Using Standardized Assessment to Monitor and Improve the Implementation of Evidence-Based Programs for Juvenile Offenders

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Overview

- Maryland DJS system, MCASP Assessment and Case Management Model, and EBPs

- Evaluation framework: RE-AIM

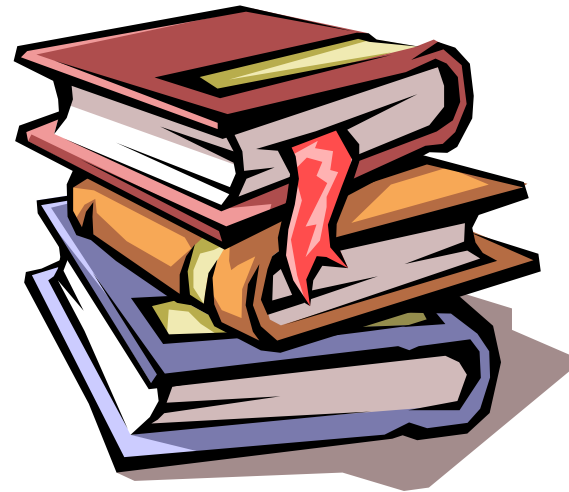- EBP and Assessment data analysis

- Summary and Implications

Highlighting Lessons Learned

PRACTICE EXPERIENCE

RESEARCH LITERATURE

Overview of Intake, Probation and Aftercare

A WALK THROUGH DJS

Vision & Mission

Safe communities through the success of our youth.

- DJS is a child-serving agency responsible for assessing the individual needs of referred youth and providing intake, detention, probation, commitment, and after-care services.

- DJS collaborates with the youth, families, schools, community partners, law enforcement, and other public agencies to coordinate services and resources to contribute to safer communities.
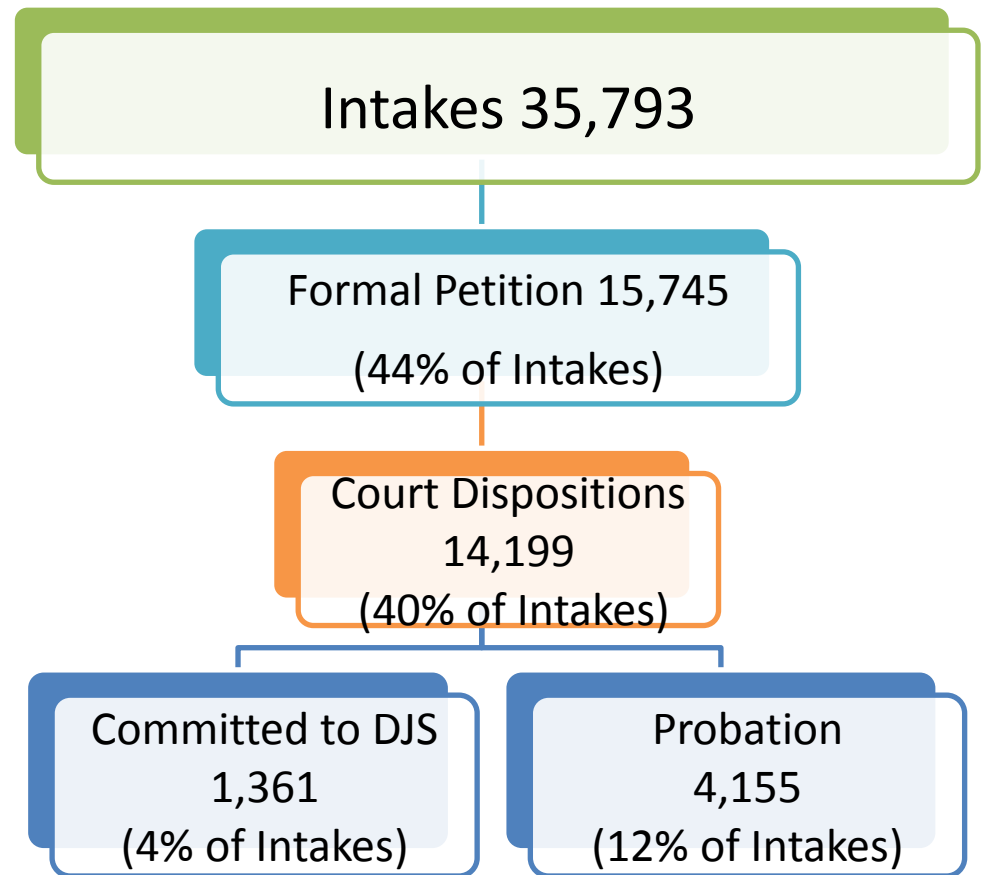
Related Goals

- Reduce recidivism for supervised or committed youth.

- Youth services will be tailored to the specific risks and needs.

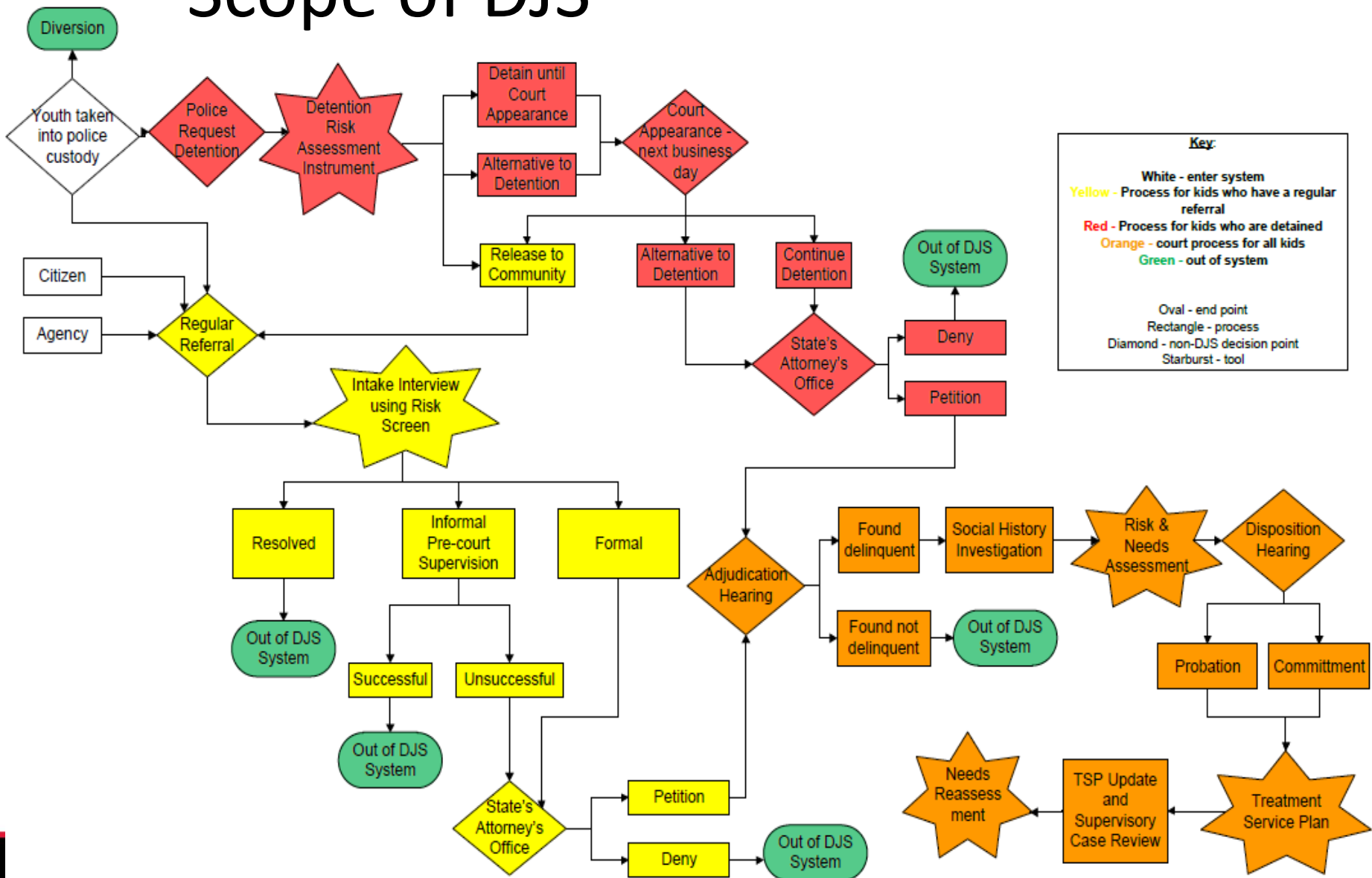- Promote continuums of care for referred and delinquent youth.

Size of DJS

Infrastructure

- 24 jurisdictions
  - 33 offices
- 420 community case management staff
  - 235 probation and aftercare staff who may refer youth to EBP

Youth Population Served, FY 2011

Intakes 35,793

Formal Petition 15,745
(44% of Intakes)

Court Dispositions 14,199
(40% of Intakes)

Committed to DJS
1,361
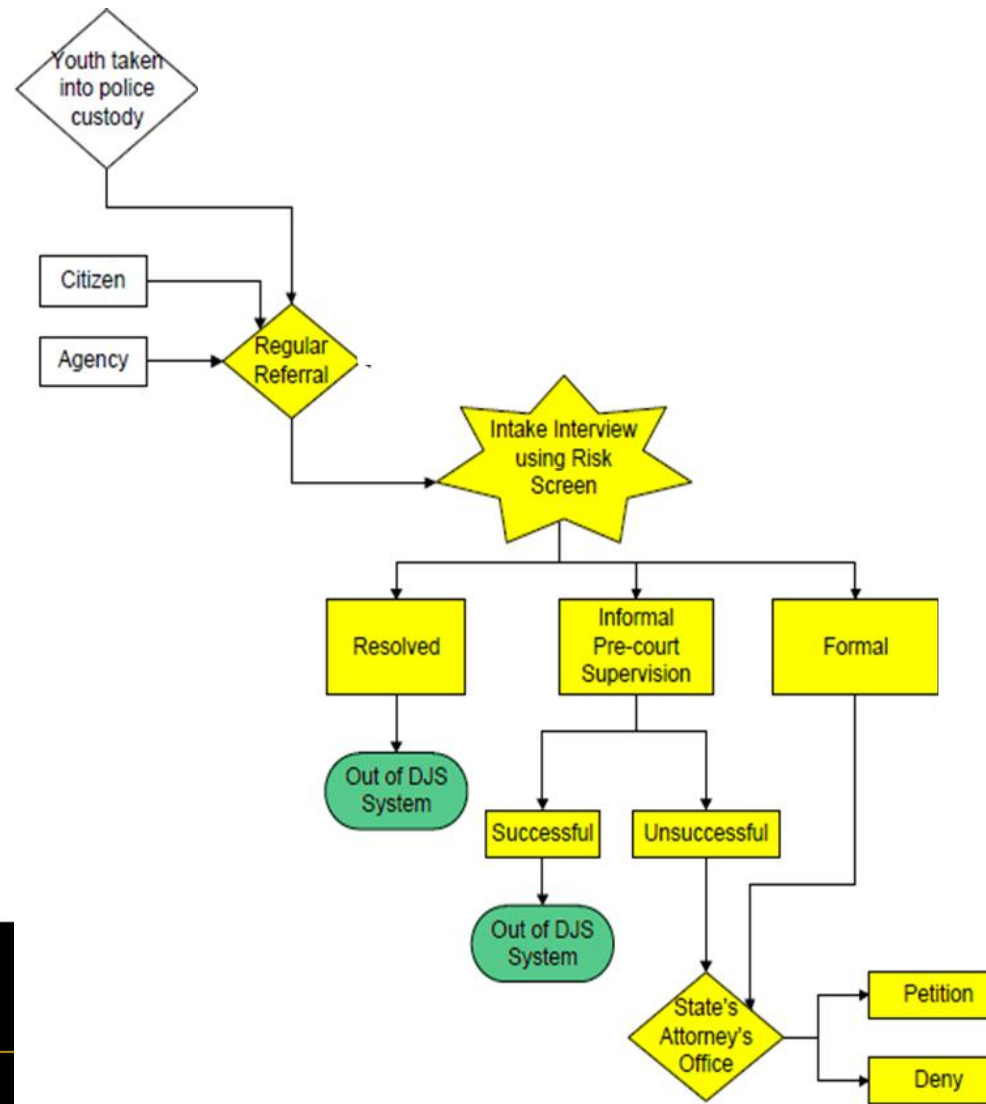(4% of Intakes)

Probation
4,155
(12% of Intakes)

Scope of DJS

A Child's Referral to DJS

- Most referrals from police

- Initial Custody (Decision based on RAI)

- Juvenile Services Intake Risk Screen

- Intake Case Decision

- Informal Supervision with further needs assessment
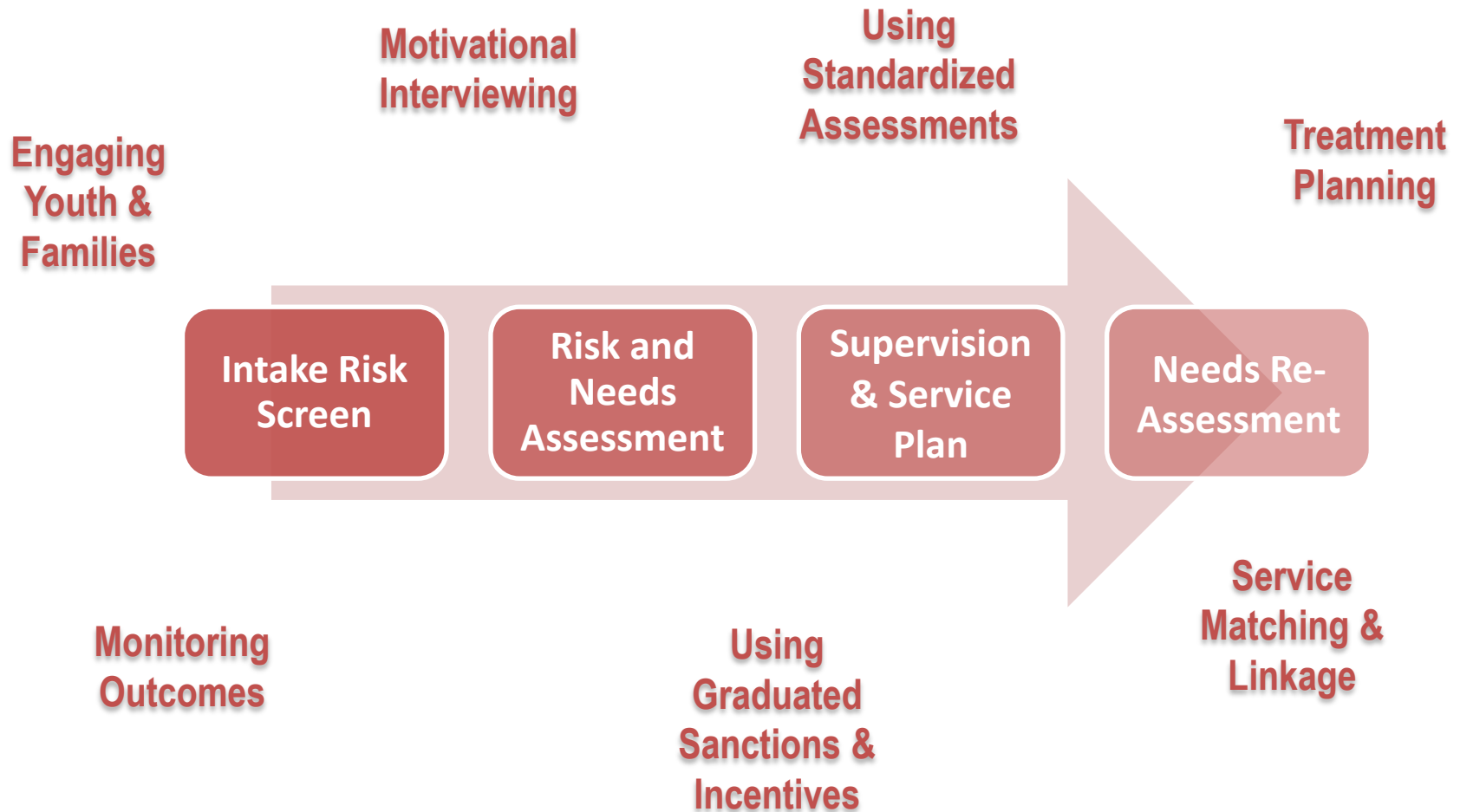
Formal Court Involvement

- States Attorney files a delinquency petition
- Court decision
- Comprehensive Risk and Needs Assessment
- Assessment-driven Treatment Service Plan
- Dispositions
  - Probation
  - Commitment (Aftercare)
- Needs Re-assessment
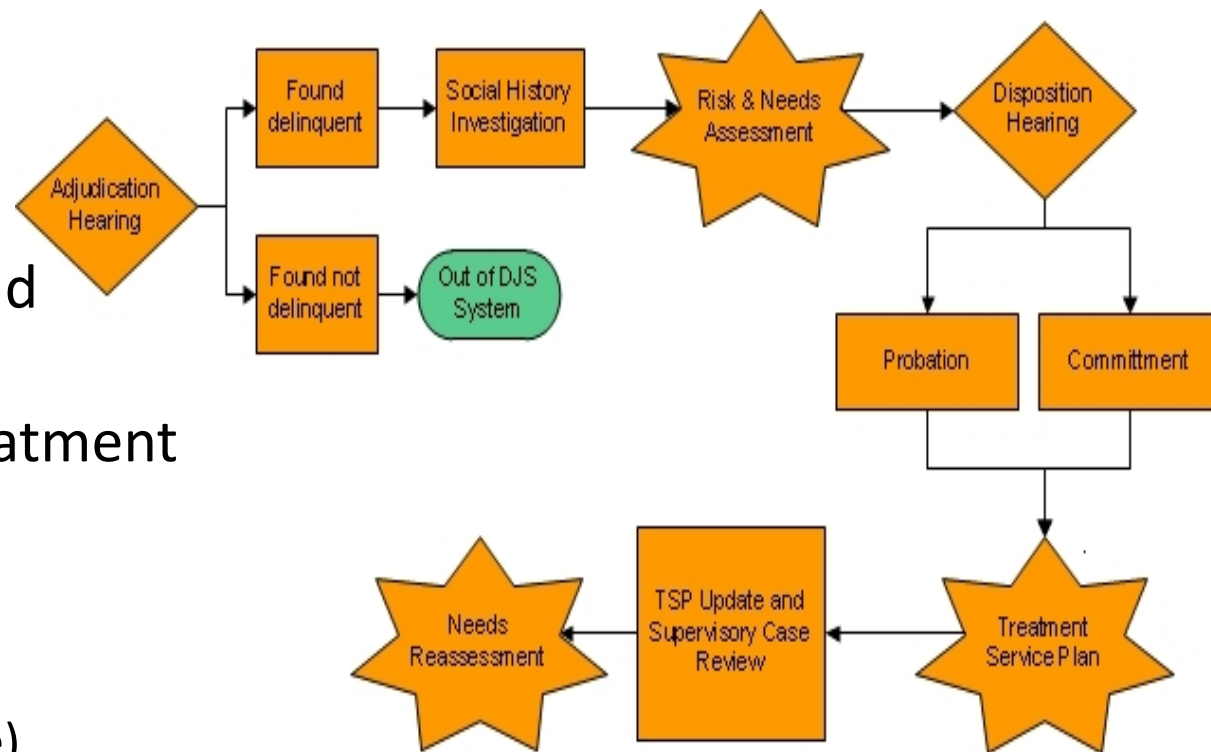
An integrated case management approach in the delivery of juvenile services.

MARYLAND COMPREHENSIVE ASSESSMENT AND SERVICE PLANNING (MCASP)

MCASP Tools & Skills

Motivational Interviewing

Using Standardized Assessments

Engaging Youth & Families

Treatment Planning

| Intake Risk Screen | Risk and Needs Assessment | Supervision & Service Plan | Needs Re-Assessment |

Monitoring Outcomes

Using Graduated Sanctions & Incentives

Service Matching & Linkage

MCASP Risk & Needs Assessment

- **School**

- **Use of free time**

- **Peers**

- **Employment**

- **Family**

- **Mental Health**

- **Alcohol and Drug Use**

- **Anti-Social Attitudes**

- **Aggression**

- **Neighborhood Safety**

- **Delinquency History**
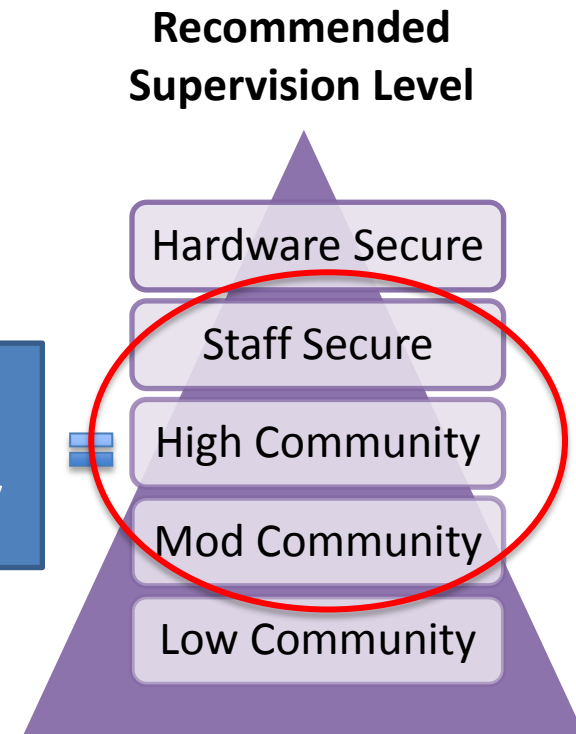
Supervision Level

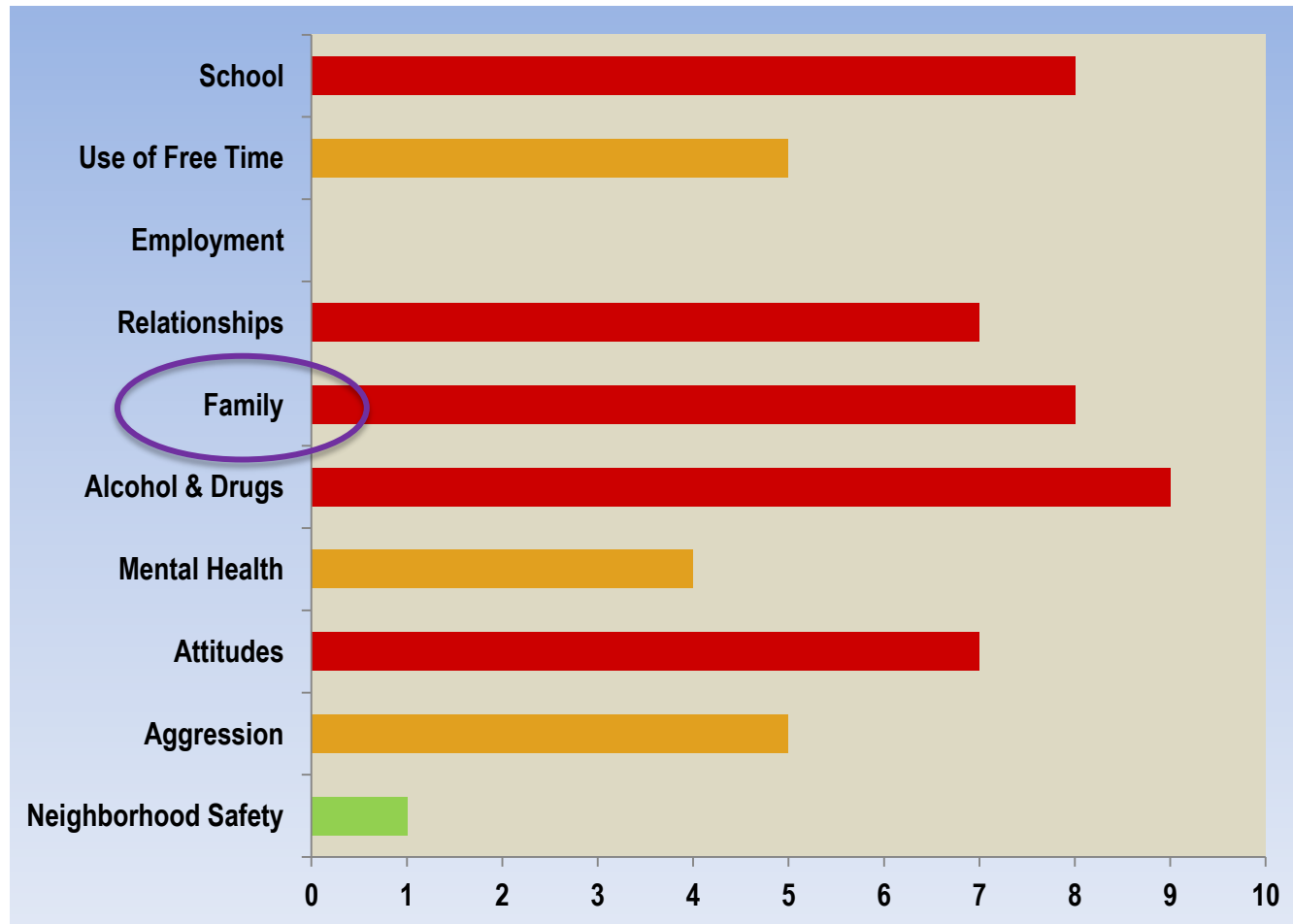Service Needs

Determining the Supervision Level

Social History Score

Delinquency History Score

Recommended Supervision Level
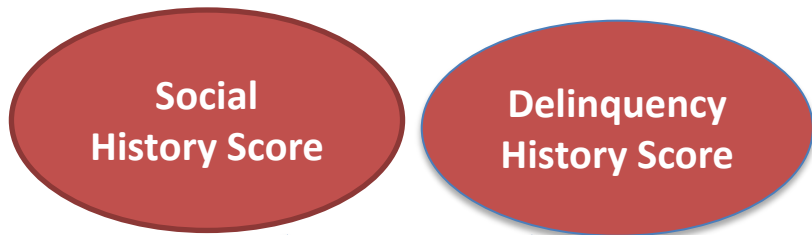
Risk Level Grid			
Delinquency History	**Social History**		
	0 to 6	7 to 9	10 to 17
0 to 5	Low	Low	Moderate
6 to 8	Low	Moderate	High
9 to 31	Moderate	High	High

+

Offense Severity

=

- Hardware Secure
- Staff Secure
- High Community
- Mod Community
- Low Community

Determining Service Needs

Developing a Treatment Service Plan

- Identify & prioritize key NEEDS
- Translate priority needs into GOALS
- Create OBJECTIVES related to each goal
- Develop ACTION STEPS to support attainment of objectives
- Specify SERVICES
- Monitor, review & UPDATE the plan
- REASSESS youth & revise plan
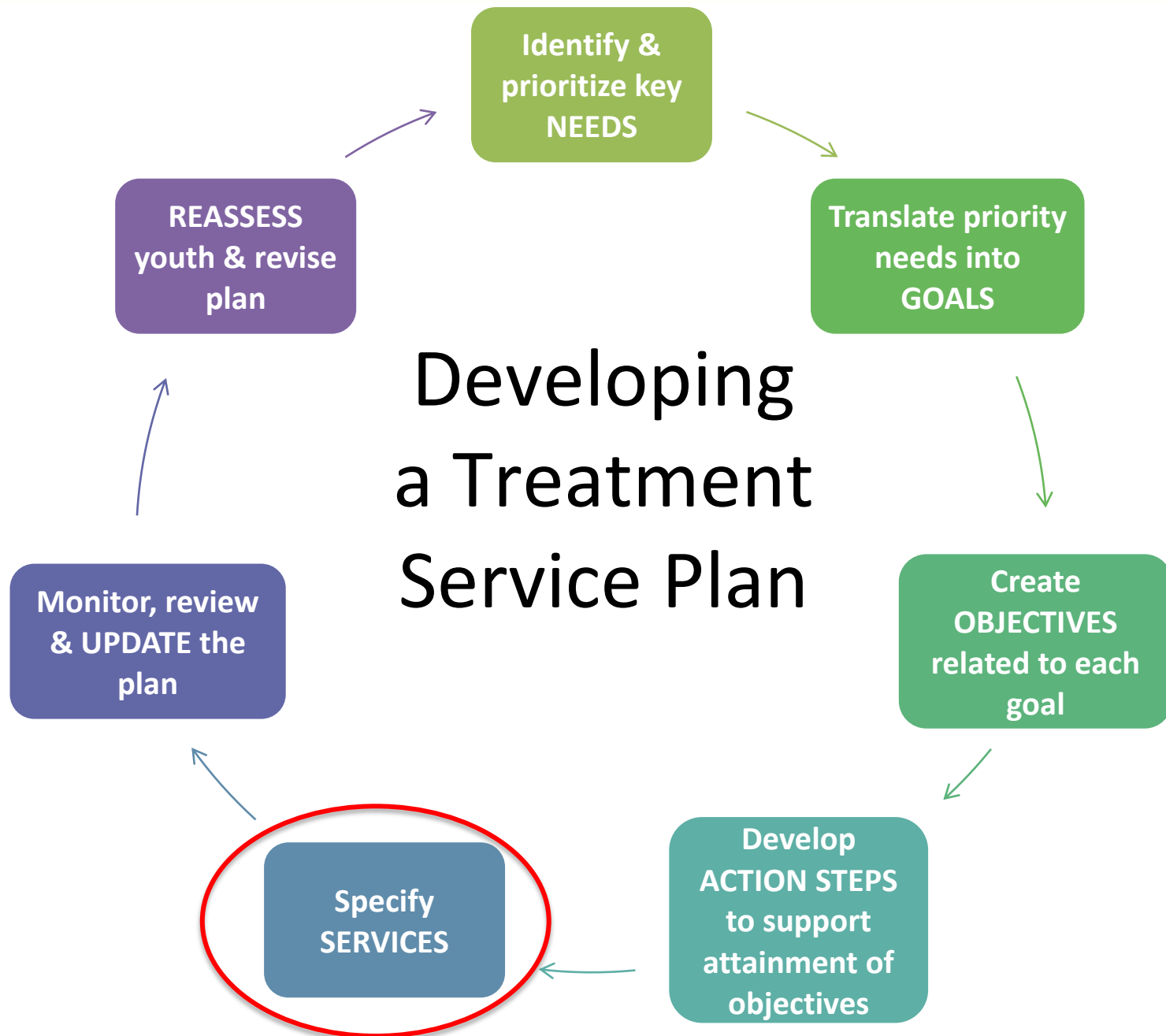
EVIDENCE-BASED PROGRAMS IN MARYLAND DJS

Evidence-Based Programs

- Community-based plans using family-focused evidence-based models:

  Most slots and focus of today's presentation

  - Functional Family Therapy (FFT)
  - Multisystemic Therapy (MST)
  - Multidimensional Treatment Foster Care (MTFC)
  - Wraparound service delivery model

EBP Adoption/Scale up in Maryland

At the **local** level...

- Local Management Boards implemented small-scale initiatives (early 2000s)

At the **state** level...

- Children's Cabinet, DJS leadership
- Blueprints Model Programs (EBPs)
- Goal→ reduce the use of out-of-home placements in MD
  - DJS reduce use of group home placements

Case Managers as Service Brokers

Brokers for EBPs

- Assess the needs of youth and families

- Identify appropriate services to meet youth/family needs

- Refer youth/families to services

EBP

Dorsey, S. et al. (2012).Child welfare caseworkers as service brokers for youth in foster care: Findings from Project Focus. *Child Maltreat*, 17:22.
Stiffman, A.R., Pescosolido, B., Cabassa, L.P. (2004). Building a model to understand youth access to mental health services: The Gateway Provider Model. *Mental Health Services Research, 6*: 189-199.

EBP Adoption/Scale Up in Maryland

At the **staff** level…

- Enthusiasm? Resistance/reluctance?
- Awareness of programs and providers?
- Awareness of which kids are appropriate for which services?
- EBP providers and DJS referral staff on the same page?

Lessons Learned

✔ Make sure you have political will behind new/expanded programs.

✘ Do not take a top-down approach to implementation.

✔ Understand the intervention so you can match population needs.

✔ Involve local stakeholders in assessing needs and selecting interventions.

✔ Develop an *objective* way to assess needs and connect to appropriate services.

Champions

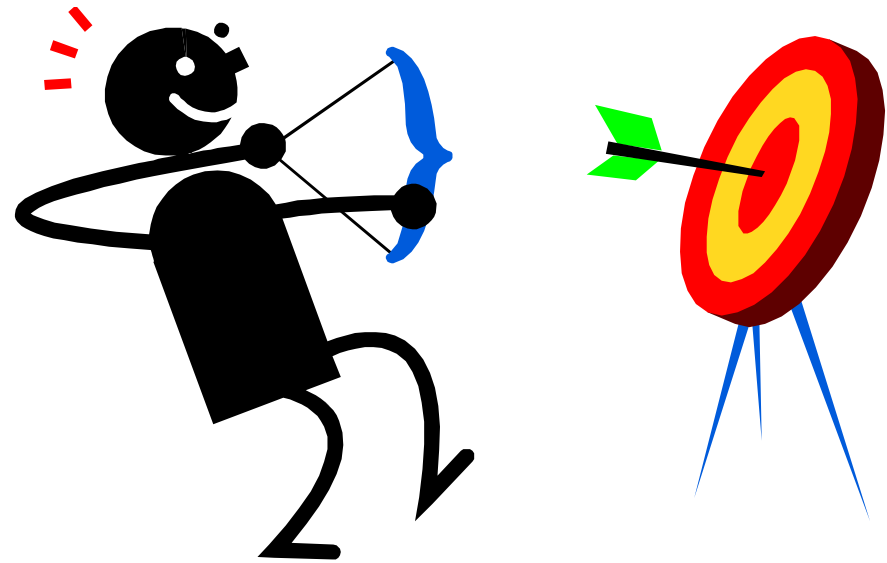Appropriate-ness; Fit

Acceptability

Proctor, E. et al. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health*, 38:65-76.

Using assessment to identify the "right" youth for MST and FFT.

CONNECTING MCASP AND EBPs
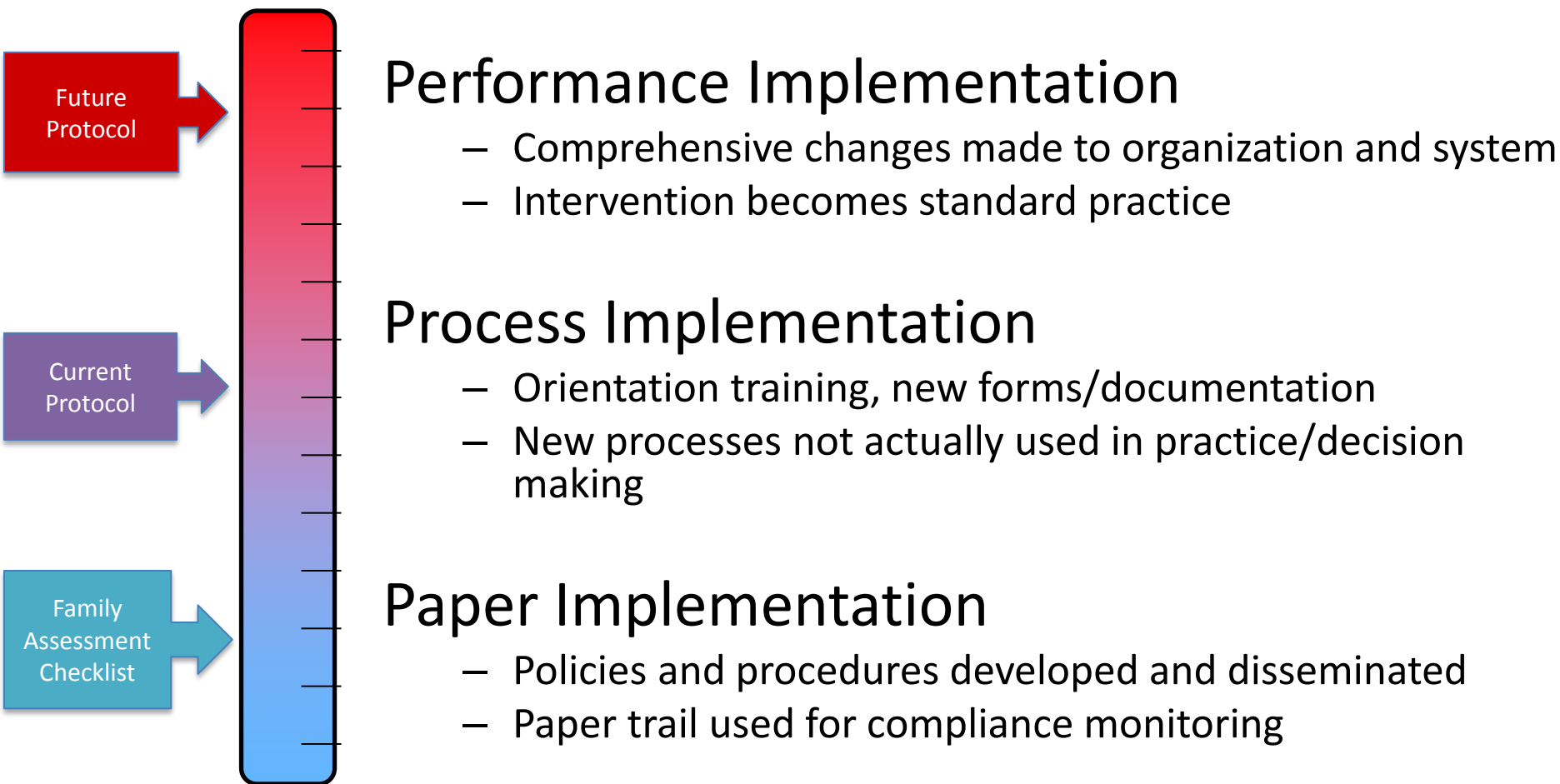
EBP Referral Protocols using MCASP

- Early attempts to use the MCASP Assessment:
  - Paper-based EBP Family Assessment Checklist
  - Locally-generated criteria, protocols
- Current protocol incorporates MCASP, policy, and agency goals:
  - > At risk for out-of-home placement
  - > Moderate/high overall risk
  - > Moderate/high family need

Has DJS hit the mark?
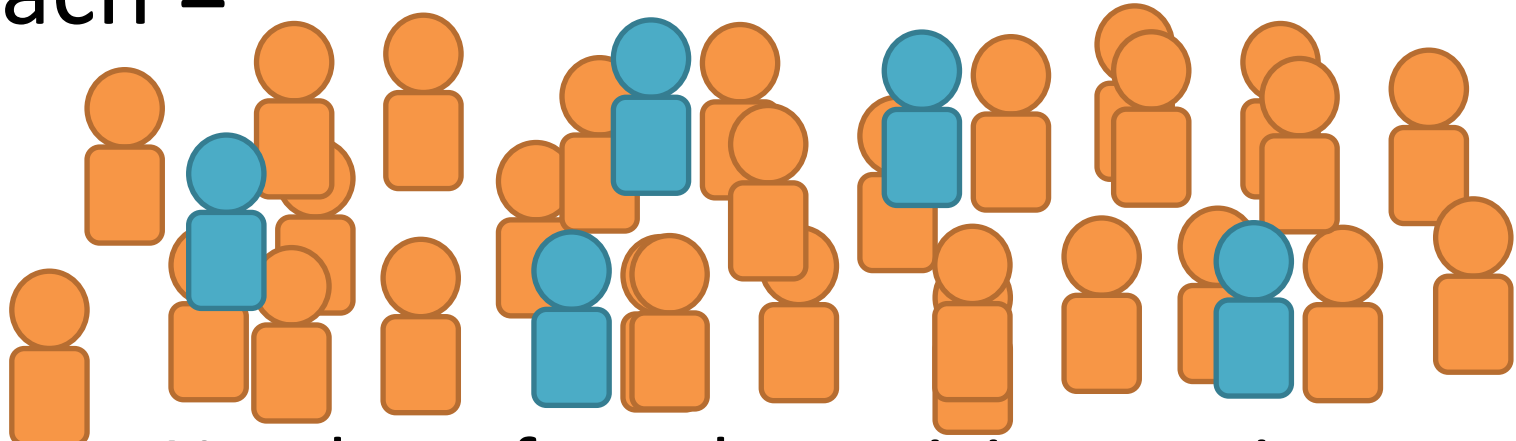
EVALUATING EBP IMPLEMENTATION

Degrees of Implementation (NIRN, 2005)

Future Protocol

Current Protocol

Family Assessment Checklist

Performance Implementation
- Comprehensive changes made to organization and system
- Intervention becomes standard practice

Process Implementation
- Orientation training, new forms/documentation
- New processes not actually used in practice/decision making

Paper Implementation
- Policies and procedures developed and disseminated
- Paper trail used for compliance monitoring
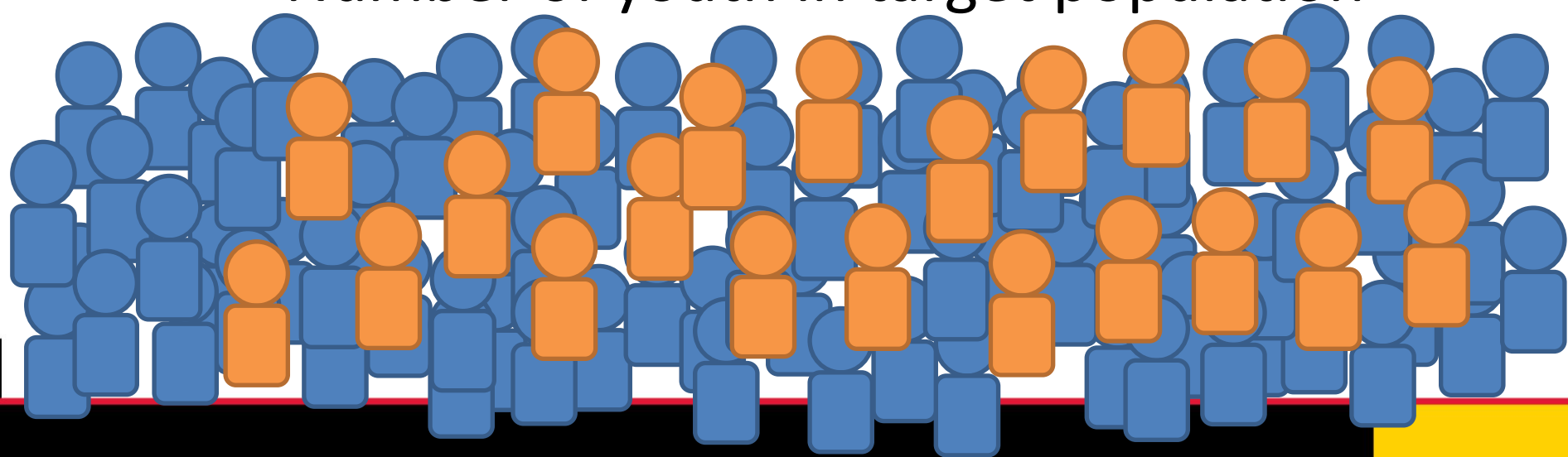
RE-AIM Evaluation Framework

- **R**each into the target population

- **E**ffectiveness or efficacy

- **A**doption by target settings, institutions and staff

- **I**mplementation consistency (i.e., fidelity) and cost of delivery of intervention

- **M**aintenance of intervention effects in individuals and settings over time

Glasgow, R.E., Vogt, T.M., & Boles, S.M. (1998). Evaluating the public health impact of health promotion interventions: The RE-AIM Framework. *American Journal of Public Health*, 89:1322-1327.

Reach =

Number of youth receiving services

Number of youth in target population

Adoption & Reach in a Brokered Service Environment

RE-AIM Construct	Influence on Implementation
Adoption (by agency)	*Availability* – Do we have enough EBP slots to serve our target population?
Adoption (by staff)	*Access* – Are target youth being referred to services?
Reach	*Admission* – Are target youth receiving services?

Using Assessments for Evaluation

- Availability
  - Define and measure the size of the target population

- Access
  - Describe youth referred (or not)

- Admission
  - Describe the youth admitted (or not)
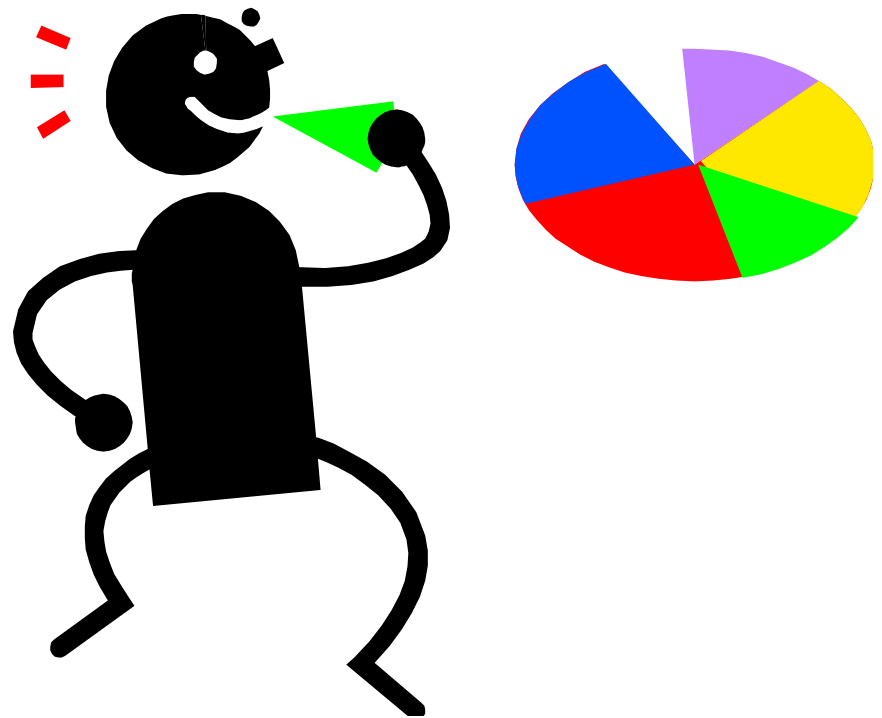
Evaluation Questions

Availability

1. How many youth can be served by EBPs in Maryland?
2. Are the available slots sufficient to meet the needs of the target population?

Access

1. Who is referred to EBPs?
2. Are target youth being referred to EBPs?

Admission

1. Why are youth and families not admitted?
2. Who is admitted to EBPs?
3. Are target youth being admitted to EBPs?
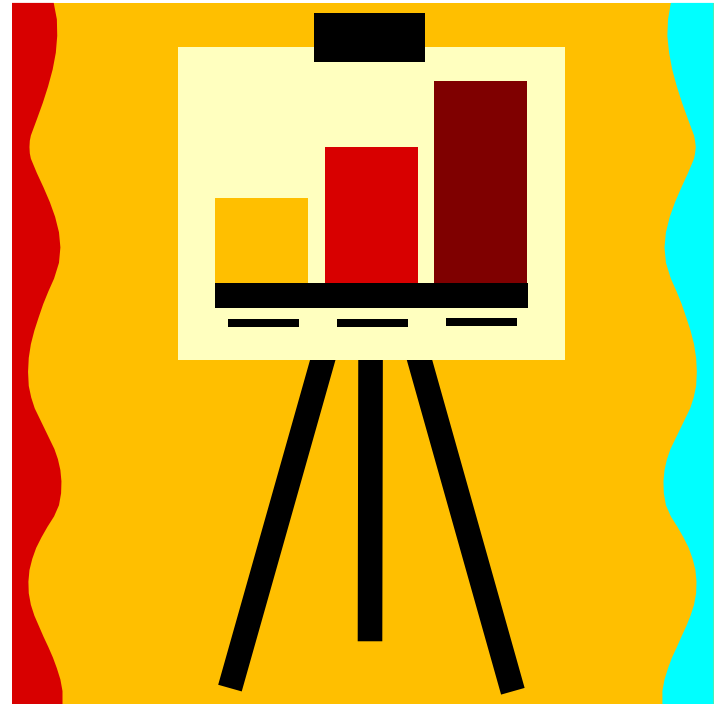
METHODS

Context

The Institute for Innovation & Implementation in the UM-SSW partners with DJS to:

- Support MCASP implementation and analysis.

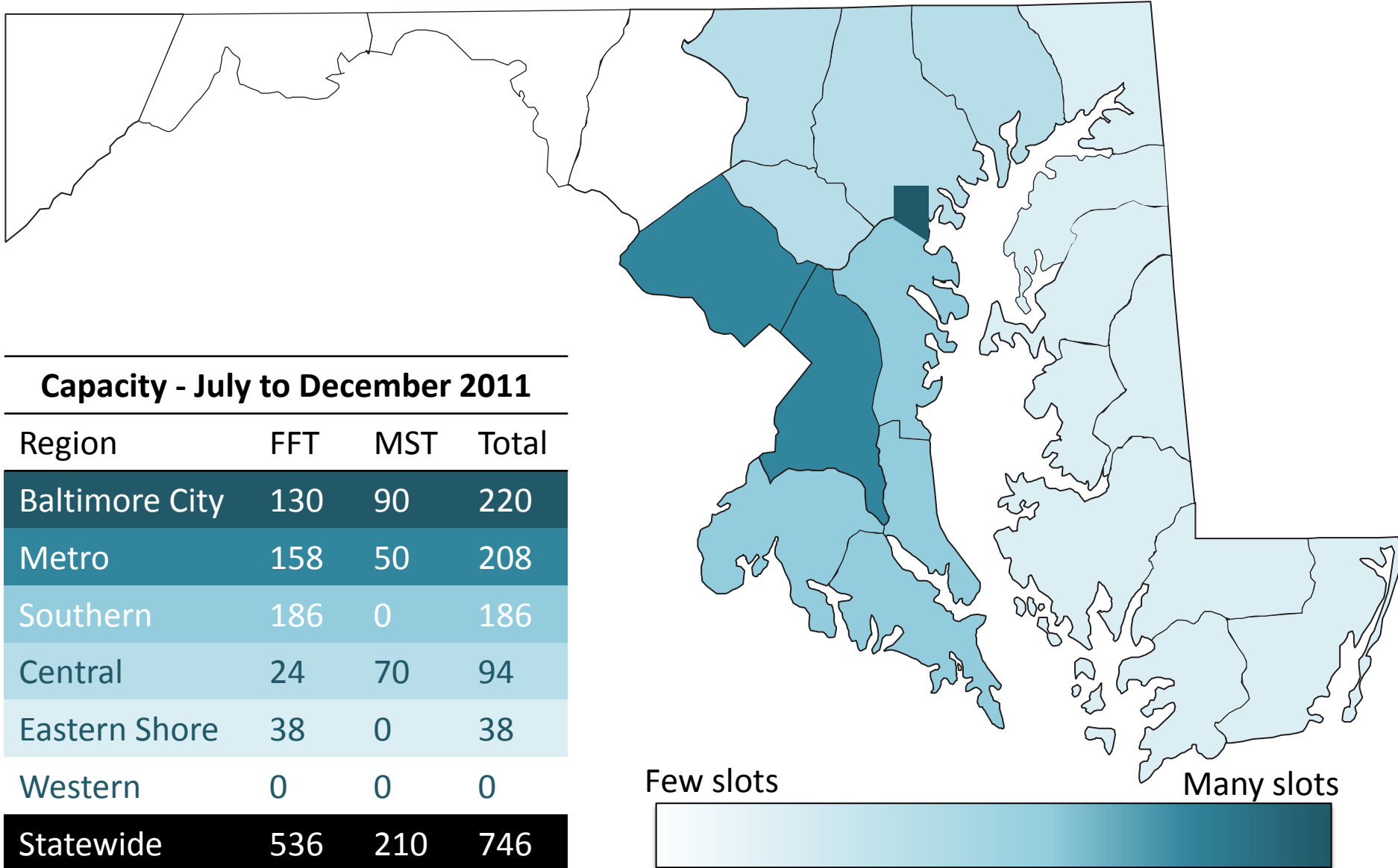- Provide fidelity and outcomes monitoring for FFT and MST.

Data

- All youth adjudicated delinquent and placed on probation or committed to DJS, July-Dec 2011
- MCASP Assessment data merged
- EBP referral and service data merged
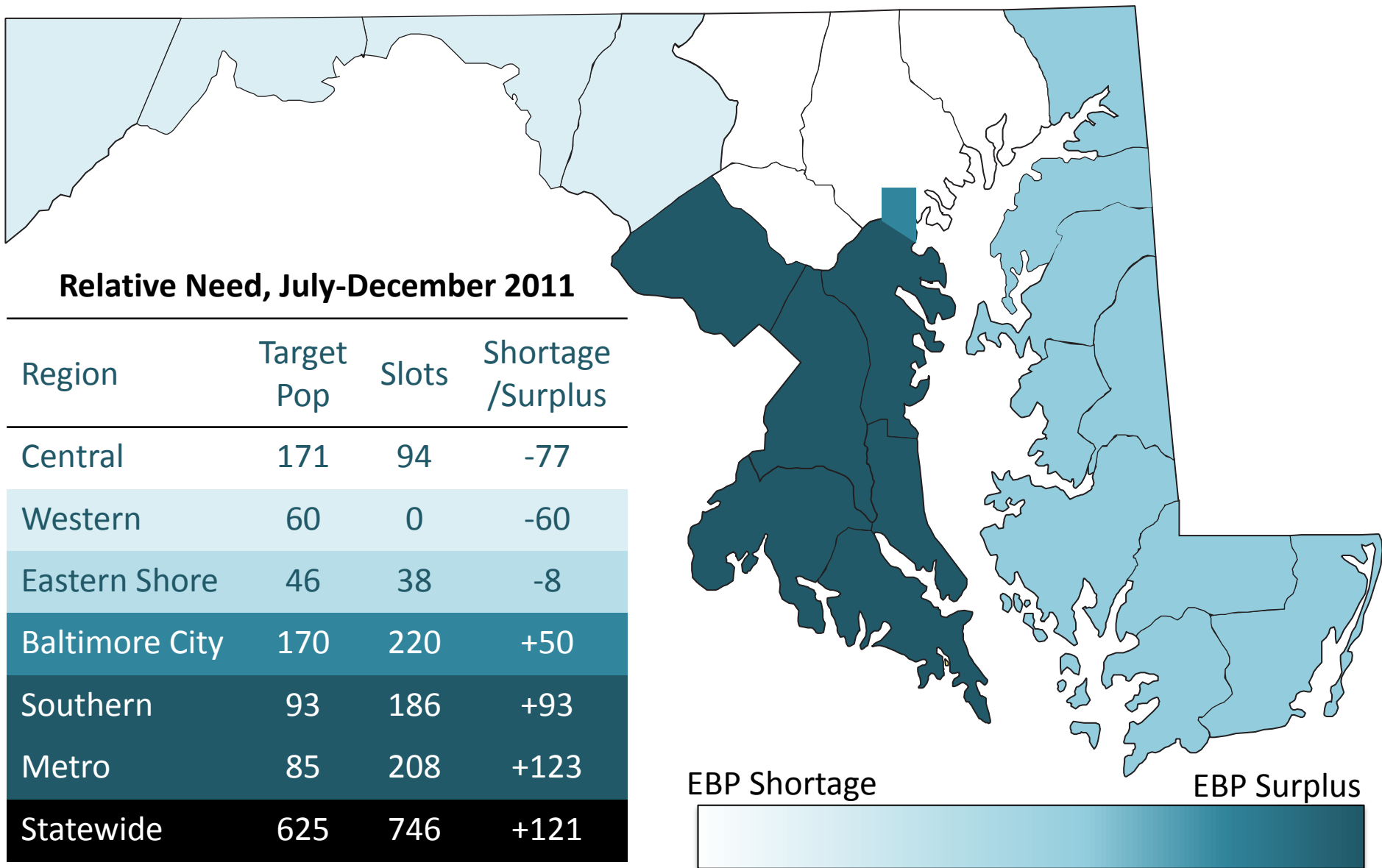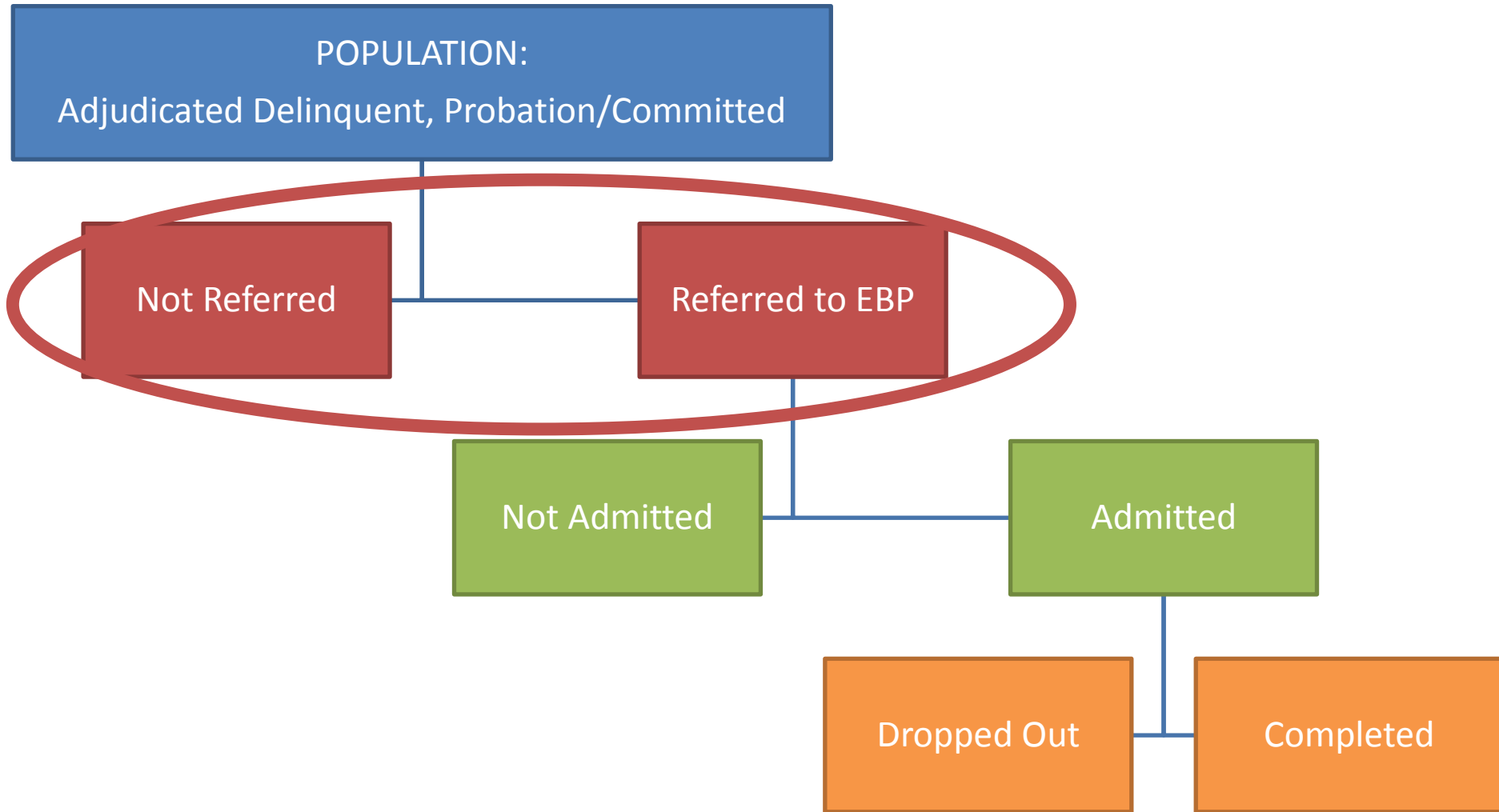- N=1,886 youth (non-duplicated)

RESULTS

Availability: How many youth can be served by EBPs?

Capacity - July to December 2011

Region	FFT	MST	Total
Baltimore City	130	90	220
Metro	158	50	208
Southern	186	0	186
Central	24	70	94
Eastern Shore	38	0	38
Western	0	0	0
Statewide	536	210	746

Few slots   Many slots

Availability: Are the available slots sufficient to meet the needs of the target population?

Relative Need, July-December 2011

Region	Target Pop	Slots	Shortage /Surplus
Central	171	94	-77
Western	60	0	-60
Eastern Shore	46	38	-8
Baltimore City	170	220	+50
Southern	93	186	+93
Metro	85	208	+123
Statewide	625	746	+121

EBP Shortage

EBP Surplus

Reference Groups

Access: Who is referred to EBPs?

Table 1. Youth Characteristics		
	All Adjudicated Youth (N=1,886)	**Youth Referred to EBP (N=373)**
Average Age (s.d.)	16.3 (1.5)	16.2 (1.3)
Male	1551 (82%)	299 (80%)
Race: Caucasian	556 (30%)	79 (21%)
African American	1230 (65%)	264 (71%)
Other	100 (5%)	28 (8%)
Region: Baltimore City	392 (21%)	120 (32%)
Central	583 (31%)	82 (22%)
Eastern Shore	131 (7%)	10 (3%)
Metro	352 (19%)	62 (17%)
Southern	304 (16%)	93 (25%)
Western	124 (7%)	6 (2%)
Committed	452 (24%)	120 (32%)

Access: Who is referred to EBPs?

Recommended Supervision Level

Youth Referred to EBP: Low Community 28%, Moderate Community 30%, High Community 21%, Staff Secure 13%, Hardware Secure 8%

All Adjudicated Youth: Low Community 41%, Moderate Community 28%, High Community 15%, Staff Secure 7%, Hardware Secure 9%

Legend:
- Low Community
- Moderate Community
- High Community
- Staff Secure
- Hardware Secure

Overall Risk Level

Youth Referred to EBP: Low 35%, Moderate 36%, High 28%

All Adjudicated Youth: Low 51%, Moderate 30%, High 19%

Legend: Low, Moderate, High

Family Need

Youth Referred to EBP: Low 27%, Moderate 38%, High 34%

All Adjudicated Youth: Low 50%, Moderate 33%, High 18%

Legend: Low, Moderate, High

Access: Are target youth being referred to EBPs?

N=373 Referred to EBP

n=198

n=175

30% of EBP Target Population

n=406

Number of youth **referred to** services

Number of youth in target population
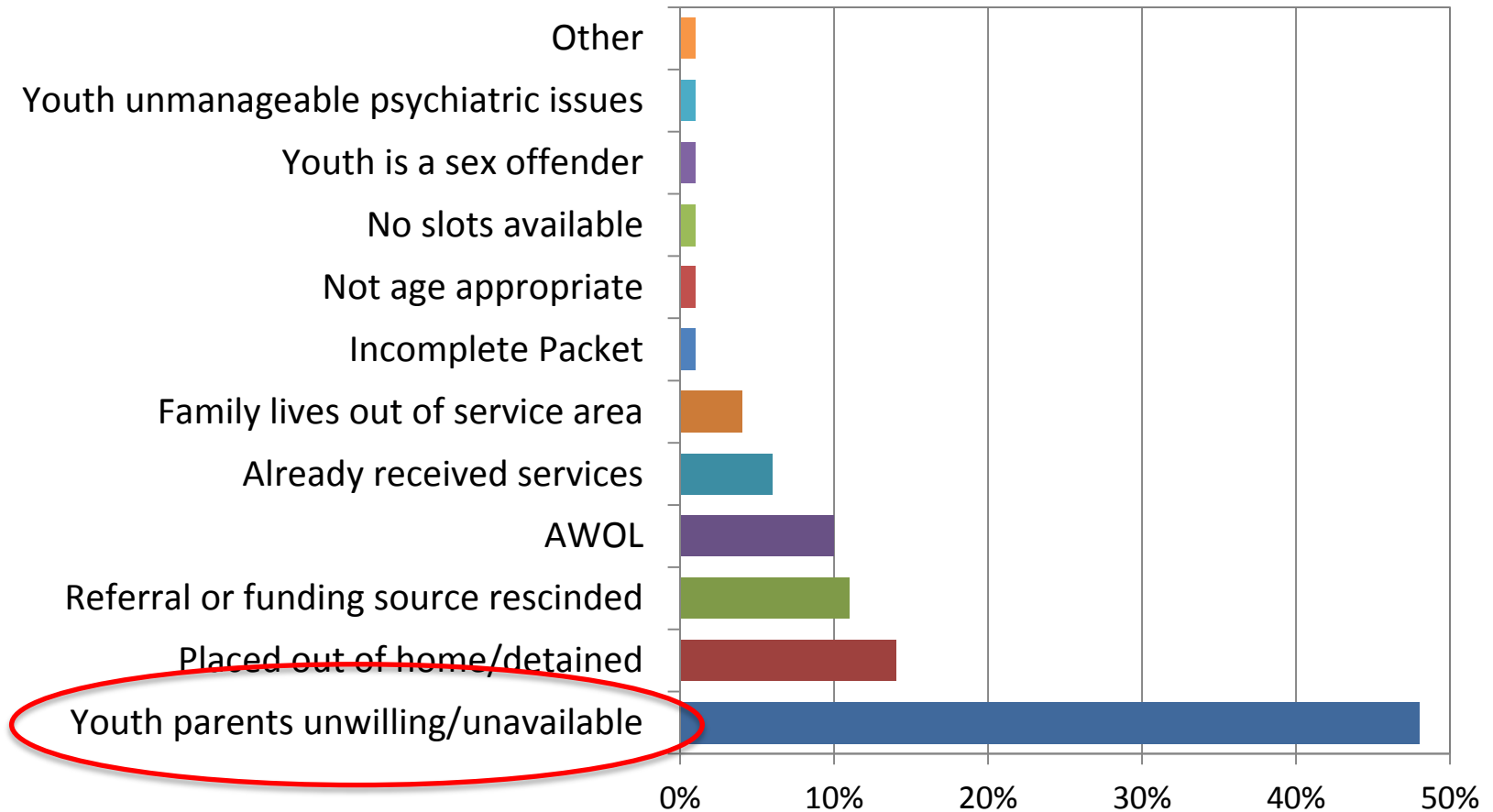
N=1886 Total Population

n=1305

n=581

31% of Total Population
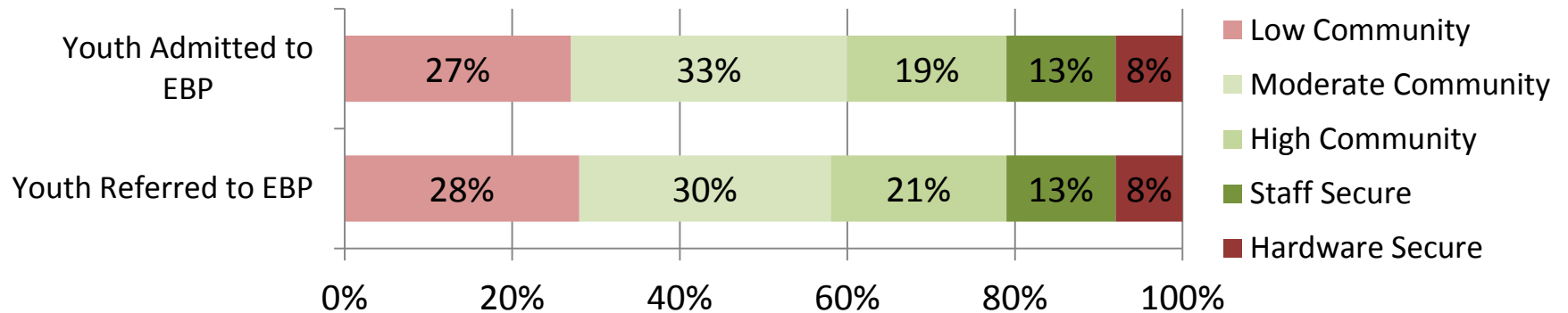
Reference Groups
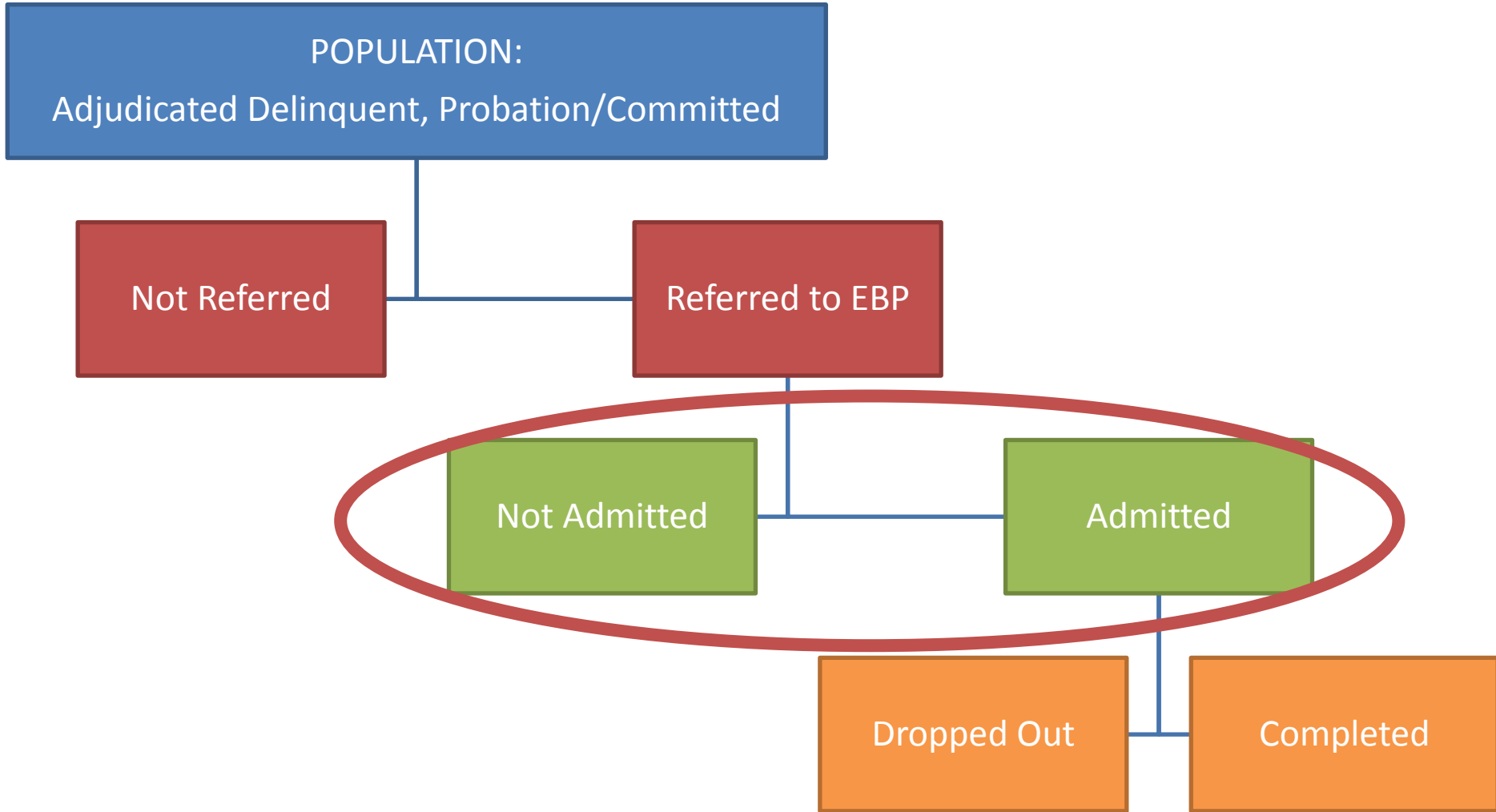
Admission: Why are youth and families not admitted to EBPs?
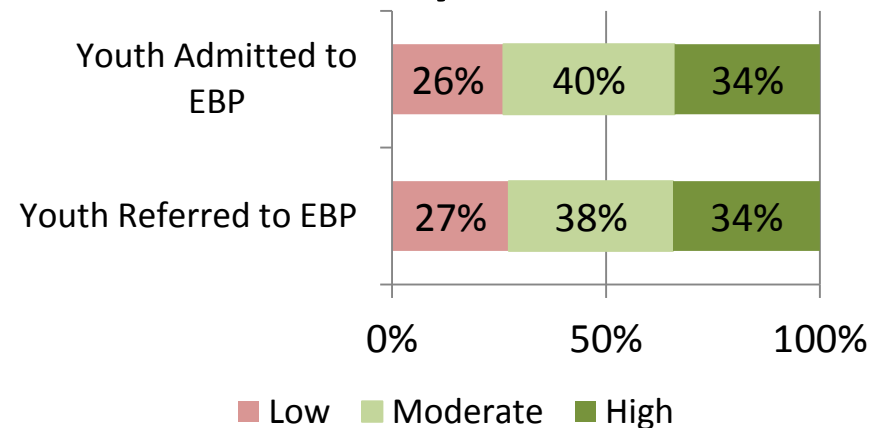

N=73

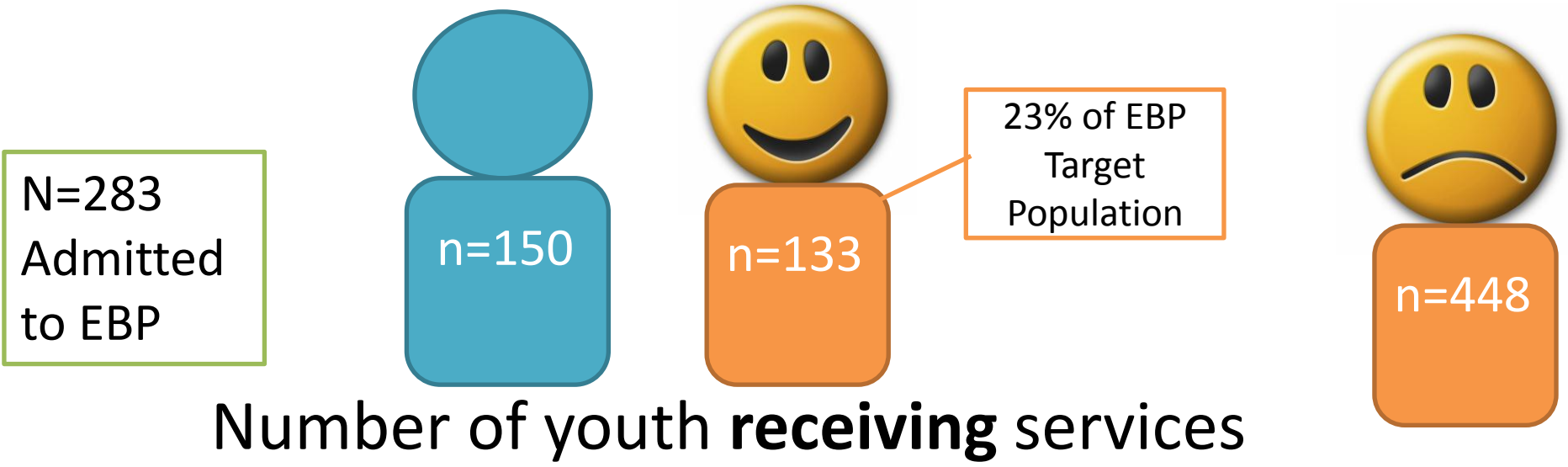# *Admission:* Who is admitted to EBPs?

Recommended Supervision Level

Youth Admitted to EBP: Low Community 27%, Moderate Community 33%, High Community 19%, Staff Secure 13%, Hardware Secure 8%

Youth Referred to EBP: Low Community 28%, Moderate Community 30%, High Community 21%, Staff Secure 13%, Hardware Secure 8%

Overall Risk Level

Youth Admitted to EBP: Low 34%, Moderate 38%, High 28%

Youth Referred to EBP: Low 35%, Moderate 36%, High 28%

Family Need

Youth Admitted to EBP: Low 26%, Moderate 40%, High 34%

Youth Referred to EBP: Low 27%, Moderate 38%, High 34%

Admission: Are target youth being admitted to EBPs?

N=283 Admitted to EBP

n=150

n=133

23% of EBP Target Population

n=448

Number of youth receiving services

Number of youth in target population

N=1886 Total Population

n=1305

n=581

31% of EBP Target Population

Summary of Findings

Availability

- Over a 6 month period, 746 DJS youth could be served by MST or FFT.
- DJS has more slots than needed for target population; slots could be better dispersed.

Access

- Not all referred youth meet the target criteria (64% in a target supervision level, 64% moderate/high risk, 73% moderate/high family need).
- 30% of target population youth were referred to an EBP.

Admission

- Admitted youth similar to referred youth on target criteria.
- 23% of target population youth were admitted to an EBP.

Next Steps: Re-visiting RE-AIM

Reach

- – Conduct further analysis on false positives and false negatives, potentially revise protocol(s).

Effectiveness

- – Determine which youth benefit from participation in EBPs, potentially revise protocol(s).

Adoption

- – Conduct further analysis of case manager-referring behavior.
- – Consider other EBP models to meet the needs of youth whose caregivers are "unwilling or unavailable" for family treatment.

Implementation

- – Assess differences in completion of EBPs (dosage).
- – Continue to monitor quality of practice (fidelity).

Maintenance

- – Follow implementation and intervention outcomes over time.

More Lessons Learned

✔ Collect data in automated systems whenever possible, even during piloting.

✔ Test reliability and validity of measures.

✘ Be realistic about what assessment data can tell you—and when.

✘ Be aware of the limitations of standardized measures.

Benefits of Data-Driven Referral Protocols

✔ Improve clarity about appropriate referrals—for case managers and providers.

✔ Promote consistent and objective service decision making.

✔ Prevent inappropriate youth from entering EBP and diluting program outcomes.

✔ Minimize delays in accessing services for youth and families; promote better program experiences due to better match.

Facilitative Administration – align the agencies practices and procedures to promote EBP.

What About the Kids?