

# Understanding Serious, Violent, and Chronic (SVC) Juvenile Offenders

Ruel “Sonny” Peacock

## **Abstract**

*Juvenile offenders that begin committing crimes prior to the age of 13, are at great risk to commit more serious and violent crimes as they age and are more likely to become chronic offenders throughout life. These serious, violent, and chronic (SVC) offenders have been exposed to several risk factors, including violence. To stunt life-course criminality of these offenders, the level of supervision and treatment services must be intensive, individualized, and must target not only the specific criminogenic needs of the youth, but must be family-focused as well. The earlier these evidence-based delinquency interventions begin the better. This paper discusses how SVC offenders are defined by the Florida Department of Juvenile Justice (FDJJ) and makes recommendations as it relates to the supervision and case management services offered to SVC offenders on community supervision.*

## **Introduction**

Easily frustrated and often rebellious, J.R. was a difficult child. He was just 12-years-old when first referred to the Florida Department of Juvenile Justice (FDJJ) for committing battery on a school employee, a third-degree felony. Unfortunately, J.R. would go on to be arrested numerous times for various misdemeanor and felony offenses, including sexual battery. J.R. was unsuccessfully discharged at 19 years-of-age after spending years in and out of juvenile detention centers and residential commitment facilities. Now, 34, J.R. is in prison for the third time since 2004. Criminologists and the justice system classify offenders like J.R. as Serious, Violent, and Chronic (SVC) offenders (*Baglivio, Jackowski, Greenwald & Howell, 2014*).

While only a small percentage of the general population is responsible for committing most crimes, SVC offenders, like J.R., are responsible for a disproportionate amount of the serious and violent crimes committed. In fact, some research suggests that 1% of the population is responsible for 63% of all violent crimes (*Faulk et al., 2014*). This begs the question, “how do we address SVC offenders like J.R.?”

For many, the J.R.’s of the criminal justice system are a lost cause and the simple answer is that we should just “lock them up.” However, this strategy is irresponsible, contradicts the principals upon which the juvenile justice system was founded, and usually leads to increased costs to society over the lifetime of the offender (*Gottfredson, & Hirschi, T. 2016; Sampson, & Laub, 2016*). The reality is that at some point these violent offenders will be released from prison. In fact, more than half (57%) of the adult prisoners released in 2016 were violent offenders. An estimated 96% of violent offenders released during 2016, served less than 20 years (*Kaebler, 2018*). Once released, there is a very high likelihood that these offenders will commit another crime. According to the U.S. Department of Justice, Bureau of Justice Statistics, of the 401,288 state prisoners

released in 2005, an estimated 68% were re-arrested within three years, 79% were arrested again within six years, and 83% within nine years of release (*Alper, Durose, & Markman, 2018*). With percentages like this, it's easy to question the impact of incarceration upon behavior.

A more proactive strategy is to intervene at the earliest point possible before youth develop into SVC offenders. Logically, this makes sense as the same population of offenders, were the same small group committing most of the juvenile crimes, including those considered serious and violent (*Baglivio et al., 2014; Gottfredson, & Hirschi, 2016; Sampson, & Laub, 2016*). Gaining a better understanding of this population of juvenile offenders and what makes them unique from non-SVC juvenile offenders is a key component in identifying an effective intervention strategy for juveniles most at-risk for becoming chronic adult offenders.

This paper will build upon previous work by the FDJJ by focusing on the at-risk juvenile population in Florida, re-examining the prevalence of SVC offenders presented to the FDJJ during the last five years, and identifying a specific plan for the monitoring, treatment, and overall management of the SVC juvenile population in Florida.

Specifically, this paper will:

1. Define SVC juvenile offenders as opposed to non-SVC offenders;
2. Identify the age of onset for SVC juvenile offenders in Florida;
3. Identify and discuss evidence-based intervention strategies for youth 12 and under;
4. Identify effective supervision (surveillance and monitoring) and intervention or treatment strategies that are most likely to reduce re-offending; and
5. Develop recommendations for agency consideration as it relates to the supervision and case management services offered to SVC juvenile offenders on community supervision (i.e. probation, post residential supervision).

## Literature Review

### Persistent Life-Course Criminality

The relationship between age and criminal offending has been a common focus of criminologists for years, and research has consistently shown that early onset offenders have a two to three times higher risk of later violence or serious offenses, as well as chronic offending. Early onset offenders are also much more likely to engage in substance abuse, carry a weapon, and seek gang membership (*Baglivio et al. 2014*). Most literature indicates that early onset delinquency begins when a child is under the age of 13 or 14, and late onset delinquency at an age above 13 or 14 (*Thomas, Thomas, Burgason, & Wichinsky, 2014*).

Examining criminal trajectories has been a common theme of criminal justice literature for decades (*Land, 2014*). One such course suggests that there are three primary pathways in the development of delinquency from childhood to adolescence:

1. The authority conflict pathway (misbehavior),
2. The covert pathway (concealing and serious property offenses), and
3. The overt pathway (violent offenses).

This particular model shows a steady progression over the course of time from misbehaving to moderate criminal offending, to serious property and frequent violent offending and ultimately to SVC offending (*Baglivio et al. 2014*).

Most juvenile offenders stop committing crimes by their late teen years or early adulthood. In fact, most youth that show signs of antisocial behavior at a young age do not commit crimes as adults (*Cox, Kochol, & Hedlund, 2018*). However, there is a small group of offenders who continue offending into late adulthood. This small group is exposed to various risk factors at a very early age that increase the likelihood of persistent offending (*Corrado, & Freedman, 2011*).

Research has found that a small percentage of juvenile offenders are SVC offenders, and that they are responsible for committing a significant amount of crime (*Cox, et al., 2018*). Research on life-course criminality often associates several risk factors, such as early contact with law enforcements, deficits in intellectual functioning, family make-up, peer relationships, and a lack of protective factors with a course of persistent offending (*Cox, et al., 2018*). The two most consistent findings of research are that early onset of delinquency combined with low level intellectual functioning do increase the likelihood of violent and chronic offending. (*Thomas, et al., 2014*).

There are basically two groups of juvenile offenders:

1. Those that have a relatively short criminal career, consisting of status offenses and minor criminal offensives, and
2. Those that are considered serious, violent and chronic.

The idea that young people take part in anti-social behavior during their adolescent years isn't overly alarming when you consider the multi-faceted nature of adolescence. A stable home, successful involvement in school, and extracurricular activities such as sports and the arts can help to minimize some of the typical adolescent acting out. But, during this time of their lives, young people are trying to figure out who they are, what they believe, and how they fit in. As a result, many youth, to gain independence from their parents, and to attain social recognition and acceptance from their peer group will begin committing minor criminal offenses. Many times, it just takes one life changing event such as those brought on by divorce or a school transfer, for example, to increase the likelihood of the youth acting out. The good news is that criminal offenses in this group peaks around age 17 and then continues to drop as the young person grows and matures and adopts a conventional and socially acceptable life-course.

A much smaller group of offenders, however, will exhibit a pattern of criminal activity throughout life. This particular group of offenders (serious, violent and chronic) are responsible for a disproportionate amount of delinquency (*Thomas, et al., 2014*).

Most youth involved in the criminal justice system, with serious and persistent criminal behavior, have been exposed to several risk factors, including violence. Other common risk factors include such things as poor school performance, placement in child protective services or other instability in care, belonging to antisocial peer groups, and

exhibiting aggressive tendencies (Corrado, & Freedman, 2011). In a Swedish study, researchers found that the early onset of violent offending, personality disorders, and substance abuse activities were the most important risk factors specific to chronic offending (Faulk et. al). Another study found that there are five distinct pathways to chronic antisocial behavior, particularly criminal behavior. They include prenatal risk factors, childhood personality disorders, extreme child temperament, child maltreatment, and adolescent onset. The theory of the study is based on a developmental viewpoint and concludes that the earlier the individual is exposed to subsequent risk-factors, the greater affect on the individual (Corrado, & Freedman, 2011).

Research on the evidence of personality disorders among serious and violent offenders suggest that several psychopathic traits can be seen in early childhood and even more can be identified in teens, especially teens who are serious and violent offenders. It is estimated that as many as 9.4% of adolescent offenders exhibit high levels of psychopathic traits. Offenders with these traits are also more likely to recidivate, or re-offend, more quickly and more violently than adolescent offenders that do not exhibit these traits (Corrado, & Freedman, 2011).

### **Defining Serious, Violent, Chronic (SVC)**

SVC juvenile offenders are not the typical delinquent who gets into a little trouble with the law. SVC offenders have an array of personal, behavioral, substance abuse and/or mental health problems. They are also different from the average juvenile offender in that they typically begin offending at a very young age and continue to offend for a much longer period. The SVC offender group commits the majority of juvenile crime, with Black males having the highest rates of SVC offending (Cox, et al., 2018). This would suggest that Black males are exposed to the greatest number of risk factors.

One study defined chronic or persistent violent offenders as those with a history of three or more violent crime convictions. In this same study, most of the violent crimes were committed by a small number of SVC offenders, who were typically male, characterized by early onset of violent crime, substance abuse, and personality disorders, as well as both violent and non-violent criminal activity (Falk et al., 2014).

Chronic offenders tend to have low levels of intellectual functioning, have a difficult temperament, are unable to regulate impulses, and commit delinquency acts very early in life. In addition, offenders who begin committing crime at an early age tend to be more aggressive and, as a result, are more likely to commit violent crimes as adults. The association between intellectual functioning and SVC offending has been debated, but low scores on intellectual functioning exams are associated with delinquency and violence during adulthood. (Thomas, et al., 2014).

The FDJJ defines a **serious** offender as any youth with a history of a felony arrests. A **violent** offender is defined as any youth with a felony against-person or a weapon/firearm arrest. A **chronic** offender is defined as a youth with a history of four or more prior misdemeanor or felony arrests. A **serious, violent, chronic (SVC)** offender is defined as a youth who is defined as serious, violent **and** chronic. Juvenile offenders in the state of Florida, from fiscal year 2010-11 to fiscal year 2017-18, were 47% serious, 22% violent, 17% chronic, and 10% were serious, violent and chronic. During the same timeframe, FDJJ found an average of 37% of SVC youth in Florida were 12 or younger at

the age of onset, twice as likely to be male than female, and most likely to be Black or Hispanic (*Greenwald, 2018*).

One study, conducted by *Baglivio et al. (2014)*, used juvenile risk/needs assessments for SVC youth to try and predict adult criminal offending. As part of the study, researchers used Florida juvenile court records and adult arrests for over 34,000 juvenile offenders who were assessed using the Positive Achievement Change Tool (PACT). Youth were categorized as SVC, non-SVC, serious, violent, or chronic. When predicting an adult arrest within a year of release from the juvenile justice system, they found that SVC youth are most likely to be minority male offenders with extensive criminal histories and higher substance abuse needs. An interesting difference between the two groups, was that the serious or violent or chronic groups had lower mental health risk scores than the non-SVC group (*Cox, et al., 2018; Baglivio et al. 2014*).

Research shows that when comparing risk and protective scores, there is a clear distinction in the assessment scores of these two groups of offenders. SVC youth consistently exhibiting a high-level of antisocial personality characteristics, high levels of substance abuse, and family dysfunction, belong to delinquent peer groups and have a general lack of desire to conform, while most of the risk factors are significantly lower for the non-SVC offenders. These findings would suggest that these offenders have numerous issues that contribute to them being SVC offenders (*Cox, et al., 2018; Baglivio et al. 2014*).

## **Supervision and Intervention Strategies**

Understanding the differences in these two groups of juvenile offenders is critical to intervention efforts. Having the ability to properly identify the youth who appear to be heading down the path of SVC offending, at the earliest point possible will assist in disrupting the path to SVC by utilizing evidence-based interventions and other promising practices (*Thomas, et al., 2014 & Faulk et al*). What will assist in enabling a juvenile offender to become a responsible adult differs from the non-SVC to the SVC group.

Research of the risk-need-responsivity (RNR) offender rehabilitation model suggests that high-risk offenders benefit from intervention programs that target factors that are likely to cause recidivism. For example, the Juvenile Justice system would need to target offenders with a history of antisocial behavior and substance abuse as these factors have a direct impact on recidivism. However, an effective intervention strategy should not disregard non-criminogenic needs (such as victim empathy and deficits in social skills). These factors should also be targeted by interventions because non-criminogenic needs also affect recidivism among high-risk offenders (*Basanta, Farina, & Arce, 2018*).

Based on the results of previous research, it is possible to identify those individuals most at-risk for SVC offending in early adolescence since early onset in violent crime is one of the strongest predictors of chronic offending as an adult. So, the development of a wide array of treatment and supervision efforts should be a priority if we are to intervene and prevent young people from becoming SVC adult offenders (*Faulk et al*). However, it can't just be 'supervision' or just 'treatment.'

Consider, the "three strikes and you're out" model, which includes tough prison sentences, with little treatment and intervention services. These laws were

intended to deter people from continuing to commit crime, yet prisons are full across America. Instead, what is needed is an early intervention plan of attack with a laser focus on providing a combination of treatment and surveillance to juvenile offenders most at-risk of pursuing a life-course of crime. Examples include:

1. Intensive detention programs or surveillance programs, like electronic monitoring,
2. Intensive case management, combined with treatment and support services such as education, work training, housing, substance abuse, mental health care, family therapy, and other social care interventions. (*Faulk et al*).

Because oppositional defiant disorder and conduct disorder are precursors to psychopathy, and because psychopathic traits are so prevalent in serious, violent and chronic offenders, effective treatments (such as cognitive behavioral therapy) for both oppositional defiant disorder and conduct disorder must be included as part of the intervention strategy to reduce the likelihood of these disorders progressing (*Corrado, & Freedman, 2011*).

Although teenage offenders have not yet reached emotional or psychosocial maturity and the dynamics of their environment are constantly changing, it is often possible for them to be responsive to supervision and intervention services. However, supervision and treatment cannot be a one-size fits all approach; individually tailored treatment plans are extremely important since each offender's circumstances are different. (*Land, 2014*).

When examining risk and protective factors for both SVC and non-SVC youth, there a couple of notable findings. First, aside from gang involvement, psychopathy, and substance abuse, there has been little success in identifying criminogenic predictors of recidivism for SVC youth. However, while prediction remains difficult, the research does show that many of the risk factors do increase a youth's tendency for continued criminal behavior and that interventions should be focused on reducing these tendencies. Another clear finding is that SVC youth have higher risk and lower protective assessment scores than non-SVC youth. These findings are significant when considering intervention and treatment options and a limited pool of resources.

All of this suggests that a one-size fits all approach should be avoided and that juvenile offenders with repeated system involvement should be treated differently than first or even second time offenders. Instead, treatment and interventions plans should be based on in-depth assessments that results in an individualized plan for supervision and treatment that focuses on the risk factors that result in SVC offenders being at a greater risk for continuous criminal behavior (*Cox, et al., 2018; Baglivio et al 2014*).

When examining SVC offenders and the background from which they come, the majority have had unsuitable environments, often including the presence of criminal role models. This is important when talking about treatment strategies. Studies show that interventions for both the juvenile and his or her family is necessary to successfully stunt life-course criminality (*Geest, Blokland, & Bijleveld, 2009*).

In a 2014 study that looked at five years of juvenile offending data, 19% of the non-SVC youth were 12 years old or younger at the time of first arrest, compared to 54% for SVC youth. Considering the importance of the age at onset, and that SVC youth were

three times more likely to be 12 years of age or younger at first arrest (*Baglivio et al. 2014*), it is vital that specific treatment and intervention strategies are designed specifically for children under 12.

Additionally, the *Baglivio* study found that SVC youth were 3.5 times more likely to engage in gang association than youth not meeting SVC criteria. With one of every four youth with gang association being an SVC offender, this would suggest that a specific treatment and intervention strategy must also be identified and implemented that specifically addresses criminal street gangs. The primary objective of the *Baglivio et al.*, analysis was to shed some light on the targets for specific intervention strategies that are more likely to be effective on those with an SVC designation. Because SVC youth are exposed to significant risk factors in several areas including school, peers, living arrangements, family history, substance use, etc., the strategies implemented should be tailored and targeted to the specific criminogenic need.

Several family-based treatments of conduct disorder and delinquency in adolescence have emerged in recent years that have demonstrated favorable decreases in antisocial behavior in randomized clinical trials. These evidence-based interventions include multisystemic therapy (MST), functional family therapy (FFT), multidimensional foster care, and brief strategic family therapy (BSFT). (*Henggeler, & Sheidow, 2012*).

MST has also been shown to be an equally effective treatment for both early onset and late-onset offender groups. The earlier use of MST and MST-like interventions may be helpful given the effectiveness of MST on the no-arrest group in the study (*Rogers, 2015*).

Juvenile probation officers (JPOs) are the focal point for most interventions within the juvenile justice system. JPOs assess, refer and coordinate services, counsel, cajole and coerce youth to accept responsibility for their actions, and reduce offending all while trying to promote the youth's competency development. Research findings provide clear evidence that JPOs do a good job of implementing a balanced approach with delinquent youth that is accountability-based and rehabilitation-based. However, as it relates to SVCs, the research found that offending characteristics, such as seriousness and chronic, were not significant predictors of probation approaches and that probation officers had a 'business as usual' approach to working with delinquent youth (*Schwalbe, & Maschi, 2009*). In my opinion, as a juvenile justice professional, the 'business as usual' approach may have more to do with caseload management than other factors. The SVC population, however, needs much more than a typical business as usual approach. More extensive contacts, greater monitoring efforts, such as electronic monitoring, and evidence-based intervention services are needed to move the offender away from criminal activity and toward positive and acceptable behaviors.

Research suggests that *behavior changes identity* and that small interventions, taken incrementally, can slowly move people into making better decisions and, therefore, improving their lives. These "nudges" redirect offenders from crime in the short-term and, over the long-term, move the offender towards conformity. Providing both supervision and services, as well as, new opportunities for social support, adding structure to routine activities, and introducing new situations that provide an opportunity for *identity* transformation are key to turning points in the process of eliminating criminal behavior. Probation officers must serve as a resource for offenders regarding education, gaining meaningful employment, housing, mental health and substance abuse treatment, and

other social service needs. As a result, behavioral changes away from offending may occur even in the absence of an articulated identity change (*Sampson, & Laub, 2016*).

## **Policy Implications**

There are two criminal justice systems in Florida, the juvenile justice system and the traditional adult system. With respect to SVCs, these are the only options available as for providing supervision and intervention services. A review of previous studies on transfer of juveniles to the adult found that these offenders are more likely to become repeat offenders than those kept in the juvenile justice system, and they re-offend more quickly and at higher rates after release from prison (*Baglivio et al. 2014*). Juvenile justice practitioners agree that the juvenile system should avoid an over-reliance of the adult system and its fondness for incarceration and severe penalties. The alternative focus should be on early childhood socialization and on the family by keeping youth in the juvenile justice system and utilizing individualized rehabilitative programming that includes a heavy component of treatment and surveillance and monitoring. Most importantly, we should identify and focus resources on prevention of the common origins of problem behaviors at the earliest point possible during childhood. Prevention focused on early intervention is the most cost effective and far-reaching response to problem behaviors and early onset criminality (*Gottfredson, & Hirschi, 2016*).

Targeting supervision and intervention efforts with emphasis on high risk for SVC life-course criminality is an important first step. Although there are only a few identifiable risk factors (gang involvement, psychopathy, and substance abuse) that could be addressed to reduce subsequent SVC recidivism, further research should continue to examine additional risks and protective factors across the SVC subgroups (i.e. serious, violent, chronic and SVC) to better understand which factors are most likely to reduce the likelihood of future offending.

Research findings build a strong case for making evidence-based family centered interventions, such as MST, FFT, multidimensional foster care, and BSFT part of the policy for treating SVC offenders. These therapeutic interventions, which are aimed at decreasing antisocial behavior, focus on key aspects of the offender's social environment, such as building more effective family functioning, disengaging offenders from deviant peer groups, and enhancing school performance (*Henggeler, & Sheidow, 2012*).

Given the numerous risk factors that have been identified for life-course offending, it is possible that at-risk youth can be identified early, and prevention strategies, including MST, FFT, SNAP, and other similar programs, can be implemented with the youth and family in an attempt to reduce the likelihood of a continued pattern of criminal activity.

Intensive supervision and monitoring, such as electronic monitoring and heavy contacts, combined with evidence-based interventions such as cognitive behavioral therapy, multi-systemic family therapy, life skills training, intensive drug treatment with urinalysis, and services like Stop Now and Plan (SNAP) which are geared for early onset offenders is a great starting point.

By understanding the relationship between age at first contact with the juvenile justice system, neuropsychological deficits, and the trajectory of adult offending, Florida Department of Juvenile Justice policymakers have an opportunity to design and implement effective supervision and treatment strategies that can delay early onset

offending and reduce the tendency to re-offend, thereby reducing the likelihood of serious, violent and chronic adult offending (*Thomas, et al., 2014*).

In summary, however, the family unit must willingly participate in intervention and treatment strategies if they are to be successful. Additionally, other institutions, such as local law enforcement, schools and the medical community, as well as state agencies that provide services to children and families, must lend support and allocate resources accordingly. This is discussed further in this research paper.

## **Methods**

The purpose of this research paper was to:

1. Define Serious, Violent, and Chronic (SVC) juvenile offenders in Florida;
2. Identify and categorize SVC juvenile offenders in Florida by age of onset, race, and gender;
3. Identify and discuss effective supervision and delinquency intervention strategies most likely to reduce SVC re-offending; and
4. Utilize the information to develop a FDJJ specific policy for the management of SVC juvenile offenders on community supervision (i.e. probation, post residential supervision).

Information and data was obtained from several juvenile justice program resources and materials including data from the FDJJ Juvenile Justice Information System (JJIS) on all youth who received a delinquency intervention referral to the FDJJ across fiscal years 2017-2018.

The study also relied on the following resources:

- The Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Program Guide;
- The National Institute of Justice's (NIJ) office of Justice Programs Guide;
- The Florida Department of Juvenile Justice (FDJJ) Sourcebook (version 3.0); and
- Prior research discovered during the literature review.

Finally, data was gathered through an anonymous survey taken in May 2019. The survey went out to all probation regional directors, circuit chief probation officers (CPOs), and assistant chief probation officers (ACPOs). The survey questions were designed to determine the level of services and resources available in each judicial circuit necessary for providing supervision and interventions to the SVC population and to seek input on creating a statewide SVC specific program. Not all managers chose to participate in the survey, but those that did, report having some familiarity with the SVC offenders in their communities. Respondents also seemed to be supportive of creating specific programming for SVC offenders that would include more intensive supervision and monitoring and more intensive delinquency interventions. However, the survey pointed out a need for additional Full Time Employee (FTE) positions, smaller caseloads,

additional delinquency interventions, and a need for more training and education for our JPO staff, as it relates to SVC offenders prior to developing and implementing any sort of SVC specific program.

After collecting and analyzing all the information and data outlined above, it was determined that a policy should be developed for the management of the SVC juvenile population in Florida. The policy should clearly define for front-line staff who *serious, violent, chronic*, and SVC offenders are; create an SVC offender dashboard that drills down to the assigned JPO level so that probation staff can see in near real-time who the SVC offenders are by circuit and by county; identify a specific list of evidence-based delinquency programming most effective for the SVC population; and develop a schedule detailing the frequency of contacts that a JPO should make on a weekly basis, and steps the JPO should take to address technical violations of supervision.

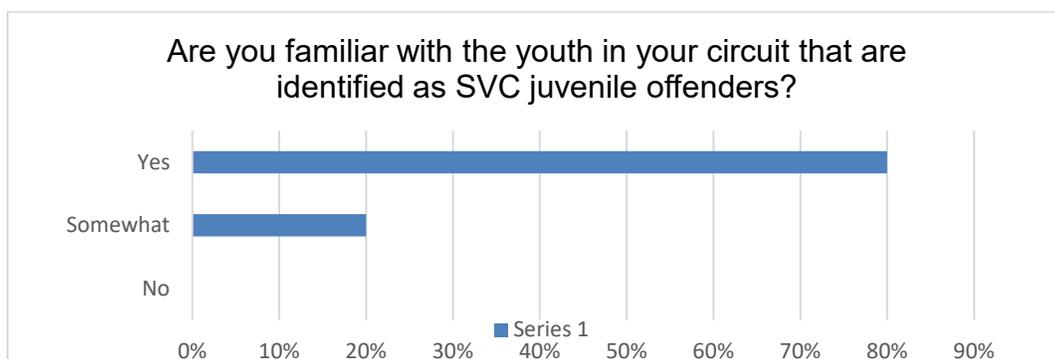
### Survey Results

The survey was sent to 20 Chief Probation Officers (CPOs), 20 Assistant CPOs, and four Regional Directors, for a total of 44 probation managers. I received 31 responses, for a response rate of 70.45%. Of the 31 responses, some respondents chose to skip one or more of the survey questions. The 16 survey questions were divided up into six primary topics, designed to get managements feedback on the following: familiarity with SVC offenders, SVC notification preferences, ideal staffing and conditions, supervision techniques, delinquency intervention services, and training and education.

#### Familiarity with SVC Offenders

The first two survey questions examine how familiar probation managers are with Florida’s juvenile SVC population; only 30 managers responded to these questions. On the first question, 25 respondents (83.33%) indicated that they were familiar with how the agency defines a SVC offender, while five respondents (16.67%) indicated that they were “somewhat” familiar. One survey participant chose to skip this question. As part of question two, 24 respondents (80%) reported that they are familiar with the SVC offenders within their judicial circuits and six respondents (20%) indicated that they were “somewhat” familiar with these offenders.

TABLE 1: SVC Familiarity:



## SVC Offender Notifications

The third question asked participants to indicate their preferred method of notification for youth identified as SVC offenders; only 29 managers responded to this question. Four respondents (13.79%) preferred a “flag” or “marker” in the JJIS intake wizard and on the youth’s Youth Empowering Success (YES) case plan, and one respondent (3.45%) preferred an SVC dashboard that drills down to the assigned JPO level. 21 respondents (72.41%) indicated that they preferred both. Three respondents (10.34%) indicated that they preferred “Other” and all three of the written responses indicated that a special alert on the JJIS face sheet was the preferred method of notification.

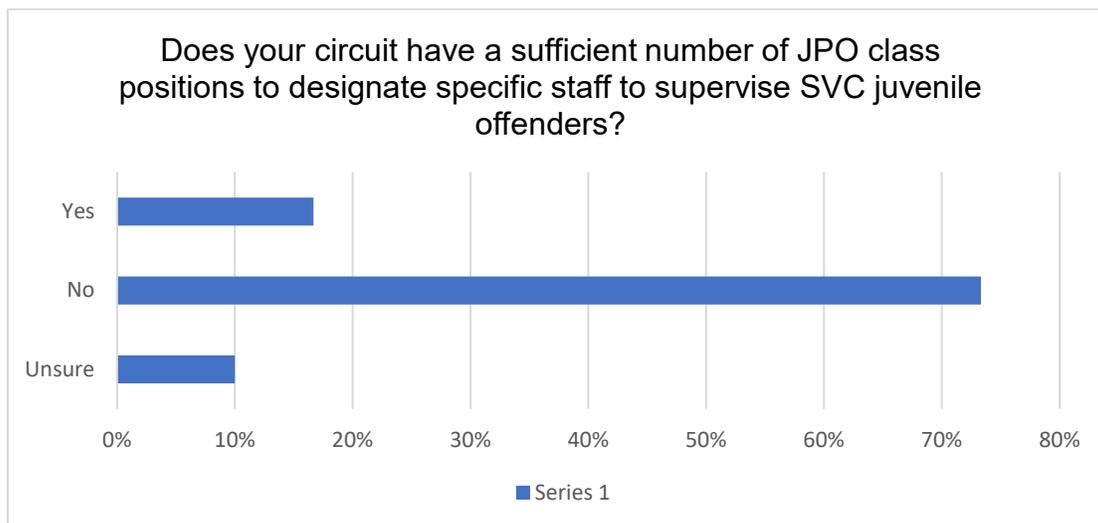
## Ideal Staffing and Conditions

Survey questions four, seven, and eleven deals with Full Time Employee (FTE) staffing levels and ideal conditions needed to supervise the SVC population. The results of these questions are broken down as follows:

Question four asked whether there are designated JPO staff responsible for supervising youth that are high-risk to re-offend according to the results of the Community Assessment Tool (CAT) process; only 30 managers responded to this question. 28 respondents (93.33%) reported that they did not have staff designated to supervise this population, while only one respondent (3.33%) indicated yes. One respondent (3.33%) was unsure.

Question seven asked if there are a sufficient number of JPO class positions to designate specific staff to supervise SVC offenders; only 30 managers responded to this question. Five respondents (16.67%) indicated yes, while 22 (73.33%) indicated that they do not have a sufficient number of JPO staff to supervise SVC offenders. Three respondents (10%) were unsure.

TABLE 2: Sufficient Number of Staff:



Question eleven asked management to identify conditions that would need to be present to designate JPOs for SVC offender specific caseloads; only 30 managers responded to this question. 15 respondents (50%) reported the ability to work a non-traditional work schedule as a necessary condition; 26 respondents (86.67%) reported that caseloads of 25 or less will be necessary; 21 respondents (70%) indicated that more access to technology (smartphones, laptops, etc.) is a necessary condition; and 10 respondents (33.33%) indicated “other” on the survey. The “other” responses can be grouped into following categories: smaller caseloads, training and education, evidence-based interventions, technology and a need for more FTEs. One respondent (3.33%) was unsure of what conditions needed to be present.

## **Supervision Techniques**

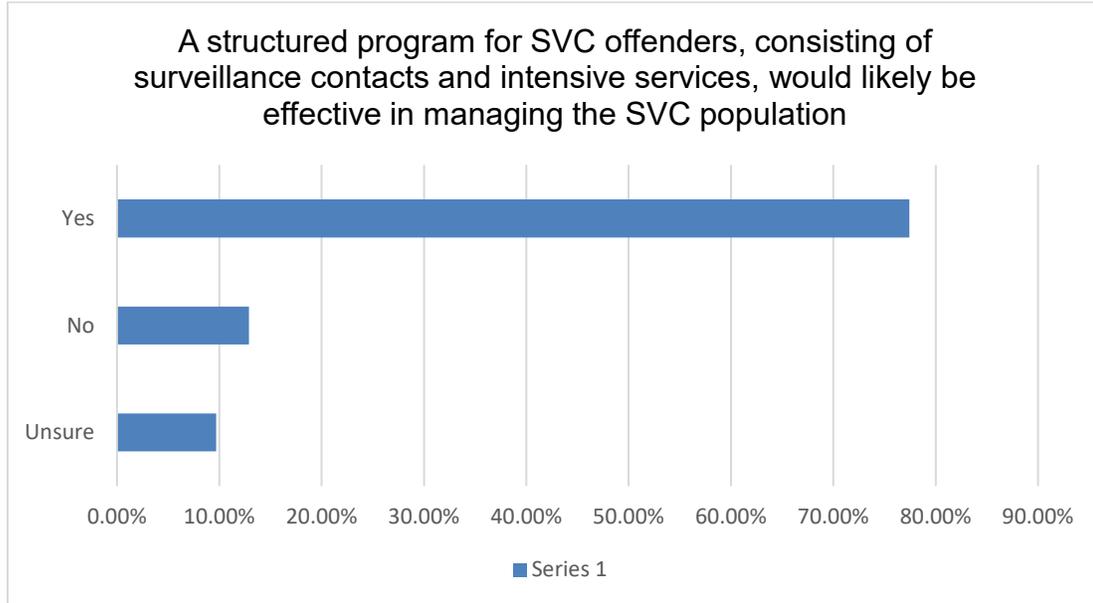
Survey questions five, ten and twelve specifically deal with supervision techniques. The responses to these questions are broken down as follows:

Question five asked management to identify supervision techniques that are the most impactful on moderate-high and high-risk offenders; only 30 managers responded to this question. Zero respondents reported surveillance contacts as most impactful, while four respondents (13.33%) reported that providing effective intervention services and treatment were most impactful. 25 respondents (83.33%), however, indicated that a combination of surveillance contacts and effective intervention services was most impactful when supervising this specific population of juvenile offenders. One respondent (3.33%) indicated “other” which was reported as a combination of surveillance contacts, intervention services and law enforcement support as well as an effective curfew program.

Question ten asked managers whether a structured curfew monitoring program existed in their respective circuits and 21 respondents (67.74%) said “yes” while 10 (32.26%) reported “no.”

Question twelve sought feedback from management on the use of a structured community-based program for the supervision of SVC offenders. 24 respondents (77.42%) indicated that they thought a SVC specific program would be an effective tool in managing the SVC population, while four respondents (12.90%) indicated that such a program would not be effective. Three respondents (9.68%) were unsure of the impact a structured SVC program would have.

TABLE 3: Community-Based SVC Program

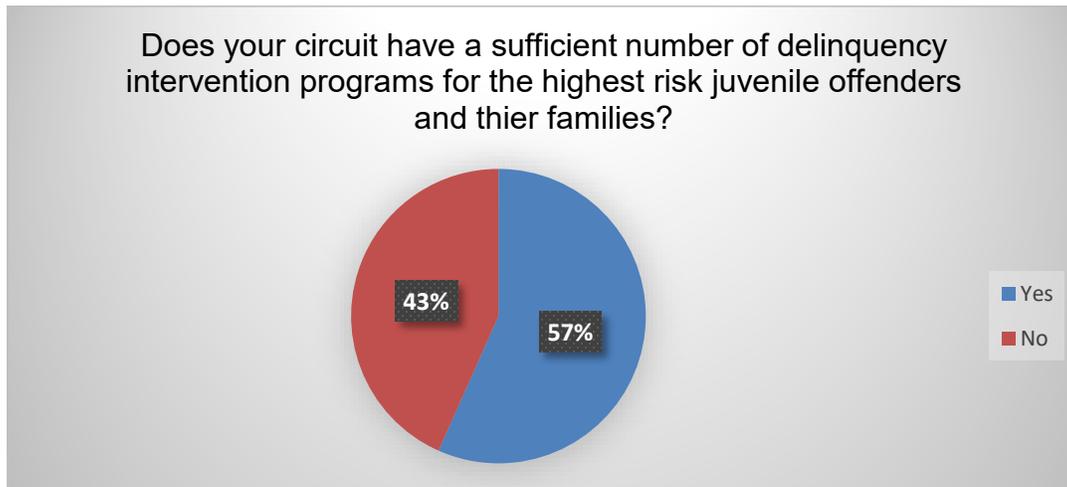


### Delinquency Intervention Services

Survey questions six, eight, nine, thirteen, and fourteen are specific to the availability of recognized delinquency interventions. The responses to these questions are broken down as follows:

Question six asked if each circuit has a sufficient number of recognized delinquency intervention programs for the highest risk juvenile offenders and their families; only 30 managers responded to this question. 17 respondents (56.67%) reported that they had a sufficient number of intervention services while 13 respondents (43.33%) indicated that they did not have a sufficient number of delinquency intervention services.

TABLE 4: Availability of Delinquency Interventions:



Question eight asked if each circuit had a recognized delinquency intervention specifically designed to serve youth 12 years of age and younger; only 30 managers responded to this question. Seven respondents (23.33%) indicated “yes” while 22 respondents (73.33%) indicated “no.” One respondent (3.33%) as unsure.

Question nine asked if the circuits had sufficient capacity (slots) of family-focused evidence-based services. 23 respondents (74.19%) reported that sufficient slot capacity existed within their circuits, while six respondents (19.35%) indicated that they did not have sufficient capacity. Two respondents (6.45%) were unsure sufficient capacity exited within their respective circuits.

Question thirteen asked survey participants whether they agreed with the flowing statement: “interventions for both the juvenile offender and their family are necessary to stunt life-course criminality.” 29 respondents (93.55%) indicated that they agreed with the statement, while two (6.45%) indicated that they were unsure.

Question fourteen asked survey participants whether they agree with the following statement: “Intervention and treatment strategies should be tailored and targeted to specific criminogenic needs.” All 31 respondents (100%) agreed with this statement.

## Training and Education

Question fifteen asked survey participants whether they agree with the following statement: “SVC juvenile offender specific training and education for JPO staff would be beneficial.” All 31 respondents (100%) agreed that training and education would be beneficial to JPO staff.

The last question of the survey, question 16, was an open-ended question allowing respondents to indicate, in their own words, what it is that need to ensure that the SVC juvenile offender population receives the appropriate level of supervision and intervention services. 24 respondents (77.42%) provided comments reflecting the need to hire more JPO staff, reduce caseloads and to increase the availability and intensity of family focused interventions. Seven respondents (22.58%) chose to skip this question.

## Discussion

This survey was designed to gain insight into management's current understanding of SVC offenders, and to get a better sense of the resources needed to provide effective supervision and meaningful case management services to this specific population of juvenile offenders. Getting feedback and buy-in from regional and circuit management is important because they play such a key role in the implementation of new programming.

Our probation program area management teams are generally good about providing feedback, so I was a little surprised that I only got a response rate of 70.45%. What was more surprising, however, was the reported familiarity that management already has regarding SVC offenders. 100% of respondents indicated that they were either "familiar" or "somewhat familiar" with how the FDJJ defines SVC offending. 80% of respondents indicated that they were "familiar" with the SVC offenders in their respective circuits. When asked how to further increase their awareness, nearly every respondent indicated that a special alert on the Face Sheet (i.e. arrest history), or some other similar "flag" in JJIS, as well as a SVC dashboard that drills down to the assigned JPO level would be preferred. Creating JJIS alerts and building dashboards are relatively easy to do and are not cost prohibitive.

A review of existing literature indicates that SVC offenders require a combination of intensive supervision contacts and evidence-based delinquency interventions. Survey results confirm that management understands this as 83.33% of respondents indicated that the combination of intensive supervision and services would have the most positive impact on the SVC population. 100% of respondents agree with existing research that says delinquency interventions and treatment should be youth specific and tailored to their individual needs and risks; 93.55% of respondents agreed that interventions for both the juvenile offender and the family is necessary to stop re-offending, which is also supported by existing research. When asked whether a structured community-based program, consisting of surveillance contacts and intensive services, would likely be effective in managing the SVC offender population, 77.42% reported that this would be an effective tool. When asked what conditions would be necessary to support the creation of a structured community-based SVC program, respondents, as expected, indicated a need for additional FTE positions and smaller caseloads. 73.33% of survey respondents indicated that they do not have a sufficient number of JPO positions that are necessary to designate SVC specific caseloads. Additionally, 86.67% of survey respondents indicated that caseloads of 25 or less would be necessary. A more detailed assessment of the number of FTEs and average caseload sizes will be needed prior to the development and implementation of any new programming designed to target SVC offenders.

Finally, survey responses relating to the availability of delinquency interventions was a bit of a mixed bag and did not provide as much clarity as I would have liked. For example, 56.67% of respondents indicated that their respective circuits have a sufficient number of recognized delinquency interventions for the highest risk juvenile offenders, while 43.33% indicated that they did not have a sufficient number of available services. When asked if the circuit had a sufficient capacity (i.e. slots) of family-focused evidence-based services, 74.19% indicated that sufficient capacity existed within their circuits, while 19.35% indicated that they did not have sufficient capacity. A more detailed assessment

of available delinquency interventions will be necessary prior to the development and implementation of any new programming targeting the SVC population.

## **Recommendations**

There are several recommendations that emerge from this study. Some will be easier to implement than others, but all should be given consideration in order to create an effective SVC offender program. Recommendations include the following:

1. Create an interactive dashboard that drills down to the JPO level so that probation managers and JPO staff have real-time SVC data at their disposal for the monitoring of SVC offenders at the statewide, circuit, county and zip code level;
2. Like the dashboard, create a JJIS “Alert” that will pre-populate on the youth’s Face Sheet and YES Plan to ensure JPO staff can clearly identify, in real-time who the SVC offenders are on their caseloads;
3. Task a small workgroup of probation professionals to develop a weekly contact schedule that details the frequency of contacts JPO staff are to have with SVC offenders;
4. Conduct a Request for Information (RFI) to identify any technology innovations, such as mobile device apps just as an example, that could potentially be pursued to enhance community supervision contacts and interactions with SVC youth and families;
5. Task the Office of Data and Research to conduct an analysis of the Prevention Assessment Tool (PAT) and Community Assessment Tool (CAT) to ensure that “tipping points” are included to help identify early on-set offenders;
6. Task the Office of Data and Research to do a more thorough assessment of available evidence-based delinquency interventions that are available throughout the State, and identify a specific menu of evidence-based interventions and treatments that:
  - Targets early onset offenders (13 and under)
  - Targets offenders with a history of substance abuse and psychopathy
  - Targets gang associations
  - Targets interventions that are family-based
7. Conduct a more detailed assessment of available FTE positions and caseload sizes to determine whether a SVC offender specific caseload(s) can be created in each circuit utilizing available resources;
8. Where feasible, consider piloting an “intensive probation” program in designated locations, that would designate caseloads of 25 or fewer, require intensive supervision (i.e. contacts) and interventions (i.e. treatment) for the highest risk offenders;

9. Explore the feasibility of incorporating SVC offender training into the JPO academy;  
and
10. Develop a SVC policy that outlines the minimum expectations required for the assessment, supervision, and treatment for SVC offenders while on community supervision.

Mr. Sonny Peacock began his career with the Florida Department of Juvenile Justice (FDJJ) in 1998 as an OPS Delinquency Case Manager. Since that time, he has served as a Juvenile Probation Officer (JPO), a JPO Supervisor (JPOS), the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Grant Specialist for the FDJJ, and now works in the Probation and Community Intervention Headquarters (HQ) office as the Director of Policy and Programming. In his current role, Sonny is responsible for the development of the administrative rules, policies and procedures used for the provision of intervention and case management services within the Probation Program Area. He received his Bachelor of Arts and Criminal Justice from the University of West Florida in 1997, and his Certified Public Manager certification from the Florida Center for Public Management at the Florida State University in 2010.

## References

- Alpher, M., Durose, M., & Markman, J. (2018, May). 2018 update on prisoner recidivism: A 9-year follow-up period (2005-2014). *U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics*, 1-23.
- Baglivio, M. T., Jackowski, K., Greenwald, M.A., & Howell, J.C. (2014). Serious, violent, and chronic juvenile offenders: A statewide analysis of prevalence and prediction of subsequent recidivism using risk and protective factors. *Criminology and Public Policy*, 13(1), 1-34.
- Basanta, J. L., Farina, F., & Arce, R. (2018). Risk-need-responsivity model: Contrasting criminogenic and noncriminogenic needs in high and low risk juvenile offenders. *Children and Youth Services Review*, 85, 137-142.
- Corrado, R., & Freedman, L. (2011). Risk profiles, trajectories, and intervention points for serious and chronic young offenders. *International Journal of Child, Youth and Family Studies*, 2(1), 197-232.
- Cox, S. M., Kochol, P., & Hedlund, J. (2018). The exploration of risk and protective score differences across juvenile offending career types and their effects on recidivism. *Youth Violence and Juvenile Justice*, 16(1), 77-96.
- Falk, O., Wallinius, M., Lundstrom, S., Frisell, T., Anckarsater, H., & Kerekes, N. (2014). The 1% of the population accountable for 63% of all violent crime convictions. *Social Psychiatry Psychiatric Epidemiol*, 49(4), 559-571.
- Geest, V. V., Blokland, A., & Bijleveld, C. (2009, May). Delinquent development in a sample of high-risk youth: Shape, content, and predictors of delinquent trajectories from age 12 to 32. *Journal of Research in Crime and Delinquency*, 46(2), 111-143.
- Gottfredson, M. R., & Hirschi, T. (2016). The criminal career perspective as an explanation of crime and a guide to crime control policy: The view from general theories of crime. *Journal of Research in Crime and Delinquency*, 53(3), 406-419.
- Greenwald, M.A. (2018). Briefing report: Serious, violent, and chronic delinquency. *Florida Department of Juvenile Justice*, 1-11.
- Henggeler, S. W., & Sheidow, A. (2012, January). Empirically supported family-based treatments for conduct disorder and delinquency in adolescents. *Journal of Marital and Family Therapy*, 38(1), 30-58.

- Kaeble, D. (2018, November). Time served in state prison, 2016. *U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics*, 1-6.
- Land, K. C. (2014). Delinquency referrals; Predictive and protective factors for serious, violent, and chronic offenders; and juvenile justice interventions. *Criminology and Public Policy*, 13(1), 79-82.
- Rogers, J. C. (2015). Juvenile delinquency and multisystemic therapy: Comparing effectiveness of multisystemic therapy in early versus late onset delinquents (Doctoral dissertation).
- Schwalbe, C. S., & Maschi, T. (2009). Investigating probation strategies with juvenile offenders: The influence of officers' attitudes and youth characteristics. *Law and Human Behavior*, 33(5), 357-367.
- Sampson, R. J., & Laub, J. H. (2016). Turning points and the future of life-course criminology: Reflections on the 1986 criminal careers report. *Journal of Crime and Delinquency*, 53(3), 321-335.
- Thomas, J. M., Thomas, S. A., Burgason, K. A., & Wichinsky, L. C. (2014). Early contact with the criminal justice system and intellectual functioning as risk factors for violent and chronic adult offending. *Western Criminology Review*, 15(1), 34-50.

## Appendix A

### Serious, Violent, Chronic (SVC) Juvenile Offender Survey

1. Are you familiar with how the Florida Department of Juvenile Justice (FDJJ) defines a **serious, violent, chronic (SVC)** juvenile offender?
  - a. Yes
  - b. Somewhat
  - c. No
  
2. Are you familiar with the youth in your circuit that are identified as SVC juvenile offenders?
  - a. Yes
  - b. Somewhat
  - c. No

3. What would be your preferred method of notification for youth identified as SVC juvenile offenders?
  - a. A “flag” or “marker” in the JJIS intake wizard and on the youth’s YES Plan
  - b. An SVC dashboard that drills down to the assigned JPO level
  - c. A and B
  - d. Other (free-text field)
  
4. Do you have designated staff member(s) in your circuit responsible for supervising youth that are a high-risk to re-offend, according to the results of the Community Assessment Tool (CAT) process?
  - a. Yes
  - b. No
  - c. Unsure
  
5. When providing supervision to the Moderate-High and High risk to re-offend youth population, what supervision techniques do you think are most impactful?
  - a. Surveillance contacts
  - b. Providing effective intervention services and treatment
  - c. Providing both a. and b.
  - d. Unsure
  - e. Other (free-text field)
  
6. Does your circuit have a sufficient number of recognized delinquency intervention programs (i.e. evidence-based, promising practice, demonstrated effectiveness, etc.) for the highest risk juvenile offenders and their families?
  - a. Yes
  - b. No
  - c. Unsure
  
7. Does your circuit have a sufficient number of JPO class positions to designate specific staff to supervise SVC juvenile offenders?
  - a. Yes
  - b. No
  - c. Unsure

8. Does your circuit have a recognized delinquency intervention (i.e. evidence-based, promising practice, demonstrated effectiveness) that is specifically designed to serve youth 12 years of age and younger?
  - a. Yes
  - b. No
  - c. Unsure
  
9. If your circuit offers family-focused evidence-based services (i.e. MST, FFT, etc.), is there sufficient capacity (slots) to serve the SVC juvenile offenders and the highest risk juvenile offenders?
  - a. Yes
  - b. No
  - c. Unsure
  
10. Does your circuit have a structured curfew monitoring program (DJJ, Law Enforcement, Courts, etc.)?
  - a. Yes
  - b. No
  - c. Unsure
  
11. Identify the conditions that would need to be present for your circuit to have the ability to designate SVC juvenile offender caseload(s). (select all that apply)
  - a. Ability to work a non-traditional schedule
  - b. Small caseloads (25 or less)
  - c. More access to technology (smartphone, laptop, etc.)
  - d. Unsure
  - e. Other (free text)
  
12. A structured community-based probation and post-commitment supervision program for SVC juvenile offenders, consisting of surveillance contacts and intensive services, would likely be effective in managing the SVC juvenile offender population?
  - a. Yes
  - b. No
  - c. Unsure

13. Interventions for both the juvenile offender and their family are necessary to stunt life-course criminality.

- a. Agree
- b. Disagree
- c. Unsure

14. Intervention and treatment strategies should be tailored and targeted to specific criminogenic needs.

- a. Agree
- b. Disagree
- c. Unsure

15. SVC juvenile offender specific training and education for JPO staff would be beneficial.

- a. Agree
- b. Disagree
- c. Unsure

16. A very small percentage of juvenile offenders commit a disproportionate amount of crime. Research shows that these youths require frequent contact with their JPO and intensive family-focused intervention and treatment services. Knowing this, what additional resources would your circuit need to ensure that this population of juvenile offenders receives the appropriate level of supervision and intervention services? (Free text. 5,000 cap)