

List of Evidence-Based Program and Practice Examples for JAG

The information provided in this document lists some of the more effective and/or common evidence-based practices known to prevent or reduce crime and other harms that can lead to crime. Applicants can find directories that list additional evidence-based programs and practices on the [OCJS website](#).

Category A: Law Enforcement

Programs/Practices	Outcomes
Hot Spots Policing Proactive policing strategies that focus law enforcement resources on high-crime places such as street segments or intersections to deter crime. An obvious law enforcement presence is the main deterrent to committing criminal acts . Resident buy-in and support for hot spot strategies in their community is necessary for project success.	Identified high crime areas in neighborhoods that received hot spots policing strategies had lower violent crime rates and did not displace crime into surrounding areas. Hot spots policing efforts that used problem-oriented policing strategies generated larger crime reductions than projects that applied traditional policing strategies.
Group Violence Reduction Strategies Proactive strategies that concentrate the efforts of law enforcement and criminal justice partners on members of groups engaged in retaliatory gunfire exchanges. Using focused deterrence principles, criminal justice partners notify group members that they will swiftly concentrate their enforcement resources on them if they engage in future gun violence.	Several local implementations of these strategies resulted in reduced rates of gun violence. If criminal justice partners can deliver on their promises, individuals will be more likely to perceive an unacceptable risk of apprehension and will avoid future gun violence. Successful projects often link members to resources that help meet their material and psychological needs.
Place Network Investigations City-wide strategies to disrupt place-based crime networks with high rates of firearm violence. PNI's require law enforcement investigators to uncover crime place networks and the dynamics that lead to shootings and build cases against known violent offenders and owners/managers of network locations. Law enforcement work with a local PNI Board that leverages city/county resources to alter crime-facilitating place dynamics and reduce the odds of firearm violence.	Community PNI projects that saw reductions in gun violence carefully implemented a variety of strategies to disrupt the place dynamics that were increasing the odds of gun violence incidents. Besides criminal justice efforts, projects used zoning and code enforcement, permits and licensing, parking restrictions, civil remedies, and other means of changing location dynamics.
Deflection and Pre-Arrest Diversion Strategies Pre-booking diversion strategies designed to link individuals with substance use disorders and/or mental illness to services to help meet their psychological and material needs (e.g., homelessness, healthcare, hunger). Effective projects have behavioral health partners who follow best practices in crisis care .	Effective projects diverted individuals from arrest for low-level crimes, successfully referred most individuals directly to services. The capacity of a community's behavioral health care system to serve their population is an important determinant of a project's success.

Category B: Prevention and Education

Programs/Practices	Outcomes
<p>Family-Based Child Maltreatment Strategies Programs that are designed to prevent child abuse and neglect by helping expectant, new, and/or struggling parents develop parenting skills, cope with stressors, and care for their children. Model programs include HOMEBUILDERS Intensive Family Preservation Services, Nurse-Family Partnership, Parent-Child Interaction Therapy, and the Triple P: Positive Parenting Program.</p>	<p>Long-term evaluations of these projects showed that children of program participants had fewer substantiated cases of child maltreatment and fewer out of home placements. Project activities take place in the home, a pediatric office, or another community setting. Practitioners provide education, support, and resources to parents and/or other caregivers over time.</p>
<p>Classroom Behavior Management Strategies Teacher classroom management strategies for young children that model and reward prosocial behaviors and prevent or reduce antisocial behaviors in students PreK through 6th grade. Two model programs are The Incredible Years (preschool) and the Good Behavior Game (elementary school).</p>	<p>Students in classrooms that implemented these strategies had less antisocial behavior and developed more prosocial competences during the school year. Long-term evaluations of these projects showed that students had better social adjustment and less substance abuse and mental health problems in middle childhood and adolescence.</p>
<p>Youth Mentoring Practices that match youths to older mentors in formal, supportive relationships and support the relationship over time. Mentors support youth's healthy development and help meet their psychological and material needs. Organizations that facilitate mentoring matches must maintain high practice standards.</p>	<p>Youths who had mentors for six months or more in high quality relationships had better social competencies and less substance abuse and mental health problems in adolescence.</p>
<p>Community-Based Violence Intervention Strategies that emphasize the role of community outreach workers who de-escalate groups engaged in retaliatory gun violence and mentor younger community members at risk of engaging in gun violence. Outreach workers also link community members to resources to help meet their material and psychological needs.</p>	<p>Successful projects saw significant reductions in shootings and retaliatory homicides and lowered the intensity of firearm violence in known neighborhood hotspots. Effective projects had established policies on the roles and responsibilities of outreach workers when dealing with individuals engaged in criminal acts.</p>
<p>Medication Assisted Treatment (MAT) A practice that involves the use of medications to treat individuals with opiate use disorders, often in combination with counseling and behavioral therapies. Two, well-known treatment modalities are Methadone Maintenance Therapy and Buprenorphine Maintenance Treatment.</p>	<p>Adults enrolled in treatment programs that have MAT integrated are less likely to test positive for opioids, less likely to overdose, have greater retention during treatment, and are better able to work and engage in typical daily living activities.</p>

[Mobile Crisis Response Teams](#)

First responder teams that travel to individuals in mental health and/or substance abuse crisis to help de-escalate their symptoms, stabilize, and link them to services that help meet their material and psychological needs. Teams typically include a licensed behavioral health clinician, a medical professional such as an EMT or nurse, and often a certified [peer support specialist](#). Some teams also include a law enforcement partner.

Effective teams follow [best practices in crisis care](#), align their efforts with their community's larger behavioral health system, and have well-defined boundaries with law enforcement. Communities served by effective teams had reduced law enforcement reports of public order crimes (e.g., trespassing, disorderly conduct, resisting arrest). Individuals served by teams had improved psychological well-being and reduced hospital visits.

Category C: Adults and Juvenile Corrections, Community Corrections, and Reentry Programs

Programs/Practice

Outcomes

[Family-based Treatment for Juvenile Delinquency](#)

A practice that consists of a wide range of interventions that are designed to improve family functioning and relationships that contribute to adolescent delinquency and other behavior problems. [Functional Family Therapy](#) and [Multisystemic Therapy](#) are two model programs.

Youth who have participated in family-based treatment were less likely to be arrested and exhibited less antisocial behavior, and less substance use. They also showed improved psychological functioning and school performance.

[Incarceration-based Therapeutic Communities](#)

A practice that uses a residential drug treatment program model for incarcerated individuals with substance use disorders. There are three stages of treatment in this practice: induction and early treatment, primary treatment, and reentry.

Residents of effective therapeutic communities had lower rates of recidivism compared to incarcerated individuals with substance use disorders who were not participants of therapeutic communities.

[Rehabilitation Programs for Adult Offenders](#)

A practice that aims to reduce recidivism by improving behaviors, skills, mental health, social functioning, and access to education and employment. Most of these programs are delivered in the correctional setting or in the community upon release from supervision.

Incarcerated individuals who participated in effective rehabilitation programs had reductions in criminal offending compared to incarcerated individuals who did not participate.

Category D: Courts, Defense, Prosecution

Programs/Practices	Outcomes
<p>Adult Mental Health Courts Specialized, treatment-oriented, problem-solving courts that divert mentally ill adult individuals from incarceration to court-mandated, community-based treatment programs in the community. Length of mental health court participation typically ranges from 6-24 months.</p>	<p>Individuals participating in effective adult mental health court dockets had significant reductions in recidivism compared to non-participants with serious mental illness in the criminal justice system.</p>
<p>Adult Drug Courts Specialized, treatment-oriented, problem-solving courts that aim to reduce recidivism and substance abuse among eligible offenders with substance use disorders. The length of drug court participation typically ranges from 12-26 months.</p>	<p>Individuals participating in effective drug courts had lower rates of recidivism compared to other court-involved adults with substance use disorders who did not participate in drug court.</p>

Category E: Victim Services

Programs/Practice	Outcomes
<p>Psychotherapies for Victims of Sexual Assault Treatment interventions – usually cognitive – behavioral - designed for adults to manage the negative effects of traumatic life events such as sexual or physical abuse. Individuals typically receive between 1-45 hours individual therapy.</p>	<p>Victims of sexual assault who received this type of treatment intervention experienced decreased symptoms of trauma and PTSD.</p>
<p>Trauma-Focused Treatment for Juveniles and Young Adults This practice consists of trauma-focused interventions that treat trauma symptoms and externalizing behaviors in juveniles and young adults. Two model programs are Cognitive Behavioral Intervention for Trauma in Schools and Trauma-Focused Cognitive Behavioral Therapy.</p>	<p>Participants of effective projects had reduced trauma symptoms and fewer antisocial and disruptive behaviors compared to juveniles and young adults in control groups who did not receive treatment.</p>
<p>Child Maltreatment Prevention Family-based programs are designed to prevent child abuse and neglect by helping expectant, new, and/or struggling parents develop parenting skills, cope with stressors, and care for their children. Model programs include HOMEBUILDERS Intensive Family Preservation Services, Nurse-Family Partnership, Parent-Child Interaction Therapy, and the Triple P: Positive Parenting Program.</p>	<p>Long-term evaluations of these projects showed that children of program participants had fewer substantiated cases of child maltreatment and fewer out of home placements. Project activities take place in the home, a pediatric office, or another community setting. Practitioners provide education, support, and resources to parents and/or other caregivers over time.</p>

Children’s Advocacy Center Model

Multidisciplinary, victim-focused strategies designed to improve forensic interviewing and the continuity of care for youths who are victims of sexual abuse and assault. Program models can be found through the [National Children’s Advocacy Center](#) and [National Children’s Alliance](#).

Effective projects helped ensure that victims received physical health examinations and evidence based behavioral or mental health services. Projects can additionally provide courtroom preparation, victim advocacy, or family/caregiver education.

Forensic Nursing Model

Victims of violence who are seen by trained forensic nurses and seek prosecution have a greater likelihood of resulting in a guilty plea or conviction.

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Rape Crisis Services

Victims of sexual assault/abuse may receive support from trained advocates (who are community or prosecutor-based) and may receive peer support or counseling.

Victims of sexual assault or abuse who are connected to rape crisis services better understand their options and report that they feel less re-victimized by the criminal justice system. Interventions may help reduce trauma symptoms, increase safety, and aid healing.

Domestic Violence/Intimate Partner Violence (DV/IPV) Services

Victims of DV/IPV may receive support from trained advocates (community or prosecutor-based).

Victims of DV/IPV who are connected to support services may seek shelter or receive safety planning. Additionally, they may be connected to community resources and receive timely advocacy. Interventions may increase safety, reduce trauma symptoms, and aid healing.
