Volume 68 Number 2

Federal PROBATION
a journal of correctional philosophy and practice

Home

# First Count to Ten: Innovation and Implementation in Juvenile Reintegration Programs

References

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**DEMAND FOR INFORMATION** about best practices in juvenile aftercare has grown in recent years, fueled by the heightened interest in offender reentry and new federal support for programs targeting juvenile offenders. Under the Serious and Violent Offender Reentry Initiative (SVORI), 31 states have begun demonstration programs targeting juveniles returning to the community from secure correctional facilities; altogether, more than 50 SVORI-funded programs target juveniles or a combination of adults and juveniles transferred to adult facilities. It is estimated that youth account for up to onethird of the population of returning prisoners each year (Lattimore et al., 2004).

Compared to the extensive literature that has developed over the past decade on evidence-based "blueprint" intervention models for high-risk youth, literature on programs for juveniles reentering the community following incarceration has been limited (McCord, Widom, & Crowell, 2001; Spencer & Jones-Walker, 2004). Outcome studies of aftercare programs are rare (Josi & Sechrest, 1999). Much of the literature on juvenile aftercare has focused on one model—the intensive aftercare program (IAP)—and writings on IAP have been largely descriptive of the model and its theoretical and scientific foundations (Altschuler & Armstrong, 2001; Altschuler & Armstrong, 1995). Findings from a process evaluation of a national multi-site IAP initiative have been reported by Wiebush and colleagues (Wiebush, McNulty, & Le, 2000), as well as Altschuler and Armstrong (2001). These and related papers focusing on IAP implementation discuss a number of issues that can inform the plethora of juvenile reintegration initiatives that have begun in several states and localities.

Process evaluations are potentially one of the most valuable sources of knowledge about new program interventions. Increasingly overlooked in the current rush to show outcomes, these studies assess the process of model implementation, often illustrating the organizational structures and mechanisms that ultimately determine program success or failure. In tracking if and how programs reach objectives involving such prosaic performance measures as intakes, staff caseload ratios, or client retention and completion rates, process evaluations lay the foundation for testing whether a model intervention can achieve the more alluring goals of

delinquency reduction or school improvement. It is understandable that studies that test whether a new intervention can show these latter outcomes are sought by public officials and grant-making agencies. But even the best-designed and documented model—grounded in theory and supported by research—can fail due to implementation problems (Altschuler & Armstrong, 2002). Without process measures that assess fidelity to the model, outcome results are difficult to interpret. Although negative findings are often attributed to the failure of the model, there is ample evidence from diverse fields that innovations fail due to implementation errors involving such mundane matters as logistical issues, space and equipment, staffing resources, or management support (Forsetlund et al., 2003; Goodman, 2000; Mears, Kelly, & Durden, 2001). Even with the most divine intervention model, the devil's usually in the implementation details.

This paper discusses implementation issues and barriers common to juvenile reintegration program efforts, using findings from an ongoing process evaluation of an intensive aftercare program initiative in one eastern state. The persistence of these issues is evident in similarities between our findings and those reported in the earlier, multi-site process evaluation of IAP conducted by the National Council on Crime and Delinquency (NCCD; Wiebush, McNulty, & Le, 2001), as well as other reports on the model (Altschuler & Armstrong, 2001; Altschuler, Armstrong, & MacKenzie, 1999). Moreover, these issues are not unique to IAP. Some of the same implementation problems, for example, were evident in a recent process study that carefully tracked efforts to implement a Multidimensional Family Therapy program in one Miami site (Liddle et al., 2002). These common issues cannot be attributed to a lack of information about IAP or MDFT, nor, probably, to weaknesses in these models. With more than a decade of federal support, both IAP and MDFT have been the subject of extensive descriptive and explanatory information readily available from diverse venues, including websites, professional journals and books, reports, presentations, and technical assistance. Papers describe their theoretical foundations, as well as research that serves as the basis of these models (e.g., Altschuler et al., 1999; Liddle et al., 2001).

Rather than due to problems inherent to either model, the pattern of implementation difficulties evident in these studies are likely due to the inevitable nature of challenges facing those planning and implementing programs that represent "a new way of doing business" (as IAP was described to staff in our study site). Innovation diffusion and implementation have been the subject of extensive literature in the field of organizational development and change (Rogers, 1995; Wejnert, 2002). To analyze the process of implementation and diagnose organizational problems or strengths that affect its progress, researchers and theorists have developed models and assessment tools that include such constructs as innovation readiness and organizational culture and climate. While most often applied to the private sector, these models are equally meaningful when applied to public and non-profit agencies. One recent illustration of this utility is a program change model developed by Simpson (2002) and colleagues (Lehman, Greener, & Simpson, 2002) that considers factors involved in the adoption and implementation of new substance abuse treatment technologies. In discussing our IAP implementation findings, we will borrow liberally from the organizational change literature. As background, we describe some of the key constructs from this literature in the next section. In addition to providing a useful heuristic for interpreting IAP process findings, the organizational literature provides a framework for considering strategies that prevent or inhibit implementation difficulties, and for resolving them when they appear. Lessons learned from process studies are incorporated in our discussion of results and in a final conclusions section.

back to top

**Background**

*Organizational Framework*

Researchers and theorists have posited several variations on a stage model to depict the process of disseminating or transferring innovations in organizations. Derived partly from Klein & Sorra (1996) and other organizational behavior literature, Simpson's (2002) program change model includes four sequential stages, from exposure to the new technology, through its adoption,

implementation, and practice. Although a number of studies have examined the earlier stages of exposure and adoption of a particular innovation (e.g., a new software technology), outside of case studies focused on a specific organization, little research has been done on the factors that influence the process of moving to implementation or sustained, routine practice (Klein, Conn, & Sorra, 2001). One recent exception, which involved the use of statistical path models to study implementation of a computerized technology in 39 industrial plants, pointed to management support and financial resource availability (to purchase and maintain high-quality computer equipment, fund staff training and user support, etc.) as elements that underlie consistent and skilled use of the innovation (Klein et al., 2001). These investigators and other scholars recognize that such elements help create a climate for change that must take place in a larger context influenced by such factors as organizational mission, culture, and staff skills and values.

To interpret findings on IAP implementation, we have found it instructive to employ a model developed by Burke, Litwin, and colleagues (Burke & Litwin, 1992; Burke, Coruzzi, & Church, 1996). In addition to covering the central constructs that have emerged from the past several decades of organizational change research and theory, this conceptual framework is of particular utility because it is designed as a "diagnostic model of organizational performance and change" that can also serve "as a guide to actions to take as a consequence of the diagnosis" (Burke et al., 1996, p. 42). Figure 1 depicts how the variables in the model may interact to influence IAP adoption and implementation. In the results and discussion section, this framework is used as a post-hoc analytic tool to present and integrate findings from our research and other process studies of IAP, focusing on key factors from the model that appear critical to the implementation effectiveness of juvenile reintegration initiatives.

*The IAP Model*

As described by Altschuler and Armstrong (1995; 2001), the intensive aftercare model represents a substantial departure from conventional aftercare provided to juveniles after their release from a period of confinement.

The program elements that distinguished IAP from traditional, standard aftercare in our study site are likely typical of the differences that would be found in other jurisdictions nationally. Key distinguishing elements of the IAP plan developed by the agency included the following:

- IAP participation was limited to youth identified to be at high risk of reoffending;
- intensive aftercare began upon the youth's admission to a placement facility; the program stressed planning and preparing for life in the community while in the facility, and continuity of services and support in the institution and community;
- the program was designed around teams of three or four staff, each of whom played specialized roles while sharing responsibility for IAP youth;
- the teams had small caseload targets of 30 youth (representing a 1:10 or 1:7.5 staff to client ratio), permitting much more individual attention to youth and their families;
- compared to standard aftercare, there were significantly more contacts made with the youth each week; and
- these contacts were to reflect the program's emphasis on services and support, in addition to supervision.

The research reported here assessed the first stages of a statewide IAP initiative; during our 18-month study period, the program expanded from two to eight counties, covering a diverse population of urban, suburban, and rural settings. Program staff expanded from 5 to 16 IAP case management teams. In the original plans for the program, teams included a facility liaison, who specialized in the initial institutional phase of the program, a community monitor or tracker, who provided close supervision and support in the community, and a community case manager, who worked with IAP youth throughout their time in the program, and often handled case files, documentation, and court tasks. A fourth position, the family intervention specialist (FIS), provided case management and direct service in areas of mental health and family counseling. The FIS could work with multiple IAP teams.

back to top

## Method

As detailed in the full process report (Young et al., 2003), data were assembled from several sources between November 2001 and April 2003. Data on IAP youth were obtained from regional supervisors of the local juvenile justice agency and then verified and supplemented by records from the agency's computerized management information system. The findings discussed here involve qualitative data obtained by researchers in over 40 structured discussion groups and "ride alongs" with IAP staff and supervisors, 17 sessions with central office and regional administrators, and numerous other meetings and informal discussions with juvenile justice agency personnel and representatives from other state and non-governmental agencies involved in juvenile aftercare.

The utility of organizational assessment was evident in the overlap between the content addressed in these focus groups and meetings and that described in Burke's survey methods (Burke et al., 1996, pps. 49-52). Table 1 lists diagnostic questions regarding IAP implementation suggested by these methods for each of the organizational constructs in the model; many of these questions were the subject of our discussions with IAP staff, supervisors, and central office. Findings presented below emerged from our inevitably subjective assessment of qualitative data obtained in the groups and meetings at our study offices; this and other future research on reintegration programs will be better informed by the use of quantitative organizational survey tools like those created and employed by Burke, Simpson, and a number of other investigators (Kraut, 1996; Taxman, 2004).

back to top

## Results and Discussion

Table 2 highlights results from our process study and those described in other IAP literature (Altschuler & Armstrong, 2001; Wiebush et al., 2000) for each of the organizational constructs in the Burke model. Both negative and positive findings—organizational problems that were found to impede implementation, as well as strengths that advanced IAP—are presented. Mixed findings, usually where one or more sites fail to do something that succeeded in other sites, are also included (indicated as +/- in table). In the interests of brevity, the discussion is limited to a subset of the 11 organizational variables listed in the table, with selected findings from our research that are likely common to other jurisdictions and some comparative results from the earlier multi-site process research (referred to here as the NCCD study).

### *Mission and Strategy*

Planning efforts by the central office of the juvenile justice agency (JJA) implementing IAP in our research focused primarily on program mission and policies and procedures. Due to a new administration, considerable attention was devoted to articulating a new mission statement for the agency in the months before IAP planning began. This statement, which emphasized a "balanced and restorative justice" approach, was consistent with the underpinnings of IAP and thus supportive of the model. The new JJA director was responsible for making the decision to adopt IAP as a model for agencywide expansion, and consistently and vocally described IAP as a central element in a broad strategic plan to reform the way the agency worked with youth. It appears that IAP did not play as prominent a role in larger agency developments at the sites studied by NCCD; however, the impetus behind IAP was the same for these sites and our site; all were focused on improving a neglected aftercare system, and reducing youth recidivism and reconfinement.

At the JJA, a planning team formed by the administration developed a detailed document that specified the different phases through which youth advanced in the program, including initial assessment and orientation, treatment and services in the institution, pre-release and transition planning and services, and three progressive phases of post-release supervision in the community. The manual was helpful both to staff and supervisors, specifying responsibilities of

each member of the IAP team for each stage of the program. Job duties were stated explicitly, referencing dates, deliverables, and actors (e.g., "between 15 and 30 days before release, the community case manager must complete the Individualized Service Plan form based on at least two meetings with the youth, a family member, and relevant provider representatives").

Unfortunately, the attention paid to developing the IAP mission and program plan in our JJA site was not matched by efforts to articulate strategies for moving the plan to the field. Historically, initiatives developed in the central office were handed to regional field administrators who were given responsibility for their implementation. Short of being exposed to a single, multi-day training of staff and receiving the policy and procedures manual, the field offices were largely left to implement IAP on their own. As discussed in other sections below, staff were generally not supported by the ongoing training and close supervisory oversight needed to implement IAP. One strategic move was to include two managers from the first implementation site in the planning process, as this lent valuable credibility to the IAP initiative among staff in that office. Over time it became evident that this was insufficient, however; as the rollout expanded, staff in other offices expressed a sense of inequity at not also being included in the initial planning.

Strategic planning efforts in NCCD sites appeared to benefit from a slower, more focused rollout strategy that was limited to a small group of IAP teams serving a comparatively small number of program participants. These sites employed two development stages, one involving a wide range of stakeholders (from institutions, field offices, service providers, etc.) and a second, fine-tuning stage that involved local IAP management and project staff. These sites were also benefited from federal grant resources and the provision of ongoing expert technical assistance.

*Leadership.*

In both our site and those in the NCCD evaluation, the IAP enjoyed strong administrative support, tangibly evidenced by commitments of the staff numbers needed to keep caseloads low. Administrators and program leaders provided consistent, vocal support to IAP across the sites. While leadership in the NCCD sites was described as anticipating and aggressively addressing implementation issues, JJA central office oversight proved to be more reactive than proactive. Field staff frustration over unfamiliarity with the model, lack of supervisory assistance, and some promised resources (see management practices and systems sections, below) festered during the first several months of implementation and contributed to initial resistance and low morale in this first rollout location. Once problems were identified however, JJA administrators were responsive, in some cases changing local supervisors and line staff to improve team performance, and eliciting field input and revising policies (on, for example, graduated sanctions and the length of the program's community phases) when needed.

Flexibility shown by agency leadership in encouraging local adaptation of IAP practice at the office and team level was a strength underscored in the NCCD evaluation. Management flexibility was a mixed blessing at our site, where local management were less involved in "owning" IAP, and as discussed below, used the discretion extended to them by central office to reallocate staff and reduce the institutional component of IAP.

*Organizational Culture*

In contrast to climate, organizational culture is a more static, pervasive attribute built over many years. At least three aspects of organizational culture clearly influenced IAP implementation in our study site. One was that many line staff were dubious of any new initiative, unable to distinguish the latest central office enterprise as any more important or innovative than the slew of initiatives introduced by a turnover-prone central office over the years. The immediate reaction of staff who had been with the agency for a decade or more to virtually anything introduced as innovative was, "oh yeah, we actually tried this X years ago, but we called it the Y program." In fact, IAP was relatively successful in dealing with this view, due to the high-profile support showed by agency executives, and the tangible, self-evident differences between IAP and traditional aftercare. Instead, IAP was slowed by a cultural variation of this barrier, namely (in the words of one experienced case manager), staffs' belief that "this too shall pass." Even if IAP

clearly did represent an innovation important to the JJA administration, staff felt that the push for its implementation would fade when these appointees were replaced by others.

Another organizational culture barrier concerned an orientation toward supervision and enforcement over services and rehabilitation. The need to balance supervision with service provision is given prominent attention in the IAP literature and the difficulty of integrating a rehabilitative approach within justice settings has been a constant, central theme in process studies and descriptive discussions of treatment or intensive supervision programs for juvenile and adult offenders (Farabee et al., 1999; Steinberg, Chung, & Little, 2004; Terry et al., 2000). IAP process findings generally validate these concerns. In both our site and the NCCD sites, case managers did express enthusiasm about the improved relationships they were able to form through the additional contacts and time spent with youth on their caseloads, and appreciated the deeper knowledge they gained of youth and family needs. IAP staff and commitment facility personnel also remarked to us that many youth and family members enjoyed the additional attention they were given during the youth's institutional stay.

But with a few limited exceptions, no substantive or systemic changes were made in the amount or type of services linkages made with IAP youth either pre- or post-release at our study site. Several community-based IAP staff reported a modicum of cooperation on the part of institutional staff in the largest, most secure facilities that housed youth, and some field staff were disinclined to visit youth during institutional stays. The general inability to effect change for IAP youth in these institutions was consistent with the view that "the culture and philosophical orientation of [institutional and community corrections] are often fundamentally at odds" (Altschuler and Armstrong, 2001, p. 78).

The inclusion of family interventionist specialists, who were funded through an agreement with the local public mental health agency, did provide needed expertise, and most important according to other IAP team members, brought to the program more ready, reliable access to community-based mental health services for youth and families in the post-release phase of the program. NCCD study sites were somewhat more successful in implementing some specialized institutional services for IAP youth, although the researchers report there was little difference in the amount of traditional services (education, vocational training, substance abuse, or other counseling) received by IAP and other committed youth, especially in two of their sites.

*Systems*

Across the board, the studies showed that agency management delivered on a major systems issue, allocating needed staff to the initiative and keeping caseloads low. Concerns raised repeatedly during the first year of implementation at our site, however, indicate that planners and managers should never underestimate the importance of delivering on promises to provide needed resources (in this instance, cars for transporting youth and families, cell phones for field trackers, curriculum manuals, and dependable computers). Staff who are inherently dubious about new agency initiatives use equipment, facility space, and other tangible resources as a means of testing the management's sincerity about achieving change. After several months of field staff complaints in the initial implementation phase at our site about inadequate equipment or supplies, these were addressed and largely eliminated.

Turnover of IAP staff was not extensive or problematic at our site and three of the four other sites. Prolonged staff vacancies had some limited impact in all the sites; in two offices we studied, teams reduced intakes and kept caseloads low to deal with vacancies.

*Structure*

Intensive aftercare programs have had mixed success addressing the logistical issues arising from the fact that juvenile offenders are often incarcerated in facilities located long distances from their homes and communities. Achieving continuity of care under these circumstances—using the same provider in the institution and the community, or even holding meetings in the institution involving the youth, family members, communitybased school or service providers—requires

difficult structural adjustments. Some of the programs involved in the NCCD study successfully implemented a plan where IAP youth were "stepped down" to lower security facilities closer to home in the period before release. IAP plans also routinely specify staff roles and responsibilities designed to ensure involvement of field staff (a case manager or parole officer) in the institutional phase. The JJA in our site made no modifications to move IAP youth to facilities that were proximal to the release community and the program struggled to implement the facility case manager position. Given the choice to assign staff, some field administrators elected to eliminate (or reduce and share) this position and bolster community supervision and supports, effectively acknowledging that the high level of IAP-specific pre-release preparation and transition services envisioned in the plan would not be provided. Even in offices that maintained the position, liaisons generally did not maintain the frequency or quality of contacts with institutionalized IAP youth specified in the program plan.

*Management Practices*

Until the latter months of the second year of implementation in our site, management at the local level was uneven. Senior field administrators were dutiful and competent in attempting to carry out IAP work in their offices, but none were involved in planning or had a sense of ownership about the program. Line staff in the field looked to these administrators as their real leaders—central office was too far removed, too inconsistent, too "political" to have an enduring effect—and they reciprocated with their support. A caveat expressed by one administrator and echoed by others seemed to capture this dynamic: "I believe in IAP and we're going to make it work in my area, but you have to understand this is another in a long line of initiatives and changes that my staff have had to deal with lately. Right now their heads are spinning."

This may have contributed to the field staff 's sense of separation and independence from central office, and modest expectations regarding accountability. Accountability issues were at least partly due to a lack of follow-up and process monitoring of prior central office initiatives. In addition to problems with turnover at the executive level, regional managers reported that it was difficult to recruit and retain competent line supervisors and many supervisors were unfamiliar with, and in some cases uninterested in, using performance indicators that were associated with specific IAP positions in the program manual. Supervisors and staff placed priority on displaying that they "cared about the kids." More onerous obligations, such as completing certain assessments, or arranging and holding multiple sessions with the youth, family, service providers, and others within a particular time period, or learning and using a structured curricula, were generally not enforced.

Staff also felt the absence of needed management support in the form of *expertise*. After the first year or so of implementation in our sites, staff had become more knowledgeable about the model and plan, and about what they were *supposed* to be doing in their positions. As their sophistication grew, IAP staff became more attuned and articulate in expressing the need for expert assistance in carrying out specific duties and guidance in problem-solving. Many IAP line staff surpassed their immediate supervisors in their familiarity with the model, making the supervisors less credible managers. This was a significant challenge, as relevant expertise among managers in the JJA, to the extent it existed, was gained from involvement with standard aftercare, or perhaps intensive probation. We observed that it was hard for those with this experience to make the transition to the IAP model—particularly to guide staff in working with youth in facilities and preparing their transition to the community, and to help them develop service linkages that were central to the program.

*Motivation*

Low staff resources in the form of wages and benefits undoubtedly dampened both staff motivation and morale in our study site. The problem was likely worsened by the attention given this issue by local media, public officials, and advocates; not only were staff poorly paid, but they knew everyone knew it. That said, following an initial adjustment period (after which management addressed and resolved some salient issues), morale among IAP staff was generally positive and in some field offices, quite high compared to their peers. In both our site and the

NCCD sites, several IAP case managers spoke favorably about working in an innovative and effective program, and about characteristics unique to IAP positions, including teamwork and camaraderie, flexibility in hours and duties, more time with youth outside the office, and the less routinized nature of the work day. Across the various evaluation sites, IAP case management teams displayed good cohesion and typically settled into complementary job functions with shared authority, responsibilities, and resources.

In our site, motivation, as distinct from positive morale, was less evident. Planners had hopes that the program could recruit some highly motivated and energized individuals, attracted to the notion of joining a promising new initiative, but no flood of applicants emerged. It appears that an accumulation of factors noted earlier—organizational culture and history, absence of close, strong supervision and accountability, poor pay—meant that motivation among field staff was a largely personal and individual matter.

*Job-Skills Match*

Making IAP work would be difficult even for a relatively well paid, educated, and experienced individual. IAP in our study site had a mix of staff, a few of whom had the skills, experience, and motivation to excel in their positions. Staff clearly "cared about kids," but many had not learned requisite case management skills (e.g., administering comprehensive assessment tools, motivational learning or engagement, treatment planning, service monitoring) through experience, agency training, or formal schooling. Staff members had to rely on the policy and procedures manual and informal training from peers and supervisors to learn their new roles. Despite the quality of the manual, employees learn best through social interaction, such as guided role playing, peer discussions, team building exercises, and supervisory monitoring and feedback. They also benefit from booster sessions and other ongoing staff development —efforts that appeared near the end of our research period. Some staff (particularly FISs) did have knowledge and experience in delivering specific intervention curricula (e.g., in anger management, violence prevention) and ran structured groups for IAP youth. IAP planners showed foresight in adding the FIS position to the team, as these individuals filled critical skill and service linkage gaps in mental health areas.

One of the inherent difficulties of implementing IAP is that it is replacing something that on the surface sounds and looks like IAP—what was termed "standard aftercare" in our study site—but is fundamentally different. Organizational research has shown that the rate of adoption of an innovation increases as its novelty decreases (Rogers, 1995; Wenjert, 2002). Case managers and supervisors who were veterans of standard aftercare naturally sought to reduce the novelty of IAP and perceived it as simply *more* of what they had done in the past. They incorrectly presumed that skills used in standard aftercare are the sum total of skills needed for IAP. These staff suffered at least in part from the agency's absence of philosophical or structural precedents from which to build IAP. Making the qualitative shift to perform and integrate wholly new tasks —managing and monitoring services in the facility to prepare the youth and family for reentry, ensuring continuity over the transition period, proactively linking to services post-release, working as part of a team—demands novel ways of thinking and acting, and minimally adequate training and staff development.

back to top

**Summary and Conclusion**

Referring to various business innovations such as quality circles and total quality management, organizational researchers have written that they "often yield little or no benefit to adopting organizations, not because the innovations are ineffective, analysts suggest, but because their implementation is unsuccessful" (Klein & Sorra, 1996, p. 1055). The same could be said about the intensive aftercare program model or any number of interventions for high risk juveniles. Policymakers, funding agencies, and program planners and operators need to take a deep breath and count to ten before demanding outcome results or designing impact evaluations of new program initiatives that have not been assessed for implementation fidelity or integrity.

Process evaluations lay the groundwork needed for later impact research and understanding long-term outcomes. Process evaluations are also invaluable for helping accelerate implementation, both for the program under study and for others who are planning or implementing similar programs. We have shown how a model of organizational change, even when applied retrospectively, can be used to interpret and synthesize findings from process evaluations of IAP. Organizational models designed as diagnostic tools are particularly helpful in identifying factors that can foil or facilitate implementation.

Burke and colleagues distinguish between two types of organizational variables. Mission and strategy, leadership, and organizational culture are described as addressing the process of organizational *transformation* (Burke et al., 1996). Findings from both the NCCD multi-site study and our IAP research indicate that mission, strategy, and leadership are generally areas of strength. These are salient, readily controllable factors that juvenile justice agencies and other IAP stakeholders use to promote and advance the program. Organizational culture is also a powerful mechanism for implementing change. The process results reviewed here, however, particularly from our study site, suggest this is an area requiring attention. When broadly applied in a top-down (central office-to-field) fashion, innovations in juvenile justice agencies may be especially vulnerable to cynicism and resistance from line staff. More than most other areas of public policy, juvenile justice is buffeted by politics, media and public attention, leadership changes, and repeated calls for reform. Over time, staff become habituated to claims of innovation, particularly when they've learned the claimant will soon be replaced by another, with a different plan for reform. Our results also reaffirm the cultural hurdles faced by IAP in expanding services for youth involved in the justice system, and in bridging its institutional and community components.

Achieving change in organizations is also determined by *transactional* factors—those concerned with structure, systems, line supervisors, staff, and their everyday interactions and exchanges in the work setting. Our review of process findings indicate these represent a mix of both positive and negative influences on IAP implementation. Given the fundamentally innovative elements of IAP (intensive team case management, continuity of care over the transition period), successful programs require investments in staff and supervisory training, ongoing skill development, close supervision, and accountability. Paradoxically, staff experienced in parole or aftercare may be least suited to IAP; they may find it difficult to make the adjustment to flexible, service-oriented, team-based work settings, and to acknowledge that IAP is not simply an extra dose of aftercare-as-usual. The findings suggest that, with the right staff and supervisors, programs can take advantage of these same IAP elements, building morale and motivation by emphasizing flexibility, openness, team cohesion, and the opportunity to be part of an important system innovation. At the structural level, results indicate that IAP plans must directly address the logistical issues of providing continuity of care across the geographic distances between institution and community.

Consistent with the holistic nature of the model depicted in Figure 1, IAP process evaluations show that all of the factors in the model can impact implementation; addressing each factor is necessary, but not sufficient for success. Referring to his graphic conceptual model, Burke describes the diagnostic process as revealing the directions of the arrows between the factors (and in Figure 1, the concentric layers) as they operate in the organization—in effect, identifying the strong and weak factors in that setting. Implementation success involves building on those strengths and mending the weaknesses. As juvenile reintegration initiatives develop and multiply, documenting and sharing the experiences and lessons drawn from this process of implementation will provide the foundation needed to ensure the effectiveness and endurance of these programs.

back to top

References

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**FIGURE 1:**
*Model of Organizational Influence on IAP Implementation*

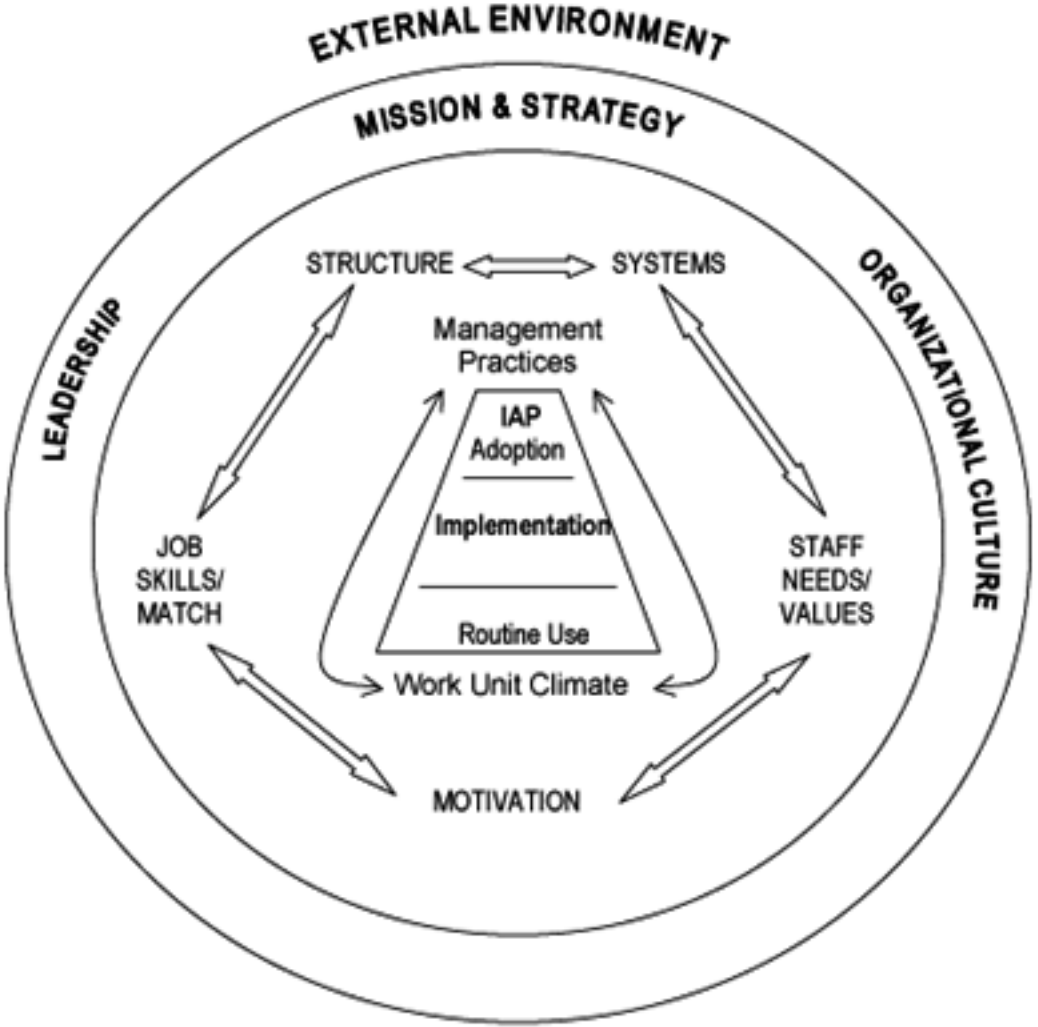

Table 1

## Organizational Diagnosis for IAP Implementation

| Organizational Variable | Sample Diagnostic Questions |
|---|---|
| External Environment | • What are the IAP-related investments and expectations of stakeholders involved in the program (e.g., judiciary, prosecutors, service providers, state/local policy agencies)?<br>• What is the role of the media and other external forces on IAP? |
| Mission and Strategy | • How familiar are staff with the stated vision of IAP and strategies for achieving that vision? Are these communicated effectively?<br>• Are the mission and strategy meaningful and achievable? |
| Leadership | • Are leaders unequivocally supporting the new direction represented by IAP? Are they acting cohesively in that support?<br>• Do leaders communicate about the changes that are involved in replacing conventional aftercare with IAP? |
| Organizational Culture | • Are staff receptive to taking new approaches to their work?<br>• Is the organization supportive of service provision, in addition to supervision and enforcement functions?<br>• How integrated or separate are the institutional culture and the community/field culture involved in IAP implementation? |
| Structure | • Are the structural or logistic changes (e.g., in client assessment & targeting, continuity of care between institution and community) needed to implement IAP identified and made?<br>• Do people understand and support the rationale behind these changes? |
| Management Practices | • Do managers inspire IAP staff to carry out their new roles?<br>• Do managers contribute to the knowledge and skills staff need to implement IAP? |
| Systems | • Are the compensation & benefits for IAP staff and supervisors appropriate? Are training & career development helpful?<br>• Do the technology, equipment, and facilities help staff accomplish their work on IAP? |
| Motivation | • What is the level of morale and satisfaction experienced by IAP staff?<br>• How empowered are staff in conducting IAP? |
| Job-Skills Match | • Are staff clear about what they need to do to be successful in their IAP roles?<br>• Do their skills match their roles/positions? |
| Individual Needs and Values | • Are staff's values consistent with the service provision aspects of IAP?<br>• Do staff and management feel a sense of pride in their organization? |
| | • Do IAP staff perceive teamwork, trust, recognition, openness, cooperation |

| | |
|---|---|
| Work Unit Climate | in their work groups? |

Table 2

## Implementation Issues from IAP Process Evaluations

| Organizational Variable | Implementation Strengths and Barriers |
|---|---|
| External Environment | +/– Pressures emanating from public officials (state executives, legislators), juvenile advocates, media attention<br>+/– History of collaborative relations between juvenile justice agency, service providers, judiciary, other court actors |
| Mission and Strategy | + Detailed IAP policies & procedures manual, with specific job responsibilities, dates, deliverables<br>+ Field supervisors and IAP staff involved, invested in planning process<br>+/– Rollout strategy & resources address need for intensive staff training, close supervision, continual oversight |
| Leadership | + Director, central office express consistent, vocal support for effort<br>+ Management allocates staff resources needed to keep caseloads low<br>+/– Strategic plans for rollout tolerate flexibility at field sites |
| Organizational Culture | – Staff inured to change due to repeated but short-lived central office initiatives, dubious about new initiatives<br>– No systemic shift to develop, provide more services, especially in institutions<br>– Divisions remain between institutional and community/field staff; institutions resist involvement of field staff |
| Structure | +/– Logistical issues of providing continuity of care across long geographic distances are addressed |
| Management Practices | + High supervisor-staff expectations, close supervision & accountability<br>– Lack of management expertise in model, supervisors not proactive, credible managers |
| Systems | +/– Avoid staff turnover, prolonged vacancies in key positions<br>– Low wages and benefits for staff |
| Motivation | + IAP staff enjoy status working on high priority initiative<br>– Low wages, status, expectations can keep motivation low |
| Job-Skills Match | +/– Specialized staff training in IAP, case management skills<br>– Experienced staff provide “standard aftercare plus,” not IAP innovation<br>– Experienced staff slow to adopt flexible, comprehensive, team approach<br>+ Specialized workers (e.g., mental health clinicians) included on IAP teams fill critical skill & service gaps |
| Individual Needs and Values | + IAP staff enjoy working in teams<br>+/– IAP staff share service-oriented vision of IAP |
| Work Unit Climate | + IAP teams show cohesion, complementary functions<br>– Some field-based staff disinclined to visit youth in institutions |

Maruna, S. and Immarigeon, R, editors (2004) *After Crime and Punishment: Pathways to Offender Reintegration.* Portland, Oregon: Willan Publishing.

Meehan, A and M. Ponder (2003a) "How Roadway Composition Matters in Analyzing Police Data on Racial Profiling" *Police Quarterly* 5:306ö333.

Meehan, A. and M. Ponder (2002b) "Race and Place: The Ecology of Racial Profiling African American Drivers" *Justice Quarterly* 19:399-430.

National Commission on Correctional Health Care (2002) *The Health Status of Soon-To-Be-Released Inmates,* Volume 1 Washington, D.C., Office of Justice Programs.

National Research Council (2004) *Fairness and Effectiveness in Policing*. Washington, D.C. National Academy Press.

Parent, D. & B. Snyder (1999). *Police-Corrections Partnerships.* National Institute of Justice: Washington, DC.

Rand (2003) "Prisoner Reentry: What Are the Public Health Challenges?" *RAND Research Brief.* Santa Monica, CA: RAND, RB-6013-PSJ.

Sampson, Robert, S. Raudenbush, and F. Earls (1997) "Neighborhoods and Violent Crime" *Science,* 227:918ö24.

Taxman, F.S., Young, D. & Byrne, J.M. (2003a). *From Prison Safety to Public Safety: Best Practices in Offender Reentry*. National Institute of Justice: Washington, DC.

Taxman, F.S., Young, D. & Byrne, J.M. (2003b). *ffender's Views of Reentry: Implications for Processes, Programs, and Services*. National Institute of Justice: Washington, D.C.

Taxman, F.S., J. Byrne and D. Young (2002).

*Targeting for Reentry: Matching Needs and Services to Maximize Public Safety*. National Institute of Justice: Washington, D.C.

U. S. General Accounting Office (2004). *High-Performing Organizations: Metrics, Means, and Mechanisms for Achieving High Performance in the 21st Century Management Environment.* GAO-04-343SP. Washington, D.C. February, 2004.

Walker, S., C. Spohn, and M. DeLone (1996) *The Color of Justice.* Belmont, CA: Wadsworth.

back to top

## First Count to Ten: Innovation and Implementation in Juvenile Reintegration Programs

Altschuler, D.M., & Armstrong, T.L. (2002). Juvenile corrections and continuity of care in a community context: the evidence and promising directions. *Federal Probation* 66: 72ö77.

Altschuler, D.M., & Armstrong, T.L. (2001). Reintegrating high-risk juvenile offenders into communities: experiences and prospects. *Corrections Management Quarterly* 5: 72ö88.

Altschuler, D.M., Armstrong, T.L., & MacKenzie, D.L. (1999). Reintegration, supervised release, and intensive aftercare. *Juvenile Justice Bulletin.* Washington, DC: Office of Juvenile Justice and Delinquency, U.S. Dept. of Justice.

Altschuler, D., & Armstrong, T. (1995). Managing aftercare services for delinquents. In B. Glick & A.P. Goldstein (Eds.), *Managing Delinquency Programs That Work.* Laurel, MD: American Correctional Association, pp. 137ö170.

Burke, W.W., Coruzzi, C.A., & Church, A.H. (1996). The organizational survey as an intervention for change. In A.I. Kraut (Ed.) *Organizational Surveys. Tools for Assessment and Change*. San Francisco: Jossey-Bass, pp. 41ö66.

Burke, W.W., & Litwin, G.H. (1992). A causal model of organizational performance and change. *Journal of Management* 18: 523ö545. Farabee, D., Prendergast, M. L., Cartier, J., Wexler, H., Knight, K., & Anglin, M. D. (1999). Barriers to implementing effective correctional drug treatment programs. *Prison Journal* 79: 150ö162.

Goodman, R.M. (2000). Bridging the gap in effective program implementation: from concept to application. *Journal of Community Psychology* 28: 309ö321.

Josi, D.A., & Sechrest, D.K. (1999). A pragmatic approach to parole aftercare: evaluation of a community reintegration program for high-risk youthful offenders. *Justice Quarterly* 16: 51ö80.

Forsetlund, L., Talseth, K.O., Bradley, P., Nordheim, L., & Bjorndal, A. (2003). Many a slip between the cup and lip. Process evaluation of a program to promote and support evidence-based public health practice. *Evaluation Review* 27: 179ö209.

Klein, K.J., & Sorra, J.S. (1996). The challenge of innovation implementation. *Academy of Management Results* 21: 1055ö1080.

Klein, K.J., Conn, A.B., & Sorra, J.S. (2001). Implementing computerized technology: an organizational analysis. *Journal of Applied Psychology* 86: 811ö824.

Kraut, A.I. (1996). *Organizational Surveys: Tools for Assessment and Change*. San Francisco: Jossey-Boss.

Lattimore, P., Visher, C., Lindquist, C., Winterfield, L., & Salas, M. (2004). National Portrait of the Serious and Violent Offender Initiative. Raleigh, NC: Research Triangle Institute.

Lehman, W.K., Greener, J.M. & Simpson, D.D. (2002). Assessing organizational readiness for change. *Journal of Substance Abuse Treatment* 22: 197ö209.

Liddle, H. A., Dakof G.A., Parker, K., Diamond, G. S., Barrett, K., & Tejada, M. (2001). Multidimensional Family Therapy for adolescent substance abuse: Results of a randomized clinical trial. *American Journal of Drug and Alcohol Abuse* 27: 651ö687.

Liddle, H.A., Rowe, C.L., Quille, T.J., Dakof, G.A., Mills, D.S., Sakran, E., & Biaggi, H. (2002). Transporting a research-based adolescent drug treatment into practice. *Journal of Substance Abuse Treatment* 22: 231ö243.

McCord, J., Widom, C.S., & Crowell, N. (2001). *Juvenile Crime, Juvenile Justice*. Washington, DC: National Academy Press.

Mears, D.P., Kelly, W.R., & Durden, E.D. (2001). Findings from a process evaluation of a statewide residential substance abuse treatment program for youthful offenders. *The Prison Journal* 18: 246ö270.

Rogers, E.M. (1995). *Diffusion of Innovations*. New York: Free Press.

Simpson, D.D. (2002). A conceptual framework for transferring research to practice. *Journal of Substance Abuse Treatment* 22: 171ö182.

Spencer, M.B., & Jones-Walker, C. (2004). Interventions and services offered to former juvenile offenders reentering their communities: An analysis of program effectiveness. Y*outh Violence and Juvenile Justice* 2: 88ö97.

Steinberg, L., Chung, H.L., & Little, M. (2004). Reentry of young offenders from the justice system: a developmental perspective. *Youth Violence and Juvenile Justice* 2: 21ö38.

Taxman, F., Young, D., Beard, C., Tesluk, P., & Carson, J. (2004). A National Network for the Study of Substance Abuse Services for Offenders. Paper presented at the annual American Correctional Association conference, Chicago.

Terry, Y. M., VanderWaal, C. J., McBride, D. C., & Van Buren, H. (2000). Provision of drug treatment services in the juvenile justice system: A system reform. *The Journal of Behavioral Health Services & Research* 27: 194ö214.

Wejnert, R. (2002). Integrating models of diffusion of innovations: a conceptual framework. *Annual Review of Sociology* 28: 197ö326.

Wiebush, R.G., McNulty, B., & Le, T. (2000). Implementation of the intensive aftercare community-based aftercare program. *Juvenile Justice Bulletin.* Washington, DC: Office of Juvenile Justice and Delinquency, U.S. Dept. of Justice.

Young, D.W., Klem, T., Puryear, V., & Altschuler, D.M. (2003). The Intensive Aftercare Program: Second Interim Report of a Process Evaluation. College Park, MD: Bureau of Governmental Research.

back to top

Endnotes

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