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# Effectively Implementing Evidence-Based Programs and Services for Youth in the Juvenile Justice System

# Overview

- 01** Introduction
- 02** Background on Evidence-Based Programs and Services
- 03** Case Studies
- 04** Questions

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## **01** Introduction

## **02** Background on Evidence-Based Programs and Services

## **03** Case Studies

## **04** Questions

# Speakers

- Cynthia Thaler, Council of State Governments (CSG) Justice Center
- De Shell Parker, Milwaukee County Department of Health and Human Services
- Stephanie Bradley, Evidence-Based Prevention and Intervention Support Center



The National Reentry Resource Center (NRRC) is supported by the Bureau of Justice Assistance.

NRRC staff have worked with more than 600 Second Chance Act (SCA) grantees.

The NRRC provides individualized, intensive, and targeted technical assistance, training, and distance learning to support SCA grantees.

- ✓ Register for the monthly NRRC newsletter at:

[csgjusticecenter.org/subscribe/](https://csgjusticecenter.org/subscribe/)

- ✓ Share this link with others in your networks who are interested in reentry

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In January 2017, the CSG Justice Center released resources to help the juvenile justice field implement research-informed policies and practices

**Juvenile Justice Research-to-Practice Implementation Resources:  
Evidence-Based Programs and Services**



# Key Challenges and Strategies for Implementing Evidence-Based Programs and Services



# Identifying, funding, and promoting evidence-based programs and services

1. Consult resources in the field to identify programs and services that have been shown by research to reduce recidivism and to improve other outcomes for youth in the juvenile justice system.
2. Require the use of programs and practices that are evidence based.
3. Provide or increase funding for evidence-based programs and services.
4. Ensure that competitive requests for services and service provider contracts require the use of programs and services that are evidence based.

# Matching youth to services based on their assessed risk of reoffending and criminogenic needs

1. Develop registries of service providers that specify their program model and target population.
2. Adopt standardized case-planning and service-matching policies, tools, and templates.

# Providing agency staff and service providers with sufficient training and oversight, and enacting quality assurance measures

1. Establish standards of service quality and assess adherence to program models.
2. Train and oversee agency staff and service providers in implementing evidence-based programs and services with fidelity.

# Collecting, using, and reporting data on service provider outcomes to guide service and funding decisions

1. Set target outcomes and performance standards for services provided to youth in the juvenile justice system.
2. Establish policies, systems, and tools for service providers to collect and report data on youth progress and outcomes in services.
3. Institute formal service review, accountability, and improvement processes.

To access the *Juvenile Justice Research-to-Practice Implementation Resource* on evidence-based programs and services, visit:

<https://csgjusticecenter.org/youth/evidence-based-programs-and-services/>

# Resources

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) Resources:

- OJJDP Model Programs Guide's Implementation Guides: <https://www.ojjdp.gov/mpg-iguides/>
- OJJDP's Bridging Research and Practice Project: <https://www.ojjdp.gov/bridge-project.html>
- OJJDP Research and Statistics: [www.OJJDP.gov/research](http://www.OJJDP.gov/research)
- OJJDP's Model Data Project: <https://www.ojjdp.gov/research/juvenile-justice-model-data-project.html>

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# Examples

## Examples of Effective Implementation of Evidence-Based Programs and Services



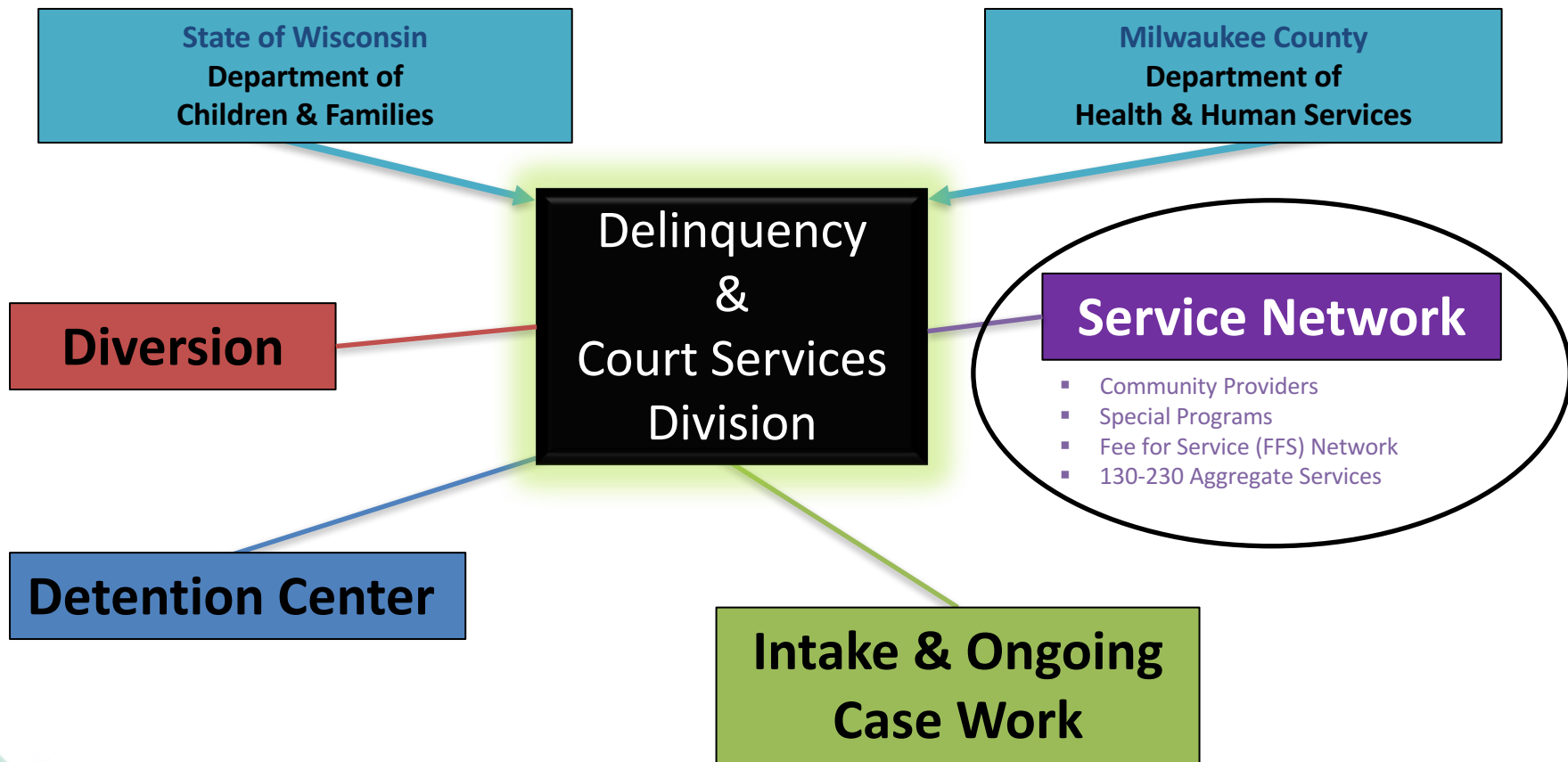
# Delinquency & Court Services Division

(DCSD) is...

the **Youth Justice System** for  
Milwaukee County, Wisconsin



Presented By: De Shell Parker, *MS, MSW, CAPSW*



# Continuous Quality Improvement (CQI) Cycle

## Development Timeline:

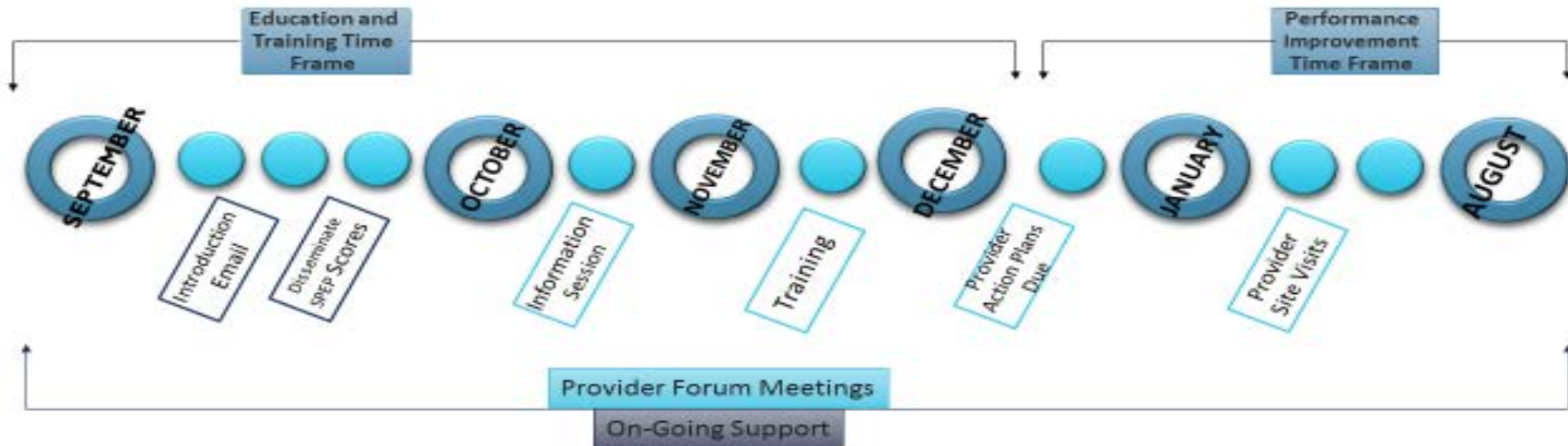
- **2013:** Awarded Juvenile Justice Reform & Reinvestment Initiative (JJRRI) Grant
- **2014:** Implementation of EB tool: Standardized Program Evaluation Protocol
- **2015:** Established our Continuous Quality Improvement (CQI) Process

## CQI Mission

- To **Support** the Youth Justice Process
- To **Improve Outcomes** for Youth
- To Apply a **Systematic and Comprehensive** Approach to QA/QI

# Graph of Cycle

## OVERVIEW AND PURPOSE CONTINUOUS QUALITY IMPROVEMENT CYCLE



# CQI Application & Barriers

## Application of Quality

- **Quality Assurance (QA)**
- **Quality Control (QC)**
- **Quality Improvement (QI)**

## Barriers to Application

- **EB Tool Limitations**
- **Youth Assessment/ Risk Scores**
- **Cohort Sizes for Measurement**
- **Stakeholder Buy-In**
- **Data Infrastructure Limitations**

# System Strategies

- Communication Plan
- Championed the Cycle First
- Modified QA/QI Contract Language
- Modified Service Referral Process
- Leveraged grant partners for Data System
- Developed Data Program/ Entry Process for Providers
- Staffing Changes
- Reimbursed for Mandatory Meetings
- Developed Support Tools



# Partner Engagement Strategies

- Engagement BEFORE Implementation
- Shared Agency-Specific Data
- Shared General Network Data
- Training Provision for Providers upon request
- Bi-Monthly Provider Forum Meetings
- Opportunities for Open Discussion
- Provider Ambassador (PA) Program



# Provider Ambassador Program

In 2015, DCSD developed the Milwaukee County Provider Ambassador Program (PAP), using its network community providers to provide input into the development of, support the messaging and sustain the CQI plan.

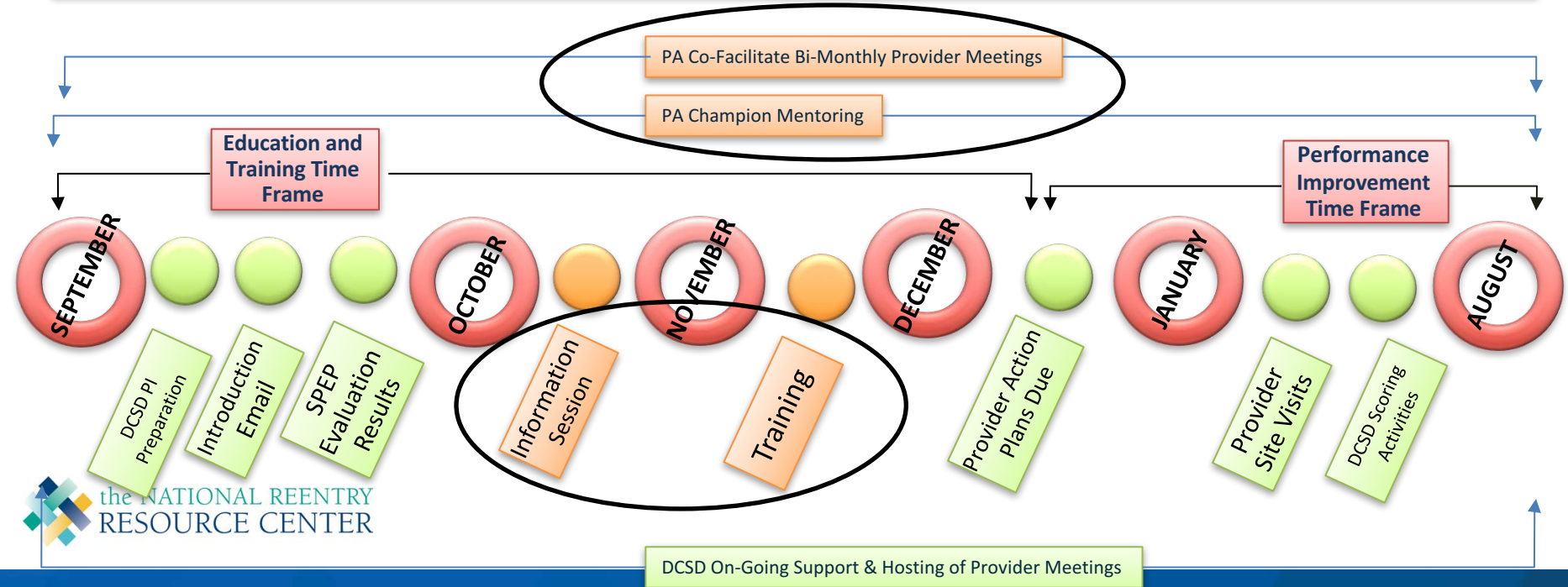
## General Expectations of Provider Ambassadors:

- Contribution to CQI development process
- Co-Facilitate Provider Forum Meetings
- Co-Facilitate the Information Sessions/ Trainings
- Presentation of Program Improvement Projects
- Additional Training Opportunities/ Train the Trainer (TTT)
- EB Tool Champions



Delinquency & Court Services Division (DCSD)

# Continuous Quality Improvement Cycle



# TOOL: *Sample* Provider Action Plan

Identified Concern	Plan to Address Concern/ Agency Response	Responsible Party	Time Line
<p>ID Project:</p> <p><i>Project must have a Youth Engagement and/or Goal Setting Focus.</i></p> <p><i>Identify Agency Goals Below (only 1 goal is required):</i></p> <p>Goal 1:</p> <p>Goal 2:</p> <p>Goal 3:</p>	<p>Summarize Project:</p> <p><i>Enter brief synopsis of the anticipated change project that will address the goal(s) identified...</i></p>	<p>Responsible Party:</p> <p><i>Enter Staff Name(s) (Title) that will be responsible for the project oversight...</i></p>	<p>Project Implementation Date:</p> <p>(Enter Project Start Date).</p> <hr/> <p>Anticipated Completion Date of Project Implementation:</p> <p>(Enter Expected Date that Project Implementation will have occurred).</p> <hr/> <p>Project Status:</p> <p>Completed or Ongoing (Circle the appropriate option).</p> <hr/> <p>Date Status Assessed:</p> <p>(Enter Date Project Status Assessed).</p>

# Reflection: Lessons-Learned

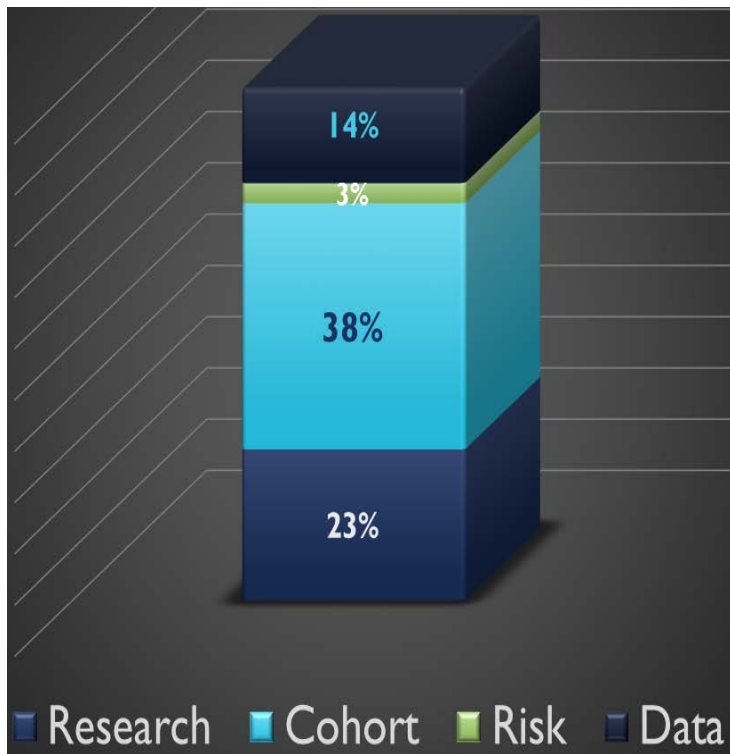
## What Worked...

- Provider Ambassador Program (PAP)
- Anticipation of Resistance
- Messaging & Communication
- Passionate Leader with Administrative Support
- Contract Requirements

## What Did NOT Work...

- Not Piloting the EB Tool
- Data Infrastructure Barriers
- Sole Reliance on the EB Tool
- Plan for Providers with Multiple Referral Sources
- Leading Staff w/ multiple other Responsibilities

# Remember the Barriers?...



## Using 2016 Data...

**Of 137 total services, 106 (77%) were NOT appropriate for the EB Tool.**

- **23%** (31) of those services were not included in the **RESEARCH**.
- **38%** (52) of those services had **LOW COHORT** sizes.
- **3%** (4) of those services had concerns with **RISK SCORES**.
- **14%** (19) of those services were not SPEP'd due to **NO DATA** being collected in 2016.

# Next Steps...

## System Tasks

- Train Providers
- Train Staff/ Supervisors
- Provide Staff Support Tools
- Revise Applicable Policy
- Case Management Model/ Improve Data
- Develop Training Series for Stakeholders  
(*beyond Providers*)

## Provider Tasks

- 2018 Action Plans
- 2018 Goal Setting
- CQI Site Visits



# The Evidence-Based Prevention and Intervention Support Center

## Standardized. Localized. Award-Winning.



Stephanie A. Bradley, Ph.D.  
Director



The EPISCenter is a collaborative partnership between the Pennsylvania Commission on Crime and Delinquency (PCCD), the Pennsylvania Department of Human Services (DHS), and the Bennett Pierce Prevention Research Center, College of Health and Human Development, Penn State University. The EPISCenter is funded by DHS and PCCD.

# Research to Policy and Practice in Prevention and Intervention

Multi-Agency and Practitioner Steering Committee  
(Justice, Welfare, Education, Health)

**Research Translation and Implementation Support System**



Support to  
Community Prevention  
Coalitions

Support to  
Evidence-based  
Prevention & Intervention  
Programs

Improve Quality of  
Local Innovative Programs  
and Practices

Wide-scale Dissemination

High-quality Implementation

Valid Impact Assessment

Long-term Sustainability

Cost Efficiency

# PA Models Charted Across Institute of Medicine Continuum of Intervention (2009)

	Promotion	Prevention			Treatment		Maintenance
	Promotion	Universal	Selective	Indicated	Case Identification	Std Tx for Known Disorders	Long-term Treatment
1	Positive Action						
2	Promoting Alternative Thinking Strategies						
3	Incredible Years Dinosaur School						
4	LifeSkills Training						
5	Olweus Bullying Prevention Program						
6	Project Towards No Drug Abuse						
7	Communities That Care						
8		Familias Fuertes					
9		Strong African American Families					
10		Triple P					
11		Strengthening Families 10-14					
12		Big Brothers Big Sisters					
13		Incredible Years Basic Parent Training					
14			Incredible Years Small Group Therapy				
15			Aggression Replacement Trng				
16				Trauma-Focused CBT			
17				Functional Family Therapy			
18				Multisystemic Therapy			
19				Standardized Program Evaluation Protocol			

\*\*Models shown in yellow recommended in 2016 Surgeon General report on addiction.



# Implementing “What Works” in Juvenile Justice



+

1. Partners

2. Capacity

3. Tools

=



# Partners

1. What are we trying to accomplish?
2. Whose goals overlap with ours?
3. Who is at the table right now?
4. Do we have key stakeholder representation?
5. Who is missing?
6. Why?

Consider:  
What will our partners bring to the table?  
AND  
What will they take away from the table?



# Partners

## JJSES Statement of Purpose est. 2010

We dedicate ourselves to working in partnership to enhance the capacity of Pennsylvania's juvenile justice *system* to achieve its balanced and restorative justice mission by:

- Employing evidence-based practices, with fidelity, at every stage of the juvenile justice process;
- Collecting and analyzing the data necessary to measure the results of these efforts; and, with this knowledge,
- Striving to continuously improve the quality of our decisions, services and programs.

# Capacity for High Quality Implementation (HQI)

	General	Program-Specific
<b>Organizational Capacity</b>	<ul style="list-style-type: none"><li>• Leadership</li><li>• Quality workforce</li><li>• Peer network for HQI</li><li>• Sufficient funding</li><li>• Administrative oversight/support</li></ul> <div>1</div>	<ul style="list-style-type: none"><li>• Champion(s)</li><li>• Data collection, analysis</li><li>• Trained/certified personnel</li><li>• Agency trainers</li><li>• Administrative oversight/support</li></ul> <div>2</div>
<b>Knowledge and Skills</b>	<p>Understanding:</p> <ul style="list-style-type: none"><li>• “Evidence”</li><li>• Cores of effective and ineffective practices</li><li>• Fidelity, outcomes monitoring</li></ul> <div>3</div>	<ul style="list-style-type: none"><li>• Program evidence</li><li>• Theory of change/logic model/core components</li><li>• Duration/dosage (wks/hrs)</li><li>• Staffing requirements (delivery, coordination, child care, etc.)</li><li>• Delivery setting</li><li>• Target population</li></ul> <div>4</div>

Illustrative example. Not exhaustive. All pieces are not required to get started, or to make progress.



# Elements of Implementation and Data Collection

Fidelity

Delivering program as designed, and intended

Quality

Personnel, facilities, training, materials

Adaptation

Adding components, materials, sessions

Reach

Delivering the program to enough people

Completion

Participants receiving sufficient amount of program

Costs

Trainings, certifications, materials, per session, etc.



# Starter Strategies

1. Continuous quality improvement vs. compliance; culture matters
2. Engagement vs. disenfranchisement
3. Cultivate communities of practice
4. Develop sub-committees/workgroups specifically focused on implementation
5. Incorporate implementation quality expectations into funding/solicitations and provide support to meet expectations



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# Questions and Answers



# Thank you!

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