EVIDENCE-BASED POLICIES, PROGRAMS, AND PRACTICES IN JUVENILE JUSTICE:

Three States Achieving High Standards Through State Support Centers

NCJJ
est. 1973
WWW.NCJJ.ORG

Douglas Thomas, Nina Hyland, Teri Deal, Andrew Wachter, and Samantha Zaleski

National Center for Juvenile Justice
3700 South Water Street, Suite 200
Pittsburgh, PA 15203

The National Center for Juvenile Justice (ncjj.org) is a non-profit organization that conducts research (statistical, legal,   and applied) on a broad range of juvenile justice topics and provides technical assistance to the field. NCJJ is the research division of the National Council of Juvenile and Family Court Judges (ncjfcj.org).

Suggested citation: Thomas, D. , Hyland, N., Deal, T., Wachter, A., and Zaleski, S. 2016. *Evidence-Based Policies, Programs, and Practices in Juvenile Justice: Three States Achieving High Standards Through State Support Centers.* Pittsburgh, PA: National Center for Juvenile Justice.

NCJJ
est. 1973
WWW.NCJJ.ORG

INTRODUCTION

Juvenile justice professionals are increasingly expected to demonstrate that the policies, programs, and practices they use are based on reliable, research-based evidence. This expectation has a broad base of support. Taxpayers have a vested interest in knowing their tax dollars are being spent wisely, while funders are interested in making well informed treatment and rehabilitation investments. Furthermore, Juvenile justice professionals want to know if their programs are effective and achieving desired outcomes. Certainly juvenile court-involved youth, their families, and their communities have a right to know that court-imposed programs and interventions are effective.

FROM "NOTHING WORKS" TO "WHAT WORKS?"

The demand for demonstrated effectiveness in juvenile justice programming is not new. Indeed, the debate likely began shortly after the very first juvenile courts emerged in the late 19th century. Arguably, the modern debate about effectiveness of the justice system in general was ignited in 1974 when a meta-analysis of all the evaluations of criminal rehabilitation programs between 1945 and 1967 convinced the authors that "nothing works" (Martinson, 1974). This gloomy outlook had a strong influence on juvenile justice for a decade and a half.

However, a more optimistic attitude emerged in the 1990s and continued to grow into the first decades of the 21st century. Today, there is general consensus in the current research literature on juvenile justice program effectiveness that some things do work and even some agreement about what does and what does not work in reducing delinquent behavior (Phillippi and DePrato, 2013). The "what works" movement that emerged in the 1990s advanced an alternative ideology that endorsed the use of science to solve crime-related problems (Cullen and Gendreau, 1989). Those holding the more optimistic view believe that identifying and implementing demonstrably effective policies, programs, and practices will improve criminology as a discipline and contribute more than the pessimistic "nothing works" agenda.

While the growing body of research has increased knowledge of effective programming in juvenile justice, the findings of that research have not always found their way to juvenile justice system policies or practices. In spite of the intense interest among researchers and academics to determine what, if anything, works, the juvenile justice system does not have a strong history of evidence-supported programming. The research literature indicates that less than 10% of juvenile offenders are provided access to evidence-based services in their community (Walker et al., 2015).

WHAT EVIDENCE DEMONSTRATES EFFECTIVENESS?

Research findings have provided an informed foundation for effective programming in juvenile justice, but have not resulted in a clear or universal definition or standard of what constitutes evidence. Federal and state agencies, organizations, and individuals interpret evidence-based programs and practice in a variety of ways. For many, the definition of evidence is explicit and includes only rigorous and replicated empirical studies. The U.S. Office of Justice Programs (OJP) and Office of Juvenile Justice and Delinquency Prevention (OJJDP), for example, consider programs and practices to be evidence-based when their effectiveness has been demonstrated by causal evidence, generally obtained through high quality outcome evaluations (e.g., experimental design studies with randomly assigned control and experimental groups, known as randomized control trials). Using this standard, OJP's CrimeSolutions.gov and OJJDP's Model Program Guide (ojjdp.gov/mpg) designate the extent of the evidence to which a program works from "effective" to "promising" to "no effects." The "effective" rating requires at least one very rigorous, well-designed study finding significant, positive effects on justice-related outcomes (crimesolutions.gov/about_starttofinish.aspx).

While having such a high standard for program effectiveness increases confidence of researchers and practitioners, it is often difficult to obtain because these research designs are time-consuming, costly, and depending on the programs, may not be feasible for this level of evaluation. Other federal agency and state examples exist that propose continuums with additional distinctions for intervention programs, which demonstrate favorable process outcomes, but lack rigorous long-term outcome evaluations. These continuums allow for more flexibility and innovation, while still demonstrating effectiveness (Puddy and Wilkins, 2011; also see the Nebraska section of this publication).

SUPPORT FOR EVIDENCE-BASED POLICIES, PROGRAMS, AND PRACTICE IN JUVENILE JUSTICE

The understanding of what works in juvenile justice has evolved in different ways and at different rates from state to state. To gain a better understanding of how states support evidence-based programs and practices in juvenile justice, the National Center for Juvenile Justice (NCJJ) conducted state-by-state (including the District of Columbia) inquiries to identify legislation, policies, or positions on evidence-based programs and practices in juvenile justice.

Most states have formal policies that encourage the use of evidence-based policies, programs and practices. In 18 states, the commitment to evidence-based programs and practices in juvenile justice is evident in juvenile justice stat-

utes. In 28 states, administrative agency regulations (either in corrections, probation, or juvenile court) support the use of evidence-based programs. Eleven states reported no official stance on evidence-based programs and practices at the state level. But that does not mean that efforts are not underway at the county, city or program level. Our analysis revealed 13 states that reported creating a support center or inter-disciplinary collaborative dedicated to coordinating activities around implementing, evaluating or sustaining evidence-based policies, programming and practices. However, a closer look at the responses revealed that only 11 states met our definition for an operational state support center; specifically, they provide technical assistance and training, analyze and publish related data, and have an established web presence.

States' Support of EBP
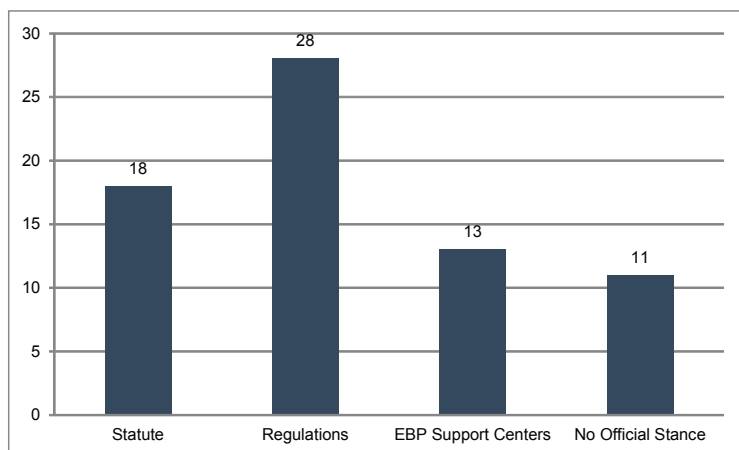
Source: Adapted from content available at http://www.jjgps.org

EVIDENCE-BASED PRACTICE (EBP) SUPPORT CENTERS

Each support center we identified exhibited unique characteristics. Some are ensconced within a university setting while others are located within government agencies. Some are well established and have long track records of supporting evidence-based policies, programs, and practice in the state while others are just getting started. Some are dedicated solely to juvenile justice while others have a broader mandate and include information regarding criminal justice system EBPs as well.

Three sites were identified for in-depth review based on their ability to provide useful information regarding developing, establishing, and perpetuating statewide EPB support centers. Specifically, we selected sites that demonstrated the capacity to collect, process, and evaluate a broad array of data; conduct or support evaluation and other outcome-focused research; provide support, training, and technical assistance; produce and disseminate reports, monographs, and studies regarding effective policies, programs, and practices; and demonstrate strong research/

practitioner connections. The sites selected for inclusion, in the order of newest to longest standing efforts, are Nebraska, Connecticut, and Florida.

Nebraska: Since 2002, the Juvenile Justice Institute (JJI) at the University of Nebraska-Omaha provides research-based

Support Centers in Other States

California: The Center for Evidence Based Corrections at the University of California Irvine promotes the science of corrections and research based policies and practices with empirical research.

Colorado: The Evidence-Based Practices Implementation for Capacity Resource Center within the Colorado Division of Criminal Justice assists agencies serving juvenile and adult justice populations to develop, implement, and sustain evidence-based practices.

Illinois: The Illinois Criminal Justice Information Authority evaluates policies, programs, and legislation that address critical issues facing the criminal and juvenile justice systems.

Louisiana: The Institute for Public Health and Justice, within the Louisiana State University, is a policy, research, training, and technical assistance enterprise positioned at the intersection of health policy/practice and the justice system.

Maryland: The Institute for Innovation and Practice at the University of Maryland assists state and local partners in the implementation of evidence-based and promising practices.

New York: The New York Division of Juvenile Justice Opportunities for Youth is responsible for quality assurance and has developed an evidence based community initiative portfolio.

Ohio: The Center for Innovative Practices at Case Western Reserve supports the proliferation of evidence-based programs and practices in juvenile justice.

Pennsylvania: The Evidence-based Prevention and Intervention Support Center, at Penn State University supports the dissemination, quality implementation, sustainability, and impact assessment of effective preventions.

Washington: The Washington State Institute for Public Policy, located at Evergreen State College, conducts practical, non-partisan research at the direction of the legislature or its Board of Directors.

West Virginia: The Justice Center for Evidence Based Practice supports research, effective planning/coordination and the use of evidence for informed decisions making.

For additional details, visit the Juvenile Justice Geography, Policy, Practice and Statistics website's evidence-based practices topic, at www.jjgps.org/juvenile-justice-vices.

information to policy makers and key juvenile justice stakeholders. The JJI provides research supported training and technical assistance to community planning teams and collects, analyzes, and disseminates data on juvenile justice activities in Nebraska.

Connecticut: Created in 1999, the Judicial Branch's Court Support Services Division (CSSD) is responsible for coordinating activities around evaluating and sustaining EBPs for adults and juveniles. The Center provides training and technical assistance as well as quality assurance services for contracted providers.

Florida: For over two decades the Florida Department of Juvenile Justice (DJJ) has provided ongoing research and planning support to advance juvenile justice knowledge and continuous quality improvement. The culture of using research to inform decisions accelerated during the early 2000s resulting in a coordinated strategy to implement evidence-based policies, programs and practices across their continuum of services and build an inventory of programs that have demonstrated effectiveness.

NCJJ conducted site visits to each of these jurisdictions to interview support center staff and key juvenile justice stakeholders, review support center documentation, and observe operations. Interview subjects included members of the judiciary, court services administration and staff, service providers, researchers, data systems staff, and other juvenile justice professionals. In addition to interviews, project staff facilitated focus groups, reviewed program outcome and evaluation reports, and observed demonstrations of data processing and case management systems. The site visits resulted in a wealth of information, design principles, and lessons learned relating to the development, implementation, and maintenance of EBP support centers. In this report, we provide a brief description of each site and an analysis of each example across four characteristics of effective support centers: 1) a shared vision; 2) a high level of commitment; 3) capacity to collect, process, and report data; and 4) connect researchers and practitioners.

Shared Vision: Shared vision refers to a broad consensus regarding the purpose and goals of juvenile justice and the evidentiary standards for effective practice.

Demonstrate Commitment to EBP: Commitment to EBPs is demonstrated through funding, qualified staff, and active support dedicated to development and promulgation of juvenile justice policies, programs, and practices that are effective and supported by research.

Data Capacity: Support centers have the capacity to collect, process, and analyze statewide data. They also have the ability to disseminate and report information generated by the data in ways that provide an evidence-based foundation for juvenile justice policies, programs, and practices.

Researcher-Practitioner Collaboration: Support centers have strong connections between research and practice in which researchers are able to convey findings of their research to practitioners in a way that leads to effective application of those findings to practice. At the same time, support centers provide practitioners with the tools to identify, collect, process, and report relevant operational data in a format that informs both program management and research on outcomes.

NEBRASKA'S JUVENILE JUSTICE INSTITUTE

Nebraska's commitment to incorporating research and evaluation into its juvenile justice system is firmly rooted in legislation, but its implementation and interpretation is the responsibility of researchers and practitioners on the ground. Recent juvenile justice reforms mandated the application of evidence-based practices and provided the financial support for a research agenda and community planning. Fortunately for Nebraska, the seeds of common definitions, data capacity, and collaboration had been sown by earlier efforts of coordinating community-based programming aimed at diverting youth from the juvenile justice system prior to this legislative reform.

Nebraska is a predominately rural state. Over half (55%) of Nebraska's 466,609 youth under the age of 18 live in three counties: Douglas, Lancaster, and Sarpy (Puzzanchera, Sladky, and Kang, 2015). The remaining youth population is scattered across 90 counties, with 20 of those counties each accounting for fewer than 500 residents under age 18. Counties have great autonomy when it comes to selecting prevention and diversion programs and are also responsible for the administration of detention facilities. The judicial branch's Administrative Office of Probation oversees intake screening and case management for supervised youth.

Legislative Commitment to Research and Evaluation

In 2013, Legislative Bill 561 created an emphasis on delinquency prevention and diversion efforts, including obligating $7 million to the Community-Based Juvenile Services Aid Program (CB/JSAP). The bill also required the Nebraska Crime Commission (NCC) to work with counties to develop strategic plans to access the CB/JSAP fund and to incorporate "evidence-based" practices into their programming. Two years later, Legislative Bill 265 mandated data collection and evaluation of the programs supported by the CB/JSAP funds. In both bills, the Juvenile Justice Institute (JJI) at the University of Nebraska-Omaha was named to provide expertise to the implementation, assessment, and evaluation of related services. In fact, LB265 embodied the state's commitment to incorporating research into juvenile justice by allocating funds specifically to JJI for these purposes.

The JJI provides research support to Nebraska's policy makers and juvenile justice system stakeholders through data analysis, technical assistance, and evaluation activities. JJI accomplishes all of this work with only four full-time staff members, some graduate student support, and frequent collaboration with colleagues at the University of Nebraska-Omaha's Center for Justice Research and the University of Nebraska-Lincoln's Law and Psychology Program. The institute started in 2002 during an influx of information requests from lawmakers who were interested in best practices in juvenile justice. The lawmakers recognized the need for an organization with content expertise to inform policy and established the JJI as an independent research organization.

Initially, JJI's priorities were determined by legislative needs. However, by 2008 some counties and community service providers had also come to recognize JJI as an important resource. As a result, JJI began providing technical assistance and consulting services to providers of juvenile justice services in the community on topics such as implementation of risk assessments, detention alternatives, diversion programs, and the analysis and application of data. JJI also began providing training and support to community planning, often going on-site to provide data assistance to county diversion coordinators and to help facilitate community team meetings, an activity that continues today.

Enhancing Data Capacity

One of JJI's first tasks was collaborating with the NCC to develop and implement a standardized data collection system for pre-trial diversion programs known as the Juvenile Diversion Case Management System (JDCMS). Because each county implements diversion programs based on the community's needs, the types of programs vary across location. The JDCMS addresses these differences by applying consistent definitions to key data elements and allowing similar data to be collected from each county that can be used for both local and state-level reporting.

Most of the participating counties (48) have agreements to allow the data in JDCMS to be shared. Diversion coordinators in each county input demographic, referral source, diversion activity, and case processing information (i.e., dates of referral, intake, enrollment, and discharge) into the web-based JDCMS. The system has the dual purpose of reporting data to the oversight agency and training local coordinators to use the data to make decisions about their programming. JJI continues to provide technical assistance to the state and diversion coordinators on using the JDCMS. Their forward thinking capacity for statewide data on pre-trial diversion programs has laid the foundation for future evaluation efforts.

For many years, Nebraska has required counties and tribes to develop community-driven plans as a means of accessing funds. The creation of the CB/JSAP in Legislative Bill 561 refined the process for counties to access these funds. Each county, tribe, or collaboration of jurisdictions develops a comprehensive juvenile services community plan, that includes a description of the community using relevant county-level data, identifies community issues and priorities, and selects programs and practices for addressing the priorities with clear implementation strategies and measurement methods. This local planning process acknowledges that needs and priorities differ across communities and drives collaboration within the communities to ensure that activities in the plan are coordinated and gaps in services are identified.

Defining Evidence-Based Services

Because of JJI's relationship with practitioners, community planning teams turned to JJI for direction when LB561 mandated pre-adjudicatory services must be "evidence-based." The legislation did not include a clear definition of "evidence-based," and teams were concerned that the interpretation of the bill would be limiting. Many community planning teams did not believe that traditional evidence-based programs, such as those touted as model programs, were applicable or sustainable in their communities. Many counties also worried that the vague language in the bill would result in the elimination of other, not-yet-studied programs that had been serving the community for years.

Clear Definition of Evidence-Based Services

To clarify the meaning of "evidence-based," JJI, in collaboration with colleagues from the University of Nebraska-Lincoln, Law and Psychology Program, and the University of Nebraska-Omaha, Nebraska Center for Justice Research, proposed a seven-level classification system of EBP programs in a White Paper published in 2014 (Wiener, Hobbs, and Spohn, 2014). This classification system, the Hierarchical Classification System for Nebraska Juvenile Justice Programs (NJJHCS), is grounded in existing literature and includes criteria to certify a program as effective. Throughout the development of the White Paper, JJI reached out to system stakeholders to ensure that the proposed framework was both understandable and reasonable. The White Paper presents a consistent definition for evidence-based programs and practices in Nebraska and maps out a strategy for the evaluation of diversion programs assigned to JJI in LB265.

The White Paper proposes a four-stage process to determine the extent to which programs are evidence-based. This evaluative process is informed by existing literature on evidence-based programs and practices in juvenile justice and tailored to the needs and resources within Nebraska. In the proposed process, programs are assigned to Temporary Level 1, 2, or 3 based on a self-administered, structured survey completed by program staff. Then, researchers assign the program to one of the seven-levels of the NJJHCS based

on on-site observations and interviews. Like the NJJHCS and its evaluation counterpart, the survey and observation checklist used by the researchers are also built on existing research, including meta-analyses (Lipsey, 2009) and existing rating systems (Chorpita, Bernstein, and Daleiden, 2011). Several elements of the program are taken into account when assigning the level including strategies implemented, training of staff, and risk level of involved youth. For sites that are considered to be model programs, fully evidence-based practice or effective, the White Paper suggests that researchers should be available to consult with program administrators on evaluation designs. For those sites with scores that fall short of model program status, researchers will work with the sites to develop and implement evaluations.

JJI initially completed a pilot of the classification process by assigning levels to 25 juvenile justice interventions. In addition, the researchers identified areas of improvement and provided concrete recommendations to help programs improve services and their relative position within the seven-level framework. Recommendations included suggestions to formalize implementation (e.g., create and follow a program manual) and incorporate research-based practices (e.g., screening and assessment tools, taking care to avoid mixing low and high risk youth). The pilot provided the opportunity for researchers to engage in meaningful discussions with sites on the collection of data elements to inform process and outcome evaluations and how to improve data quality, while also setting the stage for LB265 requirements. Since the pilot, the JJI has expanded its reach and begun collecting data on roughly 230 programs working with youth in the juvenile justice system across the state of Nebraska. In collaboration with service providers, they have developed uniform definitions of program types and started to establish a shared language across the state.

Translating Research to Practice

JJI engages practitioners in discussions and decisions about research and data via roundtables and conference calls serving to both build relationships and to empower stakeholders in the evaluation process and to establish shared definitions. This hands-on approach to translating research and making it relevant to the field is one of the reasons that JJI has come to be a trusted resource to both policymakers and practitioners. JJI has effectively bridged the academic components of meta-analysis and evaluation designs with the practical world of implementing community plans through useful tools and guidance, relevant and objective information, and Midwestern hospitality.

Researchers at JJI also act as educators, frequently serving on committees, such as the Office of Juvenile Services Subcommittee, to guide juvenile justice reform by describing existing research on a topic or sharing results from their own research. While this case study focused primarily on

JJI's work with pre-trial diversion programs, they have also conducted research for juvenile probation, including studying their Risk Assessment Instrument. Many juvenile justice stakeholders in Nebraska, from practitioners to state-level administrators, praised staff at JJI for their willingness to be helpful, whether by traveling across the state to meet in person, explaining terms and concepts in practical terms, or by responding to unique needs and challenges that arise. One informant described the JJI as "user-friendly people" who are willing to be flexible and meet the counties at their individual level.

Lessons Learned

Several important lessons can be taken from Nebraska's JJI experience. First, states should give local communities a voice in deciding which programs to implement to meet their specific needs and what data are meaningful to collect. State regulations that require specific programming and performance measures may not be suitable for every community, potentially wasting resources and limiting opportunities for successful youth outcomes. Secondly, states should support efforts that result in the collection of meaningful and consistent data. Too often community programs are left to design their own data collection strategies and required to report irrelevant performance measures. By creating a modest, research-informed data system that meets the needs of state-level reporting and is meaningful to the

operation of the specific programs (the JDCMS), Nebraska has set itself up to monitor, evaluate, and improve existing diversion programming. Finally, it is important to instill a culture of learning throughout the system. This can be encouraged by offering opportunities for practitioners to learn directly from researchers and for community stakeholders to weigh in on the extent to which research designs and expectations are reasonable and meaningful. As the JJI demonstrates, system improvements are well within reach when researchers are willing to go into the field and work hand in hand with practitioners.

CONNECTICUT'S COURT SUPPORT SERVICES DIVISION

Connecticut's juvenile justice system has undergone a lengthy, systematic transformation since the early 1990s from its self-proclaimed status as a "deeply flawed" juvenile justice system to one of the "early adopters" of new practices and research findings. In Connecticut the responsibility for delinquency services is divided between the judicial and executive branches. The Court Support Services Division (CSSD), located in the judicial branch, provides pre- and post-adjudication services, encompassing detention and probation supervision. Juvenile corrections and aftercare services are administered through the Department of Children and Families (DCF), located in the executive branch. Connecticut's legislative purpose clause for juvenile justice emphasizes community protection, offender accountability, and crime reduction through deterrence.

Shared Vision

The key components of Connecticut's reform movement include a statewide strategic planning process, strong judicial leadership, legislative support, cross-system coordination of reform, the effective use of litigation by youth advocates, and a bedrock commitment to evidence-based treatment models and other promising practices supported by research. Connecticut's reform efforts have been defined by strong collaborative efforts of the Juvenile Justice Advisory Committee, juvenile defenders, prosecutors, and local law enforcement agencies to share information, oversight, experience, expertise, training, and even resources as necessary.

CSSD has grown as a leader in developing and establishing programs and practices based on the available evidence since its inception in 1999 as the Center for Best Practices, an internal unit designed to identify and adopt research and evidence-based juvenile justice programs and practices. Over time the Center for Best Practices evolved into CSSD's Programs and Services Unit. The Unit provides committed staff and fiscal resources to identify, design, implement, and track evidence-based practices. This is done through research, training, implementation and quality assurance of evidence-based practices—both adult and juvenile services, as well as affiliated contracted programs.

Broad Continuum of Evidence

Connecticut's continuum of evidence is expansive and inclusive. It includes programs proven effective through experimental design studies and implemented with integrity to the design (e.g., Multi-systemic Therapy, Multi-dimensional Treatment Foster Care). But CSSD's definition also includes programs and practices that are promising based on a lower standard of evidence from quasi-experimental or non-experimental designs.

CSSD also demonstrates a willingness to innovate and generate evidence from practice. The Child and Youth Family Support Centers (CYFSC), for example, are based on two program models that had promising data and outcomes (see sidebar below). CSSD measures performance and monitors achievement of goals and eventually will evaluate the impact of the program. CSSD is committed to building and perpetuating its evidence-based continuum of services through procurement of new programs that have already been certified as effective through evaluation and continuously assessing and evaluating existing programs.

System-wide Commitment to EBP

CSSD's commitment to EBP is demonstrated through its data-driven procurement process as well as internal and external quality assurance processes. CSSD receives $106 million in legislatively appropriated funding to purchase both direct (e.g., programming) and support (e.g., quality assurance and training) services for both youth and adult programs. For each program selected the CSSD carefully reviews the available data and conducts lengthy internal discussions and seeks input from outside agencies to discuss which programs to fund. When selected, providers are required to participate in regular quality assurance audits, trainings, and file reviews from CSSD, and attend meetings to discuss benchmarks and outcomes of their program.

State Child, Youth, and Family Support Center

The Child, Youth, and Family Support Center (CYFSC) is a new service model for youth in Connecticut that combines services previously offered through two programs. CYFSC serves youth ages 12 to 17 and provides comprehensive assessment of youth and family needs and a menu of interventions, including skill-building groups, educational advocacy, vocational and life skills development, parent support, family mediation, case management, and referral services. CYFSC serves court-involved youth as well as those who are referred to the court for Family and Service Needs petitions due to truancy, running away, or other defiant behaviors. The CYFSC model is based on research supporting the importance of cognitive behavioral interventions, parental engagement and involvement, family therapy, and care coordination.

CSSD employs court planners who have responsibility for monitoring and auditing programs, conducting site visits (quarterly and bi-annual), executing case management reviews, and serving as liaisons to funded programs, probation, and other contractors, including CYFSC, Multidimensional Treatment Foster Care (MDFT), Multisystemic Therapy (MST), juvenile sex offender services, and mentoring services. CSSD planners meet with service providers monthly to review and implement a 360-degree feedback loop. When providers do not meet standards, they are provided training and technical assistance designed to get them back up to speed.

In addition, CSSD has a contract with a third party quality assurance provider for statewide MST and MDFT services. The quality assurance provider has a close working relationship with CSSD and works to resolve problems on the ground. The quality assurance provider works directly with MST/MDFT providers not meeting standards by providing training and on-site consults.

Data Analysis Capacity

The Center for Research, Program Analysis and Quality Improvement (CRPAQI) was formed in 2005 to establish linkages and provide data and other information to all units within CSSD as well as other state agencies and contracted providers. Additionally, CRPAQI administers internal quality improvement and oversees research initiatives conducted by external parties. CSSD developed and manages a powerful Case Management Information System (CMIS). CMIS is accessible to CSSD departments and personnel to produce process and outcome reports capable of informing operational and management decision-making. CMIS includes case-level data on a broad array of topics, including the characteristics of CSSD-involved youth and their families, social history, arrests, court involvement, risk/needs assessment results, and probation case management data.

CMIS has become instrumental to probation services. It is through CMIS that intake decisions are made and recorded, youth are assessed for risks and needs, and detention, supervision levels, and appropriate services are determined. CMIS provides data for decision-making, case planning, monitoring contacts and compliance with case plan requirements. CMIS also facilitates sharing information with stakeholders and across agencies. The CMIS also helps with *ad hoc* programming to address pro-social skills, gym memberships, individual counseling, and other services or programs.
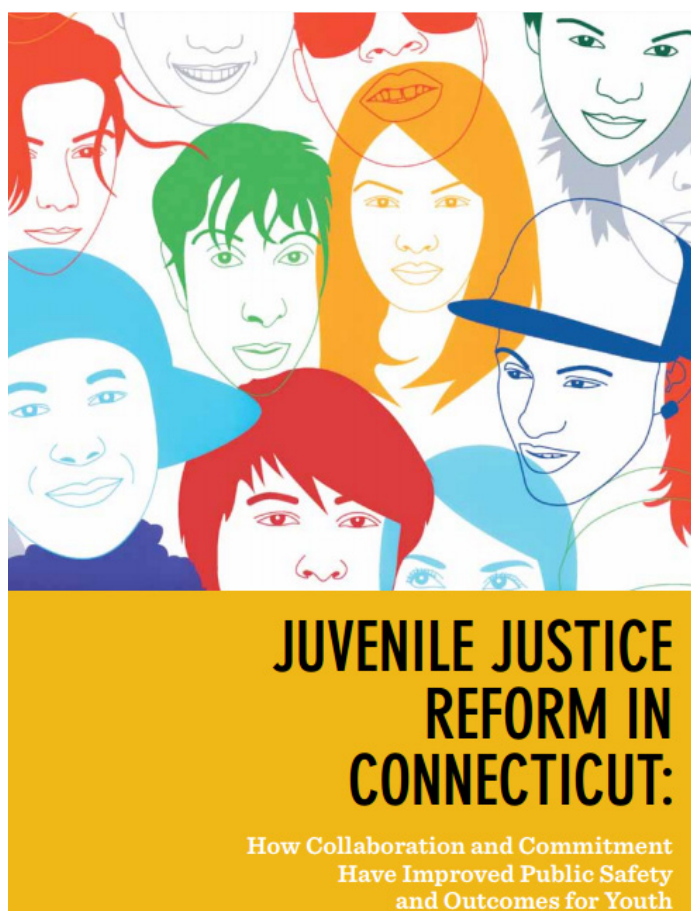
In addition, CSSD maintains the Contractor Data Collection System (CDCS), a web-based tool designed to collect data on client services provided by contracted providers. While data elements are customized for individual service providers, data elements typically include characteristics of client referrals, intakes, assessment results, services provided, service completion, referrals made to community-based services, and program discharge. Data collected by CDCS may be linked with CMIS and re-arrest data allowing CSSD and providers to examine individual client outcomes, location specific outcomes, and system-wide results. CDCS builds a foundation of evidence that CSSD can use to ensure that services and practices are based on data-driven evidence. The CDCS provides a running record of the effects of modifications to service delivery and, as such, provides ongoing assurance data for both providers and CSSD.

Demonstrated Practice-Research Collaboration

Not only does CSSD collect relevant and reliable data on a broad range of policies and practices and actively engage in internal quality assurance monitoring, it actively shares that data with independent research organizations for the purposes of studying, assessing, and evaluating its operations. In the past five years, for example, CSSD has contracted with an independent research organization to conduct evaluations addressing critical reform initiatives, including motivational interviewing and strength-based case management, gender-responsive probation, and juvenile probation and residential services. CSSD's emphasis on reliable data and research-based policies, programs and practices has had a positive effect on juvenile justice outcomes as well as relationships with courts and probation, service providers, youth advocates, and the research community. For example, Connecticut's adoption of evidence-based treatment models (e.g., Multisystemic Therapy, Functional Family Therapy, and Multidimensional Treatment Foster Care) has outpaced most other states (Greenwood, Walsh, and Rocque, 2012). Expanding and enhancing the continuum of community-based programs contributed to a reduced reliance on confinement in detention and residential treatment, fewer juvenile court referrals, improved screening and assessment, enhanced probation practice, and implementation of case review teams. It has also contributed to a better, more cost effective juvenile justice system (Justice Policy Institute, 2013). The benefit of these reforms helped sustain momentum in a progressive direction even as the Connecticut Legislature incrementally raised the age of original juvenile court jurisdiction over delinquent youth from age 15 to age 17.

CSSD's data-driven focus has enriched the dialog between youth advocates and the juvenile justice system. According to one advocate, the data "levels the playing field" by providing unambiguous, data-driven information transparency regarding decision-making, policies, and practices. The availability of data and willingness to share data and information relieves negative tension between practitioners and advocates by providing reliable information and a common language for discussion. For its part, CSSD is trying to stay ahead of the curve and addresses difficult issues pro-actively rather than waiting for the youth advocates to act. Thus CSSD is able to manage its own message, rather than having

JUVENILE JUSTICE
REFORM IN
CONNECTICUT:

How Collaboration and Commitment
Have Improved Public Safety
and Outcomes for Youth

the message managed by the advocates, the media or external agencies.

Service providers expressed great confidence that CSSD supports best practices and research. They see CSSD as an educated advocate for the evidence-based practices they are providing and appreciate the training, technical assistance, quality assurance, data support, and feedback provided by CSSD. Service providers have, in fact, become somewhat dependent on the data, support, and quality assurance feedback provided by CSSD. As one provider stated, "data-driven is the new normal in Connecticut."

Lessons Learned

Connecticut's CSSD represents a well-established example of a state support center for developing research-based juvenile justice policies, programs and practices. However, even with all the successes they have had, the CSSD acknowledges that important work remains. It was pointed out to us, for example, that CSSD has yet to "close the loop" with valid evaluation or outcome studies of their practices. For example, while providing evidence-based services like MST, CSSD has yet to generate Connecticut-specific data to validate in-state implementation of MST.

Our close look at the genesis, development, and maturation of CSSD as a support center for enhancing Connecticut's evi-

dence-based services revealed a number of critical lessons for implementation. First, a clear and unambiguous vision of the value of research-based practices in juvenile justice is essential. Over time, CSSD's vision has remained constant even as it grew in experience and sophistication. CSSD does its homework and systematically seeks the best practices that research offers. Second, CSSD has taken a strategic approach to developing and implementing research-based practices statewide. The evolution of CSSD as Connecticut's support center is marked by a series of strategic action planning efforts in which the CSSD's goals and objectives were continually aligned with its mission. Third, CSSD professionals learned early on that flexibility is a virtue. The journey toward evidence-based responses to juvenile offending has been characterized by elasticity both in its understanding of research-based practices and in its attitude and willingness to make adjustments consistent with what the research community provides as well as with what their own data offered. Fourth, CSSD takes a collaborative approach. In addition to establishing a strong relationship with the research community, CSSD also builds on and improves relationships with existing system partners, including youth advocates, prosecutors, schools, service providers, and others. Fifth, statewide implementation of evidence-based policies, programs, and practices takes time. The transition to a data-drive process does not happen all at once. It takes time to achieve the necessary culture change to overcome inertia, different fiscal responses, and the expected organizational turbulence. Finally, effective support centers are not created in a vacuum. Connecticut's CSSD unhesitatingly availed itself of training and technical assistance and funding from a wide variety of outside sources.

FLORIDA'S DEPARTMENT OF JUVENILE JUSTICE

A culture of using data and research to inform decisions in Florida's juvenile justice system has supported the widespread dissemination of evidence-based practices across the state. Florida's juvenile justice system is heavily centralized as the Department of Juvenile Justice (DJJ) oversees nearly all services for delinquent youth. DJJ's mission is to "increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and turn around the lives of troubled youth" (www.djj.state.fl.us/about-us/mission). This mission guides DJJ's broad continuum of services, which includes prevention and victim services, detention services, probation and community intervention, and residential services, each represented with a corresponding, specialized program office. Furthermore, the vast majority of services provided to system-involved youth are under contract with DJJ, with contracted providers making up over 80% of DJJ's budget.

Commitment to Evidence-Based Practice

Beginning in the early 2000s, DJJ made a commitment to implement evidence-based practices across their continuum of services. Honoring this commitment has required the use of program models, treatments, interventions and management tools that have demonstrated effectiveness in reducing juvenile crime. DJJ has established a coordinated strategy for implementing evidence-based practices designed to reduce juvenile crime. This strategy embraces five basic principles of effective interventions. First, effective interventions should target the highest risk offenders. Second, interventions should focus on the dynamic criminogenic needs of youth. Third, focus on cognitive-behavioral approaches and focus on developing skills. Fourth, tailor interventions to the youth's learning style. And, fifth, carefully monitor services over time to ensure they are being delivered as intended (Rechichi and Baglivio, 2015). To facilitate this statewide effort, DJJ engaged in important structural changes, resulting in the creation of new offices and the reorganization of existing resources. DJJ created the Office of Program Accountability (OPA) in 2006 to oversee programs operated by and contracted with DJJ to ensure these programs effectively provide for the safety, well-being, and treatment of youth under the state's care. They moved the Bureau of Quality Assurance within the OPA to the Bureau of Monitoring and Quality Improvement (MQI). In doing so, they transitioned the office from simply monitoring operational compliance to advising ongoing improvement efforts directed by detailed performance reviews and data. DJJ also recognized a programming gap in connecting data and research to practice; creating the Programming and Technical Assistance (PTA) Unit under OPA in 2006. The PTA was tasked with responsibility for providing ground level support in the adoption of evidence-based practices and programs.

An Evidence-Based Steering Committee was established to coordinate the dissemination and sustainability of evidence-based practices statewide. The Committee, in collaboration with the PTA Unit, developed a definition of evidence-based practices, created a Program Review Committee to determine which programs are evidence-based, inventoried current evidence-based practices in use across the state, and developed *A Sourcebook of Delinquency Interventions* to catalogue these practices. The Evidence-Based Steering Committee also developed a plan for DJJ to monitor the implementation of evidence-based practices and recommended data fields to include in the statewide Juvenile Justice Information System (JJIS) that would allow these services to be tracked over time.

Three Tiered Definition of Evidence-Based Practices

Working with national experts, DJJ and the Steering Committee formalized three tiers of effectiveness that reflect the rigorousness of the research methods used and their ability to positively affect outcomes: evidence-based

practices, promising practices and practices with demonstrated effectiveness. Evidence-based practices and promising practices are similar in that they are effective in reducing recidivism or criminogenic needs while using stringent experimental designs which can be replicated. Evidence-based practices reduce at least two criminogenic needs over a one-year period, while promising practices reduce one factor. Practices with demonstrated effectiveness are those grounded in general principles, strategies, and modalities reported in criminological, psychological, or social science research as being effective with a juvenile population. Practices in all three tiers are approved for use by DJJ and practices can rise and fall within the continuum based on new research studies (Florida Department of Juvenile Justice Office of Program Accountability, 2015).Using these tiers, the Office of Program Accountability created and continues to maintain *A Sourcebook of Delinquency Interventions*, an inventory of practices reviewed and ranked by DJJ. The *Sourcebook* is frequently updated to reflect current research and the inclusion of newly reviewed and approved practices. In addition to the rating of effectiveness, the *Sourcebook* provides critical information to providers regarding each intervention, including the intervention name, the criminogenic factors it targets, and contact and training information. Providers who may be using interventions currently not included in the *Sourcebook* are encouraged to submit evidence of their program's effectiveness for possible inclusion. The *Sourcebook* is a valuable tool to educate DJJ staff and providers on existing evidence-based practices and sustain the statewide expansion.

Focused Technical Assistance to Practitioners

An essential element in the promulgation of evidence-based practices in Florida is the relationship between program and provider staff and the PTA Unit. The PTA Unit provides ground-level support in the implementation and effective delivery of DJJ approved evidence-based programs across the state. Technical Assistant Specialists (TAS) are stationed throughout the state to provide training, coaching, and technical assistance to DJJ staff and private providers in an effort to translate research into practice. The PTA Unit determines if requested programming or training is appropriate in relation to existing resources and then guides the provider through an implementation plan and ensures staff members are trained appropriately. The PTA Unit documents and tracks the training requirements and certifications of all staff. While DJJ does not require providers to use specific evidence-based practices, it does require an evidence-based practice for youth who score high on the Positive Achievement Change Tool Assessment (PACT), Florida's statewide validated risk assessment tool. For those youth who score moderate-high, evidence-based practices are strongly encouraged. Furthermore, some specific service types are required to be evidence-based.

The PTA Unit is also responsible for monitoring program fidelity. The TAS's observe group facilitators, examining

their technique and gauging their comprehension of the material to ensure the intervention is being delivered as intended by the developer. After observing facilitators, immediate feedback is given on areas for improvement, if necessary. Many program facilitators reported that they appreciate the reviews, considering them helpful. Facilitators explained that these reviews provide an opportunity for one-on-one training, refreshers, and tips. This supportive relationship extends past the formal review, as facilitators are encouraged to contact their assigned TAS to seek guidance as needed.

In addition to providing training and technical assistance to enhance evidence-based practices statewide, DJJ also administers the Standardized Program Evaluation Protocol (SPEP) process for all primary treatment programs or other interventions provided by residential facilities. The SPEP compares existing interventions against five key program characteristics found to produce the greatest reductions in recidivism, including program types, the quality of service delivery, the duration of the service, the dosage of the service, and the risk level of youth served. The SPEP process is useful in determining if the appropriate youth are receiving the right service(s) with the appropriate frequency and dosage, as supported by research

DJJ also oversees a comprehensive quality improvement effort to ensure system-involved youth in Florida receive high quality, effective services. All services undergo an annual compliance review administered by MQI, which includes both on-site observations and file reviews. Building and sustaining supportive, collaborative relationships between DJJ and service providers is a core component to the review. The monitoring team includes members from multiple DJJ offices and Certified Peer Reviewers (provider staff who have received the MQI peer reviewer training to provide coaching and support).
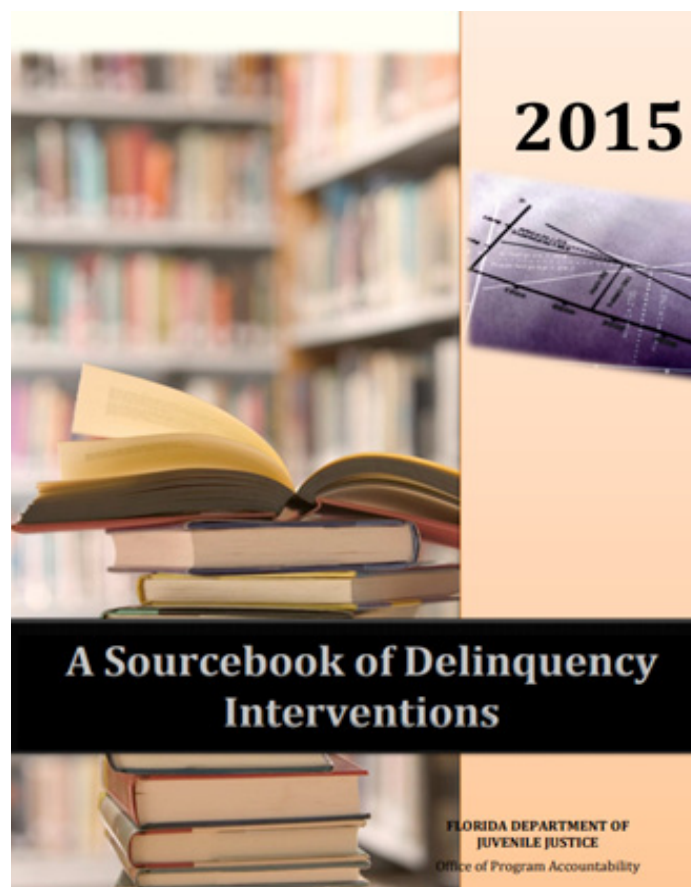
Commitment to Accurate and Accessible Data

Florida's statewide Juvenile Justice Information System (JJIS) is a critical component for documenting and monitoring efforts towards disseminating evidence-based practices and broader quality improvement efforts. The JJIS tracks important outcomes from quality improvement and SPEP reviews, action plans and their subsequent implementation, and the completion of primary evidence-based services. Final reviews of the reports are easily accessible on DJJ's website to keep both providers and the public informed and include outcome measures such as average length of stay, risk level of youth served, and yearly program completion and recidivism rates. The JJIS allows DJJ to monitor program implementation over time and provides empirical evidence to stakeholders regarding the benefits of providing evidence-based interventions to youth.

JJIS data is applied to promoting evidence-based practices across the state and sustain the quality of services for youth

through performance based contracting. Contracts are awarded on a 5- or 10-year basis and the provider's past performance is taken into consideration when deciding to renew a contract. DJJ reviews contracts in four areas: program process measures (e.g., arrests in placement, use of force, and escapes), program outcomes (e.g., completions and recidivism), sustainability (e.g., provider implements and maintains corrective actions), and the state's need for the provider's services.

The positive, supportive relationship between DJJ and contracted service providers is a critical component for the promotion and advancement of evidence-based practices and overall quality improvement efforts across Florida. The collaborative relationships between DJJ and practitioners help to communicate shared interests and work towards a common goal of improving the prospects of system-involved youth. The Director of the OPA described the state's role as a source of guidance, encouraging service agencies to take ownership of their practices and programs while ensuring the agency meets the needs of youth. Although DJJ provides assistance, the goal is to support service providers as they build their own internal monitoring capacity and to address issues promptly instead of waiting for the OPA to identify concerns.

2015

A Sourcebook of Delinquency Interventions

FLORIDA DEPARTMENT OF JUVENILE JUSTICE
Office of Program Accountability

Lessons Learned

Throughout our interviews and observations, DJJ staff described lessons learned from their efforts to promote evidence-based practices statewide. DJJ administrative staff frequently stressed the importance of recognizing this undertaking as a continuous process, informed by research and data, rather than a singular task or event. Furthermore, DJJ recognized there is always room for improvement. Their function shifted away from simply monitoring program and provider compliance towards a more supportive role by providing coaching and guidance around the implementation of evidence-based practices to provide more effective services to youth. In doing so, DJJ used separate, specialized units, such as the Bureau of Monitoring and Quality Improvement, the Programming and Technical Assistance Unit, and the Office of Data Research and Integrity, allowing their work to become more focused and routine. Lastly, DJJ learned how to negotiate through education and communication with private providers, many of which are for-profit businesses, to invest time and resources into improving existing programs or adopting new ones.

SUMMARY AND CONCLUSIONS

This study focused on support centers as they represent a coordinated, explicit, and data-driven approach to promulgating EBPs statewide. At first glance, the development, implementation, and maintenance of a statewide effort in the advancement of EBPs may seem daunting and an obstacle that many can't overcome. While Florida and Connecticut present well-established and highly functioning support centers, in both states it has taken upwards of 20 years to get to where they are now, and both are still developing. Starting modestly, as illustrated by Nebraska's JJI case study, may be an effective and reasonable way for states to promote and sustain evidence-based practices in juvenile justice. As the case studies presented illustrate, there are several obstacles to overcome, including achieving consensus on a state-wide vision for EBPs, establishing a broad commitment and a consistent strategy to implementing EBPs statewide, building a viable data infrastructure, and establishing a strong researcher/practitioner partnership. In addition, some states may have initial concerns on the cost of developing and maintaining a juvenile justice support center and where the center should reside.

One way to overcome these barriers is to begin modestly by hiring a few dedicated and hard-working staff with focus in one service area as in Nebraska's case. Connecticut started modestly as well, assigning interested staff to develop a "Center for Best Practices" and over time incorporating EBPs into their daily operations. Both states took small steps to begin the statewide dissemination of EBP.

When determining where to house their support center, jurisdictions have many options, including within a university, judiciary agency, non-profit organization, or juvenile justice administrative agency. Each jurisdiction is unique and should carefully consider where existing resources are located, who has established relationships with researcher and practitioner communities, and where a coordinated effort can be sustained.

In addition to overcoming the obstacles described above, the three support centers highlighted in this report demonstrated five key characteristics: strong leadership; a vision for evidence-based policies, programs, and practices; flexibility; data capacity; and collaborative relationships.

Strong Leadership

A sustainable, coordinated effort requires a strong leadership team of influential individuals dedicated to improving juvenile justice services through effective strategies. Wide dissemination and acceptance of support centers depends on the development of a collective group committed to their advancement. Leadership teams consist of stakeholders from a variety of professions and also represent many organizational levels. Key stakeholders in each of the jurisdictions included staff from both administrative and direct-care positions as well as researchers, advocates, and community members. By bringing in a variety of representatives from the community, the stakeholder groups developed a broad consensus on how to implement EBPs in their jurisdiction.

Clear and Unambiguous Vision

The stakeholder groups in each jurisdiction helped to achieve consensus regarding a vision and strategic plan for the implementation of EBPs in their juvenile justice system. Each jurisdiction established a clear definition of what is meant by evidence-based, including an acceptable standard of evidence, what areas are covered (e.g., policies, programs, practices), and who is accountable for maintaining those standards. The development of a strategic plan assisted in the implementation of their EBP visions by specifying goals, objectives, activities, and expected outcomes of advancing EBPs and providing concrete, attainable action steps to achieve the vision. Disseminating the vision and strategic plan to all stakeholders informs them of the purpose of advancing EBPs, why it is important, and how the vision will be realized.

Flexible Support Center Development

Flexibility is a common characteristic of the support centers studied. All of the support centers applied an expansive continuum of evidence that acknowledged a range of evidence levels. This flexibility allows for the inclusion of existing programs or practices that can demonstrate effectiveness through evaluation and be improved, providing an opportunity for jurisdictions to partner with universities or other research organizations. Flexibility also applies to the implementation of EBPs. Jurisdictions can collaborate with program developers and facilitators when complete fidelity to a

program model is not possible. Each of the sites provided examples of determining implementation shortcomings and steps to meet fidelity standards or, when appropriate, creating minor strategic alterations while still achieving the program's intended outcomes.

Well-designed Data Infrastructure

An ideal data infrastructure is capable of capturing, processing, and reporting practice and program outcomes as well as monitoring implementation fidelity. The support centers described in this report invested in technologies and staff expertise to create data systems capable of comprehensive data collection across the state or at least among participating jurisdictions. As the case studies demonstrate, jurisdictions without an existing data collection capacity may begin modestly, perhaps by inventorying current interventions and gradually determining their level of evidence. Automation provides jurisdictions the ability to create standardized data elements, which allows for comparison across various interventions. Several considerations are important when structuring a database, such as balancing program output reporting and program improvement functions. System developers, practitioners, and researchers should collaborate to determine which data will provide useful information to facilitate evidence-based practices and improve current services. By capturing information useful to program staff and developing protocols for application, practitioners are more likely to complete reports consistently and accurately, and in return, better inform decision-making.

Collaborative Relationships

The support centers we visited provided concrete examples of relationship building and enhancement strategies. For example, the strong consensus-based foundation regarding the vision, purpose, expectations and strategies for promulgating evidence-based policies, programs, and practices established a common language and point of view for developing relationships, even among disparate points of view. They all created an environment conducive to collaboration and created opportunities for researchers and practitioners to communicate and learn from each other. They established effective information feedback loops by creating compendia of evidence-based or promising practices. They made it easier to report data and made data output accessible and transparent in multiple ways (e.g., published reports, *ad hoc* reporting, and data dashboards). Perhaps, most importantly, they made data relevant by applying it to a wide range of decisions, including individual/case, management, budgeting, procurement, planning and development, quality assurance, research and evaluation.

There are many ways in which states can support the broad scale advancement of evidence-based practices, including application of funding mechanisms, passing legislation in support of evidence-based practices, implementation of administrative policies and regulations, providing training and technical assistance, funding research and evaluation of existing programs and practices, and establishing statewide evidence-based support centers. The most highly evolved approach to statewide implementation of EBPs in juvenile justice may be the establishment of support centers capable of providing consistent, broad-scale, and targeted resources, including training and technical assistance; information dissemination, collection, and processing; reporting of data, research and evaluation; and continuous quality improvement.

Each state is unique and there is no single blueprint for developing and establishing a state support center for evidence-based policies, programs, and practice in juvenile justice. The three support centers included in this report demonstrate that each has their own unique journey to coordinating evidence-based practices in their respective jurisdiction. While these support centers vary in terms of longevity, administration, scope of effort, and organizational strategies, all three states exhibit the five characteristics summarized above. Each support center is a product of strong leadership; a clear vision regarding evidence-based practice in juvenile justice; a flexible approach; strong capacity for collecting, processing, and applying data; and highly developed collaborative relationships among key system partners.

REFERENCES

Chorpita, B.F., Bernstien, A., and Daleiden, E.L. 2011. Empirically guided coordination of multiple evidence-based treatments: An illustration of relevance mapping in children's mental health services. *Journal of Consulting and Clinical Psychology*, 79, 470-480.

Cullen, F.T., and Gendreau, P. 1989. Effectiveness of correctional rehabilitation: reconsidering the nothing works debate. In Goodstein and MacKenzie, eds *American Prison: Issues in Research and Policy*, 23-44.

Florida Department of Juvenile Justice Office of Program Accountability. 2015. *A Sourcebook of Delinquency Interventions*. Online. Available: http://www.djj.state.fl.us/docs/quality-improvement/sourcebook2015.pdf?sfvrsn=4

Greenwood, Walsh, and Rocque. 2012. *Implementing Proven Programs for Juvenile Offenders: Assessing State Progress*. Association for the Advancement of Evidence-based Practice.

Hobbs, A., and Fousek, S. 2014. *State of Juvenile Justice 2014*. University of Nebraska-Omaha. Juvenile Justice Institute. Online. Available: http://www.unomaha.edu/college-of-public-affairs-and-community-service/juvenile-justice-institute/news-and-events/2-3-15-state-of-juvenile-justice-report.php

Justice Policy Institute. 2013. *Juvenile Justice Reform in Connecticut: How Collaboration and Commitment Have Improved Public Safety and Outcomes for Youth*. Washington, D.C.: Public Policy Institute. Online. Available: http://www.justicepolicy.org/uploads/justicepolicy/documents/jpi_juvenile_justice_reform_in_ct.pdf

Lipsey, M.W., Howell, J.C., Kelly, M.R., Chapman, G., and Carver, D. 2010. *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice*.

Martinson, R. 1974. What works questions and answers about prison reform." *The Public Interest*, 22-54.

Nebraska (State). 2013. 103rd Legislature. Legislative Bill 561. First Session.

Office of Juvenile Justice and Delinquency Prevention. *Model Programs Guide*. Online. Available: http://www.ojjdp.gov/mpg.

Phillippi, S., DePrato, D. 2013. *Innovation Brief: Model for Effective Implementation of Evidence-Based Practices*. Chicago, IL: MacArthur Foundation.

Puddy, R. W., and Wilkins, N. 2011. *Understanding Evidence Part 1: Best Available Research Evidence a Guide to the Continuum of Evidence Effectiveness*. Atlanta, GA: Centers for Disease Control and Prevention.

Puzzanchera, C., Sladky, A., and Kang, W. 2015. *Easy Access to Juvenile Populations: 1990-2014*. Online. Available: http://www.ojjdp.gov/ojstatbb/ezapop/

Rechichi, J. A., and Baglivio, M. T. 2015. *Toward the Reduction of Recidivism Throughout the Continuum of the Florida Department of Juvenile Justice services: The Implementation of Evidence-Based Programming and Interventions*. Online. Available: http://www.djj.state.fl.us/docs/quality-improvement/implementationofebp.pdf?sfvrsn=0

Walker, S.C., Bumbarger, B.K., Phillippi, S.W., 2015. Achieving successful evidence-based practice implementation in juvenile justice: The importance of diagnostic and evaluative capacity. *Evaluation and Program Planning*, 52, 189-197.

Wiener, R.L., Hobbs, A.M., and Spohn, R.E. 2014. *Evidence-based Practice in Juvenile Justice: Nebraska White Paper*. Online. Available: http://digitalcommons.unomaha.edu/jjireports/3