

# Community Solutions Toolkit and Resource Guide

*Launching and Sustaining Juvenile Justice Solutions  
Through Effective Community-Based Programs*

First Edition  
December 2013



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The *Community Solutions Toolkit and Resource Guide* was developed by the Michigan Council on Crime and Delinquency (MCCD), a non-partisan, non-profit organization dedicated to improving the effectiveness of policies and systems aimed at preventing and reducing crime.

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For an interactive online version of the *Community Solutions Toolkit and Resource Guide*, please visit [www.miccd.org](http://www.miccd.org).

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# Introduction

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In the last decade, many Michigan counties have shifted to a community-based model of juvenile justice, increasingly using day treatment, electronic monitoring, and family therapy to treat a youth while they remain at home.

Community-based programs are proven to be equally, if not more, effective at holding youth accountable and reducing recidivism because of the rigor, intensity, and individualized treatment for youth and their families. Because community-based programs cost far less than out-of-home placements, jurisdictions are saving millions of dollars and still seeing an unprecedented drop in reoffending rates.

*The Community Solutions Toolkit and Resource Guide* intends to help Michigan counties, service providers, and juvenile justice advocates and stakeholders develop and enhance their array of in-home and community-based programs.

*The Toolkit* provides an overview of proven evidence-based practices and tools that can be applied when implementing risk assessments, community-based programs, and evaluations.

*The Resource Guide* provides an extensive list of state and national resources to assist with implementation of evidence-based practices.

Users are encouraged to reference and tailor the tools and resources found in the following pages in a way that best meets their own diverse and specific needs.

It is important to note that the focus of *Community Solutions* is primarily on programs for youth *after* they have made contact with the court. It intentionally does not cover the full continuum of juvenile justice services, such as primary and secondary prevention programs, family support services, legal resources, or programs delivered in residential settings. Prevention is the best method of reducing court involvement and out-of-home placement; it is recommended that these options be fully explored prior to developing court-based programming.

# Investing in Community Solutions

Over the last decade, a movement in the field of juvenile justice has taken hold – youth are being treated closer to home and in less restrictive environments.

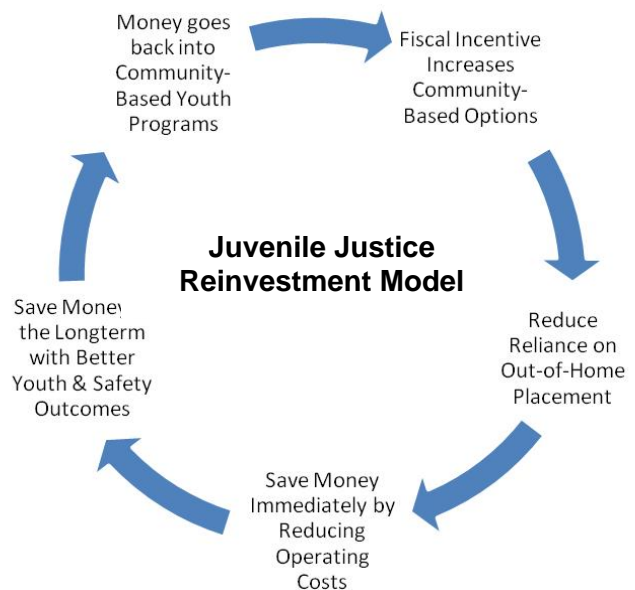
National data shows that 44 states have reduced the number of youth in residential placement and secure detention. Instead, jurisdictions are opting for community-based programs because they cost less, reduce reoffending, and improve youth and family well-being. At the same time, incidences of violent youth crime are plummeting dramatically across the country.<sup>1</sup>

Michigan is among the states experiencing a decline in out-of-home placement. Within the past decade, the state transformed its juvenile justice system away from harsh, punitive treatment into one celebrated for innovation and effectiveness. Large, over-crowded public institutions have closed and the responsibility of treating and placing delinquent youth remains with the counties rather than the Michigan Department of Human Services (DHS) – a change most states are striving to achieve. As such, many communities are achieving better results by offering more on community-based options, like day treatment and family therapy, which treat youth without removing them from their homes.

## Using Reinvestment to Launch and Sustain Community-Based Programs

Counties that have successfully implemented community-based models have primarily done so by realigning existing resources. Dollars once used to fund an expensive out-of-home placement for one youth are now redirected to serve as many as twenty youth in a more affordable and highly effective community-based program. However, a lack of existing community-based programs can hinder a jurisdiction’s ability to take the first step.

**Reinvestment**<sup>2</sup> is a strategy aimed at increasing use of community-based options by offering financial incentives at the local level. With a small investment, counties can develop new community-based programs, thereby serving youth that would otherwise be placed out-of-home. The reduced reliance on out-of-home services results in immediate and long term cost-savings.



In Michigan, community-based programs cost an average of \$10 to \$65 per day per youth.<sup>3</sup> In comparison, out-of-home placements can cost from \$200 to \$500 per day per youth.<sup>4</sup> It is estimated that Michigan communities can save \$1.7 million to \$2.3 million per child by prioritizing community-based services.<sup>5</sup>

Initially, savings occur due to the lower costs of administering programs while a youth stays at home rather than in a residential facility. In the long-run, money is saved because youth in these programs commit fewer crimes, have better educational and health outcomes, and are less likely to enter adult corrections.

The final key to a sound reinvestment model is ensuring that any money saved is invested back into prevention and early intervention programs for a self-sustaining effect. Jurisdictions must collect data before, during, and after implementation to document the effectiveness of the program and justify a reinvestment in services that have achieved desired outcomes.

# Putting Evidence-Based Practices into Action: Using Research as a Guide

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Community-based programs vary in their effectiveness depending on how closely they align with proven practices. Michigan counties with the greatest success use evidence-based practices.

*Evidence-based practices* are those which have been shown, through rigorous evaluation and replication, to be effective at preventing and reducing juvenile delinquency or victimization, or related risk factors.<sup>6</sup> This results in reduced reoffending and improved outcomes for clients and systems alike. Evidence-based practices include:

- Using a validated, actuarial risk and needs assessment instrument to determine the relative risk and criminogenic needs of clients.
- Developing an individualized case plan that effectively matches services based on risk level, needs, protective factors, and responsivity considerations.
- Focusing services on moderate to high level risk youth and expedite diversion and case closures for low-risk youth.
- Include the youth and family in to the case planning process and ensure the plan is strength-based, gender responsive, and culturally competent.
- Offer evidence-based programs *in the community* that are designed and implemented based on research.
- Using positive reinforcements and graduated interventions to help motivate behavior change.
- Measuring program effectiveness and adjust services as needed.

*See Table 1 for a summary of the research on these evidence based practices.*

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## Know the Terms!

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**Risk principle:** Understanding the likelihood of reoffending and how it can be reduced.

**Need principle:** Interventions should target criminogenic needs (factors that are predictive of offending) over non-criminogenic needs (attributes that have little to do with the offending behavior).

**Responsivity principle:** Deliver services in a manner that is consistent with each youth's individual learning style, developmental stage, and abilities.

**Actuarial tools:** Tools that make a mathematical prediction using measureable and predictive factors like age or gender to formulate the likelihood of risk.

**Protective factors or strengths:** Attributes that can decrease the potential harmful effects of risk factors. Examples include good parental supervision, strong family ties, positive role models, strong community ties, school engagement, and career goals.

Table 1: Evidence Based Practices

Evidence-Based Practice	What the research says...
<p><b>Use a validated, actuarial risk and needs assessment instrument.</b></p>	<p>Use of actuarial tools outperform human judgment alone because decision-makers often use information unreliably, fall prey to internal biases, or over-estimate the likelihood of reoffending.<sup>7</sup></p> <p>To ensure validity, assessment tools should only be used to measure what they were designed to measure. For example, a mental health screening tool should not be used to measure risk of sexual offending.<sup>8</sup></p>
<p><b>Develop an individualized case plan that effectively matches services based on risk level, needs, protective factors, and responsivity considerations.</b></p>	<p>Interventions delivered along the risk-need-responsivity framework have been proven to effectively reduce recidivism.<sup>9</sup></p> <p>Youth who have the highest risk require the most intensive service and supervision while youth who score as low risk require less treatment.<sup>10</sup></p> <p>A program’s duration and quality has a distinct impact on the level of its effectiveness; about 100 hours of active treatment is effective for low to moderate-risk youth and 200 or more hours is necessary to treat high-risk youth.<sup>11</sup></p> <p>The more time spent on non-criminogenic needs, the higher the rate of recidivism.<sup>12</sup></p> <p>Developmentally-appropriate interventions must address the youth’s physical, cognitive, and psychosocial changes experienced during adolescence.<sup>13</sup></p> <p>Increasing protective factors or strengths can decrease the potential harmful effects of a risk factor.<sup>14</sup></p>
<p><b>Focus on moderate to high level risk youth and expedite diversion and case closures for low-risk youth.</b></p>	<p>Low-risk youth who commit low level offenses are unlikely to re-offend even if there is no intervention.<sup>15</sup> Providing services of any kind, even community probation, can actually increase their likelihood to re-offend. This is especially true if low or moderate-risk youth participate in services with higher risk youth.<sup>16</sup></p>
<p><b>Include the youth and family in the case planning process.</b></p>	<p>Youth and families are more likely to be motivated to work on the goals if they have been integrally involved in the development and ongoing review of their case. Together, the team can identify risks and needs and establish a plan to deliver appropriate supervision and targeted services that are strength-based, gender-responsive, and culturally competent.<sup>17</sup></p>
<p><b>Offer evidence-based programs in the community.</b></p>	<p>Evidence-based programs are developed using a strong theoretical foundation, intended for a developmentally appropriate population, and include quality data collection, procedures, and evidence of effectiveness.<sup>18</sup> Programs that apply the principles of risk, need and responsivity demonstrate nearly double the efficacy when implemented in a community setting.<sup>19</sup></p>
<p><b>Offer graduated interventions and positive reinforcement.</b></p>	<p>Change can be difficult and relapse should be expected. Graduated interventions should be put in place that appropriately match to the type and seriousness of misbehavior or violations that occur. Violations should be used as learning opportunities to explore why relapse occurred, practice new skills, and reinforce positive changes.<sup>20</sup></p>
<p><b>Measure program effectiveness and adjust services as needed.</b></p>	<p>It is necessary to monitor the effectiveness of services, including appropriateness of dosage, intensity and duration, and adjust as necessary.<sup>21</sup></p>



# Assessing the Landscape

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Creating new community-based programs can be a significant undertaking for any jurisdiction. Before developing new programs or practices, certain steps must be taken to ensure that resources are wisely invested in the right services for your community.

## ✓ **STEP 1: CONVENE A PLANNING TEAM**

Strong leadership is the catalyst for driving any initiative forward. Supervisors who fully embrace the change process are sending a message that the work is important and that long-term success is attainable.

- Who is on your planning team? What is the role of each member?
- What resources are dedicated to the project?

## ✓ **STEP 2: UNDERSTAND YOUR POPULATION**

Understanding the youth population within your jurisdiction can help inform which programs might be a good fit.

- How many youth are arrested and processed in the courts annually?
- What are the ages, demographics, and offense types of court-involved youth?
- What are the behavioral health needs among court-involved youth?
- Are there barriers to accessing or analyzing data?

## ✓ **STEP 3: BE CAREFUL NOT TO WIDEN THE NET!**

Make sure that new programs do not unintentionally expand the number of youth entering the court system. Often referred to as “net widening,” some jurisdictions have actually seen caseloads increase when new programs become available because it creates options for low-risk youth who would otherwise be dismissed from court. The net widening effect also seems to have a disproportionate impact on youth of color and low-income children.

- Are policies in place to redirect non-offending, low risk youth from the justice system and refer them to an appropriate service?

## ✓ **STEP 4: EXPLORE YOUR SERVICE ARRAY**

In Michigan, local courts oversee the full spectrum of juvenile justice services available in their jurisdiction. The range of services, which differs from county to county, may include diversion, detention, community-based programs, graduated sanctions, out-of-home placements, and reentry services.

- What are all of the juvenile justice programs within your jurisdiction's continuum of care? Who manages each program? How are program assignments decided?
- Are these juvenile justice services evaluated for outcomes? How is information collected? Is outcome data routinely provided to jurists, prosecutors or attorneys to better inform disposition decisions?
- What types of programs are missing from your jurisdiction? Is there a youth service or program for each possible juvenile justice contact point, from prevention to reentry?
- How are families involved in the existing services?

## ✓ **STEP 5: IDENTIFY RESOURCES AND PARTNERSHIPS**

Because a child may be concurrently served by the mental health, child welfare, education and juvenile justice systems, it is important that all stakeholders develop a coordinated plan to deliver services. Most jurisdictions already have robust community partnerships that collaborate to across child-serving systems, many of which are led by the courts.

- What collaborative partnerships exist in your community through the schools, mental health agencies, and child welfare providers? What is the role of the court within each partnership?
- Are youth with behavioral health needs being accurately identified? What procedures exist to refer youth to appropriate providers?
- To what extent are models for integrated services or blended funding utilized in your jurisdiction? What resources do they share – staff, building space, data, funding streams?
- How are these partnerships sustained? How do they measure their outcomes?

# Assessing Risks and Needs to Drive Case Planning

The goal of a good case plan is to match the right service with the right youth. Effective case planning begins with a comprehensive assessment of a youth’s risks, needs, and strengths.

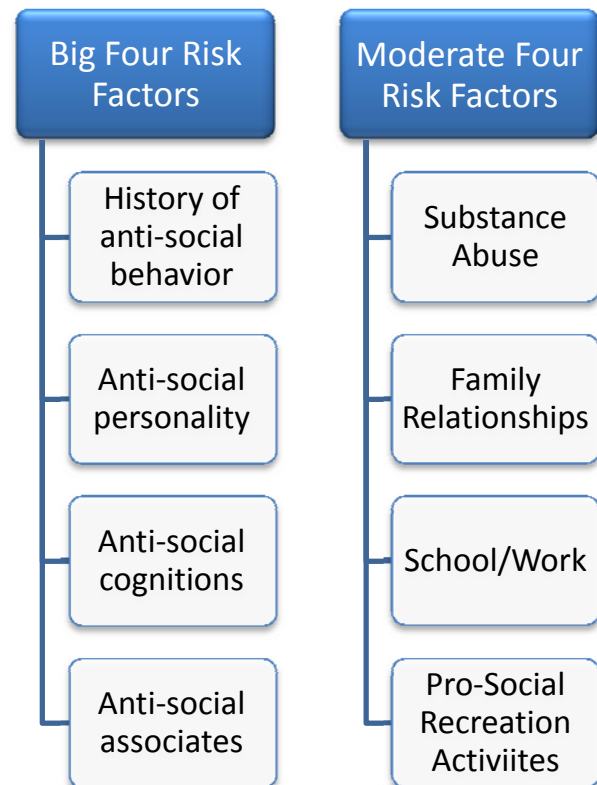
There are eight distinguishable risk factors that contribute to the likelihood that someone will commit a crime.<sup>22</sup> Each factor is identified with specific indicators and is also considered changeable or dynamic depending upon the appropriate interventions or services provided.<sup>23</sup> [See Appendix A for description of risk indicators and dynamic needs.]

The first “Big Four” risk factors are most predictive of future criminal behavior. Services targeted toward the Big Four risk factors are proven to have the greatest impact in reducing reoffending.

Youth involved in the justice system can have a wide range of needs but not all are directly associated with criminal behavior.

The final “Moderate Four” factors represent these needs, as they are associated with criminal risk but not necessarily predictive of reoffending.

Other factors, such as psychosocial needs, health and mental health, and education, should also be assessed and addressed in treatment concurrently with criminogenic needs since they may represent a barrier to effective participation in treatment.



## Risk Assessment Instruments

Risk assessment instruments are used to assist in decision-making and classify youth into groups based on their likelihood of repeat offending (low, moderate, high). If implemented correctly, risk assessment tools can result in improved outcomes for youth, effective use of resources, and enhanced data collection for evaluation.

A good risk assessment instrument will ask:

**“Is this youth at relatively low or relatively high risk for reoffending or engaging in violent behavior?”<sup>24</sup>**

**“What is possibly causing the youth to be at low or relatively high risk for reoffending?”**

Risk assessment instruments have evolved over the years, beginning with professional judgment (first generation) to far more systematic and evidence-based tools (fourth generation). To date, fourth generation risk assessment tools provide the most comprehensive assessment by integrating systematic interventions and monitoring a broader range of offender risk factors as well as personal factors important to treatment.<sup>25</sup> Practitioners should use a validated, actuarial risk and needs assessment tools to prevent unstructured clinical judgments that can lead to a misinformed or biased assessment.<sup>26</sup>



### **Know the Terms!**

**Risk** describes the *likelihood* that a youth will offend.

**Criminogenic Need** refers to specific risk *factors* that are predictive of future criminal behavior.

According to a [recent survey of Michigan Circuit Courts](#), there are over a dozen types of assessment tools currently in use across the state. The following are the most common risk assessment instruments:

- [Michigan Juvenile Justice Assessment System \(MJJAS\) \(adapted from Ohio Youth Assessment System\)](#)
- [YASI \(Youth Assessment and Screening Instrument\)](#)
- [YLS/CMI II \(Youth Level of Service - Case Management Inventory\)](#)
- [Juvenile Inventory for Functioning \(JIFF\)](#)
- [Youth COMPAS](#)

**It is important to remember that risk assessment is only *one* aspect of case planning.**

Practitioners must use good judgment and input from the youth, family, and case management team to design a comprehensive and individualized treatment plan, which may not always correspond with the score on a risk assessment. The score itself should not be used to justify

individual case-level decisions, especially if it results in increasingly intrusive interventions. A score of high risk, for example, does not automatically warrant removal from the home.

Be mindful of what risk assessment tools CANNOT do.

- Risk assessments are NOT prescriptive. Risk assessment tools should allow the user to reassess to show how a youth has changed.
- Risk assessments are NOT assessments of “well-being.” These tools assess risk levels and identify criminogenic needs and specific responsivity factors. A separate instrument should be used to assess potential mental health problems, trauma, or special educational needs, which should be assessed with a different tool.
- Risk assessments are NOT meant to create legal decisions. The court should use the information to guide or enhance their decisions.<sup>27</sup>

## Action Steps: Choosing a Risk Assessment Model

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Many Michigan courts already use one or more risk and needs assessment tool. However, for those jurisdictions still searching for the right model or those seeking to update their existing tools, the following steps can point you in the right direction.

### ✓ **STEP 1: DEFINE THE PURPOSE OF HAVING A RISK ASSESSMENT FOR YOUR JURISDICTION'S POPULATION AND NEEDS.**

There is no one-size-fits-all assessment tool. Each tool is designed to help with particular populations of youth in various settings. These assessments can assist with multiple tasks, including estimating delinquent behavior, guiding intervention planning, and streamlining interagency data collection and language.

- What do you want the instrument to do and how will the information be used? Do you hope to differentiate probation caseloads based on risk? Do you want to guide decision-making by judges and treatment staff? Are you attempting to predict risk to the community?
- Based on your existing array of assessment instruments, what types of additional tools might you need? (Risk assessment? Mental health? Substance use? Sexual offending behaviors? Violent behaviors?)

### ✓ **STEP 2: CHOSE A TOOL THAT IS PROVEN TO WORK AND FITS YOUR JURISDICTION.**

Only chose tools that are research-proven or evidence-based so you can trust the information it provides. Tools should have an instructional manual that makes the administration standardized and structured so it is used with every youth in the same way. There should also be independent research evidence of the tool's reliability and validity specifically with the population of interest.

It is important that each community selects the right tool or tools to fit the unique needs of their community. Counties should determine whether the outcomes measured, training required, cost, and usefulness of the tool are right for their jurisdiction.

- Is there research to support the effectiveness of this tool? Preferably, the instrument will have at least one peer-reviewed study by an independent party who has no stake in the sale of the instrument.

- Does this instrument assess “risk” for re-offending? Preference should go to instruments that permit reassessment if it is being used for case planning.
- Does this instrument demonstrate reliability (i.e. would two independent raters reach similar conclusions)?
- Was this instrument developed for or validated on a juvenile justice population with characteristics similar to yours (i.e. age, gender, race, etc.)?

### ✓ **STEP 3: DEVELOP A PLAN TO IMPLEMENT THE ASSESSMENT TOOL.**

It is important to not only choose the right tool, but to incorporate it into existing practices in your community.

- Who will administer the tool? What are the training requirements for users? Are there requirements for supervision and ongoing certifications?
- How will the information be managed? To what extent should assessment findings be incorporated into case management?
- How will the information be shared or used with the courts and treatment providers? How will you ensure quality use?
- What policy changes will be enacted to ensure consistent implementation of the tool?

# Implementing Community-Based Programs with Fidelity

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Over the past decade, researchers have identified intervention strategies and program models that reduce delinquency and promote pro-social development. The most effective programs at reducing recidivism and promoting positive life outcomes for youth are administered in the community and in the context of family and culture.<sup>28</sup> Researchers have determined that the most effective services are those that attempt behavior change through improving life skills, counseling, and case management.<sup>29</sup> This therapeutic philosophy includes the following categories of programs:

- Restorative (e.g., restitution, victim-offender mediation)
- Skill building (e.g., cognitive-behavioral techniques, social skills, academic and vocational skill building)
- Counseling (e.g., individual, group and family therapies; mentoring)
- Multiple coordinated services (case management, wraparound, and service brokering)

On the other hand, research shows that programs focusing on deterrence via surveillance and control, like confinement, intensive probation and boot camps, are shown to increase delinquency rates.<sup>30</sup>

## Achieving a Positive Return on Investment

Evidence shows that high quality prevention and early intervention programs can achieve significantly more benefits than costs.<sup>31</sup> In 2004, the Washington State Institute for Public Policy (WSIPP) found that delinquency prevention programs could save taxpayers \$7 - \$10 for every \$1 invested, primarily in the form of reduced spending on prisons.<sup>32</sup> In 2007, WSIPP found that the most popular evidence-based programs had a significant return on investment in terms of costs and reductions in recidivism. (See Appendix B: Brief Descriptions of Evidence Based Programs).

**Table 2: Cost-Savings of Evidence-Based Programs**

Evidence-based Program	Recidivism	For every dollar invested...
<b>Functional Family Therapy</b>	Lowered by 15.9%	\$10.69 in benefits
<b>Aggression Replacement Training</b>	Lowered by 7.3%	\$11.66 in benefits
<b>Multi-Systemic Therapy</b>	Lowered by 10.5%	\$13.36 in benefits
<b>Multidimensional Treatment Foster Care</b>	Lowered by 22%	\$10.88 in benefits



## Action Steps: Implementing Community-Based Programs

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There are a wide range of community-based programs offered all across Michigan. While most, if not all jurisdictions offer some type of community-based service, it is important to continually evaluate outcomes of each program and make enhancements or changes as needed.

### ✓ **STEP 1: DETERMINE THE PURPOSE OF THE PROGRAM.**

A treatment intervention should be applied with purpose as youth should only participate in services that are designed to reduce risks and address needs.

- What are the goals, objectives, and activities for this program? Is there a curriculum to support these goals and objectives?
- Who is the target population? Provide clear parameters for which youth are included and excluded. What are the risk reduction goals the program is trying to achieve?
- What desired outcomes (short-term) or impact (long-term) do you want this program to achieve?

### ✓ **STEP 2: DEVELOP CLEAR POLICIES AND PROCEDURES.**

Before jumping into day one, there should be clear guidelines covering how the goals, objectives, and activities will be achieved.

- Who will manage the program? What are the roles of staff who will be implementing the program? Who will conduct oversight or quality management?
- How will program assignments or referrals be managed? How will the program staff communicate with the court and with service providers?
- What are the terms and conditions for participation in the program? What incentives or positive reinforcements exist for completing the program? What consequences exist if the youth violates conditions of the program?
- What are the expectations for family involvement? How is this communicated and encouraged with the family?

### ✓ **STEP 3: IMPLEMENT THE PROGRAM.**

The key to successfully implementing a program is to follow procedures exactly in line with the program's original design, referred to as program fidelity. This helps ensure that youth receive the appropriate dosage and type of intervention.

- Who will train staff on the program design as well as any new policies and procedures?
- What is the plan for information management? What protocols are in place to release information to partner agencies? What protections are in place to protect client confidentiality?
- How will program expectations be communicated to staff, youth, and families? (Some examples include program brochures, frequently asked questions, logic models, and flow charts.)

### ✓ **STEP 4: MEASURE FIDELITY TO THE PROGRAM DESIGN.**

An effective quality management system helps monitor how effectively procedures are being followed. Quality management is most effective when it is incorporated as part of the everyday procedures.

- What indicators will you use to measure quality of the program? Who is responsible for monitoring quality indicators? [Learn more about this in the Evaluation Section.]
- How closely is the program being implemented in line with policies and procedures? Are timelines consistently met?
- How frequently does the management team convene to discuss quality improvement?

### ✓ **STEP 5: EVALUATE PROGRAM OUTCOMES.**

Program evaluation is a critical part of measuring success and sustaining positive outcomes. For a more detailed explanation, see the next section *Measuring Success: Outcome Evaluation*.

- Are there intermediate or short term performance measurements in place?
- Are there longer term evaluations of program fidelity and impact?

# Measuring Success: Outcome Evaluation

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The most effective programs are able to track and demonstrate measurable improvements in public safety, mental health, substance use, school engagement, and any number of other outcomes related to child and family well-being. Through the use of ongoing data collection and evaluation, jurisdictions can see which programs have the greatest impact on youth and, therefore, should be sustained, expanded, replicated or discontinued.

## Action Steps: Evaluating Program Outcomes

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### ✓ **STEP 1: DETERMINE THE PURPOSE OF THE EVALUATION**

The type of evaluation will vary depending on the program's goals and objectives, needs of the participants, or requirements of the funder.

- What do you hope to learn from the evaluation?
- Does the program budget allow funds for hiring an evaluation expert? (This is highly recommended.)
- Is there is someone on staff who possesses the specific skill set to manage all phases of the evaluation?



### *Know the Terms!*

**Outcome evaluations** assess the effectiveness of a program in producing the desired change. This method is used to determine what happened to participants and how much of a difference the program made for them. They also attempt to eliminate the possibility that changes were the result of something other than the program.

**Process Evaluations** describe how a program's activities, policies, and procedures are implemented. Process measures, or "output" data, describe who received the services, what they received, and "how much" of the service was provided.

*Sabatelli. R.. Anderson. S. and LaMotte. V. (2005)*

### ✓ **STEP 2: DEFINE PROGRAM OUTCOMES AND INDICATORS**

**Outcomes** describe what the program was designed to achieve.<sup>33</sup> They must be well-defined, observable or measurable, and logically connected to the programs goals and objectives. Outcomes focus on short-term changes that occur after the program has been completed.

**Impacts** address long-term improvements in the quality of life of participants or others. Generally speaking, immediate outcomes are much easier to document than are long-term impacts.

Researchers generally design evaluations to measure the following types of outcomes: <sup>34</sup>

- Knowledge: What new information did participants learn?
- Attitudes: Did the program change the way participants think or feel?
- Beliefs: Did the program change the values participants hold?
- Behaviors: Did the program change the way participants act towards others or help them develop new skills?

**Outcome indicators** refer to the specific measurement that will be used to quantify each targeted outcome. In selecting which indicators to measure, it is important to begin with a baseline – the indicators each youth possessed before the program started - and demonstrate how these have changed as a result of the program.

**Table 3: Examples of program outcomes and indicators**

The program hopes to achieve... ( <i>Outcomes</i> )	As measured by... ( <i>Indicators</i> )
Reduced recidivism	Re-arrest, probation violation, new charges filed
Reduced use of detention, institutional care, and other forms of out-of-home placement, particularly for low risk youth	Days in detention, days in out-of-home placement
Reduced costs associated with out-of-home placement	Per diem cost, quarterly cost, annual costs
Increased availability to in-home care services and community- and family-based interventions	Number of in-home care options, enrollment numbers
Reduce racial and ethnic disparities and disproportionality in juvenile justice processing	Proportion of youth of color compared to general population at point of arrest, petition filed, adjudication, disposition, detention, placement
Increased probation completion rates among youth	Probation completion rates
Increased school attendance, increased stability of school placement and increased school performance among youth	School attendance records, report card, teacher feedback

### ✓ **STEP 3: COLLECT, ANALYZE, AND REPORT THE DATA**

**Data collection is the process of tracking the indicators.** The way data is collected will differ based on the goals of the program and the type of evaluation being conducted.

- In what ways do you plan to collect data? Personal interviews, document or records review, questionnaires, or observer ratings?
- Does your program design include pre-tests and post-tests? (Pre- and post-tests compare indicators before the intervention began and after it was completed.)
- Does your program design compare an experimental group (those involved in the program) to participants in a control group not involved in the program? (This is the most rigorous type of evaluation design.)

**Data analysis is the process of interpreting the data.** Analysis allows the evaluator to “tell the story” of the program by compiling all of the data and removing identifying information about particular people.

- Are the outcomes a direct result of the activities of the program? How do you know that other factors were not major contributors to the outcomes or that the changes did not happen by chance?
- How can the cost-benefit ratio of the program be measured?

**Data reporting is the process of sharing information** in a clear and concise format among key stakeholders. Generally, this includes the preparation of a final report.

- Who are the audiences that will be interested in receiving an evaluation report? How will this evaluation be shared with youth, family and staff?
- What is the most useful format to share information with these audiences? How frequently will information be shared? Monthly, quarterly, annually?

### ✓ **STEP 4: USE DATA TO DRIVE PROGRAM IMPROVEMENTS**

Data-driven decision-making is widely recognized as a critical element of evidence-based practices. By correctly understanding the data, practitioners can confirm the needs of the target population, have rationale for proposed changes, and demonstrate the importance of ongoing

funding. It is important to establish a plan for how the data will be used to drive program improvements.

- Who is responsible for reviewing the data and recommending program improvements?
- What process is in place to help decide when to expand, replicate or discontinue the program? How are changes communicated to staff and participants?
- How are you using feedback from youth, families, and staff to drive program improvements?

### ✓ **STEP 5: DEVELOP A PLAN FOR SUSTAINABILITY**

The true test of any project is to ensure that its successes are achievable over the long run. When planning for sustainability, most people immediately think of funding needs. While funding is important, it is only one aspect to long-term sustainability.

- **How have you incorporated evidence-based principles into current policies and procedures?**  
This will ensure that staff becomes accustomed to these techniques simply as the way you do business.
- **To what extent have you increased partnerships with state government and other service sectors in order to share and leverage resources?**  
Collaborative endeavors may lead to opportunities to apply for additional federal and private funds with partners in the fields of workforce development, mentoring, education, and mental health.
- **In what ways have you reinvested cost-savings into prevention and community-based services?**  
Because community-based programs cost less than out-of-home placement, jurisdictions should realize a net cost-savings by increasing community options. Reinvesting the savings into prevention or in-home care services will further drive down costs.
- **What systems-level improvements have you made in support of the program?**  
Purchasing an automated case management system, upgrading an information management system, or establishing information-sharing agreements help establish an infrastructure for supporting community-based programs.

- **To what extent have you built community support and “buy in?”** Community members will want to know if your program is improving outcomes related public safety, education and mental health functioning. Don’t be afraid to publicize your success and build support for your program by distributing a fact sheet to your county commission or notifying your local news.
- **What other sources of funding are available to support sustainability of your program?**  
Additional fundraising will likely be necessary; but it will be bolstered by being able to present successful program outcomes, positive feedback from youth and families, and support from community partners.

# ***Community Solutions: Resource Guide***

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*The Community Solutions Resource Guide* accompanies information provided in the *Toolkit* and is separated into the following categories:

1. The Importance of Community-Based Programs
2. Solutions for Sustaining Community-Based Programs
3. Resources to Prevent Net-Widening
4. Resources and Related Research for Risk Assessment & Case Planning
5. Resources for Implementing Community-Based Programs
  - a. Diversion Programs
  - b. Reducing Racial Disproportionality
6. Resources for Multi-System Collaboration
  - a. Mental Health Resources
  - b. Child Welfare Resources
  - c. Education & School-Based Resources
7. Resources for Outcome Evaluation
8. Appendix A: Criminogenic Risk and Dynamic Needs
9. Appendix B: Brief Descriptions of Select Evidence Based Programs



# *The Importance of Community-Based Programs*

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[No Place Like Home: The Case for Wise Investment in Juvenile Justice](#) Staley, K. and Weemhoff, M. (2013). Lansing, MI: Michigan Council on Crime and Delinquency.

*This report highlights the successful movement toward community-based programs in Michigan counties and reviews the strengths and barriers of the state's current juvenile justice system and provides recommendations for improvements.*

[Pathways to Desistance Study](#) and [Pathways to Desistance Update](#). Shubert, C. (2012). Chicago, IL: Models for Change, MacArthur Foundation.

*The Pathways to Desistance Study is the longest multi-site, longitudinal study of over 1,300 serious adolescent offenders from Arizona and Pennsylvania as they transition from adolescence into early adulthood. The Update documents the initial findings of the study and provides recommendations for effective intervention.*

[Positive Youth Development – Framing Justice Interventions Using the Concepts of Positive Youth Development](#) Butts, Jeffrey A., Gordon Bazemore, & Aundra Saa Meroe (2010). Washington, DC: Coalition for Juvenile Justice.

*PYD is an effective framework for designing general interventions for young offenders, focusing on protective factors and risk factors, strengths as well as problems, and broader efforts when facilitating successful transitions to adulthood.*

[No Place for Kids: The Case for Reducing Juvenile Incarceration](#) Mendel, Richard (2011). Baltimore, MD: The Annie E. Casey Foundation.

*No Place for Kids assembles decades of research as well as persuasive new data to demonstrate that America's heavy reliance on juvenile incarceration has not paid off, and in fact, is a failed strategy for combating youth crime.*

[The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities](#) Holman, Barry and Jason Ziedenberg (2006). Washington, DC: Justice Policy Institute

*This policy brief reviews the existing literature on the efficacy of detention and looks at the consequences of detention on young people, their families, and communities.*

[Family Involvement Resource Inventory: An overview of resources for family, youth and staff.](#) The National Center for Mental Health and Juvenile Justice (2012). Chicago, IL: Models for Change, MacArthur Foundation.

*This manuscript addresses the barriers that families and caretakers may face when a youth is involved in the juvenile justice system, and provides advocacy tips and information on how best to navigate the intricacies of the justice system.*

# *Solutions for Sustaining Community-Based Programs*

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**Pioneers of Youth Justice Reform: Achieving System Change Using Resolution, Reinvestment, and Realignment Strategies.** Evans, Douglas N. (2012). New York, NY: Research and Evaluation Center, John Jay College of Criminal Justice, City University of New York.

*This report describes the history and implementation of the most well-known reform initiatives that draw upon one or more fiscal strategies (Resolution, Reinvestment, and Realignment) to achieve system change. It also considers their impact on juvenile confinement at the state and local level.*

**Resolution, Reinvestment, and Realignment: Three Strategies for Changing Juvenile Justice.** Butts, Jeffrey A. and Douglas N. Evans (2011). New York, NY: Research and Evaluation Center, John Jay College of Criminal Justice, City University of New York.

*This study reviews the most prominent juvenile correctional reform models from the past 40 years, examining the effects of reform models on trends in the utilization of juvenile corrections and their association with rates of serious crime.*

**Justice Reinvestment at the Local Level Planning and Implementation Guide** Nancy G. La Vigne, S. Rebecca Neusteter, Pamela Lachman, Allison Dwyer, Carey Anne Nadeau (2010). Washington, DC: Urban Institute Justice Policy Center.

*This guidebook provides instruction for local leaders aiming to improve the efficiency of their justice systems by managing and allocating scarce resources more cost-effectively and generating savings that can be reinvested in prevention-oriented strategies. It describes the steps involved in this justice reinvestment process, the challenges that may be encountered, and how those challenges can be overcome.*

## ***Resources to Prevent Net-Widening***

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**[Widening the Net in Juvenile Justice and the Dangers of Prevention and Early Intervention](#)**, Center on Juvenile and Criminal Justice (2001). San Francisco, CA: Author.

*This report highlights the possible dangers of overusing early intervention and preventative services and provides case studies from California's juvenile justice system.*

**[Positive Power: Exercising Judicial Leadership to Prevent Court Involvement and Incarceration of Non-Delinquent Youth](#)**. Coalition for Juvenile Justice (2012). Washington, DC: Author.

*This report explores the leadership role of judges to effectively address the needs of youth who are charged in juvenile court with "status offenses," i.e., actions that are not illegal at the age of adulthood, including curfew violations, possession of alcohol and tobacco, running away and truancy.*

**[Closing the Widening Net: The Rights of Juveniles at Intake](#)**. Tamar R. Birckhead 46 Texas Tech Law Review (2013).

*This article examines the intake process, which operates as one of the primary gateways to juvenile court.*

**[Formal System Processing of Juveniles: Effects on Delinquency](#)** Petrosino, A., Turpin-Petrosino, C., Guckenburg, S. (2013). No. 9 of Crime Prevention Research Review. Washington, D.C.: U.S. Department of Justice, Office of Community Oriented Policing Services.

*This meta-analysis shows that processing youth in the formal juvenile justice system does not control crime and in fact increases delinquency.*

## ***Resources for Risk Assessment & Case Planning***

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**[Risk Assessment in Juvenile Justice: A Guidebook for Implementation](#)** Vincent, G., Guy, L., Grisso, T. (2012). Washington, DC: Models for Change, MacArthur Foundation.

*This Guide provides a structure for jurisdictions, juvenile probation or centralized statewide agencies striving to implement risk assessment or to improve their current risk assessment practices.*

**[Screening and Assessment Tools Database](#)** Richard Rondeau. (2009). National Youth Screening & Assessment Project, Washington, DC: MacArthur Foundation Models for Change.

*The database provides a template for a consistent method of recording important characteristics of mental health screening and assessment tools and can serve as a model for juvenile justice agencies interested in selecting a tool.*

**[16th Judicial District Court - Juvenile Justice System Provider Survey \(Self Report Survey 2007\)](#)** Stephen Phillippi, Ph.D, Joseph J. Cocozza, Ph.D, Jennie L. Shufelt, MS (2007). Louisiana Models for Change, Washington, DC: MacArthur Foundation Models for Change.

*This survey was developed to assess methods of identifying the needs of youth who come in contact with the juvenile justice system in Louisiana and the extent to which evidence-based and promising practices are used to address those needs.*

**[Louisiana Juvenile Justice System Screening & Assessment & Treatment Services Survey](#)** Stephen Phillippi (2009). Louisiana Models for Change, Washington, DC: MacArthur Foundation Models for Change.

*The goal of this survey is to inventory the screening and assessment procedures and existing services and programs available – a critical first step to developing a plan for the adoption and expansion of evidence-based practices.*

**[Information Sharing Tool Kit](#)** Child Welfare League of America and Juvenile Law Center (2008). Washington, DC: MacArthur Foundation Models for Change.

*This tool kit provides guidance to jurisdictions seeking to improve their information and data sharing practices and ultimately improve the outcomes for youth.*

### ***Related Research***

Andrews, D. A., & Bonta, J. (2006). The psychology of criminal conduct (4th ed.). Newark, NJ: LexisNexis.

Andrews, D.A. and Bonta, J. (2007a). Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation (2007-2006). Ottawa, Canada: Public Safety Canada.

Andrews, D.A., and Dowden, C. (2006). The Risk-Need-Responsivity Model of Assessment in Human Service and Prevention and Corrections: Crime Prevention Jurisprudence. *Canadian Journal of Criminology and Criminal Justice*, 49(4): 439-464.

Carey, M. (2010a). Effective Case Management. Coaching Packet. Silver Spring, MD: Center for Effective Public Policy.

Greenwood, P. (2008). Prevention and Intervention Programs for Juvenile Offenders. *Future of Children, Juvenile Justice*, 18( 2): 185-210.

Lipsey, M. and Cullen, F. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science*, 3, 297-320.

Lipsey, M., Howell, J., Kelly, M., Chapman, G., and Carver, D. (2010). Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice. Washington, D.C.: Center for Juvenile Justice Reform at Georgetown University.

Lowenkamp, C. T. and Latessa, E.J. (2006). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology and Public Policy*, 5(3): 575-594.

Lowenkamp, C.T., Latessa, E.J. and Holsinger, A.M. (2006). The risk principle in action. What have we learned from 13,676 offenders and 97 correctional programs? *Crime and Delinquency*, 52: 77-93.

## ***Resources for Implementing Community-Based Programs***

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**[Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice](#)** Lipsey, M., Howell, J., Kelly, M., Chapman, G., Carver, D (2010). Washington, D.C.: Center for Juvenile Justice Reform at Georgetown University.

*Based on a meta-analysis of more than 500 controlled studies conducted by Dr. Mark Lipsey, this paper introduces a framework for major juvenile justice system reform that integrates evidence-based programs and structured decision-making tools with a forward-looking, sustainable administrative model.*

**[The Office of Juvenile Justice and Delinquency Prevention's \(OJJDP\) Model Programs Guide](#)**

*This website provides a searchable on-line database of over 200 evidence-based programs covering the entire continuum of youth services from prevention through sanctions to reentry.*

**[Juvenile Detention Alternatives Initiative \(JDAI\)](#)**, Annie E. Casey Foundation.

*JDAI works with public agencies to implement innovative and effective reforms that improve the outcomes of children and youth who experience, or are at risk of entering, juvenile justice systems.*

**[Blueprints for Healthy Youth Development](#)**. Center for the Study and Prevention of Violence, at the University of Colorado Boulder.

*This website provides comprehensive review of more than 800 programs particularly giving specific attention to evidence of deterrent effect with a strong research design, sustained effect, and multiple site replications. To date, Blueprints has identified 11 model programs and 19 promising programs.*

**[Adolescent-Based Treatment Database](#)**, National Council of Juvenile and Family Court Judges.

*The NCJFCJ's Adolescent-Based Treatment Database is a "one-stop-shop" for juvenile drug courts researching adolescent-focused treatment and assessment instruments. It includes intervention basics; special considerations for juvenile drug courts; and engagement strategies for treatment providers, allied agencies, youth, and families.*

**[Evidence-Based Juvenile Offender Programs: Program Description, Quality Assurance, and Cost](#)** Drake, E. (2007). Document ID: 07-06-1201. Washington Institute of Public Policy: Olympia, WA.

*This report profiles six evidence-based juvenile offender programs, including program descriptions, quality assurance information, and cost-benefit figures.*

**[Return on Investment: Evidence-Based Options to Improve Statewide Outcomes April 2012 Update](#)** Lee, S., Aos, S., Drake, E., Pennucci, A., Miller, M., Anderson, L. (2012).

Washington Institute of Public Policy: Olympia, Wa.

*This document calculates the return on investment to taxpayers from evidence-based prevention and intervention programs and policies in the state of Washington as well as provides a comprehensive list of programs and policies that improve outcomes for children and adults.*

**[Trauma-informed interventions: Clinical and research evidence and culture-specific information project](#)** de Arellano, M. A., Ko, S. J., Danielson, C. K. & Sprague, C. M. (2008). Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

*A collaboration between the National Crime Victims Research and Treatment Center at the Medical University of South Carolina and the National Child Traumatic Stress Network, this project identifies trauma-focused interventions that have been developed and utilized with trauma-affected youth populations of various cultural backgrounds and to describe their level of cultural competence.*

**[Community Tool Box](#)**, Workgroup for Community Health and Development, University of Kansas.

*The Community Toolbox provides 46 Chapters through which you can reach practical, step-by-step guidance in community-building skills, including Chapter 19: Choosing and Adapting Community Interventions and Chapter 37: Evaluating Community Interventions.*

## ***Diversion Programs***

**[The OJJDP Deinstitutionalization of Status Offenders \(DSO\) Best Practices Database](#)**

*The DSO Best Practice Database is designed to assist jurisdictions in identifying and implementing evidence-based initiatives that lead to the removal of status offenders from secure detention or correctional facilities, in accordance with the deinstitutionalization of status offenders (DSO) requirement of the Juvenile Justice and Delinquency Prevention Act (JJDP) of 2002.*

**[Models for Change: Guidebook for Diversion](#)**

*The focus of this document is on diversion programs designed to reduce the likelihood that youth will encounter formal processing prior to formal adjudication.*

## ***Reducing Racial Disproportionality***

**[Instructions and Guidelines for Collecting and Recording Race and Ethnicity of Juveniles](#)** National Center for Juvenile Justice (2006).

*Provides instruction and guidance to local juvenile courts and probation departments on racial coding of youth involved in Pennsylvania's juvenile justice system in conjunction with reporting juvenile delinquency dispositions to the Juvenile Court Judges' Commission.*

### **The OJJDP DMC Reduction Best Practices Database**

*This database is designed to assist jurisdictions in the development of initiatives to reduce Disproportionate Minority Contact (DMC).*

### **Overcoming Language and Cultural Barriers Using Evidence-Based Practices**, The National Council of La Raza (2008).

*Experts discuss the importance and effectiveness of culturally and linguistically competent services for Latino youth who are at risk or are already involved with the juvenile justice system.*



# Resources for Multi-System Collaboration

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## **Mental Health Resources**

### **[Substance Abuse and Mental Health Services Administration's \(SAMHSA\) National Registry of Evidence-Based Programs](#)**

*A searchable online registry of [more than 300 interventions](#) supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.*

### **[Mental Health Screening Within Juvenile Justice: The Next Frontier](#)**, National Center for Mental Health and Juvenile Justice (2007).

*Discusses issues surrounding the mental health screening of juvenile offenders such as screening procedures, policies and implementation.*

### **[Ten Steps for Implementing Mental Health Screenings](#)**, Grisso, T. (2009). Boston, MA: University of Massachusetts Medical School

*The document provides 10 essential considerations for juvenile justice agencies planning mental health screening to support programs and placements.*

### **[Blueprints for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice Network](#)** Skowrya, K, Coccozza, J. (2005). The National Center for Mental Health and Juvenile Justice.

*This report presents a comprehensive model for providing a broad range of mental health services to youth in contact with the juvenile justice system with recommended actions and over 30 detailed suggestions.*

### **[Innovation Brief: Mental Health and Juvenile Justice: A Collaborative Approach](#)**, Barbara Chayt, Council of Juvenile Correctional Administrators (2012).

*Through the Comprehensive Systems Change Initiative (CSCI), supported by Models for Change, three Pennsylvania counties have implemented a collaborative model to identify youths with mental health needs at all decision-making points in the juvenile justice process, and to ensure an appropriate response.*

### **[Innovation Brief: Mental Health Needs and Due Process Rights: Finding the Balance](#)** Autumn Dickman, Juvenile Law Center (2012).

*This brief highlights creative initiatives from Pennsylvania and Illinois to identify and treat youths with behavioral health disorders while upholding their due process rights.*

### **[A Medicaid Primer for Juvenile Justice Officials](#)**, Dan Belnap, National Academy for State Health Policy (2008).

*This primer provides an introduction to Medicaid and its key concepts, as they pertain to the juvenile justice system since Medicaid provides health coverage to more than half of all low-income children in this country and can be a vital partner in juvenile justice reform efforts.*

## **Child Welfare Resources**

**[Addressing the Needs of Multi-System Youth: Strengthening the Connection between Child Welfare and Juvenile Justice](#)** Center for Juvenile Justice Reform at Georgetown University and Robert F. Kennedy Children’s Action Corps (2012).

*This report documents the challenges and best practices for working with “crossover” youth, those who have experienced both the child welfare system and the juvenile justice system.*

**[BRIDGING TWO WORLDS: Youth Involved in the Child Welfare and Juvenile Justice Systems A Policy Guide For Improving Outcomes](#)** The Center for Juvenile Justice Reform (CJJR) at Georgetown University’s Public Policy Institute and the American Public Human Services Association (2008).

*This paper is a result of the [Multi-Systems Approaches in Child Welfare and Juvenile Justice Wingspread Conference](#) held in May 2008. The conference, sponsored by the Center for Juvenile Justice Reform, the American Public Human Services Association, Casey Family Programs, and the Johnson Foundation focused on discussion of literature, identification of promising practices, recognition of barriers, and the creation of policy recommendations surrounding crossover youth.*

## **Education & School-Based Resources**

**[Models for Change: Partnering with Schools to Reduce Juvenile Justice Referrals](#)** Jason Szanyi, Center for Children’s Law and Policy (2012).

*This report documents a pilot project that served as a springboard for broader implementation of Balanced and Restorative Justice (BARJ) programming in schools and in the community as an alternative to formal processing.*

**[Educational Aftercare & Reintegration Toolkit for Juvenile Justice Professionals](#)**, 2nd ed. Jennifer Lowman, Esq. Education Law Center-Pa; Shari Mamas, Esq., (formerly with Education Law Center-Pa, now with the Disability Rights Network of Pa) (2009).

*This Toolkit provides the basic information and resources needed to address educational needs while in placement, as well as overcome the challenges of reconnecting to an educational setting when returning to the community. The Toolkit was developed for juvenile probation officers and other juvenile justice professionals in Pennsylvania.*

## *Resources for Outcome Evaluation*

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### **[Assessing Outcomes in Child and Youth Programs: A Practical Handbook, Revised Edition.](#)**

Sabatelli, R., Anderson, S. and LaMotte, V. (2005). University of Connecticut School of Family Studies Center for Applied Research and State of Connecticut Office of Policy and Management.

*This handbook offers a list of positive youth outcomes that research has shown to be associated with helping youth to lead successful and productive lives. It also provides a compilation of evaluation instruments.*

**[Data-Driven Decisionmaking for Strategic Justice Reinvestment.](#)** Dwyer, A., Neusteter, S.R., Lachman, P. (May 2012). Urban Institute Justice Policy Center.

*This policy brief addresses the value and use of data to identify population drivers, quantify cost drivers, guide reinvestment efforts, and ensure sustainability.*

**[Evaluation Design Checklist.](#)** Stufflebeam, D. (2004). Western Michigan University, The Evaluation Center.

*This checklist is intended as a generic guide to decisions one should at least consider when planning and conducting an evaluation.*

### **[FRIENDS National Resource Center for Community-Based Child Abuse Prevention](#)**

*The Community-Based Child Abuse Prevention Toolkit includes resources to assist family support and child abuse prevention programs and conduct meaningful evaluations of their services.*

**[Selecting an Appropriate Evaluation Design.](#)** Substance Abuse and Mental Health Services Administration.

*SAMHSA outlines factors to consider when selecting an evaluation design, including the purpose of the evaluation, what is going to be evaluated, and what will be done with the evaluation results.*

## Appendix A

### Criminogenic Risk and Dynamic Needs

There are eight distinguishable risk factors that contribute to the likelihood that someone will commit a crime. Each factor is identified with specific indicators and is also considered changeable or dynamic depending upon the appropriate interventions or services provided.<sup>35</sup>

Risk Factor	Indicators	Dynamic Needs
<b>History of Anti-social Behavior</b>	Early and continuing involvement in a number and variety of anti-social actions in various settings	Build non-criminal alternative behavior in risky situations
<b>Anti-social Personality</b>	Impulsive, adventurous, pleasure seeking, restlessly aggressive and irritable	Build problem-solving skills, self management skills, anger management skills, and coping skills
<b>Anti-social Cognitions</b>	Attitudes, values, beliefs, and rationalization	Reduce anti-social cognition, reduce risky thinking, build up alternatives to risk thinking
<b>Anti-social Associates</b>	Criminal friends, isolation from pro-social others	Reduce association with criminal others, enhance association with anti-criminal others
<b>Substance Abuse</b>	Abuse of alcohol and/or drugs	Reduce substance abuse and interpersonal supports for substance abuse
<b>Family Relationships</b>	Inappropriate parental monitoring and disciplining, poor family relationship	Reduce conflict and build positive relationships; enhance monitoring and supervision
<b>School/ Work</b>	Poor performance, low levels of satisfaction	Enhance performance, rewards and satisfaction
<b>Pro-Social Recreational Activities</b>	Lack of involvement in pro-social hobbies and sports	Enhance rewards, involvements and satisfaction

*Andrews, D. A., & Bonta, J. (2006). The psychology of criminal conduct (4th ed.). Newark, NJ: LexisNexis.*

## Appendix B

### Brief Descriptions of Select Evidence-Based Programs

*Excerpted from Evidence Based Practices for Juvenile Justice Reform in Louisiana*

Program	Description
<b>Brief Strategic Family Therapy (BSFT)</b>	Designed to prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, aggressive/violent behavior, and association with antisocial peers; improve prosocial behaviors; and improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school. Sessions are conducted at locations that are convenient to the family, including the family's home in some cases.
<b>Cognitive-Behavioral Therapy (CBT)</b>	CBT works to reduce behavioral and emotional problems, while increasing positive, adaptive behaviors. Interventions typically come in the form of challenging thinking patterns, teaching skills, and establishing a system of reinforcement for desired behavior. Success in intervening and changing one targeted behavior is then generalized to assist in targeting other problems and issues.
<b>Family Behavior Therapy (FBT)</b>	Treatment aimed at reducing drug and alcohol use in adults and youth along with common co-occurring problem behaviors such as depression, family discord, school and work attendance, and conduct problems in youth. Participants attend sessions with at least one significant other, typically a parent. Treatment consists procedures to teach skills and reinforce behaviors that are associated with abstinence from drugs, spending less time with individuals and situations that involve drug use and other problem behaviors, decreasing urges to act impulsively, establishing social relationships with others who do not use substances and avoiding substance abusers, and training skills associated with getting a job and/or attending school.
<b>Functional Family Therapy (FFT)</b>	Targets youth ages 11-18 at risk for and/or manifesting delinquency violence, substance use, Oppositional Defiant Disorder, or Conduct Disorders and their families. Focuses on family relations and communication; builds on strengths as motivation for change. Flexibly delivered to clients in-home, clinic, school, juvenile court, or other community settings.

<b>Moral Reconciliation Therapy (MRT)</b>	Seeks to decrease recidivism by increasing moral reasoning. Uses structured group exercises and prescribed homework assignments. Focuses on seven issues: confrontation of beliefs, attitudes, and behaviors; assessment of current relationships; reinforcement of positive behavior and habits; positive identity formation; enhancement of self-concept; decrease in hedonism and development of frustration tolerance; and development of higher stages of moral reasoning. Participants meet in groups once or twice weekly.
<b>Motivational Interviewing Motivational Enhancement Therapy (MI / MET)</b>	Goal-directed, client-centered approach for eliciting behavioral change by helping clients explore and resolve ambivalence related to specific change. Applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues. Community-based assessment & treatment centers have incorporated MI into the initial intake/orientation sessions to improve program retention.
<b>Multisystemic Therapy (MST)</b>	Targets chronic, violent and substance abusing delinquents age 12-18 at high risk for out of home placement. Focuses on the entire ecology of the youth including family, school, peer, and community relations. Strives for behavior change in the youth's natural environment, using the strengths of each system (e.g. family peers, school, neighborhood, etc.) to facilitate change.
<b>Multidimensional Family Therapy (MDFT)</b>	Family-based outpatient or day treatment program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk other problem behaviors such as conduct disorder and delinquency. Helps the youth develop more effective coping and problem-solving skills for better decision making and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Targets (1) the youth's interpersonal functioning with parents and peers, (2) parenting practices and level of adult functioning, (3) parent-adolescent interactions, and (4) communication between family members and key social systems (e.g., school, child welfare, mental health, juvenile justice).

(Source: Descriptions adapted from Phillippi & Schroeder, 2006, Phillippi & DePrato, 2009, and information at [Blueprints for Healthy Youth Development](#) and [SAMHSA's National Registry of Evidence-Based Programs and Practices](#).)

## ENDNOTES

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<sup>1</sup> Annie E. Casey Foundation (2013). KidsCount Data Snapshot: Reducing Youth Incarceration in the United States. Cf. U.S. Census Bureau's Census of Juveniles in Residential Placement.

<sup>2</sup> Butts, J.A. and Evans, D.N. (2011). [Resolution, Reinvestment, and Realignment: Three Strategies for Changing Juvenile Justice](#). New York, NY: Research and Evaluation Center, John Jay College of Criminal Justice, City University of New York.

<sup>3</sup> This is a Michigan-specific rate of community-based programs. Gonzalez, Elvin, Family Division Administrator, Berrien County Trial Court. "The Berrien County Experience." [4th Annual Michigan Systems of Care Conference](#). 2011.

<sup>4</sup> These are estimates of Michigan-specific rates of both public and private residential care. Carley, F. (2012). *A comparison of Michigan's residential placement options for juvenile delinquency cases*. Lansing, MI: Michigan Senate Fiscal Agency.

<sup>5</sup> Cohen, M. (1998). "The monetary value of saving a high-risk youth." *Journal of Quantitative Criminology*, 14: 5-33.

<sup>6</sup> Definition taken from the Office of Juvenile Justice Delinquency Prevention, <http://www.ojjdp.gov/grantees/pm/glossary.html>

<sup>7</sup> Gottfredson, S. D., and L. J. Moriarty (2006). "Clinical Versus Actuarial Judgment in Criminal Justice Decisions: Should One Replace the Other?" *Federal Probation* 70(2): 15-18, 81.; Perrault, R. T., Paiva-Salisbury, M., & Vincent, G. M. (2012). Probation officers' perceptions of youths' risk of reoffending and use of risk assessment in case management. *Behavioral Sciences & the Law*, 30(4), 487-505.

<sup>8</sup> Judicial Council of California AOC Center for Families, Children & the Courts (2011). [Screening and Assessments Used in the Juvenile Justice System: Evaluating Risks and Needs of Youth in the Juvenile Justice System](#). San Francisco, CA: Author.

<sup>9</sup> Andrews, D.A., and Dowden, C. (2006). The Risk-Need-Responsivity Model of Assessment in Human Service and Prevention and Corrections: Crime Prevention Jurisprudence. *Canadian Journal of Criminology and Criminal Justice*, 49(4): 439-464.

<sup>10</sup> Andrews, D.A., and Dowden, C. (2006). The Risk-Need-Responsivity Model of Assessment in Human Service and Prevention and Corrections: Crime Prevention Jurisprudence. *Canadian Journal of Criminology and Criminal Justice*, 49(4): 439-464.

<sup>11</sup> Latessa, E. (2011). [Presentation from the Council of State Governments Justice Center's Making the Most of Second Chances Conference, Focus on Individuals Risk to Public Safety](#). Washington, DC: Author.

<sup>12</sup> Andrews, D.A. and Bonta, J. (2007a). Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation (2007-2006). Ottawa, Canada: Public Safety Canada.

<sup>13</sup> Steinberg, L., Chung, H. L., Little, M. (2003). Reentry of young offenders from the justice system: A Developmental Perspective. *Youth Violence and Juvenile Justice*, 1(1).

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- <sup>14</sup> Latessa, E. (2011). [Presentation from the Council of State Governments Justice Center's Making the Most of Second Chances Conference, Focus on Individuals Risk to Public Safety](#). Washington, DC: Author.
- <sup>15</sup> Center on Juvenile and Criminal Justice (2001). Widening the Net in Juvenile Justice and the Dangers of Prevention and Early Intervention. San Francisco, CA: Author.
- <sup>16</sup> Lowenkamp, C.T., Latessa, E.J. and Holsinger, A.M. (2006). The risk principle in action. What have we learned from 13,676 offenders and 97 correctional programs? *Crime and Delinquency*, 52: 77-93.
- <sup>17</sup> Pennell, J., Shapiro, C., and Spigner, C. (2011). [Safety, Fairness, Stability: Repositioning Juvenile Justice and Child Welfare to Engage Families and Communities](#). Washington, DC: Center for Juvenile Justice Reform, Georgetown University.
- <sup>18</sup> Williams-Taylor, L. (2007). [Research Review, Evidence-Based Programs and Practices: What Does it All Mean?](#) Boyton Beach, FL: Children's Services Council of Palm Beach County.
- <sup>19</sup> Andrews, D.A. and Bonta, J. (2007a). Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation (2007-2006). Ottawa, Canada: Public Safety Canada.
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