

Advancing Evidence-Based Practices for Juvenile Justice Reform Through Community Development

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There is a general agreement in the literature 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 article describes how Louisiana, through a combination of state, local, university, and national partnerships, adopted a community development model that has led to a 27% increase in 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.

KEYWORDS *Community development, evidence-based community services, juvenile offenders, evidence, partnerships*

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INTRODUCTION

There is a general agreement in the literature concerning what works and what does not work in reducing delinquent behavior with juvenile offenders (Gendreau, Smith, & Theriault, 2009; Lipsey, 2009). However, this knowledge has had limited penetration into general public, political, and policymaking venues (Henggler & Schoenwald, 2011). In fact, even in light of extensive research and literature on effective programming, only about 5% to 10% of juvenile offenders are afforded the benefit of accessing community programs with proven effectiveness (Greenwood, 2008; Greenwood, Welsh & Rocque, 2012; Hennigan et al., 2007). Louisiana resembled that low standard in many ways; however, due to 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 specifically designed to improve family functioning; keep youth in communities and out of expensive, less effective placements; more effectively address mental health and substance abuse problems; and lower repeat offending in the juvenile justice system (Alexander, Pugh, Parson, & Sexton, 2000; Aos, Barnoski, & Lieb, 1998; Borduin et al., 1995; Henggeler, 1992; Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993). In many ways, Louisiana has successfully addressed some of the complexities of aligning multiple systems and stakeholders and built a more collaborative process similar to that described as critical by Chamberlain et al. (2011) and Fixen (2009). More specifically, the Louisiana efforts resemble what Chamberlain et al. (2011) labelled as the *community development team model*. This model, developed by the California Institute of Mental Health, is described as building on positive relationships among systems, political leaders, agencies, practitioners, and consumers while offering information about evidence-based practices (EBPs) and the fit those practices might have with local and state needs; creating dialog related to barriers and planning for implementation, while examining data for monitoring that implementation; and, maintaining support and feedback about progress and problems encountered throughout the adoption, implementation, and sustainability processes (Chamberlain et al., 2011).

BACKGROUND

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). However, Louisiana seems to have struck an accord of collaboration between these very entities as a result of being selected for the John D. and Catherine T. MacArthur Foundation's Models for Change initiative in 2006. Models for Change is a juvenile justice

reform initiative that seeks to create successful and replicable models of juvenile justice reform through targeted investments in selected states. For Louisiana, those targeted investments included advancing 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. During the 1990s, Louisiana had the highest rate of incarceration per capita, with 582 per 100,000 youth in a juvenile correctional facility (Trupin, 2006). However, in recent years the state has made major changes in the way it handles youth coming in contact with the justice system, significantly reducing the number of youth placed in residential facilities. In fact, over the past decade, the number of youths in the state's juvenile correctional facilities has decreased from over 2,000 youths to below 500 youth (Louisiana Office of Juvenile Justice, 2012). Although this reduction has been a welcome shift in Louisiana, the diversion of these youth into the community has highlighted the shortage of community-based services.

Louisiana stakeholders, from practitioners and family advocates to judges, attorneys, funders, and policy makers, recognized this new demand for community-based services as an opportunity to invest in more effective services that reflect the current knowledge about what works for juvenile-justice-involved youths and their families, particularly those with mental health problems. Over the past decade, the juvenile justice field has witnessed a major shift, from a belief that nothing works for juvenile-justice-involved youths to broad recognition of community-based programs and practices that have demonstrated positive outcomes for these youths (Henggeler & Schoenwald, 2011; Lipsey, Howell, Kelly, Chapman & Carver; 2011; Skowrya & Cocozza, 2007). Louisiana saw implementation of EBPs—treatments and practices that have been shown through research to result in positive outcomes for 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 youths and their families who come in contact with the juvenile justice system. Most significant, these efforts are working based on a recent national assessment of all US states' adoption of key EBPs showing Louisiana ranked second in the nation for the number of Multisystemic Therapy (MST)¹ and Functional Family Therapy (FFT)²

¹ MST targets chronic, violent and substance abusing delinquents at high risk for out-of-home placement. It focuses on the entire ecology of the youth, including family, school, peers, and community relations. MST strives for behavior change in the youth's natural environment using the strengths of each system to facilitate change. (See <http://www.blueprintsprograms.com/factSheet.php?pid=cb4e5208b4cd87268b208e49452ed6e89a68e0b8>)

² FFT focuses on family relations and communication; building on strengths as motivation for change. The treatment is delivered in client homes, clinics, schools, or other community settings, and has evidence of reducing behaviors associated with delinquency, violence, substance use, oppositional defiant disorder, and conduct disorder. (See <http://www.blueprintsprograms.com/factSheet.php?pid=0a57cb53ba59c46fc4b692527a38a87c78d84028>)

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).

LOUISIANA'S REFORM APPROACH

Successfully implementing a long-term, system wide movement towards EBPs, while perhaps one of the most important reforms that a state or local jurisdiction can take on, is also one of the most challenging (Bumbarger, Perkins & Greenberg, 2010; Fixen, 2009). According to Morris, Day, and Schoenwald (2010), jurisdictions that take on this charge must address a number of complicated and interwoven challenges. These challenges often include:

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

Recognizing that successfully shifting toward a juvenile justice system built around EBPs requires a comprehensive approach that addresses all of these various challenges, Louisiana adopted a multifaceted approach to its' reform efforts that was organized around three primary tracks of activity: stakeholder education and awareness of effective practice, research-driven reforms where data drives planning, and strategic implementation that encompasses both policy and practice development. This report highlights the work and major accomplishments in Louisiana around each of these tracks of activity, and identifies key lessons learned in Louisiana that may be instructive for other jurisdictions interested in starting an EBP reform movement.

STAKEHOLDER EDUCATION AND AWARENESS

Building long-term momentum for the implementation and expansion of EBPs requires the buy-in and support of policy makers, agency administrators, providers, youths and their families, and the community at large. These stakeholders may have little, if any, knowledge about what is meant by the term *evidence-based practice*, the benefits, the challenges and limitations, and what some of the critical considerations are in selecting and implementing EBPs. These critical considerations, if left unheard or unaddressed, can frustrate the efforts of any reform effort (Morris, Day, & Schoenwald, 2010). Conversely, the collective effort of a group of stakeholders who understand the benefits as well as the challenges, can eliminate many of the traditional barriers to EBPs and help pave the way towards reform (Chamberlain et al., 2011).

As a result, Louisiana focused much of its early reform efforts on educating stakeholders at the state and local level about evidence-based treatment practices and standardized, scientifically-sound screening and assessment instruments. As part of this effort, the Louisiana Models for Change project has convened several educational workshops and conferences. These events included participation by state and regional leaders such as state agency administration, legislators, judges, district attorneys, and public defenders. It also included stakeholders from service provider organizations and advocacy groups. Many of these efforts also culminated in targeted, practice-specific training of regional frontline providers, including probation officers, clinicians, and case managers. These educational efforts were often combined with existing professional organization conferences and meetings to efficiently reach key participants.

To assist with increasing awareness, the Louisiana Models for Change project made a concerted effort to establish linkages with local media outlets to build support among the community and policy makers. Whenever new projects were unveiled, local media outlets were notified and/or invited to critical events. In addition, Models for Change partners have made efforts to circulate critical juvenile justice-related news articles and information and worked with advocacy groups to share the accomplishments of Models for Change.

RESEARCH-DRIVEN REFORMS

A fundamental tenet of the Louisiana Models for Change initiative is that all reforms should be data-driven. Such data-driven decision making ensures that the initiative's efforts are targeted at critical gaps in the system, that limited resources are used efficiently, and that improvements can be monitored as the initiative progresses. At both the state and local level, innovative needs assessment and data collection efforts have driven reform in the state.

The Juvenile Justice System Screening, Assessment and Treatment Services Inventory

Several local parishes (i.e., counties) within Louisiana were selected to undertake efforts to increase reliance on EBPs at the local level. A series of preliminary stakeholder meetings revealed that these parishes had varying levels of EBP availability and stakeholder knowledge. Given this, a critical first step to building EBPs at the local level was ensuring that local planning groups had sufficient knowledge about the current state of affairs within their parishes about the use of scientifically sound screening and assessment instruments, and evidence-based or promising practices.

In keeping with data-driven reform efforts, the Louisiana State University Health Sciences Center (LSUHSC) and the National Center for Mental Health and Juvenile Justice (NCMHJJ) jointly developed a *Juvenile Justice System Screening, Assessment and Treatment Services Inventory* that could be administered within the participating parishes and used to inform the planning groups about the current state of affairs. The inventory, which has been implemented at a local level in over 12 Louisiana counties to date and statewide by the Louisiana Office of Juvenile Justice to assess their contract services, is a Web-based tool housed at LSUHSC-Institute for Public Health and Justice. As a sustainable tool for establishing baseline and repeat measures, it is available to all counties statewide seeking to conduct a needs assessment around the use of EBPs and screening and assessment tools. This inventory specifically surveys practitioners about the screening, assessment, and treatment services offered to youth involved with the juvenile justice system. It gathers self-report information regarding whether those practices are evidence-based and at what points of the juvenile justice system continuum of care they are delivered (e.g., prevention, early intervention, court, probation, detention, residential placement, or aftercare). The inventory also explores provider education, certification, and capacity, as well as sources of funding for programs.

Serving as a planning tool for local jurisdictions, the inventory has provided Louisiana with a mechanism to monitor the extent of EBP adoption as the initiative has progressed. In fact, significant changes have already been observed since the initial implementation of the survey in 2006. During the initial 2006 administration, providers in Louisiana described 152 programs and services actively engaging youths and families affiliated with the juvenile justice system. Of those programs and services surveyed in 2006, only 17 (11%) were associated with nationally known evidence-based programs (Cocozza, Shufelt, & Phillippi 2007a). In 2009, and in the midst of a recession that had substantially cut the number of community programs available to youths ($n = 89$), the LSUHSC surveyed state-contracted juvenile-justice-service providers and found that 54% were associated with nationally known evidence-based programs (Phillippi & Cuffie, 2009). By 2011, with 78 services

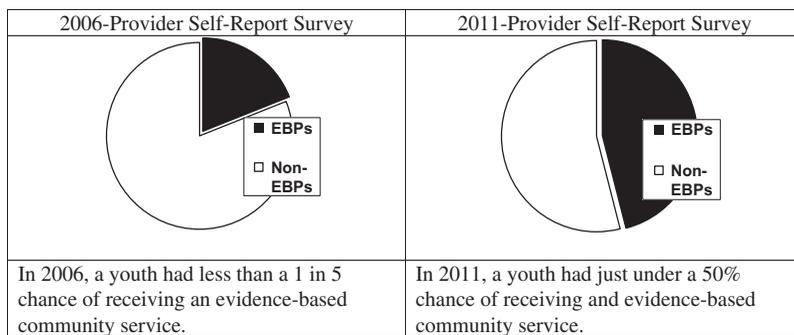


FIGURE 1 Youthful offender access to evidence-based community services.

and programs reporting in statewide reassessment, that number was up to 58%, reporting the use of an EBP (Phillippi & Arteaga, 2011). Most important, by 2011, 46% of the 8,364 youths those programs reported serving may have received an evidence-based practice, noting that this is a self-report survey and fidelity of the EBPs reported being offered was not measured (Phillippi & Arteaga, 2011). That is up from 19%, having the potential of receiving an EBP in 2006 and 25% in 2009. See Figure 1.

The results of the survey activities formed the basis of a multiyear effort to increase the reliance on scientifically sound screening and assessment instruments and EBPs. For example, the gaps and needs identified through surveying Louisiana Juvenile Drug Courts (Cocozza, Shufelt, & Phillippi, 2007b) became the focus of a series of trainings, the development of *Evidence-Based Practice Recommendations for Juvenile Drug Courts* (Hills, Shufelt, & Cocozza, 2009), and a pilot juvenile drug court project in Louisiana. The knowledge gained through the 2007 survey allowed the Louisiana Supreme Court to target its reform efforts at those issues that were most critical to the juvenile drug courts across the state, making for a more effective and meaningful reform effort.

In 2010, a follow-up survey was completed to assess the extent to which the Louisiana Supreme Court's efforts described previously have had an impact on the state's juvenile drug courts. The results of the survey suggest that a clear movement toward EBP screening, assessment, and treatment has taken hold within the juvenile drug court. In particular, the survey results revealed:

- An increase in the number of juvenile drug courts that report using research-supported screening and assessment instruments, from 67% in 2007 to 83% in 2010.
- In 2010, more than half of the juvenile drug courts (61%) reported providing at least one service with research support.

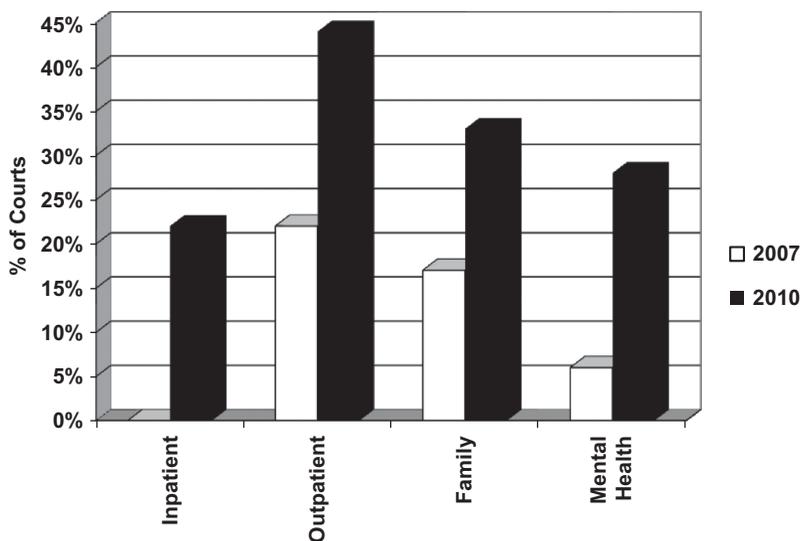


FIGURE 2 Use of research-supported services.

- The number of juvenile drug courts that use evidence-based or promising practices has increased over the past 3 years. Figure 2 illustrates the proportion of courts using evidence-based interventions in 2007 and 2010.

Strategic Implementation

The Louisiana Models for Change project’s research efforts and educational initiatives have culminated in a significant movement across the state toward the adoption of evidence-based screening, assessment, and treatment policies and practices. Although this movement is, in many ways, still in its infancy, it has already resulted in the implementation of a number of concrete changes that will improve the lives of youths and their families within Louisiana, as well as the community and the juvenile justice system. Several advancements pertaining to strategic advancement of EBPs are described in the following.

Joint position statement. The Louisiana Models for Change initiative (now formally housed and sustained in the Louisiana State University-Institute for Public Health and Justice) and its consulting partners, worked collaboratively to bring together the leadership of the state’s child serving agencies, including the Office of Juvenile Justice (OJJ), Department of Education, Office of Mental health, Office of Addictive Disorders, Department of Social Services/Office of Community Services, and the Governor’s appointed director of the Louisiana Children’s Cabinet. Those efforts culminated in the development of three specific products. First, a joint position statement was issued by the group supporting the development,

implementation, and sustaining of EBPs at the community level. Second, a survey of current and projected EBP utilization was completed. Third, regional meetings were planned to include the collaborative presentation of all the child serving agency leadership to illustrate the joint vision for community-based EBPs and to solicit input from the field on the strengths and barriers each region perceives in advancing EBPs. This group also supported and helped disseminate a whitepaper on EBPs to reach legislators and state leadership as budget and policy considerations were being made for the 2010 legislative session.

Readiness evaluation. The Louisiana Models for Change initiative in partnership with the NCMHJJ worked with a national consultant to develop a framework for identifying and determining a community's and/or organization's readiness to select and adopt EBPs. The readiness tool, which uses a structured questionnaire to map key readiness and implementation questions, helps to anchor discussions, capture priorities and key concerns of local decision makers, and focus the search for EBPs that might fit local needs. In particular, the guide helps assess and discuss the following areas:

- Target population,
- Funding,
- Level of collaboration,
- Level of evidence,
- Practice recognition,
- Practice structure,
- Family involvement/engagement,
- Expected youth outcomes,
- Cultural diversity,
- Workforce requirements,
- Feasibility of implementation,
- Organizational experience with EBPs,
- Organizational readiness, and
- Leadership.

Implementation of functional family therapy. Ongoing efforts to educate state-level policy makers and agency administrators about the importance of EBPs led in 2007 to the dedication of state funding by the Louisiana OJJ to implement the state's first five Functional Family Therapy (FFT) teams. Following the community development model, these teams emerged from community input and not from state edict. Five sites were given an opportunity to select a research driven intervention that would expand current state services in local communities. The sites, after careful consideration using the readiness evaluation, selected FFT. Funding committed by OJJ covered all year-one start-up and licensing costs, in addition to 3 years of funding to sustain the teams. As a result of this collaborative effort, 31 clinicians in

six parishes were trained as FFT providers and had the ability to supply services for over 300 families on any given day. Since this initial implementation, sustainable funding for FFT has been shifted to Medicaid, where it joins other EBP interventions, such as Multisystemic Therapy (MST), to offer longer-term fiscal security and consumer access.

The success of the initial FFT teams, coupled with the momentum of the EBP movement within Louisiana, led the Louisiana legislature in 2009 to pass legislation establishing a statewide FFT pilot program (15 LA Rev. Statutes § 971 et. seq.). In passing the bill, the Louisiana Legislature sought to “create a cost-effective pilot program . . . to treat at risk juveniles and their families by utilizing EBPs which have demonstrated effectiveness in terms of significant reductions in the recidivism rate of juvenile offenders” (15 LA Rev. Statutes §971). The FFT Pilot Program Legislation was designed to ensure that an increasing proportion of youth in contact with Louisiana’s juvenile justice system have access to effective treatment.

Revision of contracting processes to incorporate EBPs. As part of its work to support and further implement EBPs, Jefferson Parish (neighboring New Orleans) worked with Louisiana Models for Change to revise its contracting and request for proposals (RFP) processes. An initial survey conducted by the NCMHJJ and LSUHSC showed a baseline of 13% of youth receiving EBP’s in Jefferson Parish. Through the use of blended state, local, and federal funding, solicitations for contracts were developed to emphasize, implement, and sustain EBPs. The contracts were designed to offer preference to EBP contracts and require all contracted service providers to monitor and report outcomes. As described in Table 1, statistics for 2010 showed an increase in the utilization of EBPs, with 94% of youth on probation being referred to an EBP and 100% of their juvenile treatment budget being dedicated to EBPs (Jefferson Parish Division of Youth Services, 2010).

At the state level, the Louisiana Office of Juvenile Justice, working with Louisiana Models for Change, also began to explore ways to revise its RFP and contracting process to encourage the adoption and expansion of EBPs. This has proven particularly challenging with sweeping budget cuts due to the national economic downturn in the past several years. However, despite this, consensus has been reached that OJJ should focus on its priority

TABLE 1 Jefferson Parish (County) Evidence-Based Practice (EBP) Utilization

	2007	2008	2009	2010
Dollars spent on EBPs	\$0.00	\$551,759	\$707,474	\$640,223
Percent of treatment budget spent on EBP’s	9%	88%	96%	100%
Number of youth referred to EBPs	101/534	142/406	471/558	375/401
Percent of youth referred for EBP’s	19%	35%	84%	94%
Number of contracts for EBPs	0	6	8	9

Note. Some youths have more than one referral.

populations, and that desired outcomes needed to be expressed in terms of public safety (reduced crime), cost efficiency (reduced recidivism) and effectiveness (improved community tenure). To achieve this, Louisiana Models for Change focused on assisting OJJ with the following:

- Preparation of a policy paper on OJJ's position on the use of EBPs for its clients and services.
- Preparation of a framework for choosing and implementing EBPs, including detailed recommendations of language that could be used in the development of RFPs at the appropriate time and when funding is available. The recommendations are: (a) wherever possible, implement the best evidenced-based programs; (b) if funding an unproven program, an evaluation component must be included; (c) programs that fail to produce OJJ driven outcomes will not continue to be funded; and (d) establish an acceptable transition time for programs to train and implement evidence-based programs prior to expecting outcomes.
- Development of mechanisms to evaluate EBP fidelity and to measure and report outcomes in a way that is both useful to OJJ administration and their field offices.

LESSONS LEARNED

The availability of evidence-based screening, assessment, and treatment represents a major advancement in the field of juvenile justice, and has the potential to transform the lives of youth and their families, as well as the systems that serve them and the communities in which they reside. However, the widespread adoption of these services requires a fundamental shift in the provision of services and programs that is a very challenging endeavor. Over the past few years, the state of Louisiana has made significant progress in overcoming these challenges and moving toward a system that is more and more oriented around EBPs in its local communities. Because Models for Change started in Louisiana, the state has seen:

- Growing consensus among state and local policy makers and agency administrators about the importance of utilizing EBPs.
- Implementation and expansion of EBPs across the state.
- An increase in the proportion of juvenile justice programs and providers that incorporate nationally known evidence-based program models, up from 11% in 2006 to 58% in 2011.
- Steady adoption of EBPs within the state's juvenile drug courts.
- Enhanced local data collection, outcome monitoring, and reporting capacity among local Models for Change jurisdictions.

The lessons learned from Louisiana's experiences can help to inform other state and local jurisdictions seeking to make a similar shift. Many of these lessons are enumerated in the following.

Instituting a Sustainable, System-Wide Movement Toward EBPs Requires a Comprehensive Strategy

Implementing and sustaining EBPs 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 EBP movement must understand and target the priorities of each stakeholder group. Policy makers must understand what EBPs are and why they are important, local jurisdictions need to see that scarce resources are being targeted toward services most needed, and providers must have the training and skills to implement these services. Accomplishing this requires a multifaceted 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.

Maintaining Community and Stakeholder Support for EBPs Requires Ongoing Educational and Outreach Efforts

Although educational and outreach efforts are particularly important in the beginning of an EBPs movement, when the primary focus is on getting critical stakeholders on board and building support for the movement, continuing those efforts throughout the reform effort can also 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 routinized process for capturing and reporting outcome data and accomplishments to key decision-makers in a timely and easy to understand format.

Developing Local Experts, Rather Than Relying Exclusively on Outside Expertise, Helps to Ensure the Continued Diffusion of EBPs

Early in its reform work, Louisiana recognized that to build long-term momentum for EBPs, and ensure the continued diffusion of the accomplishments of Models for Change, the state needed to develop local experts that could assist in that diffusion. Therefore, although the state took full advantage of the technical assistance resources available through Models

for Change, it actively sought to partner those national technical assistance experts with local counterparts and build in-state expertise and technical assistance capacity. Louisiana now has built a wealth of in-state expertise, within the state universities as well as local jurisdictions, who can provide in-state training on screening, assessment, and evidence-based treatment long after Louisiana's Models for Change project is completed.

Decisions Must be Data-Driven, and Reflect the Needs, Resources, and Limitations of Local Jurisdictions

The selection and adoption of an EBP imposes a number of challenges on a local jurisdiction. Resources must be reallocated, 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 EBP 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 EBP 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.

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 2 years of Louisiana's EBPs reform efforts focused on raising awareness and support for EBPs at the state level, while simultaneously building concrete models of EBP 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.

LIMITATIONS

The fit of EBP in social work is not always evident and remains in debate. The benefits of performance measures and programs with strong fidelity

have faced criticisms. Web (2001) outlined several criticisms particular to social work, which include that EBPs limit professional judgment and discretion while catering to managerial strategies that are more about performance and regulating practitioners. Furthermore, Furman (2009) suggested that overreliance on EBP can limit autonomy and empowerment as practitioners overzealously push certain approaches. All important points as social workers seek to empower populations and be responsive to inequality experienced by vulnerable populations like those involved with the juvenile justice system. The balance between effectively reaching key juvenile justice outcomes for clients and maintaining the core values of social work is critical. Furthermore, supporting existing EBPs should not stagnate innovation and promising emerging practices.

IMPLICATIONS

To evolve social work practice, the balance between social work values and advancing EBPs could be impacted positively by a community development model. This less patronizing means of engaging community input sets the practitioners and stakeholders at the forefront of making decisions regarding best practices to adopt to answer specific needs they have helped identify. In the Louisiana experience, it gives the community an ability to express support and concerns, problem solve more autonomously, and have local service providers' wisdom, experience, and expertise more valued and utilized—with local practitioners ultimately taking responsibility and becoming the experts for services delivered in their community. Having a mediator, like that of the Models for Change initiative that is invested in implementation science, also may offer a bridge between local providers and the leaders and policy makers that ultimately offer funding and referrals to their services.

To the issue of funding, from a policy perspective, resource allocation is a substantial issue for both practitioners and systems (Aos, Phipps, Barnoski, & Lieb, 2001; Robertson, Grimes & Rogers, 2001). With limited resources allocated to practitioners serving the juvenile justice system, it is critical for social workers to encourage policy and budgetary support for programs that effectively intervene at a community level, and when in the best interest of public safety, help keep youth out of less-effective placements and facilities outside of their communities. Evidence of unsuccessful interventions, with predictably poorer outcomes, substantiate the need for decreased utilization of those practices and system change (Aos et al., 2001).

Finally, implementation research is still emerging. As Henggler and Schoenwald (2011) and Greenwood, Welsh, and Rocque (2012) pointed out, the evidence of effective practice is available, but the penetration of those programs and practices to scale in general public, political, and policy-making venues remains limited. The evidence provided by the Louisiana case

study is promising, but more research is needed. Specifically, research that connects both practice and policy needs to emerge to guide implementation methods for best bringing EBPs to scale and not simply operating in isolated pockets and communities (Bumbarger & Campbell, 2011).

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