Project Overview

Recognizing the need to measure and better understand what works to keep youths on the path to successful adulthood when involved in the juvenile justice system, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) launched the Juvenile Reentry Measurement Standards project in October 2015. The project's goal is to provide the field with a set of national standards and outcome measures aligned with adolescent development research that monitor the effectiveness of reentry services and promote practices that result in positive youth outcomes. OJJDP selected the PbS Learning Institute (PbS), the developers of the successful PbS standards continuous improvement model for facilities and residential programs, to lead the project. PbS and its partners, the Council of Juvenile Correctional Administrators (CJCA) and the Vera Institute of Justice (Vera), are combining their expertise to develop a set of national measurement standards grounded in research and existing reentry best practices provided from the time a youth is confined through transition and post-release supervision.

The project consists of four main tasks:

1. Identify key indicators for measuring the juvenile reentry process by synthesizing and analyzing current literature and existing reentry services, practices and data.
2. Translate the key indicators identified in task 1 to develop reentry measurement standards that are user-friendly, understandable and aligned with research.
3. Pilot test the measurement standards for essential feedback.
4. Provide revised, final recommendations to OJJDP that are meaningful and feasible for juvenile justice programs and services.

This progress report presents a summary of the first task: field scan.

Establishing a Framework

PbS and partners began by identifying topical domains – areas of youth reentry activity and knowledge – as the framework to focus both the literature review and field scan. To select the domains, PbS reviewed the criteria and other relevant information included in OJJDP's Request for Proposals (RFP), drew upon the team's reentry research knowledge and experience and consulted with reentry and positive youth development experts. PbS drafted an initial list of 11 domains, collected feedback from the project's Technical Working Group members[1] and selected reentry leaders.

Incorporating the feedback, the domains selected were:
- Assessment
- Case Management
- Cross-system Collaboration
- Implementation
- Cost-effectiveness
- Recidivism

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[1] Technical Working Group comprised of juvenile justice and reentry leaders, programs, researchers and youths.

- Educational Achievement
- Gainful Employment
- Well-being and Health
- Family and Social Supports
- Community Connection and Contribution

Specific practices within each domain were identified initially and the list expanded as the review and scan progressed.[2] A total of 134 practices were examined to learn about the level of research support and prevalence of current implementation across the country.

Field Scan Criteria and Approach

PbS and partners identified a total of 134 practices within the various domains in state juvenile justice agencies for the literature review and field scan to search for what is being used. PbS and CJCA conducted an in-depth scan of 29 states and the District of Columbia for the prevalence of these practices, primarily utilizing published materials and internal information, and including notable on-site observations and personal communications for additional descriptive information.

PbS created a list of targeted practices for additional review after several well-known practices were found to have little prevalence. For this targeted review, various sources were examined including federal grants, training and technical assistance centers, national organizations and/or initiatives and legislation.

General Findings

The findings of both the field scan and literature review were analyzed to create three categories to allow for side-by-side consideration: high prevalence/ research support, some/moderate prevalence/ research support and little or no prevalence/ research support.[3]

To categorize the field scan findings, PbS established a weighted scale with different scores assigned for each type of source indicating prevalence of each practice. PbS used the mean and standard deviation to classify the practices into one of three groups. Of the 134 identified practices, 18% (24 practices) were classified as having high prevalence, 69% (93 practices) were classified as having some prevalence, and 13% (17 practices) were classified as having little or no prevalence.

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[2] Please see Progress Report: Literature Review Findings for results of the literature review.

[3] Please see Project Update: October 2017 for combined findings of the literature review and field scan.

![Performance-based Standards logo]

Field Scan Findings

Overall, PbS found at least some evidence of the existence of all 134 practices in juvenile justice systems. Evidence for all but two practices (99%) was found in more than one data source. Additionally:

- The vast majority of practices (98%) were documented by published materials;
- A majority of practices (96%) were documented by internal data from national partner organizations;
- Most practices (99%) were documented by on-site observation; and
- Not quite half (46%) were documented by personal communications.

The prevalence findings of all of the 134 practices included in the field scan are presented below by domain area.

Assessment Practices

The increasing use of assessment tools and processes was apparent in the field scan findings. Of the 11 assessment practices identified for the field scan, two were found with high prevalence and nine were found to have some prevalence. Five of the practices were located in at least 83% of the states selected for an in-depth review: individualized assessments are guided by the risk/ needs/ responsivity framework and guide treatment plan; matrix matching youths' individual strengths/ needs to placement/ supervision/ services; assessments are completed using empirically-validated tool(s) by trained staff; data on youths assessed/ completed assessments are collected, reported and analyzed; and assessment(s) results help guide and are included in treatment plan.

Assessment Practice	Field Scan Finding
Individualized assessments are guided by the risk/ needs/ responsivity framework and guide treatment plan	High
Matrix matching youths' individual strengths/ needs to placement/ supervision/ services	High
Assessments are completed using empirically-validated tool(s) by trained staff	Some
Data on youths assessed/ completed assessments are collected, reported and analyzed	Some
Assessments identify and divert youths better served by other agencies (e.g. mental health, substance use, developmentally delayed)	Some
Assessment data linked to needs/ placement/ supervision/ services (from matrix)	Some
Assessment(s) results help guide and are included in treatment plan	Some
Primary causes of delinquency identified, reflected in treatment plan	Some
Reassessment	Some
Staff training	Some
QA/QI process	Some

Case Management Practices

Similarly, the field scan found that case management services are being implemented across the country. One of the 10 practices identified for the scan was found to have high prevalence and the rest showed some prevalence. Four practices within case management were found in at least 87% of the states selected for an in-depth review: assessments, case history and collateral contacts are used to design a treatment plan that identifies aftercare service needs, interventions and treatment goals; case management coordinated by single assigned case worker/ manager; treatment plan includes transition plan, progressively increasing youths' freedom and responsibility and incorporates family and community, meaningful incentives and enforceable graduated sanctions; and discharge data collected, reported and analyzed.

Case Management Practice	Field Scan Finding
Assessments, case history and collateral contacts used to design treatment plan that identifies aftercare service needs, interventions and treatment goals	High
Case worker/ manager assigned as soon as in placement/ under supervision	Some
Treatment plan completed by team at initial staffing/ within 30 days of placement	Some
Case management coordinated by single assigned case worker/ manager	Some
Treatment plan includes transition plan, progressively increasing youths' freedom and responsibility; incorporates family and community, meaningful incentive, enforceable graduated sanctions	Some
Progress, plan goals and progress are reviewed monthly with multi-disciplinary team, youth, family and other involved agencies	Some
Case worker/ manager regularly available to youth and family and coordinates all aspects of programming including home visits, furloughs	Some
Case worker/ manager facilitates, coordinates and ensures follow through on referrals and acceptances to community programs, counseling, school placement	Some
Data used to monitor youth outcomes: education, employment, well-being, family, community and reoffending	Some
Discharge data collected, reported and analyzed	Some

Collaboration Practices

Less evidence of collaboration was found in the field scan. While nine of the 12 practices included in the field scan showed some prevalence, none were found to be highly prevalent and three practices were found to have little or no evidence in the field. Four practices identified for this domain were included in the targeted scan for additional investigation: cross-system training; blended funding to access services; shared indicators used to guide plans and improvements; and youths' plans reflect collaboration by child-serving agencies.

Collaboration Practice	Field Scan Finding
Formal, ongoing structure exists among youth-serving agencies	Some
Agencies identified shared goals and plan detailing responsibilities and deadlines	Some
Agencies identified shared indicators for success	Some
Agencies identified shared action plans/ coordinated approach	Some
Data-sharing	Some
Cross-systems protocols	Some
Cross-system training	Some
Comprehensive team (mental health, education, substance use, child welfare, Medicaid, police, etc.)	Some
Volunteers, private agencies participate and contribute to programming	Some
Blended funding (Medicaid, Title IVE waiver) to access services	Little/no
Shared indicators used to guide plans, improvements	Little/no
Plans reflect collaboration by child-serving agencies	Little/no

Community Connection and Contribution Practices

As the field moves to implement the developmental approach, the field scan findings support this shift to services that connect the youths to the community and provide opportunities for them to contribute. Thus it was not surprising that no evidence was found for most of the practices identified for this domain included in the scan. Of the 13 practices within the community connection and contribution domain, none were determined to have high prevalence and five showed some prevalence. Of those with some prevalence, community service, volunteering and restitution were found in the most states. Five practices within this domain were included in the targeted scan for further investigation: strong ties to positive peers are identified and developed; youths engage in mentoring; youths engage in responsible living (e.g. recycle, global citizenship activities); victim conferences/ mediation with trained professionals is completed; and demonstrate civic responsibilities (e.g. vote).

Community Connection and Contribution Practice	Field Scan Finding
Youths engage in volunteering	Some
Youths engage in prosocial leisure activities (e.g. sports, art/ music class)	Some
Community service is completed	Some
Restitution is completed	Some
Staff are connected to the community; represent the communities the youths come from	Some

Community Connection and Contribution Practice	Field Scan Finding
Youths' interests and talents are identified and incorporated in treatment plan, individual and group activities	Little/no
Strong ties to positive peers are identified and developed	Little/no
Youths engage in mentoring	Little/no
Youths engage in leadership/ participation in organized group (e.g. club, sports team)	Little/no
Youths engage in responsible living (e.g. recycle, global citizenship activities)	Little/no
Victim conferences, mediation with trained professionals is completed	Little/no
Civic responsibilities (e.g. vote) are demonstrated	Little/no
Staff seek new connections and opportunities for youths	Little/no

Cost-effectiveness Practices

The field has adopted the practice of collecting, reporting and analyzing data to calculate the costs incurred for youths in the juvenile justice system, likely in response to the calls for cost-effectiveness from elected officials and taxpayers. The field scan did not investigate if there were similarities or consistency in the data collected and calculations for per youth cost. Almost as prevalent was the collecting, reporting and analyzing data for other program costs. Two of the practices identified for this domain were located in at least 83% of the states selected for an in-depth review: collect, report and analyze data on cost per youth and collect, report and analyze data on program/ treatment duration per youth. Two practices – data on youths' risk levels and data on program/treatment duration – were included in the targeted scan for further investigation.

Cost-effectiveness Practice	Field Scan Finding
Collect, report and analyze data on cost per youth	High
Collect, report and analyze data on annual program costs	Some
Collect, report and analyze data on number of youths served	Some
Collect, report and analyze data on youths risk levels	Some
Collect, report and analyze data on program/ treatment duration per youth	Some
Collect, report and analyze data on youth outcomes: education, employment, well-being, family, community and reoffending	Some

Educational Achievement Practices

Practices that help youths continue and further their education while in the juvenile justice system were found to be widely implemented across the country. A dedicated education budget was the only one of the 19 practices found in less than 97% of the states selected for an in-depth review. The majority (14 practices) were highly prevalent and the remaining showed some prevalence.

Educational Achievement Practice	Field Scan Finding
Educational assessment of youths' competencies, needs and learning style	High
Year-round academic classes	High
Provide/ address special education needs	High
Academic credit/ credit recovery	High
Career/ technical education offered	High
Career/ technical education tools offered	High
Vocational certifications	High
High school diploma and GED programs	High
Post-secondary courses	High
Adhere to the same curriculum as the community or federal/ state guidelines for public schools	High
Collaboration with community education agency and individual youth's local school district (e.g. for substance use and health curriculums)	High
Qualified staff	High
Professional staff development	High
Collect and use data to monitor academic progress	High
Programs for different learning styles (e.g. visual, auditory, kinesthetic)	Some
Apprenticeships	Some
Virtual/ distance learning programs	Some
Dedicated education budget	Some
Liaison position for reenrollment	Some

Family and Social Supports Practices

The field's shift over the last decade or so to engage families and other adults who can support youths as valued partners showed in the practice scan findings. Most of the 18 practices identified in the family and social supports domain were found to have some prevalence in the field and engaging families and social supports in youths' treatment and reentry planning was found to be highly prevalent. Seven of the practices were located in at least 67% of the states selected for an in-depth review. These seven practices were generally about services provided to families of youths in a

residential facility such as offering counseling, inviting to events, giving facility tours and having a family council or family advocates.

Family and Social Supports Practice	Field Scan Finding
FSS engaged in treatment and reentry planning (e.g. part of the treatment team)	High
Family members and social supports (FSS) identified by soliciting information from youths, family members, social supports	Some
FSS strengths/ needs are assessed	Some
Family support services, including counseling	Some
FSS invited to events	Some
Flexible visiting hours and inclusive list of allowed visitors (siblings, positive friends, own children)	Some
Flexible hours for frequent phone contact and teleconferencing	Some
Two-way communication: facility to family, family to facility	Some
Home visits allowed, furlough program	Some
Family-youth counseling	Some
Family finding, ongoing contact maintained by case manager	Some
Parenting skills for youths with children	Some
Family handbooks, orientation on rules and rights	Some
Family Council/ advocates	Some
Tours given to FSS	Some
Use of evidence-based/ supported services (e.g. FFT, MST, MDFT)	Some
Staff training on FSS	Some
Data on FSS perceptions of services and inclusion of family	Some

Gainful Employment Practices

The field scan revealed evidence of all but one of the 10 practices identified within the gainful employment domain, reflecting an understanding of the importance of employment for youths' reentry success. Five practices were located in at least 97% of the states selected for an in-depth review: job readiness assessment and skill development; career, technical education; professional development services; apprenticeships; and facilitatating connections to employers.

Gainful Employment Practice	Field Scan Finding
Job readiness assessment and skill development	High
Career, technical education	High

Gainful Employment Practice	Field Scan Finding
Professional development services	Some
Apprenticeships	Some
Certification programs	Some
Facilitate connections to employers	Some
Support employment (e.g. transportation)	Some
Data on employment time (e.g. types, numbers of kids, hours)	Some
Develop additional employment opportunities as needed	Some
Data on income and wages	Little/no

Implementation Practices

The need to ensure programs and services are delivered with fidelity to the model or otherwise as intended is gaining momentum in juvenile justice but still remains a relatively new practice. Interestingly, three of the 13 practices identified for the field scan's implementation domain were found to have high prevalence and four showed little/no prevalence. Three practices were located in at least 87% of the states selected for an in-depth review: data reported regularly (e.g. monthly, quarterly, annually as appropriate); quality assurance/quality improvement process and quality assurance/quality improvement tools and audits; and data is collected, reported and analyzed on successful discharges. And four practices in this domain were included in the targeted scan for further investigation: new resources, linkages and supports are developed as needed; graduated sanctions; racial fairness; and cultural competence.

Implementation Practice	Field Scan Finding
Electronic data used	High
Data reported regularly (e.g. monthly, quarterly, annually as appropriate)	High
QA/QI process; QA/QI tools; audits	High
Program purpose/ approach based on research	Some
Youth-community interactions and involvement facilitated	Some
Data is collected, reported and analyzed about youths' improvement/ corrective action plans and monitored for problems and achievements	Some
Analysis of case matching identifies gaps between services and needs on an ongoing basis	Some
Data collected, reported and analyzed on successful discharges	Some
Staff training and support	Some

Implementation Practice	Field Scan Finding
New resources, linkages and supports are developed as needed	Little/no
Graduated responses	Little/no
Racial fairness*	Little/no
Cultural competence*	Little/no

Please note: Racial fairness and cultural competence were initially overarching considerations and later added as specific practices after the initial field scan process started, so they were not looked for in-depth in each of the 30 states.

Reduced Reoffending

Because reentry programs and services are designed with the goal of reducing reoffending, the field scan focused on understanding the prevalence of the data collected used to measure reoffending. Not surprisingly, some prevalence for data commonly used to measure and report reoffending was found across the country, however none were highly prevalent, perhaps due to the lack of a uniform definition for reoffending. Data by demographics and reoffending data can be sorted by offense type were located in the most (70% or more) of the states selected for an in-depth review.

Reduced Reoffending Practice	Field Scan Finding
Reoffending measurement data identifies the specific population to be measured (e.g. youths leaving facilities, first-time offenders)	Some
Data includes demographics	Some
Data can be sorted by risk level (initial), risk level prior to release	Some
Data can be sorted by offense type; separate status offenses, technical violations	Some
The "act" defining reoffending is adjudication at minimum; may include placement in both juvenile and adult systems	Some
Data sets length of follow up	Some
Data is collected, reported and analyzed on the service matching based on risk/ needs assessment (dosage, duration)	Some
Data is collected, reported and analyzed about service quality/ implementation	Some
Data can be sorted by supervision level	Little/no

Well-being and Health Practices

The Well-being and Health domain was designed to help the field integrate some of the newer principles of the developmental approach and understanding of the adolescent brain. However most of

the initial practices identified for the scan focused on more traditional health practices (and have since been expanded). All 13 practices identified for the field scan were found to have some prevalence. Two of the practices – ensuring youths have stable housing and transportation and collecting data about youths' perceptions of individual physical and emotional safety – were found in 83% of the states selected for an in-depth review.

Two practices were included in the targeted scan for additional investigation: adoption of physical and dental health policies to ensure easy and timely access to physical health practitioners and identifying resources that are accessible in the treatment plan.

Well-being and Health Practice	Field Scan Finding
Available, meaningful family and social connections are identified, facilitated and encouraged	Some
Youths have stable housing, transportation available	Some
Physical and dental health policies ensure easy and timely access to physical health practitioners	Some
Mental/ behavioral health policies ensure easy and timely access to mental/ behavioral health practitioners	Some
Substance use/ addiction issues are identified and addressed	Some
Preventive health care services (e.g. HIV counseling/ testing, nutrition and diet, pregnancy prevention)	Some
Resources identified in treatment plan are accessible	Some
Agreements for emergency physical and behavioral health services; in- and out-patient	Some
Medicaid, SSI benefits (and other related)	Some
Prosocial leisure activities (e.g. sports, art/ music class) are facilitated and encouraged	Some
Services include mastery of life skills, job readiness, parenting, major life domains	Some
Physical fitness programs promoted	Some
Data is collected, reported and analyzed about youths' feelings/ perception of individual physical, emotional safety	Some