



Program Scan

Programming for Youth Who Commit Serious Violent Offenses

Prepared for:

**Provincial Child and Youth Forensic Program,
IWK Mental Health and Addictions Program**

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DEFINITIONS¹

TYPES OF PROGRAMS

Primary Prevention/Early Intervention

Primary prevention seeks to educate people about root causes, risk factors and lifestyle changes to reduce risk. Early interventions consist of identifying and altering risk factors to prevent the onset of social/emotional problems leading to specific problems in an identified community. Primary prevention measures include activities that help avoid a given problem (i.e. addressing root causes). Effective strategies used include skills training, behaviour monitoring and reinforcement, building community and individual capacity, and cooperative learning.

Secondary Prevention/Risk Reduction

Secondary prevention aims to detect problems early, send the client to the appropriate counsellor, and to start the right course of action (treatment intervention). Secondary prevention programs and strategies are implemented on a selected scale, for specific target population at enhanced risk of a specific problem (e.g. youth violence) and are aimed at preventing the onset and reducing the risk of violence. Effective strategies used, include social perspective-taking, role taking, multi-modal interventions based on responsivity issues, behavioural interventions.

Tertiary Prevention/Risk Reduction

Tertiary prevention activities involve the care of established problems (as identified by either the professional/client), with attempts made to restore to highest function, minimize the negative effects of problematic behaviours (e.g., drinking - harm reduction model), and prevent problem-related complications. Since the problem is now established, primary prevention activities may have been unsuccessful. Early detection through secondary prevention may have minimized the impact of the problem. Effective strategies include: social-perspective taking, multi-modal interventions, behavioural interventions, skills training, advocacy services, family & individual therapy by clinical staff.

¹ Definitions adapted from the John Howard Society of Peel-Halton-Dufferin
<http://www.johnhowardphd.ca/index.html>.

SOURCES OF PROGRAM RECOGNITION

If a program has received recognition or a recommendation, the following names will appear in the comment section of a program's profile.

Blueprints for Violence Prevention

Blueprints for Violence Prevention, a national violence prevention initiative, has identified 11 prevention and intervention programs that meet a strict scientific standard of program effectiveness. Program effectiveness is based upon an initial review by Center for the Study and Prevention of Violence (CSPV) and a final review and recommendation from a distinguished Advisory Board comprised of seven experts in the field of violence prevention. The 11 model programs, called Blueprints, have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse. Another 18 programs have been identified as promising programs. To date, more than 600 programs have been reviewed, and the Center continues to look for programs which meet the selection criteria.

<http://www.colorado.edu/cspv/blueprints/>

Centre for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC), a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and supporting public health activities in the United States. CDC's focus is not only on scientific excellence but also on the essential spirit that is CDC – to protect the health of all people. CDC keeps humanity at the forefront of its mission to ensure health protection through promotion, prevention, and preparedness. Composed of the Office of the Director, the National Institute for Occupational Safety and Health, and six Coordinating Centers/ Offices, including environmental health and injury prevention, health information services, health promotion, infectious diseases, global health and terrorism preparedness and emergency response, CDC employs more than 14,000 employees in 40 countries and in 170 occupations.

<http://www.cdc.gov/>

Centre for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS), promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them. CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program. CSAT also supports SAMHSA's free treatment referral service to link people with the community-based substance abuse services they need.

<http://csat.samhsa.gov/>

Centre for Substance Abuse Prevention

CSAP works with States and communities to develop comprehensive prevention systems that create healthy communities in which people enjoy a quality life. This includes supportive work and school environments, drug- and crime-free neighborhoods, and positive connections with friends and family.

<http://prevention.samhsa.gov/>

Community Task Force on Community Preventive Services

The Task Force is an independent, non-governmental, volunteer body of public health and prevention experts, whose members are appointed by the Director of Centres for Disease Control.

The role of the Task Force is to:

- oversee systematic reviews led by CDC scientists
- carefully consider and summarize review results
- make recommendations for interventions that promote population health
- identify areas within the reviewed topics that need more research

<http://www.thecommunityguide.org/about/task-force-members.html>

The Office of Juvenile Justice and Delinquency Prevention

The Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (MPG) is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The MPG database of evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry. The MPG can be used to assist juvenile justice practitioners, administrators, and researchers to enhance accountability, ensure public safety, and reduce recidivism. The MPG is an easy-to-use tool that offers a database of scientifically-proven programs that address a range of issues, including substance abuse, mental health, and education programs.

http://www.dsgonline.com/mpg2.5/mpg_index.htm

National Alliance for the Mentally Ill

Founded in 1979, the National Alliance on Mental Illness (NAMI) is a grassroots organization for people with mental illness and their families. NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life for persons of all ages who are affected by mental illnesses. NAMI members and friends work to fulfill our mission by providing support, education, and advocacy.

http://www.nami.org/template.cfm?section=About_NAMI

National Institute on Drug Abuse

The National Institute on Drug Abuse's (NIDA) mission is to lead the United States in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components. The first is the strategic support and conduct of research across a broad range of

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disciplines. The second is ensuring the rapid and effective dissemination and use of the results of that research to significantly improve prevention, treatment and policy as it relates to drug abuse and addiction.

<http://www.nida.nih.gov/>

National Institutes of Health

National Institutes of Health (NIH) is the United State's medical research agency which makes important medical discoveries that improve health and save lives. The NIH, a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and supporting medical research. Helping to lead the way toward important medical discoveries that improve people's health and save lives, NIH scientists investigate ways to prevent disease as well as the causes, treatments, and even cures for common and rare diseases.

<http://www.nih.gov/>

National Mental Health Association

Mental Health America (formerly known as the National Mental Health Association) is the United State's leading nonprofit dedicated to helping all people live mentally healthier lives. With more than 320 affiliates nationwide, Mental Health America represents a growing movement of Americans who promote mental wellness for the health and well-being of the nation – everyday and in times of crisis.

<http://www.nmha.org/>

President's New Freedom Commission on Mental Health

President George W. Bush established the President's New Freedom Commission on Mental Health in April 2002 as part of his commitment to eliminate inequality for Americans with disabilities. The President directed the Commission to identify policies that could be implemented by Federal, State and local governments to maximize the utility of existing resources, improve coordination of treatments and services, and promote successful community integration for adults with a serious mental illness and children with a serious emotional disturbance.

From June 2002 to April 2003, the 22 Commissioners met monthly to analyze the public and private mental health systems, visit innovative model programs across the country and hear testimony from the systems' many stakeholders, including dozens of consumers of mental health care, families, advocates, public and private providers and administrators and mental health researchers. The Commission received feedback, comments and suggestions from nearly 2,500 people from all 50 states via personal testimony, letters, emails and a comment section on this website. In addition to public comment, the Commission consulted with nationally recognized professionals with expertise in diverse areas of mental health policy.

<http://www.mentalhealthcommission.gov/>

Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices

The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers.

The purpose of this registry is to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is a voluntary, self-nominating system in which intervention developers elect to participate.

<http://nrepp.samhsa.gov/index.htm>

Youth Violence: A Report of the Surgeon General

This report reviews a vast, multidisciplinary, and often controversial research literature. In the process, it seeks to clarify the discrepancies between official records of youth violence and young people's own reports of their violent behaviors. It identifies factors that increase the risk, or statistical probability, that a young person will gravitate toward violence and reviews studies that have begun to identify developmental pathways that may lead a young person into a violent lifestyle. Also explored is a less well developed area of research--the factors that seem to protect youths from the effects of exposure to risk factors for violence. Finally, the report reviews research on the effectiveness of specific strategies to reduce and prevent youth violence.

<http://www.surgeongeneral.gov/library/youthviolence/toc.html>

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| AGGRESSION REPLACEMENT THERAPY/TRAINING | |
|--|--|
| Source | www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?id=292 |
| Overview | Aggression Replacement Training (ART) is a multimodal psychoeducational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART is to improve social skill competence, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger-control training, and training in moral reasoning. Skill-streaming uses modeling, role-playing, performance feedback, and transfer training to teach prosocial skills. In anger-control training, participating youths must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained in how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input checked="" type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Mental health facilities |
| Program Components & Activities | The program consists of a 10-week, 30-hour intervention administered to groups of juvenile offenders three times a week. The 10-week sequence is the "core" curriculum, though the ART curriculum has been offered in a variety of lengths. During these 10 weeks, participating youths typically attend three 1-hour sessions per week, one session each of skill-streaming, anger-control training, and training in moral reasoning. The program relies on repetitive learning techniques to teach participants to control impulsiveness and anger and use more appropriate behaviors. In addition, guided group discussion is used to correct antisocial thinking. The ART training manual presents program procedures and the curriculum in detail and is available in both English and Spanish editions. ART® has been implemented in school, delinquency, and mental health settings. |
| Number of Participants | <ul style="list-style-type: none"> • 8-12 youth per group |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| AGGRESSION REPLACEMENT THERAPY/TRAINING | |
|--|---|
| Staffing | <i>Skills and Background</i> |
| | Some specific training is required for program delivery. |
| | <i>Specific training needed for program delivery</i> |
| | A primer is available from the program developers, and a 5 day, 40 hour training is necessary for group facilitators. This training is available from Professional Aggression Replacement Training Centers. Information on training available from the developers' website (see below). |
| Program Accredited | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Evaluations have found this to be an effective intervention strategy with incarcerated youth because it increases prosocial skills, reduces impulsivity and enhances moral reasoning. Reductions in recidivism rates and increases in interpersonal skills have been found to be linked with ART, especially when family members participated in the program. |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • Office of Juvenile Justice and Delinquency Prevention |
| Program Contact | G&G Consultants, LLC 106 Acorn Drive Suite A Glenville, NY 12302 Phone: 518.399.7933 Fax: 518.384.2070 Email: bglick01@nycap.rr.com Website: http://artgang0.tripod.com/ |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| BOSTON STRATEGY TO PREVENT YOUTH VIOLENCE | |
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| Source | http://ojjdp.ncjrs.org/pubs/gun_violence/profile02.html http://www.ncjrs.gov/txtfiles/boston.txt |
| Overview | <p>Starting in the early to mid-1990s, Boston embarked on a series of innovative public safety strategies that focused on violent youth and illicit gun markets. Using a problem-solving approach, a broad coalition of Federal, State, and local governmental agencies, nonprofit community service organizations, businesses, religious leaders, parents, and resident stakeholders developed several programs to address the escalating number of juvenile homicides. Its enforcement strategy largely consisted of Operation Ceasefire (a gang violence abatement strategy), the Boston Gun Project (a gun suppression and interdiction strategy), and Operation Night Light (a police-probation partnership). In addition to enforcement efforts, and in keeping with its new neighborhood policing strategy, Boston also employed numerous prevention and intervention initiatives. Working with community partners, the city built on existing services in the communities to create a more extensive and effective continuum of services.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual: project increases individual's access to services. <input checked="" type="checkbox"/> Family: families gain access to services through Streetworkers. Safe Neighborhoods Initiative provides counseling for youth in abusive homes. <input checked="" type="checkbox"/> School: Streetworkers provide student/teacher mediation <input checked="" type="checkbox"/> Peer relationships: Streetworkers provide peer/peer mediation. <input checked="" type="checkbox"/> Community: Law enforcement strategies address community safety issues. |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community: Law enforcement strategies <input checked="" type="checkbox"/> School: Community Centres are located at schools <input checked="" type="checkbox"/> Family: counseling services <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>LAW ENFORCEMENT STRATEGIES</p> <p>Operation Ceasefire</p> <p>Operation Ceasefire is a coordinated citywide strategy established to deter youth firearm violence. Ceasefire operates as a system, focusing interventions through the coordination and knowledge of all of the city's law enforcement and criminal justice agencies. The goal was to communicate warnings to gangs that, if violence occurred, there would be a swift, predictable response with weighty consequences. Ceasefire has the leadership and support of the current mayor and police commissioner.</p> <p>Prior to Operation Ceasefire, law enforcement and criminal justice agencies operated not as a system but as a disparate group of agencies, each following its own mandate and mission except when necessity dictated otherwise. The strategy began with focused communications. Probation and gang unit police officers who knew the youth, streetworkers, clergy, and community-based organizations met informally and formally with gang youth in schools,</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

BOSTON STRATEGY TO PREVENT YOUTH VIOLENCE

homes, neighborhoods, courthouses, and other locations. Probationers were required to attend these meetings. The message was emphatically delivered to them that violence would no longer be tolerated in Boston -- it had to stop or the full weight of the law enforcement and criminal justice systems would be brought to bear on the perpetrators. The working group wanted youth to realize that this zero tolerance message was not a bluff, but a serious interagency effort. True to its word, when its message was ignored and gang violence erupted, YVSF used intensive order maintenance and enforcement tactics to quickly suppress flare-ups of firearm violence in emerging gang hotspots. YVSF targeted non-complying gangs with aggressive enforcement of public drinking and motor vehicle violations, outstanding warrants, and probation surrenders and made numerous arrests. News of these activities quickly spread to other gangs in Boston whose members saw what could happen if they did not comply.

Boston Gun Project

The project's working group decided to flag for investigation every trace that showed guns that were used in a crime within 30 months, more popular gun types, guns with restored serial numbers, those in high-risk neighborhoods, and those associated with gang members or territories. Another tactic was to link the trace data set with the gang membership and turf data, which allowed for identification of gun owners who also were gang members.

Disruption of gun markets, swift Federal prosecution for gun possession or dealing, and the zero tolerance message and enforcement measures of Operation Ceasefire were all used to reduce gun violence. The major partners in gun trafficking interdiction efforts were the Department of Treasury's Bureau of Alcohol, Tobacco, and Firearms (ATF) Field Office in Boston, the Boston Police Department, the Suffolk County District Attorney's Office, and the U.S. Attorney's Office, all of whom worked together to direct the investigations of firearm trafficking and armed career criminals in the city of Boston. The Boston ATF supervisor claims the key to their success has been the close working relationship and genuine cooperation between ATF and local police.

Operation Night Light

Operation Night Light began as a partnership between probation officers in the Dorchester District Court and Boston police officers in the Anti-Gang Violence Unit, which later became the Boston Police Youth Violence Strike Force (YVSF). Operation Night Light pairs one probation officer with two police officers to make unannounced visits to the homes, schools, and workplaces of high-risk youth probationers during the nontraditional hours of 7 p.m. to midnight rather than between 8:30 a.m. and 4:30 p.m., which was previously the norm. The probation officer decides which of 10 to 15 probationers to visit each evening based on which youth were defaulting on compliance. The team wears plain clothes and uses an unmarked car. The terms of probation -- which commonly include curfews, geographic restrictions, and other constraints designed to keep youth from reoffending

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

BOSTON STRATEGY TO PREVENT YOUTH VIOLENCE

are strictly enforced. Probation officers also have been instrumental in convincing judges to impose expanded conditions. This teaming has enhanced the safety of the probation officers and given police an opportunity to meet people in the community in a non-confrontational manner in accordance with their community policing role. Officers are expected to conduct themselves during these home visits in a courteous and professional manner, encouraging parents to keep their children out of trouble. The officers discuss substance abuse prevention and treatment options with the probationers and their families. Some parents welcome these interactions, as they want to protect their children from becoming victims of violence. These unannounced home visits also give borderline juveniles an excuse for staying in at night and putting off their gang leaders or associates with the argument that they would face sanctions for violating curfew.

INTERVENTION AND PREVENTION PROGRAMS AND INITIATIVES

The following are aimed at adjudicated and at-risk youth that were implemented simultaneously with Operation Ceasefire.

Boston Community Centers' Streetworker Program

Boston has Community Centers located throughout the city, including facilities in middle and high schools. The Streetworkers Program operates from these centers with 30 college-educated staff members available 24 hours a day to conduct gang and youth outreach. The streetworkers are ages 25 to 55 and work closely with gang members to mediate disputes (student/student, student/teacher, gang/gang) and gang truces in schools and throughout the community. The streetworkers also help gang members and their families gain access to social services. Each streetworker is assigned to 5 to 10 gangs, with a caseload of roughly 25 active and 25 less active cases. They work closely with the police department, probation, clergy, courts, and schools.

When the city's homicide rate skyrocketed in 1990, the mayor sought the help of the streetworkers in the hope that their non-traditional outreach approaches could help reduce crime. For example, the street-workers played an important role in Operation Ceasefire, personally inviting gang members to meetings with Federal, State, and local law enforcement agencies. The streetworkers informed gang members of the consequences of continued violence. They also referred youth to agencies that could provide social services, job training, and employment opportunities. Finally, streetworkers provided training for the police on how to develop relationships with youth and gangs.

Youth Services Providers Network

To achieve the comprehensive services, partnerships, coalition building, and resource sharing required of youth programs, a network of services was formed in three of Boston's most troubled neighborhoods. The network is a partnership of many of Boston's youth service organizations and city

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| BOSTON STRATEGY TO PREVENT YOUTH VIOLENCE | |
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| | <p>agencies to address teenage runaways, dropout prevention, mentoring, job training and placement, tutoring, and building leadership skills. A police officer who comes across a youth in need of services calls the social worker or a District Community Service Officer, who then makes the appropriate referral to the network provider agency. From YSPN's implementation in June 1996 until September 1998, more than 500 youth had been referred by officers.</p> <p>Alternatives to Incarceration Network (ATIN)</p> <p>The network links various State and local criminal justice agencies, including the district courts, to Boston service providers. Individuals enter ATIN as a condition for their sentence deferment or as a condition for parole or probation. Youth offenders receive counseling, substance abuse treatment, job skills training, and monitoring services.</p> <p>Safe Neighborhood Initiative (SNI)</p> <p>This initiative offers community residents the opportunity to work with law enforcement and government officials to identify and address neighborhood issues using SNI advisory councils and subcontracted programs. SNI targets four high-crime, low-income neighborhoods. Its revitalization efforts include the organization and education of local merchants, job training programs, expedited city services, and a municipal priority to rehabilitate abandoned property. SNI also supports expanded hours for community-based youth centres, counseling services for children in domestic violence situations, a Child Witness to Violence Project, a Vietnamese police liaison who mediates gang disputes and conducts school presentations, gang dispute mediation by the Dorchester Youth Collaborative, small business training, an SNI prosecution team, voluntary business closures to avoid late-night crowds, a drug education program for youth, and a law student project that recommends ways to reduce drugs, prostitution, and crime. Funding comes from the Bureau of Justice Assistance, which recently approved a new 4-year grant.</p> <p>Summer of Opportunity</p> <p>The Summer of Opportunity is an eight-week summer program that pays urban youth a weekly stipend while providing them with classes, field trips, and a real-world internship at Northeastern University or John Hancock. The internships teach youth leadership and life skills, including conflict resolution and time management, and also assign mentors. Youth are referred by the antiviolence unit of the police department. Many program graduates complete high school and go on to college or obtain employment.</p> |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • Targeted 8-18 year olds |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • The Youth Services Providers Network is a partnership of many of Boston's youth service organizations and city agencies. • Operation Night Light began as a partnership between probation officers |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| BOSTON STRATEGY TO PREVENT YOUTH VIOLENCE | |
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| | <p>in the Dorchester District Court and Boston police officers in the Anti-Gang Violence Unit, which later became the Boston Police Youth Violence Strike Force (YVSF).</p> <ul style="list-style-type: none"> • Law enforcement and criminal justice agencies work together in Operation Ceasefire. • The Alternatives to Incarceration Network links various State and local criminal justice agencies, including the district courts, to Boston service providers. • In the Safe Neighborhoods Initiative, community residents work with law enforcement and government officials to identify and address neighborhood issues. The Office of the Attorney General administers the program in cooperation with the Suffolk County District Attorney's Office, the mayor's office, and the police department. • John Hancock Mutual Life Insurance Company provides financial support and internship positions for the Summer of Opportunity. • Northeastern University also provides internship positions. |
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| | |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Evaluations are conducted by the Kennedy School of Government, Harvard University, Cambridge, MA. Contact David Kennedy, below, for more information. |
| Program Funding | <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The Alternatives to Incarceration Network is supported by the Comprehensive Communities Program grant. • John Hancock Mutual Life Insurance Company began provides financial support for the Summer of Opportunity. |
| Comments | <p>Outcomes:</p> <p>Since Operation Ceasefire, the Boston Gun Project, Operation Night Light, neighborhood policing, tougher youth offender laws, and expanded prevention and intervention programs went into effect, there has been a dramatic decrease in the number of homicides in the city of Boston. This reduction in homicides and youth homicides cannot directly be attributed to any one of these programs but more likely is due to the cumulative impact of this comprehensive, multi-pronged approach.</p> <p>Other outcomes also resulted from these programs. First, citywide collaboration has now been institutionalized. For example, in reaction to the threat of recruitment of young Bostonians by the Crips and Bloods gangs, a</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| BOSTON STRATEGY TO PREVENT YOUTH VIOLENCE | |
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| | <p>group of police, probation officers, religious leaders, and streetworkers visited middle school students in their schools and homes before school ended in June 1998.</p> <p>Second, as a result of these efforts, communities are now regularly consulted by public agencies in setting agendas for their neighborhoods. Finally, Boston has become a national model for youth gun violence reduction, and the Boston Police Department won an Innovations in American Government award from the Ford Foundation and KSG in 1997. Operation Ceasefire recently won the Herman Goldstein award for best program employing problem-solving strategies.</p> |
| Program Contact | <p>James Jordan and Gary French Boston Police Department 1 Schroeder Plaza Boston, MA 02120 Phone: 617-343-5096</p> <p>David Kennedy Kennedy School of Government Harvard University 79 John F. Kennedy Street Cambridge, MA 02138 Phone: 617-495-5188</p> |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| BOSTON TENPOINT COALITION | |
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| Source | http://www.bostontenpoint.org/programs/hopedys.html |
| Overview | <p>The Boston TenPoint Coalition (BTPC) is an ecumenical group of Christian clergy and lay leaders working to mobilize the Christian community around issues affecting Black and Latino youth.</p> <p>The Coalition also seeks to build partnerships with community-based, governmental, and private sector institutions that are also committed to the revitalization of the families and communities in which our youth must be raised.</p> <p>The Boston TenPoint Coalition’s programs are unique because they:</p> <ul style="list-style-type: none"> • Focus on “troubled youth,” that other agencies most frequently are unable to serve. The coalition works with high-risk youth as their shattered lives and dreams are reflected in their violent and oftentimes callous and/or self-destructive behaviors. • Operate in collaboration with other groups, agencies, and institutions to reduce duplication of effort. <p>The Boston TenPoint Coalition is faith-based because faith breeds a sense of hope and provides the nurturing yet structured principles and environment that many youth lack.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Community Re-Entry Initiative</p> <p>The Community Re-Entry Initiative provides mentoring and basic services to ex-offenders who were labeled high-impact players and are considered least likely to succeed on their own as they prepare to re-enter community life.</p> <p>Staff and trained church-based volunteers work in partnership with the Boston Police Department, the Suffolk County House of Corrections, the United States and District Attorney’s office, the Department of Revenue, the Probation Department, faith-based agencies, and community-based service providers.</p> <p>We encourage the men and hold them accountable to identify and take advantage of opportunities for jobs, housing, education, and health services.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| BOSTON TENPOINT COALITION | |
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| | <p>This initiative is one of the few in the USA that employs a collaborative community re-entry strategy.</p> <p>Hope D.Y.S. Ministry</p> <p>The Hope D.Y.S. Ministry recruits, trains, and coordinates volunteer teams from community churches to offer support to youth in the care of the Department of Youth Services (D.Y.S.). The Ministry works with the clinicians in Metro and Greater Boston D.Y.S. facilities. Through weekly visits, volunteers build relationships with the youth and encourage them to make positive choices as they prepare to return home to the community. Volunteer teams provide spiritual discussion, services, mentoring, and recreational activities. Volunteers offer hope, encouragement, unconditional love, wise counsel, and guidance, and serve as positive role models.</p> <p>When the youth return to the community, Hope D.Y.S. Ministry continues to support them by partnering with Youth Opportunity Boston, BEST, Youth and Police in Partnership, Multi-Cultural Aids Coalition, Higher Education Resource Center (H.E.R.C.), and Youth Build Boston.</p> <p>In 2004, volunteers began to track and help transition DYS committed youth back in to the neighborhoods and schools. Furthermore, volunteers began a new career exposure series, which has evolved into our DYS re-entry program.</p> <p>Second Chance / Adopt A School</p> <p>Since its inception, the Second Chance / Adopt A School program has played a significant role in thwarting efforts to organize new gangs. In partnership with the Boston Police Department's Youth Violence Strike Force and Boston School Police, clergy, and volunteers from area churches make anti-violence presentations at local schools. Trained volunteers also provide counseling on topics such as peer conflict and gang mediation.</p> <p>Teams make weekly visits to the homes of youth at high risk for criminal behavior before they actually get into trouble. Once in the homes, we connect high-risk youth and their families with needed services on a case-by-case basis.</p> <p>Staff and volunteer's familiarity with the schools personnel and students enables them to spot emerging crisis and issues and work on dealing with them.</p> <p>Crisis Intervention Services</p> <p>Crisis Intervention Services (CIS) is integrated into all Boston TenPoint Coalition programs. CIS offers coordinated support to neighborhoods and community through our Crisis Response Team, which is made up of Boston TenPoint Coalition staff, trained volunteers, and the District Attorney's office. Working with local churches and lead community groups, Crisis response aims to break the cycle of violence, and minimize the inflammatory effect of violent crimes. Services include gang mediation;</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| BOSTON TENPOINT COALITION | |
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| | crisis response support to the Boston Public Schools and Boston School Police; support and counsel to grieving families; and technical support and assistance to churches hosting funeral services. These services are critical when dealing with the impact and stress of crime-related trauma on our neighborhoods, and defuse the resulting tensions. CIS offer the best formula for violence prevention for communities where crime often leads to revenge killings. |
| Number of Participants | <ul style="list-style-type: none"> Currently, 13 churches participate in the Hope D.Y.S. Ministry and serve about 500 youth. |
| Age of Participants | |
| Gender of Participants | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> Community Re-Entry volunteers work in partnership with the Boston Police Department, the Suffolk County House of Corrections, the United States and District Attorney's office, the Department of Revenue, the Probation Department, faith-based agencies, and community-based service providers. When the youth return to the community, Hope D.Y.S. Ministry continues to support them by partnering with Youth Opportunity Boston, BEST, Youth and Police in Partnership, Multi-Cultural Aids Coalition, Higher Education Resource Center (H.E.R.C.), and Youth Build Boston. The Hope D.Y.S. Ministry works with the clinicians in Metro and Greater Boston D.Y.S. facilities. The Second Chance/Adopt a School program works in partnership with the Boston Police Department's Youth Violence Strike Force and Boston School Police, clergy, and volunteers from area churches. The Crisis Response Team is made up of Boston TenPoint Coalition staff, trained volunteers, and the District Attorney's office. The team also works with lead community groups and local churches. |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| | <ul style="list-style-type: none"> Volunteers are trained to provide counseling services. |
| Program Accredited | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> Preliminary results for the Community Re-entry Initiative are very encouraging: the program has achieved a 10% recidivism rate with ex-offenders who normally exhibit an average 44% recidivism rate. In 2003, through the Hope DYC Ministry, more than 100 youth made a decision to change the direction of their lives to a positive |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| BOSTON TENPOINT COALITION | |
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| | <p>one.</p> <ul style="list-style-type: none"> In 2000, Second Chance helped turn Dorchester High School around, decreasing the school's incidents of violent and disruptive behavior by 87.5 %. |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Boston Ten Point Coalition 215 Forest Hills Street Boston, MA 02130 Phone: 617.524.4331 Fax: 617.524.4962 |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| CALM – CONTROLLING ANGER, LEARNING TO MANAGE IT | |
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| Source | http://www.westyorksprobation.org.uk/content.php?pn=49 http://ibs.colorado.edu/cspv/infohouse/vioeval/vioevalDetails.php?recordnumber=529&vio_name=vioeval |
| Overview | <p>The CALM Program is a cognitive behavioral group-training program intended to reduce anger, violence, and emotional loss of control. The CALM Program teaches male participants to monitor and understand their emotions in order to prevent and control problematic behavior. Controlling Anger and Learning to Manage it (CALM) Program aims to change the way offenders think and behave.</p> <p>The CALM program is designed to reduce anger and other negative emotions associated with aggression, violence and anti-social behaviour.</p> <p>CALM focuses on:</p> <ul style="list-style-type: none"> • Reducing arousal; • Addressing thinking patterns; • Improving problem solving; • Improving communication skills; • Improving assertiveness; • Gaining insight into one’s own behaviour; and • Developing relapse prevention strategies. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual: <input type="checkbox"/> Family: <input type="checkbox"/> School: <input checked="" type="checkbox"/> Peer relationships: <input type="checkbox"/> Community: |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community: <input type="checkbox"/> School: <input type="checkbox"/> Family: <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>The program consists of 24 group sessions which last for 2.5 hours including a break. These sessions teach participants the skills necessary to reduce the frequency, intensity, and duration of anger to lessen the likelihood of aggression. The CALM program also addresses the management of other strong negative emotions, including jealousy, anxiety, and depression.</p> <p>The complete CALM Program includes six comprehensive group leader guides with instructions on how to deliver the 24 group sessions; an individual workbook of exercises, and personal assignments for each group member; a master package for group leaders containing participant handouts and overheads; and an audiotape that features relaxation exercises and educational game scripts (copies can be made at no extra charge).</p> <p>The CALM sessions are practical, highly structured, sequential, and designed for delivery to groups of adolescent and adult males at risk for</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| CALM – CONTROLLING ANGER, LEARNING TO MANAGE IT | |
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| | <p>inappropriate, violent behavior, and in many cases, criminal recidivism. Personal assignments, modeling, role-play, teamwork, and self- and peer-evaluation are used to teach and promote lasting change of inappropriate and unproductive thought and behavior patterns.</p> <p>The participant workbook requires a sixth-grade reading level, which makes it suitable for males with poor literacy skills and limited education. The scripts can be adapted easily to fit varied circumstances.</p> |
| Number of Participants | <ul style="list-style-type: none"> • 2-8 participants per group |
| Age of Participants | <ul style="list-style-type: none"> • 14+ |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | Because the CALM program is fully scripted it can be delivered in many situations by nonpsychologist and nontherapist personnel after a short training program. |
| | <i>Specific training needed for program delivery</i> |
| | No professional training required for program delivery |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Evaluated in the UK and Canada. |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | <p>CALM is most effective with male offenders who have committed threats of violence or violence against persons or property. It is designed for offenders who have a high or medium risk of re-offending. Like most cognitive-behavioural programs, it can improve self control and decrease explosive violence, but does not effect instrumental or planned violence.</p> <p>The CALMER™ program is a relapse prevention program that can be used as a follow-up to the CALM program. The CALMER program contains exercises that help clients increase control over their own belligerent, hostile attitudes or aggressive, violent behaviour patterns. The program consists of a standardized intake plan and group-intervention sessions. Authors: William Winogron, Ph.D., Marilyn Van Dieten, Ph.D., & Vicki Grisim, M.Ed</p> |
| Program Contact | |
| Additional Source Documents | <p>For CALMER materials please visit: http://www.hogrefe.co.uk/?/test/show/143/ For CALM materials please visit: https://www.mhs.com/ecom/CLNproduct.asp?AppGrpID=CLN&RptGrpID=CLM&Cou=USA&submit.x=30&submit.y=8 For media reports please visit:</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

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| CALM – CONTROLLING ANGER, LEARNING TO MANAGE IT | |
| | http://www.guardian.co.uk/commentisfree/2006/may/02/comment.prisonandprobation |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  CENTERPOINT PROGRAM | |
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| Source | http://www.capitalhealth.ca/ProgramsAndServices/BrowseServicesByAlpha/Content?IA_ID=1003770 |
| Overview | The Centerpoint Program is an initiative of Forensics Assessment and Community Services (FACS), Capital Health Alberta. The FACS provides community-based assessment, treatment, consultation and education services for forensic patients and allied criminal justice and mental health agencies in Edmonton and Northern Alberta. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual: mental illness and behavioural problems <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Centerpoint provides community-based assessment, treatment, consultation and education services for young offenders and allied criminal justice and mental health agencies in Edmonton and northern Alberta. Priority is given to violent, sexual and mentally ill offenders.</p> <p>Assessment services include fitness to stand trial, criminal responsibility, pre-sentence and pre-treatment.</p> <p>Treatment services include individual, family and group therapies, pharmacotherapy, assertive community outreach, psychiatric clinics at the Edmonton Young Offender Centre, residential liaison and life skills programs.</p> |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  CENTERPOINT PROGRAM | |
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| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Forensic Assessment and Community Services, Northern Alberta Forensic Psychiatry Services Suite #701 10242 - 105 Street Edmonton, Alberta T5J 3L7 phone: 780-428-4524 Fax: 780-423-8904 |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  COLLABORATIVE JUSTICE PROJECT | |
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| Source | http://www.collaborativejustice.ca/about_e.html |
| Overview | <p>The Collaborative Justice Program began September 1, 1998 as a demonstration project at the Ottawa Provincial Courthouse. The purpose of the pilot was to demonstrate that the application of a restorative approach in cases of serious adult or youth crime would provide for a more satisfying experience of justice for all parties involved, for the victim(s), offender(s) and the community. The project recognizes that serious crime usually involves a greater degree of impact and therefore contributes to a greater need for a restorative approach.</p> <p>Though the Program's priority will always be the more serious cases, CJP has evolved over the past 7 years to allow the acceptance of post-charge/pre-sentence cases, adult and youth, regardless of level of seriousness. The Program works with adult or youth cases where:</p> <ul style="list-style-type: none"> • The accused has accepted responsibility for the harm done and has a desire to make amends, and • The victim is interested in participating in a reparative process. <p>Referrals to the Program come from a number of sources including judges, crown attorneys, defence counsel, police and probation officers. Individuals may contact the Program to see if their particular case meets CJP's criteria for acceptance.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual: healing of offender and acceptance of responsibility <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community: healing of community after an offence |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute: offender <input checked="" type="checkbox"/> Community: victim <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>The process begins when a caseworker meets with the person accused of the crime to assess whether she/he is taking responsibility, and is willing to work towards repairing the harm caused. If the accused meets these criteria, s/he is accepted into our voluntary, confidential process where values such as accountability and truth telling are encouraged.</p> <p>The caseworker then contacts the victim(s), describe the services and goals of the Program, and invite voluntary participation. If the victim is interested, the case proceeds. The Program only accepts cases where both victim and accused choose to participate.</p> <p>Through regular meetings with the accused, the caseworker will explore the issue of accountability. The accused is also expected to address the</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| 🇨🇦 COLLABORATIVE JUSTICE PROJECT | |
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| | <p>underlying causes of his/her criminal behaviour. The caseworker also meets regularly with the victim to identify his or her needs while offering information and support. Other affected family or community members may be identified, contacted, and offered support.</p> <p>The caseworker facilitates the exchange of information between the parties. This 'shuttle mediation' may be done through dialogue with the caseworker, through letter writing, or through video taped interviews. As this reparative process evolves, the parties may decide to meet face to face.</p> <p>If a meeting is held, the format is usually a Circle Conference, which would include the victim(s) and their support people, the offender(s) and their support people, interested community members and two facilitators. Whether there has been a face to face meeting or not, it is possible to collaborate on a Resolution Agreement. If a Resolution Agreement is developed and agreed to by all parties, it is submitted to the court for consideration on the date of sentencing.</p> |
| Number of Participants | <ul style="list-style-type: none"> Approximately 100 cases per year with 2.8 staff. |
| Age of Participants | <ul style="list-style-type: none"> Youth 12-17 years Adults 18 and over |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> The program is sponsored by the Church Council on Justice and Corrections (CCJC). CCJC is a national, ecumenical, bilingual charitable organization mandated to assist churches and communities to reflect on and more deeply engage issues in the field of criminal justice. |
| Staffing | <p><i>Skills and Background</i></p> <hr/> <p><i>Specific training needed for program delivery</i></p> <hr/> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> An evaluation in 2005 found that a restorative approach can be successfully applied to cases of serious crime at the pre-sentence stage. Although additional research is needed to further explore many of the findings from this evaluation, results indicated that the program goal of empowering individuals affected by crime to achieve satisfying justice was attained. Please contact Kimberly Mann, below, for the full evaluation document. |
| Program Funding | <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private: <input type="checkbox"/> Unknown <p>In the past, funding partners of the Collaborative Justice Program have</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  COLLABORATIVE JUSTICE PROJECT | |
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| | <p>included:</p> <ul style="list-style-type: none"> • Ottawa Crown Attorney's Office • Department of Justice Canada • Correctional Services Canada, Restorative Justice and Dispute Resolution Branch • Public Safety and Emergency Preparedness Canada (formerly the Department of the Solicitor General), Corrections Research Branch • National Crime Prevention Centre • Ministry of Correctional Services of Ontario • Ontario Trillium Foundation • Ottawa Kiwanis Club • Youth Justice Renewal Initiative, Department of Justice Canada <p>As of April 2005, the Program is being funded by only one provincial department, the Ministry of Children and Youth Services.</p> |
| Comments | <ul style="list-style-type: none"> • Also see Community Justice Initiative in Kitchener, ON: http://www.cjiwr.com/youth-victim-offender.htm |
| Program Contact | <p>Kimberly Mann Coordinator (613) 239-1173 cjpkim@storm.ca</p> <p>Collaborative Justice Program c/o Crown Attorney's Office Provincial Courthouse 3rd floor, 161 Elgin Street Ottawa, ON (Canada) K2P 2K1</p> |
| Additional Source Documents | <p>Stories, testimonials, and newspaper articles are available online: http://www.collaborativejustice.ca/stories_e.html</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  COMMUNITY REINTEGRATION PROJECT | |
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| Source | http://www.ysb.on.ca/english/index.php?option=com_content&task=view&id=265&Itemid=263 http://www.ysb.on.ca/english/pdf/DOJ_Final_CRP_Report_April_3_2001.pdf (final report) |
| Overview | <p>This project provides support services to the highest risk young offenders reintegrating into the Ottawa-Carleton community following custodial sentences for serious crimes. This project is a partnership between the Youth Services Bureau and other organizations and community representatives having an interest in the reintegration of young offenders from custody back into the Ottawa-Carleton community.</p> <p>The goal of the program is to reduce recidivism through counseling that addresses the underlying issues that are the drivers for offending behaviours. The program provides on-going supports and facilitate access to resources in order to assist the young person's goal of becoming a productive member of society.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual: counseling <input checked="" type="checkbox"/> Family: counseling <input type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships: counseling <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>The first point of contact with the young person is in the open custody or secure custody setting. The process of building rapport and planning for community reintegration begins while the young person is in custody. At this initial meeting, the community reintegration worker describes his/her role and presents the potential benefits of the program. The service is voluntary and the young person is invited to accept the opportunity to participate in on-going support and counseling (during custody and post discharge).</p> <p>The role of the Community Reintegration Worker within the facility includes:</p> <ul style="list-style-type: none"> • Initial Meeting – Explains role of the worker; • Custody Support - Assist youth with issues of being in custody. Explain and attend court proceedings. Begin to explore and work on any personal issues; • Case Management – Participation in the case management plans, case conferencing, a resource and support to custodial staff; • Discharge Planning – Community reintegration in collaboration with the Probation Officer and other appropriate service providers; and • Access to Mental Health Consultants. |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  COMMUNITY REINTEGRATION PROJECT | |
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| | <p>The role of the Community Reintegration Worker post discharge includes:</p> <ul style="list-style-type: none"> • Transition – Counseling process continued in the community; • Partnerships – Referrals as appropriate to Youth Services Bureau (YSB) and other community programs; and • Liaison and Advocacy – Work with schools, Probation Services, psychiatric services, employment programs. <p>Services offered include:</p> <ul style="list-style-type: none"> • One on one counseling; • Family counseling; • Couples counseling; • Liaison and advocacy; • Abuse issues; • Substance use; • Peer relationships; • Education and employment; • Curbing violent behaviours; • Lifestyle changes; • Independent living skills; and • Family relationships <p>The Youth Services Bureau provides a wide range of services to young people between the ages of 12 and 20. A youth in this program will have priority access to other services offered by the YSB.</p> <ul style="list-style-type: none"> • Housing and Shelters; • Employment Counseling and Resources; • Drop-In Services – medical, dental, food etc.; • Parent Training; • Mobile Crisis; • Counseling and Multi-Systemic Therapy; and • Coordinated Access for case planning and access to other specialized services. |
| Number of Participants | <ul style="list-style-type: none"> • 10-20 |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <p>The major partners in this project include:</p> <ul style="list-style-type: none"> • Ottawa-Carleton Wraparound Initiative Regional Coordinating Committee; • Phase I and II custodial facilities in Ottawa; • The Children’s Aid Society of Ottawa; • Ministry of Community and Social Services Probation Services; and • Ontario Ministry of Correctional Services Probation. |
| Staffing | <p><i>Skills and Background</i></p> <p>Program employed 1.5 Wraparound youth workers who had:</p> <ul style="list-style-type: none"> • College Diploma or degree in Social Sciences; • A minimum of 2 years related experience with individual/family/crisis/assessment counseling in a community setting with high-risk young offenders coming out of custody; |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  COMMUNITY REINTEGRATION PROJECT | |
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| Program Accredited | <ul style="list-style-type: none"> • Bilingualism preferred (English, French); • Valid driver's license and use of car for work purposes; and • Ability to work independently and flexible hours. <p>Assets for the job included:</p> <ul style="list-style-type: none"> • Computer skills and knowledge in Windows, Word an asset; • Research experience an asset; • Experience and knowledge of Wraparound an asset; and • Community development experience an asset. <p><i>Specific training needed for program delivery</i></p> <ul style="list-style-type: none"> • Both the staff received the three-day intensive Wraparound training from the Ontario Wraparound Association's certified trainers • One staff completed a half- day workshop at YSB's Annual Youth Worker Conference November 25, 2000 "Working with Youth Who Engage in Serious Violence: Assessment and Best Practices". • One staff participated in the National Forum of Innovative Pilot Projects in Kananaskis, Alberta Feb. 24 – 27, 2001. |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • An evaluation of the project is available in the Project's Final Report to the Department of Justice. This report includes specific case details and outcomes. Success seemed to be highest when youth got involved with the project prior to their release. http://www.ysb.on.ca/english/pdf/DOJ_Final_CRP_Report_April_3_2001.pdf |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Department of Justice Canada |
| Comments | <ul style="list-style-type: none"> • The project experienced a lower than expected number of high-risk young offenders released into the Ottawa-Carleton region; and difficulties in working relationships with some youth justice service providers. <p>Lessons Learned:</p> <ul style="list-style-type: none"> • The chances of maintaining a relationship with young offenders after their release is greatly increased if the Community Re-integration Project (CRP) worker begins working with the young person 5 – 6 months prior to their discharge from the YO facility. This entails a significant amount of work with referral sources in order to ensure that referrals are made shortly after young offenders enter YO facilities. • Motivation of young offenders to participate in the CRP, or any other post-discharge service, is relatively low. Feedback from these youth is that upon their release, the last thing on their minds is counseling or program participation. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  COMMUNITY REINTEGRATION PROJECT | |
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| | <ul style="list-style-type: none"> • Participation in reintegration programs are not currently required under Federal legislation, and Probation Officers do not have a specific condition on the young person’s probation order to participate in this type of program. Generally, there is a condition stating that the young person must participate “in a program approved by the Probation Officer”. Probation services have indicated that there is a risk in being specific about <i>which</i> program the youth must participate in, because there may not be any space left in the program upon the young person’s release. Implementation of the new Youth Criminal Justice Act, along with articulation of the specific service the youth must participate on her/his Probation Order, will greatly enhance the chances that young offenders will complete reintegration programs. Difficulties can exist when federally-funded young offender projects depend on locally-run young offender services for partnerships and referrals. For some of these local service providers, there is a perception that federally-funded demonstration projects are encroaching on their jobs. • Due to the complexity of issues facing this population, there are some youth that are too unstable to effectively engage in their reintegration. For example, one female youth’s severe drug addiction drew her back to street prostitution and in fact out of the province immediately upon release from secure custody. In light of this, motivation level of the youth to change is a large factor in the success of any intervention or support offered during their reintegration. <p>Challenges to the development of Wraparound Teams:</p> <ul style="list-style-type: none"> • As a result of the offenders’ lengthy history of crime and problematic behaviours, there are few resources available to them. Wraparound Teams tend to be primarily comprised of family members and professionals. This seems particularly true with the older Phase 2 youth. In many cases, the youth’s family has cut off ties with them, or they are not seen by the youth as appropriate resources. • Appropriate community resources are reluctant to get involved due to the youth’s lengthy involvement in the justice system. • Families’ desire to keep the “problem” within the family. Inviting valued community resources such as neighbors, coaches, etc., can cause embarrassment to the family. Team development is an ongoing process for many of the youth involved. |
| Program Contact | <p>Gord MacDonald Youth Services Bureau of Ottawa 2675 Queensview Drive, Ottawa, Ont. K2B 8K2. E-mail: yjreintegration@ysb.on.ca Ph.: 613 738-2104 x 244; Fax: 613 738-7909</p> |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| COMMUNITY SUPERVISION PROGRAMS | |
|--|---|
| Source | http://www.wi-doc.com/index_juvenile.htm |
| Overview | <p>The purpose of these programs in Wisconsin is to successfully transition youth to the community from secure juvenile correctional institutions (JCI), and through structured supervision programs and partnerships with others, help youth to live crime-free while protecting public safety.</p> <p>Community supervision has a two-fold function:</p> <ul style="list-style-type: none"> • To provide a youth with the opportunity to meet his or her individual treatment, education, vocational, and daily living needs in order to support successful re-integration into the community; and • To monitor the youth's level of risk to the community and use appropriate control and disciplinary procedures when needed to protect the community. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute: Type 2 secured correctional facility <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): foster home, group home, or a residential treatment facility. |
| Program Components & Activities | <p>While in a JCI, all youth receive:</p> <ul style="list-style-type: none"> • Individual Case Planning; • Liaison services with counties; • Re-Integration/Transitional Services; and • Victim Impact Education <p>Depending on a youth's individual strengths, needs, or obligations, he or she might participate in:</p> <ul style="list-style-type: none"> • Academic Education &/or Vocational Programs • Alcohol and Other Drug Abuse Prevention Programs • Cognitive Intervention Programming • Community Service Projects & Payment of Restitution • Improving Social and Independent Living Skills • Individual & Family Counseling • In-Home Electronic Monitoring* • LifeWork Education including the use of the community school system or local colleges • Sex Offender Treatment • Transition Success Center <p>*In-Home Electronic Monitoring may be used if a youth is placed in the Corrective Sanctions Program (CSP), an incremental level system with</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

COMMUNITY SUPERVISION PROGRAMS

incentives and sanctions designed to enhance community protection & the youth's successful re-integration into the community.

A youth in a JCI returns to the community when the DJC Office of Juvenile Offender Review (OJOR) issues the appropriate order. In the community, a DJC agent or county social worker supervises a youth until the termination of the court commitment order or administrative discharge from supervision. Being on community supervision is a transition phase for the youth as he or she leaves the highly structured secure facility and returns to the community.

The DJC agent monitors the youth's behavior while he or she continues to participate in treatment programs and educational/vocational training according to his or her individualized case plan (ICP). The frequency of contacts by the agent with the youth varies over time depending on the needs of each youth. All youth follow written rules of supervision. If a youth violates a rule, the DJC agent implements specific disciplinary procedures including possibly returning the youth to an institution.

TWO TYPES OF SUPERVISION

Aftercare Supervision

While the youth is on aftercare, the youth may reside in the parental/guardian's home. If that placement is unsuitable for some reason, or if the youth requires specialized treatment or services, the youth may live in alternate care such as a foster home, group home, or a residential treatment facility. The youth receives services (as described above) and has regular contacts with his or her DJC agent. If a youth appears to require correctional supervision beyond the expiration date of the existing court commitment, DJC may (in some cases) petition the committing court to extend the order.

If a youth is alleged to violate a rule of supervision or commit a new offense, administrative rules govern the procedures for counseling, implementing a summary disposition, or revoking the youth's aftercare supervision thereby returning the youth to a Type 1 institution. The rules grant the youth numerous due process rights including a formal revocation hearing. A youth on aftercare is not in legal custody so cannot be charged with the felony offense of escape if he or she runs away/escapes from supervision.

Type 2 Secured Correctional Facilities

A Type 2 secured correctional facility located in the community is also called "an institution without walls." Although the Type 2 status youth no longer lives in a correctional facility surrounded by a secure fence, the youth continues to receive an intensive degree of supervision. Often youth on Type 2 supervision have a more serious offense history than youth on aftercare.

Type 2 facilities include:

- Corrective Sanctions Program (CSP)
- Serious Juvenile Offender Program (SJOP): community phase
- Type 2 Child Caring Institution (CCI)


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| COMMUNITY SUPERVISION PROGRAMS | |
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| | <p>DJC provides Type 2 supervision for all Wisconsin youth in the Serious Juvenile Offender Program (SJOP) and the Corrective Sanctions Program (CSP). DJC or a county may supervise a youth in a Type 2 Child Caring Institution.</p> <p>If a youth is alleged to violate a rule of supervision or commit a new offense, DJC follows the administrative rules to counsel, sanction or terminate the Type 2 supervision thereby returning the youth to a Type 1 institution. A sanction may include a return to the Type 1 institution for a set period of days. Aftercare youth are not subject to short term sanctions. A youth on Type 2 supervision does not have the range of due process rights granted to a youth on aftercare. If a youth runs away/escapes from supervision, he or she can be charged with the felony offense of escape because Type 2 youth are in legal custody.</p> <p><i>Corrective Sanctions Program</i></p> <p>CSP was primarily developed to move youth from a correctional institution to intensive community supervision in a private home with the parent(s), another family member or other suitable adult. However, some juvenile courts directly place a youth in CSP without first committing them to a correctional facility.</p> <p>One goal of the 6 month CSP is to decrease the length of time a youth spends in an institution by providing a high level of supervision in the community. Youth initially are placed on electronic monitoring and must follow a strict schedule 7 days a week. CSP includes a level system that offers incentives for positive behavior and sanctions for negative behavior.</p> <p><i>Serious Juvenile Offender Program (SJOP)</i></p> <p>Youth placed in the SJOP upon commitment to a correctional institution (JCI) continue in that program when placed in the community. Frequently, a youth may have 2-3 years remaining on his or her correctional order. Each youth receives individualized programming and treatment. Many youth participate in CSP or reside in a type 2 Child Caring Institution for a period of time upon return to the community. DJC has legal authority to release a SJO to aftercare supervision or to discharge from correctional supervision under certain circumstances.</p> <p><i>Type 2 Child Caring Institution (CCI)</i></p> <p>A CCI is a child caring institution operated by a child welfare agency for the care and maintenance of persons residing in the facility. In order to be designated by Department of Corrections as a Type 2 CCI, a regular CCI must first obtain approval from the Department of Health and Family Services.</p> |
| Number of Participants | <ul style="list-style-type: none"> • Total number of admissions in 2007 was 558 (down from 780 in 2002 and up from 540 in 2006). • The largest Corrections Sanctions Program is in Milwaukee with the resources to supervise up to 70 youth at one time. |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| COMMUNITY SUPERVISION PROGRAMS | |
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| Age of Participants | <p>In 2007 the program admitted the following numbers:</p> <ul style="list-style-type: none"> • 12 years: 3 • 13 years: 19 • 14 years: 79 • 15 years: 146 • 16 years: 228 • 17 years: 82 • 18 years: 1 <p>Admission trends from 2002-2006 are similar.</p> |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <p><i>Skills and Background</i></p> <hr/> <p><i>Specific training needed for program delivery</i></p> <hr/> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • Mendota Juvenile Treatment Centre is part of these programs. • This program is similar to the Intensive Rehabilitative Custody and Supervision (IRCS) Orders in Nova Scotia. |
| Program Contact | <p>Mr. Charles A. Tubbs Administrator Phone: 608.240-5901 Fax: 608.240-3370 Email: charles.tubbs@wisconsin.gov</p> |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  ENVIROS WILDERNESS SCHOOL ASSOCIATION | |
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| Source | http://www.enviros.org/index.htm |
| Overview | <p>Enviros Wilderness School Association is a community of people committed to enhancing the quality of family life in Alberta. The Association engages children, youth and families in experientially based opportunities so they can learn and develop skills that fosters independence and assists them in reaching their full potential.</p> <p>To actualize the mission Enviros strives to:</p> <ul style="list-style-type: none"> • Ensure children, youth and families are safe and healthy; • Assist children, youth and families to build on their strengths and successes; • Enable children, youth and families to become increasingly independent, lessening the need for outside supports; and • Continuously improve on outcomes. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): group home |
| Program Components & Activities | <p>EXCEL GROUP HOME/DISCOVERY PROGRAM</p> <p>The EXCEL Group Home is a residential program for adolescent female and male offenders who are serving open custody dispositions throughout Alberta. Since 1986, the EXCEL program has provided services for youth in conflict with the law. In response to a growing need, EXCEL has recently developed a treatment program (EXCEL Discovery Program) addressing addiction and mental health issues in adolescent young offenders.</p> <p>A basic tenet of the program is the assertion that most adolescent offenders wish to be successful, and can learn the skills required to achieve success in a community treatment setting that addresses concurrent disorders through on site resources such as school, addiction and mental health therapists, life skills training, group and individual sessions, and experiential programming.</p> <p>EXCEL Discovery helps adolescent offenders to realize their own potential thus, reducing the risk factors involved with re-offending and increasing safe healthy living options. The program focuses on the treatment needs and readiness of the individual by offering two options for open custody treatment. The first is the Discovery stream, where most residents will start, which assesses treatment needs and accommodates residents with short-term sentences. Summit is the second stream which offers more concentrated</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  ENVIROS WILDERNESS SCHOOL ASSOCIATION | |
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| | <p>voluntary treatment for residents serving out a sentence long enough to accommodate treatment, preferably 60 days or more.</p> <p>The EXCEL Discovery Program raises awareness of the subtleties of expectation, reality, and self-esteem. The group home program provides positive and successful experiences that the youth can build on for future success.</p> |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 12-18 years. |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <p>The following agencies have joined in a collaborative partnership, to holistically address the treatment needs of adolescents serving an open custody sentence at the EXCEL Discovery Program:</p> <ul style="list-style-type: none"> • Alberta Alcohol and Drug Abuse Commission (AADAC); • Forensic Adolescent Program (FAP) with the Calgary Health Regional (CHR); • Enviros Wilderness School Association (ExCEL Group Home); • Alberta Solicitor General and Public Security; and • Alberta Learning, Calgary Board of Education, West View Secondary School <p>Other partners include:</p> <ul style="list-style-type: none"> • Alberta Learning Alberta Mental Health • Aspen Family and Community Services • Calgary Board of Education • McMan Youth and Family Services |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Unknown <p>Funders include:</p> <ul style="list-style-type: none"> • Calgary and Area Child and Family Services Region 3 • Alberta Solicitor General and Public Security (EXCEL Group Home Discovery Program) • Alberta Alcohol and Drug Abuse Commission <p>Other donors include:</p> <ul style="list-style-type: none"> • Calgary Foundation • Kinsmen Club of Calgary |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  ENVIROS WILDERNESS SCHOOL ASSOCIATION | |
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| | <ul style="list-style-type: none"> • Scotiabank • Calgary Co-op • Wild Rose Foundation • Alberta Lottery Fund – Community Initiatives Program • ARC Resources • TransCanada • United Way of Calgary, Donor Choice Award • GLJ Petroleum Consultants • Mr. Jim King • Gordon Hoffman, Hoffman, Dorchik • The Foresters • Dr. Mark Antosz, Antosz Orthodontics • Anonymous Donors • Doug and Rosemary Bonner • Danziger Design Glass Studio • Spartan Controls • WestJet • The Loyalty Group • The David Elton Outdoor Fund - The Calgary Foundation • The Community Grants Program – The Calgary Foundation |
| Comments | |
| Program Contact | Enviro Wilderness School Association 13, 2115-27th Ave NE Calgary, Alberta T2E 7E4 Phone: (403) 219 3499 Fax: (403) 219 3466 Email: office@enviros.org |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  EQUINE ASSISTED PSYCHOTHERAPY | |
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| Source | http://www.eagala.org |
| Overview | <p>Equine Assisted Psychotherapy (EAP) incorporates horses experientially for emotional growth and learning. It is a collaborative effort between a licensed therapist and a horse professional working with the clients and horses to address treatment goals. Because of its intensity and effectiveness, it is considered a short-term, or "brief" approach.</p> <p>The focus of EAP is not riding or horsemanship. The focus of EAP involves setting up ground activities involving the horses which will require the client or group to apply certain skills. Non-verbal communication, assertiveness, creative thinking and problem-solving, leadership, work, taking responsibility, teamwork and relationships, confidence, and attitude are several examples of the tools utilized and developed by EAP.</p> <p>EAP is a powerful and effective therapeutic approach that has an incredible impact on individuals, youth, families, and groups. EAP addresses a variety of mental health and human development needs including behavioral issues, attention deficit disorder, substance abuse, eating disorders, abuse issues, depression, anxiety, relationship problems and communication needs.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input checked="" type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Mental health facilities |
| Program Components & Activities | EAP is experiential in nature. This means that participants learn about themselves and others by participating in activities with the horses, and then processing (or discussing) feelings, behaviors, and patterns. This approach has been compared to the ropes courses used by therapists, treatment facilities, and human development courses around the world. However, EAP has the added advantage of utilizing horses, dynamic and powerful living beings. |
| Number of Participants | Clients may work individually, or in groups, depending on the presenting issue. |
| Age of Participants | • All ages |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | Some specific training is required for program delivery. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  EQUINE ASSISTED PSYCHOTHERAPY | |
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| | <p><i>Specific training needed for program delivery</i></p> <p>The EAGALA Certification process involves a learning structure with two certification levels: EAGALA Certification and EAGALA Advanced Certification.</p> <p>I. To obtain EAGALA Certification:</p> <ol style="list-style-type: none"> 1) Complete Fundamentals of EAGALA Model Practice Training Part 1 2) Professional Development Portfolio submitted 3) Complete Fundamentals of EAGALA Model Practice Training Part 2 <p>II. To obtain EAGALA Advanced Certification:</p> <ol style="list-style-type: none"> 1) Complete EAGALA Certification 2) Complete Fundamentals of EAGALA Model Practice Training Part 1 a second time as a returnee 3) Attend one EAGALA Annual Conference 4) Submit an article that is accepted for publication in EAGALA News 5) Complete 150 hours EAGALA client sessions (post EAGALA Certification) with Mentoring 6) Complete Advanced Training requirement (determined through Mentoring) <p>About the Certification Process A primer is available from the program developers, and a 5 day, 40 hour training is necessary for group facilitators.</p> |
| Program Accredited | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Recidivism rates of male juvenile offenders improved after the introduction of horses into treatment sessions. • An average of five sessions produced improvement in the areas of conduct, mood and psychotic disorders after years of conventional therapy failed to have an impact on the clients. |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • There are programs in other provinces, but not currently in NS. |
| Program Contact | Angie Jensen Box 29, Site 8, RR #2 Totfield, AB, T0B 4J0 Phone (780): 662-3275 Fax: (780) 662-3566 |
| Additional Source Documents | Frewin, K. & Gardiner, B. (2005). New age or old sage? A review of equine assisted psychotherapy . <i>The Australian Journal of Counselling Psychology</i> , 6, pp13-17. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  EQUINE ASSISTED PSYCHOTHERAPY | |
|---|---|
| | <p>Kaiser, L., Spence, L.J., Lavergne, A.G., & Bosch, K.L. (2004). Can a week of therapeutic riding make a difference? A pilot study. <i>Anthrozoos</i>, 17, 63-72.</p> <p>Klontz, B.T., Bivens, A., Leinart, D. & Klontz, T. (2007). The effectiveness of equine-assisted experiential therapy: Results of an open clinical trial. <i>Society and Animals</i>, 15 (2007), 257-267.</p> <p>Scheidhacker, M., Friedrich, D., & Bender, W. (2002). About the treatment of anxiety disorders by psychotherapeutic riding: Long term observations and results of an experimental clinical study. <i>Krankenhauspsychiatrie</i>, 13, 145-152.</p> <p>Shultz, B. (2005). The effects of Equine-Assisted Psychotherapy on the psychosocial functioning of at-risk adolescents ages 12-18. Unpublished Masters Thesis. Denver Seminary. Denver, CO.</p> <p>Zugich, M., Klontz, T., & Leinart, D. (2002). The miracle of equine therapy. <i>Counselor Magazine</i>, 3(6), 22-27.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| ETHAN ALLEN SCHOOL | |
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| Source | http://www.wi-doc.com/index_juvenile.htm |
| Overview | <p>Ethan Allen School is a Wisconsin based secure custody facility for adjudicated juveniles. It provides individualized culturally sensitive programming based upon the uniqueness of each youth, utilizes the concepts of restorative justice, affirms that staff are key to successful programming and positive treatment outcomes, provides a safe environment for staff and youth, and maintains partnerships with families, counties and community agencies.</p> <p>Ethan Allen School features a Short Term Re-entry Program which targets juvenile males ages ten through seventeen. This short-term dispositional option is intended for highly motivated youth capable of changing behavior within a 90-120 day time frame. This program is designed to provide intensive services with a guaranteed release upon successful completion.</p> <p>Short-term program participation requires a commitment by the county, the aftercare provider and the family, to invest in the program, attend reviews, and work toward re-entry from the time of reception. The program's maximum length is 120 days at Ethan Allen School. This will be followed by at least two months of Aftercare.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>All secure juvenile correctional institutions in Wisconsin offer the following programs:</p> <ul style="list-style-type: none"> • Individualized case planning • Behavioural level systems on living units • Individual, group and family counseling • Intensive mental health services • Recreational activities like ROPE courses • Victim impact programming • Trauma groups • Grandparents and other mentoring programs • AODA treatment program and/or education • Serious Sex Offender program • Culturally specific services • Anger management groups • AA groups |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

ETHAN ALLEN SCHOOL

- Parenting groups
- Traditional and independent living services
- Spiritual/pastoral counseling
- Restorative Justice (restitution and community service)
- Academic programming for a broad range of grades
- Traditional high school diploma program
- Computer classes
- Physical education
- LifeWork Education program
- Special education services
- Library services
- Human sexuality and health education
- Vocational programs

ACADEMIC AND LIFEWORK EDUCATION PROGRAM

Youth attend school full-time in a central location or on their living units. Improving academic skills clearly plays a vital role in a youth's ability to successfully reintegrate into the community. Educational programming is offered at a variety of academic levels including middle school, high school, HSED, technical college courses and vocational programs. A significant percent of DJC youth require Special Education services.

The LifeWork Education Program assists youth to understand the connection between education and career development. The program involves administration of aptitude and assessment tests, development of a LifeWork Education Plan, and compilation of a Career Portfolio that contains a record of the youth's academic, vocational, social and employment achievements. LifeWork Education encompasses traditional academic classes, career exploration, development of soft skills (interviewing, writing resumes, etc.) as well as vocational training. A goal of LifeWork is to build a bridge between the juvenile justice system and the Wisconsin workforce development system.

ALCOHOL AND OTHER DRUG ABUSE (AODA) PROGRAM

The (AODA) program is designed to provide a safe, secure, and supportive learning environment in which youth can effectively address their substance abuse treatment needs. Through treatment, education and life skills training, youth have the opportunity to make positive lifestyle changes. A few of the objectives of the program include:

- Educate youth regarding the effects of alcohol and other drug abuse on themselves, their families and the community.
- Assist the youth to develop skills needed to abstain from misuse and abuse of alcohol and other drugs.
- Measure youth's progress in the program through pre- and post-tests, and weekly discussions and assignments.
- Reduce the number of AODA relapses among youth returning to the community.

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| ETHAN ALLEN SCHOOL | |
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| | <ul style="list-style-type: none">• Increase interaction of JCI staff and youth with community agencies/services. <p>JUVENILE COGNITIVE INTERVENTIONS PROGRAM (JCIP)</p> <p>Choices, Changes and Challenges are the three phases of JCIP. This is a cognitive restructuring program designed to help youth build cognitive skills that enable them to make choices that are pro-social, rather than continuing thought patterns that result in negative decisions and behaviors. Trained facilitators deliver JCIP to youth using the standardized instruction materials. Generally, the first two phases take place in a JCI with the third phase in the community. The phases have the following goals:</p> <ul style="list-style-type: none">• Choices: help the youth understand and challenge the thinking that encourages and excuses their own illegal or harmful behavior.• Changes: build the youth’s cognitive skills to assist the youth to change thinking patterns and to develop pro-social interpersonal skills.• Challenges: continue to improve the youth’s cognitive skills and ability to avoid engaging in negative behaviors <p>The Ethan Allen School (EAS) specific program elements include:</p> <ul style="list-style-type: none">• Re-entry planning that begins immediately with strong coordination and participation by the aftercare provider and family members.• Abbreviated (two week) Reception period• Educational Programming focused on remediating basic skills and providing mandated Special Education services. Eligible students will be provided with High School Equivalency Diploma programming.• Juvenile Cognitive Intervention Programming (Phases 1 and 2 of the Division’s Cognitive Intervention Program and a new family component, “Families Count”). Youth are taught to identify thinking habits directly connected with their criminal behavior and to recognize consequences. Parents, guardians or other appropriate adults are required to participate with the youth in a final component geared to maintaining new behaviors when the youth returns to the community.• Anger Management Training: Youth participate in pro-social skill training aimed at disrupting aggressive behavioral patterns.• AODA: Youth identified by screening and assessment will participate in AODA treatment offered by Ethan Allen School. Due to the short time frame, it will be essential that this treatment aspect be continued in the community.• <i>A Fitness component</i> and Adventure Based Ropes and Challenge Programming. Youth will participate in daily fitness activities. <p>The Aftercare component is key to the youth’s success in the community. For state provided Aftercare, the agent is assigned to the youth upon admission to Ethan Allen School. This is consistent with the Division’s emphasis on transitional planning and reintegration services for youth as</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| ETHAN ALLEN SCHOOL | |
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| | <p>they return to their home communities.</p> <p>Each youth has clearly defined expectations for progress and completion. Information on the youth's adjustment to the program is shared on a regular basis with the court, the family, and the county. If problems are evident with a direct commitment, the court will be notified for further decision-making. The county, aftercare staff, and family members will participate fully in discharge/re-entry planning.</p> <p>Ethan Allen School also offers the following programs:</p> <p>CHOICES PROGRAM</p> <p>The Choices Program is an outreach program that provides youth an opportunity to contribute to their community. Youth are accepted in the program by referral or successful completion of the Rites of Passage program. The goals of the program are to motivate young people to make good choices, understand the realities of incarcerated life (if they are placed in prison in the future), and discuss with other youth similarities in their life experiences even though they may come from different social, economic and cultural backgrounds.</p> <p>VICTIM IMPACT PROGRAM (EAS)</p> <p>The EAS Victim Impact Program, Self and Community, offers a 12 week educational curriculum with 14 lessons covered in 90 minute classes for 5 days a week. It emphasizes victim's rights and creates an awareness of the harmful effects of crime. The program, taught by certified staff, teaches youth that all crime negatively affects the lives of individuals physically, emotionally, psychologically, and/or financially. As an outgrowth of victim impact awareness, youth at Ethan Allen School participate in a special Restorative Justice project.</p> |
| Number of Participants | <ul style="list-style-type: none"> • 15 |
| Age of Participants | <ul style="list-style-type: none"> • 10-17 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| | |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Part of the state of Wisconsin Correctional Service |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| ETHAN ALLEN SCHOOL | |
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| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Mr. Kyle K. Davidson, Superintendent Phone: 262.646-3341 Fax: 262.646-3761 Email: kyle.davidson@wisconsin.gov Ethan Allen School PO Box 900 Wales, WI 53183-0900 |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  FAMILY GROUP CONFERENCING | |
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| Source | http://www.georgehullcentre.on.ca/FamilyGroupConferencing |
| Overview | <p>Family Group Conferencing (FGC) is an alternative approach to working with and engaging families in the child protection context. The main objective of FGC is to give the extended family group (i.e., nuclear family, extended family, and friends) a voice in the decision-making process to ensure the safety and well-being of children at-risk or in need of protection. FGC is a culturally-sensitive, alternative approach to child protection that empowers marginalized families; bringing together family group members to craft a plan of care for their children that addresses concerns identified by child welfare/children’s mental health professionals. A main benefit of the FGC process is that plans are developed for the vast majority of these children to return to or remain within their extended family systems. The concept of FGC originated in New Zealand based on concerns of the overrepresentation of aboriginal Maori children within child welfare and juvenile justice systems.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>FGC is a process whereby family group members (i.e., nuclear family, extended family, and friends) participate in the decision-making process to plan for a child(ren) that is at risk or in need of protection. There are two distinct phases to the FGC process:</p> <p>THE PREPARATION PHASE</p> <p>This phase involves the coordinator meeting with all family group members and service providers invited to a conference. The goal is to prepare prospective participants by providing them with information about the conferencing process as well as the strengths and concerns identified by the professionals involved with the family. This phase takes approximately 5 to 8 weeks.</p> <p>THE CONFERENCE PHASE</p> <p>Conferences usually are held on evenings or weekends and last approximately 5.5 hours. Additional conferences can be requested if the family wishes to review/revise a plan. A conference is divided into 3 segments:</p> <ul style="list-style-type: none"> • Opening and Information Sharing: This is the beginning of the |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  FAMILY GROUP CONFERENCING | |
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| | <p>conference and is marked in a ritual manner chosen by the family (e.g., prayer). Both family members and professionals attend this segment. The coordinator outlines the purpose of the conference and each person is introduced. Participants establish guidelines for a respectful process. Service providers present their reports and are available to answer questions. A speaker, at the request of the family, may address a topic relevant to the family (e.g., addictions, depression, death).</p> <ul style="list-style-type: none"> • Family Private Time: During this period, family group members meet alone, without involvement of professionals or the coordinator, to craft a plan that addresses the child welfare concerns and ensures the future safety and well-being of the child. This time allows the family to share a meal and to discuss and share any intimate or confidential matters. • Review of the Plan: In the final stage, the family group presents their recommendation for a plan to the child welfare team. The plan is accepted if the child protection staff is assured that the child's well-being and safety needs have been addressed. |
| Number of Participants | |
| Age of Participants | |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> <hr/> <i>Specific training needed for program delivery</i> <hr/> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • In 2004-2005, with funding from the Centre of Excellence for Child Welfare, University of Toronto, the Family Group Conferencing Project of Toronto collaborated with investigators at the Children's Aid Society of Toronto and Catholic Children's Aid Society of Toronto to conduct an evaluation of the outcomes of Family Group Conferencing. This study illustrated many positive outcomes of the FGC program on key indicators of child safety and stability, including: <ul style="list-style-type: none"> ○ Significant reductions in involvement with child welfare; ○ Significant reductions in the number of child welfare investigations; and ○ High percentages (89%) of children remaining within and returning to families both immediately and in the long-term, on average 3 years. • In addition to the outcome research, client satisfaction questionnaires are distributed to professionals and family members following conferences. They reveal high levels of satisfaction with: |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  FAMILY GROUP CONFERENCING | |
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| | <ul style="list-style-type: none"> ○ The information needed to make the plan; ○ The opportunity to share and participate; ○ The experience of safety for self and others; ○ The sensitivity to cultural background of family; ○ The quality of the plan developed; and ○ The overall process. |
| Program Funding | <p> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Unknown </p> <ul style="list-style-type: none"> • The George Hull Centre Foundation was established in 1995 to receive and maintain funds to support the children’s mental health activities of The George Hull Centre for Children and Families. http://www.georgehullcentre.on.ca/AboutTheGeorgeHullCentreFoundation |
| Comments | |
| Program Contact | <p> Carolina Pizarro George Hull Centre for Children and Families 600 The East Mall, Third Floor Toronto, Ontario, M9B 4B1 Email: cpizarro@georgehull.on.ca Phone: 416-622-8833 x 412. </p> |
| Additional Source Documents | <p> The Ontario Family Group Conferencing Manual can be downloaded at: http://www.georgehullcentre.on.ca/FGCManual </p> <p> For additional resources please see: http://www.georgehullcentre.on.ca/AddResources </p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| FUNCTIONAL FAMILY THERAPY | |
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| Source | http://www.fftinc.com/ http://www.colorado.edu/cspv/blueprints/contacts/list.html#FFT |
| Overview | <p>Functional Family Therapy (FFT) is named to reflect a set of core theoretical principles which represents the primary focus (family), and an overriding allegiance to positive outcome in a model that understands both positive and negative behavior as representations of family relational systems (functional). Thus, Functional Family Therapy has adopted an integrative stance that stresses functionality of the family, the therapy, and the clinical model.</p> <p>The developers and replicators of Functional Family Therapy have recognized that solutions require an integration of high quality science, tested theoretical principles, and extensive clinical experience in pursuit of specific functional goals of:</p> <ol style="list-style-type: none"> 1. Effectively changing the maladaptive behaviors of youth and families, especially those who at the outset may not be motivated or may not believe they can change; 2. Reducing the personal, societal, and economic devastation that results from the continuation or exacerbation of the various disruptive behavior disorders of youth; and 3. Doing so with less cost, in terms of time and money, than so many of the more expensive (but not necessarily effective) treatments currently available. <p>Since its inception in 1969, FFT has accomplished its primary goals by integrating the most promising theoretical perspectives, the empirical data available, and hours and hours of direct clinical experience with the troubled youth we wanted to help. FFT is designed to increase efficiency, decrease costs, and enhance our ability to provide service to more youth by:</p> <ol style="list-style-type: none"> 1. Targeting risk and protective factors that we can, in fact, change and then programmatically changing them; 2. Engaging and motivating the families and youth so they participate more in the change process; 3. Entering each session and phase of intervention with a clear plan and by using proven techniques for implementation; 4. Constantly monitoring process and outcome so we don't fool ourselves or make excuses for failure; and 5. Believing in the families we see and then believing in ourselves. |
| Focus of Program | <input checked="" type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| FUNCTIONAL FAMILY THERAPY | |
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| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): clinic setting as outpatient therapy |
| Program Components & Activities | <p>FFT is a short-term intervention with, on average, 8 to 12 one-hour sessions for mild cases and up to 26 to 30 hours of direct service for more difficult situations. In most programs sessions are spread over a three-month period of time.</p> <p>Each phase of FFT involves clinically rich and successful interventions that are organized in a coherent manner and allow clinicians to maintain focus in the context of considerable family and individual disruption. The phases consist of:</p> <p>Phase 1: Engagement and Motivation</p> <p>During these initial phases, FFT applies reattribution (e.g., reframing) and related techniques to impact maladaptive perceptions, beliefs, and emotions. This produces increasing hope and expectation of change, decreasing resistance, increasing alliance and trust, reducing the oppressive negativity within family and between family and community, and increasing respect for individual differences and values.</p> <p>Phase 2: Behavior Change</p> <p>This phase applies individualized and developmentally appropriate techniques such as communication training, specific tasks and technical aids, basic parenting skills, and contracting and response-cost techniques.</p> <p>Phase 3: Generalization</p> <p>In this phase, Family Case Management is guided by individualized family functional needs, their interaction with environmental constraints and resources, and the alliance with the therapist.</p> <p>Each of these phases involves both assessment and intervention components. Family assessment focuses on characteristics of the individual family members, family relational dynamics, and the multi-systemic context in which the family operates. The family relational system is described in regard to interpersonal functions and their impact on promoting and maintaining problem behavior. Intervention is directed at accomplishing the goals of the relevant treatment phase.</p> <p>For example, in the engagement and motivation phase, assessment is focused on determining the degree to which the family or its members are negative and blaming. The corresponding intervention would target the reduction of negativity and blaming. In behavior change, assessment would focus on targeting the skills necessary for more adaptive family functioning. Intervention would be aimed at helping the family develop those skills in a way that matched their relational patterns. In generalization, the assessment focuses on the degree to which the family can apply the new behavior in</p> |


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| FUNCTIONAL FAMILY THERAPY | |
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| | broader contexts. Interventions would focus on helping generalize the family behavior change into such contexts. |
| Number of Participants | <ul style="list-style-type: none"> • Individuals and their families |
| Age of Participants | <ul style="list-style-type: none"> • 11-18 years and potentially younger siblings |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | <ul style="list-style-type: none"> • FFT therapists must be relationally sensitive and focused as well as capable of clear structuring and teaching in order to produce significantly fewer dropouts during treatment and lower recidivism. |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The data from numerous outcome studies suggests that when applied as intended, FFT can reduce recidivism between 25% and 60%. Additional studies suggest that FFT is a cost-effective intervention that can, when appropriately implemented, reduce treatment costs well below that of traditional services and other family-based interventions. • To date, thirteen studies in referenced journals (plus one in preparation) demonstrate dramatic and significant positive treatment effects, including follow-up periods of up to five years. Rates of offending and foster care or institutional placement have been reduced at least 25 percent and as much as 60 percent in comparison to the randomly assigned or matched alternative treatments, or base rates. One study also demonstrated a positive three year follow-up effect on siblings. Additional formal program reports (e.g., county and federal funded projects) from completed and ongoing replications reflect similar positive outcomes, and five currently funded trials (National Institute of Drug Abuse, National Institute of Alcohol Abuse and Alcoholism, Government of Sweden) promise additional data regarding generalization of effects for FFT across more contexts and populations. Studies have also identified specific FFT based interventions and direct changes in family functioning which relate to the outcome findings. |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | Recommended by: <ul style="list-style-type: none"> • The Office of Juvenile Justice and Delinquency Prevention; • The Center for Substance Abuse Prevention; • The Center for Disease Control and Prevention; |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| FUNCTIONAL FAMILY THERAPY | |
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| | <ul style="list-style-type: none"> • Youth Violence: A Report of the Surgeon General; and • Blueprints for Violence Prevention. |
| Program Contact | <p><i>For general program information, contact:</i> Holly deMaranville, Communications Coordinator Functional Family Therapy, LLC 1611 McGilvra Boulevard East Seattle, WA 98112 Phone: (206) 369-5894 Fax: (206) 664-6230 Email: hollyfft@comcast.net Website: www.fftinc.com</p> <p><i>For information about project development, contact:</i> Doug Kopp Functional Family Therapy, LLC 1611 McGilvra Boulevard East Seattle, WA 98112 Cell Phone: (206) 409-7198 Fax: (206) 664-6230 Email: dkfft@msn.com Website: www.fftinc.com</p> <p><i>For information about program research, contact:</i> James F. Alexander, Ph.D. Department of Psychology University of Utah 390 South 1530 East, Room 502 Salt Lake City, UT 84112 Phone: (801) 585-1807 Fax: (801) 581-5841 Email: jfafft@aol.com Website: www.psych.utah.edu</p> |
| Additional Source Documents | <p>Alexander, J., Barton, C., Gordon, D., Grotmeter, J., Hansson, K., Harrison, R., et al. (1998). <i>Functional Family Therapy: Blueprints for Violence Prevention, Book Three</i>. Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  HINCKS-DELLCREST | |
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| Source | http://www.hincksdellcrest.org/treatment-centre/index.html |
| Overview | <p>The Hincks-Dellcrest Treatment Centre provides a day program for youth in its open custody, aftercare counseling services for some of the youth, and consultation services to other agencies providing similar open custody placements.</p> <p>The Treatment Centre's services to youth in open custody take into account the fact that the vast majority of youth who offend have therapeutic needs. These needs range from a simple need for better self-esteem and more developmentally appropriate problem solving and social skills, to resolution of feelings, beliefs, and attitudes resulting from abusive or other traumatic life events, to long-term management of serious psychiatric illnesses.</p> <p>Although specific individualized goals are developed for each youth as a part of the youth's plan of care, the Treatment Centre strives to achieve the following general outcomes for young offenders:</p> <ul style="list-style-type: none"> • Reduction in the number and seriousness of future offenses (i.e., reduction of recidivism); • Increase in future positive contributions to the community by the youths served; • Increase in the youths' hope and motivation for a better future, and the youths' belief that they can influence that future; • Increase in the youths' insight into their own behaviour and difficulties, and their understanding of the connection between behaviour and consequences; • Increase in the youths' physical, cognitive, academic, affective, communication, and social and life skills at an appropriate developmental level, as needed; • Increase in the youths' sense of responsibility and belonging to the community; • Increase in the youths' sense of belonging to and acceptance by their families, or to have worked through at least part of the youths' grief and/or anger if this is not possible; and • A clearer picture of the youths' treatment needs, communication of these needs to the youths and their families/supports, meet at least some of these needs when the youth is in service at the Treatment Centre, and establishing the links necessary to continue to have these needs met after discharge, as required. <p>Admission to any open-custody facility is not voluntary. The youth are sentenced to open custody by a Youth Court. Length of stay is determined primarily by the sentence imposed. Although the youth do not have a choice about being in open custody, specific treatment services (e.g., psychiatric assessment, psychotherapy, medication) are provided only with appropriate consent.</p> <p>The Treatment Centre also has three residences that provide short-term (three months to two years) residential treatment services to seriously disturbed children and youth.</p> <p>Clients served in residential treatment usually have acute and/or extreme</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  HINCKS-DELLCREST | |
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| | social-emotional and behaviour problems (e.g., repeated suicidal gestures, placing self or others at risk, fire setting, running away), and often have multiple mental health diagnoses. Long-standing family problems also are often, although not always, present. Children and youth usually are not admitted to residential treatment unless family and community-based treatment has been tried and found insufficient to meet the child or youth's treatment needs. All referrals to residential treatment must be supported by the parent or guardian. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Residential treatment facility, open custody facility |
| Program Components & Activities | <p>The Treatment Centre's services to young offenders achieve the goals listed above through a variety of methods. Major methods include: case management, milieu therapy, community involvement, individualized programming, psychiatric and other specialized assessments, and individual counseling and/or psychotherapy. The Treatment Centre has clear expectations for the youth, provides a high level of staff supervision, uses rules and structure to keep the youth under necessary control and to learn self-control, and encourages the youth to prepare for the future. All of the youth are required to attend school, have a job, and/or receive job training while in custody.</p> <p>Residential treatment includes daily living in a milieu that encourages healthy functioning and participation in the family, school, and community. In addition, residential treatment includes psychiatric assessment and consultation, individual therapy, group therapy, and family therapy. According to need, it also may include psychological assessment and consultation, and/or medication.</p> <p>An educational program is provided to each child or youth in residential treatment. In some cases, residents continue to attend their regular schools. However, in most cases, residents attend special classrooms run collaboratively by Hincks-Dellcrest staff and teachers from the Toronto District School Board. These classrooms are designed to provide educational services to children and youth receiving treatment services who do not cope adequately in a community school.</p> <p>Some older youth attend work programs in addition to, or instead of, attending school.</p> <p>Aftercare support is provided to former residents and their families after</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  HINCKS-DELLCREST | |
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| | discharge from residential treatment. |
| Number of Participants | <ul style="list-style-type: none"> • Weston Road residential treatment facility: 8 • City Residential: 13 plus 2 spaces reserved for youth convicted of an offence when they were 12-15 and sentenced to open custody. • The Farm: 17 plus 2 spaces reserved for youth convicted of an offence when they were 12-15 and sentenced to open custody. |
| Age of Participants | <ul style="list-style-type: none"> • Weston Road residential treatment facility: 6-8 years • City Residential: 12-17 • The Farm: 12-17 |
| Gender of Participants | <ul style="list-style-type: none"> • Weston Road residential treatment facility: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female • City Residential: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female • The Farm: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Residents attend special classrooms run collaboratively by Hincks-Dellcrest staff and teachers from the Toronto District School Board. • The Treatment Centre is partially affiliated with the University of Toronto |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The Treatment Centre is accredited by the Council on Accreditation for Children and Family Services. |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The school board portion of services is funded by the Ontario Ministry of Education. |
| Comments | |
| Program Contact | Jarvis Street Site 440 Jarvis Street Toronto, Ontario, Canada M4Y 2H4 Telephone: (416) 924-1164 Fax: (416) 924-8208 e-mail: info@hincksdellcrest.org |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| INTENSE AFTERCARE PROGRAM | |
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| Source | http://www.ncjrs.gov/pdffiles1/ojdp/206177.pdf |
| Overview | <p>The goal of the Intensive Aftercare Program (IAP) is to reduce recidivism among high-risk parolees. The model postulates that effective intervention requires not only intensive supervision and services after institutional release, but also a focus on reintegration during incarceration and a highly structured and gradual transition between institutionalization and aftercare. Some of the model's key elements are the following:</p> <ul style="list-style-type: none"> • Individualized case planning to identify youth's service needs and to determine how those needs will be addressed during incarceration, transition, and aftercare; • Continuity in case management and service delivery throughout the various program phases; • High levels of coordination and cooperation between institutional and aftercare staff; • The use of formal transition structures (e.g., transition facilities), processes (e.g., furloughs), and/or programs as mechanisms for facilitating community reentry; • The use of small, IAP-specific caseloads; • The provision of intensive supervision and multiple control mechanisms accompanied by access to a wide range of community-based services; and • The use of a system of graduated rewards and sanctions to respond immediately and proportionately to youth's behavior. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community <ul style="list-style-type: none"> • Each of these may be addressed through individual case planning. |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Effective intervention with the target population requires not only intensive supervision and provision of services after institutional release but also a focus on reintegration during incarceration and a highly structured and gradual transition process that serves as a bridge between institutionalization and aftercare. This model is most clearly conceptualized as a correctional continuum consisting of three distinct, yet overlapping, segments:</p> <ul style="list-style-type: none"> • Prerelease and preparatory planning during incarceration; • Structured transition that requires the participation of institutional and aftercare staff prior to and following community reentry; and, |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| INTENSE AFTERCARE PROGRAM | |
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| | <ul style="list-style-type: none"> • Long-term, re-integrative activities that ensure adequate service delivery and the necessary level of social control. <p>The notion of overarching case management is central to the IAP model. It focuses on the processes required for successful transition and aftercare and includes five subcomponents:</p> <ol style="list-style-type: none"> 1. Assessment, classification, and selection criteria. IAP focuses on high-risk offenders to maximize its potential for crime reduction. To accurately identify these high-risk youth, implementing jurisdictions need to use a validated risk-screening instrument. 2. Individualized case planning that incorporates family and community perspectives. This component specifies the need for institutional and aftercare staff to jointly identify youth's service needs shortly after commitment and to plan for how those needs will be addressed during incarceration, transition, and aftercare. It requires attention to youth problems in relation to their families, peers, school, and other social networks. 3. A mix of intensive surveillance and services. The model promotes close supervision and control of high-risk offenders in the community but also emphasizes the need for similarly intensive services and support. This approach requires that staff have small caseloads and that supervision and services be made available not only during traditional times but also in the evenings and on weekends. 4. A balance of incentives and graduated consequences. Intensive supervision is likely to uncover numerous technical violations and program infractions. The IAP model indicates the need for a range of graduated sanctions tied directly and proportionately to the seriousness of the violation instead of relying on traditional "all-or-nothing" parole sanctioning schemes. At the same time, the model points to a need to consistently reinforce youth progress via a graduated system of meaningful rewards. 5. Creation of linkages with community resources and social networks. This element of case management is rooted in the conviction that the parole agency cannot effectively provide the range and depth of services required for high-risk, high-need parolees unless it brokers services through a host of community agencies and resources. Moreover, because interventions focus on family, school, peer, and community issues, the case manager and service agencies need to create strong working relationships with these social networks. <p>The IAP model is considered prescriptive in the sense that each of the implementing sites was required to use the intervention framework and the underlying program principles as the foundation for local program design. However, each site will develop a specific design that provides the best fit between the model's parameters and the local context.</p> |
| Number of Participants | <ul style="list-style-type: none"> • Varies in each facility. |
| Age of Participants | <ul style="list-style-type: none"> • Under the age of 18. |
| Gender of Participants | <input checked="" type="checkbox"/> Male |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| INTENSE AFTERCARE PROGRAM | |
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| | <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> This model recognizes that a parole agency cannot effectively provide the range and depth of services required for high-risk, high-need parolees unless it brokers services through a host of community agencies and resources. Moreover, because interventions focus on family, school, peer, and community issues, the case manager and service agencies need to create strong working relationships with these social networks. |
| Staffing | <i>Skills and Background</i> <hr/> <i>Specific training needed for program delivery</i> <hr/> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> Overall, studies of three test sites found that the IAP model did not influence recidivism. IAP participants had fewer positive tests for controlled substances while on parole. IAP youth had shorter stays at the institution. IAP youth were more likely to be involved in vocational training at least two months during aftercare. In this evaluation it is difficult to compare IAP youth to non-IAP youth since non-IAP youth also tended to receive IAP services. Also, the small sample size means that many of the differences are not statistically significant. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown <ul style="list-style-type: none"> The program was sponsored by the United States Office of Juvenile Justice and Delinquency Prevention (OJJDP). |
| Comments | |
| Program Contact | Office of Juvenile Justice and Delinquency Prevention 810 Seventh Street NW. Washington, DC 20531 phone: 202-307-5911 |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| INTENSIVE PROBATION SUPERVISION | |
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| Source | http://guide.helpingamericasyouth.gov/programdetail.cfm?id=597 |
| Overview | The Cuyahoga County (Ohio) Intensive Probation Supervision (IPS) program provides intensive supervision and treatment services to serious felony juvenile offenders. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>The supervision components consist of 1) a 30-day period of house arrest, 2) strict curfews, 3) hourly school reports on attendance and behavior, and 4) compliance with all program rules. The basic treatment service model is provided through service brokerage, whereby community resources are used to treat youth. In addition, the program uses a team structure approach for the supervision and treatment of each youth. Each team consists of three surveillance officers, one senior probation counselor, and one probation manager. The senior probation counselor plays a critical role, providing administrative supervision of the team members and coordinating the services the client receives. A comprehensive needs assessment instrument determines the services provided to each probationer. Both the probation officer and the youth develop a behavioral contract that stipulates the objectives to be accomplished during the probation period. This contract is signed by the officer, the youth, and (if possible) the youth's parent or guardian. Youths remain in IPS anywhere from 8 to 14½ months.</p> <p>The program is divided into three phases. With each successive phase, intensity of supervision and surveillance decreases. The phases culminate in the formation of an aftercare support group and discharge.</p> <p>Phase 1 (3 to 4 months) consists of</p> <ul style="list-style-type: none"> • A probation agreement (behavior contract) • Three weekly contacts (at random) by the surveillance officer • A counseling session every 2 weeks by a probation counselor • Team assessment—by the probation officer, the probation counselor, and the surveillance officer—using risk and needs assessment • Service delivery that addresses treatment needs <p>Phase 2 (2 to 3 months) consists of</p> <ul style="list-style-type: none"> • Two weekly random contacts by the surveillance officer • Service delivery that addresses treatment needs • Increased parental responsibility |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| INTENSIVE PROBATION SUPERVISION | |
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| | Phase 3 (1 to 2 months) consists of <ul style="list-style-type: none"> • Weekly random contacts by the surveillance officer • Complete formation of a support group (parents and significant others) • Discharge |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 14-18 years |
| Gender of Participants | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| | |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes, however data is from the 1980s. <input type="checkbox"/> No <input type="checkbox"/> Unknown <p>The evaluation results suggest that the IPS program produced a large reduction in recidivism. In probation, comparison youths reoffended at a rate of 65.2 percent, whereas youths placed in the IPS program had a 46.5 percent recidivism rate, which resulted in a recidivism reduction of 28.7 percent after the implementation of the IPS program. An analysis comparing recidivism rates by race for the IPS intervention group showed no statistically significant differences.</p> <p>The comparison of the probation samples showed similar recidivism rates for the 1984 and 1986–87 samples (31.1 percent versus 32.1 percent). When comparing across supervision levels, differences emerge. The low-classification group exhibited an increase in recidivism rates, from 9.6 percent to 18.0 percent. The medium-supervision youths showed a slight increase, from 30.3 percent to 34.7 percent. The high-level supervision group exhibited a decrease in recidivism, from 52.2 percent to 50.0 percent. The ‘ISP classified’ youths showed an even greater decrease in recidivism, from 65.5 percent to 52.4 percent. These impressive results seem to be attributable to four key factors. First, the probation graduated-sanctions system was driven by an empirically validated risk assessment instrument that classified offenders according to their degree of risk for recidivism. Only high-risk offenders were admitted to the IPS program. Second, intensive services were delivered along with intensive supervision. Third, the program used a needs assessment instrument to identify priority treatment needs and to develop and implement treatment plans. Fourth, the senior probation counselor on each unit team played a critical role in ensuring that probation officers abided by the classification system in making placement decisions and handling IPS probationers in a manner</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| INTENSIVE PROBATION SUPERVISION | |
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| | consistent with the IPS program guidelines. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Tim McDevitt Cuyahoga 2163 E. 22nd Street Cleveland, OH 44115 Phone: (216) 749-1200 E-mail: cjtxm@cuyahogacounty.us |
| Additional Source Documents | <p>Hamparian, Donna M., and Lynn Sametz. (1990). <i>Innovative Programs in Cuyahoga County Juvenile Court: Intensive Probation Supervision and Probation Classification</i>. Cleveland, Ohio: Federation for Community Planning, Ohio Serious Juvenile Offender Project.</p> <p>Wiebush, Richard G., and Donna M. Hamparian. (1991). "Variations in 'Doing' Intensive Supervision: Programmatic Issues in Four Ohio Jurisdictions." In Troy L. Armstrong (ed.). <i>Intensive Interventions With High-Risk Youths: Promising Approaches in Juvenile Probation and Parole</i>. Monsey, N.Y.: Criminal Justice Press, 153–88.</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| INTENSIVE PROTECTION SUPERVISION PROGRAM | |
|---|---|
| Source | http://www.pubinfo.vcu.edu/VaBP/program_details.asp?id=123 http://www.surgeongeneral.gov/library/youthviolence/chapter5/appendix5b.html#Intensive |
| Overview | The Intensive Protective Supervision Project (IPSP) removes juvenile offenders from criminal justice institutions and provides them with more proactive and extensive community supervision than they would otherwise receive. Its primary goals are to reduce undisciplined acts, decrease the likelihood of future, serious delinquency, and increase socially acceptable behaviors. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify) |
| Program Components & Activities | Offenders assigned to IPSP are closely monitored by project counselors who have fewer cases and interact more extensively with the youth and his/her family than traditional parole officers. The counselors make frequent home visitations to assess family and youth needs, provide support for parents, and role model appropriate behavior. The IPS treatment provides youth with external expert evaluation to identify areas of need and service providers, individualized service plans to target desired behavioral changes, and identification and delivery of professional and/or therapeutic services. Youth assessments, needs, and goals are viewed as ongoing and changing. |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • Approximately 5-16 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> <hr/> <i>Specific training needed for program delivery</i> <hr/> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • When compared to regular protective supervision, IPS has demonstrated |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| INTENSIVE PROTECTION SUPERVISION PROGRAM | |
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| | <p>both short- and long-term reductions in juvenile offending, including the following: a 7.1% of IPS youth compared to 25.9% of the control group were referred to juvenile court for delinquency during the period of supervision; a 65% of IPS youth compared to 45.3% of control group youth were judged to have successfully completed treatment; and one year after case closing, 14.3% of IPS youth compared to 35.2% of the control group were referred to juvenile court for delinquency.</p> <ul style="list-style-type: none"> • Compared to regular protective supervision, Intensive Protective Supervision reduces referrals to juvenile court for delinquency during treatment and up to 1 year after case closing. One evaluation of a poorly implemented replication in North Carolina (additional sites were added to the original study group) showed a deterioration of program effects over time. |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private: <input checked="" type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • Blueprints for Violence Prevention (Promising Program); and • Youth Violence: A Report of the Surgeon General |
| Program Contact | Kathy Dudley Juvenile Services Division Administrative Office of the Courts P.O. Box 2448 Raleigh NC 27602 Phone (919) 662-4738 |
| Additional Source Documents | <p>Land, K. C., McCall, P. L., & Williams, J. R. (1992). Intensive supervision of status offenders: Evidence on continuity of treatment effects for juveniles and a "Hawthorne effect" for counselors. In R. Tremblay & J. McCord (Eds.), <i>Preventing antisocial behavior: Interventions from birth through adolescence</i>. New York: The Guilford Press.</p> <p>Sherman, L. W., Gottfredson, D., MacKenzie, D., Eck, J., Reuter, P., & Bushway, S. (1997). <i>Preventing crime: What works, what doesn't, what's promising</i>. Washington, DC: U.S. Department of Justice, Office of Justice Programs.</p> <p>Sontheimer, H., & Goodstein, L. (1993). Evaluation of juvenile intensive aftercare probation: Aftercare versus system response effects. <i>Justice Quarterly</i>, 10, 197-227.</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION SENTENCE | |
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| Source | <p>IRCS Committee (2008) <i>The Youth Criminal Justice Act's Intensive Rehabilitative Custody and Supervision: Province of Alberta Process</i>. Alberta: Alberta Solicitor General and Public Security and Justice Canada. http://www.solgps.alberta.ca/programs_and_services/correctional_services/young_offenders/Publications/Intensive%20Rehab%20custody%20and%20Supervision%20process%20Alberta.pdf</p> |
| Overview | <p>The Intensive Rehabilitative Custody and Supervision (IRCS) sentence is an optional sentence in the <i>Youth Criminal Justice Act (YCJA)</i>, which Alberta has chosen to make available with a Memorandum of Agreement between Justice Canada and the Alberta Solicitor General and Public Security. In 2008 a new funding agreement was signed broadening the scope of eligible young persons to include youth already serving sentences under the <i>YCJA</i> (Part C funding).</p> <p>The focus of an IRCS sentence (Part B) is to provide an option to adult sentences for serious violent young offenders. The following four criteria apply when the court is considering an IRCS sentence:</p> <ol style="list-style-type: none"> 1. The young person must be convicted of one of the following offences: 1st degree murder, 2nd degree murder, attempted murder, manslaughter, aggravated sexual assault or his/her third serious violent offence (SVO) as determined by the court. 2. The young person is suffering from a mental illness or disorder, a psychological disorder or an emotional disturbance. 3. A plan of treatment and intensive supervision has been developed where there are reasonable grounds to believe that the plan might reduce the risk of the young person repeating the offence or committing other serious offences. 4. The Alberta Solicitor General and Public Security Executive Director of the Young Offender Branch, in consultation with the Director of the Provincial Forensic Psychiatry Program, determine that a program is available and agrees to the young person's participation. <p>The young person must consent to the IRCS sentence.</p> <p>A portion of the IRCS sentence must be served in custody (secure and/or open) and a portion in the community (conditional supervision). The court determines sentence lengths, but the maximum lengths are based on the charge for which the young person has been convicted.</p> <p>Maximum sentence lengths are as follows:</p> <ul style="list-style-type: none"> • 10 yrs (max 6 yrs in custody) – 1st degree murder • 7 yrs (max 4 yrs in custody) – 2nd degree murder • 3 yrs (custody & conditional proportions are not dictated by the <i>YCJA</i>) – attempted murder, manslaughter, aggravated sexual assault or any SVO that an adult could get a life sentence • 2 yrs (custody and conditional proportions are not dictated by the |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION SENTENCE | |
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| | <p style="text-align: center;"><i>YCJA</i>) – any other SVO</p> <p>Although there are some maximum custodial periods, the <i>YCJA</i> does not speak to minimum custodial lengths. This, however, will ultimately be determined by court sentencing practices.</p> <p>This model supports all of the values and principles directed by the <i>YCJA</i> and includes two additional key factors. Firstly an emphasis on collaboration between all assessment, treatment and service providers is essential to create the best possible treatment/rehabilitation plan for the young person. This collaboration would also include the individual, the family or guardian, and in Part B cases, Crown and Defence counsels.</p> <p>The second key factor is an emphasis on continuity within the case management process. One Co-Case Coordinator from the Alberta Solicitor General and Public Security and one from the Provincial Forensic Psychiatry Program will work with assessment and treatment professionals to develop the rehabilitative and supervision plan for both Parts B and C cases and, then, case manage the process for the duration of the sentence. This case management model will ensure adherence to the tenets of the court approved IRCS plan (Part B cases) or the intensive rehabilitation and supervision plan as approved by the Alberta Solicitor General and Public Security and Department of Justice, Canada (Part C Cases) while ensuring fiscal responsibility for federal funding dollars.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>The following elements are key components of the proposed IRCS plan.</p> <ul style="list-style-type: none"> • Continuity in service provision and service coordination increases the consistency of service and ensures greater adherence to the general principles and essential elements of the program. • Collaboration involving stakeholders, community and family/guardian members is an integral part of effective service delivery and assists with reintegrating the youth into the community. • Adherence to a theoretical model increases therapeutic integrity and treatment effectiveness. • Accountability and responsibility need to be clearly defined in order to ensure program continuity and integrity. • Gradual transitioning between phases increases probability of a |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION SENTENCE | |
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| | <p style="text-align: center;">successful transition, and reduces risk of relapse.</p> <p>ASSESSMENT</p> <p>Presentence: A comprehensive multi-disciplinary assessment forms the basis from which the IRCS plan is developed. The Co-Case Coordinators will hold a planning meeting with all stakeholders to develop this plan.</p> <p>Post Sentence:</p> <p><i>Phase 1 – Stabilization:</i> Phase 1 treatment will occur at the designated Young Offender Centre or designated facility, usually based on proximity to family and supports. The duration of Phase 1 will be determined on a case-by-case basis. The goal is for the individual to progress through the pre-contemplation and contemplation stages of change.</p> <p><i>Phase 2- Intensive Treatment:</i> The young person will be transferred to a designated facility for Phase 2. Consistent with best practices literature, the designated facility would typically follow a multi-modal approach to address the various deficits that place these young people at risk for re-offence and psychiatric problems in adulthood.</p> <p><i>Phase 3 – Reintegration:</i> This phase will generally occur when the young person has achieved open custody status, either by virtue of a supported review of custodial status, or as a natural progression of his/her sentence. Most youth will return to the region of their origin for this phase of treatment.</p> <p><i>Phase 4 – Community Treatment:</i> The focus of this stage is to support the young person with his/her reintegration and stabilization in the community. This phase will occur when the young person has reached the conditional supervision component of the sentence. Placement for Phase 4 should have been explored in the original IRCS Plan. However, changes in circumstances in the interim may require a review of the appropriateness of the previously planned placement. In some cases, the young person may return to reside with immediate or extended family members. In other cases, the young person may choose to reside with an approved roommate or live independently. Some young people may require additional support for a period of time to safely transition to full independence. Services and resources should be explored to provide the level of support required.</p> |
| Number of Participants | |
| Age of Participants | |
| Gender of Participants | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION SENTENCE | |
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| | <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public: Federal/Provincial cost share agreement <input type="checkbox"/> Private: <input type="checkbox"/> Unknown <p>A key distinguishing feature in IRCS treatment plans is the establishment of a specialized funding agreement with the federal government to support these plans. This special funding agreement, which is separate from the main youth justice cost sharing agreement between Department of Justice Canada and Alberta Solicitor General and Public Security, will provide case-specific funding for rehabilitative/treatment services when an IRCS order is imposed or when a young person is designated as eligible and approved for Part C funding. This funding agreement will enable the Alberta Solicitor General and Public Security to recover a maximum of \$100,000 per year per case for the establishment/purchase of enhanced treatment and rehabilitative services to be applied to the individual Part B and Part C cases. This funding is available during both custody and community stages of the sentence. The \$100,000 may be used only to ensure the provision of defined treatment, rehabilitative or reintegrative services and not for basic custodial/security costs. To recover the funding from the federal government, the Alberta Solicitor General and Public Security will have to submit verified case-specific claims for actual services delivered, thereby ensuring that the federal funding is used for rehabilitative services for that individual case. The Alberta Solicitor General and Public Security can also receive up to \$200,000 per year to establish capacity building for both assessment/case planning, and for developing overall capacity for specialized rehabilitative services.</p> |
| Comments | <ul style="list-style-type: none"> This sentencing option is available to serious violent offending youth and is intended to be an alternative to youth transfers to adult court, while attempting to utilize alternatives to incarceration such as intensive supervision and treatment. |
| Program Contact | |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| ISLAND YOUTH PROGRAMS | |
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| Source | <p>Thomas, Christine R., Holzer, Charles E III, Wall, Julie. (2002) Island youth programs: Community interventions for reducing youth violence and delinquency. <i>The Adolescent Psychiatry</i>. Retrieved August 26, 2008 from http://findarticles.com/p/articles/mi_qa3882/is_200201/ai_n9032709/pg_1?ag=artBody;coll</p> |
| Overview | <ul style="list-style-type: none"> • Offers five interrelated programs • Project design reflects a comprehensive approach integrating prevention and intervention efforts to target the identified risk factors at critical stages of development. • Originally created programs that emphasized accessibility and interagency collaboration. The group hoped that the programs not only would reach the intended youth but would provide a means for better use of existing services, especially mental health. |
| Focus of Program | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention • Original workgroup recognized that youth violence is a multifaceted problem that grows over the lifetime of a child as the result of many influences. The group decided that having programs to support positive growth and reduce violent behavior at each stage of development would be important. |
| Program Addresses Risk Factors in: | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <ul style="list-style-type: none"> <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): Courts |
| Program Components & Activities | <p>YOUTH ACTIVITIES</p> <ul style="list-style-type: none"> • Provides supervised recreation with trained leaders for all ages, focuses on neighborhoods in greatest need. • Supervised group activities offer opportunities for practicing desirable behaviors and contact with pro-social peers. They are an important resource for other youth programs, reinforcing those efforts with positive alternatives. Adult leaders provide constructive role models and supervise activities. • The program provided more than 500 hours of training for these and other youth activity leaders over the past five years. <p>SECOND STEP</p> <ul style="list-style-type: none"> • Using a violence prevention curriculum, this program provides critical social and problem-solving skills in elementary schools. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| ISLAND YOUTH PROGRAMS | |
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| | <ul style="list-style-type: none">• Second Step is a sequential, developmentally graded social competence program designed by the Committee for Children, a Seattle-based nonprofit organization.• The program teaches recognition of the feelings of others, strategies for solving social problems, and anger management skills in a yearlong curriculum of 30 lessons. Classroom activities aimed at illustrating and rehearsing skills incorporate techniques of cognitive behavior modification and interpersonal problem-solving. |
| | TEEN COURT <ul style="list-style-type: none">• In Teen Court, youth convicted of misdemeanor offenses are joined with other youth in a creative approach to community restitution and education.• The local magistrate handling class C misdemeanors (minor offenses) refers youth with a first offense to participate in the Teen Court. The Teen Court consists of local teenagers and the magistrate, who conducts the sentencing phase.• Each sentence also requires that the offender be trained and serve in the jury or in one of the other roles during a future session of Teen Court.• Upon successful completion of their sentence, their record is cleared. If they do not complete the terms of their sentence, they are referred back to the magistrate's court for routine sentencing and fines.• Teen Court makes it difficult for delinquents to ignore the consequences of their behavior within the community. They cannot easily discount the feedback of their peers. |
| | TRUANCY ABATEMENT AND BURGLARY SUPPRESSION <ul style="list-style-type: none">• This program brings together local schools, community agencies, and police to work with truants that are at increased risk for engaging in antisocial behavior and dropping out of school. Truancy is a significant predictor of serious delinquency.• The Island Youth Advisory Board supported and the Galveston City Council passed a daytime curfew for youth during the school year. Picking up truant youth and returning them to home or school is simply not enough. Island Youth Programs established TABS to provide identification and follow-up for truants. Under this program, youth picked up by police for curfew violation are not arrested; instead, they are taken to a TABS center if they do not have a valid reason to be out of school. A coordinator provides screening and counseling. Parents are then contacted to pick up their child and return him or her to school or home. |
| | SECOND CHANCE <ul style="list-style-type: none">• Island Youth Programs established the Second Chance Program to work with youth on probation for violent, or repeat offenses, and with their families.• Second Chance is modeled on multisystemic therapy.• Counselors go into the homes of youth and their families and work with |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| ISLAND YOUTH PROGRAMS | |
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| | <p>them intensively for three months. Individualized plans with specific goals are developed with the family. A crucial aspect of the program is its emphasis on promoting behavior change in the youth's natural environment-family, peers, friends, and school. Problems identified throughout the family are explicitly targeted for change.</p> <ul style="list-style-type: none"> • An overriding goal of Second Chance is to empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising teenagers and to empower youths to cope with family, peer, school, and neighborhood problems. |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • Range from elementary school students to teenagers |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Island Youth Programs Advisory Board monitors and facilitates the project. Members include community leaders representing city government, law enforcement, juvenile justice, public recreation, public schools, the University of Texas Medical Branch, and local families concerned about youth violence • Partners in the Youth Activities program include the City Department of Parks and Recreation, the Galveston Independent School District, and the Boys & Girls Club. These partners developed a cooperative plan of sharing resources in order to serve youth and families in areas lacking youth services and community centers, where youth crime is highest. • Teen Court partners with volunteer teens, magistrates and lawyers. • Truancy Abatement and Burglary Suppression Program brings together local schools, community agencies, and police to work with truant. |
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| | <ul style="list-style-type: none"> • Collaboration in training for the Youth Activities Program provides a consistent approach across agencies and activities, reinforcing their effect on youth. • Second Step training provides existing teaching staff and school counselors with training and well-prepared instruction materials. • A training component for parents in the Second Step skills offers families the opportunity to reinforce the social skills at home |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Conducted by the University of Texas Medical Branch who also coordinates the programs and provides administrative support. • Recent research indicated that the Second Step curriculum was effective in reducing verbal and physical aggression in second and third graders. |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| ISLAND YOUTH PROGRAMS | |
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| | <ul style="list-style-type: none"> • The overall monthly average of truancy cases fell from 50 to 25. In addition to reducing truancy and delinquency, TABS seems to have contributed to reductions in high school dropout rates. The overall dropout rate fell from almost six percent in 1994, when the program began, to just under one percent in 1998. Even more dramatic were the sharp decreases in dropout rates among minority and economically disadvantaged students. • Arrests for all juvenile crime have decreased since initiation of the Island Youth Programs (Table 4). From 1994 to 1998, juvenile arrests for violent offenses decreased by 83 percent in Galveston versus 19 percent nationally. Over the same time, total juvenile arrests decreased by 43 percent in Galveston but increased one percent nationally. |
| Program Funding | <input checked="" type="checkbox"/> Public <ul style="list-style-type: none"> • Texas Office of the Governor Criminal Justice Division and the U.S. Department of Justice; and • Office of Juvenile Justice and Delinquency .Prevention <input checked="" type="checkbox"/> Private <ul style="list-style-type: none"> • Moody Foundation of Galveston; • The John D. and Catherine T. MacArthur Foundation; and • The Harris and Eliza Kempner Fund. <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • Public health model • Small city setting • Critical to the project's success is the involvement of community leaders willing to collaborate and share resources between agencies to create new programs. It was difficult but necessary to have the project designed from the ground up by a group that included a wide variety of professions and different perspectives. This approach ensured the support of all involved agencies and the community and reduced the overall cost of programs as well as the duplication of effort. A good example is the different contributions from involved agencies in the Youth Activities Program. Unexpected benefits are that agencies were able to avoid submitting competing applications for funding and that partnerships formed for grant submissions had increased success in obtaining funding. Other youth violence efforts have been added to the original programs over the years-including Community Youth Development and Weed and Seed. • Each program reinforces the skills learned in other programs • Overall, the process used to develop the project was just as important as the programs selected. Other communities might require different programs depending on their specific needs and available resources. This approach ensures that communities implement efforts best suited to them. • The mental health perspective-with its understanding of risk factors, target problems, normal development, and effective prevention efforts-is critical to the success of the Island Youth Programs. |
| Program Contact | Christopher R. Thomas, MD, Department of Psychiatry University of Texas Medical Branch Galveston, TX 77555-0425 |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| ISLAND YOUTH PROGRAMS | |
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| | Information is also available on the Internet at: http://psy.utmb.edu/research/island/island.htm |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  JOHN HOWARD SOCIETY OF PEEL-HALTON-DUFFERIN | |
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| Source | http://www.johnhowardphd.ca/index.html |
| Overview | <p>For over ten years the John Howard Society of Peel-Halton-Dufferin has offered a comprehensive, multi-disciplinary crime prevention model of programs and services. The Society's services prevent crime by reducing the individual behaviours and circumstances linked to criminal activity, and by promoting the attitudes and skills, which support a law-abiding lifestyle. Interventions are research-based and directed at client motivation, skill development and self-control. Primary, secondary and tertiary prevention activities, or promoting health, early detection of problems and treatment of established problems, are crucial parts of the agency's role.</p> <p>The Society has systematically developed and implemented an integrated group of core services, based on effective corrections research, that take reasonable steps to prevent youth crime. Our services prevent crime by reducing the individual behaviours and circumstances linked to criminal activity, and by promoting the attitudes and skills, which support a law-abiding lifestyle. Interventions are directed at client motivation, skill development, personal accountability and self-control. These services also aim to reintegrate individuals and restore communities.</p> |
| Focus of Program | <input checked="" type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Community Access Centres |
| Program Components & Activities | <p>COMMUNITY SERVICES</p> <p>The Community Service Program provides supportive services to assist individual clients through intake, assessment, counselling and referrals. The program operates on a voluntary participation basis serving individuals and families, including those at risk of committing crime, in their efforts to establish and maintain positive lifestyles in the community. Counsellors, working with the client, develop a personalized plan of action which addresses needs identified through the intake and assessment process. Clients are provided with supportive counselling, interventions, and encouragement as they work to resolve their ongoing needs. The interventions available include voice mail, individual and group counselling, advocacy, information and referral.</p> <p>COMMUNITY ACCESS CENTRES</p> <p>Community Access Centres are self-directed to provide individuals with the</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES



JOHN HOWARD SOCIETY OF PEEL-HALTON-DUFFERIN

resources they need to access information via cable Internet, phone and fax. Assistance with job searching, resume and cover-letter writing is available along with access to information regarding education, labour market and job-search strategies, workshops and career assessment.

COUNTERPOINT

A number of risk factors, when changed, greatly reduce the likelihood of recidivism. Factors consistently identified as appropriate targets for intervention include:

1. Criminal attitudes, values and beliefs - which permit the offender to excuse, minimize or condone criminal behaviour; and
2. Skill deficits in areas such as, self-monitoring and self-management.

The Counter-Point Program was designed to address these major targets by teaching offenders to identify, alter and replace pro-criminal beliefs. They are then provided with the skills necessary to sustain pro-social attitudes and behaviours.

The philosophy that underlies the Counter-Point Program is derived from Social Learning Theory. Consistent with this theoretical model, cognitive-behavioural strategies are introduced to provide offenders with the tools for change. The primary goals of the program include:

1. Enhance client willingness to alter criminal attitudes and behaviours via motivational interviewing techniques;
2. Provide participants with the skills necessary to identify and change pro-criminal attitudes;
3. Provide participants with the self-regulation and self-management skills to ensure attitudinal and behavioural change; and
4. Assist participants to identify high-risk situations and develop necessary resources to prevent future criminal behaviour.

Counter-Point is designed for federally sentenced, medium to high risk, male offenders. The program is made up of 25 sessions divided in 3 processes which are: the intake process, the intervention process, and the closure process.

The intake process consists of 3 individual sessions that involve orientation, assessment and goal setting (via motivational interviewing techniques). The intervention process consists of 6 modules which are introduced sequentially over 20 group sessions. Each of the modules includes a series of 2-hour sessions which can be delivered from 1 to 3 times a week.

The closure process consists of 2 individual sessions. The first is for the purposes of reviewing with the participant his final Progress report. The second involve the parole officer for a review of the participant's relapse prevention plan.

ANGER & EMOTIONS MANAGEMENT

This is a practical and educational group training program based on

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

JOHN HOWARD SOCIETY OF PEEL-HALTON-DUFFERIN

the widely practiced principles of cognitive-behavioural theory. The 13-2 hour sessions teach participants self-monitoring and self-management skills that allow them to reduce the intensity, frequency and duration of their anger and, consequently, end their patterns of aggression.

Each potential participant is provided with an individual semi-structured psychosocial assessment interview as part one of the process. Part two is an evaluation obtained through the use of an objective psychometric instrument, such as the Spielberger State-Trait Anger Scale Inventory - a self-administered questionnaire, as well as a Readiness For Change Evaluation.

Areas addressed in the program:

1. Identifying Patterns of Anger
2. Positive & Negative Consequences of Expressing Anger
3. Understanding Different Styles of Expression
4. Examining the Anger Process
5. Cognitive Appraisals – Connecting Thoughts & Feelings to Actions
6. Self-Statements/Self-Talk
7. Verbal & Non-Verbal Actions
8. Characteristics of Self-Awareness
9. Effective Problem Solving
10. Effective Communication
11. Group Reflection

STRUCTURED RELAPSE PREVENTION

The program in Structured Relapse Prevention is a comprehensive cognitive-behavioural "outpatient" counselling program for substance abusers, which consists of five components:

1. Assessment
2. Motivational Interviewing
3. Preparation of an Individualized Treatment Plan
4. S.R.P. "Initiation of Change" counselling procedures
5. S.R.P. "Maintenance of Change" counselling procedures

The program considers each individual's circumstances and barriers and supports to change. Rather than viewing substance abusers as weak-willed, resistant or even characterologically flawed, there is increased acceptance that motivation varies along a continuum and that most alcohol and drug abusers seeking treatment are genuinely ambivalent about change.


EMPLOYMENT SERVICES

Individualized employment assistance is available to those 16-24, or up to 29 if disabled (some exceptions may apply). Individuals are ineligible if employed full-time or in school full-time.


VERIFICATION & BAIL SUPERVISION

The Bail Program, as defined by the Ministry of the Attorney General, has 3


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  JOHN HOWARD SOCIETY OF PEEL-HALTON-DUFFERIN | |
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| | <p>major functions:</p> <ol style="list-style-type: none"> 1. To identify the availability of a surety. 2. To provide verified, neutral and factual information about an accused person for the purposes of a bail hearing. This information will assist the court to determine suitability for release, under the supervision of the Bail Program. 3. To provide supervision, counselling and referral services for individuals who are released from custody by the courts, where the condition of release directs that an individual be supervised. <p>Individuals released with a condition for supervision by the Bail Program are required to participate in an assessment which identifies area(s) of risk and need. Through the assessment, appropriate goal planning can be initiated to address the identified factors and therefore introduce early interventions in areas such as; employment, treatment for substance issues and/or receiving referrals to programs that address their individual needs. Should an individual, placed on supervision, fail to comply with the conditions of release, where the program is named, the enforcement process will be initiated. It should be noted that the program specifically addresses the “Primary Ground,” which encompasses the likelihood that an individual will not attend court, if released from pre-trial custody.</p> <p>INSTITUTIONAL SERVICES</p> <p>The Institutional Services Program offers Pre-Release Planning at the two local adult male correctional centres. Counsellors work on a one to one basis with the inmate in planning for the community reintegration process. Issues addressed with the inmate may include mental health or addiction resources, housing or relocation options, financial supports such as referrals to Ontario Works, education or employment resources, or general uncertainties as they look to returning to the community. Working with the inmate, the counsellor may be able to provide the information on the first contact or may continue to work with the inmate around the needs presented, exploring other resources or offering ongoing support. For inmates at institutions not visited by counsellors, services are available by mail or through telephone contact.</p> |
| Number of Participants | <ul style="list-style-type: none"> • Community Services program was used by over 500 people over the course of a year. • 229 people were provided with Institutional services over the course of a year. |
| Age of Participants | <ul style="list-style-type: none"> • The Anger & Emotions Management Program include adolescent (13-24 years) and adult males (25 years +). • Individual Employment Services are available for 16-24 year olds if they are not employed or in school full time. |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <ul style="list-style-type: none"> • The Counterpoint Program serves males only. |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  JOHN HOWARD SOCIETY OF PEEL-HALTON-DUFFERIN | |
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| | <p><i>Specific training needed for program delivery</i></p> <ul style="list-style-type: none"> • All staff are provided with training, supervision, and ethical guidelines. • For the Counterpoint Program, Correctional Program, facilitators are trained to deliver programming to offenders in a specific correctional area at all intensity levels. The minimum education level of program staff is completion of a Bachelor Degree from a recognized University and successful completion of the Correctional Service Canada (CSC) certification process. A Quality Review process evaluates a Correctional Program Facilitator on yearly intervals. • For the Anger & Emotions Management Program, facilitators are trained and supervised to deliver programming at all intensity levels. The minimum education level of program staff is completion of a Bachelor Degree from a recognized University and successful completion of our internal training process. A Quality Review process evaluates our Program Facilitators and program delivery on yearly intervals. • Structured Relapse Prevention Group Leaders are experienced clinicians and group facilitators. Facilitators are trained and supervised to deliver programming at all intensity levels. The minimum education level of program staff is completion of a Bachelor Degree from a recognized University and successful completion of our internal training process. A Quality Review process evaluates our Program Facilitators and program delivery on yearly intervals. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The Ministry of the Attorney General has based the Verification & Bail Supervision program's success on the individual's attendance at court and has set an 80% target. To date, the Bail Program has maintained an 87% appearance rate for the fiscal period of 2003-2004, representing an overall supervision case load in excess of 300 individuals for the period. • For the last several years, Corrections Service Canada and the John Howard Society of Peel-Halton-Dufferin has been actively involved in a review, evaluation and accreditation process to ensure that the Counterpoint Programs are designed to maximize effectiveness in assisting offenders to successfully reintegrate. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <p>Funders include: Correctional Services Canada (Counterpoint Program) Health Canada Human Resources Development Industry Canada Ministry of Child and Youth Services</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  JOHN HOWARD SOCIETY OF PEEL-HALTON-DUFFERIN | |
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| | Ministry of the Attorney General Ministry of Training, Colleges & Universities Ontario Library Association Regional Municipality of Peel United Way of Peel Region |
| Comments | |
| Program Contact | John Howard Society of Peel-Halton-Dufferin 100 Queen Street West Brampton, Ontario L6X 1A4 Tel: 905-459-2205 Fax: 905-459-4045 Email: headoffice@johnhowardphd.ca |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| JUVENILE JUSTICE SERVICES, CLARK COUNTY NEVADA | |
|---|---|
| Source | http://www.accessclarkcounty.com/depts/juvenile_justice_services/Pages/Mainpage.aspx |
| Overview | The Department of Juvenile Justice Services is a unique and complex public service agency that performs more than the traditional Juvenile Court functions of probation and detention. The department provides intervention services, guidance and control for children ages 18 and under who are involved in delinquency. The Department has four service divisions: The Spring Mountain Youth Camp, Psychological Services, Probation Services, and Detention Services. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community: re-integration program <input type="checkbox"/> School <input checked="" type="checkbox"/> Family: in-home counseling <input checked="" type="checkbox"/> Other (Specify): Residential Centre, counselling office |
| Program Components & Activities | <p>SPRING MOUNTAIN YOUTH CAMP</p> <p>SMYC is a staff secure correctional facility for male youth who have been adjudicated for delinquent acts by the Juvenile Court Judge. This division provides for the therapeutic, educational, social, medical and recreational needs. The average length of stay is approximately six months and the average age is 15 1/2 years.</p> <p>All youth are required to attend structured educational programming while at SMYC. Spring Mountain athletic teams compete against other schools of similar size. The 'Spring Mountain Golden Eagles' participate in baseball, football, wrestling, track & field and basketball.</p> <p>Youth placed at SMYC participate in a variety of programs, such as substance abuse, parenting, social skill development. The DJJS Mental Health Treatment Team provides group, individual and specialized counseling sessions.</p> <p>The Mental Health Treatment Team offers educational classes in substance abuse through the Images in Truth project. Some of these young men have also had the opportunity to receive instruction in creative movement and learn various circus acts through a partnership between the City of Las Vegas and Cirque de Monde, which is an offshoot of Cirque de Soleil.</p> <p>Through the SMYC Forestry Program, youths committed to the Camp perform a variety of services for the Forest Service, such as repair and maintenance of 55 miles of hiking trails in the Spring Mountain National Recreation Area, litter removal, sign construction and snow removal in the</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

JUVENILE JUSTICE SERVICES, CLARK COUNTY NEVADA

winter months. Many thousands of dollars in savings to tax payers are realized annually from the work performed by the youths involved in this program. The Forestry Program has also, in recent years, constructed and maintained new trails in the Red Rock Canyon National Conservation area.

The youths at SMYC are paid for work performed through a variety of sources, including an allowance program funded by Clark County, the Federally Funded Workforce Investment Act and from grants. When youths owe restitution, their pay first goes to this debt.

The Spring Mountain Residential Center (SMRC) is a re-entry program that provides a residential structured setting in the community to 12 youth in a transitional stage between Spring Mountain Youth Camp and the home. Youth are taught independent living skills, attend school, have daily chores that must be completed and are provided counseling and other services as needed.

PSYCHOLOGICAL SERVICES

In-House Services

- Family Intervention Services provides family counseling to the youth involved in our system and their families. These services are offered both in-home and office-based.
- Mental health and substance abuse evaluations are completed in order to determine appropriate services.
- Substance Abuse Assessment and Referral Program (SAARP) evaluates all first time drug or alcohol offenders and offers appropriate chemical awareness-intervention programs.

Other Services

- Coordination of Residential Treatment Center placements for youth that require a high level of care and services.
- Girl's Circle is a support group offered to female youth involved in the juvenile justice system. The group is designed to foster self-esteem and a positive connection with peers.
- A short-term evidenced-based counseling program for youth using alcohol and marijuana that incorporates both individual and group approaches.

PROBATION SERVICES

The majority of youth referred to Probation Services do not go to court. Through the Probation Intake Unit, Probation Officers apply objective criteria and assessments to determine graduated levels of response and possible informal handling of presenting charges. Youth can be diverted to service providers in the community, educational programs or supervised informally for a short period of time if the situation warrants such.

Trial by Peers (peer court for misdemeanor citations), the Truancy Program

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

JUVENILE JUSTICE SERVICES, CLARK COUNTY NEVADA

and Consent Decree Supervision are all informal supervision programs where a youth has the opportunity to have charges dismissed upon successful completion.

Field Supervision is for juvenile offenders deemed appropriate for community supervision by the court. Field Probation Officers are responsible to monitor compliance with court orders, assist probationers in obtaining needed services, conduct home, school, and work visits, administer drug tests, and insure victims are being compensated through restitution payments. If the probationer does not follow the conditions and orders set forth by the court, the Probation Officer could take the youth back before the Judge for further consequences.

Drug Court, Juvenile Sex Offender Unit, and the Continuum of Care Program are specific field units that provide specialized assessments and intensive supervision to those populations with particular needs.

The DJJS Review and Release Program is a component of the Continuum of Care Program (CCP) that utilizes Home Management and Global Positioning satellite (GPS) services to help control the Juvenile Detention Center's population through a community re-entry program. Youth who are released to the community under Home Management and/or GPS Monitoring are released under a contractual agreement that holds the offenders accountable for abiding by the conditions stipulated in the behavioral contract which restricts activities beyond school, work, medical and/or religious reasons to ensure public safety. Departmental staff, specifically Probation Officers, conduct numerous unannounced home, school, employment and community visits seven days a week during day and late evening hours to ensure compliance. Juveniles violating either the Home Management and/or the GPS Monitoring contract rules face a series of graduated sanctions, including immediate re-incarceration.

JUVENILE DETENTION SERVICES

Juvenile Detention is a temporary, secure, holding facility that ensures the safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court and require a restricted environment for their own or the community's protection while pending legal action. Juvenile Detention provides a wide range of helpful services which support the juvenile's physical, emotional and social development.

Programs offered by Detention Staff include: Self-Esteem, Drug Awareness, Guidelines to Positive Behavior, Health and Hygiene, Gang Intervention, Life Skills Training, Conflict Resolution, Current Events, Arts and Crafts, Yoga and Cultural Awareness.

The Clark County School District provides educational services that include the standard core subjects, as well as Physical Education, Special Education and Adult Education. A school counselor and second language services are provided within the Detention School program.

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| JUVENILE JUSTICE SERVICES, CLARK COUNTY NEVADA | |
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| | <p>In 1992, the Annie E. Casey Foundation established the Juvenile Detention Alternatives Initiative (JDAI). The Department of Juvenile Justice Services has been selected as one of the implementation sites for this initiative. The objectives of JDAI are to reduce the number of children unnecessarily or inappropriately detained; to minimize the number of youth who fail to appear in court or re-offend pending adjudication; to redirect public funds toward successful reform strategies; and to improve conditions of confinement.</p> <p>Medical services begin at the time of booking. Licensed certified nurses conduct intake screenings and administer prescribed medications, as necessary. Physicians contracted to serve our youth clear all medications in advance. Nurses assess and treat medical problems of the youth as they arise. Nurses conduct daily rounds and make referrals to our Medical Doctor or Psychiatrist, as needed. The Medical Doctor provides weekly clinics and a Psychiatrist dedicates 20 hours per week to the Detention Center. The nursing staff works closely with the unit staff and mental health staff to communicate any special needs or concerns regarding the youth in custody.</p> <p>The Mental Health Treatment Team provides best practice assessment and treatment of referred youth. The Team consists of the Assistant Manager, five licensed clinicians, and a part-time contracted board certified Child and Adolescent Psychiatrist. The Team works primarily with youth in Detention and Spring Mountain Youth Camp.</p> <p>CREATING A SUCCESSFUL ENVIRONMENT (CASE)</p> <p>The CASE Program was developed in order to provide a safe and secure environment, enhance positive life skills, and gain the cooperation and compliance of the youth while in Detention. The Program aims to encourage positive interaction with staff and peers. The Program goal is “Prevention and Resolution” of problem behavior.</p> <p>The first step in achieving cooperative behavior is to ensure that rules and expectations are known, understood, and followed. This process begins during orientation and is reinforced daily. An important component of the CASE Program is to provide a mechanism to recognize the youth for their positive behavior while in Detention. The Levels Program is the vehicle in which the youth receive positive reinforcement for pro-social behavior. Youth may earn a higher level by completing the standard requirements for progression.</p> |
| Number of Participants | <ul style="list-style-type: none"> • SMYC has a capacity of 100 and treats approximately 240 male youth per year. • The Spring Mountain Residential Centre has 12 participants. • Juvenile Detention Services has a bed capacity of 192. Of the 9660 youth transported to the DJJS Booking Unit, 3787 were placed in Juvenile Detention. |
| Age of Participants | <ul style="list-style-type: none"> • SMYC: 12-18 year old males • Juvenile Detention Services: 8-18 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| JUVENILE JUSTICE SERVICES, CLARK COUNTY NEVADA | |
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| | <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> Spring Mountain School is operated by the Clark County School District. For the past 35+ years, Spring Mountain Youth Camp (SMYC) and the United States Forest Service have been working together under a written agreement, the longest running collaborative effort between the Forest Service and any such program in the United States. The Spring Mountain Residential Centre operates in cooperation with local law enforcement agencies, the Clark County School District, and various state agencies. Youth psychological and psychiatric evaluations are carried out in cooperation with a variety of community-based providers. Internship site for undergraduate and graduate students as well as postgraduate level interns from a variety of learning institutions. Probation Officers work hand in hand with community groups and social service agencies to provide offenders and victims with support and services. Probation Officers maintain partnerships with local law enforcement and other justice agencies so they can benefit from each others area of expertise and communicate the latest information. The Clark County School District provides educational services for the Juvenile Detention Services. |
| Staffing | <p><i>Skills and Background</i></p> <ul style="list-style-type: none"> Probation Officers are expected to be competent in addressing a variety of issues at the Intake level as well as in Field Services. Trained nurses, physicians, and psychologists are employed in the medical unit. <p><i>Specific training needed for program delivery</i></p> <ul style="list-style-type: none"> Substance abuse, sexual deviancy, child abuse, domestic violence, gangs, and mental health issues are some areas Officers are specifically trained on. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown <ul style="list-style-type: none"> The Spring Mountain Residential Centre is supported by local law enforcement agencies, the Clark County School District, and various state agencies. |
| Comments | |
| Program Contact | CherylN (Cherie) K. Townsend, Director 601 North Pecos Road Las Vegas, NV 89101 phone: (702) 455-5200 |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| JUVENILE JUSTICE SERVICES, CLARK COUNTY NEVADA | |
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| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| KENTUCKY DEPARTMENT OF JUVENILE JUSTICE | |
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| Source | http://djj.ky.gov/programs/ |
| Overview | <p>In seeking to rehabilitate delinquent youth, the Department recognizes the importance of viewing each youth as an individual with unique treatment needs. Each KY DJJ program uses a multi-disciplinary treatment team to review youths' unique treatment needs and develop individualized treatment plans designed to facilitate each youth's rehabilitation. As education stands as a key factor in rehabilitating delinquent youth, individualized education plans are also developed and integrated with youths' treatment plans. Through aftercare planning and increased employability (through academic achievement, workplace readiness training and vocational training), the Department seeks to keep youth crime free upon return to the community.</p> <p>Kentucky has been nationally recognized for the continuum of care it provides for rehabilitating delinquent youth. While many state's out-of-home placement options are limited to two or three large institutions, Kentucky is able to serve youth in a variety of small programs designed to meet specific treatment needs.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): foster home |
| Program Components & Activities | <p>Upon being committed to KY DJJ, each youth is assigned to a Juvenile Services Worker (JSW). This worker serves as the youth's case manager. As part of the case management responsibilities, the JSW schedules a case planning conference or individual treatment planning (ITP) conference within 30 days of the date the youth enters an out-of-home placement, including placement with a relative other than the youth's parent or guardian.</p> <p>The least restrictive form of placement for committed or probated youth is supervised community placement (placement with the youth's own relatives)--this may include placement with the parent or guardian with whom the youth was previously residing. In recommending placement of a youth with a relative, the desires of the natural parents are generally considered. The appropriateness of the placement is evaluated by JSW, including a criminal records check via the Kentucky State Police.</p> <p>FACILITIES</p> <p>The Department of Juvenile Justice is responsible for the operation of</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

KENTUCKY DEPARTMENT OF JUVENILE JUSTICE

several juvenile residential facilities located across the state. The residential treatment facilities, including youth development centers and treatment centers are small, campus-type settings with capacities ranging from 30 to 80 youth per center. These programs provide monitoring of youths' activities 24-hours per day, seven days per week. Security level and measures vary by facility. Youth placed in these programs are typically between the ages of 14 and 18 and have been adjudicated as public youthful offenders. The group homes operated by the department provide community-based residential programming for male and female public and youthful offenders between the ages of 12 and 17. Program staff provide 24-hour per day seven-day per week supervision. Group homes may serve as an alternative to more restrictive institutional care or as a step-down for youth to move from an institutional placement to the community before returning home.

COMMUNITY SUPERVISION

Supervised community placement may be used as an alternative to residential placement or as a "step down" for youth who are returning home following an out-of-home placement. Every committed youth who resides in the community has conditions of placement. If a youth violates his/her placement conditions, the JSW may request a revocation hearing.

A youth's conditions of supervised community placement may require him/her to attend a day treatment center. These programs provide educational alternatives for youth between the ages of 12 and 17 whose behavior precludes participation in a regular school setting and who have usually been referred by the court or school system. These programs are the least restrictive and most cost-effective placement alternative to institutional care. Day treatment centers are organized around a normal classroom schedule, with highly individualized instruction. They emphasize treatment through individual, group, and family counseling. KY DJJ operates six day treatment centers and contracts for the operation of 20 additional programs. On the average, these programs each serve approximately 30 youth. Some day treatment centers keep youth until 8:00 p.m., thereby reducing the youth's number of unsupervised hours.

Additional services that may be offered or required as a part of the youth's conditions of supervised community placement include health services, mental health services, intensive family preservation services, electronic monitoring, day reporting centers, Impact Plus services, parent training, and educational/vocational planning.

JUVENILE INTENSIVE SUPERVISION TEAM (JIST)

Youth whose needs may be best met in the community but who require more intensive supervision may come under the care of a Juvenile Intensive Supervision Team (JIST). The JIST program falls under placement levels II and III, depending on the youth's identified treatment needs. The JIST program is commonly used as a form of aftercare—a "step down" from residential treatment.


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| KENTUCKY DEPARTMENT OF JUVENILE JUSTICE | |
|--|---|
| | <p>THERAPEUTIC FOSTER CARE (TFC)</p> <p>For committed youth who do not present a significant risk to the public but need to be removed from their own homes, KY DJJ contracts with private providers for foster care services—traditional and therapeutic. Traditional and therapeutic foster care both offer a home-like environment and daily routine but provide an increased monitoring of daily activities. Youth in therapeutic foster care (TFC) are assigned caseworkers by the private provider. Caseworkers are on-call 24 hours a day, 7 days a week to assist with problems that may occur. Youth placed in TFC receive a full range of treatment services including individual and group counseling, socialization groups, recreational and educational programs, and any other community resources that can be readily accessed. TFC is useful for youth who are typically difficult to place, including younger children, emotionally disturbed youth, mentally handicapped youth, and girls.</p> <p>Therapeutic foster care (TFC) serves as a critical part of the continuum for youth who are ready to "step down" from residential care but cannot return home. Prior to TFC, these youth were placed in long-term residential private childcare (PCC) settings. TFC may also be used to transition youth back into their own homes.</p> |
| Number of Participants | <ul style="list-style-type: none"> • 30-80 in residential treatment facilities at one time. |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years • 14-18 years in residential facilities. |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| | <p>KY DJJ has instituted a pre-service training academy for direct line staff in state-operated day treatment programs, group homes, residential treatment facilities and detention centers. The academy includes courses in multi-cultural awareness, testing and assessment of youth, abuse and neglect issues, fire safety, crisis prevention, relationship development, team building, legal issues, gang issues, conflict resolution, suicide prevention, behavior management, stress management, relapse prevention and health services protocol. All newly hired direct line staff are required to successfully complete the 7-week academy.</p> <p>To ensure that staff currently working in the system maintain appropriate training, the Department also provides on-site training sessions in all of its programs. Participation in training is mandatory.</p> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| KENTUCKY DEPARTMENT OF JUVENILE JUSTICE | |
|--|--|
| | <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Kentucky Department of Juvenile Justice 1025 Capital Center Drive Frankfort, KY 40601 Phone: (502) 573-2738 |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  KINARK CHILD AND FAMILY SERVICES | |
|---|---|
| Source | http://www.kinark.on.ca/index.aspx |
| Overview | <p>Kinark Child and Family Services (in Ontario) provides intensive treatment and support to youth in conflict with the law who have serious mental health issues. In addition to the operation of the Syl Apps Youth Treatment Centre, Kinark runs intensive programs that treat youth at home and in the community. Prevention programs for children and youth in conflict with the law, who are at risk of becoming serious offenders are offered in various program areas.</p> <p>Syl Apps Youth and Secure Treatment Centre (SAYC) is the only facility for adolescents in Canada comprised of the three secure programs: Detention, Custody and Treatment.</p> <p>The Secure Treatment Program is a provincial resource and is mandated by the Child and Family Services Act. Youth are admitted through the Family Courts from all regions of the province. Youth who are in the Secure Treatment Program at SAYC may or may not be young offenders. All Secure Treatment residents do, however, have a diagnosed mental disorder and as a result have caused or attempted to cause serious bodily harm to themselves or someone else. The Secure Treatment Program is designated as a hospital to maintain clients under the Ontario Review Board - clients who have committed an offence but are not criminally responsible for their actions and/or are unfit to stand trial.</p> <p>The Kinark Centre also offers an Intensive Support and Supervision Program (ISSP) to better meet the needs of youth in conflict with the law who have been identified with serious mental health issues. These youth are assessed as being extremely vulnerable in a secure custody setting. ISSP provides the courts with an alternative to custody that is different from other community support programs in terms of the level, type and intensity of the service.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): secure treatment facility |
| Program Components & Activities | <p>SYL APPS YOUTH AND SECURE TREATMENT CENTRE</p> <p>The Youth Justice Program functions as a provincial resource for the placement of high risk youth who require clinical support and programming other facilities are not able to provide.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

KINARK CHILD AND FAMILY SERVICES

Detention youth are held while their case is still before the court. This creates a great deal of anxiety for these youth who have little idea of how long they will remain at SAYC or what their future entails. Chaotic and uncertain circumstances in their histories together with the present situation discourage any real engagement from these youth. It is the responsibility of SAYC to provide treatment and services that endeavor to connect this youth group.

Custody youth are serving the sentences that have been established by the courts. This group is often more willing to engage with therapy programs and activities.

All youth, through their treatment team have access to a myriad of programming and groups. Specific options include:

- Anger management;
- Family therapy (FT may be extended for an additional 6-8 sessions to provide transition for families within the geographic areas);
- Healthy sexuality;
- Substance use/abuse;
- Therapeutic recreation;
- Art therapy;
- Pet therapy;
- Dual diagnosis;
- Concurrent disorders;
- Sexual offences;
- Gender specific programming;
- Psychiatric and psychology services;
- Wellness/health services;
- Case management; and
- Transition and discharge planning.

THE INTENSIVE SUPPORT AND SUPERVISION PROGRAM


This program functions as an intensive in-home, strength-based counseling which works with other agencies and the schools. ISSP therapists work intensively with parents, or in the case where the youth is independent of family, the therapist and will coordinate with all known support systems.

The goal of the program is to assist youth and their families, through capacity building, long after the ISSP Court order has expired.


Program Approach:

- ISSP develops consistent rules, structured monitoring and discipline practices consistent with functional and healthy family systems.
- ISSP assists youth build healthy relationships with positive peers and develops pro-social activities, life skills and autonomy to be responsible contributors to the community.
- The length of the therapy intervention varies depending on the level of commitment from the parents and the level of complexity of the


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  KINARK CHILD AND FAMILY SERVICES | |
|---|---|
| | <p>situation.</p> <ul style="list-style-type: none"> Once goals have been set, measurable steps to achieve goals are documented and then achieved. The intensive therapy component ceases but the order itself may continue for up to two years. <p>Prevention programs include: Durham Under 12 Program, STRIVE (Student Training in Independence, Vocation and Education), LIFT (Life Skills and Independence for Teens) and SNAP (Stop Now and Plan).</p> |
| Number of Participants | <ul style="list-style-type: none"> Syl Apps currently has 54 beds in the Youth Justice Program for secure custody and detention. There are two units, one 10 bed and one 12 bed designated for male youth and two 11 bed units designated for female youth. |
| Age of Participants | |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> Kinark and the Syl Apps Centre have developed partnerships with a number of universities and colleges to foster initiatives in the area of youth justice and mental health. Furthermore through specific partnerships the Syl Apps Centre provides educational and practicum/clinical training opportunities for a number of professional schools such as social work, Child and Youth Work, Psychology, Nursing and Psychiatry. In 2006, Kinark Child and Family Services began a partnership with the John Howard Society and E. Fry in the new Halton Attendance Centre. Kinark is committed to outcome analysis in cooperation with the Ministry of Children and Family Services. The Intensive Support and Supervision Program works with other agencies and the schools. |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> The Syl Apps centre was accredited as a Children's Mental Health Centre in 2003. |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> Kinark is committed to outcome analysis in cooperation with the Ministry of Children and Family Services. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Syl Apps Youth Centre |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  KINARK CHILD AND FAMILY SERVICES | |
|---|--|
| | 475 Iroquois Shore Road Oakville , ON L6H 1M3 Tel.: 905-844-4110 Fax: 905-844-9197 Email: info@kinark.on.ca |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  MAPLES ADOLESCENT TREATMENT CENTRE | |
|---|--|
| Source | http://www.mcf.gov.bc.ca/maples/index.htm |
| Overview | <ul style="list-style-type: none"> • The Maples Adolescent Treatment Centre is one part of the British Columbia provincial Child and Youth Mental Health service network that provides an array of direct residential and community services for youth and their families. • The Maples is designated under the Mental Health Act as a provincial mental health facility. • The Maples is mandated to provide residential, non-residential and outreach services to support youth, families and communities. • The main clients are troubled youth in the Province of British Columbia who have significant psychiatric and behavioural difficulties, as well as those youth found Not Criminally Responsible by Reason of a Mental Disorder or Unfit to Stand Trial. • The Maples works with youth and families from an attachment based perspective. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): on-site mental health facility, residential facility |
| Program Components & Activities | <p>All programs and services are comprehensive in their approach and include participation of the family or alternate caregivers as well as the professionals in their home community. These programs provide a period of stabilization and intensive intervention as well as support for families and caregivers while the youth is with us and after they have returned home.</p> <p>The Maples strives to avoid strategies that emphasize control and containment of behaviour. Using control strategies can undermine the youth's already fragile attachments to adults and instigate power struggles that inevitably fail in helping them to develop a sense of personal responsibility for their actions. Instead, programs use empathy and constructive resolution of conflict to strengthen relationships and promote healthy individual and family development.</p> <p>RESPONSE PROGRAM</p> <p>The Response Program assists communities in providing care for youth within their communities. Youth referred to the Response Program typically have behavioural difficulties as a primary issue.</p> <p>The Response Program develops a Care Plan individualized for each youth.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES



MAPLES ADOLESCENT TREATMENT CENTRE

There are several options for this process. Many youth live at the Maples while the Care Plan is being prepared while some live at the Maples during the week and return home on weekends. While in residence, youth are provided with educational services through the Maples Secondary School. Care Plans usually take four weeks to develop.

There is also a non-residential option for youth living in the Lower Mainland. This allows the youth to remain living at home during the assessment process and only visit the Maples to meet with relevant professionals.

The Care Plan describes the dynamics of the youth's life in a generalized manner aimed at increasing the family's and community's understanding of that youth. Based on the assessment information, the Care Plan then suggests strategies for adults to use in assisting the youth's development in a variety of areas (i.e. school, work, health, social relationships, etc.).

The Response Program makes a long-term commitment to the youth, their family and community. A Care Plan Consultant is assigned to each Care Plan that is developed at the Maples. The Care Plan Consultant role is to assist the youth, family, and community professionals in better understanding the Care Plan document itself and to help problem solve challenges that arise in carrying out its recommendations. In addition, the Care Plan Consultant can negotiate periods of planned respite for the youth at the Maples. The Care Plan Consultant is the on-going contact at the Maples for the youth, their family, and community professionals until the youth's 19th birthday.

DALA PROGRAM

The Dala Program is a six-bed residential treatment program providing assessment and intervention for youth with anxiety disorders or disorders of thought or mood. Typically the Dala Program is three months in duration but exceptions are possible on a case-by-case basis. Youth are admitted into the Dala Program primarily on a voluntary basis.

Individualized treatment goals are established prior to admission. Treatment goals are made in conjunction with the youth, their caregivers, referring agents, and a Maples social worker.

Two elements of treatment are common among all youth who are admitted to the Dala Program:

- Further assessment and intervention to reduce symptoms where possible; and
- Assistance for family members to become involved in the treatment and care giving process.

The goals of the Dala Program are to:

- Improve the mental health of the youth;
- Assist youth with developing the life skills necessary to enhance their quality of life;

TERTIARY PREVENTION PROGRAMS AND STRATEGIES



MAPLES ADOLESCENT TREATMENT CENTRE

- Enhance the skills and functioning of the family;
- Develop the youth's social support network; and
- Develop the youth's family and community support network.

In support of these goals, the Dala Program develops a Care Plan to help guide the youth's care and treatment in the community after discharge. This Care Plan format and purpose is closely modeled on the Response Program Care Plan. Some limited respite is possible on a case-by-case basis. Parents and/or caregivers have the opportunity to attend the Connect Parent Group provided by the Maples in partnership with the Fraser Region Adolescent Day Treatment Program.

Dala also offers non-residential services for youth from the Lower Mainland who would benefit from additional support after leaving the Dala residential program. The program accommodates up to six youth who continue to receive treatment and support from Maples staff in their community setting. If required, they may also attend the Maples School.

CROSSROADS PROGRAM

The Crossroads Program is an eight-bed program designed to assist youth, caregivers, and communities when there are substantial problems providing care in the community. These situations typically involve Severe Conduct Disorder, often associated with mental health disorders such as Tourette's Syndrome, Attention-Deficit Hyperactivity Disorder (ADHD), and psychiatric disorders that require care in a secure setting.

The Crossroads Program is also the designated facility in the province for services to youth who have been found Unfit to Stand Trial or Not Criminally Responsible By Reason of a Mental Disorder. The services and length of stay for these youth are determined in conjunction with the BC Review Board. After discharge from the Maples, these youth may have a continuing relationship with the Youth Forensic Psychiatric Service.

The Crossroads facility may be locked to provide containment and intensive supervision of the youth. Although the program strives to maintain the minimum necessary containment, there are constraints imposed by law and policies related to delivering involuntary care and services. In virtually all cases, youth may leave the locked facility under supervision of Maples staff. Youth who are voluntary admissions under the Mental Health Act may have unsupervised outings and unescorted travel to their home communities.

The Crossroads Program emphasizes:

- Individualized treatment plans;
- Positive attachment experiences;
- Development of living skills needed to live independently;
- A safe and predictable environment with healthy routines;
- Positive social, educational, vocational, and recreational experiences; and,
- A work experience program.

TERTIARY PREVENTION PROGRAMS AND STRATEGIES



MAPLES ADOLESCENT TREATMENT CENTRE

Family and/or caregiver involvement is an important part of the Crossroads Program. Family meetings and/or therapy are one component. Whenever possible, home visits are included in the treatment plan in order to provide youth with successful experiences in their home community. During the youth's stay at Crossroads, a Care Plan is developed to help guide the youth's care and treatment in the community after discharge. The Care Plan format and purpose is closely modeled on the Response Program Care Plan. Some limited respite is possible on a case-by-case basis.

Youth are discharged from the program when there is no further treatment benefit to be gained or when the treatment benefit could be attained in a less intrusive setting in the community. Typically full treatment benefit is gained within three months. There is an option to extend a youth's stay at Crossroads based on their individual clinical needs.

BIFROST PROGRAM

The Bifrost Program is designed to provide adolescents and their families with an intensive, home-based, short-term intervention. The Bifrost Program provides the opportunity for family members to explore alternative methods of relating to one another and to enhance their problem-solving skills in a supportive environment. (Family is defined broadly to include birth, step or adoptive parents, extended family members, foster parents, or resource care staff).

The program runs for three and a half months. The program runs entirely in the youth's home community with the exception of the Maples Connect Parenting Group, which operates out of the Maples site in Burnaby.

The program has three main components:

- Family therapy where the youth and their parents will meet to explore and resolve conflict or problem solve issues affecting the family;
- Connect Parenting group where parents meet with the parents of other youth enrolled in the program to learn how to apply an attachment-based framework to their parenting practice; and
- Ongoing support for the youth in four broadly defined life spaces: Education, Vocation, Recreation, and Social/Family life.


The general goal of the program is to increase each family's capacity for constructive problem-solving and for supporting its members in moving toward life goals. This is done within the context of each youth's environment with an emphasis on maintaining and enhancing existing relationships.

PROGRAM SUPPORT SERVICES


Recreation Program

The Maples Adolescent Centre's recreational facility is available to program participants. Youth also go on supervised recreational outings that make use of community resources.


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  MAPLES ADOLESCENT TREATMENT CENTRE | |
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| | <p>The Maples Secondary School</p> <p>The Maples Secondary School provides an educational service to adolescents admitted to the Maples. Through its instructional and assessment departments, the school works to meet the educational needs of teens and to provide valuable educational information to the Maples Care Plan process. The school is staffed and administered by the Burnaby School District (#41) personnel under the umbrella of Provincial Resource Programs.</p> <p>Math, Science, English, Social Studies, and Woodwork are offered in the school's instructional program. Program continuity is an important school goal so staff work in conjunction with the youth's home school in order to minimize any disruption to their regular school program. The school also places a high value on promoting in their students a sense of self worth, tolerance, appropriate life goals, and mature behaviour in a group setting.</p> <p>Report cards, parent conferences, and regular team meetings with the Maples' staff are part of the school's supportive learning environment during its 43-week school year.</p> <p>Connect Parent Group</p> <p>Rather than focusing on behavioural management techniques, the Connect Parent Group focuses on enhancing the building blocks of attachment, enhancing the parents' ability to reflect before acting, and their ability to regulate their feelings so they respond more constructively to conflict.</p> <p>The Connect Parent Group program format is a series of 10 one hour sessions delivered over 10 weeks. Each session begins with the presentation of an attachment principle that helps parents understand attachment issues underlying challenging interactions with their adolescent. Parents learn, for example, that conflict is part of attachment and is particularly acute during times of transition in the relationship, such as the transition through adolescence. Parents also learn to 'step back' in emotionally charged situations, recognize and modulate their own feelings, and consider the possible meanings behind their adolescent's behaviour. Throughout the sessions parents are also encouraged to reflect upon their own experiences — when they were adolescents as well as their present circumstances.</p> |
| Number of Participants | <ul style="list-style-type: none"> • The Dala Program takes 6 participants. • The Crossroads Program takes 8 participants. |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Staff work in conjunction with the youth's home school in order to minimize any disruption to their regular school program. • The Maples Secondary School is staffed and administered by the Burnaby School District (#41) personnel under the umbrella of Provincial Resource Programs. |
| Staffing | <i>Skills and Background</i> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  MAPLES ADOLESCENT TREATMENT CENTRE | |
|---|---|
| | <p><i>Specific training needed for program delivery</i></p> <ul style="list-style-type: none"> Treatment programs use a multidisciplinary team of social workers, psychiatrists, psychologists, nurses, and youth care counselors. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> The Maples conducts in-house surveys of programs that are available to the public on their website: http://www.mcf.gov.bc.ca/maples/research.htm Program evaluations of the Response Program show the intervention to be effective in caring for youth with persistent difficulties at home, school and in their communities. Articles regarding the Response Program are available in the Canadian Journal of Psychiatry: Holland, R., Moretti, M. M., Verlaan & Peterson (1993). Attachment and conduct disorder: The response program. <i>Canadian Journal of Psychiatry</i>. 38, 420-431. Moretti, Holland & Peterson (1994). Long term efficacy of an attachment based program for conduct disorder. <i>Canadian Journal of Psychiatry</i>. 39, 360-370. <ul style="list-style-type: none"> Regarding the Bifrost Program, the evaluation data identifies a significant reduction in problem behaviour as reported by caregivers and high levels of parental treatment acceptance and perceived usefulness. Two papers have been published reporting these findings: Moretti, M. M., Holland, R., Moore, K., & McKay, S. (2004). An attachment based parenting program for caregivers of severely conduct disordered adolescents: Preliminary findings. <i>Journal of Child and Youth Care Work</i>, 19, 170-178. Obsuth, I., Holland, R., Moretti, M. M., Braber, K., & Cross, S. (2006). Conduct Disorder: New directions in promoting effecting parenting and strengthening parent-adolescent relationships. <i>Canadian Academy of Child and Adolescent Psychiatry Journal</i>, 15:1. There are no formal evaluations of the Dala or Crossroads program but there is significant positive anecdotal information and some data from the Maples internal evaluations and surveys. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <ul style="list-style-type: none"> The Maples Secondary School programs are funded by the Ministry of Education. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  MAPLES ADOLESCENT TREATMENT CENTRE | |
|---|---|
| Comments | |
| Program Contact | 3405 Willingdon Avenue Burnaby, BC V5G 3H4 Telephone: 604 660-5800 Fax: 604 660-5814 E-Mail: MCF.Maples@gov.bc.ca Website: http://www.mcf.gov.bc.ca/maples/index.htm |
| Additional Source Documents | Moretti, M.M., Holland, R., Braber, K., Cross, S., & Obsuth, I. (2006). <i>Connect: Working with Parents from an Attachment Perspective. A principle-based manual.</i> Ministry of Children and Family Development of British Columbia. For a list of journal articles and book chapters please see: http://www.mcf.gov.bc.ca/maples/publications.htm |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MENDOTA JUVENILE TREATMENT CENTRE | |
|--|---|
| Source | http://guide.helpingamericasyouth.gov/programdetail.cfm?id=460 http://www.wi-doc.com/MJTC.htm |
| Overview | <p>The Wisconsin Department of Health and Family Services Mendota Juvenile Treatment Center (MJTC) is a unique residential facility that specializes in providing mental health treatment to extremely “hard cases” within the juvenile justice system. The program was established by the Wisconsin State Legislature in 1995 specifically to meet the needs of youths who were too disturbed, unruly, or “treatment refractory” to be housed in the State’s traditional correctional centers. The Center seeks to control and rehabilitate such youths by combining the security consciousness of a traditional correctional institution with the strong mental health focus of a private psychiatric facility.</p> <p>The Center’s emphasis on mental health treatment is evident in its setting. Unlike most secure, State-funded correctional facilities, MJTC is housed on the grounds of a State mental health center. In addition, residents in the program are housed in single bedrooms within small inpatient units.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Residential facility |
| Program Components & Activities | <p>The overarching goal of the program is to replace the antagonistic responses and feelings created by traditional correctional institutions with more conventional bonds and roles, which can encourage positive social development. The treatment is based on the notion that defiant behavior can become cyclic when the defiant response to a sanction is itself sanctioned, resulting in more defiance and increasing sanctions. With each reiteration the young offender is further disenfranchised from conventional goals and values, and is increasingly “compressed” into a defiant behavior pattern. The MJTC uses a decompression model that attempts to erode the antagonistic bond with conventional roles and expectations and with authority figures and other potential sanctioning agents.</p> <p>Within this private, clinical setting, youths undergo intensive individualized therapy designed to treat their underlying emotional problems and to “break the cycle of defiance” triggered by normal institutional settings. Whenever youths in treatment act out or become unruly, they receive additional therapy as well as enhanced security.</p> |
| Number of Participants | <ul style="list-style-type: none"> • Total bed capacity of 29 |
| Age of Participants | <ul style="list-style-type: none"> • 11-21 years, average age of 16 |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MENDOTA JUVENILE TREATMENT CENTRE | |
|---|--|
| Gender of Participants | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| | <ul style="list-style-type: none"> • The staff is composed of experienced mental health professionals (including a fulltime psychologist, fulltime psychiatric social worker, and a fulltime psychiatric nurse manager) rather than security guards or corrections officers. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Youths receiving treatment were significantly less likely to recidivate within 2 years of release than youths in the comparison group. (The treatment group’s overall 2-year recidivism rate was 52 percent versus 73 percent for the comparison group.) While misdemeanor rates do not appear to have been significantly affected by the treatment, MJTC youths were only about half as likely to commit new violent and serious offenses. They also spent less time incarcerated and had a longer average “survival time” before reoffending. The authors of the study attribute these results to the fact that the MJTC program “significantly increased the level of participation in rehabilitation services for the vast majority of youth transferred there.” Overall, the authors conclude, their findings “provide a challenge to the notion that this population is untreatable” or beyond rehabilitation. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Greg Van Rybroek, Ph.D. Mendota Mental Health Institute 301 Troy Drive Madison, WI 53704 Phone: (608) 301-1042 Fax: (608) 301-1207 E-mail: vanrygi@dhfs.state.wi.us Web site: http://www.wi-doc.com/MJTC.htm |
| Additional Source Documents | Caldwell, M.F., and Greg J. Van Rybroek. (In Press.) Reducing Violence in Serious Juvenile Offenders Using Intensive Treatment. <i>International Journal of Psychiatry and Law</i> . Caldwell, M.F.; M. Vitacco; Greg J. Van Rybroek. (2005). Are Violent Delinquents Worth Treating: A Cost–Benefit Analysis. <i>Journal of Research in Crime and Delinquency</i> XX: 1–20. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MISSOURI DEPARTMENT OF SOCIAL SERVICES, DIVISION OF YOUTH SERVICES | |
|---|--|
| Source | http://www.dss.mo.gov/dys/index.htm |
| Overview | The Division of Youth Services (DYS) is the state agency charged with the care and treatment of delinquent youth committed to its custody by one of the 45 Missouri juvenile courts. DYS programs are established to provide the mandated services enumerated in Chapter 219.016 in the Revised Statutes of the state of Missouri. These services include assessment, care and treatment, and education of all youth committed to its care. Toward this end, DYS operates treatment programs ranging from non-residential day treatment centers through secure residential institutions. Additionally, DYS administers the Interstate Compact on Juveniles, operates an accredited school program, and maintains a statewide statistical database of juvenile court referrals. DYS is administratively organized into one central office and five regional offices. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>CASE MANAGEMENT</p> <p>DYS operates a case management system that provides treatment assessment and planning through the coordination and utilization of the various regional services available to youth. The same case manager, or Service Coordinator (SC), will serve as the youth's advocate throughout the system. Service Coordinator caseloads are typically maintained at 15-20 youth. The SC is the primary liaison between the family and the agency in regard to overseeing and guiding all aspects of treatment. This small caseload allows the SC to develop and maintain close relationships with each youth, family and community to which they are assigned. To provide continuity and consistency, each youth remains with the same service coordinator throughout his/her DYS commitment.</p> <p>In close conjunction with the family, the treatment needs of the youth are thoroughly discussed and an Individual Treatment Plan (ITP) is developed. During the initial intake, the SC completes a Risk/Needs Assessment. This tool, along with the specific needs of the youth, will ultimately determine the most appropriate placement. Considerable efforts are made to keep the youth in the least restrictive environment that best fits their treatment needs and is also proximal to their home community. Placement options include an array of DYS-operated residential facilities, DYS Day-Treatment Programs, other-agency contractual care settings and, in select cases, community care,</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

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in which the youth is placed back in the community with wraparound treatment services.

INDIVIDUAL TREATMENT PLAN

The Individual Treatment Plan (ITP) is the master plan that outlines and defines the course of treatment for the youth. It is a comprehensive and holistic plan that delineates the goals, objectives, resources and main “players” of the treatment process. Goals indicated in the ITP not only address the delinquent behavior that resulted in court referral(s), but also focuses on other components in the youth’s life that might influence their overall ability to be safe and successful, i.e.; family relationships, education, substance abuse, health-related issues, life skills, etc.

RESIDENTIAL CARE

The division operates residential care facilities across the state for young offenders who require a more structured setting than the community. Each residential program includes intensive counseling, life skills training and some type of education program.

Community-Based Residential Programs

The least-restrictive residential environments in the division are group homes. Typically, about 10 youths live together in a home-like setting under 24-hour supervision. The residents in some facilities go to public schools and participate in other activities in the community on a regular basis. Some juvenile offenders are placed in a short-term treatment program that combines traditional residential services with re-entry exercises.

While in the group home, the youths are responsible for general housekeeping, serving meals and laundry. More importantly, they are expected to participate in group, individual and family therapy sessions.

Moderately Structured Facilities

The division operates nine programs providing a moderate structure, three in state parks. These programs use the same treatment approach as group homes, but are designed for youths who need more structure and supervision. Basic education, General Education Development (G.E.D.) programming, and remedial and special education are provided on-site in division schools accredited by the Department of Elementary and Secondary Education.

Secure Care

There are seven highly structured secure care programs operated by the division in locked facilities. Secure-care residents tend to be more serious offenders, with longer offense histories or crimes against people.

An educational program is customized for each resident with basic, remedial, special and vocational education available. Each resident works within his own Individual Treatment Plan to gain basic, practical knowledge and skills that will help him cope effectively after release from the program.

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| | <p>Special Needs</p> <p>Some young offenders have special needs because of emotional disturbance or learning disability. The division operates two programs designed to meet these special needs.</p> <p>DAY TREATMENT</p> <p>The day treatment program provides an alternative for at-risk youths so they do not have to be removed from their families and placed in residential programs. Instead, they spend six hours each day in school, even in the summer, and return home in the evenings.</p> <p>Each student works with day treatment teachers to design an individual education plan outlining the goals and expectations of both staff members and the youths. They then work toward those goals at their own pace. Since the majority of these students did not thrive in the public school system, training toward General Educational Development (G.E.D.) is offered. Career planning and job-seeking skills also are emphasized. The educational program is reinforced with individual, group and family therapy services, along with community services.</p> <p>FAMILY THERAPY</p> <p>The Division of Youth Services offers Family Therapy to its youth and their families. The Division uses a Systems approach to therapy which incorporates youth, parents, alternative caregivers, as well as, siblings when appropriate. The goals of this approach are to encourage families to recognize their strengths, educate regarding effective parenting skills with logical consequences, and to improve communication within the family.</p> <p>A Family Therapy referral is initiated by the Service Coordinator based on a needs assessment. Once the referral is made, a Family Specialist is assigned and makes initial contact with the family. Family Therapy usually begins while the youth is in a residential placement and may address such issues as communication skills, anger management, conflict resolution skills, and establishing appropriate familial boundaries. The frequency of these sessions is determined mutually between the families and the Family Specialists. The Family Specialists are committed to providing ongoing communication with the facilities and the Service Coordination unit. This allows for the most holistic approach for the families. The Family Specialists also attend regular staffings and assist in the implementation of the Individual Treatment Plan.</p> <p>Once the youth successfully completes the residential phase of treatment, the Family Specialists continue to be involved to ensure the most appropriate level of continued support. This also serves to ease the transition from residential placement to community placement. Additionally, Family Specialists collaborate with other assisting agencies to determine the most effective provision of services to the youth and their families.</p> <p>While the Division accepts referrals from other agencies on a limited basis,</p> |

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most of the young people participating in the Family Therapy program have been committed to the Division and/or are involved in other Divisional programs, such as Day Treatment.

INTENSIVE CASE SUPERVISION

Social Service Aides (Trackers) are hired by the Division of Youth Services to assist the Service Coordinator (SC) with the supervision of youth placed in the community. This placement typically occurs after the completion of the youth's residential treatment but may also occur immediately following commitment while the youth is awaiting residential placement or on Community Care status.

Trackers, as they are commonly called, help the SC maintain a high level of supervision on youth activities but, are also a central component of the youth's successful transition back into the community. The level of involvement is assigned by the youth's SC and is likely to include regular home, school and employer visits. The Tracker is expected to maintain contact with a youth through face-to-face meetings, home visits, phone calls and collateral contacts with others professionals who work directly with the youth. The frequency and type of contact is adjusted by the SC based on the progress and needs of the individual. Trackers regularly report progress and concerns to the SC in order to ensure the SC is kept current on the youth. While the emphasis of the Tracker is typically increased supervision of youth assigned to them, they also serve the youth as a 'mentor.' In this role, they act as a social role model for the youth by participating in age appropriate, socially acceptable recreational activities, such as going to the movies or attending a local sports game. Examples of other Tracker activities include: helping the youth locate and secure employment; providing transportation to/from work or school; providing tutoring; locating alternative recreational activities in the community and/or finding other services that will enhance the youth's return to the community. Trackers also provide treatment services such as counseling, conflict resolution and problem-solving assistance to their youth.

JUVENILE COURT DIVERSION

The Juvenile Court Diversion program is designed to divert juveniles from commitment to the Division of Youth Services through early intervention and by working with less-serious offenders at home.

The programs are designed and implemented at the local level. Juvenile courts across the state apply for grants from the division to support programs like intensive probation, family therapy and group counseling. Traditionally, more than half of the court systems in the state apply for grants in any given year.

Through juvenile court diversion, many local communities around the state are providing services that would otherwise not be available to youths near their homes.

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| | <p>DUAL JURISDICTION PROGRAM</p> <p>(A Sentencing Option for Youthful Offenders)</p> <p>Dual Jurisdiction is a blended sentencing option in which a juvenile and adult sentence is simultaneously imposed with the execution of the adult sentence suspended.</p> <p>To be considered for the Dual Jurisdiction Program in DYS, a youth must meet these requirements:</p> <ul style="list-style-type: none"> • Under the age of 17; • Transferred to a Court of general jurisdiction; and • Prosecution results in a conviction or a plea of guilty. |
| Number of Participants | <ul style="list-style-type: none"> • Community based residential programs house 10 youth at a time. |
| Age of Participants | |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Division of Youth Services 3418 Knipp, Suite A-1 P.O. Box 447 Jefferson City, MO 65102-0447 Telephone: (573) 751-3324 Fax: (573) 526-4494 Web page: www.dss.mo.gov/dys/ |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MORAL RECONATION THERAPY | |
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| Source | http://www.moral-reconation-therapy.com/mrtjuveniles.html |
| Overview | <p>Moral Reconation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments.</p> <p>The MRT workbook is structured around 16 objectively defined steps (units) focusing on seven basic treatment issues: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning.</p> <p>While MRT was first designed as a criminal justice-based drug treatment method, a host of other treatment adaptations have been made, including more individualized programs that deal with parenting, spiritual growth, anger management, juvenile offenders, sexual and domestic violence, and treatment and job readiness. Different workbooks based on the fundamental MRT concepts exist for each of these areas.</p> <p>MRT has been used with juvenile groups since 1989. The initial implementation with juveniles was in a multi-site job training program in Puerto Rico. It was then used in hospital treatment programs and privately operated juvenile detention center programs. Numerous juvenile probation sites, juvenile Drug Courts, at-risk student programs, and juvenile treatment programs utilize MRT as the primary treatment approach.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input checked="" type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Probation and parole services |
| Program Components & Activities | <p>Juvenile offenders use the MRT workbook Juvenile MRT—How To Escape Your Prison. Non-offender juvenile programs utilize the MRT workbook Discovering Life & Liberty in the Pursuit of Happiness. Both MRT workbooks use the 12 MRT steps, with a general written discussion of each step in the workbook, followed by the exercises and homework requirements.</p> <p>Participants meet in groups once or twice weekly and can complete all steps</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MORAL RECONATION THERAPY | |
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| | <p>of the MRT program in a minimum of 3 to 6 months</p> <p>Comprehensive juvenile programs also utilize three other cognitive-behavioral programs. These are Relapse Prevention, Job Readiness, and Character Development. All MRT groups are open-ended. This means that new clients can enter a group at any time and be incorporated into the program.</p> <p>In general, most juvenile offenders complete all MRT steps in 20-32 group sessions. Juvenile program completion rates have varied between 60%-100%. In juvenile educational MRT programs, the completion rate approaches 100%.</p> |
| Number of Participants | <ul style="list-style-type: none"> • 12-15 participants is typical, but the number can vary. |
| Age of Participants | <ul style="list-style-type: none"> • There are programs tailored to different groups, and all ages |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | Applications of MRT have been designed for probation/parole partners, and in schools. |
| Staffing | <i>Skills and Background</i> |
| | Some specific training is required for program delivery. |
| | <i>Specific training needed for program delivery</i> |
| | Basic MRT training is conducted by Correctional Counseling, Inc. (CCI), of Memphis, Tennessee. Five-day trainings (32 hours total) are held in Memphis each month. The cost of the training is \$600 for the first person of a given agency and \$500 for each additional individual from the same agency, with continuing education units (CEUs) offered to those who complete all training. On-site training is also available. MRT training is required for individuals and agencies to purchase client workbooks. Each client participating in MRT must have an MRT workbook, which costs \$25. Volume discounts are available. |
| Program Accredited | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • MRT[®] has shown to reduce the recidivism rate of offenders from 30%-50% after 10 years of release. • Every MRT program treating juveniles that has collected outcome data has reported significantly lower recidivism and lower disciplinary infractions. Other research has found significant beneficial changes in personality test variables as a result of treatment. Outcome research reports can be found at http://www.moral-reconation-therapy.com/research.html |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • MRT[®] is designed and developed to target issues specific to an offender |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MORAL RECONATION THERAPY | |
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| | <p>population.</p> <ul style="list-style-type: none"> • MRT[®] is designed to address issues of a treatment resistant population. • MRT[®] improves offender compliance to rules in an institution or while under supervision in the community. • MRT[®] is delivered in groups which are open ended which allows for maximizing resources. • MRT[®] easily meshes and blends with other types of programming including self help groups, education, counseling and behaviorally oriented programs. • MRT[®] will increase offenders' moral reasoning, decrease dropout rates, increase life purpose and reduce antisocial thinking and behavior. • When implemented in a variety of criminal justice settings in a community, MRT[®] provides a continuum of care. <p>Nearly all juvenile programs using MRT usually conduct several other cognitive-behavioral programs with their participants. Some of these components are used with all participants while others are based on individual needs. These are: Shoplifting, Relapse Prevention, Character Development, Anger Management, Family Support, Job Readiness, Codependency, Responsible Living, Rules Are Made to be Followed.</p> |
| Program Contact | <p>Kenneth Robinson, Ed.D. Correctional Counseling, Inc. 2028 Exeter Road, Germantown, TN 38138 Phone: (901) 360-1564 Fax: (901) 757-1995 E-mail: ccimrt@aol.com</p> |
| Additional Source Documents | <p>Little, Gregory L. (2004). Treating Juvenile Offenders and At-Risk Youth With MRT: Comprehensive Review of Outcome Literature. http://www.moral-reconation-therapy.com/Resources/juvenile%20mrt%20review.pdf http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=181</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MULTIDIMENSIONAL TREATMENT FOSTER CARE | |
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| Source | http://www.colorado.edu/cspv/blueprints/model/programs/MTFC.html http://www.mtfc.com/ |
| Overview | <p>Multidimensional Treatment Foster Care (MTFC) is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers.</p> <p>MTFC targets teenagers with histories of chronic and severe criminal behavior at risk of incarceration and those with severe mental health problems at risk for psychiatric hospitalization.</p> <p>Certification is required to use the name Multidimensional Therapy Foster Care and MTFC. Certification requirements are available at http://www.mtfc.com/implementation.html under the implementation menu.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): foster homes |
| Program Components & Activities | <p>MTFC training for community foster families emphasizes behavior management methods to provide youth with a structured and therapeutic living environment. After completing a pre-service training and placement of the youth, MTFC parents attend a weekly group meeting run by a program supervisor where ongoing support and supervision are provided. Foster parents are contacted daily during telephone calls to check on youth progress and problems. MTFC staff are available for consultation and crisis intervention 24/7.</p> <p>Services to the youth's family occur throughout the placement. Family therapy is provided for the biological (or adoptive) family, with the goal of returning the youth back to the home. The parents are supported and taught to use behavior management methods that are used in the MTFC foster home. Closely supervised home visits are conducted throughout the youth's placement in MTFC. Parents are encouraged to have frequent contact with the MTFC program supervisor to get information about their child's progress in the program.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MULTIDIMENSIONAL TREATMENT FOSTER CARE | |
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| | Through a Coordination and Community Liaison, frequent contact is maintained between the MTFC program supervisor and the youth's case workers, parole/probation officer, teachers, work supervisors, and other involved adults. |
| Number of Participants | <ul style="list-style-type: none"> • 1-2 per household |
| Age of Participants | <ul style="list-style-type: none"> • 12-18 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| | <ul style="list-style-type: none"> • Foster parents receive specific training, for example, in emotional self-awareness, anger management, and conflict resolution. <p>To operate a program with approximately 10 beds (the typical start-up size), the following staff is needed:</p> <ul style="list-style-type: none"> • Full-time program supervisor • Half-time individual therapist for MTFC-C and MTFC-A or hourly playgroup staff for MTFC-P • Half-time family therapist • Skills trainer(s) at 20-25 hours a week per 10-bed program • .75 FTE foster parent recruiter, trainer, and PDR caller • One foster family for each placement (except sibling groups) • Psychiatry services on an hourly fee basis |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p>Evaluations of MTFC have demonstrated that program youth compared to control group youth:</p> <ul style="list-style-type: none"> • Spent 60% fewer days incarcerated at 12 month follow-up; • Had significantly fewer subsequent arrests; • Ran away from their programs, on average, three time less often; • Had significantly less hard drug use in the follow-up period; • Had quicker community placement from more restrictive settings (e.g., hospital, detention); and • Had better school attendance and homework completion at 24 months follow-up. <p>For a comprehensive review of research studies please see: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5310a1.htm</p> |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MULTIDIMENSIONAL TREATMENT FOSTER CARE | |
|---|--|
| Comments | <ul style="list-style-type: none"> • Community Task Force on Community Preventive Services; and • Blueprints for Violence Prevention. |
| Program Contact | <p><i>For general program information and information about training and dissemination, contact:</i> Gerard Bouwman TFC Consultants, Inc. 1163 Olive Street Eugene, OR 97401 Phone: (541) 343-2388 Fax: (541) 343-2764 Email: gerardb@mtfc.com Website: www.mtfc.com</p> <p><i>For information about program research, contact::</i> Patricia Chamberlain, Ph. D. Clinic Director, Oregon Social Learning Center 10 Shelton McMurphey Boulevard Eugene, OR 97401 Phone: (541) 485-2711 Fax: (541) 485-7087 Email: pattic@oslc.org Website: www.oslc.org</p> |
| Additional Source Documents | <p>Chamberlain, P., & Mihalic, S.F. (1998). <i>Multidimensional Treatment Foster Care: Blueprints for Violence Prevention, Book Eight</i>. Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.</p> <p>Chamberlain, P., Leve, L., & DeGarmo, D. (2007). Multidimensional Treatment Foster Care for Girls in the Juvenile Justice System: Two Year Follow-up of a Randomized Clinical Trial. <i>Journal of Consulting and Clinical Psychology</i>, 75(1), 187-193.</p> <p>For a more comprehensive list of publications please see: http://www.mtfc.com/journal_articles.html</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MULTISYSTEMIC THERAPY | |
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| Source | http://www.colorado.edu/cspv/blueprints/model/programs/MST.html http://www.mstservices.com/ |
| Overview | <p>Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.</p> <p>MST targets chronic, violent, or substance abusing male or female juvenile offenders at high risk of out-of-home placement, and the offenders' families. MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which youth are embedded. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change.</p> <p>The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies. MST is provided using a home-based model of services delivery. This model helps to overcome barriers to service access, increases family retention in treatment, allows for the provision of intensive services (i.e., therapists have low caseloads), and enhances the maintenance of treatment gains. The usual duration of MST treatment is approximately 60 hours of contact over four months, but frequency and duration of sessions are determined by family need.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>MST is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's social network that are contributing to his or her antisocial behavior. Thus, MST interventions typically aim to:</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MULTISYSTEMIC THERAPY | |
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| | <ul style="list-style-type: none"> • Improve caregiver discipline practices; • Enhance family affective relations; • Decrease youth association with deviant peers; • Increase youth association with prosocial peers; • Improve youth school or vocational performance; • Engage youth in prosocial recreational outlets; and • Develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes <p>Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including cognitive behavioral, behavioral, and the pragmatic family therapies.</p> <p>MST services are delivered in the natural environment (e.g., home, school, and community). The treatment plan is designed in collaboration with family members and is, therefore, family driven rather than therapist driven. The ultimate goal of MST is to empower families to build an environment, through the mobilization of indigenous child, family, and community resources, that promotes health. The typical duration of home-based MST services is approximately four months, with multiple therapist-family contacts occurring each week, determined by family need.</p> <p>Although MST is a family-based treatment model that has similarities with other family therapy approaches, several substantive differences are evident:</p> <ol style="list-style-type: none"> 1. MST places considerable attention on factors in the adolescent and family's social networks that are linked with antisocial behavior. For example, MST priorities include removing offenders from deviant peer groups, enhancing school or vocational performance, and developing an indigenous support network for the family to maintain therapeutic gains. 2. MST programs have an extremely strong commitment to removing barriers to service access (e.g., the home-based model of service delivery). 3. MST services are more intensive than traditional family therapies (e.g., several hours of treatment per week vs. 50 minutes). 4. Most importantly, MST has well-documented long-term outcomes with adolescents presenting serious antisocial behavior and the adolescents' families. |
| Number of Participants | <ul style="list-style-type: none"> • Implementation of the model is ideal where there are 60 or more youth aged 10-17 that are involved in the juvenile justice system and are at risk of placement in detention, jail or long-term residential centers because of their behavior |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • A well designed MST program involves various stakeholders including juvenile justice, social welfare, mental health, education and the court system. |
| Staffing | <i>Skills and Background</i> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MULTISYSTEMIC THERAPY | |
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| | <ul style="list-style-type: none"> • MST Therapists should be Masters level professionals. • MST Clinical Supervisors should be Ph.D. level professionals. • MST Clinical Supervisors should have both clinical authority and administrative authority over the MST Therapists they supervise. |
| | <i>Specific training needed for program delivery</i> |
| | <ul style="list-style-type: none"> • all MST staff complete the 5-day MST Orientation Training. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Evaluations of MST have demonstrated for serious juvenile offenders: <ul style="list-style-type: none"> ➢ Reductions of 47-64% in out-of-home placements; ➢ Reductions of 25-70% in long-term rates of rearrest; ➢ Extensive improvements in family functioning; and ➢ Decreased mental health problems for serious juvenile offenders. • For a complete overview of evaluations please see http://www.mstservices.com/complete_overview.php#1 |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown Suggestions for funding include: <ul style="list-style-type: none"> • Medicaid reimbursement typically under the rehabilitative services option (e.g., intensive home-based services); • Shifting state children's services moneys allocated for residential treatment programs or other out-of-home placements (e.g., foster care) to the MST program; and • Making home-based MST a component of the continuum of care provided by a managed care organization that treats youths with serious emotional disturbance under a capitated rate from the state. • Funding for MST cases should be in the form of case rates or annual program support funding in lieu of billing mechanisms that track contact hours, or "productivity". • The cost savings demonstrated in randomized trials of MST are described here: http://www.mstservices.com/mst_treatment_model.php |
| Comments | <ul style="list-style-type: none"> • President's New Freedom Commission on Mental Health; • Office of Juvenile Justice and Delinquency Prevention; • Center for Substance Abuse Prevention; • Center for Substance Abuse Treatment; • Youth Violence: a Report of the Surgeon General; • National Institutes of Health; • National Institute on Drug Abuse; • National Alliance for the Mentally Ill; • National Mental Health Association; • SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP); and |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| MULTISYSTEMIC THERAPY | |
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| | <ul style="list-style-type: none"> • Blueprints for Violence Prevention. |
| Program Contact | Marshall Swenson, MSW, MBA MST Services, Inc. 710 J. Dodds Boulevard Mount Pleasant, SC 29464 Phone: (843) 856-8226 Fax: (843) 856-8227 Email: marshall.swenson@mstservices.com Website: www.mstservices.com or www.mstinstitute.org |
| Additional Source Documents | Henggeler, S.W., Mihalic, S.F., Rone, L., Thomas, C., & Timmons-Mitchell, J. (1998). <i>Multisystemic Therapy: Blueprints for Violence Prevention, Book Six</i> . Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| NEIGHBORHOOD SOLUTIONS | |
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| Source | Randall, J. et al. (1999). Neighborhood Solutions for Neighborhood Problems: An Empirically Based Violence Prevention Collaboration. <i>Health Education and Behavior</i> . 26, 806. Retrieved August 27, 2008 from http://heb.sagepub.com/cgi/content/abstract/26/6/806 |
| Overview | <p>Neighborhood Solutions is a collaboration between the South Carolina Department of Health and Human Services (SCDHHS), the Family Services Research Center (FSRC) at the Medical University of South Carolina, and the neighborhood of Union Heights, a neighborhood in North Charleston, South Carolina. The project represents a methodology for initiating a university-community partnership to address youth violence and drug use, one that is community driven and promotes local ownership.</p> <p>Neighborhood Solutions is designed to empower the residents of Union Heights to address violent criminal behavior, substance abuse, and other serious antisocial problems of their youth while maintaining youth in the community. The Union Heights Neighborhood Committee (UHNC), other residents of the neighborhood, and agencies involved with Union Heights' youth prioritized the most serious problems affecting youth and families. Neighborhood Solutions collaboratively designed and implemented interventions to address the needs of Union Heights' youth and their families. These interventions addressed known risk factors for youth antisocial behavior while building protective factors. Moreover, the intensity of services is titrated to the needs of the youth and his or her family. Youth presenting serious clinical problems receive intensive home-based mental health treatment, and youth at risk for school suspension or expulsion receive less intensive family- and neighborhood-based services. All neighborhood youth benefit from the recreational, educational, and vocational opportunities that are being developed.</p> |
| Focus of Program | <input checked="" type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>CLINICAL TREATMENT</p> <p>The primary treatment model for youth with clinical needs and a history of violence is Multisystemic Therapy (MST) which is a well-specified family-based treatment model that has proven clinically effective and cost-effective in several randomized trials with youth presenting with serious clinical problems and their families.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| NEIGHBORHOOD SOLUTIONS | |
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| | <p>UHNC members of the steering committee are a vital part of the identification and engagement of youth and their families. The UHNC identifies a youth who needs treatment, and a neighborhood member of the steering committee with a previous relations to the family asks family members to participate. The number of individuals meeting initially with family is kept small to avoid overwhelming the family. The neighborhood member of the steering committee explains to the family that he or she is visiting because he or she cares about family members and wants what is best for the family. The neighborhood leader pledges support to the family throughout treatment. Because MST involves family-driven interventions, with the primary caregiver taking a leading role in interventions, the primary objective of the neighborhood member of the steering committee is to meet with the youth's primary caregiver. Often, the identified youth would be present at the meeting. If the family agrees to participate, the referral is given to the two project directors, and the neighborhood leader schedules a subsequent meeting to introduce the family to members of the clinical treatment team. If the family refuses, the steering committee meets to brainstorm solutions to barriers that may be preventing the family from participating.</p> <p>Throughout treatment, the MST therapist and family resource specialist, with written consent from the primary caregiver, keep steering committee members informed with regard to progress in achieving treatment goals. Because MST interventions are implemented by the MST therapist and the youth's caregiver(s), a strong family commitment is vital to the success of MST interventions. Hence, when the treatment team is having difficulty engaging the family, neighborhood steering committee members often provide consultation and guidance on issues such as the cultural competence of attempted engagement strategies. In turn, FSRC members of the steering committee offer expertise in treating youth who engage in violent criminal activities and substance abuse and their families. Using a grassroots approach (constructing a project based on the needs identified by the UHNC as opposed to transporting an already developed program to Union Heights) has been one of the keys to attaining and maintaining neighborhood support of the clinical interventions.</p> <p>SCHOOL-BASED INTERVENTION</p> <p>The goals of the school interventions are to decrease the rates of suspension and expulsion experienced by Union Heights' youth through individual interventions. Through an early warning system established in collaboration with the school principals, neighborhood youth identified as at risk for suspension or expulsion, or who have been suspended or expelled, are referred to the Neighborhood Solutions project. Upon referral, the project's activity/school specialist, the youth, the youth's caregiver(s), and UHNC members of the steering committee meet with the youth's teacher(s) and other school officials to discuss the youth's problems. The role of the activity/school specialist is to facilitate the development of cooperative relationships between the concerned parties and to empower the caregiver(s) and neighborhood members to be the driving force in carrying out</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| NEIGHBORHOOD SOLUTIONS | |
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| | <p>interventions to address the identified problems. Such empowerment aims to promote treatment gains and the maintenance of gains.</p> <p>Through advocacy, shadowing, and assisting teachers in classroom management, Neighborhood Solutions forms a partnership with the school officials to reduce suspensions and expulsions related to aggressive behaviors. Often, school officials report that they lack the resources to address aggressive behaviors but are willing, in some cases, to allow youth from Union Heights to return to school if appropriate safeguards, such as shadowing, are put into place. If a Union Heights youth is expelled, Neighborhood Solutions attempts to reduce the number of youth being returned to the neighborhood full-time during the day by working with primary caregivers to find alternative schools.</p> <p>ACTIVITY NEEDS OF YOUTH</p> <p>The goals of neighborhood activities are to increase prosocial recreational, educational, and vocational programs for the youth of Union Heights during after-school hours and summer months. Activities are designed to bring families together constructively and create a neighborhood context that is conducive to prosocial behaviors.</p> <p>Every Wednesday, Neighborhood Solutions holds a meeting to plan and implement recreational, educational, and vocational neighborhood activities. These meetings are open to all residents of Union Heights (youth as well as adults have attended these meetings), and current and future activities are discussed. The activity/school specialist plays a key role in the development and implementation of neighborhood activities. However, because the development of prosocial activities serves the needs of clinical as well as non-clinical youth of Union Heights, the entire clinical team, including clinical supervisors, attends and provides comments and assistance at the meetings. In addition, representatives of groups and organizations that can assist in developing educational, recreational, and vocational activities for Union Heights' youth are invited to attend. These meetings serve as the focal point for planning new neighborhood activities and for monitoring the success of existing and newly developed activities. In addition, barriers to implementing activities are examined, and strategies to overcome barriers are developed.</p> <p>Activities include a Miss Union Heights contest, basketball leagues, roller skating, Boy Scouts, a running club for girls, a youth adventure club, and volleyball. A homework program is held at the neighborhood center 3 days a week from 3 p.m. to 6 p.m. and is staffed by paid, certified teachers. Union Heights youth come to the center and receive assistance with homework; youth who do not have homework can read, work on educational computer programs, or search the Internet. Finally, the project works with representatives from local job/GED training programs to encourage and support youth in training programs. Mentoring and job-shadowing opportunities have also been arranged.</p> |
| Number of Participants | <ul style="list-style-type: none"> • Participants with intense clinical needs (history of violence): 36 over the course of the project |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| NEIGHBORHOOD SOLUTIONS | |
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| | <ul style="list-style-type: none"> • Homework program: 30 participants |
| Age of Participants | <ul style="list-style-type: none"> • Participants with intense clinical needs (history of violence): 10-17 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • The Union Heights Neighborhood Council (UHNC) was brought on board at the beginning of the project and played in an integral role in the community accepting the project and agreeing to work with the Family Services Research Centre. The UHNC Chair and board members used previously established relationships to ministers, law enforcement officials, county government officials, and neighborhood residents to bring people onside. The director of the community centre helped engage youth in the project. • Teachers and principals at all of the local schools are involved in developing and implementing early warning systems that refer at-risk youth to the Neighborhood Solutions project to help address truancy and drop out rates. • The project engaged the Union Heights community by hosting picnics, basketball games, block parties, mother daughter teas, and a mother son banquet. These events were well attended and developed acceptance of the FSRC collaborators and created community support for the project. • The project works with the Charleston County School Superintendent Office to develop and run the after school homework program • The project works with representatives from local job/GED training programs to encourage youth to enter into training opportunities. |
| Staffing | <i>Skills and Background</i> |
| | <ul style="list-style-type: none"> • Two master's-level MST therapists were hired to address the intensive clinical needs of youth; • One bachelor's-level family resource specialist (an individual from Union Heights) was hired to facilitate family engagement and to assist families with access to services; and • One bachelor's-level activity/school specialist was hired to carry out school interventions and to assist with activity programming. • Neighborhood Council members were involved in the hiring process. |
| | <i>Specific training needed for program delivery</i> |
| | <ul style="list-style-type: none"> • The two project directors from the FSRC, who are clinical psychologists, serve as clinical supervisors for the clinical treatment team. Each clinical team member received an extensive week of MST training prior to working with clinical cases, and, per the MST quality assurance model, 13 supervision (occurring twice weekly for 2 hours at each supervision session), training, and consultation are extensive and ongoing. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public: State level funding <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| NEIGHBORHOOD SOLUTIONS | |
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| Comments | <ul style="list-style-type: none"> • One obstacle the steering committee encountered was underestimating the difficulties related to obtaining neighborhood volunteers. It is suggested that active recruitment of and meetings with neighborhood volunteers be a routine part of community-driven interventions. Such efforts will likely facilitate generalization of treatment gains following the project. • It is likely that this methodology would be effective in similar community structures. However, neighborhoods are structured differently. Union Heights has a central leadership structure, with one body making key decisions for the entire neighborhood. In communities where there are multiple groups, it will be important to obtain buy-in from all groups. In larger communities, the governing structure may be a large community board with elected officials. Thus, there may be a formal process for agencies to present proposals to the board. The key element that is common across the different structures is obtaining community buy-in. The configuration or number of stakeholders may vary from neighborhood to neighborhood. However, the overarching process of engagement likely remains relevant. |
| Program Contact | |
| Additional Source Documents | Cupit Swenson, Cindy et al. (2005) <i>Multisystemic Therapy and Neighborhood Partnerships: Reducing Adolescent Violence and Substance Abuse</i> . New York: Guilford Press. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| NORTH CAROLINA INTENSIVE PROTECTIVE SUPERVISION PROGRAM | |
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| Source | http://www.pubinfo.vcu.edu/VaBP/program_details.asp?id=123 http://www.dsgonline.com/mpg2.5/TitleV_MPG_Table_Ind_Rec.asp?ID=40 |
| Overview | <p>The Intensive Protective Supervision Project (IPSP) removes juvenile offenders from criminal justice institutions and provides them with more proactive and extensive community supervision than they would otherwise receive. Its primary goals are to reduce undisciplined acts, decrease the likelihood of future, serious delinquency, and increase socially acceptable behaviors.</p> <p>In North Carolina, the program is designed for status offenders deemed at high risk of becoming serious, violent, and chronic offenders. Youth referred to the program are declared “undisciplined” by the North Carolina Juvenile Services Division.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Offenders assigned to IPS are closely monitored by project counselors who have fewer cases and interact more extensively with the youth and his/her family than traditional parole officers. The counselors make frequent home visitations to assess family and youth needs, provide support for parents, and role model appropriate behavior. The IPS treatment provides youth with external expert evaluation to identify areas of need and service providers, individualized service plans to target desired behavioral changes, and identification and delivery of professional and/or therapeutic services. Youth assessments, needs, and goals are viewed as ongoing and changing.</p> <p>The North Carolina Intensive Protective Supervision (IPS) Project caseworkers work intensively (up to several contacts a day) with offenders and arrange for additional professional services when needed.</p> <p>The program operates in multiple sites, each of which employs a counselor. Caseloads are small—no more than 10 youth per counselor—so IPS counselors can spend more time working with families and maintaining intensive contact with clients. During these contacts, counselors meet regularly with youths and their families and arrange for an internal evaluation by a mental health professional who devises an individualized service plan. For up to 1 year, the counselor, along with contracted service providers, makes regular home visits.</p> |
| Number of Participants | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| NORTH CAROLINA INTENSIVE PROTECTIVE SUPERVISION PROGRAM | |
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| Age of Participants | <ul style="list-style-type: none"> • 10-15 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <p style="text-align: center;"><i>Skills and Background</i></p> <hr/> <p style="text-align: center;"><i>Specific training needed for program delivery</i></p> <ul style="list-style-type: none"> • Counselors receive training in the goals of the project but little special training in counseling, supervision, or therapeutic techniques. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Evaluation specific to IPS only: When compared to regular protective supervision, IPS has demonstrated both short- and long-term reductions in juvenile offending, including the following: a 7.1% of IPS youth compared to 25.9% of the control group were referred to juvenile court for delinquency during the period of supervision; a 65% of IPS youth compared to 45.3% of control group youth were judged to have successfully completed treatment; and one year after case closing, 14.3% of IPS youth compared to 35.2% of the control group were referred to juvenile court for delinquency. • Evaluation specific to North Carolina site: The initial project evaluation demonstrated success in keeping participants from moving from status offenses to delinquency during the first 18 months. Participation in the IPS group reduced the likelihood of a delinquent offense during the course of the program by about 60 percent, compared with the regular probation control group. But the effect was not significant for IPS youth with a prior referral for delinquency. These findings must be viewed cautiously, however, because of small samples and a relatively short follow-up. The findings also are tempered by later findings that indicate widespread burnout among counselors and a diminished effect over the full 3½ years of the project. Subsequent analyses showed that youths in the experimental group failed earlier in the observation period, compared with youths in the control group. Results also showed that girls were more likely to recidivate with a status offense, while boys recidivated more often with a delinquent offense. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | <p>IPSP is recognized by:</p> <ul style="list-style-type: none"> • Blueprints for Violence Prevention (Promising); and • Youth Violence: A Report of the Surgeon General. <p>The North Carolina site specifically is recognized by:</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| NORTH CAROLINA INTENSIVE PROTECTIVE SUPERVISION PROGRAM | |
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| | <ul style="list-style-type: none"> • The Office of Juvenile Justice and Delinquency Prevention. |
| Program Contact | <p>Kathy Dudley Juvenile Services Division Administrative Office of the Courts P.O. Box 2448 Raleigh NC 27602 (919) 662-4738</p> |
| Additional Source Documents | <p>Land, K.C., McCall, P.L., & Parker, K.F. (1994). Logistic versus hazards regression analysis in evaluation research: An exposition and application to the North Carolina court counselors' intensive protective supervision project. <i>Evaluation Review</i> 18(4):411–37.</p> <p>Land, K.C., McCall, P.L., & Parker, K.F. (1992). Intensive supervision in status offenders. In J. McCord and R. Tremblay (eds.). <i>Preventing antisocial behavior: Interventions from birth through adolescence</i>. New York: Guilford Press.</p> <p>Land, K.C.; P.L. McCall; and J.R. Williams. (1990). Something that works in juvenile justice: An evaluation of the North Carolina court counselors' intensive protective supervision randomized experimental project, 1987–89. <i>Evaluation Review</i> 14(6):574–606.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  NOVA SCOTIA RESTORATIVE JUSTICE PROGRAM | |
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| Source | http://www.gov.ns.ca/just/RJ/ |
| Overview | <p>The goal of this program is to have a justice process that holds offenders accountable in a more meaningful way, repairs the harm caused by the offence, reintegrates the offender, and achieves a sense of healing for the victim and the community. The Program hopes to help in the following four tangible ways:</p> <ul style="list-style-type: none"> • reduce recidivism (repeated relapses into crime) • increase victim satisfaction • strengthen communities • increase public confidence in the criminal justice system. <p>The Nova Scotia Restorative Justice Program is not intended to replace the current criminal justice system. It does, however, have the potential to meet needs that are not currently being met by the existing system. For instance, the need for reconciliation and healing exists for all offences, regardless of their severity. In serious cases, where the loss to the victim is more profound, restorative justice has been found to be more meaningful for victims, community members, and offenders.</p> <p>With these serious offences, a conviction must be entered, or a sentence passed, before a referral can be made to the Program. Restorative justice is not necessarily about avoiding incarceration. There is also no guarantee that participation in a restorative justice process will result in a 'lighter' sentence than the normal court process would.</p> <p>FOUR ENTRY POINTS</p> <p>The Program integrates referrals to restorative justice at four stages of the criminal justice process. Only certain types of offences can be referred at each stage. Youth who meet the Program's eligibility criteria can be referred at the following four entry points:</p> <ul style="list-style-type: none"> • Police Entry Point - referral by a police officer before a charge is laid (pre-charge) • Crown Entry Point - referral by Crown attorney after a charge is laid (post-charge) • Court Entry Point - referral by a judge after a conviction and before a sentence is imposed (post-conviction/pre-sentence) • Corrections Entry Point - referral by staff of Correctional Services or Victim Services after a sentence has been imposed (post-sentence) <p>MORATORIUM FOR CERTAIN TYPES OF CASES</p> <p>In April of 2000, the Program imposed a moratorium on the referral of cases related to sexual assault or spousal/partner violence which a judge could potentially refer after a finding of guilt. The moratorium is in place to allow further research and consultation with representatives from women's equality seeking organizations. It continues to be in effect.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  NOVA SCOTIA RESTORATIVE JUSTICE PROGRAM | |
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| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Each of the 12 delivery sites offers slightly different programming. The following information is based on the Island Community Justice Society in Sydney.</p> <p>1) GROUP EDUCATIONAL WORKSHOPS</p> <p>Topics:</p> <ul style="list-style-type: none"> • Victim Empathy • Shoplifting Education • Anger Awareness and Management • Alcohol and Drug Abuse Awareness • Decision Making <p>Focus:</p> <ul style="list-style-type: none"> • Pre Charge: an option for police to consider to accompany police caution procedures. • In House: referrals from Restorative Justice Session Facilitators as a part of youth agreements. <p>2) RESTORATIVE JUSTICE SERVICES</p> <p>2a) Community Justice Forum</p> <p>A Restorative Justice accountability session with wide involvement which will include the victim and/or support persons, the youth and support persons; as well as representatives from the community of harm. There is capacity for police co-facilitation, where requested.</p> <p>Focus:</p> <ul style="list-style-type: none"> • Pre and Post charge referrals from police and crown. • Appropriate for pre-disposition referrals from courts. • Can accommodate post-sentence referrals from Corrections/Victim's Services. <p>2b) Victim Offender Meeting</p> <p>A facilitated session with the victim and offender with his/her parents or guardian in attendance. An appropriate service option where the victim requests a confidential process, or where the case warrants a more individual approach.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES



NOVA SCOTIA RESTORATIVE JUSTICE PROGRAM

Focus:

- Pre and Post charge referrals from police and crown.
- Appropriate for pre-disposition referrals from courts.
- Can accommodate post sentence referrals from Corrections/Victim's Services.

2c) Accountability Meeting

A facilitated educational and accountability session where trained volunteers assist a youth to explore the offense and develop a reparation agreement. This process is appropriate for first time offenses which are property offences, or where there is no identifiable victim.

Focus:

- Pre and Post charge referrals from police and crown, where the offence warrants this approach.

2d) Sentencing Circle

A specific process, which will use the structure and preparation processes of a Community Justice Forum, but which will include formal roles of the referring judge and other members of the formal justice system. The process of determining an agreed upon outcome will lead to the youth's sentence.

Focus:

- Post charge/pre sentence referrals from courts

3) REINTEGRATION SUPPORT SERVICES

Additional support for youth participating in a restorative justice session as a part of a referral from a custodial institution, usually as a part of the youth's release plan.

Focus:

- Post sentence referrals from Corrections. Targets post incarceration youth.

4) ALTERNATIVE MEASURES PROGRAM

Current Alternative Measures program, geared to first time offenders only, offered in areas not included in the Phase One test of the Restorative Justice program.

Focus:

- Service provision in Victoria, Inverness and Richmond Counties.


5) COMMUNITY SERVICE ORDER PROGRAM

Established service to respond to community service order referrals from youth courts


Focus:

Ongoing referrals of Community Service Orders assigned by courts separate


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  NOVA SCOTIA RESTORATIVE JUSTICE PROGRAM | |
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| | from, or in conjunction with, referrals to Restorative Justice services. |
| Number of Participants | <ul style="list-style-type: none"> The Island Community Justice Society, one of 12 community based locations for the program, had over 200 youth come through its system in one year. |
| Age of Participants | <ul style="list-style-type: none"> 12-17 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> The Department of Justice has entered into service agreements with a network of eight community justice agencies and one tribal organization which offers services specifically for Aboriginal youth. The community justice agencies deliver the Restorative Justice Program and Community Service Order Program services, grounding the Program in the community and bringing the voice of the wider community into the process. These agencies operate throughout Nova Scotia, working with youth, victims, and communities from 12 separate community based locations. |
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| | <ul style="list-style-type: none"> Island Community Justice Society staff are sent to Halifax regularly for facilitation and mediation training. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> The Nova Scotia Restorative Justice Community University Research Alliance has conducted research into this program. www.nsrj-cura.ca |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <ul style="list-style-type: none"> Each of the 12 sites receives funding from the provincial government. They also rely on other donations and grants from other sources, for example, the United Way, |
| Comments | |
| Program Contact | Pat Gorham, Restorative Justice Coordinator P.O. Box 7 Halifax, Nova Scotia B3J 2L6 gorhampm@gov.ns.ca (902) 424-3306 To contact any of the 12 community based organizations delivering programs, please visit: http://www.gov.ns.ca/just/rj/contact.asp |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  OPERATION SPRINGBOARD | |
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| Source | http://www.operationspringboard.on.ca/justice/elearning.html |
| Overview | Operation Springboard is a charitable organization that offers leading-edge programs that enable at-risk youth and adults to reach their full potential. Springboard's Justice Services offers a variety of programs for at-risk youth and youth in the criminal justice system. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Residential facilities |
| Program Components & Activities | <p>ATTENDANCE PROGRAM</p> <p>The Attendance Program provides accountable and effective community-based options to custody or detention for youth with judicially imposed reporting and attendance requirements.</p> <p>The Scarborough Youth Court now considers the Attendance Program as a condition of probation, an alternative to custody, or as required after-school skill-development programming.</p> <p>The Resource Room Aris Kaplanis Centre for Youth in Scarborough youth serves as home base for the Attendance Program. This integrated centre provides youth in trouble with the law with a safe, mainstream and motivational change environment where youth can participate in specialized programs during potentially high-risk periods, as required by the court. The "one-stop shopping" model includes the following programs:</p> <ul style="list-style-type: none"> • Employment and Training • Education and Literacy • Substance Abuse Reduction • Anger Management • Cognitive Skills Training • Domestic Violence • Life Skills • Gang Intervention • Anti-racism • Homework Support • Access to family and personal counseling, housing and other needed services. <p>YOUTH COURT (YCAPP)</p> <p>The Youth Court Action Planning Program targets high-risk youth in the early stages of the court process and promotes the use of community-based options for young persons involved in the criminal justice system.</p> <p>Counsellors connect young people's lawyers with available community</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  OPERATION SPRINGBOARD | |
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| | <p>resources and help to develop individualized action plans for each youth. This increases the number of less serious charges that are diverted and improves the release rate for young persons at the bail stage.</p> <p>YOUTH JUSTICE COMMITTEES</p> <p>This program is only available to non-violent offenders.</p> <p>YOUTH CONNECT</p> <p>Youth Connect is a pilot initiative designed to test innovative, new and enhanced community-based responses to youthful offending outside of the traditional criminal justice system. Youth Connect focuses on supporting young people to improve their functioning in school and jobs, develop skills and address factors that have contributed to their committing criminal offences.</p> <p>Youth Connect will work directly with young persons to implementing meaningful and relevant action plans to assist them with re-integration into their communities. The overall goal is to build the community's capacity to invest in these young people and focus on reducing their risk factors, while at the same time building each young person's connection to their community.</p> <p>YOUTH RESIDENCES</p> <p>Springboard operates four residential justice homes for youth who are either on detention (awaiting trial) or serving an open custody sentence under the <i>Youth Criminal Justice Act</i>.</p> <p>During their stay, residents are required to either resume their education, engage in job training, or obtain full-time employment. Within the home, clients are required to complete household chores and observe the regulations of the program. Each resident is assigned a case manager who is responsible for the overall coordination of an individual case management plan. The case manager and the resident's probation officer work on a one-to-one basis with the resident to help identify needs, establish, and achieve goals, accessing community resources as appropriate.</p> <p>The case management plan includes:</p> <ul style="list-style-type: none">• Employment /Vocational Training• Education• Family enrichment and Significant Others• Financial Management• Addiction Counselling• Psychiatric/Psychological Service as appropriate• Advance Plan for Community Living <p>Each location offers group programs that provide the opportunity to learn specific skills, acquire information, and develop interpersonal and communication abilities.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

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| | <p>A literacy program and day program provide constructive, meaningful activity for those residents awaiting school enrollment and/or vocational training.</p> <p>Throughout their stay, all residents are encouraged to re-establish family ties, develop community supports and long term plans. These objectives provide discharged residents with ongoing support that help the individual make a smooth and successful transition from the program to community living.</p> <p>COMMUNITY SERVICE ORDER PROGRAM</p> <p>The Community Service Order Program (CSO) is a sentencing alternative that allows offenders to make a positive contribution to the community for their actions. Young persons who participate in this program have been ordered by the court to complete a required amount of community service as a condition of their probation. CSO clients are frequently first-time offenders, though some may possess an existing criminal record.</p> <p>LEARNING TECHNOLOGIES</p> <p>Springboard's e-learning strategy is known as JumpStart and offers several learning programs that blend computer-based activities and individual assistance from a trained facilitator. Each program addresses attitudes and behaviours that can put people at risk.</p> <p>Springboard's JumpStart e-learning strategy includes:</p> <ol style="list-style-type: none"> 1. CoolFactor: an anger management skill-development program designed for young people. 2. SURE: Substance Use Reduction Education designed to help youth explore substance use beliefs and behaviour and make positive changes. 3. Mino-Madzwin: skill-building content designed for and with Aboriginal communities 4. Ke-PERR: (upcoming) practical knowledge and skills leading to better employment readiness and retention. |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <ul style="list-style-type: none"> • Residential Justice Homes are male only |
| Community Links & Partnerships | <ul style="list-style-type: none"> • The Youth Court Program is delivered by Operation Springboard in partnership with Legal Aid Ontario. |
| Staffing | <p><i>Skills and Background</i></p> <hr/> <p><i>Specific training needed for program delivery</i></p> <hr/> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |

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| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The Youth Court Program is funded by the Ministry of Children and Youth Services. |
| Comments | <ul style="list-style-type: none"> • The online learning component may be of particular interest for rural service delivery. |
| Program Contact | Operation Springboard Head Office 2 Carlton Street, Suite 800 Toronto, Ontario, M5B 1J3 Phone: 416-977-0089 Fax: 416-977-2840 Website: www.operationspringboard.on.ca Email: development@operationspringboard.on.ca Contact information for each initiative is available at: http://www.operationspringboard.on.ca/contact.html#justice |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| PA TREATMENT AND HEALING | |
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| Source | http://pathtochange.org/index.htm |
| Overview | <p>The mission of PA Treatment and Healing is a non-profit organization that seeks to help troubled youth who are unable to function in society. This is accomplished by providing a comprehensive individual and family centered, values oriented, treatment program that prepares these troubled youth for reentry into mainstream society.</p> <p>The Agency possesses a tremendous reputation of success in dealing with youth and families throughout Northeastern and Central Pennsylvania for more than 23 years. The essence of our community-based approach is the stability that we are able to provide by balancing treatment structure with therapy. This produces an environment in which youth feel safe and secure and are able to most effectively deal with their issues. The backbone of our therapeutic approach is our Relationship-based Cognitive Behavioral Theory of Counseling which was developed for "high-risk" youth and families in conflict on order to help them process and defuse conflict and negative emotions and work toward healing. Staff support the youth and family while teaching positive coping skills and helping to correct thinking errors. All services are child-centered, family focused, community-based, multi-systemic and collaborative, culturally competent and offered in the least restrictive and intrusive setting as possible.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): treatment facility |
| Program Components & Activities | <p>INTENSIVE ADOLESCENT DAY TREATMENT</p> <p>The Intensive Adolescent Day Treatment Program is a licensed partial program with the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Medical Assistance Programs (OMAP). Services provided by the Intensive Adolescent Program include, but are not limited to:</p> <ul style="list-style-type: none"> • The development and implementation of a treatment plan which is individually tailored to the strengths and needs of the child and family. • Addressing the child's emotional and behavioral needs through providing a structured therapeutic environment. • Partnering with parent and child to help deal with and overcome stressful issues which have not been resolved through traditional outpatient counseling and other intervention strategies. |

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- Providing individual, group, family, and parental therapy to support the child in making positive and lasting change.

AFTER SCHOOL EVENING DAY TREATMENT

The primary component of PA Treatment & Healing's multifaceted menu of services is the After School Evening Day Treatment Program. The day treatment program was designed to provide intensive supervision, accountability and therapeutic services to youth during the high risk after school evening hours. This program delivers the intensity of a residential program yet keeps the youth in his or her community.

The After School Evening Day Treatment provides an alternative to residential treatment placements for youth demonstrating antisocial behaviors. The program provides aftercare for youth who are removed from costly institutional placements and returned to their homes and community. Aftercare minimizes reentry problems for youth who are attempting to readjust to home life.

PA Treatment & Healing provides transportation to and from the program for all youth enrolled in the Day Treatment program. Providing transportation to our clientele is critical to their daily attendance.

The After School Evening Day Treatment Program operates year round, six days per week, during peak at-risk, unsupervised hours (3:00 p.m. – 8:00 p.m.) and provides 24-hour crisis intervention services by use of an on-call emergency system.

Specific services provided during the After School Evening Day Treatment Program include:

- Individual Counseling Sessions
- Daily Group Counseling
- Community Service Opportunities
- Life Skills Instruction
- Parental Education, Support & Counseling
- Supervised Community Outings/Camping Experiences
- Weekly Home Visits
- Leadership and Social Skills Development
- Drug & Alcohol Counseling (at no charge)
- Organizational Skills Building
- School Visits
- Victim Awareness Groups
- Treatment for Sexually Abused and Sexual Offenders
- Intensive Supervision Sessions

SPECIALIZED FOSTER CARE

The PA Treatment & Healing has developed a specialized foster care program with the primary goal of providing a safe, secure home environment, with a family specially trained in providing care to troubled youth. By having foster homes available we can continue to provide therapy

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to the child and their family without interruption. The youth can continue receiving the therapy and structure they need through our intensive adolescent day treatment program or after school evening day treatment program.

The program's goal is reunification, which is accomplished by providing intensive treatment to the entire family. The program gives families the opportunity to receive complete healing in order to reintegrate the youth into his/her natural home and ensuring the possibility for success.

PA Treatment & Healing believes a combination of Relationship-based Cognitive Behavioral therapy and behavior management is central to the effectiveness and success of our program.

Youth referred to the foster care program receive all services offered by the day treatment program including our Relationship-based cognitive, behavioral counseling and Normative Systems Behavior Management approach. The youth's social worker visits the youth's natural home a minimum of every other week to conduct family and parental therapy with a goal for resolving conflict and stressing behavior modification. Should resolution and reintegration of the family not be possible, our policy is to work with the appropriate county children and youth officials and/or the juvenile probation officer to plan for long-term foster care placement.

ALTERNATIVE EDUCATION FOR DISRUPTIVE YOUTH

The PA Treatment & Healing Alternative Education Program is approved by the Pennsylvania Department of Education to provide services in accordance with Act 30 of 1997 (Pennsylvania School Code, Article XIX-C, Disruptive Youth Programs) and Act 48 of 1999 (Pennsylvania School Code, Article XIX-E, Private Alternative Education Institutions for Disruptive Students).

The PATH Alternative Education Program (AEP) provides alternative education services to youth in the Central Susquehanna Valley. Since its inception, the program has grown to provide services to over 65 public school districts in Pennsylvania. The education program is available to children, from 7th grade through 12th grade who possess an elementary or secondary level reading ability. A referral to the program can be initiated by school administrators or court officials. Youth referred remain on the rolls of the referring district. Our alternative education program is an approved provider by the Pennsylvania Department of Education.

Unique Aspects of the Alternative Education Program:

- A low staff to student ratio of 1:5;
- A structured learning environment with constant supervision;
- A No Suspension, No Expulsion policy;
- Counselors trained to address behavioral difficulties and underlying emotional needs of troubled youth;
- Students make up every hour they are tardy or absent;
- Students are kept after school to make up work not completed during

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- the school day;
- Individualized learning with remedial tutoring to address students' needs for those who are academically behind;
- Special activities and privileges for exceptional, not expected behavior;
- Staff are sent out to search and rescue students who fail to report to school;
- Close communication between the Agency staff and the students' home school districts; and
- A student can be referred for as few as 30 days or up to the entire academic school year.

Our Alternative Education Programs specialize in the treatment of students with the following needs:

- Chronic absenteeism
- Persistent disregard for school authority
- Persistent violation of policy and procedure
- Violent acts directed toward staff and other students
- Use of controlled substance on school property
- Possession of a weapon on school property
- Serious misconduct in the classroom
- Severe behavioral problems

“Be Challenged” Outdoor Weekend

"Be Challenged" is a type of weekend wilderness intervention designed to grab the attention of youth at risk and positively challenge them to take a look at their thoughts, behaviors, and actions. This program option was designed for court-referred juveniles as an accountability option to be scheduled from Friday evening through Sunday afternoon. The overall purpose of the Outdoor Weekend Challenge Program is to serve as an intensive 42-hour reality-based camping experience. "Be Challenged" serves as a catalytic turning point in the lives of youth, who have been acting out in some way in the community resulting in a court referral to the program.

The "Be Challenged" program seeks to accomplish the following:

- Address the specific needs of each client and help them become more aware of how their unresolved behaviors are negatively impacting their current actions, decisions and relationships;
- Remove youth from all negative environmental influences and peers on weekends;
- Provide challenges that ultimately result in an increase in confidence and self-esteem;
- Provide the best experience-based intervention imaginable; and
- Afford youth every opportunity to learn, grow, and change their problematic behaviors.

In reference to these objectives, each youth is responsible for themselves and accountable to their peers in meeting individual and group challenges.

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| | <p>This construct effectively targets nonconformist, detached behaviors and is proactive rather than reactive.</p> <p>Attendance of these youths on consecutive weekends has the added benefits of affording them every opportunity to learn, grow, and change their problematic behaviors. During a "Be Challenged" weekend peer influence is positively utilized. The outdoor wilderness environment places campers in a wilderness atmosphere, which is less comfortable than the environment that they are accustomed to. They are given tasks and responsibilities that appropriately challenge them and ultimately result in an increase in confidence and self esteem.</p> <p>Clients are challenged to work as a team for success. The challenge requires them to rely on someone other than themselves. Trust and healthy dependence on others is a desired outcome. The challenges do not come easy; the clients struggle against natural elements, obstacles and differing personalities.</p> <p>Clients experience the healing environment that nature provides and encounter a new world in which the accountability and rewards come not only from the authority figures in their lives, but from themselves and their peers.</p> <p>The goal is for both progress and change to occur in the lives of the youth, so that the client realizes their potential to change within the home, family, school, and community environments. Virtues in character will develop and positive change is encouraged throughout the process.</p> <p>PA Treatment and Healing also offers the following programs:</p> <ul style="list-style-type: none"> • Outpatient Drug and Alcohol Treatment; • Inpatient Non-Hospital Residential Substance Abuse Treatment; • Community Service; • Developing Competency Skills; • Healthy Parenting Classes; and • Outpatient Counseling. |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 10-18 years of age. |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • 2007 - Granted Partial Hospitalization Mental Health licensure by the Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services. • 2006 - Participated in the "Life Skills at the U" collaborative program between the junior occupational therapy students and the students from the AEP in Scranton. Advisory Committee Member, Dr. Elizabeth Ciaravino of the University of Scranton was awarded a Diversity Initiatives grant from Mission and Identity to fund the program. • Selected as an "Innovative Educational Program" by the Pennsylvania Department of Community and Economic Development to participate in the Educational Improvement Tax Credit Program. • Agency client received the Pennsylvania Juvenile Court Judges' |

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| | Commission "Outstanding Achievement" Award. <ul style="list-style-type: none"> • Received a Community Service Award from Bucknell University (three consecutive years). |
| Staffing | <i>Skills and Background</i> |
| | <ul style="list-style-type: none"> • Clinical Supervisors possess a Master's degree. • Licensed psychologists and psychiatrics are part of the programs. |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown A study of programs from 1994-1997 (when the program was referred to as Bethesda) found the following: Bethesda's recidivism rate of 33% is not significantly lower than that of other day treatment programs (34%), however, while the recidivism rate for day treatment as a whole has remained stable over time, Bethesda's rate has declined steadily, from 37% for the 1994 cohort, to 31% for the 1995 cohort, to 28% for the 1996 cohort. This finding indicates an increased capacity on the part of Bethesda to improve its performance on this key outcome. These recidivism rates need to be viewed in terms of the program's client population. Compared to day treatment programs as a whole, Bethesda's clients are assessed as being at greater risk of re-arrest at the point of intake. Although 34% of the day treatment clients are rated as low risk, only 22% of Bethesda's clients are found in this category. Using a responsivity typology developed expressly for ProDes (who conducted the study), we are able to identify types of delinquent youths with different recidivism rates. One type of youth has a 36% recidivism rate in day treatment programs generally, but has a 15% recidivism rate at Bethesda Day Treatment. This would suggest that this particular type of juvenile responds positively to the Bethesda experience. In contrast, another type of youth with a recidivism rate of 33% in day treatment programs generally has a 75% recidivism rate at Bethesda. This type of youth clearly responds negatively to the Bethesda program. Recidivism rates at Bethesda for the other three types range from 32% to 47%. These results show an interaction between the Bethesda program and the type of youth. We recommend that Bethesda analyze individual cases by type to see if reasons for these discrepancies can be identified and to determine if program modifications are warranted. For more evaluation information please see: http://pathtochange.org/Proven%20Results.htm |
| Program Funding | <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |

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| | <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Private donations, may also receive public grants. |
| Comments | <ul style="list-style-type: none"> • The Office of Juvenile Justice and Delinquency Prevention • Youth Violence: A Report of the Surgeon General • PA Treatment & Healing is licensed by the Department of Public Welfare to provide Day Treatment, Foster Care, "Be Challenged" Outdoor Weekend and Group Home services. • PATH is licensed by the Department of Health and the Bureau of Drug and Alcohol Programs to provide Outpatient Drug and Alcohol Counseling which is also Medical Assistance approved. • The Alternative Education Program is approved by the Pennsylvania Department of Education. • The Agency also has a mental health license to provide Intensive Adolescent Day Treatment services, a Medical Assistance approved program. |
| Program Contact | Jerilyn Keen, M.A. President jerilyn@pathtochange.org 5972 Susquehanna Trail Turbotville, PA 17772 Phone (570) 649-6855 Fax (570) 649-6754 |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| PACE CENTRE FOR GIRLS | |
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| Source | http://www.pacecenter.org |
| Overview | <p>PACE Center for Girls, Inc. is a not-for-profit corporation in Florida that provides a non-residential delinquency prevention program in locations statewide, targeting the unique needs of females 12 to 18 who are identified as dependent, truant, runaway, delinquent, or in need of academic skills. PACE (Practical Academic Cultural Education) accepts referrals from the juvenile justice system, the Department of Children and Families, school personnel, community services agencies, parents, family members, friends and self-referrals. Its purpose is to intervene and prevent school withdrawal, juvenile delinquency, teen pregnancy, substance abuse and welfare dependency in a safe and nurturing environment.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Every girl at PACE sets individual educational and social goals that are focused on earning a high school diploma or GED, re-entering public school, attending college, getting vocational training, joining the military or the entering the private workforce. After program completion, PACE continues to monitor each girl's educational and personal development with three years of follow-up case management.</p> <p>INITIAL SCREENING AND INTAKE</p> <p>Intake interviews and assessments are conducted with each prospective girl to assess the risk factors in her life and what support she needs to possess the necessary motivation to attend our voluntary program. Our goal is to be confident that PACE can meet her needs, allowing her to be successful.</p> <p>ACADEMIC EDUCATION</p> <p>Each PACE Center has a cooperative agreement with the local school board to provide academic programs. These include remedial services, individual instruction and specialized education plans. Middle and high school self-paced curriculum are offered during a minimum of 300 minutes of academic instruction daily which is designed to meet the academic level of each student. While enrolled in PACE each girl must work toward obtaining her educational goal. After leaving, PACE encourages the girls to continue their education by offering assistance in financial planning for vocational or college enrollment through our transitional services case management.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| PACE CENTRE FOR GIRLS | |
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| | <p>INDIVIDUALIZED ATTENTION</p> <p>Our low student/staff ratio of 10:1 provides enough caring staff to focus on each girl's potential and helps us provide consistent structure and ongoing recognition of the girls' accomplishments, no matter how small.</p> <p>GENDER SPECIFIC LIFE MANAGEMENT SKILLS ENHANCEMENT</p> <p>This PACE designed curriculum, known as SPIRITED GIRLS!® is a gender-sensitive program designed specifically for the needs of girls. It consists of modules that teach positive lifestyle choices.</p> <p>THERAPEUTIC SERVICES</p> <p>Individual case management/treatment plans are developed for each student based on a detailed psychosocial needs assessment. Individual, group and family counseling sessions are conducted to meet the individual needs of the student and her family. A staff member is available 24 hours a day, 7 days a week.</p> <p>PARENTAL INVOLVEMENT</p> <p>Engaging the significant adults in a girl's life are critical. At a minimum staff maintains regular contact with parents, which include home visits, office sessions and telephone contact. Parent groups and other activities help the parents learn the skills necessary to assist in their daughter's growth and are an integral part of the program.</p> <p>COMMUNITY VOLUNTEER SERVICE</p> <p>Girls are required to participate in monthly volunteer service projects to promote self-worth and involvement within their community. The students determine the type of volunteer service project, learn project management skills along the way and begin to see themselves as a part of something larger.</p> <p>CAREER READINESS</p> <p>PACE provides girls with a job skills assessment, practical exercises to build school-to-work readiness skills, job shadowing opportunities and assistance with finding, applying and interviewing for job placements.</p> <p>TRANSITIONAL SERVICES</p> <p>PACE conducts an unprecedented three years of comprehensive follow-up for all girls attending the program for more than 30 days to ensure the girls continue with their education, employment or appropriate referral services. For girls served less than 30 days, three months of transitional services is provided.</p> |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 12-18 years |
| Gender of Participants | <input type="checkbox"/> Male |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| PACE CENTRE FOR GIRLS | |
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| | <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> 90% of girls did not have an adjudication or adjudication withheld within one year of transitioning from the day program. This outcome shows the impact the PACE program has on the girls' positive decision making skills. 95% of girls not having an adjudication or adjudication withheld within 6 months of transitioning from the day program. Full outcome reports are available at: http://www.pacecenter.org/outcomemeasures.htm |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | PACE Center for Girls, Inc. One West Adams Street Suite 301 Jacksonville, FL 32202 Phone: 904.421.8585 Fax: 904.421.8599 |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| PHILADELPHIA MURAL ARTS PROGRAM | |
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| Source | http://www.muralarts.org/ |
| Overview | The Philadelphia Mural Arts Program's (MAP) fundamental objective is to use mural-making and art education as a means of combating and preventing crime and its impact on communities. MAP has taken a pro-active role in dealing with issues around crime and delinquency by making programs available to adult inmates at local correctional facilities, ex-offenders re-entering their communities, juveniles arrested for minor crimes and in residential placement, chronically truant youth, residents of crime-impacted neighborhoods, and victims of crime. |
| Focus of Program | <input checked="" type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute: House of Correction (residential placement for juveniles who are or have been tried as adults) <input checked="" type="checkbox"/> Community: Youth Study Center (residential placement for youth ages 12-17); and St. Gabriel's Hall (long-term residential placement for delinquent male youth.) MAP has plans to expand its programming to include youth from the Glen Mills Schools (a residential school for court adjudicated male delinquents between 15 and 18 years of age.) <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): other programs run in various communities that are not directed at violent youth. |
| Program Components & Activities | <p>MAP staff and instructors engage young men enrolled in these programs in a variety of activities designed to increase each student's self-worth and artistic talent. Recently, instructors led youth at the House of Correction in a series of writing circles during which students wrote and read about particularly poignant experiences in their lives. These writing circles followed an open format allowing for raw and honest responses. These writings will impact the final mural designs of the All Join Hands: The Visions of Peace project – a city-wide initiative using public art to investigate the unthinkable homicide of youth in the Philadelphia region. Future writing circles will be used as the foundation for the visual elements of murals located within the House of Correction.</p> <p>The program at St. Gabriel's Hall, one of MAP's newest initiatives, allows for some of the most groundbreaking work MAP has been able to accomplish within the criminal justice system. Once a week for three hours, St. Gabe's youth work with MAP staff and instructors in an intensive mural-making class dealing with the profound impact crime and violence has had on their lives. Every other week, these youth meet with the men in the Mural Program at SCI-Graterford. There, in a safe space facilitated by the collaborative process of mural-making, youth and older offenders share their personal experiences, the harm they have caused to themselves and others,</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| PHILADELPHIA MURAL ARTS PROGRAM | |
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| | <p>and ways to break the cycle of violent crime. Not only is it a way for youth and adults to share in the power of art-making, but it provides a venue for the men in the Mural Program to dissuade their young friends from continuing down the negative path of crime and delinquency.</p> <p>Finally, in partnership with the Department of Human Services, MAP has many youth enrolled in ARTscape – a program that allows its members to serve out the community service hours they have been assigned by Youth Aid Panels or the Family Courts through the creation of murals, mosaics, and other artwork. ARTscape offers youth a structured, supportive environment where they can explore the visual and creative arts, learn to work as a team, build relationships with mentors, and contribute to their communities in a positive way.</p> |
| Number of Participants | <ul style="list-style-type: none"> • Some programs contain 15 participants |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years or 15-18 years depending on the program |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Department of Human Services • House of Correction (residential placement for juveniles who are or have been tried as adults) • Youth Study Center (residential placement for youth ages 12-17) • St. Gabriel's Hall (long-term residential placement for delinquent male youth.) • In the future partners will also include Glen Mills Schools (a residential school for court adjudicated male delinquents between 15 and 18 years of age.) • Kirkbride and NET residential facilities. |
| Staffing | <i>Skills and Background</i> |
| | <ul style="list-style-type: none"> • degree in Art, Art Education, or related degree • teaching/mentoring experience with high-risk middle and high school students • strong leadership skills • an appreciation for working in partnership with multiple communities |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private: including foundations, associations, schools, and trusts. A complete list is available online at http://www.muralarts.org/sponsors/ <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | 1729 Mount Vernon Street Philadelphia, PA 19130 Phone: 215.685.0750 |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| PHILADELPHIA MURAL ARTS PROGRAM | |
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| | Fax: 215.685.0757 info@muralarts.org |
| Additional Source Documents | The books <i>Philadelphia Murals and the Stories They Tell</i> , <i>More Philadelphia Murals and the Stories They Tell</i> , a documentary titled <i>A Healing Kaleidoscope</i> , <i>The Philadelphia Mural Arts Program</i> , and <i>The Map to Mural Making</i> , a guide to a successful community mural program are available online at http://www.muralarts.org/shop/ |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| 🇨🇦 PRINCE ALBERT OUTREACH PROGRAM INC.: YOUTH ALLIANCE AGAINST GANGS | |
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| Source | <p>http://www.securitepublique.gc.ca/abt/gc/details-eng.aspx?yr=2007&q=2&p=2008-03-31&id=271</p> <p>http://www.pch.gc.ca/newsroom/index_e.cfm?fuseaction=displayDocument&DocIDCd=4N0062</p> <p>Mellor, Brian, Leslie MacRae, Monica Pauls and Joseph Homick (2005) "Youth Gangs in Canada: A Preliminary Review of Programs and Services." Canadian Research Institute for Law and the Family (CRILF).</p> |
| Overview | <p>This project is helping young Aboriginal people in Prince Albert reject the so-called "gang" lifestyle. Youth Alliance Against Gang Violence builds on promising practices from the development of the Warrior Spirit Walking program. Warrior Spirit Walking is based on addressing the complex issues exiting gang members (both male and female) have identified as most effective in assisting them to drop gang colours and be no longer gang identified. The project has strong partnerships with Aboriginal agencies and services and is linked to health, education and criminal justice services and has the support of youth and employment development services. The program has successfully assisted youth and their communities to increase knowledge of the dangers and habits of gangs, and reduce risk factors with youths and their family supports that assist children and youths to increase protective factors of positive family engagement, school achievement, positive school identity and reduced drug dependence and criminal activity and offences.</p> <p>This multi-year, community based intervention addresses individual, family, school and community risk factors associated with youth crime and gang activity in the Prince Albert Region. Children and youth aged nine and up and their families who live in high risk neighbourhoods, are active in gangs and are wanting to exit gang lifestyle will be targeted participants in diverse program interventions.</p> |
| Focus of Program | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <ul style="list-style-type: none"> <input type="checkbox"/> Correctional Institute: <input checked="" type="checkbox"/> Community: <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Services include referrals, needs determinations, and the development of exit strategies. Connections are being made with youth through the use of an outreach van, walkabouts, visits to youth hangouts, and maintenance of a Youth Resource Centre. Ultimately, the aim of the project is to raise</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  PRINCE ALBERT OUTREACH PROGRAM INC.: YOUTH ALLIANCE AGAINST GANGS | |
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| | <p>awareness of the dangers of gang activity and to create positive alternatives for Aboriginal youth.</p> <p>The programs are based on the Aboriginal Circle of Courage and Positive Youth Development approaches and include the Presentation Team, the Won Ska Cultural School, the Youth Activity Centre, the Van Outreach Program, and the Justice (Court) Program.</p> <p>Warrior Spirit Walking is a community initiative that directly involves Aboriginal youth in gang awareness. The program provides primary, secondary and tertiary services to meet several objectives: decrease the number of youth involved in gangs; create positive alternatives to joining gangs; educate youth and community members on the dangers and dynamics of youth gang involvement; provide support; and, encourage positive behaviour and community service as an example (role model) for younger children and youth at risk. Specific components include: exiting strategies for gang members; recruiting resistance strategies through education and support for youth at risk; and workshops and presentations (drama, art, personal stories, video) by ex-gang members to educate youth and the community on the dangers of gang involvement and to deglamorize gangs. Further, the program provides a safe place for youth to experience success and self-esteem, using cultural teaching, recreational activities, education, arts and crafts, employment, nurturing, skill development, job training, community focused, pride projects, etc. Peer support and mediation in schools, an elder-cultural program to assist youth with self-identity and healing, and street outreach (van, resource/community centre) is also available.</p> |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • Age 9 and up |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • The project has strong partnerships with Aboriginal agencies and services and is linked to health, education and criminal justice services and has the support of youth and employment development services. |
| Staffing | <p><i>Skills and Background</i></p> <hr/> <p><i>Specific training needed for program delivery</i></p> <hr/> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • 4 year evaluation currently being completed by Totten and Associates; to be completed in 2011. See: www.tottenandassociates.ca/wp-content/uploads/2008/04/description-of-current-projects-april-1-08.pdf |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| 🇨🇦 PRINCE ALBERT OUTREACH PROGRAM INC.: YOUTH ALLIANCE AGAINST GANGS | |
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| Program Funding | <input checked="" type="checkbox"/> Public Funding in part through the National Crime Prevention Centre <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Prince Albert Outreach Program Inc. phone: 306-953-4391 |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  RESPONSIBLE YOUTH CULTURE | |
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| Source | Patrick Pink, Government of Manitoba http://www.gov.mb.ca/justice/corrections/index.html#agassiz |
| Overview | Offered at the Agassiz Youth Centre in Portage la Prairie, Manitoba, the Responsible Youth Culture (RYC) program is based on a community or peer based help group. The program combines a Positive Peer Culture model and the Equip Program. Agassiz Youth Center is a youth facility that houses open custody /secure custody /remand custody sentenced under the provisions of the YCJA. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>THE EQUIP PROGRAM</p> <ul style="list-style-type: none"> • Offers anger management and social skills, social decision making meetings. • Equip is a three-part intervention method for working with antisocial or behavior disordered adolescents. The approach includes training in moral judgment, anger management/correction of thinking errors, and prosocial skills. Youth involved in the EQUIP training program participate in two types of group sessions - Equipment Meetings (in which the leader teaches specific skills) and Mutual Help Meetings (in which the leader coaches students as they use the skills they've learned to help each other). The EQUIP program received the 1998 Reclaiming Children and Youth Spotlight on Excellence Award. In addition to being widely used in the U.S., EQUIP has been adapted for use in Canada, the Netherlands, and several other countries. <p>POSITIVE PEER CULTURE</p> <ul style="list-style-type: none"> • The Positive Peer Culture (PPC) program is designed to restructure peer interactions with the intent of increasing conformity to prosocial norms. • The Positive Peer Culture (PPC) program enlists youth in helping one another. It uses problem-solving groups in which youth with an adult leader provide support and respectfully challenge hurting behavior. PPC has been shown to be effective in creating safe environments in treatment programs, even for incarcerated youth. An extension of the PPC model is the EQUIP program, which adds formal training in thinking errors, moral development, and social skills training; this "equips" youth to be more |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  RESPONSIBLE YOUTH CULTURE | |
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| | <p>effective peer helpers. The RYC also incorporates key intervention programs at the school such as anger management, youth substance abuse management, and victim awareness along with a range of vocational skills.</p> |
| Number of Participants | |
| Age of Participants | |
| Gender of Participants | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p>Evaluation comments from the Centre for the Study and Prevention of Violence regarding Positive Peer Culture:</p> <ul style="list-style-type: none"> • Overall, the empirical evaluations Positive Peer Culture programs are inconsistent; some evaluations yield no effect, others yield beneficial effects, and still others yield adverse effects. For instance, in the Provo experiment (Empey & Erikson, 1974) in one set of comparison conditions GGI treatment youth (who otherwise would have been incarcerated) were compared to incarcerated youth and found to have significantly fewer arrests after treatment. Conversely, an evaluation of the Peer Culture Development (PCD) program yielded an adverse effect including more drug use and more serious delinquency (Gottfredson, 1987). There are still other evaluations of peer group-based interventions that yield no significant effect. • According to Brentro & Shahazian (2004) however, research on EQUIP shows sustained positive changes with youth in peer-helping groups. These authors suggest that growing body of research shows that well-designed peer treatment programs can have predictable positive effects on participants significantly improve on measures of achievement, self-esteem, and prosocial values and behavior. Most encouraging is recent evidence that peer-helping models can create safe, positive environments, even with antisocial youth. • There is some evidence that these types of programs help maintain or restore institutional order. For instance, some evaluation reports of schools in which these programs operated indicate that schools became safer over time, school-wide reports of negative peer influence went down, and school-wide belief in conventional rules went up. Therefore, these programs may have valuable environmental effects. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  RESPONSIBLE YOUTH CULTURE | |
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| | <ul style="list-style-type: none"> Overall, however, the adverse effect of some peer-based interventions is a serious warning sign for this type of intervention. When implemented, these interventions should be applied only in an experimental context because their beneficial nature and efficacy has not been consistently demonstrated. |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Patrick Pink, Government of Manitoba Patrick.Pink@gov.mb.ca |
| Additional Source Documents | <p>Vorrath, Harry H. & Brendtro, Larry K. (1985) <i>Positive Peer Culture</i> (2nd ed.) Edison, NJ: Transaction Publishers.</p> <p>Potter, Granville Bud, Gibbs, John C. , & Goldstein, Arnold P. (1995). <i>The equip program: Teaching youth to think and act responsibly through a peer-helping approach</i>. Champaign, IL: Research Press Publishers.</p> <p>An Equip Program implementation guide, game, and questionnaire are also available online: http://www.researchpress.com/product/item/4848/</p> <p>Brentro, L. & Shahazian, M. (2004) <i>Troubled Children and Youth, Turning problems into Opportunities</i>. Illinois: Research Press pp. 124-125</p> <p>Empey, L.T., & Erikson, M.L. (1974). <i>The Provo Experiment: Evaluating Community Control of Delinquency</i>. Lexington, MA: Lexington Books.</p> <p>Gottfredson D.C. (1987). Peer Group Interventions to Reduce the Risk of Delinquent Behavior: A Selective Review and a New Evaluation. <i>Criminology</i>, 25(3), 671-714.</p> <p>For more references, please visit the Centre for the Study of Prevention of Violence: http://www.colorado.edu/cspv/publications/factsheets/positions/PS-003.html</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| 🇨🇦 RIDEAU CORRECTIONAL AND TREATMENT CENTRE: INTEGRATED SERVICE DELIVERY MODEL (ISDM) | |
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| Source | Correctional Service of Canada: Forum on Corrections Research http://www.csc-ccc.gc.ca/text/pblct/forum/e131/e131r-eng.shtml |
| Overview | The ISDM model is designed to improve the provision of treatment in two ways. One improvement is to create more efficient treatment for both the offender and the institution. The integrated approach allows for multiple needs to be addressed within a single treatment program. The second improvement is to offer treatment more consistent with the principles of effective correctional treatment programming, which means including behavioural or cognitive-behavioural therapies, targeting appropriate criminogenic needs, matching treatment with appropriate offender risk levels, and including relapse prevention components. In the integrated approach, the offender is assigned to a program based on factors such as the offender's risk to recidivate, the number and nature of his treatment needs, his motivation level, and his sentence length. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>INTEGRATED SERVICE DELIVERY MODEL (ISDM)</p> <p>Treatment at Ontario's RCTC is seen as a two-step process; assessment and treatment are both integral parts of programming. Assessment is designed to differentiate offenders assigned to each program based on the offender's risk and needs. Offenders with a lower risk to recidivate, fewer needs, shorter sentences, and, perhaps, little motivation for treatment, are assigned to a less intense and shorter program (5-week program). Residents with a higher risk to recidivate, more treatment needs, and longer sentences, are assigned to more intense and longer programs (15-week program).</p> <p>This new treatment model is more integrated in that:</p> <ul style="list-style-type: none"> • each program addresses the basic treatment needs (anger management, substance abuse, and criminal thinking/lifestyle); • the same counsellors deliver all treatment to an individual offender; • the offender remains with the same group of offenders throughout his treatment. <p>The model is more efficient in that:</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES



RIDEAU CORRECTIONAL AND TREATMENT CENTRE: INTEGRATED SERVICE DELIVERY MODEL (ISDM)


- several needs are addressed in the same program such that duplication of material does not occur;
- the offender's start and termination dates are set before he enters treatment;
- there is no waiting list for further programming;
- the same group leaders remain with the offenders throughout programming, eliminating the transfer of information to new therapists.

Residents who receive treatment normally progress in three steps through the institution. Classification personnel first interview the offender and those offenders who agree to participate in treatment are then moved to the Assessment Unit (AU). A psychological test battery assessing factors such as motivation, personality, social desirability, hostility, and attitudes towards criminal behaviour are administered, files are reviewed, case management and clinical interviews are conducted, and a Risk-Needs Assessment Report is prepared. The program that the offender is assigned to is a function of his risk/needs assessment and available time remaining in his sentence. Three primary crimino-genic needs (criminal thinking, substance abuse, and anger management) have been identified as having significant contribution to criminal behaviour. Residents who have more serious problems in the three treatment areas or who have additional treatment needs are assigned to the more intense and longer program.


Following assessment, the offender moves to the Treatment Centre. Each dormitory of the Treatment Centre functions as a program area in which clinical staff comprised of psychology and social work professionals are responsible for programming. They are also involved in daily institutional concerns. Correctional officers who function as case managers assist with discharge planning. The 5-week program involves approximately 100 hours of group counselling by the interdisciplinary team. Offenders are taught how to become aware of and recognize their thoughts and behaviours that promote problematic behaviours such as aggression and criminal behaviour with the emphasis on substance abuse. The 15-week program involves a minimum of 290 hours of group intervention. Treatment needs addressed include criminal thinking/behaviour, anger management, domestic violence, substance abuse and relapse prevention, and dysfunctional personal relationships. Intensive small groups are provided for survivors of childhood sexual abuse, Adult Children of Alcoholics, and those confronting issues such as Post-Traumatic Stress Disorder, grief management, life skills, and parenting. Individual counselling is also provided when the need arises.

Programs are cognitive-behavioural in nature in that an important part of programming is the identification of thinking that promotes anti-social, negative behaviour, such as, using drugs, committing crimes, or acting aggressively, and learning how to replace such beliefs with more positive, pro-social thinking. Skill acquisition is also emphasized and the programs share the same language. Treatment is primarily conducted in a group format where a variety of techniques are employed (discussion/exercises,


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  RIDEAU CORRECTIONAL AND TREATMENT CENTRE: INTEGRATED SERVICE DELIVERY MODEL (ISDM) | |
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| | work-books, role-playing, videos, mentoring, journals). Moreover, the treatment milieu provides an opportunity for offenders to practice skills acquired through programming. A final report summarizes each offender's progress in treatment and makes recommendations for future case management. |
| Number of Participants | |
| Age of Participants | Adult |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Program evaluation results suggest that the treatment model used at RCTC is an effective and efficient mode of treatment programming for incarcerated offenders. • Results demonstrate that significant differences in reconviction were obtained between treated offenders and the comparison group. Participation in either of the appropriate treatment program led to findings that indicate both treatment groups demonstrated significant and similar reductions in reconviction rates relative to their counterparts who served in the comparison group. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • Individuals classified to the Rideau Correctional and Treatment Centre are considered to be high risk/high need. |
| Program Contact | Barbara Armstrong and Guy Bourgon Rideau Correctional and Treatment Centre, Ontario Ministry of the Solicitor General and Correctional Services 18th Floor 25 Grosvenor Street Toronto, Ontario M7A 1Y6 Phone: 1-866-517-0571 (general inquiries) |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  ROBERTS/SMARTS CENTRE | |
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| Source | http://www.robertssmartcentre.com/ |
| Overview | <p>The Roberts/Smart Centre specializes in treating adolescents with emotional and behavioural problems. Priority is given to those youths with the most serious problems and for whom the Centre is able to provide an appropriate intervention program.</p> <p>The Roberts/Smart Centre's Youth Justice component provides placements for youth serving open custody dispositions under the Youth Criminal Justice Act (2002, c. 1) (YCJA), or having been remanded into open detention pending disposition of charges. The Ministry of Children and Youth (Probation Services) must authorize all referrals to this program.</p> <p>With the consent of the adolescent and his/her guardian(s), a youth in the youth justice program may participate in the therapeutic services offered by non-residential programs. A youth may also be transferred to a mental health bed, when available and appropriate, upon completion of the open custody disposition.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute: Secure Treatment Program <input type="checkbox"/> Community <input checked="" type="checkbox"/> School: Day Programs <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Residential and Secure Treatment Program held at the Centre |
| Program Components & Activities | <p>SECURE TREATMENT PROGRAM</p> <p>The Secure Treatment program (eight beds) of the Roberts/Smart Centre provides treatment for adolescents with a mental disorder, who have demonstrated that they are a danger to themselves or others and that they require services in a highly secure facility. Admission to the secure treatment program is prescribed by legislation (Child and Family Services Act (CFSA), R.S.O. 1990, Chapter C.11, section 114).</p> <p>Plans of Care are developed for each youth serving an open custody disposition with the Centre. The professional clinical staff, with the collaboration of the young person, the parents, residential staff, probation services and other concerned professionals, is responsible for the development of the plans of care.</p> <p>The program offers an on-site classroom, where students are able to earn credits toward their high school diploma while in care.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  ROBERTS/SMARTS CENTRE | |
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| | <p>RESIDENTIAL PROGRAM</p> <p>The residential program of the Centre exists to provide care in both official languages for those adolescents whose difficulties are of such a nature as to require treatment on a 24-hour basis. The program capitalizes on the "in-residence" component of intervention in providing a therapeutic milieu and programs related to life style, education and recreation.</p> <p>DAY TREATMENT PROGRAMS</p> <p>Day Treatment programs are delivered in school and residential settings and represent a partnership between the Centre and a school board. The Centre currently hosts four programs with a capacity of 48 clients, consisting of long-term and short-term placements. These programs are divided into Anglophone and Francophone treatment services: Day treatment provides clients with a therapeutic, structured, meaningful and directed learning program. As these programs address the academic needs of the client, they simultaneously provide support to the treatment plan of the student. A goal of placement in day treatment is reintegration into the regular school system; however, a further specialized educational placement may be necessary to meet the needs of the individual client.</p> <p>ADOLESCENT SUBSTANCE ABUSE PROGRAM</p> <p>The Adolescent Substance Abuse Program (A.S.A.P.) provides community-based treatment in both official languages for those adolescents who suffer concurrently from substance abuse and mental health problems. The Centre is one part of the continuum of care and promotes linkages to other services and addiction-specific agencies to complete the continuum.</p> |
| Number of Participants | <ul style="list-style-type: none"> • The Youth Justice component is an eight-bed residential program • The Day Program serves 48 clients |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • On-site classroom services are offered under a partnership between the Roberts/Smart Centre and the M.F. McHugh Education Centre. • Day Treatment Programs partner with the M.F. McHugh Education Centre (English), and Le Conseil des écoles séparées catholiques de langue française de Prescott-Russell (French). |
| Staffing | <p><i>Skills and Background</i></p> <hr/> <p><i>Specific training needed for program delivery</i></p> <hr/> |
| Program Accredited | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The Residential Programs are licensed by the Ministry of Children and Youth Services, under the Child and Family Services Act, R.S.O., 1990. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  ROBERTS/SMARTS CENTRE | |
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| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • Two of the eight beds in the Youth Justice component are funded by the Ministry of Youth Justice. • Twenty-five beds are available on a purchase of service basis, normally to Children's Aid Societies across the province. |
| Comments | |
| Program Contact | 1199 Carling Avenue Ottawa, Ontario K1Z 8N3 Phone: (613) 728-1946 Toll-Free: 1-800-279-9941 Fax: (613) 728-4986 info@rsc-crs.com |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| SAFEFUTURES INITIATIVE | |
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| Source | <p>Office of Juvenile Justice and Delinquency Prevention. (2000). Comprehensive Responses to Youth at Risk: Interim Findings from the Safe Futures Initiative. U.S. Department of Justice. Retrieved August 27, 2008 from http://www.ncjrs.gov/pdffiles1/ojdp/183841.pdf</p> |
| Overview | <p>The SafeFutures initiative is the result of a concerted Federal effort to link research findings about risk and protective factors for youth with state-of-the-art knowledge about promising approaches to preventing and controlling juvenile delinquency. The initiative embraces many of the most important innovations being suggested by practitioners and researchers. SafeFutures seeks to help participating communities expand collaborative efforts directed at reducing juvenile delinquency and violence. The initiative calls for the creation of a continuum of care, that is, a multidisciplinary system capable of timely, effective, and appropriate responses to individual or family needs for prevention, intervention, treatment, or corrections services.</p> <p>To a large extent, the SafeFutures initiative is a manifestation of the Office of Juvenile Justice and Delinquency Prevention’s Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders, which combines research findings about the etiology and development of delinquency with principles articulated by Hawkins and Catalano in 1992 on the concept of risk and protective factors. In a sense, SafeFutures makes the Comprehensive Strategy operational by pooling Federal and local funds from nine broad program areas, referred to as program components, to support the demonstration communities’ development or enhancement of their continuum of services for youth and to contribute to meeting the overall goals of the initiative.</p> <p>Although the six SafeFutures sites vary in the number and types of participating entities, most tend to have a core organizational structure composed of an administering entity (fiscal agent or grantee), a policy advisory group responsible for providing oversight and direction to the initiative, and a management team responsible for the day-to-day implementation of the grant.</p> <p>The independent missions of the entities charged with administrative responsibility for the SafeFutures grant vary substantially; some have broad, flexible mandates, while others operate within more limited confines.</p> <p>SafeFutures grants are administered by the following entities:</p> <ul style="list-style-type: none"> • Boston, MA: The Office of Community Partnerships, a department in Boston’s Human Services Cabinet. • Contra Costa County, CA: The County Administrator’s Office. • Fort Belknap, MT: Fort Belknap Community College, a tribally operated college. • Imperial County, CA: The County Office of Education. • Seattle, WA: The Department of Human Services, a city agency. • St. Louis, MO: The Mayor’s Office of Youth Development. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| SAFEFUTURES INITIATIVE | |
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| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify) |
| Program Components & Activities | <p>SAFEFUTURES PROGRAM COMPONENTS</p> <p>1. Afterschool programs (Pathways to Success)</p> <p>Pathways to Success is the SafeFutures afterschool program component that targets at-risk youth. It is designed to address behavioral problems and reduce the likelihood of juvenile delinquency by engaging youth in a variety of age-appropriate programs focused on vocational training, entrepreneurship, recreation, and arts education. Afterschool programs provide youth a safe place to spend free time and the opportunity to socialize with peers and adults. Programs are intended to provide lasting skills for youth and benefits for the community (e.g., through beautification programs involving youth volunteers). Activities are expected to occur during non-school hours—after school, on weekends, or during the summer.</p> <p>2. Juvenile mentoring programs (JUMP)</p> <p>Developed using the Big Brothers Big Sisters (BBBS) of America approach as its model, JUMP is designed to foster an emotional bond and mutual commitment between a child and an adult mentor. JUMP is intended to match adult mentors (age 21 or older) who have successfully undergone a screening process with youth at risk of educational failure, dropping out, or involvement in delinquent activities. This program, which is to be provided in partnership with local education agencies (such as school districts), seeks to improve academic performance, reduce the dropout rate, discourage delinquent behavior and gang participation, promote personal and social responsibility, and encourage service and community activities.</p> <p>3. Family strengthening and support services</p> <p>Family strengthening and support programs focus on addressing gaps in the community’s continuum of family-focused services. Specifically, this component is intended to support planning and programming that facilitates positive family interactions and support families in crisis (especially those with children involved in the juvenile justice system). Such efforts may include the establishment of an intensive family case management system that is integrated with family-oriented programs and other SafeFutures components, the introduction of gap-filling family services, or the</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| SAFEFUTURES INITIATIVE | |
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| | <p>development of a resource guide of existing programs that provide family strengthening and support services.</p> <p>4. Mental health services for at-risk and adjudicated youth</p> <p>This component is intended to improve the accessibility, quality, and efficiency of mental health services in communities and in juvenile facilities, with a particular focus on juvenile sex offenders. Mobile mental health units are an example of the type of enhanced services envisioned by Office of Juvenile Justice and Delinquency Prevention (OJJDP). Other elements of this component include providing consultation and liaison services to law enforcement and justice system personnel who work with at-risk and delinquent juveniles, developing forensic case management systems for incarcerated mentally disordered youth, and providing training programs for mental health professionals who provide services to detained or confined juveniles and juvenile sex offenders. Services developed under this component are intended to include family participation and to be sensitive to ethnic and cultural backgrounds. Multisystemic Therapy may be used.</p> <p>5. Delinquency prevention programs</p> <p>The Delinquency Prevention Program encompasses a range of activities and services for at-risk youth and juveniles who have had contact with the juvenile justice system. This program promotes prosocial activities that can be offered in any setting, including school. Suggested activities include tutoring and remedial education, work awareness or employability skills, health and mental health services, alcohol and substance abuse prevention, leadership development, or recreational services. This component is intended to encourage positive approaches to delinquency prevention that emphasize healthy social, physical, and mental development.</p> <p>6. Comprehensive communitywide approaches to gang-free schools and communities</p> <p>OJJDP's Comprehensive Gang Model, or the Spergel model, calls for the implementation of five strategies for dealing with gang-involved youth in communities implementing the model. These strategies include:</p> <ol style="list-style-type: none">(1) Mobilizing community leaders and residents to plan, strengthen, or create new opportunities or establish linkages to existing organizations for gang-involved youth;(2) Using outreach workers to engage gang-involved youth;(3) Providing and facilitating access to academic, economic, and social opportunities;(4) Conducting gang suppression activities and holding gang-involved youth accountable for their behavior; and(5) Facilitating organizational change and development to help community agencies better address gang problems through a team problem-solving approach that is consistent with the philosophy of community-oriented policing. |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| SAFEFUTURES INITIATIVE | |
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| | <p>7. Community-based day treatment programs—Bethesda Day Treatment Center model</p> <p>Community-based day treatment programs modeled after Pennsylvania’s Bethesda Day Treatment Center are an optional component of the SafeFutures initiative. Such centers provide intensive supervision, service coordination, and counseling to youth and families (including home visits, parent or family breaking bread together helps to develop bonds among the youth counseling, and family intervention services). Individualized educational alternatives also may be developed for youth who have had difficulties (academic or social) in mainstream education settings.</p> <p>8. Continuum-of-care services for at-risk and delinquent girls</p> <p>This component focuses on providing comprehensive gender-specific prevention, intervention, and treatment services to young women, along with case management and follow up. The anticipated gender-specific programming may include health education (e.g., an introduction to female anatomy and self-care, basics on appropriate prenatal care, and information about safe sex), health services, parenting skills, or childcare services for girls who are parents. It also may include activities supporting basic education, job training, life management skills, and personal growth focused on developing a more positive self-image and greater sense of responsibility.</p> <p>9. Serious, violent, and chronic juvenile offender (SVCJO) programs (with an emphasis on enhancing graduated sanctions).</p> <p>The SVCJO component involves the development of a system of graduated sanctions of increasingly intensive treatment and rehabilitation services, including immediate interventions, intermediate sanctions, and secure confinement. Programs such as restitution, community service, and victim mediation are to be included among the range of sanctions adopted. Development of an aftercare program to assist juveniles leaving residential facilities in their reentry to the community also may be part of this component. The approach anticipates that youth will be assigned to appropriate levels of intervention or sanctions based on the use of risk and needs assessment tools developed by the community. Secure confinement is expected to be reserved for the most serious, violent, or chronic offenders. For those juveniles who are placed in residential facilities, aftercare programs are envisioned to facilitate positive reentry to the community.</p> |
| Number of Participants | |
| Age of Participants | |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • SafeFutures encourages community collaboratives to tailor prevention, intervention, treatment, and graduated sanctions strategies to local needs and capacities. • Like other comprehensive community initiatives, these efforts involve a high degree of complexity, from building or expanding effective collaborations to developing and fine-tuning services to fill gaps and multidisciplinary delivery mechanisms. Service configurations, |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| SAFEFUTURES INITIATIVE | |
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| | <p>partnerships, and other aspects of systems reform are emerging over time, as local leaders and program managers identify new opportunities and/or successfully resolve existing difficulties.</p> <ul style="list-style-type: none"> • The JUMP program designed to be provided in partnership with local education agencies (such as school districts). |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The report listed above provides lessons learned in three categories: funded demonstration programs, community based collaboratives, and service provision. |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The report listed above provides lessons learned in three categories: funded demonstration programs, community based collaboratives, and service provision. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Office of Juvenile Justice and Delinquency Prevention 810 Seventh Street NW. Washington, DC 20531 phone: 202-307-5911 |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  SKOOKUM JIM FRIENDSHIP CENTRE, TAN SAKWATHAN YOUTH DIVERSION AND FAMILY SUPPORT WORKER PROGRAM | |
|---|---|
| Source | http://www.skookumjim.com/Diversion/Index.htm |
| Overview | The mission of this program in the Yukon is to provide early intervention and healthier alternatives for First Nation youth and their families who come in conflict with the law. The program believes that in order to reduce youth crime, recidivism, and violence in the homes it is instrumental to provide these youth with intervention strategies in order to “break the cycle”. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>The 8-week Diversion workshop is offered to youth in conflict with the law on an annual basis. The program incorporates the teaching of traditional ways by strengthening of relationships between families and youth. The program adheres to the philosophy that by increasing youth understanding of traditional values and practices, it permits young people to formulate what a healthy lifestyle, and healthy family should be, empowering youth to make positive changes in their lives.</p> <p>The Family Support Worker continues to work in the home on a regular basis with the youth and their families for a period of 18 months to implement the tools they have acquired in the eight week workshop session to live a healthy crime free lifestyle and change their present lifestyle.</p> <p>Assistance, advocacy and support are provided through workshops, referrals and may include the following: communication, healthy relationships, individual violence, conflict resolution, and a family resource plan.</p> <p>Connection with culture, traditions and building on self esteem and healthy lifestyles are encouraged through camps, community events, and elders.</p> <p>Currently, there is no other Family Support Worker program operating in the Yukon Territory that deals specifically with all fourteen First Nations Communities, Yukon First Nations youth and their families.</p> |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years |
| Gender of Participants | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| SKOOKUM JIM FRIENDSHIP CENTRE, TAN SAKWATHAN YOUTH DIVERSION AND FAMILY SUPPORT WORKER PROGRAM | |
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| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private: |
| | <input checked="" type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Skookum Jim Friendship Centre 3159 - 3rd Avenue Whitehorse, Yukon Y1A 1G1 Main Phone Number: (867) 633-7680 Fax Number: (867) 668-4460 Diversion Program Coordinator: Viola Papequash (867) 633-7693 Email - sjfcdiversion@northwestel.net Family Support Worker: Patty Boss (867) 633-7683 Email - sjfcfamily@northwestel.net |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TEXAS DEPARTMENT OF CRIMINAL JUSTICE YOUTHFUL OFFENDER PROGRAM | |
|---|--|
| Source | http://www.tdcj.state.tx.us/mediasvc/annualreview2005/programs/rehabreentry2.html http://www.tdcj.state.tx.us/pgm&svcs/pgms&svcs-yop.htm |
| Overview | The Youthful Offender Program (YOP) was established in 1995 in response to changes in the law allowing offenders as young as 14 to be tried and sentenced as adults. There are two programs within the YOP – sheltered housing and a therapeutic community. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): residential facility |
| Program Components & Activities | <p>The youth in sheltered housing are separated from the adult population and have an opportunity for school, work and vocation.</p> <p>Therapeutic community youth are separated from the adult population and other youthful offenders in their housing and living areas with opportunity for school and intensive treatment. Treatment includes education, social skills training, anger management, values development, goal setting, cognitive restructuring, substance abuse counseling, conflict resolution, aggression replacement, life skills, and focus groups (parenting, cultural diversity, grief/loss, gang intervention, victim empathy and employment preparation).</p> <p>The following components were identified as the most crucial to consider during the development and planning stages of the youthful offender programs within the TDCJ-CI Division to ensure the delivery of successful treatment to this population. These approaches compliment the National Youth Violence Subcommittee of the Senate Judiciary Committee’s recommendations to develop effective methods in dealing with violent youth.</p> <ul style="list-style-type: none"> • Secure corrections -- Ensure security and protection of community, staff and offenders; • Individualized treatment program -- Match offender’s needs appropriately with available programs; • Educational training -- Develop unique educational services to help motivate and strengthen commitment to learning; • Skills training -- Provide a variety of vocational programs suited for youthful offenders available for the preparation of a more productive lifestyle both within the institutional setting and after release; |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TEXAS DEPARTMENT OF CRIMINAL JUSTICE YOUTHFUL OFFENDER PROGRAM | |
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| | <ul style="list-style-type: none"> • Family-based solutions -- Involve family in treatment and rehabilitation programming; • Faith-based programs -- Provide strong role models and moral training; • Volunteer and Community efforts -- Identify minority volunteers in the communities willing to serve as mentors to minority offenders; and • Reintegration -- Continue treatment services with a continuity of care component through aftercare. <p>Program areas include:</p> <ul style="list-style-type: none"> • screening and individual needs assessment • anger management • cognitive skills training • cultural diversity and sensitivity awareness (for both offenders and employees) • gang prevention activities • use of minority volunteers as mentors • graduated sanctions for behavior modification • specially selected vocational training • mental health counseling addressing juvenile offender needs • chaplaincy services • substance abuse treatment • target gender-specific programming and curriculum |
| Number of Participants | |
| Age of Participants | |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Volunteers from the community, specifically minorities, serve as mentors to youth offenders. |
| Staffing | <i>Skills and Background</i> <hr/> <i>Specific training needed for program delivery</i> <hr/> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Herum Edwards Clemens Unit 11034 Hwy. 36 Brazoria, TX 77422 (979) 798-2188 (979) 798-6493 |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TEXAS DEPARTMENT OF CRIMINAL JUSTICE YOUTHFUL OFFENDER PROGRAM | |
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| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TEXAS YOUTH COMMISSION | |
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| Source | http://www.tyc.state.tx.us/programs/special_treat.html |
| Overview | <p>The Texas Youth Commission, the state’s juvenile corrections agency, promotes public safety by operating juvenile correctional facilities and by partnering with youth, families, and communities to provide a safe and secure environment where youth in the agency’s care and custody receive individualized education, treatment, life skills and employment training, and positive role models to facilitate successful community reintegration. Youth sent to the Commission are typically the most chronically problematic or violent youth in Texas.</p> <p>The Giddings State School, one of the TYC’s facilities, operates a Capital and Serious Violent Offender Treatment Program for youths that are committed for murder, capital murder, and if the offense involved the use of a weapon or deadly force.</p> <p>In 2007, TYC created CoNEXTions[®]. It is the umbrella program that offers a variety of different therapeutic techniques and tools to help individual TYC youth. The name stems from the basic goal of the program – to connect youth to healthy, law-abiding relationships with their peers, families, and communities. It expresses the hope that once youth are properly connected with other people, they are in better positions to make realistic and optimistic connections to their futures, or the NEXT phases of their lives.</p> <p>CoNEXTions[®] is being deployed system-wide, demonstrating the agency’s commitment to research-based treatment approaches applicable in every aspect of a youth’s life in TYC, including counseling, case management, living unit, educational and security activities. The program is founded upon research of the principles of effective correctional programs. These studies indicated that many offenders evidence deficits in cognitive skills which are essential for pro-social adjustment and that training in these skills is an essential ingredient of effective correctional programs.</p> <p>The CoNEXTions[®] philosophy is:</p> <p><i>Youth-centered</i> – Instead of making youth fit the treatment program, the agency will tailor the program to fit the unique needs of each individual youth. The underlying, motivating question will be ‘What is best for the youth?’</p> <p><i>Evidence-based</i> – Programs from across the country that were “evidence-based,” (statistically proven to reduce recidivism) were reviewed in order to develop research proof that the programs would be proven effective.</p> <p><i>Flexible</i> – Rather than each youth having to meet the same criteria for completion as in previous TYC treatment programs, youth will be assigned different goals based upon their abilities and needs, which are determined at assessment and then regularly re-assessed to measure progress or changes, so that goals can be adjusted accordingly.</p> <p><i>Accountable for program effectiveness</i> – TYC efforts must be documented through on-going performance measures adapted to the goals and strategy of</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TEXAS YOUTH COMMISSION | |
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| | <p>the program.</p> <p><i>Implemented by appropriate staff</i> – Properly licensed staff are responsible for clinical oversight and training of the program. Additionally, the program meets the skill sets of the agency’s clinical staff and other direct care workers.</p> <p><i>Integrated with other TYC and community programming</i> – The CoNEXTions® program is integrated with all other TYC programming in a system rather than program strategy. It is all inclusive, incorporating things like education, vocational training, daily behavior, individual youth interests and goals with the youths’ basic mental health and psychological treatment needs and specialized treatment needs. The program and course of treatment for any TYC youth begins “with the end in mind.” In other words, all treatment focuses on the youth ultimately going home as a success story.</p> <p>Every staff member with TYC is committed to the CoNEXTions® program including administration, supervisors, juvenile correctional officers (JCOs), caseworkers, teachers, volunteers, and community service and security personnel. Additionally, it will be the goal of the agency to actively involve parents in a youth’s treatment program, where applicable, recognizing that healthy family dynamics are key to youth success.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input checked="" type="checkbox"/> School: secure facility <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): half way houses |
| Program Components & Activities | <p>The CoNEXTions® approach builds upon research suggesting the importance of changed thinking processes in changing a variety of criminal behaviors. It draws elements from many evidence-based tools, techniques and therapies including:</p> <ul style="list-style-type: none"> • PACT-Positive Achievement Change Tool (assess risk factors) • Cognitive Life Skills • Thinking for a Change/Thinking Reports • Skills Applications Groups • Motivational Interviewing • Positive Behavior Interventions and Strategies (PBIS) • Supplemental Groups for identified youth (such as anger management, psychosexual development, and chemical abuse) • Leisure Skills Building Groups • Specialized Treatment Programs |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TEXAS YOUTH COMMISSION | |
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| | <ul style="list-style-type: none">• Education, Vocational, and Workforce Development• Family Partnering & Involvement• Victim Impact Panels <p>CoNEXTions© focuses on two questions:</p> <ul style="list-style-type: none">• What causes youth to come into the juvenile justice system? (the risk factors); and• What keeps kids from returning to the system? (protective factors). <p>The program assesses individual youth risk factors (the negative parts of their lives and mental awareness) and protective factors (positive aspects of individual youth situations), which are used as the foundation to design individual treatment plans so that youth can learn to reduce their risk factors and increase their protective factors. It is the value proposition of CoNEXTions© that an intense and system-wide implementation of thinking skills training will decrease recidivism and crime among youth in the program.</p> <p>Risk and protective factors that are addressed in the curriculum include:</p> <ul style="list-style-type: none">• Anti-social/pro-criminal attitudes, values, beliefs• Isolation from positive influences and association with people who enable criminal activity• Abuse of alcohol/drugs• Personality traits conducive to criminal activity• Lack of behavioral control• Current dysfunctional family features• Low academic/vocational success• Poor use of leisure time <p>HOW YOUTH PROGRESS THROUGH CONEXTIONS©</p> <p>Assessment & Orientation</p> <p>Upon admission to the TYC assessment units, youth are assessed over multiple areas: mental health; education; vocation; and medical needs, as well as being identified for specialized treatment programs. Risk and protective factors are identified and an initial case plan is developed to begin targeting these factors. Youth are classified according to offense and needs and are assigned to a permanent placement dependent upon an assortment of issues. During the assessment and orientation process, youth are introduced to two (2) skills programs – Thinking for a Change (T4C) and Cognitive Life Skills© (CLS). Planning for transition/re-entry into the community begins during assessment and continues throughout the youth’s time in TYC. Each youth compiles a release portfolio of accomplishments in the program, with the Futures Map being the first item included.</p> <p>Initiation of CoNEXTions© General Treatment Program</p> <p>CoNEXTions© is integrated with other programs within the TYC, including education and workforce development, providing a comprehensive plan of rehabilitation for each youth that addresses specific needs of that individual</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TEXAS YOUTH COMMISSION | |
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| | <p>youth. The Thinking for a Change (T4C) curriculum is woven into daily interactions between youth and staff members, with “thinking reports” used to process problems when they arise. Youth attend structured groups in Cognitive Life Skills (CLS), four (4) times per week. CLS groups are designed to target risk factors and improve/address skills needed to be effective in a number of areas in order to remain crime-free. The Skills Applications Group, held once per week, allows youth to process and practice how the skills they have learned over the course of the week will apply to release and success once back in their community. Clinical oversight, intensive training and support assist staff in the proper implementation of the program and assure program integrity. Program accountability and monitoring occurs regularly by facility staff, regional staff, and staff from the Division of Education, Treatment and Workforce Development.</p> <p>Supplemental Groups</p> <p>In addition to attending the CoNEXTions[®] Treatment Program groups, youth may be required to attend Supplemental Groups which assist them in areas of deficit or special needs. Required groups are held four times per week and target specific risk factors, focusing on areas such as anger management, chemical dependency education, mental health support, and psycho-sexual development.</p> <p>Specialized Treatment</p> <p>Specialized treatment is provided for youth identified as having a significant need in a specific area. The specialized treatment programs are: Capital and Serious Violent Offender Treatment Program, Chemical Dependency Treatment Program, Mental Health Treatment Program, and Sexual Behavior Treatment Program. In these programs, youth receive treatment services from specially trained or licensed staff and participate in programming that is more intense and possibly longer than the general CoNEXTions[®] program.</p> <p>Leisure Skills Building Groups</p> <p>Leisure Skills Building Groups will be conducted on the weekends and some evenings and are offered by staff, volunteers or professionals with an interest and training in the chosen topics. A few examples are: money management, guitar lessons, painting, sculpting, etc. These groups provide the youth additional opportunities that are not solely focused on rehabilitation, but target the building of pro-social leisure skills. The youth’s family is encouraged to become involved with the youth as much as possible.</p> <p>Family Involvement</p> <p>Family investment in each youth and family interaction are encouraged and fostered. Each facility has unique strategies for increasing family involvement, including educational seminars, open house meetings, family day activities and facility orientations. Multi-family conferences are held</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TEXAS YOUTH COMMISSION | |
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| | <p>quarterly to assist parents and guardians to understand and support youth in the TYC facilities. All facilities will have a Family Liaison to assist in involving family.</p> <p>Education, Vocational Training, and Workforce Development</p> <p>There is a strong connection between educational achievement and success in the community. Workforce Development has expanded the RIO-Y component both in facilities and in aftercare. Region XIII Educational Service Center will implement Positive Behavioral Interventions and Support (PBIS) in all schools as part of a Federal and State mandate to improve classroom management of students. PBIS will complement and integrate with campus behavior management techniques, focusing on positive interactions with youth and correcting misbehavior calmly, consistently and immediately. PBIS includes a data-collection program that can be used in tracking behavior changes for multidisciplinary treatment team reviews.</p> <p>Multi-Disciplinary Team and Case Planning</p> <p>Youth are evaluated at least monthly by their treatment team, which consists of their case manager, an assigned educator, and juvenile correctional officers who work with the youth on a regular basis. Parents are also invited to participate in the multi-disciplinary team meeting. Staff re-assesses a youth's treatment progress every ninety (90) days, changing treatment objectives as needed to meet the individual youth's needs and target building specific skills.</p> <p>The Giddings State School, one of the TYC's facilities, operates a Capital and Serious Violent Offender Treatment Program for youths that are committed for murder, capital murder, and if the offense involved the use of a weapon or deadly force. The program helps these young people connect feelings associated with their violent behavior and to identify alternative ways to respond when faced with risky situations in the future. Participants in this program are required to reenact their crimes and to play the role of both perpetrator and victim.</p> <p>Other specialized treatment is available for sex offenders, chemically dependant offenders, and offenders with mental health impairment.</p> <p>The TYC offers various educational and skills development programs as well as Parole Program Services and a Mother-Baby Program.</p> |
| Number of Participants | <ul style="list-style-type: none"> TYC facilities had 2327 new entrants in 2007. Based on entrant profiles (http://www.tyc.state.tx.us/research/profile.html) over 900 of these were admitted for violent offences. |
| Age of Participants | <ul style="list-style-type: none"> 10-19 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> At TYC halfway houses and some contract facilities, TYC has memorandums of understanding with local school districts to provide formal education. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TEXAS YOUTH COMMISSION | |
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| | <ul style="list-style-type: none"> • Major collaboration with workforce development programs has increased opportunities for TYC youths. TYC works with local Workforce Development Boards to access employment for at-risk youth and to find educational and training opportunities. TYC also relies on the local workforce centers for employment assistance through Texas Workforce Commission's Project RIO. • To make the return to the public school easier, parole officers work closely with Communities in Schools and other programs. • Volunteers at the facilities expand students' opportunities for educational and recreational experiences, provide students with increased social interactions and assist students, as appropriate, in successfully completing the treatment program. |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| | |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • The 2007 Review of Agency Treatment Effectiveness is available online: http://www.tyc.state.tx.us/research/TxmtEffect/01_index.html • The Giddings Capital and Serious Violent Offender Program has gained worldwide attention and been featured on several national news programs. It is one of TYC's most promising specialized treatment programs. Research shows that participation in this program reduced the likelihood of being re-incarcerated for any offense by 55 percent, and for a felony offense, by 43 percent. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • The Texas Youth Commission and the Office of Independent Ombudsman of the Texas Youth Commission are currently being reviewed by the Legislature as required under the Texas Sunset Act. |
| Program Contact | Texas Youth Commission 4900 N. Lamar Blvd. · Austin, TX 78751 P.O. Box 4260 · Austin, TX 78765 (512) 424-6130 |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  TORONTO ARGONAUTS YOUTH CENTRE MENTORSHIP PROGRAM | |
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| Source | Powerpoint presentation http://www.stoptheviolence.ca/index.php?id=18 |
| Overview | <p>The Toronto Argonauts Youth Centre Mentorship Program is based on best practice and evidence based intervention methods. This program aims to provide youth with an opportunity to constructively engage in prosocial discussion and recreational opportunities with professional sports role models.</p> <p>The program sees Argos players visit and mentor youth inside a full custody youth centre in an effort to stop the violence in the GTA and beyond. Argos players are part of a structured group program that focuses on a variety of real and relevant issues. Some of these issues include positive choices, attitudes and values, substance abuse, healthy relationships, and other appropriate discussions that assist the young people to achieve a responsible non-violent lifestyle and re-integrate successfully back into the community. Through this mentorship, the group can work together to discuss their previous choices and behaviours that led them to being incarcerated, while working towards the end goal of encouraging a substantial lifestyle change once released from custody.</p> <p>The players currently involved in this program are all serving as mentors and positive role models for the young males at Sprucedale Youth Centre. Each of these players have experienced their own life lessons and are committed to sharing their experiences and insights with young men who need it most.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify) |
| Program Components & Activities | <ul style="list-style-type: none"> • 12 session group format • Combination of group discussion and recreational/leisure activities • Topics focus on prosocial values and attitudes, cooperation, teamwork, motivation, respect, decision-making, goal setting, consequences, substance use, victim impact, healthy relationships, family, social skills, belonging, criminal lifestyle, positive choices, peers, alternatives to violence, loyalty and spirituality. • The recreation/leisure activity portion of the group provides participants with the opportunity to put these concepts into action. |
| Number of Participants | |
| Age of Participants | |
| Gender of Participants | <input checked="" type="checkbox"/> Male |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| TORONTO ARGONAUTS YOUTH CENTRE MENTORSHIP PROGRAM | |
|--|---|
| | <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Partnership with the Toronto Argonauts |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Evaluation is ongoing. Results to date seem promising, although there are only 28 participants, and no control group, etc. Results include: <ul style="list-style-type: none"> • All youth and player participants reported strong satisfaction with the program; • All youth received positive reports of growth and development in identified areas of risk/need, from the group facilitators, facility staff and noted progress on case management plans; • Behaviour within the institution seems to have improved for most program participants; • Reoffending: 10 participants remain in custody, of the 18 youth who have ben released, only 2 have reoffended and charges are less serious than those for which they were incarcerated. • 6 youth have been in the community without reoffending for 13-21 months, 6 youth have been in the community without reoffending for 7-12 months and 4 youth have been in the community without reoffending for 2-6 months. |
| Program Funding | <input checked="" type="checkbox"/> Public: A partnership between the Toronto Argonauts Stop the Violence Foundation and the Ministry of Children and Youth Services, Youth Justice Division <input checked="" type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • The participants in this program to date are remanded and sentenced youth who have committed offences that include robbery, forcible confinement, assault, weapons offences, attempted murder, manslaughter and murder • The youth primarily come from single parent, low income homes and affiliate with antisocial peers. • Diagnoses include conduct disorder, social anxiety issues, PTSD and mood disorders. |
| Program Contact | Danielle Doody Manager, Community Outreach ddoody@argonauts.on.ca phone: (416) 341-2750 The Argos Foundation |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  TORONTO ARGONAUTS YOUTH CENTRE MENTORSHIP PROGRAM | |
|--|---|
| | 355 King Street West, 6th Floor Toronto, ON M5V 1J6 Fax: (416) 341-2714 |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  VIOLENT OFFENDER TREATMENT PROGRAM (VOTP) | |
|--|---|
| Source | http://www.mcf.gov.bc.ca/yfps/index.htm |
| Overview | <p>The VOTP program is part of Youth Forensic Psychiatric Services (YFPS), which is a provincial program of the BC Ministry of Children & Family Development. The VOTP is an assessment and treatment program aimed at youth who are regarded as medium to high risk for further violent behaviour. Referrals must be accompanied by a court order requiring attendance for treatment.</p> <p>Utilizing a risk-focused model of intervention, the program attempts to address the risk and needs that are associated with violent offending. The program is offered at all YFPS outpatient clinics, by designated contract service providers, and at Youth Custody Centres. YFPS programs are intended for adolescents who are:</p> <ul style="list-style-type: none"> • 12 - 17 years old at the time of the offence • Involved with the Youth Criminal Justice system • Required by Court order to attend for assessment and/or treatment • In need of services for mental health and/or behaviour problems <p>The goals of the program are to:</p> <ul style="list-style-type: none"> • Reduce the re-occurrence of violent behaviour; • Address assessed risk/needs factors for referred youth; • Strengthen identified protective factors that reduce risk of re-offending; • Improve stability for the youth and her/his family and reduce out-of-home placements; and • Reduce the likelihood of re-offending in general. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>A standardized approach to assessment and treatment is offered to ensure that a youth will receive substantially similar service wherever the program is offered throughout the province. Each youth referred for treatment will receive a thorough and comprehensive assessment based upon identification of the risk and protective factors present with the youth's current situation. Considerable emphasis is then placed upon a socio-ecological approach to subsequent treatment intervention. Individual, group and family-based forms of treatment will be utilized as necessary to promote behavioural change. YFPS staff and service providers will work closely with youth probation</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  VIOLENT OFFENDER TREATMENT PROGRAM (VOTP) | |
|--|---|
| | officers and other community caregivers involved with the youth and her/his family to ensure continuity of service. |
| Number of Participants | <ul style="list-style-type: none"> Any youth referred by community-based youth probation officers and/or by custody-based Youth Probation and Custody Centre Staff. |
| Age of Participants | <ul style="list-style-type: none"> 12 - 17 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> Probation officers Community caregivers involved with the youth and her/his family |
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| | |
| Relevance to Programs for Incarcerated Youth | <ul style="list-style-type: none"> This program is directly relevant because it is designed for youth who commit serious violent offenses. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p>An evaluation of three VOTP sites in BC showed that when the relationship between risk measures and outcome was examined, there was a positive relationship between post treatment risk level (as measured by the Structured Assessment for Violence Risk and the Psychopathy Check List-Youth Version (PCL:YV)) and violent outcome. Overall, treatment completion was associated with a reduction in both violent and nonviolent recidivism. Treated high-risk youths committed fewer violent offences at follow up than untreated high-risk youths. Both males and females committed fewer violent offences following treatment compared to their untreated counterparts.</p> |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> Further discussion with the VOTP staff is warranted as the NS program is being designed. |
| Program Contact | Youth Forensic Services Program Support and Administration 7900 Fraser Park drive Burnaby, BC V5J 5H1 Phone: (778) 452-2136 |
| Additional Source Documents | Violent Offender Treatment Program: A Resource Manual. Prepared by Youth Forensic Violent Offender Treatment Professional Advisory Committee. Edited by Brian C. Menzies, Project Director. October 2001 |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| WASHINGTON STATE JUVENILE REHABILITATION ADMINISTRATION (JRA) | |
|--|--|
| Source | http://www1.dshs.wa.gov/jra/treatment/index.shtml#ITM |
| Overview | Washington State Juvenile Rehabilitation Administration's Integrated Treatment Model is a research-based treatment approach that utilizes cognitive-behavioral and family therapy principles. The model is tailored for use in both residential and parole programs in the JRA continuum of care. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): specialized foster homes |
| Program Components & Activities | <p>RESIDENTIAL CARE</p> <p>In residential care, (institutions and community facilities) the model focuses on eliminating problem behaviors using behavioral analysis for targeted behavior change. The well-researched behavioral change techniques of shaping, reinforcement, extinction, and contingency management are used to help youth develop new skills. Families are invited to learn about and participate in treatment to help the youth extend their gains back into the community. Much of the theoretical basis of the residential treatment component of the Integrated Treatment Model relies on the researched-based work of Marsha Linehan, PhD, described in her 1993 book, <i>Cognitive Behavioral Treatment of Borderline Personality Disorder</i>. In addition to problem-solving, specific skills sets from Linehan included in the model are:</p> <ul style="list-style-type: none"> • Mindfulness • Interpersonal effectiveness • Emotion regulation • Distress tolerance <p>Additionally, the Integrated Treatment Model draws from Aggression Replacement Training (ART) by Barry Glick.</p> <p>FUNCTIONAL FAMILY PAROLE</p> <p>In community settings youth are monitored under Functional Family Parole. The treatment and intervention focus shifts to creating a more functional environment within the family where the youth resides. Research on maintaining and supporting behavior change for troubled adolescents indicates intervention is most effective if promoted within a family context. Parole staff work with families to address the role each member has in generating and ultimately resolving "problem behavior". The primary</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| WASHINGTON STATE JUVENILE REHABILITATION ADMINISTRATION (JRA) | |
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| | <p>theoretical foundation for this section of the model come from James Alexander, PhD and Thomas Sexton, PhD in Functional Family Therapy, a research-based family intervention considered a "Blueprint" model from the Center for the Study and Prevention of Violence. Functional Family Parole counselors work to engage and motivate all family members by creating a balanced alliance with each, and creating a family focus for treatment. Early interventions reduce blame and negativity among family members and instill hope for change. Families are also referred to needed services in the community that match family interaction styles and provide continued support for the family once the youth is no longer on parole.</p> <p>RESIDENTIAL TREATMENT AND CARE PROGRAM</p> <p>JRA's Residential Treatment and Care Program (RTCP) operating in the Spokane area of Eastern Washington replicates the Oregon Social Learning Center's Multi-dimensional Treatment Foster Care model. Up to 5 low risk-youth are placed in specialized foster homes in their local community as an alternative to placement in a secure JRA institution in Western Washington. The RTCP engages youth and their families in research-based treatment interventions effective in halting further penetration of youth into the justice and correctional systems. The program is managed by Lutheran Community Services under contract with JRA.</p> <p>RTCP adolescents are placed singly in a foster family setting for six to nine months. Foster families are recruited, trained, and supported to provide well-supervised placement and treatment. The program provides 24-hour a day case management and coordination of all aspects of youngsters' treatment programs. Youth participate in cognitive/behavioral skill-focused individual treatment. Youth and their families (defined as biological, adoptive, or other aftercare resource; e.g., relative or other guardian) participate in weekly family therapy associated with the model. Frequent contact between youth and their family members, including home visits, are part of the program. The RTCP requires close monitoring of the youngsters' progress in school, coordination with probation/parole officers; and psychiatric consultation/medication management, as needed.</p> <p>JUVENILE VOCATIONAL INDUSTRIES PROGRAM</p> <p>This program creates a vocational industries experience for youth that challenges their education focus and enhances their employability after incarceration. The Juvenile Vocational Industries Program or "JVIP" is a new and exciting program that is designed to teach organizational learning skills in a real world educational/work setting to incarcerated youth in the State of Washington.</p> |
| Number of Participants | |
| Age of Participants | |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| WASHINGTON STATE JUVENILE REHABILITATION ADMINISTRATION (JRA) | |
|--|---|
| Staffing | <i>Skills and Background</i> |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <ul style="list-style-type: none"> • Based on well-evaluated programs |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | <p>For information on Functional Family Parole: Henry Schmidt, PhD Tel: 360 902-7637 schmih@dsos.wa.gov</p> <p>For information on Residential Treatment and Care Program: Rich Volke Tel: 509 363-4671 VolkeRA@dsos.wa.gov</p> |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| WRAPAROUND MILWAUKEE | |
|--|---|
| Source | http://www.county.milwaukee.gov/WraparoundMilwaukee7851.htm |
| Overview | <p>Wraparound Milwaukee is a unique type of managed care program operated by the Milwaukee County Behavioral Health Division that is designed to provide comprehensive, individualized and cost effective care to children with complex mental health and emotional needs. Wraparound Milwaukee serves families living in Milwaukee County who have a child who has serious emotional or mental health needs, is referred through the Child Welfare or Juvenile Justice System and is at immediate risk of placement in a residential treatment center, juvenile correctional facility, or psychiatric hospital.</p> <p>Wraparound Milwaukee was designed to reduce the use of institutional-based care such as residential treatment centers and inpatient psychiatric hospitals while providing more services in the community and in the child's home. It utilizes a WRAPAROUND philosophy and approach which focus on strength-based, individualized care. Combined with a unique organizational structure, Wraparound Milwaukee delivers a comprehensive and flexible array of services to youth and their families.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify) |
| Program Components & Activities | <p>Wraparound Milwaukee provides a broad range of youth and family support services including traditional behavioral health services, alcohol/other substance abuse counseling and non-traditional support services such as Parents Assistance and Daily Living Skills.</p> <p>CARE COORDINATION SERVICES</p> <p>Wraparound Milwaukee contracts with nine community agencies to provide a total of approximately 72 care coordinators, nine lead workers and nine supervisors. Care Coordinators work with caseloads of 1:8 or 1:9 families. Roles and responsibilities of care coordinators are defined in writing to minimize instances where they overlap with some of those duties of child welfare and probation workers</p> <p>Care coordination services are essential to the design and delivery of services and supports to children with severe emotional and mental health needs that are individualized, strength-based and family focused. Care Coordinators are responsible for convening Child and Family Teams from</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| WRAPAROUND MILWAUKEE | |
|-------------------------------|---|
| | <p>which a wraparound plan of care is developed for each child and his/her family. Care Coordinators meet the child and family, conduct a strengths-based inventory, convene the Child & Family Team, and develop the care or treatment plan based on child/family needs, goals and formal and informal resources available or needed to support the family.</p> <p>The Care Coordinators utilize life domains to look at family needs and create safety plans for each child to ensure there are structured supports and supervision to ensure child and community safety. Care Coordinators help develop the Care Plan to guide the delivery of services and treatment. They also are responsible to help the family identify and obtain formal services through the Wraparound Milwaukee Provider Network to meet mental health, social and other support needs. Monthly Service Authorization Requests (SARs) are entered electronically in the Wraparound Milwaukee Synthesis system to authorize vendors in the Network to provide specific units of services to families. The overall Wraparound Care Plans are reviewed and revised every 90 days</p> <p>MOBILE URGENT TREATMENT TEAM</p> <p>The Mobile Urgent Treatment Team provides crisis intervention services on a 24 hour basis to families enrolled in the Wraparound Milwaukee Program as well as any family in Milwaukee County with a child who is having a mental health crisis when the behavior of the child threatens his or her removal from home, school, etc. The MUTT team goes to where the crisis is occurring, assesses the situation, and determines if the child's behavior or mental health condition can be met with interventions in the home or whether temporary placement in a crisis group home or other emergency setting is required. The MUTT team also assesses whether the child's behavior constitutes a danger to that child or others requiring possible psychiatric inpatient hospitalization. In addition to crisis intervention services, the Team can provide short-term case management and can link the child and family to other community services. The MUTT team oversees the operation of an 8-bed crisis/respite group home, which can serve as an alternative to inpatient hospitalization or resource for the child to transition from the inpatient facility.</p> <p>ROLE OF THE FAMILY</p> <p>Wraparound Milwaukee involves families at all levels of the system and aggressively monitors quality and outcomes. It operates from a value base that emphasizes building on strengths to meet needs; one family-one plan of care; cost-effective community-based alternatives to residential treatment placements, juvenile correctional placement as appropriate, and psychiatric hospitalization; increased parent choice and family independence; and care for children in the context of their family and community.</p> |
| Number of Participants | |
| Age of Participants | |
| Gender of Participants | <input type="checkbox"/> Male <input type="checkbox"/> Female |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

| WRAPAROUND MILWAUKEE | |
|---|--|
| Community Links & Partnerships | <ul style="list-style-type: none"> • Wraparound Milwaukee contracts with nine community agencies to provide a total of approximately 72 care coordinators, nine lead workers and nine supervisors. |
| Staffing | <i>Skills and Background</i> |
| | <ul style="list-style-type: none"> • Care Coordinators mostly possess bachelor degrees • The Mobile Urgent Treatment Team is staffed by psychologists, social workers, nurses, case manager and a consulting physician. |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| | <ul style="list-style-type: none"> • A combination of several state and county agencies, including the Bureau of Milwaukee Child Welfare, the County's Delinquency and Court Services, Behavioral Health Division, and the State Division of Health Care Financing who operates Medicaid, provide funding for the system. |
| Comments | <ul style="list-style-type: none"> • In 2004, Wraparound Milwaukee was named an exemplary program by the President's New Freedom Commission on Mental Health. |
| Program Contact | Bruce Kamradt – Director 201 Watertown Plank Road Milwaukee 53226 Phone: 414-257-7611 Fax: 414-257-7575 |
| Additional Source Documents | The Wraparound Milwaukee Family Handbook is available online: http://www.county.milwaukee.gov/router.asp?docid=10149 |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  YOUTH FORENSIC PSYCHIATRIC SERVICES | |
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| Source | http://www.mcf.gov.bc.ca/yfps/index.htm |
| Overview | <p>Youth Forensic Psychiatric Services (YFPS) is a provincial program of the Ministry of Children and Family Development in British Columbia that provides court-ordered and court-related assessment and treatment services for troubled youth. Services are provided to:</p> <ul style="list-style-type: none"> • Young persons in conflict with the law pursuant to the <i>Youth Criminal Justice Act</i> (YCJA), • Young persons found unfit to stand trial or not criminally responsible due to mental disorder. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): outpatient clinics |
| Program Components & Activities | <p>YFPS offers the following Specialized Treatment Programs:</p> <p>VIOLENT OFFENDER TREATMENT PROGRAM</p> <p>The VOTP program is an assessment and treatment program aimed at youth who are regarded as medium to high risk for further violent behaviour. Referrals must be accompanied by a court order requiring attendance for treatment.</p> <p>Utilizing a risk-focused model of intervention, the program attempts to address the risk and needs that are associated with violent offending. The program is offered at all YFPS outpatient clinics, by designated contract service providers, and at Youth Custody Centres.</p> <p>PSYCHO-EDUCATIONAL PROGRAMS</p> <p>Psycho-educational programs emphasize an educational approach rather than intensive treatment. YFPS offers two psycho-educational programs: Youth Substance Abuse Management (YSAM) and Youth Violence Intervention (YVIP). The programs are intended primarily for youth at low to medium risk for re-offending. These programs may be offered on a "stand-alone" basis or as preliminary preparation for more intensive on-going treatment.</p> <p>Eligibility for admission to either program is determined through consultation between the referring Youth Probation Officer and the YFPS service provider.</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  YOUTH FORENSIC PSYCHIATRIC SERVICES | |
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| | <p>Individual support services are generally not provided as both programs are group-based. If it becomes apparent that this is needed, the instructor may refer the youth to other program areas of YFPS.</p> <p>Youth Forensic Psychiatric Services (YFPS) provides two types of Clinical Services, Inpatient Services and Outpatient Services, to youth through clinics and a network of private contractors around the province.</p> <p>YOUTH SEXUAL OFFENCE TREATMENT PROGRAM</p> <p>The Youth Sexual Offence Treatment Program (YSOTP) is available on an outpatient basis only. Referrals must be accompanied by a court-order requiring attendance for treatment. This program is highly structured and takes a standardized approach to the assessment and treatment of youths charged with and/or convicted of sexual or sexually related offences.</p> <p>INPATIENT SERVICES</p> <p>Burnaby Inpatient Assessment Unit</p> <p>The Burnaby Inpatient Assessment Unit (IAU) is a designated mental health facility under the Mental Health Act and is a designated place of temporary custody. Services include:</p> <ul style="list-style-type: none"> • Psychiatric and/or psychological assessment of youth remanded into custody by the Youth Justice Court; • Short-term transitional care and custody of youth found not criminally responsible by reason of mental disorder; and • Mental health services to youth remanded or to Youth Custody Centres. <p>Outpatient Services</p> <p>YFPS Outpatient clinics and a network of private contractors provide services in four regions across BC. Each clinic provides a full range of court-ordered and court-related assessment and treatment services. These include:</p> <ul style="list-style-type: none"> • Court-ordered assessments of youth residing in the community; • Assessments or consultations of youth referred by a Youth Probation Officer; • General and specialized mental health services for youths in the community or remanded or sentenced to custody; • Specialized outpatient programs dealing with sexual and violent offences; • Community treatment and supervision of youth who have received a conditional discharge from the BC Board of Review; and • Local community consultation and training. |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years at time of offence |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  YOUTH FORENSIC PSYCHIATRIC SERVICES | |
|--|--|
| Partnerships | |
| | <i>Skills and Background</i> |
| Staffing | |
| | <i>Specific training needed for program delivery</i> |
| | |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p>Various research projects on the Violent Offender Treatment Program found the following:</p> <ul style="list-style-type: none"> • When the relationship between risk measures and outcome was examined we found a positive relationship between post treatment risk level as measured by the Structured Assessment for Violence Risk and the Psychopathy Check List-Youth Version (PCL:YV) and violent outcome. Overall, treatment completion was associated with a reduction in both violent and nonviolent recidivism. Treated high-risk youths committed fewer violent offences at follow up than untreated high-risk youths. Both males and females committed fewer violent offences following treatment compared to their untreated counterparts. • Overall, treatment was associated with significantly reduced reoffending (both general and violent). The predictive validity of risk assessment instruments over the one-year follow up was good overall for treated and untreated youths. When predictive accuracy was examined separately for treated and untreated youth, the picture was less clear. The data suggest that completion of treatment was a factor that influenced the accuracy of predictions. |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • YFPS can only accept direct referrals from Youth Justice Courts, Youth Probation Officers and Youth Custody Centres. |
| Program Contact | Program Support and Administration 7900 Fraser Park drive Burnaby, BC V5J 5H1 phone: 778 452-2136 |
| Additional Source Documents | O'Shaughnessy, R.J., Bartel, P.A., & Janke, P. (2003). Juvenile offenders: Integrating treatment and policy: Panel. Annual Meeting of the American Academy of Psychiatry and the Law, San Antonio, Texas. Contact authors: Roy O'Shaughnessy: Roy.OShaughnessy@gov.bc.ca Patrick Bartel: Patrick.Bartel@gov.bc.ca Paul Janke: Paul.Janke@gov.bc.ca |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

YOUTH FORENSIC PSYCHIATRIC SERVICES

Program Evaluation and Research Team (2003). Violent offender treatment program evaluation: Boulder Bay, Prince George and Kamloops executive summary. Presented to the Executive of Youth Forensic Psychiatric Services, Burnaby, British Columbia.

Summary:

This is an evaluation of violent offender treatment programs at three sites in British Columbia: Boulder Bay Secure Custody Centre, Prince George Youth Forensic Psychiatric Services (YFPS) and Kamloops YFPS. Recidivism rates of treated and comparison youths (119 youths) are examined three and a half years after the end of treatment. Background descriptions of youths at each site, including their offending history, psychosocial functioning and post treatment risk level are provided.

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Gordana Rajlic: Gordana.Rajlic@gov.bc.ca

Catchpole, R.E.H. (2002). Empirical findings from two provincial violent offender treatment programs: Risk assessment and treatment outcome. Presented at the American Psychology and Law Society, Biennial Conference, Austin, Texas.

Summary:


The main purposes of the study were:

- To evaluate the outcome of violent offender treatment program for adolescent offenders (74 youths) from two sites in British Columbia: Boulder Bay Secure Custody Centre and Prince George Youth Forensic Psychiatric Services;
- To evaluate the predictive ability of two adolescent risk assessment instruments - the Structured Assessment for Violence Risk in Youth and the Youth Level of Service/Case Management Inventory and the construct of psychopathy as measured by the Hare Psychopathy Checklist-Youth Version;
- To combine data on risk assessment and treatment outcome.

Contact author:

Rosalind Catchpole: Rosalind.Catchpole@gov.bc.ca

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  YOUNG OFFENDER PROGRAMS | |
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| Source | http://www.solgps.alberta.ca/programs_and_services/correctional_services/young_offenders/Pages/young_offender_programs.aspx |
| Overview | <p>Alberta's Solicitor General and Public Security branch is responsible for the administration of custody and community sentences, including providing programs in support of these sentences, and advising the court of incidents of non-compliance with sentences. In addition, staff are involved in cross ministerial initiatives involving youth, addressing educational, mental and physical health, treatment, and housing needs.</p> <p>The Young Offender Branch Custody Program promotes positive behaviour change in the young offender in custody, while preparing the young person for reintegration to the community.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Shunda Creek Youth Correctional Camp and privately operated group homes under contract to the Correctional Services Division also house open custody young offenders. |
| Program Components & Activities | <p>Youth in Custody receive the following programs and services:</p> <p>CASEWORK</p> <p>A youth worker is assigned to each young offender in custody. Upon placement, consideration is given to problem areas a young offender will need to work on prior to returning to the community. Individual needs are identified and summarized in a case plan. Referrals are then made to school programs or other in house resources, group counselling, chaplaincy, or community resources to assist the young offender in meeting identified needs.</p> <p>EDUCATIONAL/DAY PROGRAMS</p> <p>Educational and day programs are offered to meet academic and instructional needs. All young offenders in custody under the age of 16 are required to attend school. School programs offer a full range of programs from elementary to high school, including remedial courses.</p> <p>LIBRARY</p> <p>Library services are maintained at all young offender centres to provide educational, cultural, leisure and informational resources. Young offenders</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

YOUNG OFFENDER PROGRAMS

are encouraged to access the library on a regular basis.

LIFE SKILLS PROGRAMS

Life skills programs are designed to teach young offenders skills that improve their developmental abilities, which enable them to make more responsible decisions and allow them to successfully reintegrate back into the community. A wide range of topics are covered including stress management, relationships, decision making, family violence, budgeting/banking, nutrition, job skills/job readiness, cooking, health, clothing care and AIDS awareness.

MEDICAL AND MENTAL HEALTH SERVICES

Medical and mental health services are provided to all young offenders in correctional centres. These services include nursing, medical, dental, psychological and psychiatric care. Referrals are made to community resources where appropriate. Counselling programs include individual and group counselling as well as referrals to in-centre and community professional resources. These resources vary from centre to centre but can include:

- Sex offender treatment
- Anger management
- Transition program
- Healthy relationships
- Distress
- Suicide
- Life skills
- Behaviour adaptation unit
- Separation and loss
- Family counselling
- Addictions
- Intervention program
- Self-esteem
- Sexuality
- Trauma
- Sexual and physical abuse
- Parenting
- Mental health program
- Victim to survivor
- Mentoring

OFFENDER WORK PROGRAMS

Offender work programs provide an opportunity to develop practical employment skills. In centre placements include assisting in meal preparation, kitchen cleaning and centre maintenance. At the Shunda Creek work camp, young offenders work with the Alberta Forest Service doing campground and trail construction and maintenance, fencing, painting, tree planting, brush tending, seeding and preparing cords of wood for campgrounds. Shunda Creek Youth Correctional Camp allows young offenders to complete work in support of the community. This may entail garbage pick-up and brush tending, etc. Centre work programs also provide community service work to other government departments, municipalities and non-profit organizations.

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

YOUNG OFFENDER PROGRAMS

RECREATIONAL PROGRAMMING

Recreational programs provide an opportunity for physical and social development and foster the young offender's interest in activities that can be pursued once they are released into the community. Activities include weight training, non-contact sports, games rooms, hobbies and handcrafts, Boy Scouts and Cadets. Recreational activity occurs in the evening and weekends when young offenders are not in school or engaged in a work placement.

REINTEGRATION LEAVE PROGRAM

The reintegration leave program enables selected young offenders to be released from custody for employment, education, or treatment purposes. Public safety is the first consideration in all reintegration leave decision-making. A reintegration leave provides young offenders the opportunity to access services and programs identified as potentially beneficial in enhancing the social circumstances from which they came and to which they will return. When reintegration leave is granted young offenders must abide by conditions established to govern their behaviour in the community. If young offenders do not abide by these conditions, they will be returned to custody.

COMMUNITY BASED OPEN CUSTODY PROGRAMS

Alberta Correctional Services provides open custody group homes in Edmonton and Calgary. Open custody group homes have few security features aside from staff supervision and offer young offenders access to numerous services in the community such as educational or treatment programs and employment opportunities. Open custody group homes play an important role in the reintegration process. Young offenders are encouraged to maintain contact with family, significant others, and community resources in preparation for full release.

ABORIGINAL PROGRAMS


Aboriginal Community Programs

Services are provided through contracts with six Aboriginal organizations located throughout Alberta. Programs offered by these organizations represent the First Nations, Métis, and individual bands within the province. They have the responsibility for the delivery of programs that may include community corrections programs, crime prevention programs and court work services within their communities.


Aboriginal Custody Programs

Aboriginal Elders visit young offender correctional facilities to provide spiritual guidance, counselling, and instruction in sweet grass ceremonies and sweat lodges. Young offender centres also have Native program coordinators that provide personal counselling and cultural awareness.


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  YOUNG OFFENDER PROGRAMS | |
|--|--|
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • School programs are offered through a three-way contract between Alberta Learning, Alberta Solicitor General and a local school board or educational institution. • The Alberta Alcohol and Drug Abuse Commission, the Alberta Provincial Forensic Psychiatry Program and other agencies provide programs within centres, some of which are continued in the community upon release. • Alberta Forest Service work with young offenders at the Shunda Creek work camp on maintenance projects. • Many recreational activities are coordinated through the use of volunteers and community agencies. • Services including community corrections programs, crime prevention programs and court work services are provided through contracts with six Aboriginal organizations located throughout Alberta. Programs offered by these organizations represent the First Nations, Métis, and individual bands within the province. • Aboriginal Elders visit young offender correctional facilities to provide spiritual guidance, counselling, and instruction in sweet grass ceremonies and sweat lodges. • Young offender centres have Native program coordinators that provide personal counselling and cultural awareness. |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Correctional Services Bruce Anderson, Assistant Deputy Minister Main Phone: 780-427-3440 Main Fax: 780- 427-5905 email: Bruce.v.Anderson@gov.ab.ca |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  YOUTH HIGH RISK TREATMENT PROGRAM | |
|--|---|
| Source | http://www.hss.gov.yk.ca/programs/youth_justice/yukon_youth_justice/ email from Irene Lubbers, August 22, 08 and phone conversation |
| Overview | <p>The Youth High Risk Treatment Program (YHRTP) offers outpatient counseling for high-risk youth to reduce the risk of violent offending. High risk youth are young persons who demonstrate a history of engaging in serious or repetitive, aggressive, violent, sexually abusive or other behaviors that could present harm to others. Sexually abusive and violent offenders are generally referred by Youth Probation Officers, but YHRTP will consider referrals from a variety of other sources, for example, RCMP and Social Workers. Due to the intrusive nature of counseling and the commitment required of the young person and their family program staff are very careful about who they accept into the program. Priority is given to youth who have committed a sexual or violent offence and who have been ordered by the Court under the Youth Criminal Justice Act to be assessed and/or treated for their behavior. Upon receipt of a referral YHRTP will evaluate level of risk and treatment needs, and assign the youth to a treatment program if deemed appropriate. Treatment of high risk youth is individually tailored to address treatment needs and identified risks with the goal of reducing the likelihood of continuing high risk behaviors.</p> <p>Like all youth justice programs, the YHRTP is based on a wealth of experience, knowledge and research about best practices. This knowledge is incorporated in the Standards and Guidelines for the Assessment, Treatment and Management of Sex Offenders in the Yukon Territory, which was prepared by the Youth Sex Offender Treatment Program Steering Committee in December 1997. These Standards and Guidelines require an update. New research findings and knowledge about best practices are also continuously being absorbed by the program and affect the way it provides services.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | Programs are delivered via trained therapists with available psychological consultation as needed. Components of YHRTP include: individual therapies, group modalities, family therapy, psycho-educational, risk appraisal, and community, psychological and medical consultations. |
| Number of Participants | <ul style="list-style-type: none"> • Approximately 12 in program at any given time. |
| Age of Participants | <ul style="list-style-type: none"> • 12-17 years |
| Gender of Participants | <input type="checkbox"/> Male |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  YOUTH HIGH RISK TREATMENT PROGRAM | |
|--|--|
| | <input type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> In the Yukon there are less than 3000 youth between ages 12-17, a small percentage of these are high risk. |
| Program Contact | Cathy Deacon Yukon Youth Justice cathy.deacon@gov.yk.ca Phone: 867-667-3616 |
| Additional Source Documents | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  YOUTH TREATMENT PROGRAM: NEW BRUNSWICK | |
|---|--|
| Source | http://www.gnb.ca/0055/youth-e.asp |
| Overview | <p>The Youth Treatment Program (YTP) seeks to respond effectively to young people with severe behavioural problems throughout New Brunswick. The program is delivered by multidisciplinary regional teams that support the primary workers. If need be, those teams can make use of the provincial consultation and assessment service at the Pierre Caissie Centre in Moncton.</p> <p>The program aims for close collaboration and ongoing co-operation among the various agencies and organizations involved. In New Brunswick, the departments of Family and Community Services, Education, Health (including Mental Health and Addiction Services), and Public Safety believe that a group of multidisciplinary, regionally based clinical teams has the best chance of creating the kind of care plans that would be the most successful for young people, their families, the community, and the school. The YTP provides services for severely conduct-disordered youth 18 years of age and under who have experienced a significant loss in their family life and have faced difficulties in both the school and community settings.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>The involvement of families, caregivers, and the community, particularly schools, is essential to the young person's recovery. The main objective of the program is to promote consistency, coherence, and collaboration.</p> <p>If a young person is referred to a regional team, parents and caseworkers will be asked to attend meetings to share relevant information and discuss possible solutions with the team.</p> <p>If a comprehensive assessment by the provincial team at the Pierre Caissie Centre is requested, the parents and caseworkers are asked to meet with the provincial team. Meetings can be held face to face, by teleconference or audiovisual conferencing. It is important to note that these activities focus on the strengths and needs of the young person, his or her family, and the community.</p> <p>There is no cost to parents or guardians for clinical services provided by the regional teams or by the staff at the Pierre Caissie Centre. If a young person is admitted to the Centre for an assessment, the parents or guardians cover only incidental expenses, i.e., allowance and pharmacy fee (\$32.50 for 5</p> |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES



YOUTH TREATMENT PROGRAM: NEW BRUNSWICK

weeks), and the cost of any prescription medications that may be required.

REGIONAL TEAMS

New Brunswick has 14 regional teams. Each team is made up of five professionals representing one of the five provincial agencies involved in the treatment of conduct-disordered youth.

The YTP's regional teams advise primary workers who deal with young people. They can propose new avenues and strategies to be explored with the youth as well as provide support and education regarding conduct disorders. To benefit from the services of a regional team, the young person must have been referred by a primary worker representing one of the agencies identified above. The team considers the recommendations and the resources available and ensures that all of the parties concerned are involved. Once the initial recommendations have been made, the team provides follow-up and, if necessary, revises the case plan. This service is available to youth 18 years and under, until parental consent is withdrawn, or until the young person decides to withdraw from the program once he or she turns 16.

THE PROVINCIAL TEAM

The provincial team consists of a program director, a psychologist, a social worker, an education supervisor, a child psychiatrist, a nurse, and an administrative assistant. The team offers consultation, education, training, and coordination services to the 14 regional teams and the various provincial agencies. In addition, these professionals carry out comprehensive assessments of the young person referred to the Pierre Caissie Centre. Lastly, the provincial team assists communities in creating and maintaining high levels of competence in working with severe behaviour problems and guides government agencies during the planning of services for this clientele.


THE PIERRE CAISSIE CENTRE

When all community resources have been exhausted in the attempt to assist a child or adolescent and his or her family, the regional team may request admission to the Pierre Caissie Centre for an assessment by the provincial team and follow-up recommendations. Although parental consent is required, only the regional team can request an admission. If the young person is 16 years of age or older, his or her consent is necessary.


When the young person returns home, the local regional team follows his or her progress in collaboration with the family, caregivers, and the primary worker assigned to the case. The plan is revised if necessary, and the goals and strategies are adapted and modified periodically to further the client's progress.

The Pierre Caissie Centre is a six-bed provincial facility located in Moncton. Its services are organized so as to allow for the assessment of young people through a residential program. The assessment makes it possible to analyze various aspects of the client's functioning and to suggest strategies, based on


TERTIARY PREVENTION PROGRAMS AND STRATEGIES

|  YOUTH TREATMENT PROGRAM: NEW BRUNSWICK | |
|---|--|
| | identified strengths and needs, that could be used when the young person returns to the community. |
| Number of Participants | |
| Age of Participants | <ul style="list-style-type: none"> • 18 years and under |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Involvement of schools, community and family are critical |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| | |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> • A service of the New Brunswick Dept of Health |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Provincial Youth Treatment Program 115 Connaught Avenue Moncton, New Brunswick, Canada E1C 3P4 Tel: (506) 856-3262 |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  ADOLESCENT CENTRE FOR TREATMENT (ACT) | |
|--|--|
| Source | http://www.iwk.nshealth.ca/index.cfm?objectid=3258D0A0-ABFE-0D08-2ECDD4CA89EB897C |
| Overview | The Adolescent Centre for Treatment (ACT) (Halifax – VIA Rail Building) program provides rehabilitative mental health treatment in a 24-hour residential setting for teens aged 13-19 years. The facility consists of four apartment-style living areas with 4 bedrooms each. There are two respite beds available for youth who have completed the program and need some extra support – up to two-weeks in duration. The length of stay is four-months. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Residential treatment facility |
| Program Components & Activities | Treatment is provided based on a holistic approach to mental health care for clients and their families. All programming is based on client’s needs and may include individual therapy, skill training, medication management, parent education and support, family therapy, behavior management, educational programming and liaison with community schools and organizations. An integral part of any successful treatment intervention involves the transfer and practice of new skills learned to the family/community setting. Upon admission, the ACT Team, clients and parents/guardians will begin planning for discharge and aftercare. The ACT Transition team will follow the youth and his/her family into their home communities after being discharged from the 24/7 program. The Transition Team will support the youth and family for 4 months post-discharge from the 24/7 program by translating and applying their developing skills to their home and community and by strengthening community supports. |
| Number of Participants | 16 beds x 4 months = approximately 48 youth served in 1 year. |
| Age of Participants | 13-19 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> ACT works with community resources across the province and networks in individual sites as appropriate to meet the needs of individual clients. Many ACT clients volunteer while in 24/7 care and continue these commitments on return home. |
| Staffing | <i>Skills and Background</i> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  ADOLESCENT CENTRE FOR TREATMENT (ACT) | |
|--|--|
| | Psychologist, Social Worker, Occupational Therapist, Teacher, Nurses, Youth Care Workers and Psychiatrist |
| | <i>Specific training needed for program delivery</i> |
| | All staff have NVCI. |
| Relevance to Programs for Incarcerated Youth | <ul style="list-style-type: none"> Youth who have been incarcerated – and their families – may require the treatment offered by ACT. |
| Program Accredited | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> The increase in beds, addition of respite beds, and support of the Transition Team are scheduled to commence March 2009. |
| Program Contact | All referrals are received through Central Referral (902)-464-4110 |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  CENTRE 24-7 | |
|--|--|
| Source | http://www.gov.ns.ca/just/Corrections/Centre24-7.asp |
| Overview | Centre 24 -7, is an alternative school program operated by the Nova Scotia Youth Facility (NSYF) in partnership with the Annapolis Valley Regional School Board (AVRSB) and Human Resources Canada. It is located in Coldbrook, NS. The make-up of the student population is very unique with a blend of selected sentenced youth from NSYF and “at risk” youth who have been unable to function in the AVRSB system. It is designed to address educational needs, interpersonal development, and provide unique programming options through a well-defined case management process. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Pre-Program Phase</p> <p>The candidates for the program go through the process after being recommended by probation officers, youth workers, program managers, teachers, AVRSB student services and principals. Potential students are rated on their abilities and cognitive skills to be able to function in a group setting. One of the primary requirements is that a support person must be available for students in the program. This may be a parent, a relative or a community person who would make himself available for support.</p> <p>Education Program</p> <p>The Educational Program follows the Nova Scotia Department of Education curriculum guidelines to ensure that the courses are fully accredited. The school is on a semester system. The program offers small class sizes, individualized attention and preparation for reintegration into a community school.</p> <p>Experiential Education</p> <p>Trained staff facilitate opportunities for improving communication skills, problem solving and goal setting by enabling students to learn by doing and then discussing the activity.</p> <p>Adventure-Based Program</p> <p>The Centre provides challenging adventure-based activities to enhance self-esteem and self-confidence and may include indoor rock climbing, over-</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  CENTRE 24-7 | |
|--|---|
| | <p>night back country canoe trips, camping, hiking and a high ropes course.</p> <p>Life-Skills</p> <p>The life-skills program focuses on personal growth and offers various courses to meet individual needs. Courses include, anger management and substance abuse education.</p> <p>Career Development</p> <p>The purpose is to prepare and enhance employability. The program focuses on letter writing, resume preparation, job interview skills and community work placements.</p> |
| Number of Participants | |
| Age of Participants | 14-20 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Annapolis Valley Regional School Board • Community-based employers |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Relevance to Programs for Incarcerated Youth | <ul style="list-style-type: none"> • This program provides support for transition from a correctional facility to the community, and assists youth who are incarcerated in gaining work experience and building their skills and confidence to return to community schools. |
| Program Accredited | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • Staff in this program work very closely with the staff in the NSYF. • 24-7 staff work with youth in the NSYF if they are not eligible for reintegration leave from the facility (so cannot physically come to the program). |
| Program Contact | 7130 Highway 1 Suite 300 Coldbrook, NS B45 1C1 Tel: 902-690-3890 |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  HALIFAX YOUTH ATTENDANCE CENTRE (HYAC) | |
|---|---|
| Source | http://www.gov.ns.ca/just/Corrections/HYAC.asp |
| Overview | <p>HYAC is run by the Department of Justice, Correctional Services Division, in cooperation with key partners from Health, Education, Community Services and other community agencies/organizations. It addresses the needs of medium to high risk youth, under court order, living in the Halifax Regional Municipality, by providing a variety of structured group and individual programs and services.</p> <p>Youth receive educational and/or employment preparation at HYAC. In addition to the day program, other youth under supervision participate in programs related to cognitive skills, anger management, substance abuse and recreation. These programs are delivered by HYAC staff on site during daytime hours and to additional youth at off site locations outside of daytime hours whenever possible.</p> <p>This program provides transition support for youth on court order to reintegrate into the community, and assists youth who may have previously been in custody to gain work experience and develop skills and confidence to return to community schools.</p> |
| Focus of Program | <input checked="" type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Academic Education</p> <p>Using the Department of Education accredited curriculum, there is an emphasis on social and personal growth. The program aims to address education deficits and strengths while providing growth opportunities with respect to civic, social and moral responsibility.</p> <p>Experiential Education: This program helps youth develop personal goals through activities that promote problem solving, self-awareness, perseverance, goal setting, trust, leadership skills, getting along with others and to transfer the skills learned to their daily lives.</p> <p>Experiential Education</p> <p>The program assists youth in developing personal goals through activities which promote problem solving, self awareness, perseverance, goal setting, trust, leadership skills, getting along with others, and transference of skills learned to everyday life .</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  HALIFAX YOUTH ATTENDANCE CENTRE (HYAC) | |
|---|---|
| | <p>Recreation</p> <p>This program identifies year round physical activities that promote healthier lifestyles, develops skills that improve attitude and encourages participation in scheduled group activities.</p> <p>Career Development</p> <p>The program helps youth to discover, explore, develop and acquire knowledge and competencies that enable them to participate in the labour market in their communities.</p> <p>Cognitive-Based Life and Social Skills Programs</p> <p>These programs provide an opportunity for the youth to learn techniques and skills that allow them to address issues relating to school, family or social settings. They can practice these skills in a controlled and safe setting while developing the confidence to use them in their daily lives. Group programs enable youth to develop the skills and confidence to independently make positive, appropriate decisions. Gender specific and cultural programming are also available.</p> <p>Mental Health Services</p> <p>Mental health assessments and interventions are provided for referred youth. Families may be involved in the process.</p> |
| Number of Participants | <ul style="list-style-type: none"> • Maximum of 20 in the day program • Additional youth are accepted for evening and weekend programming |
| Age of Participants | 14-18 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Departments of Education, Halifax Regional School Board • Department of Community Services • IWK Health – mental health, addictions and youth forensic services; • Nova Scotia Restorative Justice Program • Capital Health • Other community agencies. |
| Staffing | <i>Skills and Background</i> |
| | <ul style="list-style-type: none"> • There are teachers on site to provide an education program. • Youth Workers assist the teachers and provide onsite supervision to the youth each day. • The Provincial Principal for Education Programs in correctional facilities is based at HYAC. • Professionals from partner departments and organizations provide support services as required, both on and off site. This includes, but is not limited to: Employment Counsellor, Probation Officers, Social Worker, Mental Health Outreach Worker, and Psychologist. • There is a full time administrator for HYAC. |
| | <i>Specific training needed for program delivery</i> |
| | Staff training includes, but is not limited to, the following: |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  HALIFAX YOUTH ATTENDANCE CENTRE (HYAC) | |
|---|--|
| | <ul style="list-style-type: none"> • Department of Justice Orientation • YCJA Overview • JEIN • Documentation • Experiential Education • Program Facilitation • Aboriginal Perceptions • Literacy Training • Tudor & Instructor Training Certification Program • Conflict Crisis Intervention • TMR Radio Training • YLS/CMI • Suicide Intervention • First Aid / CPR / WHIMIS |
| Program Accredited | <input type="checkbox"/> Yes - Educational Component <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Funding | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Gary Farmer Deputy Superintendent, Halifax Youth Attendance Centre Telephone: (902) 424-0233 direct 424-0292 cell 229-4943 E-mail: farmergp@gov.ns.ca |
| Additional Source Documents | http://www.gov.ns.ca/just/Corrections/docs/HYAC.pdf |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  HOMEBRIDGE YOUTH SOCIETY (HBYS) | |
|--|--|
| Source | http://www.homebridgeyouth.ca |
| Overview | <p>HBYS was incorporated in 1977, as the Association for the Development of Children's Residential Facilities (ADCRF). This charitable, non-profit organization was established by front line social workers who identified a need for residential care in the child welfare system. The organization grew to six residential, youth caring facilities throughout the Halifax Regional Municipality and a school program. All the young people are in the temporary or permanent care of the Minister of Community Services.</p> <p>In June 2005, the name changed to HomeBridge Youth Society (HBYS). The HBYS continues the work of the ADCRF. HBYS's priority is to service the Halifax Regional Municipality, however, youth from across Nova Scotia utilize the service when it is available.</p> <p>HBYS is comprised of six facilities:</p> <ul style="list-style-type: none"> • Hawthorne House: Serves males, 14-16 years of age, in Dartmouth. • Johnson House: Serves females, 12-16 years of age, in Dartmouth. • Sullivan House: Serves females, 12-18 years of age, in Halifax. • Jubien House: Serves males and females, 12-14 years of age, in Halifax. • Reigh Allen Centre: Serves males and females, 12-18 years of age, in Dartmouth. Reigh Allen Centre is a short-term stabilization and treatment centre. • Cogswell House: Serves males, 12-14 years of age, in Sackville. <p>All HBYS facilities have common program characteristics, which ensure compliance with the Provincial Standards for Residential Child-Caring Facilities, however, each facility is also unique in its mandate, and the life skills programming available to the clients in care there. In general:</p> <ul style="list-style-type: none"> • Facilities are community based and located in residential neighbourhoods. • Youth must be in the care of a Child Welfare Agency to be admitted to any HBYS facility. • Each facility follows and enforces a "No Smoking" policy. • Each facility offers structured and unstructured life skills programming. • All youth are expected to attend a school program whenever possible. • Facility mandates are followed closely, while striving to serve the needs of the youth presented to the Central Region as needing residential care. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program | <input type="checkbox"/> Correctional Institute |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  HOMEBRIDGE YOUTH SOCIETY (HBYS) | |
|--|--|
| Delivery | <input checked="" type="checkbox"/> Community – group homes <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>Residential Programming</p> <p>There are specific characteristics that shape the youth care approach used by HBYS. A youth care worker begins by becoming involved in the daily life events of the young person and family. By understanding and attending to the internal and external factors the youth care worker can be proactive and intentional in helping to facilitate change. Through engaging with people where they live their lives, and with involvement in naturally occurring events, issues become understood. Together, then, the family and the youth care worker can develop plans to create opportunities for change. These changes will result in healthier connections for the youth, family and the systems in which they live. Youth care workers are directly involved with the youth and family as they try these new ways of being, offering immediate support and assistance when needed. Youth care workers are engaged with youth and families to help them live their lives differently in the environments in which their lives are lived. It is this direct involvement in the daily events of living, and using these as the focus for change, that makes the youth care approach unique.</p> <p>Bridges for Learning (BFL)</p> <p>The main goal of the BFL program is to successfully assist in transitioning youth in care back into the mainstream school system, or if appropriate, a recognized alternative school setting that identifies and addresses their unique learning needs.</p> <p>BFL offers placements to a maximum of 12 students at a time. Students focus on work packages or correspondence materials, as well as life and employability curriculum including:</p> <ul style="list-style-type: none"> ➤ Personal Development and Relationships; ➤ Communication Technology; ➤ Visual Arts (partnership with the art gallery); and ➤ Career and Life Management (Partners include Junior Achievement, Youth Employability Project and Open for Business). <p>Clinical Services</p> <ul style="list-style-type: none"> • Case management; • Liaison with child protection agencies; • Life skills program development and facilitation; • Training in areas that include: Options to Anger, Conflict Resolution, and Reporting Allegations of Abuse in Residential Child-Caring Facilities; • An alternative educational program for, youth in care ages 15 to 18 years, that includes an employability skills component (see below); • Consult to youth care teams; |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  HOMEBRIDGE YOUTH SOCIETY (HBYS) | |
|--|--|
| | <ul style="list-style-type: none"> • Transition planning; • Psycho-educational testing; • Grade placement screening; • Debriefing for youth and Youth Care Workers; and • An internal forum for employees to facilitate and access knowledge and skill development in a variety of areas. <p>There are five core areas of focus within the Case Management System. Information gathered in each area, promotes a holistic understanding of the youth's life situation and needs. The five areas of focus, and potential subcategories within each, include:</p> <p>1) Family Dynamics</p> <ul style="list-style-type: none"> • family history • family culture and values • family members' views of the current situation • family members' proposed solutions and possible barriers to success • observations of family dynamics made by the facility Youth Care Team <p>2) Behavioral and Emotional Concerns</p> <ul style="list-style-type: none"> • behaviours in contexts that include home, school, and the community • the youth's view of his/her behaviour and current life situation • the youth's perspective of family, the agency, and other supports • observations and assessed needs that drive problematic behaviour made by the facility Youth Care Team • interventions utilized by the facility Youth Care Team • mental health issues <p>3) Education</p> <ul style="list-style-type: none"> • the youth's current and past academic performance • behaviour and social issues in the education environment • strengths and challenges related to learning <p>4) Leisure, Recreation, Life Skills and Health</p> <ul style="list-style-type: none"> • past and present involvement and interests • physical health issues • life and social skills abilities <p>5) Placement</p> <ul style="list-style-type: none"> • safety of the youth • youth's assessed needs • family wishes • available resources • recommendations of the placement committee. |
| Number of Participants | Up to 40 high risk youth can be served in the community settings at one time. Approximately 180 young people reside in HBYS facilities annually. |
| Age of Participants | 12-18 |
| Gender of Participants | <input checked="" type="checkbox"/> Male |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  HOMEBRIDGE YOUTH SOCIETY (HBYS) | |
|--|---|
| | <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • Nova Scotia Department of Community Services; • Nova Scotia Department of Education; • Nova Scotia Department of Transportation and Public Works; and • St. Paul's Home Board. |
| Staffing | <i>Skills and Background</i> |
| | <ul style="list-style-type: none"> • As per the Provincial Standards for Residential Child-Caring Facilities |
| | <i>Specific training needed for program delivery</i> |
| | |
| Relevance to Programs for Incarcerated Youth | <ul style="list-style-type: none"> • Some youth who commit violent crimes have been/will be in the temporary or permanent care of the Minister of Community Services, and may require the residential services provided by the HBYS. • The life skills addressed at HBYS could be very helpful for building the capacity of youth and their families to deal with daily living in a positive, healthy manner. |
| Program Accredited | <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public – HBYS funding comes from a variety of sources, both public and private. <input checked="" type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Linda Wilson, Executive Director HomeBridge Youth Society 270 Pleasant Street, Dartmouth, NS, B2Y 3S3 Phone: (902) 466-1439 ext:222 lwilson@homebridgeyouth.ca |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  INTENSIVE COMMUNITY BASED TREATMENT TEAM (ICBTT) | |
|---|--|
| Source | http://www.iwk.nshealth.ca/index.cfm?objectID=32FCB3D4-A051-F48C-AD52666428A9D52A |
| Overview | <p>The ICBTT is part of the IWK Health Centre. It serves children and youth:</p> <ul style="list-style-type: none"> • Who present with severe, persistent mental health issues and/or severe disruptive behaviour with impairment in activities of daily living. • If effective supports cannot be provided with less intensive services. • If the individual is likely to benefit from more intensive community based services. • Who have placement stability, or a concrete plan for placement stability. • Whose family is motivated and has a desire to participate in treatment. • Who themselves have a desire to participate. • Who reside in the Capital District (DHA #9). <p>The goals of the ICBTT are to:</p> <ul style="list-style-type: none"> • provide parents with the skills and resources needed to manage children’s and adolescents’ difficult behaviour. • provide children and adolescents skills and resources to deal with problems with their family, friends, school, and neighborhood. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Other (Specify): Residential treatment facility |
| Program Components & Activities | <p>The ICBTT teaches skills through parent training/education, family and individual therapy, and by providing resources to help parents learn to address their children’s behaviour. Also, the team helps the youth cope with family, peer, school and community problems.</p> <p>ICBTT services:</p> <ul style="list-style-type: none"> • help understand what problems need to be worked on in the family, with friends, at school and in the community; • help youth and families feel safe; • teach parenting skills; • provide family therapy; • provide individual therapy; • work together with schools, health centers, community agencies, justice, etc., to solve problems that are creating difficulties in adolescents’ and youths’ lives. |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  INTENSIVE COMMUNITY BASED TREATMENT TEAM (ICBTT) | |
|---|---|
| Number of Participants | 25-30 per year |
| Age of Participants | Children and youth up to age 19. |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> ICBTT members work closely with families, schools, organizations, and agencies whose role is to address the needs of youth. The partnerships vary according to the individual youth's circumstances, and the supports available in her/his community. |
| Staffing | <i>Skills and Background</i> |
| | <ul style="list-style-type: none"> Psychologist Social worker Youth care workers |
| | <i>Specific training needed for program delivery</i> |
| Relevance to Programs for Incarcerated Youth | <ul style="list-style-type: none"> ICBTT services would be/are beneficial for many families of youth who commit serious violent offenses. |
| Program Accredited | <input checked="" type="checkbox"/> s <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> ? <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> ICBTT members visit youth and families in their homes and their schools, during flexible hours that work for the families. |
| Program Contact | All referrals are received through Central Referral (902)-464-4110 |
| Additional Source Documents | http://www.iwk.nshealth.ca/index.cfm?objectid=A0A2347E-E126-A733-EEA504DF54B72049&PID=59 |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION (IRCS) ORDERS | |
|---|---|
| Source | http://www.gov.ns.ca/just/corrections/Policy_Procedures/_docs/20.03.00IRCSOrders20080301PubDoc.pdf |
| Overview | <p>Correctional Services will provide, in collaboration with the IWK Health Centre (IWK), assessment, treatment and supervision services necessary to assist the youth justice court in the administration and enforcement of an Intensive Rehabilitative Custody and Supervision Order (IRCS) as an alternative to an adult sentence.</p> <ul style="list-style-type: none"> • A young person may only receive an IRCS sentence after a finding of guilt for the following offences: <ul style="list-style-type: none"> ➤ 1st degree murder; maximum ten years - maximum six years custody and the remainder conditional supervision ➤ 2nd degree murder; maximum seven years - maximum four years custody and the remainder conditional supervision ➤ the presumptive offences of manslaughter, attempted murder or aggravated sexual assault; maximum three years, court determines custody and community portions ➤ a third, or more, serious violent offence for which an adult is liable to imprisonment for a term of more than two years; two or three years maximum depending on the offence, court determines custody and community portions • If the offence is a third serious violent offence, the two previous serious violent offences do not have to be previously judicially-determined as serious violent offences under section 42(9) of the YCJA; the court may retroactively determine that prior offences were serious violent offences. |
| Focus of Program | <input type="checkbox"/> Primary prevention <input type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input checked="" type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>IRCS Referral and Assessment Process</p> <p>The youth justice court initiates the IRCS assessment process by requesting:</p> <ul style="list-style-type: none"> ➤ a psychological report pursuant to section 34 of the YCJA for the purpose of determining the young person's suitability for an IRCS sentence under section 42(2)(r) of the YCJA ➤ a presentence report ➤ a determination by the Provincial Director that an IRCS program is available to meet the needs of the young person |



INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION (IRCS) ORDERS

In response to the request from the youth justice court:

- the IWK Provincial Child and Youth Forensic Services must advise the IRCS Coordinator of the request from the youth justice court
- the Director must confirm that funding for an IRCS sentence is available and the ceiling on the federal national allocation has not been reached
- the IWK Provincial Child and Youth Forensic Services must prepare a section 34 YCJA assessment including a clinical treatment plan
- the assigned probation officer prepares a presentence report

To ensure all parties are clear on the IRCS process, the nature of the IRCS sentence, roles and expectations, the IRCS coordinator will schedule a case conference with the young person, parents/guardians, crown prosecutor, defence counsel, IWK and Correctional Services representatives.

IRCS Plan

Once the IWK's treatment plan is available and the young person has consented to its release to Correctional Services, the IRCS Coordinator must arrange a case conference for the purpose of developing an IRCS plan for subsequent review by the Executive Director. The case conference is to include:

- the Superintendent, NSYF and other NSYF staff as required
- designated Community Corrections staff
- appropriate IWK Provincial Child and Youth Forensic Services staff.

The IRCS plan must include detailed clinical and correctional program interventions that:

- *might* reduce the risk of the young person repeating the offence or committing another serious violent offence
- would be administered during both the custody and community portion of any resulting IRCS sentence

The IRCS plan will also include:

- a reintegration plan, including reintegration leaves
- intensive community supervision

Where appropriate, the IRCS plan may recommend a sentence length that is appropriate to meet the clinical and correctional program, and the reintegration and community supervision elements of the IRCS plan.

The IRCS plan must indicate whether the young person is consenting to the proposed treatment.

The IRCS plan must be:

- based on an agreement among Correctional Services and IWK staff on the recommended clinical and correctional programs, and reintegration plans
- prepared in the approved format



INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION (IRCS) ORDERS

Consent To Treatment

One of the factors that will require consideration when determining the appropriateness of an IRCS sentence is whether the young person consents to the proposed clinical treatment elements of the IRCS plan. Section 42(8) YCJA reiterates the young person’s right to consent to treatment.

If the youth does not consent, then the Executive Director is not able, in accordance with section 42(7)(d) YCJA, to conclude that the young person’s participation in the program is appropriate and must advise the youth justice court accordingly.

The youth may withdraw consent at any point after an IRCS sentence is imposed. In such cases, the matter may warrant an application to the youth justice court to convert the IRCS sentence to a non-IRCS sentence.

Consent By Executive Director

Once Correctional Services and IWK Provincial Child and Youth Forensic Services staff have prepared the IRCS plan (including detailed cost estimates and eligibility for federal funding), the IRCS Coordinator must, submit the plan to the Executive Director, Correctional Services (who may ask for additional information).

Pursuant to section 42(7) of the YCJA, the Executive Director must then determine if an intensive rehabilitative custody and supervision program is available and the young person’s participation in the program is appropriate.

The Executive Director’s decision is communicated, in a written statement, to the youth justice court and copied to the crown attorney, defence counsel, Nova Scotia Youth Facility and I.W.K. Youth Justice Services.

Assessment – Presentence


A comprehensive multi-disciplinary assessment forms the basis from which the IRCS plan is developed. The Co-Case Coordinators will hold a planning meeting with all stakeholders to develop this plan.

Post Sentence:


Phase 1 – Stabilization: Phase 1 treatment will occur at the designated Young Offender Centre or designated facility, usually based on proximity to family and supports. The duration of Phase 1 will be determined on a case-by-case basis. The goal is for the individual to progress through the pre-contemplation and contemplation stages of change.

Phase 2- Intensive Treatment: The young person will be transferred to a designated facility for Phase 2. Consistent with best practices literature, the designated facility would typically follow a multi-modal approach to address the various deficits that place these young people at risk for re-offence and psychiatric problems in adulthood


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION (IRCS) ORDERS | |
|---|---|
| | <p><i>Phase 3 – Reintegration:</i> This phase will generally occur when the young person has achieved open custody status, either by virtue of a supported review of custodial status, or as a natural progression of his/her sentence. Most youth will return to the region of their origin for this phase of treatment.</p> <p><i>Phase 4 – Community Treatment:</i> The focus of this stage is to support the young person with his/her reintegration and stabilization in the community. This phase will occur when the young person has reached the conditional supervision component of the sentence. Placement for Phase 4 should have been explored in the original IRCS Plan. However, changes in circumstances in the interim may require a review of the appropriateness of the previously planned placement. In some cases, the young person may return to reside with immediate or extended family members. In other cases, the young person may choose to reside with an approved roommate or live independently. Some young people may require additional support for a period of time to safely transition to full independence. Services and resources should be explored to provide the level of support required</p> |
| Number of Participants | <ul style="list-style-type: none"> • Any youth in NS sentenced to IRCS orders. |
| Age of Participants | 12-17 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • There is a close partnership between the Department of Justice and the IWK, Mental Health Services. • Extensive collaboration is required with service providers and community agencies in the youth’s home community. |
| Staffing | <i>Skills and Background</i> |
| | • |
| | <i>Specific training needed for program delivery</i> |
| Program Accredited | • |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Public: Federal/Provincial cost share agreement <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Program Funding | <ul style="list-style-type: none"> • A key distinguishing feature in IRCS treatment plans is the establishment of a specialized funding agreement with the federal government to support these plans. This special funding agreement, which is separate from the main youth justice cost sharing agreement between Department of Justice Canada and the Department of Justice will provide case-specific funding for rehabilitative/treatment services when an IRCS order is imposed. This funding agreement will enable the Department of Justice to recover a maximum of \$100,000 per year per case for the establishment/purchase of enhanced treatment and |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  INTENSIVE REHABILITATIVE CUSTODY AND SUPERVISION (IRCS) ORDERS | |
|---|---|
| | <p>rehabilitative services to be applied to the individual. This funding is available during both custody and community stages of the sentence. The \$100,000 may be used only to ensure the provision of defined treatment, rehabilitative or reintegrative services and not for basic custodial/security costs.</p> |
| Comments | <p>The following elements are key components of the IRCS plan:</p> <ul style="list-style-type: none"> • Continuity in service provision and service coordination increases the consistency of service and ensures greater adherence to the general principles and essential elements of the program. • Collaboration involving stakeholders, community and family/guardian members is an integral part of effective service delivery and assists with reintegrating the youth into the community. • Adherence to a theoretical model increases therapeutic integrity and treatment effectiveness. • Accountability and responsibility need to be clearly defined in order to ensure program continuity and integrity. • Gradual transitioning between phases increases probability of a successful transition, and reduces risk of relapse. |
| Program Contact | |
| Additional Source Documents | |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  INTENSIVE SUPPORT AND SUPERVISION (ISS) | |
|--|---|
| Source | http://www.gov.ns.ca/just/corrections/Policy_Procedures/docs/20.07.00%20Intensive%20Support%20and%20Supervision%202008%2010%2001%20Public%20Doc.pdf |
| Overview | <p>Correctional Services in Nova Scotia contributes to the maintenance of a just, peaceful and safe society by administering Court dispositions that encourage offenders to participate in programs that aid in their successful integration into the community. ISS is a community-based supervision alternative for young persons in custody or at high risk of receiving a custodial sentence.</p> <p>One of the Key Principles of Correctional Services, as stated in the Policy and Procedures Manual, is: “use of the least restrictive actions needed to meet the legal requirements of the Court disposition.” Consistent with this goal, the federal government has introduced within the YCJA the concept of “Intensive Support and Supervision” as a sentencing alternative. This effort seeks to provide for the needs of high risk youth in the community rather than the more restrictive custodial sentence. Using this approach, provincial governments may develop and implement a process by which certain youth who are at high risk to re-offend are supported and supervised intensively in ways that represent a significant departure from the traditional approaches used by probation in Nova Scotia. This level of support and supervision is provided by a designated group of Probation Officers.</p> <p>The ISS provides direct support and supervision to high risk youth who would otherwise be placed in custody. It also provides indirect support and supervision through family and other community agencies. ISS intervenes and influences the young person’s behaviour both directly and indirectly, and reduces the young person’s level of risk, thereby creating a safer community.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>An individual case plan is developed based on the results of a Youth Level of Service/Case Management Inventory (YLS/CMI) assessment, any court order conditions and other factors (including consultation with the family).</p> <p>Participants are assessed and interventions are planned in four core program areas:</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  INTENSIVE SUPPORT AND SUPERVISION (ISS) | |
|--|---|
| | <ul style="list-style-type: none">• Family intervention and support;• Education;• Community awareness/leisure; and• Behaviour issues. <p>Specific goals are identified and addressed in each of these four areas.</p> <p>In the initial stage of the young person's individual program, the ISS workers have a significant presence in community settings where the young person lives, attends school, works, plays, and is involved in other activities. ISS applies a graduated system of phases of support and supervision in an effort to reduce the young person's risk to reoffend. It also increases support for the family and others concerned by providing a stronger and more positive influence on ISS participants.</p> <p>There is an initial high degree of support and supervision of the high risk youth together with the family. The program necessitates effective referrals, small caseloads, and a dynamic, graduated degree of support and supervision.</p> <p>Contact Standards</p> <p>Subject to geographic and human resource limitations, staff responsible for supervising young persons at the ISS level must adhere to minimum contact standards of:</p> <ul style="list-style-type: none">• at least two (2) personal (face to face) contacts with the young person per week;• at least four (4) voice verification checks with the young person per week;• at least one (1) parental contact(s) per week;• at least two (2) collateral contacts, e.g., school, per month; and• at least two (2) home visits per month. <p>ISS Intervention and Support Services</p> <ul style="list-style-type: none">• An offender management plan must be developed jointly with the young person, parents and other service providers before or immediately after the young person's release from custody, or, after sentence to a deferred custody and supervision order.• The probation officer shall work proactively and supportively with and on behalf of the young person to affect <u>school reintegration</u> by:<ul style="list-style-type: none">➢ attending initial meeting at school with the youth, principal, guidance counsellor and teachers, as appropriate to review rules governing school attendance and behaviour➢ developing strategies for exchanging information and defining roles and responsibilities of probation officer and school staff➢ attending regular meetings with school officials in order to review the young person's progress➢ providing support and assistance to school officials as required |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  INTENSIVE SUPPORT AND SUPERVISION (ISS) | |
|--|---|
| | <ul style="list-style-type: none"> ➤ assist with access to other educational opportunities as required • The probation officer shall work proactively and supportively with and on behalf of the young person to affect <u>family reintegration</u> by: <ul style="list-style-type: none"> ➤ meeting with family members or other responsible adult at least once per month during first three months after release from the youth correctional facility ➤ assisting the youth in securing alternative housing arrangements if warranted ➤ assisting parents in responding to inappropriate behaviour by offering incentives and rewards in support of prosocial behaviour • The probation officer shall work proactively and supportively with and on behalf of the young person to affect <u>employment opportunities</u> by: <ul style="list-style-type: none"> ➤ accompanying the young person, as appropriate, to initial meeting with employer to establish job related expectations ➤ monitoring young person's attendance and work performance through regular contact with the employer ➤ assisting with job search and or access to employment training opportunities • The probation officer shall work proactively and supportively with and on behalf of the young person to affect <u>therapeutic services and behavioural programs</u> by: <ul style="list-style-type: none"> ➤ continuing to follow up referrals to psychological, psychiatric, medical and addiction services as identified in the reintegration plan ➤ identifying required cognitive behavioural programs and determining local availability ➤ maintaining regular contact with service providers and consulting as part of any revisions to reintegration plan • The probation officer shall work proactively and supportively with and on behalf of the young person to affect <u>leisure and prosocial activities</u> by: <ul style="list-style-type: none"> ➤ facilitating opportunities for the young person to access organized recreation, leisure and community resources ➤ liaising with local recreational service providers |
| Number of Participants | Youth sentenced to Custody and Supervision Orders, Deferred Custody Orders and Conditional Supervision Orders in Nova Scotia are eligible for ISS level of supervision. |
| Age of Participants | 12-17 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | The ISS process necessarily involves extensive referrals to service providers and organizations in the youth's home community. |
| Staffing | <i>Skills and Background</i> <ul style="list-style-type: none"> • Probation officers <i>Specific training needed for program delivery</i> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  INTENSIVE SUPPORT AND SUPERVISION (ISS) | |
|--|---|
| Program Accredited | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes - in an earlier incarnation but not in its current form. <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public: <input type="checkbox"/> Private: <input type="checkbox"/> Unknown |
| Comments | The level of graduated supervision required is assessed regularly based on the Youth Level of Service/Case Management Inventory (YLS/CMI), and the assessment must reflect the current community environment. |
| Program Contact | Doug Leck, Senior Probation Officer, HRM Phone 479-2510, E-mail: LECKDT@gov.ns.ca Brad Furey, Senior Probation Officer, CBRM Phone: 563-3580, E-mail: FUREYBJ@gov.ns.ca |
| Additional Source Documents | Department of Justice (2000). Intensive Support and Supervision Program: Project Report. Department of Justice: Halifax. |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  LEAVE OUT VIOLENCE (LOVE) | |
|--|--|
| Source | http://lovens.ca |
| Overview | <p>LOVE is a unique long-term violence-prevention and intervention youth program. Victims, witnesses and perpetrators of violence undertake multi-media and leadership training to develop the positive life-skills, sense of community & critical thinking that enable youth to analyze causes of, and alternatives to, violence. Through LOVE, youth see the impact they have on others: youth choose to use their voice to educate themselves, their peers and our communities.</p> <p>LOVE uses a social-development approach to intervention, prevention and reduction of youth violence. The model allows individual participants to move through our program at their own rate, while constantly benefiting from a combination of one-to-one support and group learning.</p> <p>LOVE Nova Scotia's programming is founded on a positive psychology model. This approach emphasizes participants' personal strengths and assets to build their confidence and resiliency. Through this model youth are equipped and empowered to overcome their personal barriers and challenges to rejecting violence.</p> <p>Any youth from HRM who have been victims, witnesses or perpetrators of violence are welcome at LOVE.</p> <p>Because of its youth-positive, youth-centred and accepting environment, youth want to stay in the programs. LOVE staff and volunteers meet them where they're at, so youth coming out of the NSYF may find LOVE very helpful.</p> |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | <p>New LOVE Youth join Media Arts. Youth learn photography, writing and positive social skills to express themselves constructively without violence. These artworks become violence-prevention tools. Youth in Media Arts see that their stories can and do make a difference – that's why they undertake Leadership Training.</p> <p>In Leadership Training, youth learn to use their experiences and understanding of violence to teach non-violence in their communities. Presentation, conflict resolution, and teambuilding skills, plus life-skills and self-esteem development equip and empower trained LOVE Leaders to</p> |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  LEAVE OUT VIOLENCE (LOVE) | |
|--|--|
| | <p>make a positive impact in their schools and communities through LOVE Outreach.</p> <p>In Outreach LOVE Youth Leaders educate members of their communities about violence and violence-prevention. Leaders use role-playing, interactive methods, ONE LOVE (LOVE's youth newspaper), and photographs and writing from PhotoJournalism to examine the impact of violence and share violence-prevention strategies. Youth at this level are also invited to express themselves through Video. LOVE Leaders educate more than 1,500 youth and community members each year.</p> <p>LOVE also does outreach education work to other youth-serving agencies in HRM.</p> <p>Every session begins with a free meal for the youth.</p> |
| Number of Participants | Up to 100 youth in total (30 new youth can join each year). |
| Age of Participants | 13-18 |
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | <ul style="list-style-type: none"> • University of Kings College • NS Community College • Community schools • Volunteer media and arts professionals |
| Staffing | <p><i>Skills and Background</i></p> <ul style="list-style-type: none"> • One staff member is a registered Social Worker. <p><i>Specific training needed for program delivery</i></p> |
| Program Accredited | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public – LOVE is a non-profit organization and seeks funding from a variety of sources <input checked="" type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | <ul style="list-style-type: none"> • Youth determine for themselves when they are ready to leave the program. • The only rule at LOVE is respect. • There is no cost to youth who participate. • LOVE has a 92.5% attendance rate and 92% overall retention rate. • Staff/volunteers have contact with participants at least three times/week. |
| Program Contact | Sarah MacLaren, Executive Director Dennis Adams RSW , Director of Programming Suite 106, 1657 Barrington Street Halifax, Nova Scotia B3J 2A1 902-429-6616 email: halifax@leaveoutviolence.com |


TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  LEAVE OUT VIOLENCE (LOVE) | |
|---|--|
| Additional Source Documents | http://www.leaveoutviolence.com/English/index.htm http://www.leaveoutviolence.com/English/novascotia/index.htm |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  OPTIONS AND OPPORTUNITIES (O2) | |
|---|---|
| Source | http://www.ednet.ns.ca/O2/e/index.shtml |
| Overview | <p>In the fall of 2007, the NS Department of Education introduced a new plan for public school education in Nova Scotia, Learning for Life II: Brighter Futures Together. The foundation of that plan is partnerships - between government, school boards, schools, communities, parents, students and employers. As part of this plan, they've created a new program called Options and Opportunities (O2).</p> <p>Options and Opportunities (O2) offers students a more hands-on learning experience. It's designed to help them make successful transitions from high school to work, a career path or a post-secondary program.</p> <p>Options and Opportunities (O2) offers a new approach to learning for students who are disengaged from school, not achieving their academic potential, and willing to commit to change.</p> <p>The program's success will be based on NS employers in Nova Scotia to open their doors to students. Whether it's helping to shape curriculum, attending a career fair or hosting a student for a co-operative education work placement, employers will have a major part in this program's success. O2 gives them an opportunity to play an active role in the education of our youth and to help create the workforce of the future for our province.</p> <p>In the 2008-2009 school year, 43 schools across the province will offer O2 programs in:</p> <ul style="list-style-type: none"> • Trades and Technologies • Business Education • Health and Human Services • Hospitality and Tourism • IT • Arts, Culture, and Recreation |
| Focus of Program | <input type="checkbox"/> Primary prevention <input checked="" type="checkbox"/> Secondary prevention <input checked="" type="checkbox"/> Tertiary prevention |
| Program Addresses Risk Factors in: | <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> School <input checked="" type="checkbox"/> Peer relationships <input checked="" type="checkbox"/> Community |
| Location of Program Delivery | <input type="checkbox"/> Correctional Institute <input checked="" type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Other (Specify): |
| Program Components & Activities | |
| Number of Participants | |
| Age of Participants | |

TERTIARY PREVENTION PROGRAMS AND STRATEGIES IN NOVA SCOTIA

|  OPTIONS AND OPPORTUNITIES (O2) | |
|---|---|
| Gender of Participants | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Community Links & Partnerships | |
| Staffing | <i>Skills and Background</i> |
| | |
| | <i>Specific training needed for program delivery</i> |
| Relevance to Programs for Incarcerated Youth | |
| Program Accredited | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Evaluated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Program Funding | <input checked="" type="checkbox"/> Public – <input checked="" type="checkbox"/> Private <input type="checkbox"/> Unknown |
| Comments | |
| Program Contact | Peter Smith Coordinator, Youth Pathways and Transitions Nova Scotia Department of Education (902) 424-7123 |
| Additional Source Documents | |

PRIMARY AND SECONDARY PREVENTION PROGRAMS AND STRATEGIES

PRIMARY AND SECONDARY PREVENTION PROGRAMS AND STRATEGIES

The following programs and approaches have been identified with only an overview since the main focus of this scan is programs for violent youth who have already offended or are at high risk of offending. The programs below deal mainly with primary and secondary interventions, some directly at the individual and some taking a universal approach. To learn more about these programs, please follow the web link provided.

| BEECHES ACRES PARENTING CENTER | |
|---------------------------------------|--|
| Source | http://www.beechacres.org/ |
| Overview | <p>This Center runs three programs that specifically focus on children at risk, Therapeutic Mentoring, Treatment Foster Care and the KONNECT project.</p> <p>Therapeutic Mentoring Program is a community-based service specifically designed to meet the individual needs of children at risk. Mentors help youth identify and attain their mutually agreed upon treatment goals. Mentors also guide youth through their daily experiences. Through these relationships, youth are also encouraged to identify their career goals, develop character and engage community resources. Therapeutic Mentoring is complemented by Family Mentoring, which provides assistance to the entire family.</p> <p>Treatment Foster Care provides temporary or emergency substitute family care for emotionally, sexually or physically abused children. This program enables children to experience safe, loving and nurturing home environments. Foster parents are licensed and trained, and share in the goal of stabilizing children and reunifying families.</p> <p>The KONNECT project (Connecting Our Neighborhoods and Nurturing Each Child Together) offers one-to-one mentorship for children ages 4–15 with one or both parents in state or federal prison. Through quality weekly mentorship, KONNECT aims to improve the child’s academic success, self concept, and social interactions and values. It is a partnership between Beech Acres and S.O.A.R. Development Corporation of Word of Deliverance Ministries for the World. Beech Acres provides the mentorship recruiting and training for the program. In 2005, KONNECT had over 50 mentors and mentees.</p> |

| CASASTART | |
|------------------|---|
| Source | http://casastart.org/content/AboutCASASTART.aspx |
| Overview | <p>CASASTART (Striving Together to Achieve Rewarding Tomorrows, formerly known as Children at Risk), is a community-based, school-centered substance abuse and violence prevention program developed by the National Center on Addiction and Substance Abuse at Columbia University (CASA). CASASTART targets youths between 8 and 13 years old who have a minimum of four identified risk factors. Youth participants may remain in the program up to 2 years. Specific program objectives of CASASTART include reducing drug and alcohol use, reducing involvement in drug trafficking, decreasing associations with delinquent peers, improving school</p> |

PRIMARY AND SECONDARY PREVENTION PROGRAMS AND STRATEGIES

| CASASTART | |
|------------------|--|
| | <p>performance, and reducing violent offenses. CASASTART's intervention model is informed by the research literature on social learning theory, social strain theory, social control theory, and positive youth development. Its eight fundamental components are community-enhanced policing, intensive case management, juvenile justice intervention, family services, after-school and summer activities, education services, mentoring, and the use of incentives to encourage youth development activities. Each site brings together key stakeholders in schools, law enforcement agencies, and social services and health agencies to develop tailored approaches to the delivery of the core service components consistent with local culture and practice. At all sites, CASASTART is staffed by case managers and requires the cooperation of area police departments and local social service and juvenile crime agencies.</p> |

| DISCHARGE PLANNING | |
|---------------------------|--|
| Source | <p>http://www.ottawahospital.on.ca/hp/dept/socialwork/discharge-e.asp</p> |
| Overview | <p>Social workers engaged in discharge planning coordinate discharges for patients by collaborating with the patient, family, health care team and community resources. The social worker is involved with the early identification and assessment of the patient's needs and implements timely discharge plans that result in continuity of care and efficient use of hospital and community resources.</p> <p>Discharge planning is a process that includes identification, assessment, goal setting, planning, implementation, coordination and evaluation.</p> |

| FIRST STEP TO SUCCESS | |
|------------------------------|--|
| Source | <p>http://www.childtrends.org/lifecourse/programs/FirstStepToSuccess.htm</p> |
| Overview | <p>First Step to Success (FSS) is an early intervention program that targets kindergarten children exhibiting antisocial behaviors. The goals of the program are to enhance children's social competence skills and school engagement in an effort to ultimately prevent children from developing more serious antisocial conditions. The multifaceted program relies on parents, teachers, and children in order to modify and, in turn, reward behavior both at school and at home. FSS is organized around three distinct modules which include a universal screening of at-risk kindergarten children, a school-based intervention, and skill-building lessons for parents. First Step to Success has been evaluated and shown to impact young children's behavior problems.</p> |

PRIMARY AND SECONDARY PREVENTION PROGRAMS AND STRATEGIES

| HOME VISITING PROGRAM | |
|------------------------------|--|
| Source | http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=75410 |
| Overview | Home visiting has existed since Elizabethan times in England and in the United States since at least the 1890s where it takes on a variety of forms, for a variety of purposes, and to serve a wide range of families. Home visiting has been promoted as a service for all families living in distress, for families participating in health, education, or social support programs, or, even more broadly, for families to give every child the best possible start in life. Essentially, home visiting programs involve an individual makes periodic visits to a family's home to strengthen and support individual or family well-being. |

| I CAN PROBLEM SOLVE | |
|----------------------------|--|
| Source | http://www.colorado.edu/cspv/blueprints/promising/programs/BPP08.html |
| Overview | <p>I Can Problem Solve (ICPS), formerly Interpersonal Cognitive Problem Solving, is a school-based intervention that trains children in generating a variety of solutions to interpersonal problems, considering the consequences of these solutions, and recognizing thoughts, feelings, and motives that generate problem situations. By teaching children to think, rather than what to think, the program changes thinking styles and, as a result, enhances children's social adjustment, promotes pro-social behavior, and decreases impulsivity and inhibition.</p> <p>I Can Problem Solve is a Blueprints for Violence Prevention Promising Program.</p> |

| KIDS 1ST | |
|-----------------|---|
| Source | http://www.jhswindsor.org/kidintro.html http://www.ps-sp.gc.ca/prg/cp/bldngevd/2007-es-07-eng.aspx |
| Overview | <p>The Kids 1st Programme is an early intervention/crime prevention programme for children 9-11 years old that addresses the social and behavioural problems that could lead to future involvement in anti-social and criminal behaviour.</p> <p>Kids 1st aims to reduce crime and anti-social behaviour through community based strategies that emphasize education, awareness, self-growth and recreation as key elements in the formulation of positive attitudes.</p> <p>Kids 1st is a voluntary, multi-modal strategy that targets identifies risks/needs of the child, their family and their community during The Assessment Phase to develop an individualized approach of meeting their key challenges.</p> <p>Kids 1st believes the key to building healthier and safer communities is by offering people, especially children, the opportunity to enhance their skills and to challenge their abilities in a positive, safe and inclusive environment.</p> |

PRIMARY AND SECONDARY PREVENTION PROGRAMS AND STRATEGIES

| LINKING THE INTEREST OF FAMILY AND TEACHERS (LIFT) | |
|---|---|
| Source | http://www.colorado.edu/cspv/blueprints/promising/programs/BPP09.html |
| Overview | <p>Linking the Interests of Families and Teachers (LIFT) is a school-based intervention for the prevention of conduct problems such as antisocial behavior, involvement with delinquent peers, and drug/alcohol use. It is based on the view that the most reasonable interventions for child conduct problems would utilize an existing service system with widespread access to children, be conducted at the earliest possible point in the life of a child, and target malleable precursors of later conduct problems. The main goal of LIFT is to decrease children's antisocial behavior and increase their pro-social behavior.</p> <p>LIFT is a Blueprints for Violence Prevention Promising Program.</p> |

| MONTREAL PREVENTION PROJECT | |
|------------------------------------|---|
| Source | McCord, Joan, Richard E. Tremblay, Frank Vitaro and Lise Desmarais-Gervais (1994) "Boys' Disruptive Behaviour, School Adjustment and Delinquency: The Montreal Prevention Experiment." <i>International Journal of Behavioral Development</i> . 17(4) p. 739-752. |
| Overview | The Montreal Prevention Project also addressed social skills in elementary school children and parenting skills to families with good results at 5 year follow up. This 2 year program was offered to boys who had been identified in kindergarten as the most disruptive students, although this intervention was offered when the boys were between 7 and 9 years of age. At the age of 5, boys who had participated in the treatment program were doing better in school and were involved in fewer delinquent activities than those who were not in the treatment group. Relevant changes included an apparent increase in responsiveness to concerns about the rights of others. |

| MOTIVATIONAL INTERVIEWING | |
|----------------------------------|---|
| Source | http://motivationalinterview.org/clinical/whatismi.html |
| Overview | Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counselling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal. |

| NURTURING PARENTS PROGRAM | |
|----------------------------------|---|
| Source | http://www.nurturingparenting.com/npp/index.php |
| Overview | The Nurturing Parenting Programs are a family-centered initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long term goals are to prevent recidivism in families receiving social services, lower the rate of multiparent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol |

PRIMARY AND SECONDARY PREVENTION PROGRAMS AND STRATEGIES

| NURTURING PARENTS PROGRAM | |
|----------------------------------|---|
| | abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors. The Nurturing Programs target all families at risk for abuse and neglect with children birth to 18 years. The programs have been adapted for special populations, including Hmong families, military families, Hispanic families, African-American families, teen parents, foster and adoptive families, families in alcohol treatment and recovery, parents with special learning needs, and families with children with health challenges. |

| POSITIVE ADOLESCENT CHOICES (PACT) | |
|---|---|
| Source | http://www.state.sc.us/dmh/schoolbased/pact.htm |
| Overview | The Positive Adolescent Choices Training (PACT) program is designed to reduce the chances that African American and other at-risk adolescents will become victims or perpetrators of violence. The program addresses the problem of expressive violence which involves loss of control among family, friends, and acquaintances and represents the greatest threat to adolescents. Although developed especially for sensitivity to the needs of African American youth, techniques used in the program are applicable to, and are frequently used with, multi-ethnic groups. |

| PEACEBUILDERS | |
|----------------------|---|
| Source | http://www.peacebuilders.com/ |
| Overview | PeaceBuilders is a research-validated violence prevention youth program approved for the federally funded Safe and Drug-Free Schools Act. It is a comprehensive program launched in organizations that shifts the entire climate to a peaceful, productive and safe place for children, parents, staff and faculty. |

| RESPONDING IN PEACEFUL AND POSITIVE WAYS | |
|---|--|
| Source | http://www.has.vcu.edu/RIPP/ |
| Overview | Responding in Peaceful and Positive Ways (RiPP) is a school-based violence prevention program for middle school students. RiPP is designed to be implemented along with a peer mediation program. Students practice using a social-cognitive problem-solving model to identify and choose nonviolent strategies for dealing with conflict. RiPP emphasizes behavioral repetition and mental rehearsal of the social-cognitive problem-solving model, experiential learning techniques, and didactic learning modalities. RiPP sessions are taught in the classroom by a school-based prevention specialist and are typically incorporated into existing social studies, health, or science classes. The intervention is offered in three grade-specific modules: |

PRIMARY AND SECONDARY PREVENTION PROGRAMS AND STRATEGIES

| SAFE DATES | |
|-----------------|---|
| Source | http://www.pubinfo.vcu.edu/vabp/program_details.asp?id=97 |
| Overview | <p>Safe Dates is a program designed to stop or prevent the initiation of emotional, physical, and sexual abuse on dates or between individuals involved in a dating relationship. Intended for male and female 8th- and 9th-grade students, the goals of the program include: (1) changing adolescent dating violence and gender-role norms, (2) improving peer help-giving and dating conflict-resolution skills, (3) promoting victim and perpetrator beliefs in the need for help and seeking help through the community resources that provide it, and (4) decreasing dating abuse victimization and perpetration. Safe Dates consists of five components: a nine-session curriculum, a play script, a poster contest, parent materials, and a teacher training outline. In some studies, the program incorporated a booster session.</p> <p>This program is a SAMHSA Model Programs (Effective) and appears on the Safe Schools, Safe Students (Top 10 School VPP) list.</p> |

| SEATTLE SOCIAL DEVELOPMENT PROJECT | |
|------------------------------------|---|
| Source | http://depts.washington.edu/ssdp/ |
| Overview | <p>This universal, multidimensional intervention decreases juveniles' problem behaviors by working with parents, teachers, and children. It incorporates both social control and social learning theories and intervenes early in children's development to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency.</p> <p>This project is a Blueprints for Violence Prevention Promising Program. http://www.colorado.edu/cspv/blueprints/promising/programs/BPP17.html</p> |

| SECOND STEP PROGRAM | |
|---------------------|--|
| Source | http://www.ccsu.edu/cpps/Second_Step/webpages/ss.htm |
| Overview | <p>Based on over 20 years of research and classroom application, the award-winning <i>Second Step</i> program integrates academics and social and emotional learning.</p> <p>Children from preschool through eighth grade learn and practice important skills like anger management, cooperation, respectful behavior, and problem solving. These skills help decrease students' negative and violent behaviors—name calling, fights, and stereotyping—and return the focus of classroom time to where it belongs: learning.</p> |

PRIMARY AND SECONDARY PREVENTION PROGRAMS AND STRATEGIES

| THE FOURTH R | |
|---------------------|--|
| Source | http://youthrelationships.org/ |
| Overview | <p>The Fourth R Core Program is comprised of three units of study in Grade 9/10: Personal Safety and Injury Prevention; Healthy Growth and Sexuality; Substance Use and Abuse.</p> <p>Each unit contains informational materials that clarifies values and offers extensive components for decision-making and skill development. There are teacher, parent, and school-wide components to the program as well.</p> <p>The core program is integrated with the structure of existing curriculum guidelines. It meets provincially mandated education requirements in Ontario, and is designed to be part of the regular curriculum rather than used as an occasional resource.</p> |

| VIOLENCE PREVENTION CURRICULUM FOR ADOLESCENTS | |
|---|---|
| Source | http://guide.helpingamericasyouth.gov/programdetail.cfm?id=443 |
| Overview | <p>The Violence Prevention Curriculum for Adolescents (VPC) provides adolescents with information on risk factors for interpersonal violence and skills for choosing alternatives to fighting. The 10- to 18-session curriculum uses lectures, discussions, and interactive role-plays. Sessions generally last 40 minutes. The goals of the curriculum are to:</p> <ol style="list-style-type: none"> 1. Illustrate that violence is preventable; 2. Teach students that anger is a normal part of life and that anger can be expressed and channeled in healthy, constructive ways; 3. Help students understand that controlling anger and violence is part of maturing; 4. Identify positive ways for students to express their anger; and 5. Help them think about and use alternatives to violence in conflict situations. <p>VPC is part of the Teenage Health Teaching Modules program, a comprehensive school health education curriculum for adolescents.</p> |

| WEED AND SEED | |
|----------------------|---|
| Source | http://www.ojp.usdoj.gov/ccdo/ws/welcome.html |
| Overview | <p>Weed and Seed, a community-based strategy sponsored by the U.S. Department of Justice (DOJ), is an innovative, comprehensive multiagency approach to law enforcement, crime prevention, and community revitalization. Weed and Seed is foremost a strategy—rather than a grant program—that aims to prevent, control, and reduce violent crime, drug abuse, and gang in designated high crime neighbourhoods across the country.</p> <p>The strategy involves a two-pronged approach: law enforcement agencies and prosecutors cooperate in "weeding out" violent criminals and drug abusers and public agencies and community-based private organizations</p> |

PRIMARY AND SECONDARY PREVENTION PROGRAMS AND STRATEGIES

| WEED AND SEED | |
|----------------------|---|
| | collaborate to "seed" much-needed human services, including prevention, intervention, treatment, and neighborhood restoration programs. A community-oriented policing component bridges the weeding and seeding elements. |

| WRAPAROUND | |
|-------------------|--|
| Source | http://www.wraparound.ca/index.php?page=process |
| Overview | <p>WrapAround is a process which develops and carries out plans for children, individuals and their families who have very complex needs. The WrapAround planning process follows a series of steps intended to help children, individuals and their families realize their hopes and dreams.</p> <p>The WrapAround process is implemented with the involvement of those people important to the family. A WrapAround facilitator helps the family develop a team of friends, family, members of faith community, etc as well as professionals involved in a helping role. This team shares resources, problem solves, coordinates their activities and blends their perspectives of the family’s situation. Together with the family, they develop an action plan.</p> <p>WrapAround improves the lives of families by building on their strengths. It encourages them to make helpful, caring connections in the community. The WrapAround process ensures that services are focused on the needs of the individual and his or her family.</p> |