

CHAPTER 3

Designing the Program or Policy

CHAPTER OUTLINE

- ◆ **Choosing an intervention approach** involves integrating the information assembled in previous stages to decide how a policy or program can best achieve the goals that have been specified. How can the information collected at previous stages be used to decide what the substance of an intervention will be? How will specific goals be achieved?
- ◆ **Major activities for program design** include the following: (1) Identifying the target population: Who is the intervention aimed at? (2) Defining participant selection and intake procedures: How are program participants recruited and selected for the intervention? (3) Defining program components: the precise nature, amount, and sequence of activities provided must be specified. Who does what to whom, in what order, and in what amounts? (4) Writing job descriptions of staff and defining the skills and training required in order to deliver services well.
- ◆ **Major activities for policy design** include the following: (1) Identifying the target population of the policy. Which persons or groups are to be affected by the policy? (2) Identifying the responsible authority. Who will carry out the policy, and what will their responsibilities be? (3) Defining the provisions and procedures of the policy. Provisions specify the sanctions or services that will be delivered, and the conditions that must be met in order for the policy to be carried out. Individuals responsible for implementing a specific set of rules must also clearly understand the specific sequence of actions to be taken (procedures) to ensure that the policy is carried out consistently.

Keep in mind that the kinds of collaboration we discussed in Chapter 2 with regard to setting goals and objectives are just as important at this stage of the planning process. Eventually, support and, perhaps, participation of these key stakeholders will be essential to the long-term success of the intervention.

You will recall that policies differ from programs in that policies are rules, principles, or guidelines that govern actions, while programs are service-related structures created to address specific needs or problems of a target population (see "Introduction"). Stage 4 involves specifying all of the program's activities or the policy's rules and procedures. Although planning for programs and for policies share many common features (e.g., analyzing the problem, setting goals and objectives), the two types of intervention are quite different in substance (design). This chapter will treat *program design* and *policy design* separately in order to keep these two intervention approaches clear.

CHOOSING AN INTERVENTION APPROACH

Choosing between a policy and program involves integrating the information assembled in previous stages. For example, your goal might be to reduce gun violence, but how will that goal be accomplished? What will be the substance of the intervention—creating a boot camp, creating more restrictive gun laws, developing a community antiviolence campaign, suppressing gang activity, or something else? How do you decide? Up to this point, you have collected and analyzed data, you have an idea of the intervention options that fit the problem or need, and your goals and objectives have been established. Your *force field analysis* (see Chapter 1) has revealed critical sources of resistance and support, and your *systems analysis* (Chapter 1) has identified important characteristics of the organizational environment in which the change effort will take place. These data help inform choices about which intervention approach to choose.

Another critical ingredient is the cost of the option selected. We can learn about the potential costs of an option by examining its use in other settings. In cases in which the policy results in the creation of a new agency, the costs can be very high. The Juvenile Justice and Delinquency Prevention Act of 1974 was developed to improve state-level planning for combating juvenile crime and to halt the practice of confining status offenders with delinquents. One of the Act's provisions was the creation of the Office of Juvenile Justice and Delinquency Prevention within the Department of Justice. Between 1974 and 1980, Congress increased funding for this act from \$25 million to \$100 million. By 2005, the OJJDP budget had risen to \$362.9 million.

Program and policy options are often weighed in terms of cost. One option is compared to another in terms of its expected benefits in relation to its costs, and its costs in relation to available resources. In 2010, the average cost of incarcerating a person in a state prison was \$31,286, but this amount ranged from \$14,603 in Kentucky to \$60,076 in New York (Henrichson & Delaney, 2012). Obviously, a number of categories of expenditure are contained within the overall cost of corrections. These include salaries and benefits, construction and equipment, medical care, food service, and utilities. Some people are surprised to learn that a residential treatment program can be more costly than imprisonment or that an in-home

drug treatment program can cost more than a boot camp. Similarly, many states have chosen to invest in developing community-based correctional programs to reduce dependency on costly prisons. But these community programs, if run well, can be costly too. Are offenders in these programs expected to work or go to school? If so, will it be necessary to purchase training, assist with job searches, monitor their behavior on the job, or intervene when conflicts occur at the place of employment? Programs that include treatment are considerably more expensive than those that do not, and yet treatment improves the effectiveness of intensive probation programs (Bonta et al., 2000; Petersilia & Turner, 1993). These are facts that must be known in order to avoid wasteful planning or eventual program failure because of inadequate resources.

DESIGNING A PROGRAM

In general, in designing a program we must answer the following questions as specifically as possible: Who does what to whom, where, in what order, how much, and how often? How will the program be set up? How are participants selected? What activities are delivered, and how? What training and qualifications are required for staff? By the time you reach this stage of analysis, you should have information about:

- the problem or need to be addressed;
- its etiology (causes) and a theory that explains how these causes work to produce the problem;
- possible interventions, including interventions that have already been tried;
- potential barriers or sources of resistance to each possible intervention;
- goals and objectives (remember that objectives are specific and measurable).

If you were acting as a program “analyst,” you would look at an existing program and specify in detail exactly what it does. When designing a *new* program, however, the change agent’s task is to design the “nuts and bolts” of the new program. The goals and objectives that have previously been specified must now be translated into specific tasks and activities, and the appropriate sequencing and timing of each activity must be defined. Case Study 3.1 at the end of this chapter illustrates these points.

Identifying the Target Population of the Program

Who is to be targeted, or changed? This process often involves specifying some level of need on the part of potential targets (e.g., level of drug involvement) and the characteristics of the intended target population (e.g., age, gender, geographic

residence, type of offense, prior criminal record, etc.). In Chapter 1, recall that we discussed five levels of causality. We now need to clarify exactly who or what is the target of change. Are we trying to change

- Individuals? (e.g., via intensive monitoring, counseling, teaching problem-solving skills)
- A group or groups? (e.g., via support groups, peer groups, family counseling)
- An organization? (e.g., via police training)
- A community? (e.g., via community policing, neighborhood watch, community service)
- Social structural conditions? (e.g., via welfare reform, job training, employment assistance)

In order to specify the target population, two major steps are required: defining eligibility and specifying numbers to be served.

1. *Define Eligibility*: Who is eligible for the program? What kind of individuals is the program intended for, and which targets are best suited to the intervention approach? Eligibility is often based on age, residence, income, gender, ethnicity, or other demographic variables. It is also based on level of need: What is the appropriate population to be targeted, in terms of how significant or urgent their needs are?
2. *Specify Numbers to be Served*: Given scarce resources, how are program funds most wisely spent? How many people can be served with available resources? How many individuals can the program accommodate over a time period of six months? One year?

Assessing Risk and Needs

One of the most common tools for defining a target population and matching individual needs with appropriate programming is a *risk/needs assessment*. Risk typically refers to the likelihood of a negative outcome, like rearrest, while needs pertain to modifiable problems that may be contributing to their antisocial behavior. The risk/needs assessment tools most commonly used are empirically based; that is, they were developed from research on actual individuals from the targeted population. Among the most widely used of these tools with delinquent youths are the Youth Level of Service/Case Management Inventory (YLS/CMI); developed by Robert Hoge and Don Andrews (Hoge & Andrews, 1996; Onifade et al., 2008), the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2), developed by Grisso and Barnum (2000), and the Psychopathy Checklist—Youth Version (PCL-YV), developed by Hare, McPherson, and Forth (1988). The YLS/CMI is a general screening tool

designed to assess a youth's criminogenic needs and the risk that the youth will commit an offense in the future. The MAYSI-2 is a tool for identifying youths who may have mental health problems and require further diagnostic testing. The Psychopathy Checklist is used to identify the extent to which a youth's delinquent behavior is due to ways of thinking about antisocial acts.

Defining Participant Selection and Intake Procedures

Now that we know who the targets of change are, the next question is: How are program participants recruited and selected for the intervention? Given that targeted individuals and potential referral sources (e.g., police, courts, schools, probation, social services, etc.) are initially unaware of the program (or perhaps hostile toward it), how will we make them aware of this program, and how will we encourage them to use it? For example, boot camp programs are often intended for first-time, nonviolent offenders. The court might identify eligible offenders; an application from the individual may be required; and an interview and screening process may be required to determine the applicant's suitability for the program.

Keep in mind that eligibility does not guarantee selection. A number of issues aside from being eligible affect selection for a program. The following five issues should be considered when defining how participants will be selected.

1. *Access:* How are potential participants "recruited" (i.e., how do they become aware of the program)? How are they informed of program operations and activities? Are referrals made to the program by any outside agencies? If so, by whom and for what reasons? How do referral sources learn about the program?
2. *Screening:* How are referrals or applicants screened for eligibility? Is some kind of needs assessment or other assessment tool used? Are application procedures required? How do they work?
3. *Selection:* How is it decided which eligible referrals or applicants will be admitted to the program and who will be excluded? Who is involved in making these decisions?
4. *Intake:* Is an intake form used to record basic information when an individual is referred to the program, such as name, age, source of referral, reason for referral, etc.?
5. *Individual Records:* Is information to be recorded or stored throughout an individual's participation in the program? What kinds of information are needed for agency reporting purposes? For feedback to the individual? For treatment planning?
6. *Retention:* How long are participants to be retained in the program? What procedures will encourage them to complete the program?

Defining Program Components

Program components fall into the following categories: services, service delivery, dosage levels, and outputs. First, the precise nature, amount, and sequence of activities provided by a program must be specified. *Service delivery* refers to all those parts of the program that involve the dispensing of some "services" to targets. This may include the persons delivering the services and physical facilities where the services are delivered. Thus, service delivery decisions must respond to questions such as: Who does what to whom, where, in what order, how often, and how much? What is the sequence of activities?

A boot camp program, for example, might contain several components: rigid military-style drills and physical training; academic or vocational education; life skills or problem-solving training; drug awareness education; social skills training, and so on. We need to describe how frequently each activity is provided (e.g., how many times a week?) and how much (e.g., one hour per session?). Program evaluators often refer to these measures of exposure to a service as *dosage*. We need to specify which staff will be responsible for providing each activity, and exactly how it will be done (e.g., how are "life skills" taught? What approach is used: text, lectures, speakers, films, role plays, individual, or group counseling?). We need to describe the sequence of activities: What happens when an individual is first admitted? What order of activities is followed upon admission, in a daily routine, or on a weekly basis? How long does the program last (e.g., six weeks? Six months?)? How are targets "graduated" from the program?

Output refers to criteria for defining when the program has been completed (some unit of intervention provided to a specific individual). For example: 10 counseling sessions, 8 weeks of boot camp, 12 problem-solving skills training sessions, and so on.

When we review applications for funding, general program descriptions, or even academic articles, we are often surprised by the vagueness of the actual activities specified by the program. For example, we are told only that a program offers "counseling for battered women." We ask: How are women referred to this program? By whom? How is eligibility determined? Who delivers counseling? How? What kind of counseling (e.g., psychotherapy? Behavior modification? Cognitive restructuring)? How often is counseling given? For how long? In what setting (inpatient, outpatient)? Obviously, the simple information that "counseling" is provided is, by itself, insufficient to understand anything about the program's services or how they are delivered.

Writing Job Descriptions of Staff, and Defining the Skills and Training Required

How many and what kinds of staff are required to operate the program? What specific duties will they carry out? What kind of qualifications do they need to possess, and what further training will be necessary? How much money is needed for staff

salaries and training? Specifying *service tasks* includes writing job descriptions of all program staff, their qualifications and training, and the major activities that are to be completed by them. Of course, an additional question is whether applicants for a job must possess all of the needed qualifications or if some required knowledge will be addressed through internal training.

DESIGNING A POLICY

Policies are rules, principles, or guidelines that govern actions taken by ordinary citizens as well as people in positions of authority, while programs are organizational units created to address specific needs or problems of a target population. Often programs are created to carry out large-scale policies. For example, the policy of requiring drug-abusing defendants in criminal court to participate in drug treatment has produced both new drug treatment programs and, more recently, drug courts (Goldkamp, 2003; Gottfredson et al., 2003; Harrell, 2003). Drug courts possess more specialized knowledge of drug addiction and are better equipped to address the unique problems of the addicted defendant.

Policies are never designed by individuals working alone. Instead, because the decisions of a great many people will be affected, policy design occurs within a legislative process. Elected legislators of government bodies typically vote on policies designed by subcommittees. In private organizations, a similar process occurs through the board of directors. In other words, the creation of rules is usually the business of a legitimate body of rule-makers.

In the Introduction, we noted that policies vary in terms of their complexity. For example, a policy states that visitors to the offices of a program must sign a visitors' log. This is not a rule that typically requires discussion by a legislative body. Instead, these lower-level policies are handled at an administrative level. We will concern ourselves here, however, with broader policies created to address significant criminal justice problems.

The design of a policy involves specifying in detail the elements of the policy that make it possible for others to use it appropriately. In other words, if the provisions and procedures of the policy are not laid out clearly, actions may be taken that are inconsistent with the intent of the policymakers. In addition, if elements of the policy are missing, then incomplete implementation may result.

As an example, in the early 1980s, Philadelphia's Municipal Court initiated a new policy for handling drunk drivers. The idea was that small amounts of punishment combined with education and treatment would be more effective than punishment alone. Consequently, new penalties that included jail sentences of only a few days were created. Requirements were added that, immediately after sentencing, the offender would be tested for alcohol abuse problems, and contracts were established with private programs to provide alcohol abuse treatment and education. But a critical piece was missing. No one was made responsible to see that the sentence was carried out, and no record of participation was maintained. Sentenced

offenders were expected to show up for education and counseling sessions and to serve jail time. The problem was that authorities receiving these offenders had no list of who to expect, so there was no way for them to know who was missing. Over time, offenders learned that if they ignored the sentence, nothing would happen. Consequently, the more times an offender was sentenced, the less likely it was that the sentence was completed (Rourke & Harris, 1988).

In designing a policy, the change agent typically identifies:

- the *target population*, or who will be affected by the policy;
- the *decision authority*, or who has the authority to carry out the policy;
- the *provisions* of the policy (what members of the target population will receive), and the steps that must be followed (procedures).

Identifying the Target Population of the Policy

Policies affect people. Much like programs, they are intended to benefit or punish specific groups of people through the actions of decision makers. A policy that certain juveniles will be automatically tried as adults ("direct file" or "automatic exclusion") must clearly specify the characteristics of individuals and their offenses that will make them ineligible for trial in juvenile court. How old must they be? What offenses are excluded? Do they need to have a record of prior offenses? Must the prior offenses be serious? Is there any way that these juveniles can be tried in juvenile court?

For other types of policies, the question is often one of selection: whether the rule applies to everyone or whether only certain persons or groups are being targeted. For example, police pedestrian stops are often suspected of targeting members of minority groups. The amount of racial bias in these stops seems to be small or nonexistent, however, suggesting that the policy targets all persons found walking in areas where street crime rates or rates of violent crime are high (Ridgeway, 2007). This issue has been particularly central to discussions of Stop-and-Frisk policies, in which the police are directed to frisk individuals that are stopped in areas where gun violence is prevalent (Ferrandino, 2015).

Identifying the Responsible Authority

Who is to carry out the policy, and what will the responsibilities of those persons be? Many states, for example, have implemented sentencing guidelines that limit the ranges of sentences that judges can give to offenders, depending on current and prior offense information. Judges are required to stay within the specified reasons or to provide written justification for giving a sentence that is outside the range. In this case, the judge is the responsible authority, and the judge must consult the guidelines before assigning the sentence. This assignment of responsibility to an

organizational unit or to persons occupying a specific role in an organization is important to the policy's success. It assures that relevant knowledge, credibility, and lines of authority are consistent with other policies.

In some cases, a new policy results in the creation of new agencies. In the case of sentencing guidelines, many states have created commissions that monitor implementation of the guidelines, including training judges, prosecutors, defenders, and others who need to know the new rules. Importantly, these sentencing commissions monitor use of the guidelines and learn from the application of the guidelines how to improve them. For example, if judges routinely make exceptions to the guidelines in cases involving use of a weapon or drug addiction, then the commission needs to review the guidelines to see if changes are needed. It may be that the justifications provided by judges are consistent and convincing, and that the guidelines should reflect the values and beliefs being expressed by these judges. This example shows how important it is to assign responsibility for carrying out a policy to the right persons. Not only will implementation be more effective, but the policy itself has a better chance of being improved.

Specifying Policy Provisions and Procedures

In order for a set of principles or rules to be implemented well, individuals responsible for carrying them out must understand what is to be done (provisions) and the steps that must be taken (procedures) so that the policy is carried out consistently. In the case of a curfew for juveniles, the rule about "who gets what and in what order" is clear. In other cases, however, the policy statement must be more detailed. It is critical that provisions and procedures be developed and stated clearly in order to ensure consistency, fairness, and control of costs associated with the policy's implementation. Typically the policy identifies:

- *Provisions:* What is to be done: the services, opportunities, sanctions, or interventions that will be delivered to members of the target population.
- *Procedures:* The steps that need to be followed and the conditions that must be met to apply the policy.

For example, the Secure Communities policy launched by Arizona and a few other states bordering Mexico (Cox & Miles, 2013) simply requires that police officers:

1. Confirm the identity of any person arrested for an offense.
2. Confirm this person's immigration status.

Concerns over this policy include the possibility of the police using illegal means to obtain the identification, whether identification can include the collection of DNA evidence, and whether the police could make arrests of persons without probable cause in order to check their immigration statuses (Logan, 2012).

We see that provisions may overlap to some degree with decision authority and target identification. For example, a judge that chooses to keep some prison-bound offenders in the community may be compelled by strict selection criteria that include type of crime the offender committed, the offender's prior court history, and their employment situation. In another setting, the policy may specify a requirement (provision) that a certain proportion of prison-bound offenders must stay in the community. How these offenders are selected may not be left to the sole discretion of decision makers.

When specifying the provisions of a policy, it is also important to delineate the specific steps or procedures to be followed. For example, Emergency Release Acts are controversial policy options that require a local or state correctional agency to release certain prisoners in order to bring the population down to an acceptable level (Welsh, 1993). Obviously, such a policy is not popular with everyone. In fact, in 2011, the U.S. Supreme Court had to order California to reduce its prison population because of extreme overcrowding.¹

Of course, there is considerable interest currently in reducing prison populations in order to introduce greater fairness in sentencing decisions, reduce the disproportionate incarceration of African-American and Latino offenders, and reduce the cost of corrections. Interestingly, the push for reform is coming from political conservatives, creating opportunities for liberals and conservatives to find common ground. Consensus-based interventions will no doubt involve policies that limit eligibility for prison, and increase the flow of inmates out of prison and provide community-based programs as alternatives to prison (Dagan & Teles, 2014).

	Program Design	Policy Design
<i>Who (does)</i>	Staff	Decision authority
<i>What</i>	"Services" (program components and activities)	Provisions
<i>To whom</i>	Target population	Target population
<i>In what order</i>	"Service delivery" (sequence of program activities)	Procedures
<i>How much</i>	"Service delivery" (dosage of each service)	Provisions
<i>How often</i>	"Service delivery" (frequency of program activities)	Procedures

FIGURE 3.1 *Critical Elements of Program and Policy Design*

Clear procedures help to ensure consistency and fairness in the application of a policy (see Figure 3.1).

CONCLUSION

Once the intervention approach is chosen, it is necessary to specify clearly and in detail the design of the program or policy. Vague descriptions are not sufficient. Not all “boot camps” provide the same programming, for example, nor do all mandatory sentencing policies contain the same provisions. We want to know, in detail, who does what to whom in what order, how much, and how often (see the summary in Figure 3.1). Only when the program or policy design has been clearly defined are we ready to move to the next stage of planning or analysis.

DISCUSSION QUESTIONS

1. (a) Briefly describe the design of a program discussed in class, or use one that you have found while doing library research for a class paper. (b) Do you have enough published material to do this analysis? If not, what information do you need, and how might you get it?
2. What factors should you consider in choosing an intervention approach? Give a brief example to illustrate your answer.
3. What is meant by the term “service tasks”? Describe the different aspects that need to be specified.
4. What is meant by the term “service delivery”? Describe the different aspects that need to be specified.
5. What is meant by the term “policy provisions”? Give an example.
6. What kinds of factors are considered in defining the target population?
7. Identify a criminal justice policy and outline its major components, including its target population, provisions, responsible authority, and procedures.
8. Describe each of the following concepts:
 - Access
 - Screening
 - Needs/Risk Assessment
 - Intake
 - Retention

Case Study 3.1 Program Design: The Philadelphia Drug Treatment Court

Instructions: Read the case study below, and then answer the question at the end of the material.

Drug Courts

Many individuals enter the criminal justice system on drug-related charges. Recently, instead of just punishing these offenders, specialized drug courts have been implemented in order to respond to the offense and interrupt the cycle of drugs and crime. By merging court processing with substance abuse treatment, such courts serve as an alternative to sending individuals to prison. The specialized courts usually provide diversionary or deferred sentencing programs, meaning that successful completion of the program results in dismissal of charges.

The Philadelphia Treatment Court

The Philadelphia Treatment Court was developed through a collaboration of several criminal justice agencies, treatment agencies, and key stakeholders (Goldkamp et al., 1999). A Drug Court Planning Committee was formed in December 1995 under supervision of Judge Louis Presentza, Supervising Judge for the Criminal Division of the Philadelphia Municipal Court. The committee consisted of representatives of the Philadelphia Municipal Court, the Court of Common Pleas, the Philadelphia District Attorney's Office, the Defender Association of Philadelphia, Pretrial Services, the Public Health Department, and Temple University. A comprehensive plan for a drug court in Philadelphia was completed in December 1996 and set into execution in April of 1997.

Goals

The development of a drug court in Philadelphia was initiated to address high levels of drug involvement among the adult offenders. This court was designed as an alternative to incarceration to provide treatment to substance-abusing defendants. Its goal is to reduce a defendant's involvement in crime and recidivism, to reduce the overcrowding of Philadelphia's prisons, and to increase offenders' chances of functioning more productively as citizens by providing treatment as a part of the criminal justice process. The Treatment Court is structured as a partnership between the criminal justice system and a network of treatment providers that respond to the clinically determined needs of participants. It delivers treatment and other supportive services to more fully address treatment, health, housing, literacy, educational, and other social service needs presented by drug-involved defendants.

Target Population

The Planning Committee defined a target population and specific criteria for selecting participants. Eligible participants were limited to nonviolent, seriously drug-involved felony offenders who had

been recently arrested. Medium- to high-risk individuals were targeted. Defendants with more than two prior nonviolent convictions (including juvenile adjudications) or diversion dispositions did not qualify, and neither did those offenders with any prior violent conviction. Strong objections by a victim could also preclude participation.

Participation Selection Procedures

Potential candidates are identified immediately following arrest, triggered by eligible charges. Pretrial Services then continues the screening through an interview with the defendant. The Municipal Court Bail Commissioner is then alerted by Pretrial Services and determines eligibility by assigning a medium-high-risk release. Referrals are assessed for drug abuse treatment needs and appear before the Treatment Court. Defendants determined not to be in need of drug treatment are returned to the normal processing. Final eligibility of defendants in need of treatment is decided by the district attorney's office by reviewing the current charges, criminal history, and social history. Participation is also voluntary on the part of the defendant.

Program Components

As soon as a plea is entered, the participant begins an intensive drug treatment program designed to last for 12 months. Frequent drug testing and visits to an Intensive Supervision Center (ISC) are regular components of the court's requirements. This component is staffed by members of the Pretrial Services Unit of the court. The treatment itself is divided into five phases: (1) nonmedical detoxification, (2) intense treatment, (3) life skills training, (4) pregraduation, and (5) aftercare. Treatment services are provided by private providers, through contracts with the court.

Throughout these phases, participant behavior is acknowledged by means of rewards and sanctions. Sanctions include writing essays, court hearings, increased drug testing, restarting a phase, electronic monitoring, brief incarceration, and treatment termination with plea entered. Rewards include recognition in court, less frequent court appearances, unobserved drug testing, graduation, dismissing of case, and expungement of the offender's record. Although expected time periods are defined for each phase, moving from one phase to the next requires completion of the previous stage. Let's look at each phase in a bit more detail.

Phase I: Orientation, nonmedical detoxification, and assessment takes one month. During this phase participants must comply with pretrial release conditions, attend all hearings, and complete substance abuse assessment. They must attend treatment intake, where an initial treatment plan determined by the assessment is implemented. They must attend all treatment sessions, making up ones they have missed, and supply five consecutive negative drug tests.

Phase II: Intense treatment is planned to last three months. Services include substance abuse treatment, mental health treatment, life skills training, and counseling. Participants are required to attend and participate in required treatment sessions and be actively involved in meeting treatment goals. They must maintain 90 consecutive days with negative drug tests and attend self-help sessions at least twice a week. They must not accumulate more than two sanctions. Drug testing is administered twice a week, court appearances are monthly, and ISC visits are once or twice a month.

Phase III: Focus on life skills, and Phase IV: Pregraduation. Phase III and Phase IV are similar. Each phase lasts about four months. Life skills training, vocational and housing assessment, relapse prevention, and an aftercare plan are all addressed during these two phases. Clients must continue substance treatment and attend all court hearings. They are required to attend AA/NA meetings at least once a week and participate in relapse prevention at least two hours per week. They also must be drug free for 120 days. Weekly random drug testing is given, monthly court hearings are set, and monthly ISC contacts are required. Graduation follows the successful completion of Phase IV.

Finally, an aftercare phase lasts about 12 months. Participants follow an aftercare plan agreed on with the court. Participants must attend treatment court alumni/support groups and NA/AA meetings. If participants are not arrested with convictions and there is no evidence that the defendant is engaging in drug use, their arrest is expunged from their record. If they are arrested or it becomes apparent that they are abusing drugs, their arrest remains on record.

Questions

1. Review the program description in Case Study 3.1, and critically evaluate it. How well is the design of this program described? Is there any other information about the program design that should be included? What questions might you ask to gain more information about the program design?
2. Is the program design logically linked to its goals? Why or why not?

Case Study 3.2 Model Domestic Violence Law Enforcement Policy²

Instructions: Read the material below, and then answer the questions at the end of the case study.

I. Introduction

Domestic violence is a serious crime against the individual and the community. The failure of any law enforcement officer to properly respond and handle a domestic call, no matter how frequent, will expose individuals and the community to danger up to and including death. Because domestic violence can and does result in the death of individuals, every response to a domestic call, no matter how often, shall be treated the same as any other crime against a person.

Every response to a domestic call shall include a substantive investigation of the incident which shall involve the gathering of background information, the gathering of physical evidence including pictures, clothing, and statements from direct and indirect witnesses including children and neighbors.

Every response to a domestic call, no matter how frequent, requires that every step possible be taken to insure the safety of the victim including providing a safety plan to the victim and, if necessary, transporting the victim and children, if appropriate, to another site for safekeeping.

II. Purpose

This domestic violence policy is designed to provide officers and support personnel with clear definitions, direction, and guidelines for providing and promoting a consistent, effective response to domestic violence crime in order to accomplish the following goals:

- make an arrest for any violation of an Emergency Protective Order ("EPO"), any violation of a Domestic Violence Order ("DVO"), any violation of a Foreign Protective Order ("FPO") or any violation of a condition of release or bond when authorized by state law;
- reduce the incidence and severity of domestic violence crime;
- afford maximum protection and support to adult and child victims of domestic violence through coordinated services of law enforcement and victim assistance; and
- reduce the risk of civil liability for officers, supervisors and administrators, and the employing unit of government.

III. Policy

A. To accomplish these goals, every officer shall:

- make an arrest when authorized by state law as the preferred response, instead of using dispute mediation, separation or other police intervention techniques;

- treat all acts of domestic violence as criminal conduct;
- respond with the same protection and sanctions for every domestic violence incident, regardless of race, religion, creed, national origin, gender, sexual orientation, disability, and socio-economic status, including cases where any of the alleged parties may be a law enforcement officer, public official or prominent citizen;
- immediately report all known or suspected cases of domestic violence and abuse, adult abuse, or child abuse as required by state law; and receive training on domestic violence as required by state law.

Note: Every officer shall document action taken (arrest or nonarrest) on the JC-3 form.

B. The following facts shall not be considered as an independent compelling reason not to arrest the perpetrator. These facts may be used as background information to complete a domestic violence investigation for prosecution:

- the marital status of the suspect and the victim;
- whether or not the suspect lives on the premises with the victim (except as may be necessary to qualify the parties as "members of an unmarried couple");
- whether the victim has not obtained a protective order against the perpetrator;
- the potential financial consequences of arrest;
- whether there have been previous law enforcement responses to domestic calls at this address;
- verbal assurances that the violence will cease;
- the victim's emotional status;
- whether or not physical injuries suffered by the victim can be personally observed at the time of the law enforcement response;
- the location of the incident (i.e., public or private);
- speculation that the victim may not follow through with the prosecution, or that the arrest may not lead to a conviction;
- the victim's initial reluctance regarding an officer-initiated arrest;
- the fact that the victim and suspect are of the same gender; or,
- the use of alcohol or drugs by either or both parties.

IV. Procedures

A. Communications: General Responsibilities

1. In-progress domestic violence calls shall receive a high priority response. Communications will:
 - use professional communications skills, obtain all pertinent critical information;
 - promptly relay all important information to the law enforcement officer including any information available through the LINK-Domestic Violence File;
 - update the responding officer with additional information obtained from the caller by keeping them on the line unless they perceive themselves to be in danger.

2. Communications personnel should request the following information:

- location of incident, victim, and perpetrator;
- type of incident (verbal/physical);
- need for emergency medical assistance including injuries and severity;
- weapons involved and descriptions;
- name and telephone number;
- dispatch two officers when available;
- other people involved including children/witnesses;
- perpetrator's DOB/SOC, previous history of domestic violence including previous law enforcement responses outstanding warrants;
- alcohol and/or other drug use;
- has perpetrator left scene, vehicle description, direction of travel;
- apparent hazards to responders, including animals.

3. Safety of Complainant

- communications personnel should attempt to maintain telephone contact with the complaining party in order to monitor the situation and provide the most recent information until the officer arrives;
- if the complainant must leave the telephone to seek safety, advise the caller to lay the phone down and not disconnect so the communications personnel can monitor the situation;
- if the complainant is calling away from the scene advise them to remain there until the law enforcement officer arrives. Advise the responding officer of their location;
- for officer safety update the responding officer with all new information so he may approach the scene with as much information as possible;
- advise the responding officer of additional calls from the residence including those requesting to cancel the call but do not advise the officer to cancel the call;
- any interrupted or disconnected calls should be responded to if the location is known.

B. On-Scene Investigation, Arrest, and Postarrest Procedures

1. General Responsibilities at the Scene: When responding to domestic violence calls, officers should:

- respond promptly to the call—utilize two officers when available;
- establish control;
- assess the situation for risks to all parties including children;
- attend to the emergency medical needs of those involved;
- interview parties/witnesses separately and away from the line of sight and hearing of the perpetrator (use direct quotes of witnesses about their fears and concerns);
- effect an arrest of the perpetrator as the preferred response, if legally possible;
- seize any weapons used in the incident;

- inform the victim of rights;
- provide victim information on legal remedies and community services available for protection and safety planning;
- assist the victim in securing medical attention which shall include arranging for the transporting of the victim to obtain medical attention;
- assist the victim in securing legal protection (warrant, protective order) which may include transporting the victim to obtain the legal protection, if appropriate;
- report all actual and suspected incidents of abuse to the Cabinet for Families and Children, Department for Social Services, using the "Child Abuse, Adult Abuse, and Domestic Abuse Standard Report" form (JC-3);
- if the exigent circumstances have ceased, obtain a consent to search or obtain a search warrant when appropriate;
- collect and photograph all relevant evidence required for successful prosecution (use body map with checklist to document injuries);
- arrange for follow up photographs of the victim in order to demonstrate the extent of the injuries that may later become more obvious;
- attend to any children or dependent adults;
- check LINK and NCIC for outstanding warrants, history file on protective orders and whether there are any active "EPOs," "DVOs," or Foreign Protective Orders ("FPOs").

2. Arrests

- Arrest is the preferred response to domestic violence. All arrests shall be made in conformity with Kentucky state law, agency policy and procedures.
- Warrantless arrest for domestic violence related felonies is the preferred response.

Questions

1. Examine this policy in terms of the elements of a policy described in this chapter. Is anything missing?
2. Are the provisions of this policy consistent with its goals?
3. What do you see as the main concerns of the stakeholder that influenced the content of this policy?

Case Study 3.3 *Getting Tough with Juvenile Offenders*³

Instructions: Read the material below, and then answer the questions at the end of the case study.

The juvenile court underwent a number of changes, largely through legislation, during the 1980s and 1990s. Both the media and some academic scholars portrayed delinquents as increasingly violent, predicting a wave of violence as the adolescent population increased in size. During the 1990s, almost every state passed new legislation making it easier to transfer juveniles to the criminal courts for trial and removing many protections, such as the confidentiality of juvenile court records. The waiver of juvenile cases to the criminal court was facilitated by removing the decision from the juvenile court and making transfer automatic under certain circumstances, thus placing the decision in the hands of prosecutors. Moreover, the language of these new laws indicated that the purpose of the juvenile justice system had shifted from one of rehabilitation to the protection of public safety and holding youths accountable for their offenses. Thus, legal and social scholars and researchers raised questions about the “rehabilitative ideal” on which the system was founded (Harris et al., 2000).

The experience of Pennsylvania illustrates well these changes (information on juvenile laws in other states can be found at the web site of the National Center for Juvenile Justice: <http://www.ncjj.org/stateprofiles>). In 1994, the state’s District Attorney’s Association asked the legislature to change the Juvenile Act. The recommended change was to give prosecutors the option of filing criminal charges directly in adult court when the offense was serious, violent, or if the offender was at least 16 and a chronic offender. Armed with factual evidence of increasing youth violence and arguments that the juvenile justice system was inadequate to deal with the problem, they pressed their case even harder when a new governor was elected in November of 1994.

The juvenile court judges of the state strongly opposed this proposed change. Instead, the judges proposed enhancements of the juvenile justice system that would support a comprehensive, community-focused effort to control violent juvenile delinquency. With greater resources and continued control over the decision to transfer juveniles to the adult system, the judges believed that youth violence could be reduced.

The new governor, Tom Ridge, addressed these initiatives aggressively when he came into office in January of 1995. Within a year, new legislation had been passed that changed the purpose of the juvenile court from one of rehabilitation to one of “balanced and restorative justice,” or “balanced attention to the protection of the community, the imposition of accountability to victims for offenses committed and the development of competencies to enable children to become responsible and productive members of the community.” Importantly, this legislation shifted the status of beneficiary of programs from the child to the community. Other major changes also were brought into law:

- The police were now authorized to fingerprint and photograph any child alleged to have committed a misdemeanor or felony.
- Parents could now be required to participate in summary offense hearings.