

# Exploring What Works in Juvenile Justice: Changing the System with Evidence and Outcomes **(PART TWO)**

Virginia Juvenile Justice Association Institute  
Richmond, VA

November 2, 2015

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# EBA's Mission



EBA provides Technical Assistance and Project Management services for states

1) Promote a 'portfolio' of **Blueprints**® programs such as:

- FFT - Functional-Family Therapy
- MST - Multisystemic Therapy
- TFCO - Treatment Foster Care Oregon
- SFP – Strengthening Families Program

2) Achieve quality implementation (i.e., fidelity)

3) Lower overall costs



See [www.evidencebasedassociates.com](http://www.evidencebasedassociates.com) for more details

# Best Halloween Costumes?



# What is Evidence?



1) The available **body of facts or information indicating whether a belief or proposition is true or valid**

- Body of facts or information can vary from weak to strong

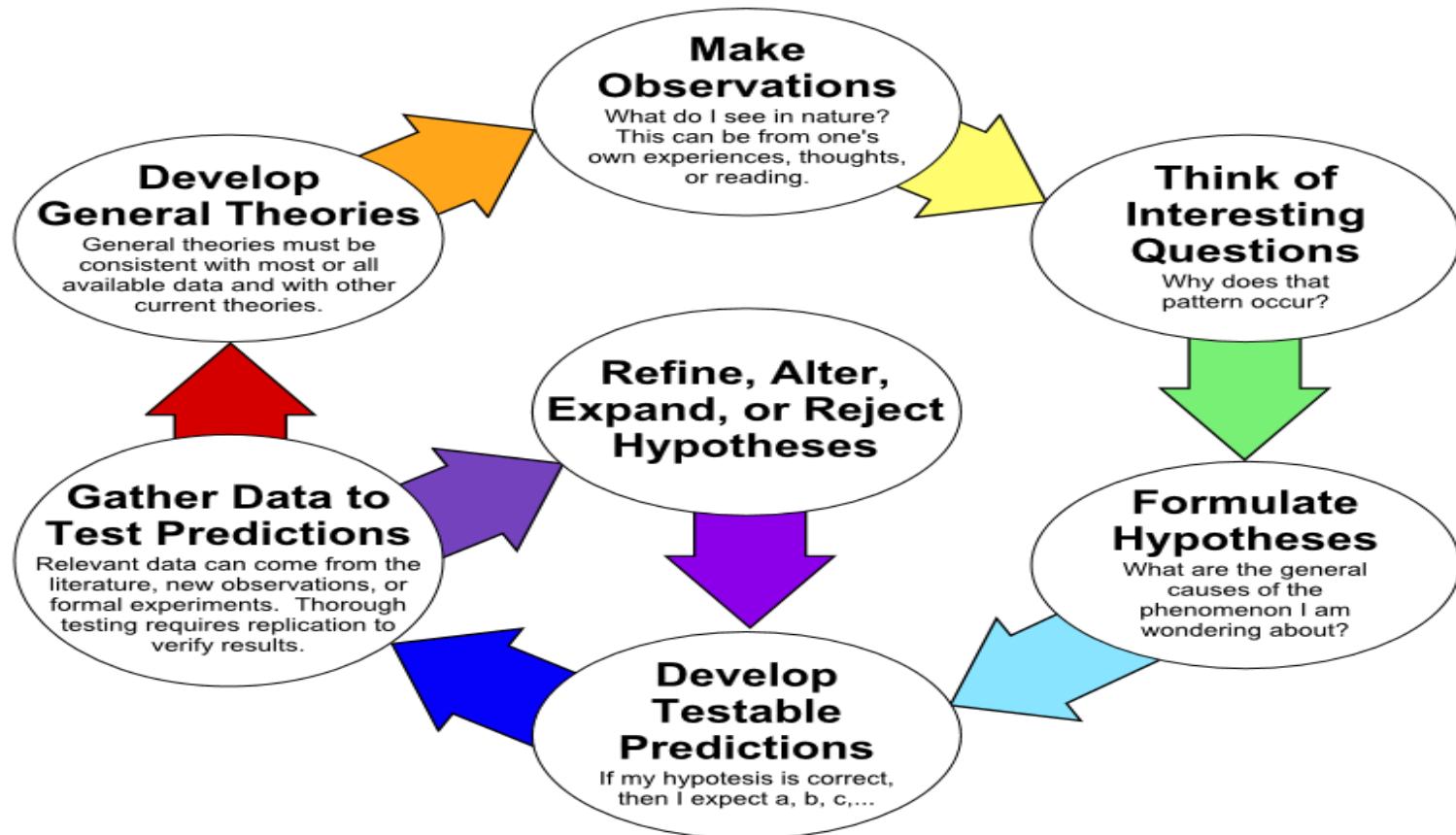
2) Ground for belief or disbelief

3) Data on which to base proof or to establish truth or falsehood

**Note: Evidence does not 'speak for itself' - it invites dialogue and debate**

# The Scientific Method

## The Scientific Method as an Ongoing Process



# How does this apply to JJ?



- 1) What (and how) do we know?
- 2) What is 'evidence-based?' what are 'evidence-based programs?'
- 3) What can I do about 'the evidence?'





# What do we know?

## 1) Not enough

- a) For youth diversion – **STRONG** literature base
- b) For Reentry, young adults, drug use – **WEAK** literature base

## 2) ... and what we do know, isn't used

- Estimated 5-10% of youth in JJ receive an EBP

## 3) The media gets it wrong, often (e.g., Beyond Scared Straight, Boot camps)



# What is 'evidence-based?'



**An evidence-based program is:**

**“A scientifically-proven program or practice demonstrated by rigorous experimental evaluations to be effective in reducing problem behavior or promoting positive behavior\*.”**

- Del Elliott, Ph.D., Director  
Blueprints for Health Youth Development

**\* The stronger the evidence, the greater the likelihood of successful outcomes**



# The Evidence Continuum



**Evidence Continuum**

**Type of Evidence**

**Confidence Continuum**



Experimentally Proven

Multiple RCT's

High

RCT  
Quasi-Experimental  
(Control Groups)

Moderate

Research Informed

Correlational Study  
Pre-Post Outcome Survey  
Post-Test Outcome Survey

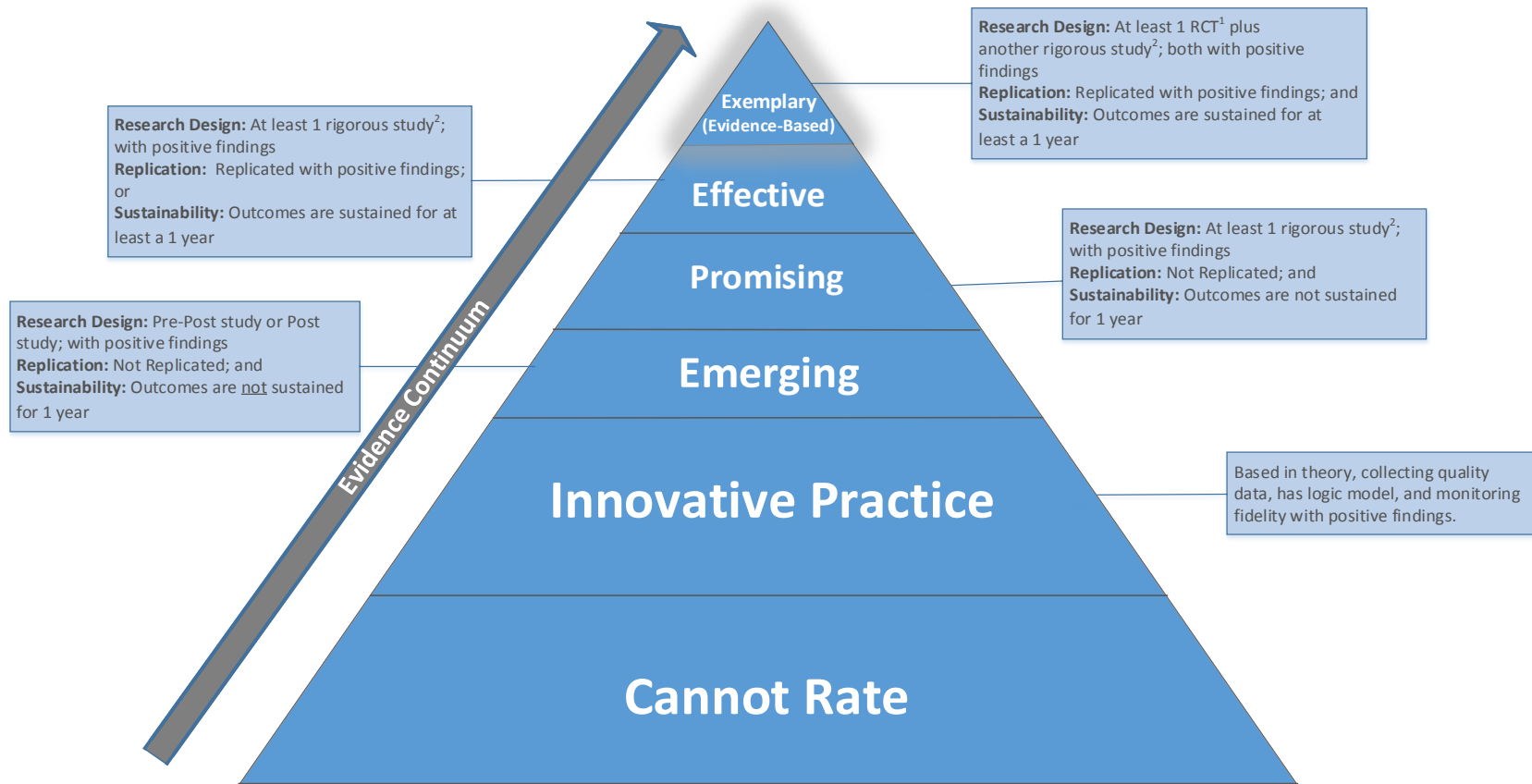
Low

Opinion Informed

Satisfaction Survey  
Personal Experience  
Testimonials  
Anecdote

Very Low

# Continuum of Evidence



<sup>1</sup>RCT – Randomized Controlled Trial

<sup>2</sup>Rigorous Study – Randomized Controlled Trial or Quasi-Experimental Study

# Let the Rating Begin!



- 1) Develop criteria for rating
- 2) Identify all possible programs for review
- 3) Train raters (like Statler and Waldorf?...)
- 4) Review and Rate
- 5) Publish Findings
- 6) Update regularly



# EBP “Clearinghouses”



**Coalition for Evidence-Based Policy**

**Blueprints for Healthy Youth Development (Blueprints)**

**California Evidence-Based Clearinghouse for Child Welfare (CEBC)**

**CrimeSolutions.gov (Crime Solutions)**

**Office of Juvenile Justice and Delinquency Prevention**

**- Model Programs Guide (OJJDP)**

**National Registry of Evidence-Based Programs and Practice (NREPP)**

**Promising Practices Network (PPN)**

**What Works Clearinghouse (WWC)**

**What Works in Reentry Clearinghouse (WWR)**

# EBP “Clearinghouses”



## Clearinghouses Included

Clearinghouse	Abbreviation Used	Area of Interest
Blueprints for Healthy Youth Development	Blueprints	Child welfare and juvenile justice
California Evidence-Based Clearinghouse for Child Welfare	CEBC	Child welfare
Coalition for Evidence-Based Policy	Coalition	Social policy
CrimeSolutions.gov	CrimeSolutions	Criminal justice
National Registry of Evidence-based Programs and Practice	NREPP	Substance abuse and mental health
Promising Practices Network	PPN	Child welfare, juvenile justice, and social programs
What Works Clearinghouse	WWC	Education
What Works in Reentry Clearinghouse	WWR	Criminal justice

# Current Lists of EBP Programs



Maintained Lists	Model/Effective	Promising	Total
Coalition for EB Policy	10	9	19
<b>Blueprints</b>	<b>14</b>	<b>43</b>	<b>57</b>
BEE	24	34	58
What Works Clearinghouse	23	108	131
<b>OJJDP Model Program Guide</b>	<b>46</b>	<b>116</b>	<b>162</b>
OJP Crime Solutions	75	189	264

## Functional Family Therapy ([www.fftinc.com](http://www.fftinc.com))

- high-risk gang-involved youth ages 11-18 and their families
- Focuses on family relations and builds on family strengths
- Cost: \$4,000-\$4,500 per youth
- Length of treatment: average 12-20 sessions
- Reductions in recidivism: 25-55% across studies v. control group
- Currently in over 35 states and five countries

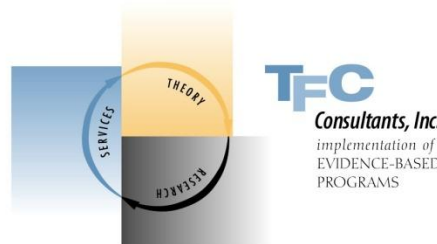


## **Multisystemic Therapy ([www.mstservices.com](http://www.mstservices.com)):**

- Targets serious delinquency (gang involvement) ages 12-18
- Intensive, focuses on entire ecology of youth including family, school, peer and community relations (and Probation)
- Cost: \$8,000-\$9,500 per youth depending on local costs
- Length of treatment: average 4 months (60 hours)
- Reductions in recidivism: 30-70% (with lifetime results)
- Currently in over 38 states and eight countries

## Therapeutic Foster Care Oregon (<http://www.fcoregon.com/>):

- Targets juveniles needing out-of-home placement age 12-17
- Recruits/supports foster families with goal of returning youth to permanency placement (e.g., biological family)
- Cost: Approx. \$5,000 per youth per month
  - Some costs covered by Federal funding Title IV-E
- Length of treatment: average 10-12 months
- Results include long-term reductions arrests, incarceration, and substance abuse



## **Nurse-Family Partnership (NFP):**

- Targets low-income, first time pregnant women
- Trained Nurses partner with clients to provide support, counseling and education from pre-natal through infancy
- Cost: \$5,000-\$6000 per client family
- Length of treatment: up to 2.5 years (pre-natal support and care up through child's 2<sup>nd</sup> birthday)
- Long-term reductions for youth in arrests, incarceration, and substance abuse; improved outcomes for mothers

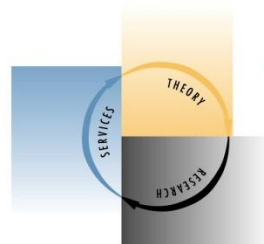
# “The Catch”



BUT: EBPs must be implemented with **fidelity** in order to achieve these results.

**Poor implementation = disappointing results**

**Strong implementation = outstanding results**



# Do EBPs always work?

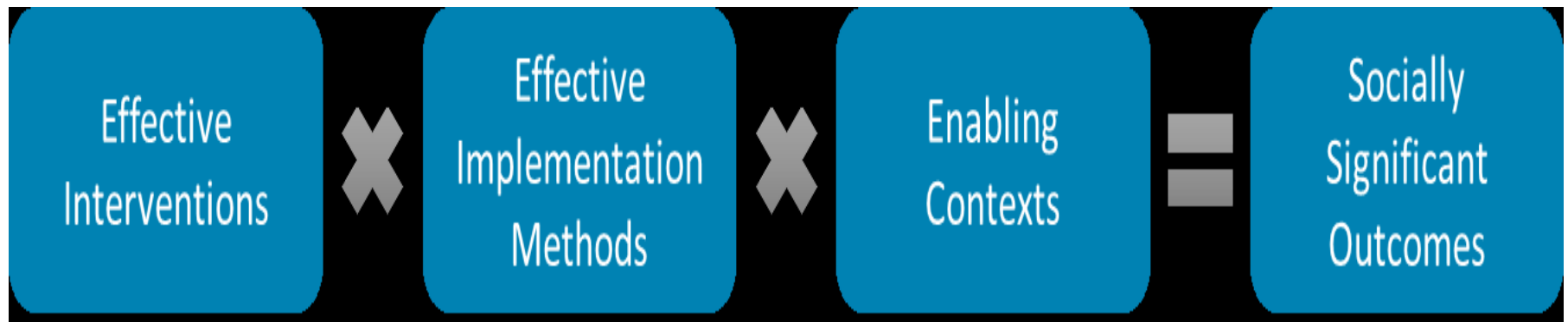


**No.**

**The \$7.2 mil SIB at Rikers Island funded a cognitive behavioral therapy program for youths detained at the New York City prison, with the goal of “reducing the high recidivism rate for this population by focusing on personal responsibility education, training, and counseling.”**

**in July, the Vera Institute concluded that the intervention had failed to reduce recidivism. Consequently, the program will end in August.**





**Implementation of Evidence-Based Programs relies on this 'mathematical' formula**

# And...



*What counts as evidence? The most contested issue is what is considered “good” evidence. ... findings gleaned from randomized controlled trials is (are) currently at the top of the evidence hierarchy. Stronger research evidence, more confidence in the findings—what could be wrong with that?*

*In research, as in life, things are more complicated. Evidence on What Works typically reflects the average impact of an intervention and its effects in the places where it was evaluated. Local decision makers say that that evidence is only somewhat useful. They don’t just want to know whether an intervention works on average, or somewhere else. **They need to determine whether a program... will work in their local context and for their communities.***



# Your responsibilities?



1. Commit to “doing no harm”
    - Relentlessly oppose iatrogenic programs/practices
  2. Learn about and become an advocate for EBPs in your community
    - Don’t oversell: In practice, the effects are real but modest
  3. Encourage system-level use of EBPs\*
    - Promote Blueprints as a Consumer Reports or FDA-type registry
- \* Investing in Blue Chip Stocks – on behalf of the children and families we serve

# Contact Information



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