

Implementing Evidence-Based Practices

Note: This is a resource which was featured on our previous Collaborative for Change website. The Collaborative for Change website has been retired but we have housed this resource as a PDF document. The document will remain as is and is no longer being updated as of September 2016.

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Implementing Evidence-Based Practices

Combinations of mental illness and substance abuse, when observed in an individual, are often referred to as either behavioral health problems or co-occurring issues. Many youth end up in the juvenile justice system due to the symptoms of their behavioral disorders. They are thereby removed from opportunities, when they do exist, for community-based, research-driven alternative interventions that have demonstrated higher likelihoods of decreasing both delinquency and symptoms of mental illness and substance use.

The good news is that there is a growing body of literature concerning what works and what does not work when it comes to reducing delinquent behaviors with juvenile offenders. Studies offer evidence about what are effective interventions for youth with behavioral health disorders, and more specifically, for juvenile justice-involved youth with behavioral health disorders. The current issue is that there is a need to bridge the gap between research and practice by supporting adoption and implementation of evidence-based practices (EBPs) for youth involved in the juvenile justice system with behavioral health disorders.

Below, you'll find information that is aimed at helping communities address the needs of their juvenile justice-involved youth who are experiencing behavioral health disorders. Guidance from the field is laid out in phases and steps, allowing readers to access practical information, resources, and examples most appropriate to their stage of program development. Each step includes resources that are organized into three categories: key websites, examples from the field (best practices and model policies suitable for adaptation or replication), and critical resources (guides, reports on critical issues, and most recent research). The process described herein is the result of a collaborative work effort between on-the-ground practitioners, policy makers, and national experts to develop clear guidelines to help communities interested in developing and improving responses to these youth.

Overview

EVIDENCE-BASED PRACTICES

EBPs bridge the gap between the best research and the actual practice of meeting the needs of, in this case, juvenile justice-involved youth who are experiencing behavioral health disorders.

Over 1.5 million youth under the age of 18 are arrested each year ([OJJDP, 2010](#)); more than 600,000 youth are placed in detention centers; and, on any given day, close to 70,000 youth are in juvenile correctional placement ([Sickmund, Sladky, Kang & Puzanchera, 2011](#)). The prevalence of mental illness and substance use disorders, referred to as "behavioral health disorders," among youth involved in the juvenile justice system is staggering.

- The majority of these youth – 65 to 70 percent – have a diagnosable mental disorder and 27 percent had a mental disorder severe enough to require significant and immediate treatment ([Shufelt & Coccozza, 2006](#)).

- A large, national multisite study found that 16 percent of youth at juvenile justice intake, 40 percent at pretrial detention, and 47 percent in youth corrections met criteria for a substance use disorder ([Wasserman, McReynolds, Schwalbe, Keating & Jones, 2010](#)).
- Many studies also find that the majority of these youth meet the criteria for both ([Shufelt & Cocozza, 2006](#)).

There is a substantial body of literature describing what works and what does not work when it comes to reducing delinquent behaviors with juvenile offenders. Unfortunately, it appears that this knowledge has had limited penetration, at best, into many service and policy settings ([Henggeler & Schoenwald, 2011](#)). Even with the research regarding what works, less than 10 percent of juvenile offenders are afforded the benefit of programs with proven effectiveness for their needs ([Greenwood, Welsh & Rocque, 2012](#)).

Compounding this dilemma is that “...there is little research to guide states in effectively moving science into practice on a large scale, and the professions of research, policy, and practice continue to operate as disconnected silos to a great extent” ([Bumbarger & Campbell, 2012](#), p.1). However, the process of implementing evidence-based practices and programs is on its way to becoming a research-driven activity itself ([Fixsen, Blasé, Naoom & Wallace, 2009](#)).

History of EBPs

Over the years, states and local jurisdictions have developed a variety of programs and practices for responding to justice involved youth. Unfortunately, until recently the effectiveness of these practices was not supported by research. Findings from a review of over 200 studies in the late 1980’s found that rehabilitative efforts had no appreciable effect on recidivism ([Gendreau & Ross, 1987](#)). The resulting concern in the field was that “nothing works.” This conclusion has changed dramatically over the last 15-20 years as a result of the growth and demonstrated effectiveness of evidence-based practices.

EBPs Defined

A basic, formal definition of evidence-based practices might read: Approaches to prevention or treatment that have documented scientific evidence that they work. That formal definition might go on to say that EBPs are treatments or services which have been rigorously studied through randomized or quasi experimental trials in either academic or community settings and are shown to repeatedly produce positive outcomes for the youth and families who receive them.

Characteristics of EBPs

There are a number of characteristics which are generally consistent among different EBPs. EBPs

- Emphasize the enhancement of healthy functioning;
- Promote youth, parent/guardian, and/or family development;
- Can be replicated and continue to demonstrate effectiveness in different locations, with different youth and families, and often with different races and cultures;
- Should be feasible (i.e. affordable, training available)
- Are delivered consistently over time (i.e. fidelity)

For most communities, the problem is typically the over-reliance on non-proven and ineffective programs or a total lack of services. The opportunity with EBPs exists in the quality they offer. Their

methods are proven to work; better outcomes can be expected for youth with behavioral health conditions; they offer a lower cost for systems as they divert youth to less costly, more effective services; and EBPs bring with them credibility and accountability that many services lack.

Benefits of EBPs

Outcomes associated with EBPs include:

- Improved public safety
- Reduced rates of re-arrest
- Improved family functioning and school performance
- Reduced rates of out-of-home placements
- Fewer days in more costly and restrictive facilities by receiving services in homes and communities High retention rates of participants with fewer program dropouts
- Decreased drug use and symptoms of mental illness

In simple analysis, EBPs have been shown to, and should be expected to, positively impact youth and families, staff, and agencies. Youth and their families can anticipate a better quality of life. Staff can be expected to have increased satisfaction and ability to demonstrate effects and outcomes. And, the agencies supporting this work can expect better data for accountability, as well as lower costs and higher savings from keeping youth out of deeper end, more expensive care.

Evidence-based programs also increase provider accountability and system accountability by directly linking services delivered to treatment outcomes. Furthermore, research has demonstrated that many practices do not work and some are even harmful. With that information in hand, it is only ethical to avoid referring youth to programs with harmful effects and wastefully spending taxpayer dollars.

Challenges of EBPs

EBPs are not without their challenges. According to [Morris, Day, and Schoenwald \(2010\)](#), jurisdictions that take on the charge of implementing EBPs must address a number of complicated and interwoven challenges. These challenges often include:

- The need for broad support and knowledge among a range of stakeholders at the state and local levels
- The ability to provide for ongoing, continuous stakeholder education and awareness, in order to deal with changing leadership and agency personnel
- Lack of knowledge among stakeholders about the various evidence-based practices, and the potential “fit” of these practices with the local community’s needs and resources
- Capacity to implement evidence-based practices within the local provider community
- Provider resistance to shifting from treatment-as-usual to an evidence-based practice, and to participate in fidelity and outcome monitoring processes
- Funding streams that may not be structured to encourage or support evidence-based practices
- The need for policy development that ensures the preferred utilization of evidence based practices

Unfortunately, many communities and states have now taken up the implementation of EBPs as a one-size-fits-all proposition by only implementing one EBP that is not intended to be the best response to

every level of care or every type of problem severity presented by youth. When choosing an EBP, it is important to know for which youth the EBP will be most effective; the problems of another youth may require a different EBP.

Guidance from the Field

The guidelines below are applicable to a wide array of jurisdictions and states seeking to adopt and implement evidence-based practices for youth with behavioral health needs in contact with the juvenile justice system.

The 10 steps and four phases for Guidance on Implementation of Evidence-based Practices are authored by John Morris of the [Technical Assistance Collaborative \(TAC\)](#) and Dr. Stephen Phillippi of the [Institute for Public Health and Justice \(IPHJ\)](#), and pilot tested in the states participating in this Action Network. This guidance seeks to bridge the gap between research and practice by supporting adoption and implementation of evidence-based practices for juvenile justice-involved youth with behavioral health disorders.

Additional guidance came from the collaboration of eight states that were competitively selected to participate in the [John D. and Catherine T. MacArthur Foundation](#) and the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) initiative entitled Improving Diversion Policies and Programs for Justice-Involved Youth with Co-Occurring Mental and Substance Use Disorders: An Integrated Policy Academy/Action Network Initiative. Two of the eight states: Kentucky and New York were committed to improving policies and programs supporting the adoption and implementation of evidence-based practices for juvenile justice-involved youth with behavioral health disorders.

Approach

There is no “one-size-fits-all” approach to intervention, diversion, and treatment for juvenile justice-involved youth who are experiencing behavioral health disorders. Not all interventions are equally effective, afford the best cost-benefit outcomes, or are practical given the resources of the jurisdiction or agency attempting to implement them. Considering all these factors, it remains important to ensure that youth and their families have access to evidence-based practices that:

- Are implemented as designed
- Demonstrate improved outcomes
- Maximize community, state, and federal investments
- Are sustainable

The process of implementing an EBP is presented as four distinct phases of operation. Each phase is offered in a stepwise progression to guide practitioners and administrators through critical aspects of what is involved in applying EBPs to the needs of juvenile-justice involved youth with behavioral health disorders. This presentation is not meant to imply that the implementation process is always linear, with one step following another; rather, it is to lay out the landscape of activities as comprehensively and clearly as possible.

Each step includes resources that are organized – when applicable – into three categories: key websites, examples from the field (best practices and model policies), and critical resources (guides, reports on critical issues, and most recent research).

To proceed through this resource from start to finish, click the “next” button at the bottom of the screen. Alternatively, use the navigation panel on the right to choose steps of interest to you.

Phase I: Laying the Groundwork

Building a culture that supports the provision of effective services to juvenile justice-involved youth who are experiencing behavioral health disorders is an active process that requires a dedicated team of policy makers, program administrators, service providers, and advocates. Organized into a formal steering committee, these stakeholders are responsible for setting the stage for subsequent steps of Phase I: conducting a needs assessment, establishing a collaborative decision-making body, and setting the vision.

The steps for Phase I are:

- Step One: Form a Steering Committee
- Step Two: Conduct a needs assessment
- Step Three: Establish a collaborative decision-making body
- Step Four: Set the vision

Step One: Form a Steering Committee

A steering committee of key individuals must be formed to build the momentum necessary for implementing an EBP. This small group should be composed of decision-makers and visionaries who understand the beneficial role that EBPs can play in supporting juvenile justice-involved youth who are experiencing behavioral health disorders. At a minimum, steering committee membership should include representation from the fields of behavioral health, juvenile justice, and family advocacy.

A primary task of the steering committee is to educate key stakeholders about EBPs: what they are, how they can benefit the community, and what challenges to expect.

EBPs Defined

The steering committee’s call for EBPs should be simple and direct: prevention and treatment approaches with documented scientific evidence of effectiveness exist and should be implemented. EBPs bridge the gap between the best research and the actual practice of meeting the needs of, in this case, juvenile justice-involved youth who are experiencing behavioral health disorders. Rigorous studies, often randomized or quasi-experimental trials in academic or community settings, show that EBPs produce positive outcomes for youth and families. EBPs have a high level of standardization (e.g., manuals and training materials) and are thus replicable with fidelity to the research-supported design, meaning different providers can be trained to perform the EBP as designed and see similar outcomes to those in the research.

Benefits of EBPs

Policy makers, administrators, and other decision-makers will be interested in how EBPs can be beneficial. With respect to juvenile justice-involved youth who are experiencing behavioral health disorders, it may be easiest for the steering committee to share the numerous benefits of EBPs by grouping them into the following categories:

Better Outcomes for Youth

For juvenile justice-involved youth who are experiencing behavioral health disorders, outcomes associated with EBPs are many and varied. They include:

- Reduced rates of re-arrest
- Improved family functioning and school performance
- Reduced rates of out-of-home placements
- Fewer days in costly and restrictive facilities by receiving services in homes and communities
- Higher retention rates of participants with fewer program dropouts
- Decreased drug use and symptoms of mental illness

Decreased Costs for Systems

EBPs can yield significant cost savings in both financial and human capital. Consider, for example, the following findings:

An EBP that has been shown to successfully treat youth in the community and decrease out-of-home placement by as much as 25-55 percent may cost between \$1,300 and \$5,000 per family per year, while incarcerating just one youth will cost well over \$50,000 per year ([Elliot, 2007](#)). In some states, it [costs over \\$200,000](#) per year for just one youth.

According to cost-benefit studies in many states, for every dollar invested in one of the more effective programs, \$7 to \$10 in benefits to taxpayers will result mostly in the form of reduced spending on out-of-home placement, prison construction, and operations ([Drake, Aos & Miller, 2009](#); [Greenwood, 2008](#)).

Multi-Systemic Therapy and Family Functional Therapy, both EBPs, produce a net benefit of \$9,316 and \$14,315, respectively, for every dollar spent on these programs ([Washington State Institute for Public Policy, 2004](#)). These programs are cost efficient compared to treatments with no tangible outcomes

Greater Accountability of Services

EBPs increase provider systems' accountability by directly linking services delivered to treatment outcomes. Provider agencies can expect better data, which may show savings realized by the diversion of youth from more expensive care within the juvenile justice system.

Challenges Associated with EBPs

As with any new endeavor, the steering committee must be prepared to respond to challenges associated with implementing EBPs. Among those that have been identified are:

- The need for broad support among a range of stakeholders at the state and local levels
- The ability to provide for ongoing, continuous stakeholder education and awareness, in order to deal with changing leadership and agency personnel
- Lack of knowledge among stakeholders about the various EBPs and the potential "fit" of these practices with the local community's needs and resources
- The capacity to implement EBPs within the local provider community
- Provider resistance to shifting from treatment-as-usual to an EBP and to participate in fidelity and outcome-monitoring processes
- Funding streams that may not be structured to encourage or support EBPs
- The need for policy development that ensures the preferred utilization of EBPs

Agencies embarking on the process of implementing EBPs may face high start-up costs, which can make sustainability difficult. This can be further hampered by a lack of organizational support. Change is rarely easy and often disrupts organizational and practitioners' sense of competence, confidence, and control. Even the most enthusiastic practitioners will struggle if the organization fails to systemically plan for training and uptake of the new model.

In its efforts to educate key stakeholders, the steering committee should not minimize challenges associated with implementing EBPs, but instead offer solutions to the challenges. Similarly, the steering committee should never over-promise what EBPs can deliver, but instead highlight the potential benefits of EBPs for juvenile justice-involved youth who are experiencing behavioral health disorders.

KEY WEBSITES

The [Institute for Public Health and Justice](#) at [Louisiana State University \(LSU\) Health Sciences Center](#) is a policy, research, training, and technical assistance enterprise positioned at the intersection of health policy/practice and the justice system in Louisiana. The Institute has compiled resources regarding stakeholder education and awareness, assessment of capacity and need, and dissemination of evidence-based practices specific to juvenile justice and behavioral health.

EXAMPLES FROM THE FIELD

Brian Bamberger of the [EPISCenter](#) of the [Bennett Pierce Prevention Research Center, College of Health and Human Development](#), and [Penn State University](#) presents [Barriers to Successful Dissemination and Implementation of Evidence-Based Programs and Opportunities to Overcome Them](#) during an [Institute of Medicine](#) panel.

Dr. Stephen Phillippi, of the [Institute for Public Health and Justice](#) at [Louisiana State University \(LSU\) Health Sciences Center](#), presents [The Louisiana Experience: Building Evidence-Based Practices](#). This presentation describes how Louisiana, through a combination of state, local, university, and national partnerships, created a community development model that led to national recognition for its accelerated growth of EBPs, including a 27 percent increase in juvenile justice-involved youth having access to evidence-based services (with some counties increasing access by as much as 96 percent).

CRITICAL RESOURCES

Cooney, S.M., Huser, M., Small, S.A., & O'Connor, C. (2007). [Evidence-based programs: An overview](#). *What Works, Wisconsin Research to Practice Series, 6*. Madison, WI: University of Wisconsin-Extension.

Elliott, D. (2007). "Evidence-based Programs and Practices: What are they and why are they important?" Plenary presentation at the Models for Change, Evidence-based Practice Summit. April 11, 2007. Baton Rouge, Louisiana.

Fixsen, A.M. (2009). [Defining scaling up across disciplines: An annotated bibliography](#). Chapel Hill, NC: National Implementation Research Network.

Greenwood, P.W., Welsh, B.C., & Rocque, M. (2012). Comparing the states. In [Implementing proven programs for juvenile offenders](#) (pp. 16-21). Downingtown, PA: Association for the Advancement of Evidence-Based Practice.

Morris, J.A., Day, S., & Schoenwald, S.K. (2010). Chapter one: An introduction to evidence-based practices. In [Turning knowledge into practice](#) (2nd ed.) (pp. 15-22). Boston, MA: The Technical Assistance Collaborative, Inc.

Phillippi, S., Below, L., & Cuffie, D. (2010). [Evidence-based practices for juvenile justice reform in Louisiana](#). New Orleans, LA: Louisiana State University Health Science Center-School of Public Health.

Skowrya, K., & Cocozza, J. (2007). Cornerstone #4: Treatment. In [Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system](#). Delmar, NY: National Center for Mental Health and Juvenile Justice.

Sosna, T. & Marsenich, L. (2006). [Community development team model: Supporting the model adherent implementation of programs and practices](#). Sacramento, CA: The California Institute for Mental Health.

Washington State Institute for Public Policy. (2004). [Outcome evaluations of Washington State's research based programs for juvenile offenders](#). Olympia, WA: Washington State Institute for Public Policy.

Wiig, J.K. & Tuell, J. A. (2008). Phase 1: Mobilization and advocacy. In [Guidebook for juvenile justice & child welfare system coordination and integration: A framework for improved outcomes](#) (pp. 1-18). Arlington, VA: Child Welfare League of America.

Step Two: Conduct a Needs Assessment

The second step of Phase I is to identify the needs of juvenile justice-involved youth who are experiencing behavioral health disorders. Which needs are being met? Who is providing what services? A thorough needs assessment will identify resources/access points available in the community and reveal gaps in services, thereby steering the EBP selection process.

Availability of Services

The steering committee's primary task in Step Two is to conduct a needs assessment. The steering committee should collect the following key data items from service provider agencies:

- Services currently being delivered
- EBPs within those services
- Characteristics (age, gender, race, language, etc.) of service recipients
- Source of referrals for services
- Credentials of service providers
- Frequency and nature of unresolved service requests

Once service provider data is gathered, the steering committee should cross-reference it with other existing data from the community, a process known as systems mapping. For example, data from detention, court, school, or other sources can describe both the number of youth entering at specific system points and, ideally, the prevalence of behavioral health disorders at those points.

Target Population

Besides identifying what services are available to juvenile justice-involved youth with behavioral health disorders, another outcome of the needs assessment is a greater understanding of the youth who are not receiving adequate services. The steering committee should identify youth who are underserved by studying which populations:

- Are experiencing substantial penetration into juvenile justice system
- Are not accessing or responding to prevention measures
- Have the highest number or disproportionate number of individuals entering the juvenile justice system with behavioral health disorders

The steering committee should study the age, gender, race, cultural specifics, and other characteristics of youth who have little or no access to services as currently delivered. Do youth entering the juvenile justice system with behavioral health disorders share any common characteristics that suggest that whole populations are being underserved?

The target population for improved services will surface from this study. Such data-driven planning depicts the specific needs of service recipients while reflecting the resources and limitations of jurisdictions.

KEY WEBSITES

See Chapter 3: Assessing Community Needs and Resources of the Community Tool Box: Bringing Solutions to Light, which is a global resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement. The Community Tool Box is a service of the Work Group for Community Health and Development at the University of Kansas.

The Institute for Public Health and Justice at Louisiana State University (LSU) Health Sciences Center is a policy, research, training, and technical assistance enterprise positioned at the intersection of health policy/practice and the justice system in Louisiana. The institute has compiled resources

regarding stakeholder education and awareness, assessment of capacity and need, and dissemination of evidence-based practices specific to juvenile justice and behavioral health.

EXAMPLES FROM THE FIELD

The Louisiana Models for Change team and National Resource Bank collaborators developed the Louisiana Juvenile Justice System Screening, Assessment, and Treatment Services Survey. The goal of this survey is to provide local Planning Boards in Louisiana with an inventory of screening and assessment procedures and existing services and programs – a critical first step for planning the adoption and expansion of evidence-based practices.

- Louisiana Models for Change Brief: Louisiana Juvenile Justice Screening, Assessment, and Treatment Services Inventory
- Louisiana Juvenile Justice System Screening & Assessment & Treatment Services Survey
- Louisiana Treatment Provider Survey Sample Results Report

CRITICAL RESOURCES

National Consumer Supporter Technical Assistance Center. (Undated). Community needs assessment. Alexandria, VA: National Mental Health Association.

Step Three: Establish a Collaborative Decision-Making Body

Prepared with information about EBPs and with specifics about gaps in services, the steering committee is now ready to form a collaborative decision-making body. This step aligns multiple systems and stakeholders behind the common goal of selecting and implementing EBPs to serve juvenile justice-involved youth who are experiencing behavioral health disorders.

To build a collaborative process, the screening committee might consider a model known as the Community Development Team Model. This model involves:

- Building on positive relationships among systems, political leaders, agencies, practitioners, and consumers while offering information about EBPs and the fit those practices might have with local and state needs
- Creating dialogue related to barriers and planning for implementation while examining data for monitoring that implementation
- Maintaining support and feedback about progress and problems encountered throughout the adoption, implementation, and sustainability processes

Once assembled, the collaborative decision-making body should engage in clear, open, and non-blaming dialogue to plan the implementation of EBPs. The collaborative decision-making body should formally state its mission and a method for achieving that mission. Members of the collaborative decision-making body should actively seek, review, and discuss available data to both decide on the EBP that best fits needs and monitor progress as implementation proceeds. One member should assume responsibility for

obtaining feedback on practices under consideration so that progress can be shared and problems can be discussed.

POTENTIAL MEMBERS

- Members of the steering committee
- Provider agencies with a history of successfully implementing and sustaining behavioral health programs
- Youth and families who can share their experiences with accessing and utilizing services
- Justice and behavioral health leadership
- Judges, district attorneys, and public defenders

KEY WEBSITES

The [California Institute for Mental Health's Community Development Team Model](#) is an organizational development dissemination strategy designed to promote selection and model-adherent, sustainable installation of EBPs by a broad segment of the public mental health system.

The [Connecticut Center for Effective Practice \(CCEP\)](#) of the [Child Health and Development Institute \(CHDI\) of Connecticut, Inc.](#) focuses on improving mental health care for children across Connecticut. CHDI advances and informs improvements in primary and preventive pediatric health and mental health care programs, practice, and policy in Connecticut, with particular focus on disadvantaged and underserved children and their families.

The [Institute for Public Health and Justice](#) at [Louisiana State University \(LSU\) Health Sciences Center](#) is a policy, research, training, and technical assistance enterprise positioned at the intersection of health policy/practice and the justice system in Louisiana. The institute has compiled resources regarding stakeholder education and awareness, assessment of capacity and need, and dissemination of evidence-based practices specific to juvenile justice and behavioral health.

EXAMPLES FROM THE FIELD

[Juvenile Justice Grant Project: From Probation to Providers: Linking Youth with Evidence-Based Care](#) presents an overview of the Monroe County, New York effort to implement evidence-based treatment services within the context of a probation-intake based diversion program for youth with co-occurring disorders. It provides detail regarding stakeholder engagement, the project timeline, decision making and implementation, and special considerations.

[Louisiana Children & Youth Planning Board Toolkit: Creating & Optimizing Children & Youth Planning Boards](#) consists of 11 tools for the development and operation of Children and Youth Planning Boards. Children and Youth Planning Boards assist in the development,

implementation, and operation of services which encourage positive youth development, reduce youth crime, and help curb juvenile delinquency.

Dr. Stephen Phillippi, of the [Institute for Public Health and Justice](#) at [Louisiana State University \(LSU\) Health Sciences Center](#), presents [The Louisiana Experience: Building Evidence-Based Practices](#). This presentation describes how Louisiana, through a combination of state, local, university, and national partnerships, created a community development model that led to national recognition for its accelerated growth of EBPs, including a 27 percent increase in juvenile justice-involved youth having access to evidence-based services (with some counties increasing access by as much as 96 percent).

CRITICAL RESOURCES

Fixsen, A.M. (2009). [Defining scaling up across disciplines: An annotated bibliography](#). Chapel Hill, NC: National Implementation Research Network.

Step Four: Set the Vision

It is important for the collaborative decision-making body to set a clear vision of how EBPs will support juvenile justice-involved youth who are experiencing behavioral health disorders. The vision will guide the work of the collaborative decision-making body. As importantly, the clarity of the vision will be instrumental in “selling” the EBP to the community.

Some local stakeholders may not believe that the selected EBP is “workable” for their jurisdiction – either because it is not perceived as meeting the needs of the community, is not seen as realistic in light of the resources or capacity of local providers, or is believed to impose undue reporting or oversight responsibilities. When this occurs, resistance to its adoption is likely to be high. This resistance can be minimized by:

- Basing EBP selection on a data-driven needs assessment and a realistic appraisal of the community’s resources and limitations
- Involving providers and other key stakeholders early in the process

Building long-term momentum for the implementation and expansion of EBPs requires the buy-in and support of various stakeholder groups. The collaborative decision-making body must ensure that the unique needs and concerns of these groups are being addressed through frequent and regular communication of not only the vision itself, but also specific milestones toward that vision. Setting a clear vision of how the EBP will address the needs of juvenile justice-involved youth who are experiencing behavioral health disorders will empower all stakeholders to contribute to a common goal.

KEY WEBSITES

The Institute for Public Health and Justice at Louisiana State University (LSU) Health Sciences Center is a policy, research, training, and technical assistance enterprise positioned at the intersection of health policy/practice and the justice system in Louisiana. The institute has compiled resources regarding stakeholder education and awareness, assessment of capacity and need, and dissemination of evidence-based practices specific to juvenile justice and behavioral health.

EXAMPLES FROM THE FIELD

Louisiana Children & Youth Planning Board Toolkit: Creating & Optimizing Children & Youth Planning Boards consists of 11 tools for the development and operation of Children and Youth Planning Boards. Children and Youth Planning Boards assist in the development, implementation, and operation of services which encourage positive youth development, reduce youth crime, and help curb juvenile delinquency.

CRITICAL RESOURCES

Morris, J.A., Day, S., & Schoenwald, S.K. (2010). Chapter six: How to work with practitioners around evidence-based practices. In *Turning knowledge into practice* (2nd ed.) (pp. 67-74). Boston, MA: The Technical Assistance Collaborative, Inc.

Phase II: Choosing Evidence-Based Practices

The EBP(s) most appropriate for meeting the needs of juvenile justice-involved youth who are experiencing behavioral health disorders must be selected. Summarizing this important phase in the most basic way, EBP selection comes down to meeting the needs of the target population. To make the most fitting selection, it is also necessary to consider the readiness of the community and the providers.

The steps for Phase II are:

- Step Five: Review EBPs
- Step Six: Assess readiness
- Step Seven: Select an appropriate EBP

Step Five: Review EBPs

Youth who are experiencing and/or at risk for delinquency, violence, substance use, and mental illnesses should receive the best available care known to treat the condition at hand. Since different programs target different issues, the collaborative decision-making body should have a basic understanding of which intervention works well for which risk factor.

Risk factors can be categorized into four types: individual, family, peer, and school/community. The PDF chart below provides an overview of risk factors, their characteristics and interventions proven successful with the respective risk factor.

Using the databases noted in the Resources section, the collaborative decision-making body should begin reviewing EBPs through the lens of prevailing risk factors associated with the target population. Quality sources will describe the EBP, the population(s) with which a specific practice has been effective, and demonstrated outcomes.

A list of potential EPBs will emerge from this activity. The collaborative decision-making body should then compile and apply relevant criteria to further refine this list of potential EPBs. Criteria should minimally include:

- Implementation and operation costs
- Staff training
- Cultural applicability

At the conclusion of this step, the collaborative decision-making body should have a list of several EPBs that hold promise for supporting juvenile justice-involved youth who are experiencing behavioral health disorders.

KEY WEBSITES

The [Adolescent-Based Treatment Database](#) was compiled by the National Council of Juvenile and Family Court Judges (NCJFCJ) as a source of information on validated, adolescent-focused treatment interventions and screening instruments. It details intervention basics, special considerations, and strategies for engaging treatment providers, allied agencies, youth, and families. This “one-stop shop” is a valuable tool for juvenile behavioral health courts and anyone researching adolescent-focused treatment and screening instruments.

[Blueprints for Healthy Youth Development](#) is a research project within the [Center for the Study and Prevention of Violence](#) at the University of Colorado Boulder. The mission of Blueprints for Healthy Youth Development is to identify evidence-based prevention and intervention programs that are effective in reducing antisocial behavior and promoting a healthy course of youth development.

[FindYouthInfo.gov](#) was created by the Interagency Working Group on Youth Programs (IWGYP), which is composed of representatives from 12 federal departments and 6 federal agencies that support programs and services focusing on youth. The IWGYP promotes the goal of positive, healthy outcomes for youth by (1) identifying and disseminating promising and effective strategies and (2) promoting enhanced collaboration.

The [OJJDP Model Programs Guide](#) (MPG) was created by the Office of Juvenile Justice and Delinquency Prevention to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The MPG database of over 200 evidence-based programs covers the entire continuum of youth services, from prevention through sanctions to reentry.

[Promising Practices Network](#) (PPN) is a unique resource that offers credible, research-based information on what works to improve the lives of children and families. In addition to providing summaries of effective programs in *Programs that Work*, PPN features *Issue Briefs*

that summarize the current research on various topics and *Expert Perspectives*, where child policy experts answer pressing questions on a variety of topics.

[SAMHSA's National Registry of Evidence-Based Programs and Practices](#) (NREPP) is a searchable, online registry of interventions that support mental health promotion, substance abuse prevention, and treatment. These interventions have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying scientifically based approaches to preventing and treating mental and/or substance use disorders that can be readily disseminated to the field.

CRITICAL RESOURCES

Greenwood, Peter. (2008). [Prevention and intervention programs for juvenile offenders](#). *The Future of Children*, 18(2), 185-210.

Howell, M. (2009). [Preventing and reducing juvenile delinquency: A comprehensive framework](#) (2nd ed.). Thousand Oaks, CA: Sage.

Mears, D.P. (2010). [American criminal justice policy: An evaluation approach to increasing accountability and effectiveness](#). New York, NY: Cambridge University Press.

Mihalic, S., Fagan, A., Irwin, K., Ballard, D. & Elliot, D. (2004). Blueprints program descriptions. In [Blueprints for violence prevention](#) (pp. 13-58). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Morris, J.A., Day, S., & Schoenwald, S.K. (2010). Chapter four: Examples of evidence- based and promising practices. In [Turning knowledge into practice](#) (2nd ed.) (pp. 41-58). Boston, MA: The Technical Assistance Collaborative, Inc.

Step Six: Assess Readiness

Although EBP selection must be primarily driven by the needs of target population, the effort will go nowhere if the community and available providers are not ready to commit to this model for working with juvenile justice-involved youth who are experiencing behavioral health disorders. Communities and providers must be prepared for a potentially new way to address issues involving their youth. Facilitating this change is the responsibility of the collaborative decision-making body, with support from the EBP developer.

Community Readiness

Communities are made up of a wide variety of individuals with many different opinions, beliefs, and expectations – particularly concerning their children. It is important to address these differences by building a common appreciation for what EBPs offer to the community as a whole. The collaborative decision-making body should facilitate this by:

- Being clear about the intent of the proposed EBP and the needs it addresses

- Closely matching the EBP to the jurisdiction’s description of its highest priority population needs
- Describing the expected EBP outcomes related to mental health, substance use, and behaviors related to delinquency
- Highlighting evidence demonstrating the effectiveness of the EBP for the target population
- Ensuring that the EBP is feasible in terms of transportation, funding, qualified providers, etc.
- Locating a provider that can accommodate the necessary organizational requirements of the EBP

Generally, the bottom line for community members involves demonstrated effectiveness of the EBP, the cost of the EBP, and the “face” associated with the EBP (i.e., the person in the jurisdiction managing and championing the EBP). The collaborative decision-making body should clearly convey these aspects of the EBP to the public.

Provider Readiness

Developers of EBPs often help providers assess their capacity to adopt the model. This shared effort involves study of organizational effectiveness and staff qualifications.

Organizational Effectiveness

To determine organizational effectiveness, the collaborative decision-making body should assess the following elements:

- Support of administrators, who must be willing to acquire and allocate the funds necessary to support the EBP
- Interagency links to access referrals, secure treatment assistance, collaborate on grant writing, and publicize the EBP
- Agency stability, as demonstrated by a low turnover rate of staff, history of financial responsibility, or other such sound practices
- Program integration (i.e., goals and objectives of the EBP link to the goals and objectives of the provider agency)

Staff Qualifications

To ensure appropriate staffing, the collaborative decision-making body should confirm that staff members:

- Hold, or are willing to secure, necessary certification, licensure, or degrees
- Have experience working with juvenile justice-involved youth who are experiencing behavioral health disorders
- Are committed to long-term change, particularly when faced with the challenge of sustaining new efforts
- Receive training on the proper application, correct implementation, and expected utilization of the EBP

KEY WEBSITES

[Implementing Evidence-Based Practices](#) is an online resource of the [North Carolina Evidence-Based Practices Center](#), which provides training, technical assistance, and consultation on EBPs for North Carolina’s target population of adults and children with severe mental illness.

EXAMPLES FROM THE FIELD

[The Louisiana EBP Selection Assessment Guide](#) offers a framework for identifying and determining a community's and/or organization's readiness to select and adopt evidence-based practices. The readiness tool, which uses a structured questionnaire to map key readiness and implementation questions, helps to anchor discussions, capture priorities and key concerns of local decision makers, and focus the search for evidence-based practices that might fit local needs.

CRITICAL RESOURCES

Center for Substance Abuse Prevention. (2009). [Identifying and selecting evidence-based interventions](#): Revised guidance document for the strategic prevention framework state incentive grant program. HHS Pub. No. (SMA)09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

Iowa Consortium for Substance Abuse Research and Evaluation. (2003). Assessment of readiness to change. In *Evidence-based practices: An implementation guide for community-based substance abuse treatment agencies* (pp. 15). Iowa City, IA: Author.

Mihalic, S., Fagan, A., Irwin, K., Ballard, D., & Elliot, D. (2004). Chapter 3: Assessing site readiness. In [Blueprints for violence prevention](#) (pp. 84-94). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Morris, J.A., Day, S., & Schoenwald, S.K. (2010). See Chapter six: How to support staff in moving toward evidence-based practices. In [Turning knowledge into practice](#) (2nd ed.) (pp. 67-74). Boston, MA: The Technical Assistance Collaborative, Inc. - See more at: <http://cfc.ncmhjj.com/resources/implementing-evidence-based-practices/guidance-from-the-field/phase-ii/step-six/#sthash.1cmbbLJu.dpuf>

Step Seven: Select an Appropriate EBP

At this point in the process, the collaborative decision-making body has reviewed EPBs for applicability to the target population of juvenile justice-involved youth with behavioral health disorders and for compliance with relevant criteria. It has also assessed the readiness of the community and the provider to commit to an EPB. Based on this information, the collaborative decision-making body should now select the EPB(s) it will implement to meet the needs of the target population.

In making its selection, the collaborative decision-making body should consider program match, program quality, and organizational resources ([Small et al., 2007](#)).

Program Match

Program match involves how well the proposed EPB fits the purpose, organization, target population, and community. The collaborative decision-making body should answer the following questions:

- Do the goals and objectives of the EPB reflect what the collaborative decision-body hopes to achieve?

- Do the goals of the EPB match those of the target population?
- Is the EPB of an appropriate length and intensity to be effective with the target population?

Program Quality

An EPB listed on a respected registry can generally be assumed to be of high quality, but its rating should be noted during the selection process. If an EPB of interest is not included in a registry, the collective decision-making body should seek evidence that the EPB has undergone scientific study with subjects similar to the target population.

Organizational Resources

The collaborative decision-making body should confirm the availability of financial, administrative, and staffing resources necessary for initial implementation and long-term operation of the EPB. This includes:

- Training, curriculum, and implementation costs of the EPB
- Expertise and willingness of staff to deliver the EPB
- Support of community providers

Carefully considering organizational resources, program quality, and program match will lead to selection of an appropriate EPB. To organize this information, the collaborative decision-making body may consider using the [Louisiana EBP Selection Assessment Guide](#). Geared specifically to youth involved with juvenile justice, it uses a structured questionnaire to:

- Map key readiness and implementation questions
- Help anchor discussions
- Capture priorities and key concerns of local decision makers
- Focus the search for EBPs on local needs and highest likelihood for successful implementation

Another source of guidance for selecting the most suitable EBP is conversation with experts and colleagues. The former may offer constructive information about specific EBPs; the latter will have a solid understanding of the target population.

EXAMPLES FROM THE FIELD

The Louisiana Models for Change project developed the [Service Matrix: Linking Results of Screening & Assessment with Appropriate Services](#). This matrix outlines all of the options available to address a youth's needs (within a particular jurisdiction) across various domains, including mental health, family relationships, and peers.

CRITICAL RESOURCES

Morris, J.A., Day, S., & Schoenwald, S.K. (2010). Chapter five: How to select and implement evidence-based practices. In [Turning knowledge into practice](#) (2nd ed.) (pp. 67-74). Boston, MA: The Technical Assistance Collaborative, Inc.

Small, S., Cooney, S. M., Eastman, G., O'Connor, C. (2007). [Guidelines for selecting an evidence-based program: Balancing community needs, program quality, and organizational resources](#). In *What Works, Wisconsin Research to Practice Series, 6*. Madison, WI: University of Wisconsin-Extension.

Phase III: Implementing Evidence-Based Practices

Delivering proven services to juvenile justice-involved youth who are experiencing behavioral health disorders requires much organization. The collaborative decision-making body should be prepared to address several questions, including:

- What change in day-to-day activity is required?
- What resources are available to assist the transformation efforts?
- Once the change has begun, what is needed to maintain it?

It will take some time before an EBP demonstrates outcomes similar to the original researched program, but this process can be facilitated by instituting a quality assurance process at the very beginning.

The steps for Phase III are:

- Step Eight: Implement the selected EBP
- Step Nine: Institute a quality assurance process

Step Eight: Implement the Selected EBP

In its eagerness to “deliver the goods,” the collaborative decision-making body may be tempted to rush into service delivery. It is important, however, to carefully plan the implementation process as there are many components to consider. The timeframe for completing activities associated with these components will depend on the complexity of the selected EBP. Often, activities will be executed simultaneously.

The collaborative decision-making body should plan for the following components:

Program Costs

Paying for services can be challenging, especially when adopting a new model that involves training and modifying practice. Most EBPs are well packaged for dissemination and

implementation, but the necessary training and acquisition of these program materials come with a cost. These costs may be unexpected; for example, expenses associated with training staff often cannot be billed to a third party, such as Medicaid. In its planning for implementation, the collaborative decision-making body should include start-up costs, licensing fees, training and supervision costs, and working capital.

Staff and Administration

Implementing the EBP involves ensuring that direct service staff members meet the credentials required by the EBP developer. Supervisors and administrators must also be prepared to support change in the way that an organization operates. For example, many models involve in-home services; workers need to be in the homes when families are available, often outside of normal office hours.

The collaborative decision-making body should design administrative structures around and in support of the EBP, as opposed to wedging the EBP into the existing structures. In addition to readying formal structures, leadership should be encouraged to intervene on behalf of EBP practitioners, who are sometimes regarded as receiving special privileges or not carrying their load because of mandated lower caseload size, different productivity standards, or other elements that may be unique to the EBP.

Policies and Procedures

In order for the EBP to work, it must be matched to the youth for whom it was designed – in this case, juvenile justice-involved youth who are experiencing behavioral health disorders. The collaborative decision-making body should make explicit the entry criteria (or, conversely, the exclusionary criteria) for obtaining the service. Any necessary policy revision should be informed by screening results, assessment results, and diagnoses of youth most likely to benefit from the EBP.

The collaborative decision-making body should not only set clear policy and procedures for facilitating program operation, but also convey these parameters to the community. Programs have often stumbled, grappling with low enrollments, because community referral sources didn't know how to access the new EBP. Alternatively, programs have been swamped with referrals of large numbers of youth unlikely to benefit from the specific EBP because it was novel or regarded as more desirable. Clarity within the organization and in the community will help keep expectations reasonable and provide a framework in which the desired outcomes are more likely to be achieved.

Data Systems and Information-Sharing

This is one of the most important components of implementation, and yet it is one in which programs often under-perform, or worse, ignore altogether. Providers rightfully tend to focus

on meeting the needs of youth and families, but may fail to recognize the value of data collection and analysis. In the case of EBPs, and in an environment in which demonstrating outcomes is critical, this oversight might be counterproductive. It is through data that agencies can confidently illustrate the impact of an EBP and quantifiably demonstrate to funders that their investment is yielding results.

The collaborative decision-making body should consider partnering with a local higher education institution as a cost-effective way to bring in specialized skills on establishing data systems, while providing opportunities for faculty and students to conduct valuable research. Data systems don't have to be elaborate or expensive, as long as they enable a program to collect, analyze, and report relevant information. To relieve front-line workers of the burden of extra paperwork, administrative data (billing slips, progress reports, etc.) that are already collected should form the foundation of the data system.

Information-sharing can be a more complex issue because it involves different types of information and different reasons for sharing it. For example:

- Information in which client identification is removed, and which has been clustered or aggregated, can be used for policy makers and is generally shared readily.
- Information about individual clients, especially youth with co-occurring mental and substance use disorders, is generally restricted on a "need-to-know" basis among service providers and is governed by state and federal laws.

The collaborative decision-making body should develop memoranda of agreement and qualified provider agreements to formally address these differences.

KEY WEBSITES

[Addiction Technology Transfer Center Network: Implementing Evidence-Based Practices in the Addiction Treatment Field](#) is a nationwide, multidisciplinary resource for professionals in the addictions treatment and recovery services fields. It serves to: raise awareness of evidence-based and promising treatment and recovery practices; build skills to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services; and change practice by incorporating these new skills into everyday use for improving addictions treatment and recovery outcomes.

[Cost-Benefit Analysis](#) is one of the topics addressed by the [Washington State Institute for Public Policy](#), which was created by the Washington legislature in 1983. The Institute's mission is to carry out practical, non-partisan research—at legislative direction—on issues of importance to Washington. Current areas of staff expertise include: education, criminal justice, welfare, children and adult services, health, utilities, and general government.

The [National Implementation Research Network](#) (NIRN) contributes to the best practices and science of implementation, organizational change, and system reinvention to improve outcomes across the spectrum of human services. The NIRN goals are to: advance the science of implementation across human service domains (e.g., health, education, social services); inform policies that promote implementation of science and best practices in human services; and, ensure that the voices and experiences of diverse communities and consumers influence and guide implementation.

EXAMPLES FROM THE FIELD

This [Clinician’s Guide to the Monroe County Juvenile Justice Grant Project](#) was developed by the Monroe County, New York team participating in the SAMHSA-MacArthur Policy Academy Action Network Initiative. It was used to provide local service providers with important information regarding the juvenile diversion project.

This example of an [Memorandum of Understanding](#) from Monroe County, New York is intended to define roles and responsibilities between Coordinated Care Services, Inc., Monroe County Office of Probation; the Rochester General Health System and Behavioral Health Provider regarding the Juvenile Justice Diversion Project.

CRITICAL RESOURCES

Child Welfare League of American & Juvenile Law Center. (2010). [Information sharing toolkit](#). Chicago, IL: John D. and Catherine T. MacArthur Foundation’s Models for Change.

Iowa Consortium for Substance Abuse Research and Evaluation. (2003). Challenges to implementation. In [Evidence-based practices: An implementation guide for community-based substance abuse treatment agencies](#) (pp. 17-23). Iowa City, IA; University of Iowa.

Mihalic, S., Fagan, A., Irwin, K., Ballard, D., & Elliot, D. (2004). Challenges of implementation. In [Blueprints for violence prevention](#) (pp. 95-116). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Morris, J.A., Day, S., & Schoenwald, S.K. (2010). Chapter six: How to work with practitioners around evidence-based practices and Chapter seven: How to work with your organization or program around evidence-based practices. In [Turning knowledge into practice](#) (2nd Ed) (pp. 67-94). Boston, MA: The Technical Assistance Collaborative, Inc.

Substance Abuse and Mental Health Services Administration. (2011.) [Consumer-operated services: Getting started with evidence-based practices](#). HHS Pub. No. SMA-11-4633, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Step Nine: Institute a Quality Assurance Process

As staff members become busy with the activities of the EBP, it is not uncommon for a gradual drift from close adherence to the new practice to occur. To ensure that delivery remains true, EBP developers stress the importance of regular fidelity monitoring.

The licensing bodies of a few of the more established EBPs require agencies to participate in on going data collection, supervision, and case-level data monitoring in exchange for recognition as a provider. If licensing is maintained, it can be assumed that the program is being delivered as designed.

Regardless of licensing requirements, ongoing quality of the EBP must be assured. A comprehensive quality assurance plan will incorporate information about both recipients (juvenile justice-involved youth who are experiencing behavioral health disorders) and providers (direct staff and supervisors) of the EBP.

Youth Outcomes

As part of the quality assurance process, the provider agency (or, in some cases, the collaborative decision-making body) should monitor and require the reporting of outcomes and cost per youth served. Ideally, outcomes will be: Objectively measured by valid assessment tools that can be used as repeat measures of changes in need or risk levels Monitored and measured as frequently as every three to six months Outcomes should demonstrate stability over time. At a minimum, youth outcomes should show demonstrable progress for up to one year, with three years noted in juvenile justice intervention literature as the higher standard. Assessing client outcomes may signal a shift in the provider agency's program evaluation methods. To limit any resistance this may incur, established indicators of quality should be used. In this case, program measures may: Reflect that youth who are involved with the juvenile justice system receive appropriate behavioral health services Indicate reduced behavioral health symptoms, shorter retention in treatment, and/or reduced delinquent offending Demonstrate increased school attendance and/or greater participation in pro-social activities Document number of youth served or hours of service provided

Staff Turnover

In addition to tracking positive youth outcomes, the provider agency should monitor staff turnover as a measure of EBP performance. It is important to hire staff members who have realistic expectations about the work setting and practice demands. EBPs can provide an opportunity for practitioners to learn new skills beyond their college education and previous experience, but the necessary training and supervision associated with an EPB can be time-consuming. The collaborative decision-making body should ensure that provider agencies are aware of the level of training and supervision required to maintain EBPs. Inevitably, staff members will move on to new opportunities. To help minimize the impact of staff changes, the collaborative decision-making body should work with the provider agency to plan for turnover, training, and ongoing supportive supervision up-front. This planning should incorporate: The workload of practitioners Service delivery (e.g., in-home services, frequency of contact, etc.) Financial ramifications to the organization (loss of service delivery income during training and other indirect costs)

EXAMPLES FROM THE FIELD

This example of a Provider Agreement for Specialized Services from Monroe County, New York is intended to define roles and responsibilities between Monroe County Probation Services and a local treatment services provider. It clearly defines services that will be provided, the target population, outcome measures, and quality assurance data protocols.

CRITICAL RESOURCES

Baccaglioni, B. & Rowlands, S. (December 12, 2014). Op-ed: Evaluation must join innovation when using evidence-based practices. <http://jjie.org>: Juvenile Justice Information Exchange.

Harp, C., Bell, D., Bazemore, G., & Thomas, D. (2006). Guide to developing and implementing performance measures for the juvenile justice system. Alexandria, VA: American Prosecutors Research Institute.

Iowa Consortium for Substance Abuse Research and Evaluation (2003). Evidence-based practices: An implementation guide for community-based substance abuse treatment agencies. Iowa City, IA; University of Iowa.

Mihalic, S., Fagan, A., Irwin, K., Ballard, D. & Elliot, D. (2004). Appendix A: Monitoring the quality of implementation (Process evaluation research design). In Blueprints for violence prevention (pp. 158-168). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Morris, J.A., Day, S., & Schoenwald, S.K. (2010). Chapter eight: Sustaining and improving on the effort. In Turning knowledge into practice (2nd Ed) (pp. 95-100). Boston, MA: The Technical Assistance Collaborative, Inc.

Phase IV: Sustaining Evidence-Based Practices

With the EBP now operational, efforts turn to sustainability. Positive outcomes for youth and families will greatly contribute to the long-term survival of an EBP, but that information may not be available right away. Instead of waiting for such data, the collaborative decision-making body should implement a practical sustainability plan as soon as possible.

The step for Phase IV is:

Step Ten: Construct infrastructure for ongoing effectiveness

Step Ten: Construct Infrastructure for Ongoing Effectiveness

Research has identified several elements that contribute to sustainability, all of which should be incorporated into a comprehensive plan. They are:

Leadership and Support

Strong leaders not only motivate their own staff, but also rally the support of collaborating agencies and the community. The collaborative decision-making body should ensure that the EBP is consistently represented by a leader who is easily recognized as its program champion. This recognition allows potential funders, partners, and supporters to easily reach out with questions about, and support for, the EBP. The ongoing development of new leaders should be addressed in the sustainability plan.

Administration and Practice

As part of the sustainability plan, the collaborative decision-making body should provide mechanisms for adapting to future operational needs of the EBP. As the EBP evolves, so too must operating procedures. If, for example, the number of youth with behavioral health disorders increases, it may be necessary to hire additional staff. As another example, new laws regarding confidentiality may prompt the collaborative decision-making committee to revise data-sharing agreements.

Funding and Budgeting

Sustainability of the EBP is more likely if a source of funds can be dedicated to its long-term operation. The collaborative decision-making body should look beyond the one-time funding that is often tapped for start-up costs. Supporting the EBP financially on a long-term basis may require a cost-benefit study of the EBP in relation to youth receiving services and to the community. Results of this study will guide re-allocation of funds and other budgeting decisions.

Marketing

Broadening awareness of the EBP can build support among local stakeholders and community leaders. To that end, the collaborative decision-making body should develop a marketing strategy that identifies critical target audiences and effective mechanisms for reaching those audiences. Potential audiences might include youth and their families, providers of services to youth, agency administrators, and policy makers.

Policy and Law

Sharing information and positive outcomes with local, regional, and state policy-makers can lead to formal support that contributes to sustainability. Officials who realize the value of the EBP to their constituents (youth with behavioral health disorders, families, communities, and the juvenile justice system) will be more apt to institute new policy and law that ensure on-going operation of the EBP. The collaborative decision-making body should identify policy-makers who might spearhead such change.

KEY WEBSITES

SAMHSA'S Co-Occurring Disorders in Criminal Justice Settings. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on communities in the United States. Through this website, individuals can access important information on topics including: integrated care; screening; creating an effective workforce; evidence-based and promising practices; financing options; and using data.

EXAMPLES FROM THE FIELD

Over the last five years, Louisiana's juvenile justice system has been in the midst of a significant transformation. Much of the work since 2006 has been supported by Louisiana's selection by the MacArthur Foundation to participate in the Models for Change – Systems Reform in Juvenile Justice initiative, which aims to accelerate the pace of juvenile justice reform in targeted states and help them become successful models that can be emulated elsewhere. The Institute for Public Health and Justice at Louisiana State University (LSU) Health Sciences Center submitted the Report to the Louisiana Juvenile Justice Implementation Commission: Sustaining Juvenile Justice System Reform to the Louisiana Legislature that would identify key areas for improvement, as well as strategies to sustain and build upon the accomplishments of this effort.

CRITICAL RESOURCES

Child Welfare League of America, National Center for Mental Health and Juvenile Justice, and Technical Assistance Collaborative, Inc. (2010). *Sustaining change: A models for change guidebook*. Chicago, IL: John D. and Catherine T. MacArthur Foundation's Models for Change

Morris, J.A., Day, S., & Schoenwald, S.K. (2010). Chapter eight: Sustaining and improving on the effort. In *Turning knowledge into practice* (2nd ed.) (pp.95-100). Boston, MA: The Technical Assistance Collaborative, Inc.

All Resources: Implementing Evidence-Based Practices

KEY WEBSITES

[Addiction Technology Transfer Center Network: Implementing Evidence-Based Practices in the Addiction Treatment Field](#) is a nationwide, multidisciplinary resource for professionals in the addictions treatment and recovery services fields. It serves to: raise awareness of evidence-based and promising treatment and recovery practices; build skills to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services; and change practice by incorporating these new skills into everyday use for improving addictions treatment and recovery outcomes.

The [Adolescent-Based Treatment Database](#) was compiled by the National Council of Juvenile and Family Court Judges (NCJFCJ) as a source of information on validated, adolescent-focused treatment interventions and screening instruments. It details intervention basics, special considerations, and strategies for engaging treatment providers, allied agencies, youth, and families. This “one-stop shop” is a valuable tool for juvenile behavioral health courts and anyone researching adolescent-focused treatment and screening instruments.

[Blueprints for Healthy Youth Development](#) is a research project within the [Center for the Study and Prevention of Violence](#) at the University of Colorado Boulder. The mission of Blueprints for Healthy Youth Development is to identify evidence-based prevention and intervention programs that are effective in reducing antisocial behavior and promoting a healthy course of youth development.

The [California Institute for Mental Health's Values-Driven Evidence-Based Practices Initiative](#) is designed to promote selection and model-adherent, sustainable installation of EBPs by a broad segment of the public mental health system.

See [Chapter 3: Assessing Community Needs and Resources](#) of the [Community Tool Box: Bringing Solutions to Light](#), which is a global resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating

change and improvement. The Community Tool Box is a service of the [Work Group for Community Health and Development at the University of Kansas](#).

The [Connecticut Center for Effective Practice](#) (CCEP) of the [Child Health and Development Institute \(CHDI\) of Connecticut, Inc.](#) focuses on improving mental health care for children across Connecticut. CHDI advances and informs improvements in primary and preventive pediatric health and mental health care programs, practice, and policy in Connecticut, with particular focus on disadvantaged and underserved children and their families.

[Cost-Benefit Analysis](#) is one of the topics addressed by the [Washington State Institute for Public Policy](#), which was created by the Washington legislature in 1983. The Institute's mission is to carry out practical, non-partisan research—at legislative direction—on issues of importance to Washington. Current areas of staff expertise include: education, criminal justice, welfare, children and adult services, health, utilities, and general government.

[FindYouthInfo.gov](#) was created by the Interagency Working Group on Youth Programs (IWGYP), which is composed of representatives from 12 federal departments and 6 federal agencies that support programs and services focusing on youth. The IWGYP promotes the goal of positive, healthy outcomes for youth by (1) identifying and disseminating promising and effective strategies and (2) promoting enhanced collaboration.

[Implementing EBPs](#) is an online resource of the [North Carolina Evidence-Based Practices Center](#), which provides training, technical assistance, and consultation on EBPs for North Carolina's target population of adults and children with severe mental illness.

The [Institute for Public Health and Justice](#) at [Louisiana State University \(LSU\) Health Sciences Center](#) is a policy, research, training, and technical assistance enterprise positioned at the intersection of health policy/practice and the justice system in Louisiana. The Institute has compiled resources regarding stakeholder education and awareness, assessment of capacity and need, and dissemination of evidence-based practices specific to juvenile justice and behavioral health.

The [National Implementation Research Network](#) (NIRN) contributes to the best practices and science of implementation, organizational change, and system reinvention to improve outcomes across the spectrum of human services. The NIRN goals are to: advance the science of implementation across human service domains (e.g., health, education, social services); inform policies that promote implementation of science and best practices in human services; and, ensure that the voices and experiences of diverse communities and consumers influence and guide implementation.

The [OJJDP Model Programs Guide](#) (MPG) was created by the Office of Juvenile Justice and Delinquency Prevention to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children

and communities. The MPG database of over 200 evidence-based programs covers the entire continuum of youth services, from prevention through sanctions to reentry.

[Promising Practices Network](#) (PPN) is a unique resource that offers credible, research-based information on what works to improve the lives of children and families. In addition to providing summaries of effective programs in *Programs that Work*, PPN features *Issue Briefs* that summarize the current research on various topics and *Expert Perspectives*, where child policy experts answer pressing questions on a variety of topics.

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EXAMPLES FROM THE FIELD

This [Clinician's Guide to the Monroe County Juvenile Justice Grant Project](#) was developed by the Monroe County, New York team participating in the SAMHSA-MacArthur Policy Academy Action Network Initiative. It was used to provide local service providers with important information regarding the juvenile diversion project.

Brian Bamberger of the [EPISCenter](#) of the [Bennett Pierce Prevention Research Center, College of Health and Human Development](#), and [Penn State University](#) presents [Barriers to Successful Dissemination and Implementation of Evidence-Based Programs and Opportunities to Overcome Them](#) during an [Institute of Medicine](#) panel.

Dr. Stephen Phillippi, of the [Institute for Public Health and Justice](#) at [Louisiana State University \(LSU\) Health Sciences Center](#), presents [The Louisiana Experience: Building Evidence-Based Practices](#). This presentation describes how Louisiana, through a combination of state, local, university, and national partnerships, created a community development model that led to national recognition for its accelerated growth of EBPs, including a 27 percent increase in juvenile justice-involved youth having access to evidence-based services (with some counties increasing access by as much as 96 percent).

Over the last five years, Louisiana’s juvenile justice system has been in the midst of a significant transformation. Much of the work since 2006 has been supported by Louisiana’s selection by the MacArthur Foundation to participate in the *Models for Change – Systems Reform in Juvenile Justice* initiative, which aims to accelerate the pace of juvenile justice reform in targeted states and help them become successful models that can be emulated elsewhere. The [Institute for Public Health and Justice](#) at [Louisiana State University \(LSU\) Health Sciences Center](#) submitted the [Report to the Louisiana Juvenile Justice Implementation Commission: Sustaining Juvenile Justice System Reform](#) to the Louisiana Legislature that would identify key areas for improvement, as well as strategies to sustain and build upon the accomplishments of this effort.

[Juvenile Justice Grant Project: From Probation to Providers: Linking Youth with Evidence-Based Care](#) presents an overview of the Monroe County, New York effort to implement evidence-based treatment services within the context of a probation-intake based diversion program for youth with co-occurring disorders. It provides detail regarding stakeholder engagement, the project timeline, decision making and implementation, and special considerations.

[Louisiana Children & Youth Planning Board Toolkit: Creating & Optimizing Children & Youth Planning Boards](#) consists of 11 tools for the development and operation of Children and Youth Planning Boards. Children and Youth Planning Boards assist in the development, implementation, and operation of services which encourage positive youth development, reduce youth crime, and help curb juvenile delinquency.

The [Louisiana EBP Selection Assessment Guide](#) offers a framework for identifying and determining a community’s and/or organization’s readiness to select and adopt evidence-based practices. The readiness tool, which uses a structured questionnaire to map key readiness and implementation questions, helps to anchor discussions, capture priorities and key concerns of local decision makers, and focus the search for evidence-based practices that might fit local needs.

The [Louisiana Models for Change](#) team and [National Resource Bank](#) collaborators developed the Louisiana Juvenile Justice System Screening, Assessment, and Treatment Services Survey. The goal of this survey is to provide local Planning Boards in Louisiana with an inventory of screening and assessment procedures and existing services and programs – a critical first step for planning the adoption and expansion of evidence-based practices.

- [Louisiana Models for Change Brief: Louisiana Juvenile Justice Screening, Assessment, and Treatment Services Inventory](#)
- [Louisiana Juvenile Justice System Screening & Assessment & Treatment Services Survey](#)
- [Louisiana Treatment Provider Survey Sample Results Report](#)

This example of an [Memorandum of Understanding](#) from Monroe County, New York is intended to define roles and responsibilities between Coordinated Care Services, Inc., Monroe County

Office of Probation; the Rochester General Health System and Behavioral Health Provider regarding the Juvenile Justice Diversion Project.

[Pennsylvania's Juvenile Justice System Enhancement Strategy](#) was designed to assist Pennsylvania's juvenile justice stakeholders in implementing strategies that a) are grounded in evidence-based practices and b) enhance youth's competencies so that fewer unlawful acts are committed. Evidence-based practices will be facilitated through the Juvenile Justice System Enhancement Strategy described in this monograph. It involves four stages of implementation: Readiness, Initiation, Behavioral Change, and Refinement.

This example of a [Provider Agreement for Specialized Services](#) from Monroe County, New York is intended to define roles and responsibilities between Monroe County Probation Services and a local treatment services provider. It clearly defines services that will be provided, the target population, outcome measures, and quality assurance data protocols.

The Louisiana Models for Change project developed the [Service Matrix: Linking Results of Screening & Assessment with Appropriate Services](#). This matrix outlines all of the options available to address a youth's needs (within a particular jurisdiction) across various domains, including mental health, family relationships, and peers.

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