

Innovation Brief

Model for Effective Implementation of Evidence Based Practices

In current literature, there is a general agreement concerning what works and what does not work in reducing delinquent behavior with juvenile offenders in communities; however, this knowledge has had limited penetration into general public, political, and policymaking venues, as it is reported that less than 10% of juvenile offenders are afforded evidence based community services. This *Innovation Brief* describes how Louisiana, through a combination of local, state, university, and national partnerships, adopted a model that has doubled the overall proportion of juvenile justice involved youth having access to evidence-based services while the state witnessed a simultaneous 46% drop in juvenile arrests between 2006 and 2010.

The Issue

In spite of extensive literature and research describing effective programming, only about 5% to 10% of juvenile offenders are afforded the benefits of access to community programs with proven effectiveness nationally (Greenwood, 2008; Greenwood, Welsh & Rocque, 2012; Hennigan et al., 2007). Until just a few years ago and the opportunities afforded by the MacArthur Foundation's *Models for Change* Initiative, Louisiana did not exceed that low standard in providing access to evidence based community services.

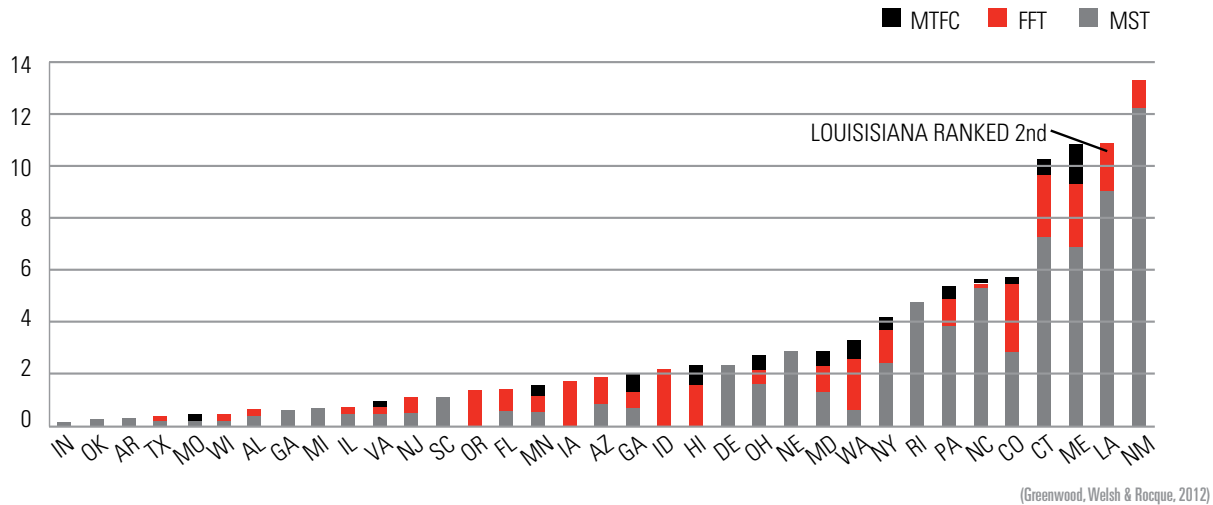
Louisiana had a long history of relying heavily on residential and institutional care for youth involved with the juvenile justice system. In the 1990s Louisiana had the highest rates in the U.S. of incarceration of youth per capita (Trupin, 2006). In recent years the state made substantial changes in the way it handles youth coming in contact with the justice system,

reducing the number of youth placed in correctional facilities from over 2,000 a decade ago to below 500 youth today (Louisiana Office of Juvenile Justice, 2012). While this reduction of youth placed in facilities has been welcome, the diversion of these youth into the community underscored the shortage of community-based services. In response, Louisiana selected evidence-based community services as one of its targeted areas to improve.

Innovations

Louisiana recognized the demand for community-based services as an opportunity to invest in more effective services in the community, reflecting the current knowledge about what works for juvenile justice involved youth and their families, particularly those with mental health problems. Louisiana saw implementation of “evidence-based practices” — treatments and practices that have been shown through research to result in positive outcomes for

National Stages of Implementation



youth — as a way to fill in the gaps in existing community-based services, and make a real and meaningful positive impact in the lives of youth and their families who come in contact with the juvenile justice system. The innovation was how Louisiana was able to accomplish this. An accomplishment now termed the “Louisiana Model” as no other state is known to have managed the dissemination of evidence based practices to scale from locally driven models as efficiently and with as much impact as Louisiana has done to date.

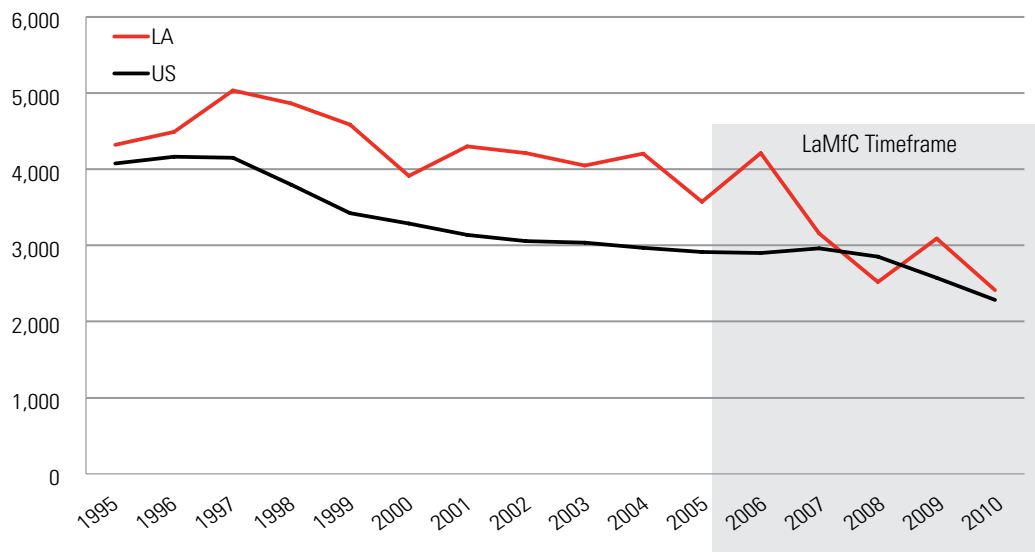
Through a series of targeted investments and strategic initiatives, Louisiana has demonstrated a substantial increase in the access and utilization of evidence-based community programs and practices. In its strategic approach, Louisiana successfully addressed some of the complexities of aligning multiple systems and stakeholders and built a more collaborative process for evidence based program development. More specifically, this “Louisiana Model” is simultaneously both a bottom up and top down method; it builds on positive relationships among systems political leaders, agencies, practitioners, and consumers; all while offering information about evidence-based practices and the fit of those practices with local and state needs. The model creates dialog related to challenges while planning implementation, and stresses examining data for initiating and monitoring implementation. This approach maintains support and feedback about progress and problems encountered throughout the adoption, implementation, and sustainability processes.

Results and Lessons

These efforts are working: a recent national assessment of all U.S. States’ adoption of key evidence-based practices shows Louisiana ranked 2nd in the nation for the number of Multisystemic Therapy (MST) and Functional Family Therapy (FFT) teams per capita (Greenwood, Welsh & Rocque, 2012). Furthermore, these advances have been achieved without evidence of a decrease in public safety, as juvenile arrests have steadily decreased by approximately 46% in Louisiana from 2006 to 2010 (Greenwood, Welsh, Rocque, & Delevaga, 2012).

This growth has also come at an accelerated pace compared to other states in the nation that have been implementing EBPs. In a 2006 Louisiana *Models for Change* survey, providers described their programs and services available for youth and families affiliated with the juvenile justice system. Of those programs and services surveyed in 2006, only 11% were associated with nationally known evidence based programs. In a repeat administration of the survey in 2009, and in the midst of a recession that had substantially cut the number of community programs available to youth, it was found that 54% of providers reported a service consistent with nationally known evidence-based programs. By the 2011 survey administration, 58% of programs reported were described as evidence-based. Most importantly, by 2011, 46% of the 8,364 youth those programs reported serving were being helped by an evidence-based practice. That is up from 19% of juvenile justice involved youth in 2006

Juvenile Arrest Rates in Louisiana & U.S.

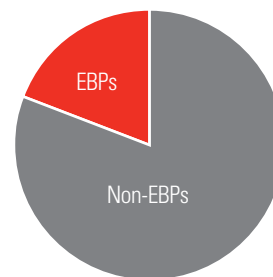


and 25% in 2009. In other words, the proportion of youth accessing evidence-based practices has more than doubled in five years.

Lessons learned in the process of accelerated implementation of evidence-based practices to better serve youth who come into contact with the juvenile justice system have been extensive. These include turning crisis into opportunity; structuring the involvement of all key stakeholders; and pilot testing new programs. Louisiana faced several crises from a lawsuit forcing a substantial reduction in the number of youth held in secure facilities, including two major hurricanes disrupting service delivery throughout the state and a recession that cut tens of millions of dollars from community programs. Each of these crises created an opportunity to redefine and reprioritize community programs that could meet the unique needs of juvenile justice involved youth and produced improved outcomes while being more cost effective. Louisiana also chose to involve stakeholders from all aspects of the juvenile justice system (i.e. judges, district attorneys, public defenders, probation officers, providers, and families) in the decisions regarding services to be rendered in their local communities. This increased buy-in, clarified expectations, and linked referrals to proper services based on objective screening and assessment instruments whenever possible. Finally, Louisiana approached implementation and dissemination of evidence based practices by building programming from local pilots

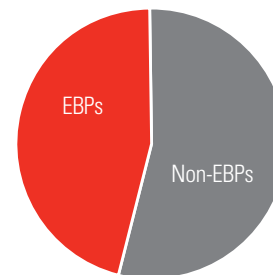
which then expanded to other sites, regions or even the state. These pilots, with their own locally groomed experts and the wisdom of implementation lessons learned, have become the foundation for continued growth.

2006 Provider Survey



A youth had less than a 1 in 5 chance of receiving an EBP.

2011 Provider Survey



A youth had just under a 50% chance of receiving an EBP.

The Broader Impact

A system founded on evidence-based practices is crucial for reform. These practices advance reforms that effectively hold young people accountable for their actions, provide for their rehabilitation, protect them from harm, increase their life chances, and can help manage the risk they pose to themselves and public safety. Such a system must be able to a) identify the variety of needs of youth who come in contact with the juvenile justice system through utilization of scientifically sound screening and assessment instruments and b) refer youth to a range of evidence-based practices to meet their identified needs. However, according to Bumbarger and Campbell (2011), "...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" (p. 1). Louisiana seems to have struck a chord of collaboration between these very entities as a result of being selected for the MacArthur Foundation's *Models for Change* initiative in 2006 and leaves a legacy of a model that has been replicated successfully several times now.

Louisiana's experiences can help to inform other state and local jurisdictions seeking to make a similar shift. Some of the keys to success in advancing evidence based practices include 1) instituting a sustainable, system-wide movement with a comprehensive strategy; 2) maintaining community and stakeholder support through ongoing educational and outreach efforts; 3) developing local experts to ensure the continued diffusion of practices; 4) data-driven decision making to reflect the needs, resources and limitations of local jurisdictions; and, 5) implementation of innovations at the local level, coupled with ongoing involvement of state partners, as an effective way to facilitate larger community, region, and even statewide adoption.

To expand on a few of these key components, first, instituting a sustainable, system-wide movement towards evidence-based practices requires a comprehensive strategy. Implementing and sustaining evidence-based practices requires the buy-in and support from a range of stakeholders, from the state level policy makers and

agency administrators with decision-making authority over funding and services, to the service providers that will have to modify their practices. Given this, a successful evidence-based practice movement must understand and target the priorities of each stakeholder group. Policy makers must understand what evidence-based practices are and why they are important, local jurisdictions need to see that scarce resources are being targeted towards services most needed, and providers must have the training and skills to implement these services. Accomplishing this requires a multi-faceted approach that links stakeholder awareness and education, research-based decision making, and strategic implementation in a way that maximizes resources and builds a long-term movement.

Second, maintaining community and stakeholder support for evidence-based practices requires ongoing educational and outreach efforts. While educational and outreach efforts are particularly important in the beginning of an evidence-based practices movement, when the primary focus is getting critical stakeholders on board and building support for the movement, continuing those efforts throughout the reform can play a vital role in ensuring continuity of support amidst changing administrations, fiscal shortfalls, and competing priorities. An ongoing educational/ outreach campaign should include, at a minimum, the establishment of ongoing channels of communication with policy makers and agency heads, the development and implementation of a strategic media campaign, and a routine process for capturing and reporting outcome data and accomplishments to key decision-makers in a timely and easy to understand format.

Decisions must be data-driven, and reflect the needs, resources, and limitations of local jurisdictions. The selection and adoption of an evidence-based practice imposes a number of challenges on a local jurisdiction. Resources must be re-allocated, often meaning in a practical sense that the resources must be redirected from an existing service; priorities must be adjusted; and new levels of accountability are often required. When local stakeholders do not believe that the evidence-based practice that is selected is "workable" for their

jurisdiction, either because it does not meet the needs of the community, is not realistic in light of the resources or capacity of local providers, or is believed to impose undue reporting or oversight responsibilities on them, resistance to its adoption is likely to be high. In contrast, where an evidence-based practice is carefully selected based on a data-driven needs assessment, and a realistic appraisal of the community's resources and limitations, and where providers and other key stakeholders are involved early in the process, barriers to implementation can be minimized.

And finally, implementation of innovations at the local level, coupled with ongoing involvement of state partners, can be an effective way to facilitate statewide adoption. The first two years of Louisiana's evidence-based practices reform efforts focused on raising awareness and support for evidence-based practices at the state level, while simultaneously building concrete models of evidence-based practice implementation at the local level. State stakeholders were purposefully engaged in local EBP implementation projects to ensure that the perspectives and concerns of the state were taken into consideration in planning, and to ensure that the state was aware of and invested in these local models. As support for EBPs grows at the state level, the existence of these local models provides a ready-made example for statewide implementation.

Resources

Louisiana State University Health Sciences Center-
Institute for Public Health & Justice website

<http://publichealth.lsuhsu.edu/iphj/treatment.html>

Phillippi, S., Coccozza, J., & DePrato, D. (In Press).

Improving community services for youth: Implementation strategies & outcomes advancing evidence-based practices for juvenile justice reform. *Journal of Community Practice*.

Advancing Evidence Based Practices- Implementing Proven Programs for Juvenile Offenders: Assessing State Progress available at <http://www.advancingebp.org/wp-content/uploads/2012/01/AEBP-assessment.pdf>

Louisiana *Models for Change* – Youth Outcomes Study available at <http://publichealth.lsuhsu.edu/iphj/pdf/4BYouthOutcomes.pdf>

Turning Knowledge into Practice- a manual for understanding and implementing evidence based practices available at <http://www.modelsforchange.net/publications/281>

National Center for Mental Health and Juvenile Justice – Treatment Information Resources available at http://www.ncmhjj.com/resource_kit/treatment.htm

Writers: Stephen Phillippi, PhD & Debra DePrato, MD - LSU School of Public Health- Institute for Public Health and Justice.

Contributors: Joseph Coccozza, PhD- National Center for Mental Health and Juvenile Justice & John Morris, MSW- The Technical Assistance Collaborative, Inc.

For more information, contact the Institute for Public Health & Justice at (504) 568-5953

This brief is one in a series describing new knowledge and innovations emerging from *Models for Change*, a multi-state juvenile justice reform initiative. *Models for Change* is accelerating movement toward a more effective, fair, and developmentally sound juvenile justice system by creating replicable models that protect community safety, use resources wisely, and improve outcomes for youths. The briefs are intended to inform professionals in juvenile justice and related fields, and to contribute to a new national wave of juvenile justice reform.