R.P. (2012). Changes in the relative importance of dynamic risk factors on recidivism during adolescence. *International Journal of Offender Therapy and Comparative Criminology*, 56, 296-316.
- Uggen, C. (1999). Ex-offenders and the conformist alternative: A job quality model of work and crime. *Social Problems*, 46, 1, 127-151.
- Visher, C.A. & Travis, J. (2003). Transitions from prison to community: Understanding individual pathways. *Annual Review of Sociology*, 29, 89-113.
- Warner, B.D., & Wilcox Rountree, P. (1997) Local social ties in a community and crime model: Questioning the systematic nature of informal social control, *Social Problems*, 44, 4, 520-537.
- Washburn, M. & Menart, R. (2019). *Unmet promises: Continued violence & neglect in California's Division of Juvenile Justice*. San Francisco, CA: Center on Juvenile and Criminal Justice.
- Washington State Institute for Public Policy (2004). *Outcome evaluation of Washington State's Research-Based Programs for juvenile offenders*. Olympia, WA: Washington State Institute for Public Policy.
- Washington State Institute for Public Policy (2016). *Updated inventory of evidence-based, research-based, and promising practices: For prevention and intervention services for children and juveniles in child welfare, juvenile justice, and mental health systems*. Olympia, WA: Washington State Institute for Public Policy.

- Washington State Institute for Public Policy (2017). Benefit-Cost Results. Olympia, WA: Washington State Institute for Public Policy.
- Washington State Institute for Public Policy. (2007). Evidence-based juvenile offender programs: Program description, quality assurance, and cost. Olympia, WA: Washington State Institute for Public Policy.
- Wells-Parker, E., Kenne, D.R., Spratke, K.L., & Williams, M.T. (2000). Self-efficacy and motivation for controlling drinking and drinking/driving: An investigation of changes across a driving under the influence (DUI) intervention program and of recidivism prediction. *Addictive Behaviors, 25, 2*, 229-238.
- West, R. (2005). Time for a change: putting the Transtheoretical (Stages of Change) model to rest. *Addiction, 100, 8*, 1036-1039
- Wilson, P. R. (1994). Recidivism and vocational education. *Journal of Correctional Education, 45*, 158–163.
- Wilson, J.J. & Howell, J.C. (1993). *Comprehensive strategy for serious, violent, and chronic juvenile offenders*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.
- Wolff, K.T., Baglivio, M.T., & Piquero, A.R. (2017). The relationship between adverse childhood experiences and recidivism in a sample of juvenile offenders in community-based treatment. *International Journal of Offender Therapy and Comparative Criminology, 61*, 1210-1242.
- Wright, B.J. Zhang, S.X., Farabee, D., & Braatz, R. (2014). Prisoner reentry research from 2000 to 2010: Results of a narrative review. *Criminal Justice Review, 39, 1*, 37-57.
- Yessine, A.K. & Kroner, D.G. (2004). Altering antisocial attitudes among Federal Male Offenders on Release: A preliminary analysis of the Counter-Point Community program. Ottawa, Ontario: Correctional Services of Canada.
- Zhang, R. & Srinivasan, S. (2019). *Successful reentry: A community-level analysis*. Cambridge, MA: The Harvard University Institute of Politics Criminal Justice Policy Group.

Appendices

Appendix A. Comparison of Control and Study Sample by Participation and Completion in IBTM Programs.

	Ever Taken the Program					Ever Completed the Program					
		<i>n</i>	Percent	Control	Study	<i>Sig.</i>	<i>n</i>	Percent	Control	Study	<i>Sig.</i>
Total	144	100%	72	72		144	100	72	72		
<i>Ever in...</i>											
Introduction to Treatment	111	77.1%	77.8%	76.4%		106	73.6%	76.4%	70.8%		
Counterpoint	95	66.0%	63.9%	68.1%		51	35.4%	38.9%	31.9%		
Substance Abuse	56	38.9%	38.9%	38.9%		15	10.4%	11.1%	9.7%		
ART	3	2.1%	2.8%	1.4%		0	0.0%	0.0%	0.0%		
AIT	103	71.5%	72.2%	70.8%		62	43.1%	40.3%	45.8%		
Advanced Practice	95	66.0%	70.8%	61.1%		0	0.0%	0.0%	0.0%		
BTP											
Anger Control	60	41.7%	38.9%	44.4%		0	0.0%	0.0%	0.0%		
Behavior Chain	60	41.7%	38.9%	44.4%		0	0.0%	0.0%	0.0%		
Making Choices	60	41.7%	38.9%	44.4%		0	0.0%	0.0%	0.0%		
Social Skills	61	42.4%	38.9%	44.4%		0	0.0%	0.0%	0.0%		
SBTP											
Orientation	12	8.3%	6.9%	9.7%		10	6.9%	5.6%	8.3%		
Core	25	17.4%	12.5%	22.2%		0	0.0%	0.0%	0.0%		
Criminal Thinking	16	11.1%	8.3%	13.9%		15	10.4%	8.3%	12.5%		
Express Yourself	13	9.0%	6.9%	11.1%		11	7.6%	6.9%	8.3%		
Healthy Living	10	6.9%	4.2%	9.7%		7	4.9%	4.2%	5.6%		
Independent Living	17	11.8%	9.7%	13.9%		9	6.3%	4.2%	8.3%		
Moods Matter	12	8.3%	8.3%	8.3%		7	4.9%	5.6%	4.2%		
Restorative Justice	19	13.2%	9.7%	16.7%		9	6.3%	1.4%	11.1%		*
Substance Abuse	6	4.2%	2.8%	5.6%		0	0.0%	0.0%	0.0%		
IBTP											
AIT	6	4.2%	2.8%	5.6%		4	2.8%	2.8%	2.8%		
Advanced Practice	11	7.6%	4.2%	11.1%		0	0.0%	0.0%	0.0%		
Express Yourself	5	3.5%	2.8%	4.2%		3	2.1%	1.4%	2.8%		
Moods Matter	5	3.5%	4.2%	2.8%		3	2.1%	2.8%	1.4%		
MHRU											
AIT	6	4.2%	5.6%	2.8%		2	1.4%	1.4%	1.4%		
Advanced Practice	19	13.2%	11.1%	15.3%		0	0.0%	0.0%	0.0%		
Counterpoint	5	3.5%	4.2%	2.8%		1	0.7%	1.4%	0.0%		
Express Yourself	11	7.6%	6.9%	8.3%		8	5.6%	5.6%	5.6%		
Mood Matters	6	4.2%	5.6%	2.8%		6	4.2%	5.6%	2.8%		
Substance Abuse	13	9.0%	11.1%	6.9%		5	3.5%	4.2%	2.8%		
<i>Any Version of...</i>											
AIT/ART	107	74.3%	75.0%	73.6%		57	39.6%	40.3%	38.9%		
Counterpoint	97	67.4%	66.7%	68.1%		52	36.1%	40.3%	31.9%		

Substance Abuse	70	48.6%	50.0%	47.2%	18	12.5%	12.5%	12.5%
Advanced Practice	102	70.8%	75.0%	66.7%	0	0.0%	0.0%	0.0%
Moods Matter	22	15.3%	18.1%	12.5%	14	9.7%	13.9%	5.6%
Express Yourself	26	18.1%	15.3%	20.8%	20	13.9%	13.9%	13.9%

* $p < .05$ ** $p < .01$ using a χ^2 or Fisher's Exact

Appendix B. Comparison of youth assessment of IBTM programs (with more than 7 respondents).

	n							Has the program changed your...							Useful
		Instruct.	Lessons	Has HW	Prob. HW	Complete HW	Use Skills	Behavior	Attitude	Problem Solve	Mental	Staff Interact	Youth Interact	Outside	
ABC Model	8	3.75 (.89)	1.62 (.92)	62%	1 (0) (1.22)	4.00 (1.73)	2.75 (1.39)	3.37 (1.85)	3.50 (1.69)	3.50 (1.51)	3.25 (1.49)	3.12 (1.72)	3.75 (1.49)	4.12 (1.55)	4.12 (1.46)
AIT	40	3.67 (.89)	1.97 (1.12)	85%	1.70 (1.22)	4.56 (.93)	3.35 (1.23)	4.22 (1.14)	4.15 (1.21)	4.35 (1.37)	3.92 (1.44)	4.12 (1.43)	4.47 (1.34)	3.87 (1.66)	4.60 (1.33)
Substance Abuse	21	3.86 (1.06)	1.52 (.68)	90%	1.58 (.96)	4.53 (1.12)	3.24 (1.55)	4.10 (1.58)	4.00 (1.52)	4.48 (1.33)	4.29 (1.52)	3.81 (1.63)	3.62 (1.56)	4.30 (1.69)	4.48 (1.66)
Counterpoint	34	3.65 (1.20)	2.00 (1.28)	76%	1.81 (1.36)	4.44 (1.15)	3.26 (1.46)	4.15 (1.65)	4.18 (1.55)	4.23 (1.60)	3.76 (1.68)	4.06 (1.63)	4.29 (1.64)	4.06 (1.80)	4.41 (1.67)
SBTP Stages	7	3.71 (.95)	2.71 (1.11)	86%	3.00 (1.55)	4.83 (.41)	3.43 (1.27)	5.29 (.76)	5.00 (1.00)	5.00 (1.41)	4.86 (.90)	4.43 (1.40)	5.00 (.82)	5.00 (1.15)	5.13 (1.07)