



# ADVANCING FROM THE “WHAT WORKS” TO “HOW TO MAKE IT WORK”: APPLICATIONS OF IMPLEMENTATION SCIENCE TO JUSTICE SUPERVISION

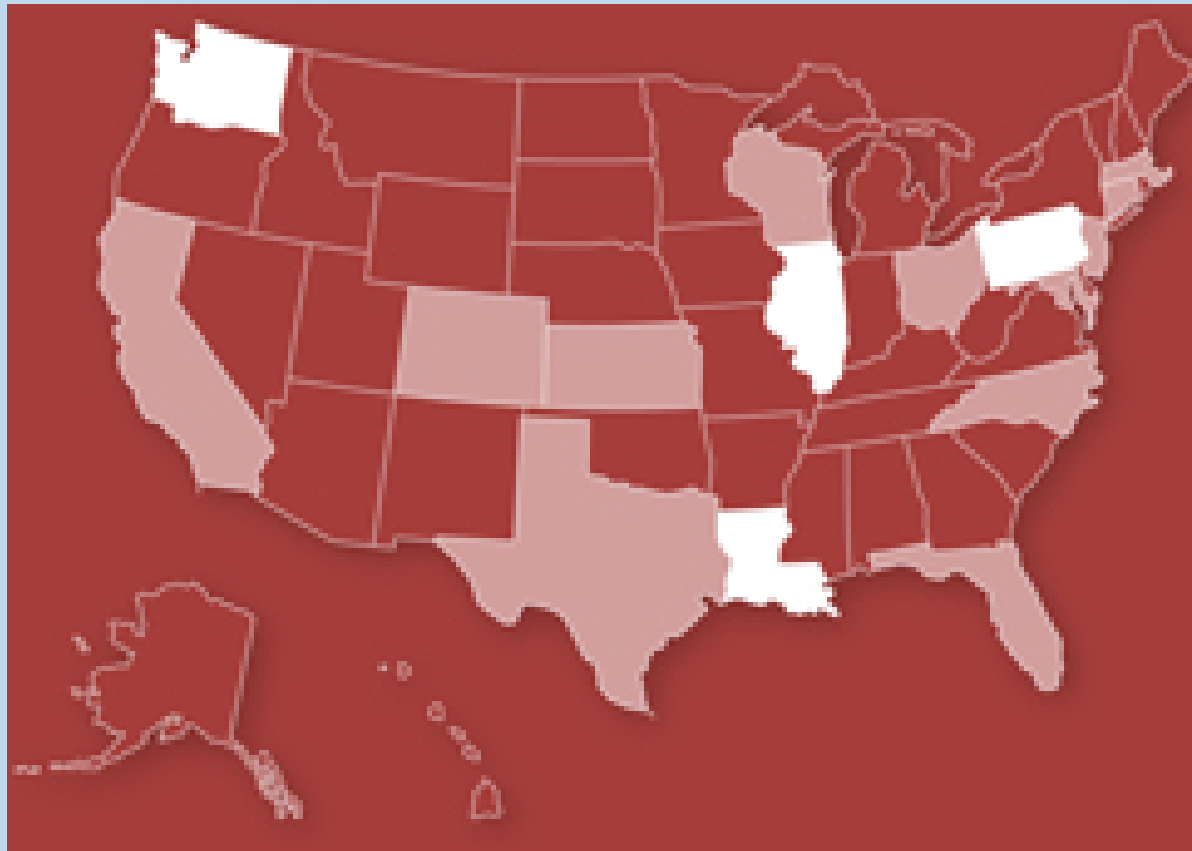
Gina M. Vincent, PhD

Associate Professor, Co-Director Law & Psychiatry Program  
University of Massachusetts Medical School



# U.S. Juvenile Justice Systems Reform Models for Change Initiative (2006-2016)

John D. and Catherine T. MacArthur Foundation



- 4 primary states
- 12 network states

Assisted by a “national resource bank” of technical assistance centers

National Youth Screening & Assessment Project (NYSAP)

**ModelsforChange**  
Systems Reform in Juvenile Justice

# Risk Assessment Instruments in Juvenile Justice



Terrific idea! But is adoption of risk instruments actually leading to any change in the way youth are handled?

A collage of three items related to risk assessment in juvenile justice. At the top left is the cover of the 'YLS/CMI' (Youth Level of Service/Case Management Inventory) manual, featuring a blue and red design with the title in large, outlined letters. Below it is the green cover of the 'SAVRY Structured Assessment of Violence Risk in Youth™ Professional Manual' by Randy Borum, Patrick Bartel, and Adelle Farth, published by PAR Psychological Assessment Resources, Inc. To the right and overlapping the SAVRY manual is a page from the SAVRY assessment form, showing various items with radio buttons for 'Moderate', 'High', and 'Critical Item' ratings. The form includes items like 'acts of violence', 'history of serious physical abuse or neglect', and 'peer delinquency'.

**YLS/CMI**  
Youth Level of Service/Case Management Inventory

**SAVRY**  
Structured Assessment of Violence Risk in Youth™  
Professional Manual  
Randy Borum, PsyD, Patrick Bartel, PhD, and Adelle Farth, PhD  
PAR Psychological Assessment Resources, Inc.

	Moderate	High	Critical Item
acts of violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 prior acts of violent offending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
known violent act between ages 1 and 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
comply w/ court for treatment times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
self-harm gestures w/ suicidal intent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
occasional vision and/or serious physical abuse or neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
history of minor or serious physical abuse or neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
history of frequent (≥5) minor or any serious criminal behavior as an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
history of significant discontinuity of care occurred during childhood (<1 year)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
history of significant difficulties in school achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Low	Moderate	High	Critical Item
11. Peer Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Peer Rejection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Stress and Poor Coping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued)

# Outline

- What is Implementation Science?
- How Can This Apply to Our Work and Our Research in Forensic Settings?
  - *Example: Risk Assessment & Risk-Need-Responsivity in Juvenile Probation Studies*
- Three Key Recommendations for Researchers

# WHAT IS IMPLEMENTATION SCIENCE?

# What is Implementation Science?

- **Implementation** = a specified set of activities designed to put into practice an activity or program of known dimensions (Fixsen et al., 2005)
- **Implementation science** = research that supports the use of innovations; studies of how well a new practice or activity was implemented. Examples (Proctor et al., 2011):
  - *Implementation outcomes – acceptability, feasibility, implementation & intervention/instrument fidelity, costs, & sustainability*
  - *Service outcomes (efficacy or impact) – effectiveness, efficiency, equity*
  - *Client outcomes (efficacy or impact) – functioning, symptoms, satisfaction*

Implementation Frameworks:  
Many exist



Active Implementation Frameworks  
Fixsen, Blasé, & Van Dyke (2019)

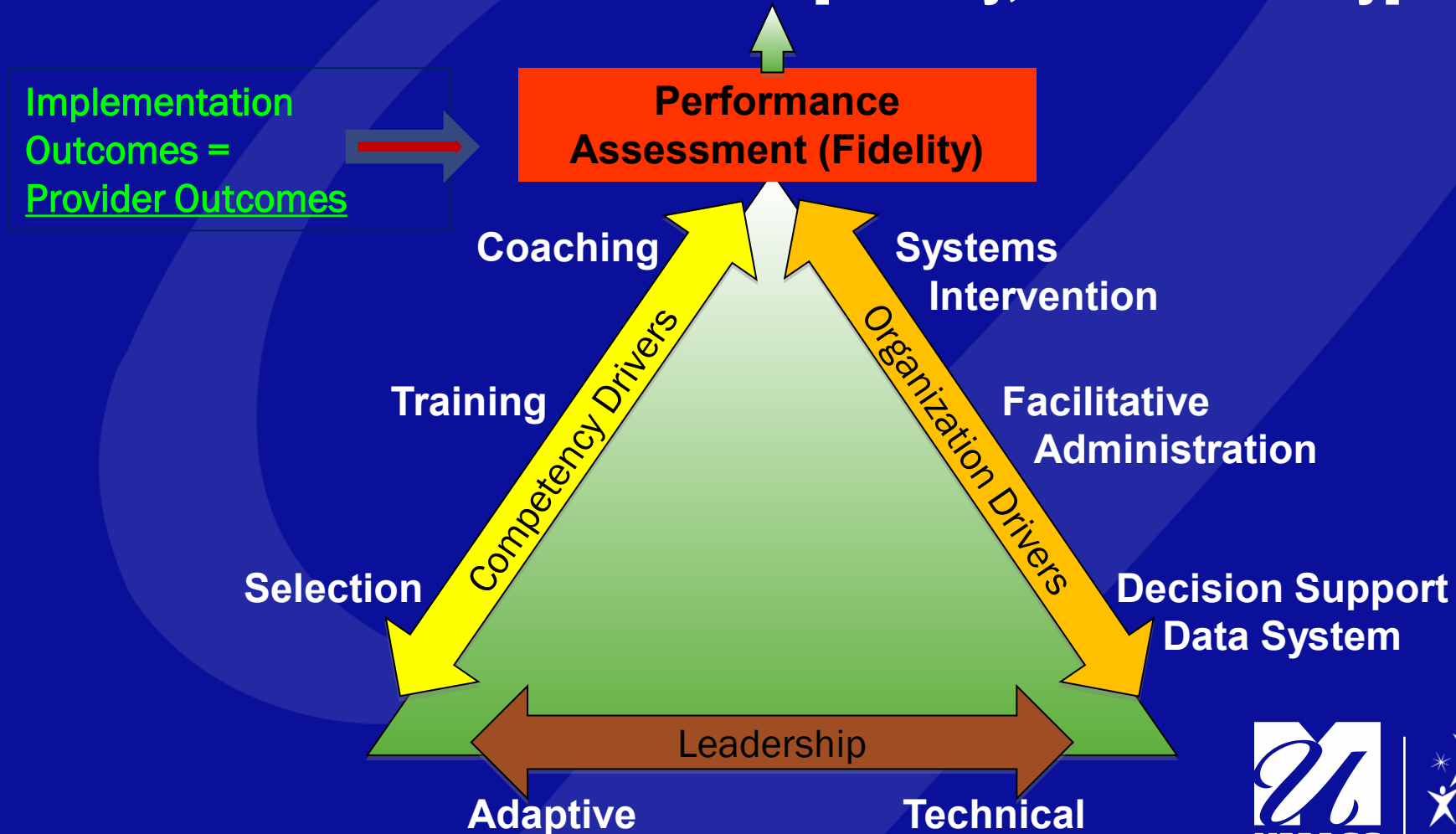
# Foundational Issues

- It requires about **2 to 4 full years** for adoption of a new practice to become fully operational and have an impact on the recipient of services (e.g., Barrett, Bradshaw, & Lewis-Palmer, 2008; Fixsen et al., 2005; Goldstein, 2011)
- Training is necessary, but alone is insufficient. It increases knowledge but, in isolation, it does nothing to change practice.
- Decades of evidence from studies in human service areas shows that only about 5-15% of attempts to use new innovations (or EBPs) will succeed in the absence of purposeful implementation supports.

# Active Implementation Frameworks

© Fixsen & Blase, 2008

## Evidence-Based Practices [Quality, Sustainability]





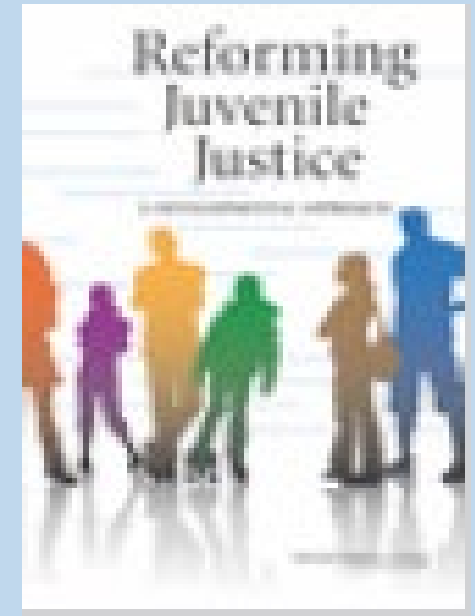
# HOW DO WE APPLY IT TO OUR WORK?

Example from Juvenile Justice Reform:  
Implementation of Risk/Needs Assessment  
and Risk-Need-Responsivity

# Recommendations For Juvenile Justice Reform & Preventing Youth Reoffending

National Research Council of the National Academy of Sciences (2013). *Reforming Juvenile Justice: A Developmental Approach*

- Use structured risk and need assessment instruments to identify low-risk youths who can be handled less formally in community-based settings, to match youths with specialized treatment, and to target more intensive and expensive interventions toward high-risk youths.



Risk-Need-Responsivity

# Risk Assessment Must be Paired With Practices that Promote Risk-Needs-Responsivity (RNR)

The "Who"

## Risk Principle

Match the intensity of the intervention with one's level of risk for re-offending

'How much to do'

The "What"

## Need Principle

Target dynamic or changeable risk factors and only those factors (*criminogenic needs*)

'What to do'

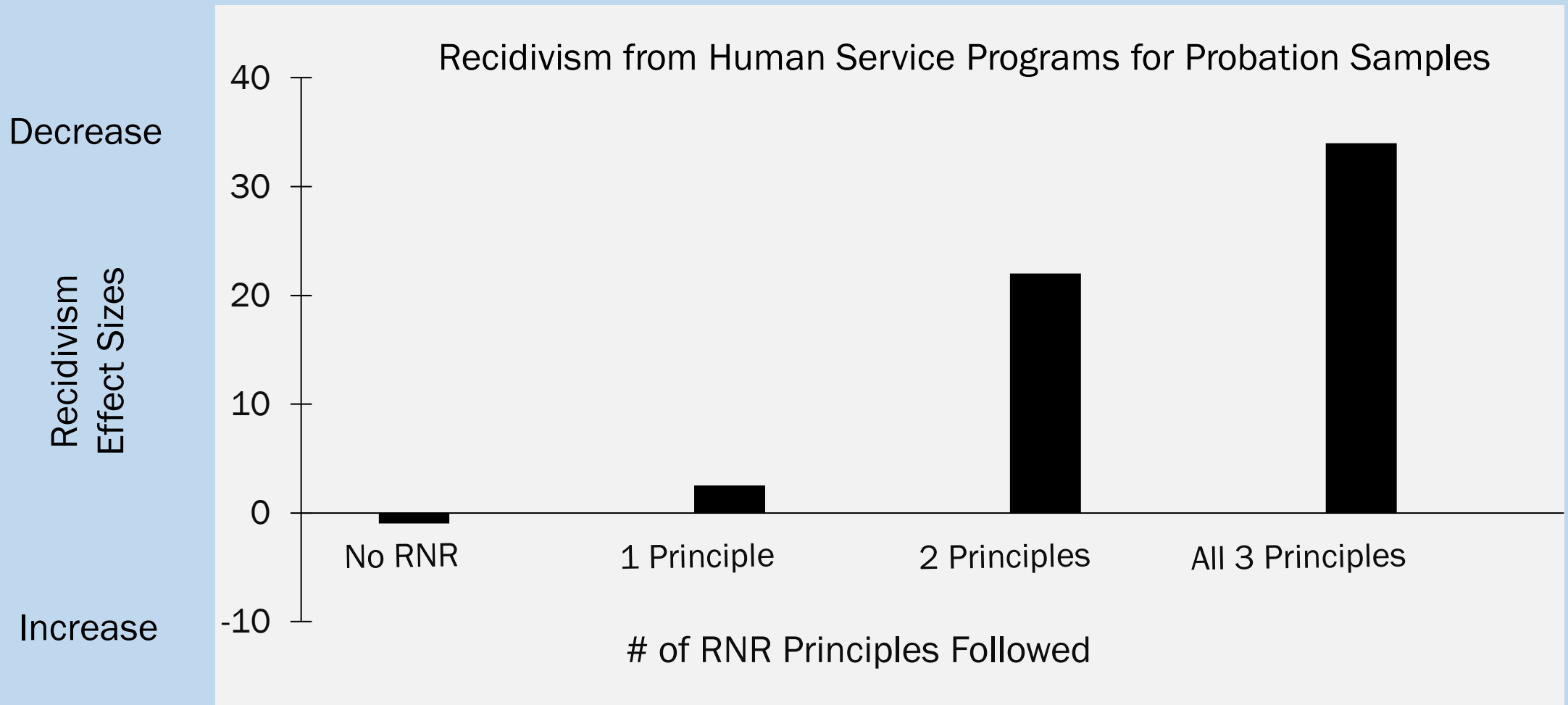
The "How"

## Responsivity Principle

Match the mode & strategies of services with the individual

'How to do it'

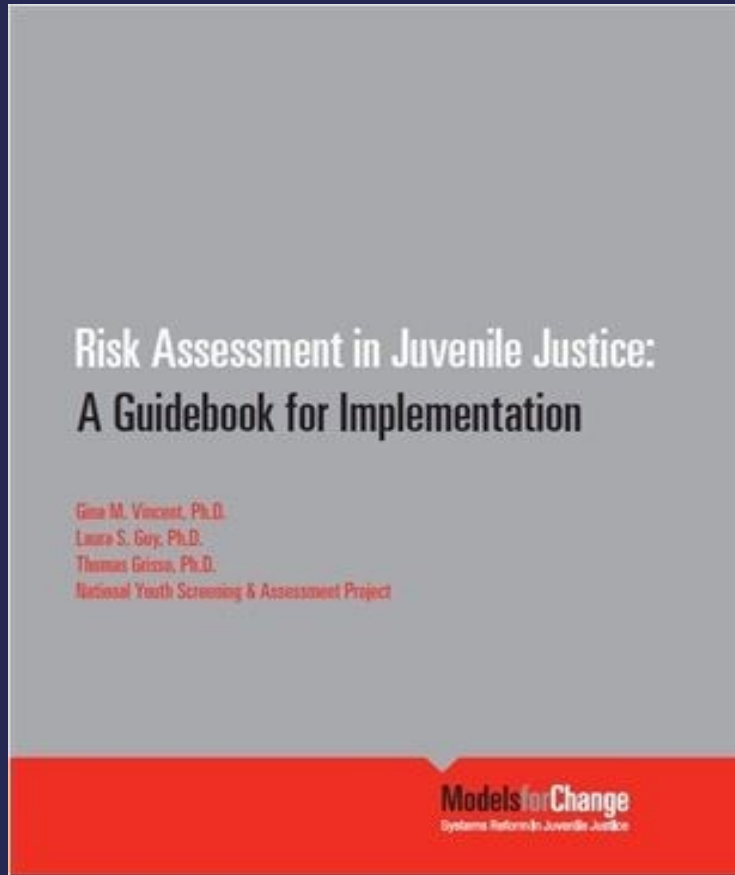
# Evidence-Based Practice: RNR Effect Sizes $k > 370$



# of studies ( $k$ ) = 374 ; ES = .56

(Andrews & Bonta, 2010)

# IMPORTANCE OF QUALITY IMPLEMENTATION



## 8 Steps to Implementation

1. Getting ready
2. Establish buy-in
3. Select tool
4. Develop policies
5. Training
6. Pilot test
7. Full implementation
8. Sustainability/Data

Vincent, Guy, & Grisso (2012) Funded by MacArthur Foundation

# Four Studies



## 5 States & 12 “Experimental” Jurisdictions

- *Risk/Needs Assessment in Juvenile Probation: Implementation Study (PI: Vincent, Guy, & Grisso) – LA & PA; Pre-post quasi-experimental design*

### Guide Validation Studies

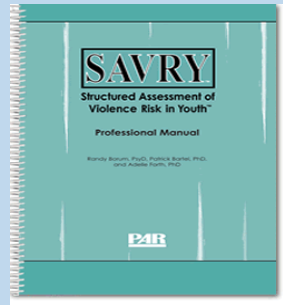
- *Risk Assessment and Mental health Screening Among Youth (RAMSAY; MacArthur & OJJDP) - MS; Matched control group design*
  - Guy, Perrault, Grisso, & Vincent (2015)
- *Risk Assessment and Behavioral health Screening (RABS; MacArthur & OJJDP) – AR & RI; Pre-post quasi-experimental design*
  - Vincent, Perrault, & Grisso (2018)

### Sustainability over 7-years

- *Risk-Need-Responsivity Long-Term Sustainability and Cost-Effectiveness Study – PA & LA; Pre-post quasi-experimental design (OJJDP)*
  - Vincent, Drawbridge, & Perrault (2020)

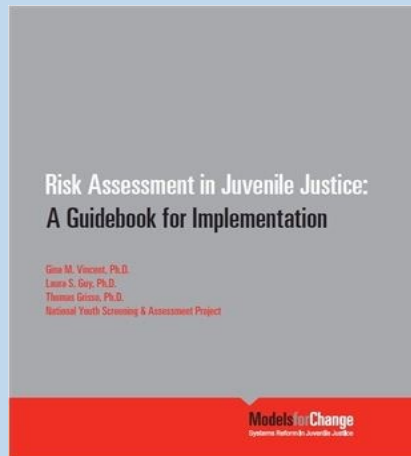
# Implementation Process

## What was implemented?

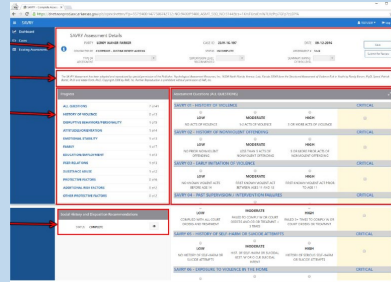


RNR-Based policies & case planning

## Implementation Process



Policies & Procedures for Administration  
Integration into Electronic



RNR-related Policies for Use in Disposition Recommendations & Case Planning



Staff Training on instrument policy & procedures

Training in RNR & Case Planning  
Service Matrix

	Substance Abuse	Family Circumstances/Parenting
M O D	Youth Substance Abuse Treatment (outpatient) Day Treatment	Love and Logic Parenting Psychological Assessment (Youth / Family Therapy if indicated)
H I G H	Day Treatment Youth Substance Abuse Treatment (intensive outpatient)	Youth Advocate Program Therapeutic Foster Care Haven House (6-18) (for foster kids)

Disposition recs template

**Assessments & Disposition Recommendations**

**SAVRY Assessment**  
The above youth presently presents as the following risk for serious re-offending:  
 Low Risk     Moderate Risk     High Risk

The following needs were identified as significantly increasing the likelihood of re-offending if not addressed:

<input type="checkbox"/> Family/Parenting:	
<input type="checkbox"/> Education/Employment:	
<input type="checkbox"/> Emotional Stability:	
<input type="checkbox"/> Substance Abuse:	
<input type="checkbox"/> Disruptive Behaviors/Personality:	
<input type="checkbox"/> Negative Peers:	
<input type="checkbox"/> Attitudes/Orientation:	
<input type="checkbox"/> Other:	

The youth has the following protective factors that may decrease the likelihood of re-offending:

The youth lacks the following protective factors that may increase the likelihood of re-offending:

Additional information regarding risk:

**Behavioral Health Screening**  
**MAYSI-2** – screen for potential mental health problems: Youth  Did  Did Not score as a critical case.

**Recommendation:**  a mental health evaluation  No further action

Disposition Recommendations:

Recommended Supervision level:  Low  Moderate  High

Priority Need Areas	Services/Action Recommended

Case plan aligned

**Disruptive Behaviors/Personality**

Risk Taking / Impulsivity (#18)     Low Empathy / Remorse (#21)  
 Anger Management Problems (#20)     Attention Deficit/Hyperactivity  
 Other

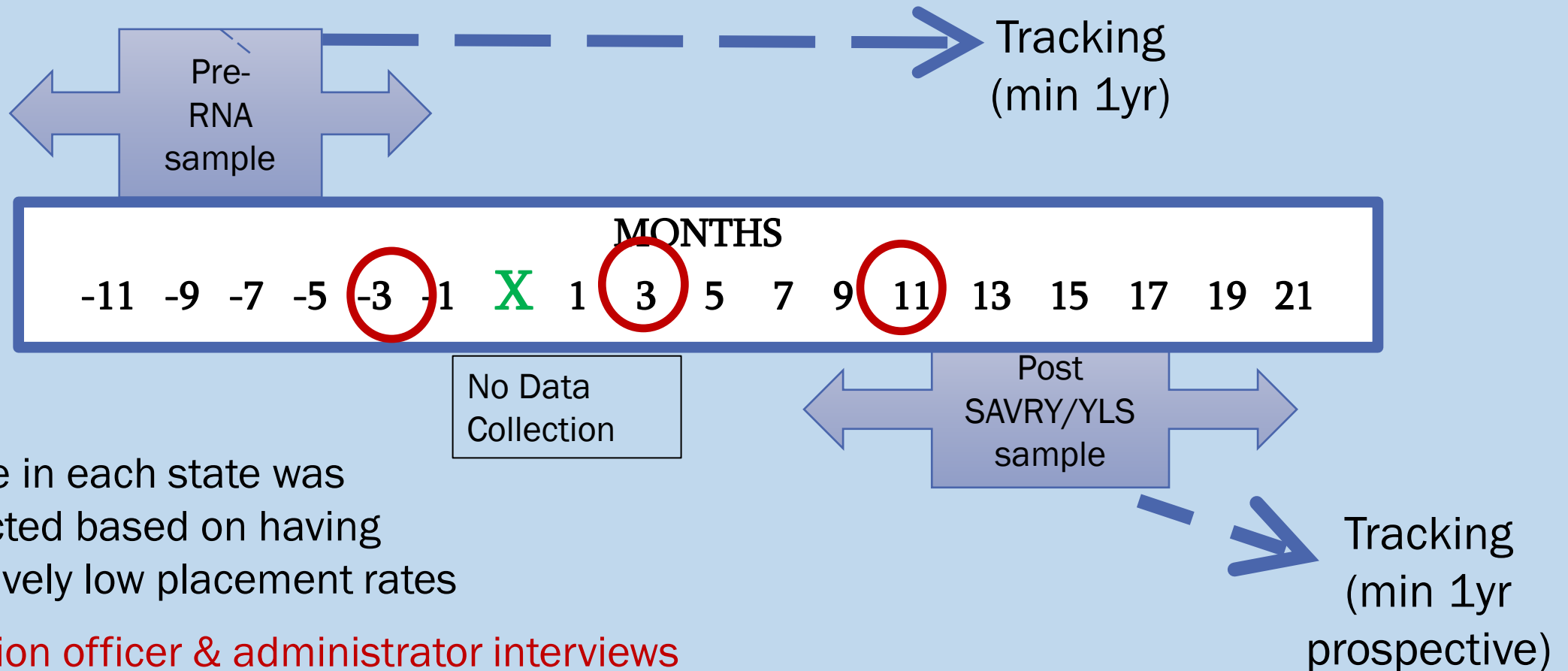
	Objective Goal	Service Provider	Service Type	Referral Date	Start Date	End Date	Participation (use rating scale above)
1							

Actions taken to arrange services (include delays in service provision/wait lists):

Note any special factors about the youth and/or his/her circumstances you considered when selecting this service (examples at end)

# General Designs: Pre-Post Quasi-Experimental Design

multiple probation offices per state, staggered start  
Propensity-matched

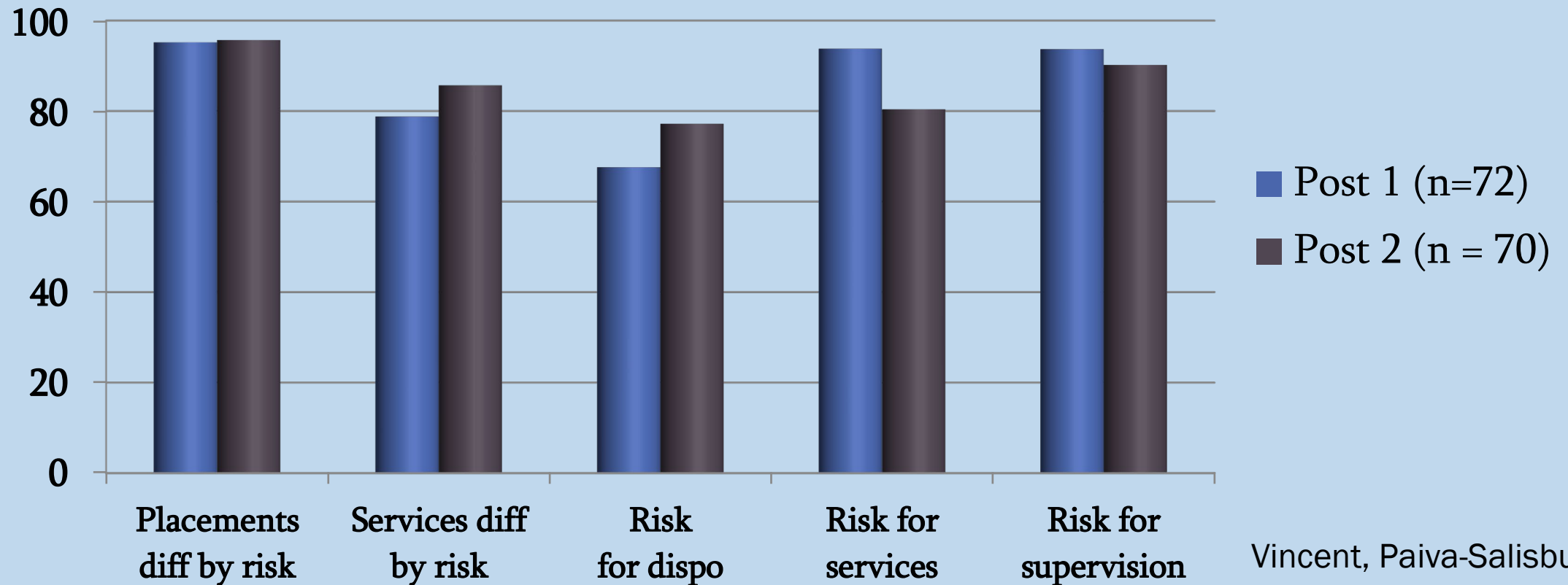




# IMPLEMENTATION LEVEL OUTCOMES

Providing Data from Risk-Needs Assessment  
in Juvenile Probation Study (1<sup>st</sup> Study;  
Vincent et al., 2016)

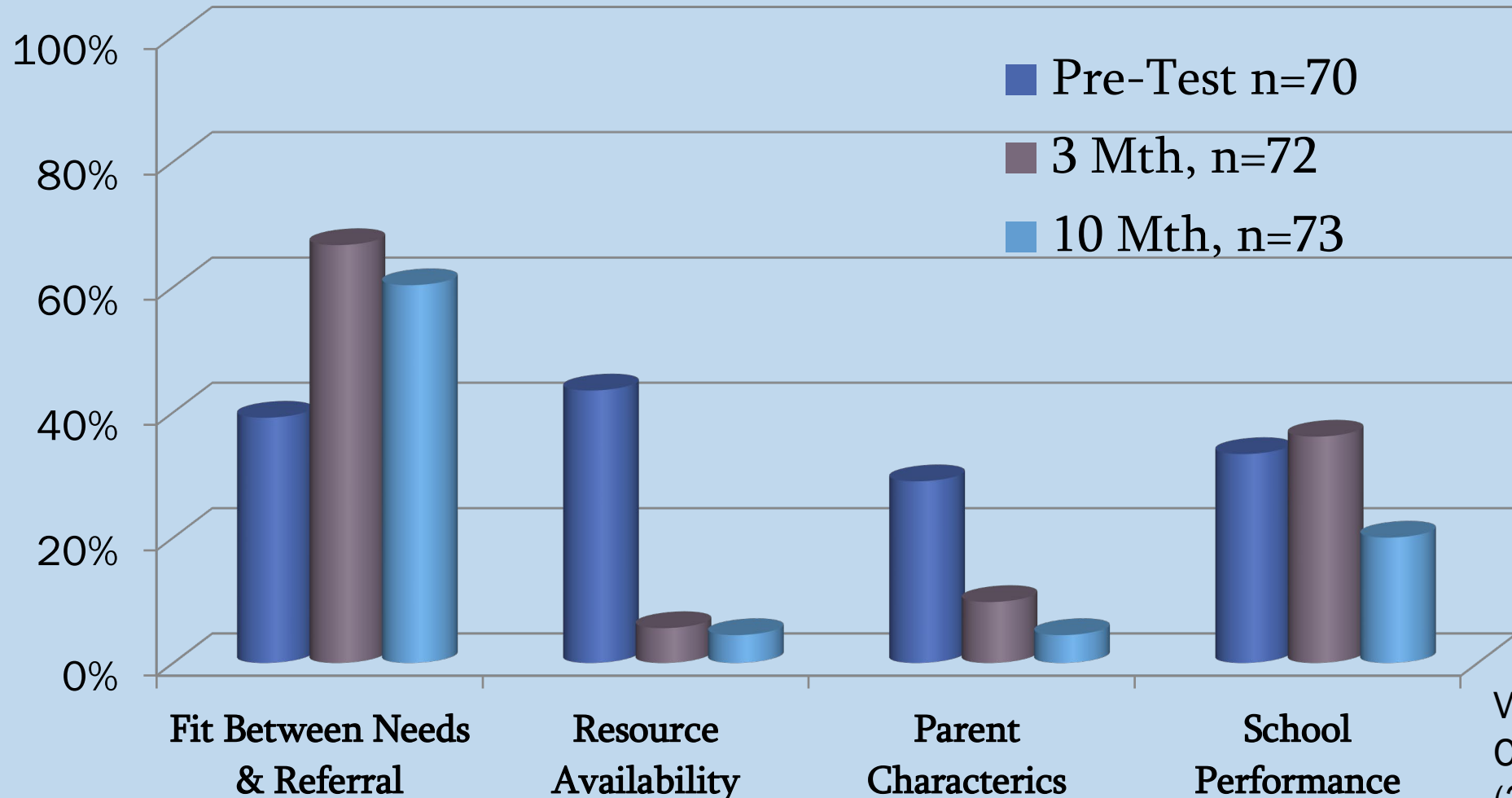
# Useability: Use of Risk Assessment in Decisions



Vincent, Paiva-Salisbury,  
Cook, Guy, & Perrault  
(2012)

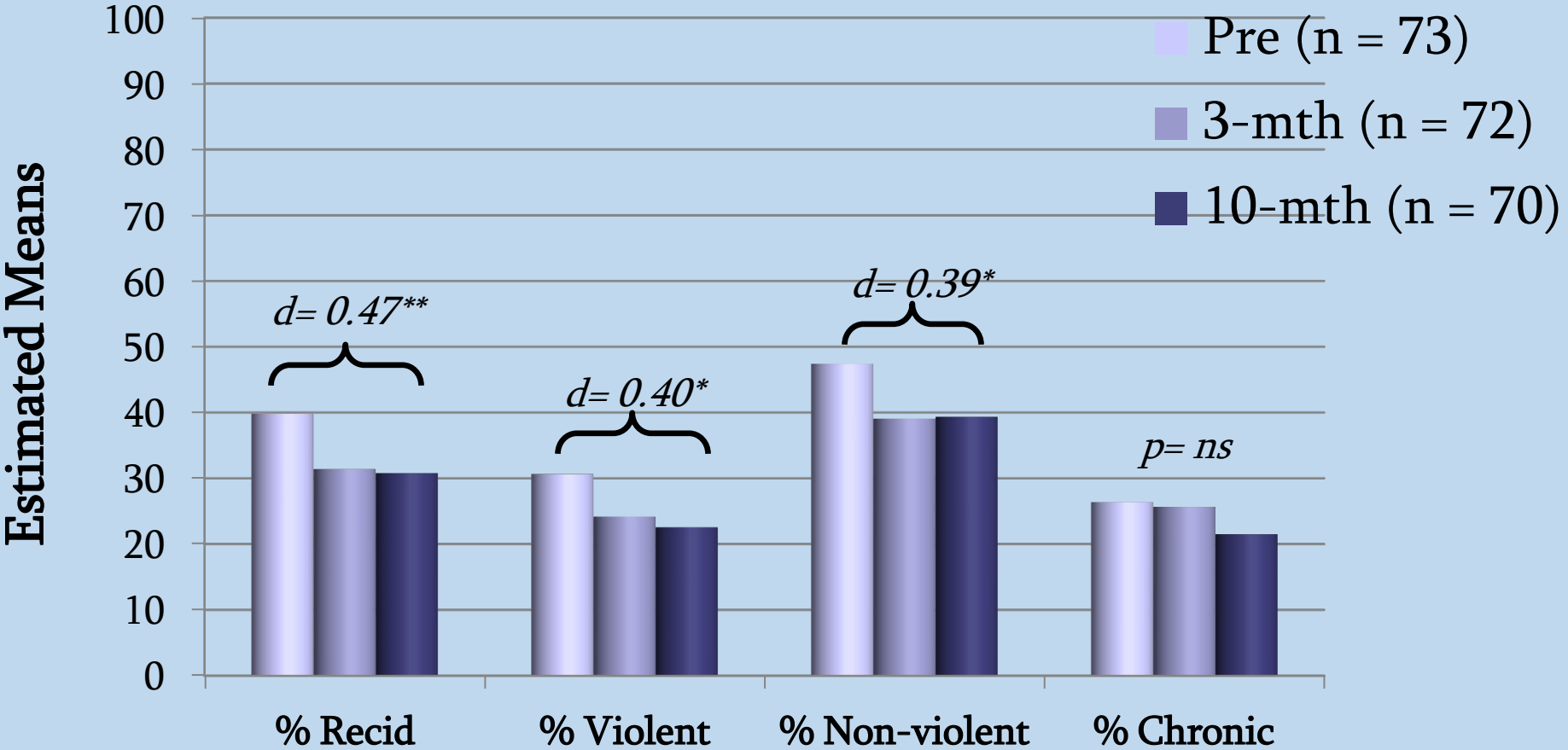
# Adherence – Do They Follow RNR Procedures With Fidelity?

“What Information Best Informs Your Service Referrals?”  
Areas of Greatest Change (Qualitative)



Vincent, Paiva-Salisbury,  
Cook, Guy, & Perrault  
(2012)

# Change in Probation Officer Perceptions of Youth: What Percentage of Youth on Your Caseload to You Think Will Reoffend?

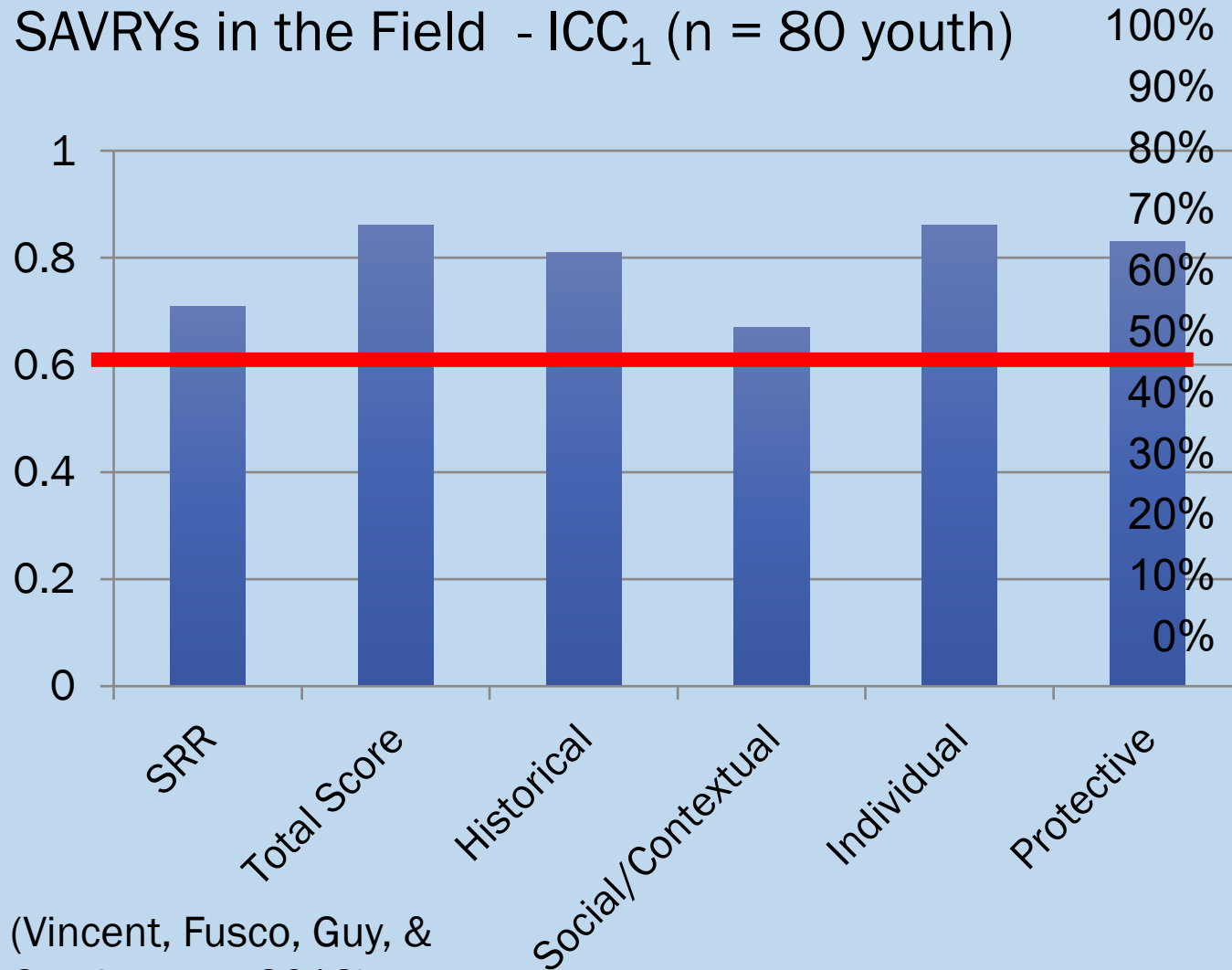


Note. Cohen's *d*: .2=small, .5=medium, .8=large.

Vincent, Paiva-Salisbury, Cook, Guy, & Perrault (2012)

# Instrument Fidelity: PO Inter-rater Reliability & Validity

SAVRYs in the Field - ICC<sub>1</sub> (n = 80 youth)



Predictive Validity over 602 days

■ Low (n=194)  
■ Moderate (n=188)  
■ High (n=73)

p < .001

Any petition  
n = 97

Violent petition  
n = 38

**Cox Regressions:**

Any petition - Exp(B) = 1.83\*\*\*

Violent petitions - Exp(B) = 1.96\*\*

(Vincent, Fusco, Guy, & Gershenson, 2012)

# Adherence to Administering the Risk Assessment

LA	N Youth	RNA Completed	RNA Completed At Right Time
Site 1	217	90.0%	82.5%
Site 2	105	82.6%	57.3%
Site 3	130	95.4%	80.0%
PA			
Site 1	232	86.0%	68.8%
Site 2	116	NA*	NA
Site 3	231	37.0%	28.7%

## Conclusion:

Need an adherence rate of at least 85% for strong intervention-level outcomes

(Vincent, Guy, Perrault, & Gershenson, 2016)



Really poor

\*Partial implementation – YLS conducted with subset of youth

# IMPACTS: CHANGES IN SYSTEM & YOUTH OUTCOMES AFTER 1.5 YEARS

- Disposition
  - Out-of-home placement
  - Supervision level
  - Service allocation
- Recidivism

Guy et al., 2015, Vincent et al., 2016;  
Vincent & Perrault, 2018

# What Impacts Should We See?

## System Outcomes

- Decreased rates of formal processing      Yes, but depends
- Improved resource allocation for supervision & services      Yes
- Less youth in out-of-home placements      Depends
- Matching services to needs (individualized case planning)      Still working on it

## Youth Outcomes

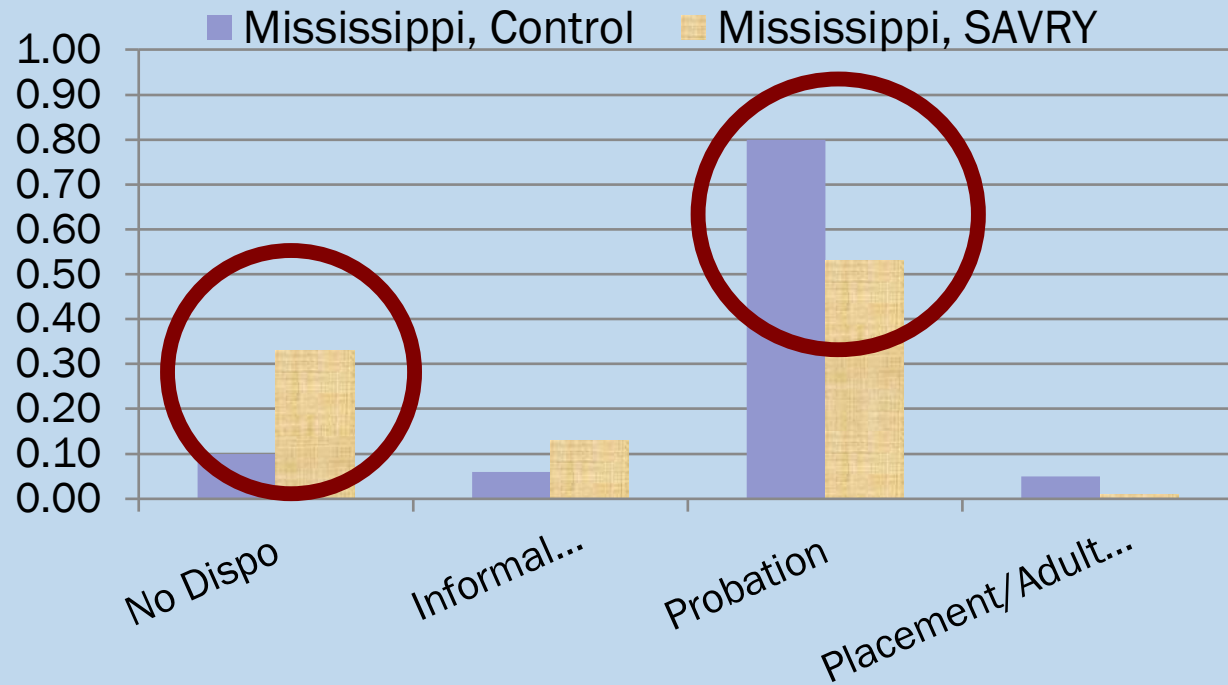
- Protecting public safety (e.g., recidivism)      Inconsistent

(Viljoen, Cochrane, & Johnson, 2018; Vincent, Sullivan, et al., 2018)



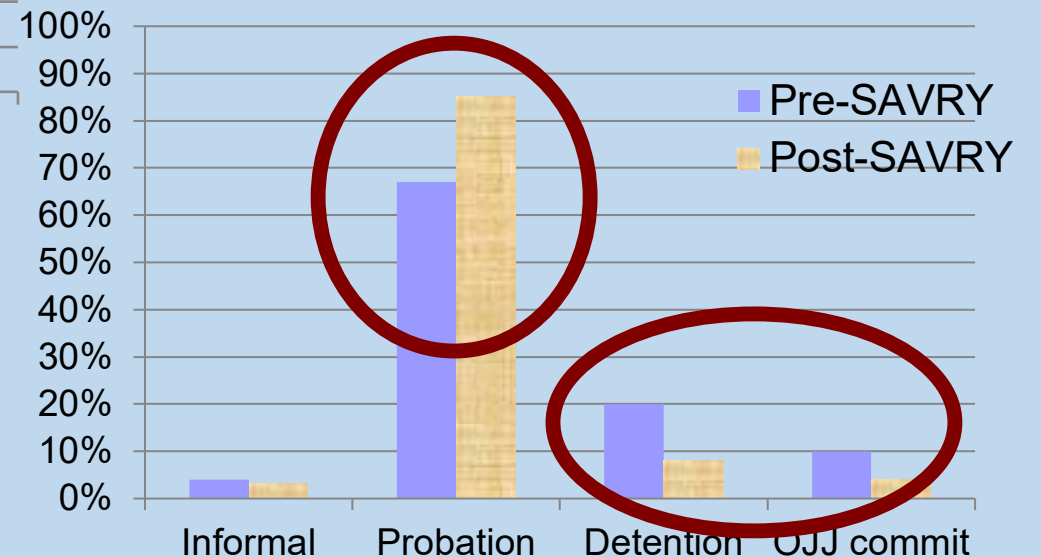
# Were There Reductions in Rates of Severe Dispositions?

## Pre-adjudication assessment



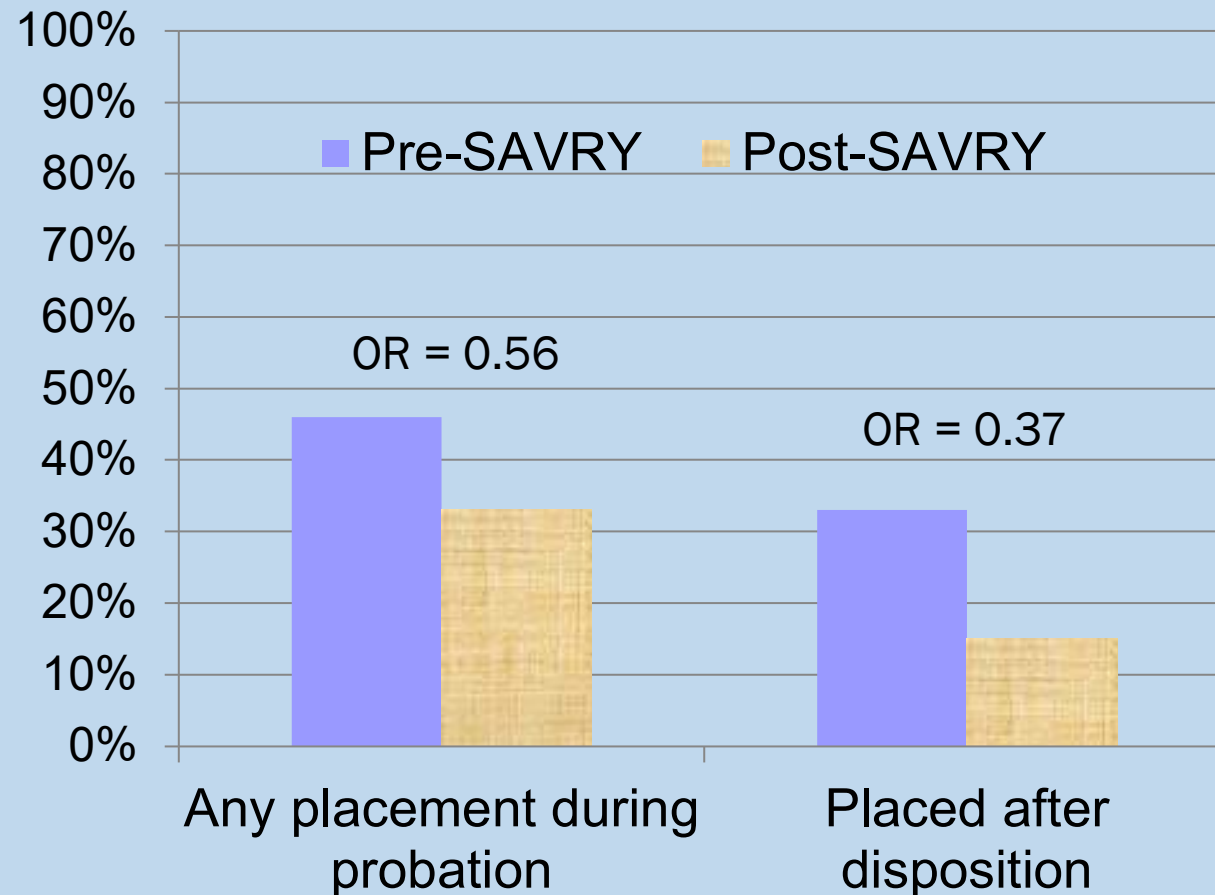
Every jurisdiction with good adherence to administration policy & other implementation-outcomes had a significant reduction in severity of dispositions (7 out of 12)

## Post-adj/pre-disposition



(Guy et al., 2015, Vincent et al., 2016; Vincent & Perrault, 2018)

# Were There Reductions in Use of Out-of-Home Placements?



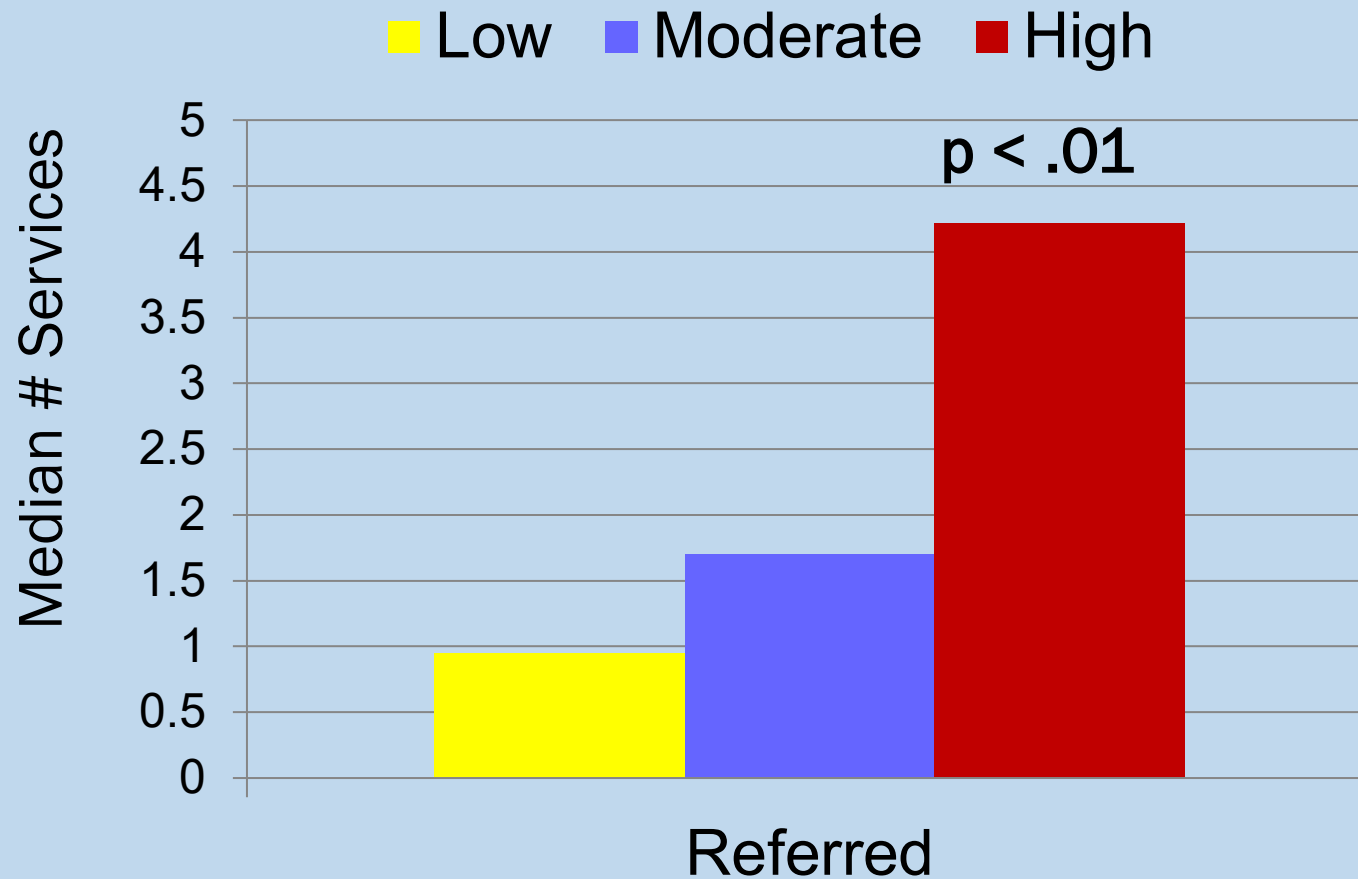
Significant reductions in only 2 out of 12 offices but decisions significantly related to risk

2 offices with initially low rated (around 20%) increased

Conclusion: Rate does not seem to get below 30% even when implementation was strong but LOS reduces

(Guy et al., 2015, Vincent et al., 2016; Vincent & Perrault, 2018)

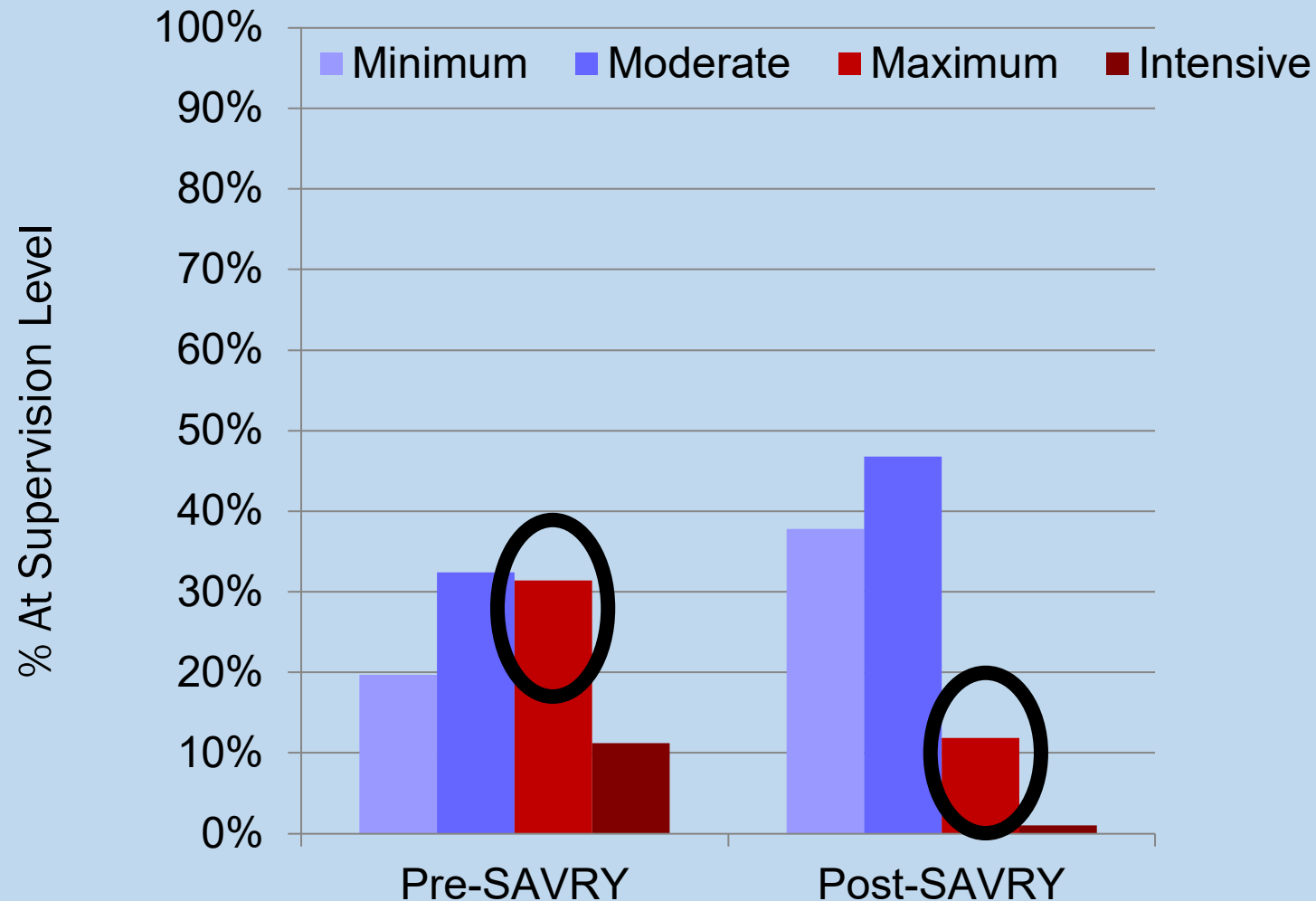
# Was There Improved Resource Allocation: Services?



# of services referred or received significantly related to risk level in all offices with good implementation (10 out of 13)

(Guy et al., 2015, Vincent et al., 2016; Vincent & Perrault, 2018)

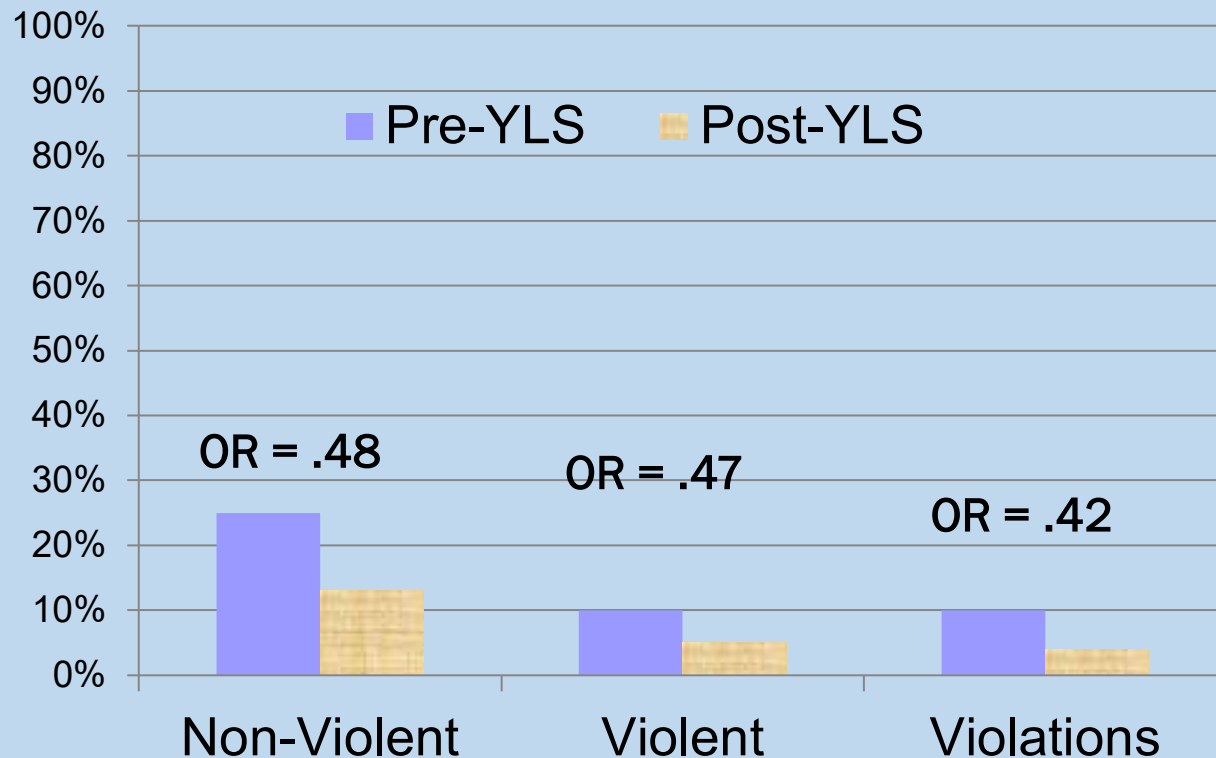
# Improved Resource Allocation: Amount of Supervision?



Reductions in the average amount of supervision contacts is a consistent result

(Guy et al., 2015, Vincent et al., 2016; Vincent & Perrault, 2018)

# Recidivism Reduction (*New Petitions*) in Only 2 Out of 12 Jurisdictions



NO jurisdiction had an increase in recidivism

## Secrets to Success in first 1.5 years:

- Strong court engagement
- Top-notch leadership & supervision
- Well resourced

**Hypothesis:** It takes up to 3 years for these outcomes to be realized (Flores et al., 2006); requires strong matching, supervision, and quality services

(Guy et al., 2015, Vincent et al., 2016; Vincent & Perrault, 2018)

# Conclusions About Implementation of RNAs & RNR

- Over the course of approximately 1.5 years:
  - *Good implementers had at least 3 significant & positive system impacts*
  - *Poor implementers (4 sites) had little to no change*
  - *Significant recidivism reduction - only happened this quickly for exceptional implementers*
- On average, what was the impact of implementing a risk assessment system?
  - *More youth stayed in the community with less supervision, less resources were being used, and there was no increased risk to public safety*
  - *The nature of the impact depends on ....*
    - Implementation quality
    - Site practices at baseline

# Biggest Barriers to Achieving Strong Implementation & Later Positive Impacts

- Lack of Buy-in from Key Stakeholders (Judges)–
  - *Completion of RNA Pre-disposition is essential in many jurisdictions in the U.S.*
- Poor implementation & Lack of Feasibility
  - *Do not train staff on the risk assessment prior to creating an ‘enabling’ context for RNR (e.g., appropriate P&Ps, templates)*
  - *Alignment with data management systems essential*
  - *Systemic obstacles*
- Must have strong supervisors and a coaching model
- Impacts to recidivism require more time & effective services

# THREE SUGGESTIONS FOR RESEARCHERS



# Researcher-Engaged Implementation Over ‘Passive-Observer’

U.S. Department of Justice  
Office of Justice Programs  
*Office of Juvenile Justice and Delinquency Prevention*



December 2018

## From the Administrator

Juvenile justice practitioners often use standardized risk and needs assessments to help gauge a youth's risk of reoffending and identify factors that, if addressed, can reduce the risk of recidivism. In addition, these professionals rely on assessment findings while they develop treatment and service plans to appropriately target a youth's individual needs and promote the best

# Bridging Research and Practice

## A Handbook for Implementing Research-Informed Practices in Juvenile Probation

**Samantha Harvell, Teresa Derrick-Mills, Chloe Warnberg,  
Megan Russo, Constance Hull, Andreea Matei**

With Mary K. Winkler, Hanna Love, Janeen Buck Willison, Akiva Liberman

**September 2019**

# Always Assess or Report the Implementation Approach Prior to Evaluating Impact

- Rather than say ‘it doesn’t work’, ask ‘why’ and ‘where’ it doesn’t work
  - *Remember minimum 3 years from implementation to impact*

## Introduction to this Special Issue on implementing evidence-based practices in forensic settings

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### 1 | INTRODUCTION

For decades, research related to forensic psychology, criminology and other areas of the justice system has made a significant and invaluable contribution to the practice of working with individuals who have come into contact with the law. This work has spanned all decision points in the criminal and juvenile justice systems, from various pretrial stages (e.g., how to evaluate a person’s competency to stand trial; how to select a jury or to improve the memory of witnesses) to re-entry (e.g., release decisions and risk management in the community). The contributions have been numerous, including the creation of well-validated specialized assessment instruments for forensic decisions (e.g., Douglas, Hart, Webster, & Belfrage, 2013; Rogers, Tillbrook, & Sewell, 2004), development and validation of approaches to case and risk management (e.g., risk-need-responsivity; Andrews & Bonta, 2010), and development or validation of evidence-based treatment models (see Blueprints for Healthy Youth Development, <https://www.blueprintsprograms.org>).

Where the field has not been so strong is in the study of effective implementation of these approaches. Implementation generally refers to a specified set of activities designed to put a practice or program into place (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). Research has consistently shown that simply knowing “what works” is insufficient for achieving positive outcomes in the real world. The proper implementation of what works is critical. There are a number of factors that can influence use of an intervention in a real-world setting (Schilling, 2010).

Implementation science developed as a method of putting an activity or program of known dimensions into practice (Fixsen et al., 2005). As a predicate, the activity or program – also referred to as an intervention or innovation – must be well-defined, scientifically sound, and shown to be effective in controlled research designs. At

LITERATURE REVIEW

## Risk assessments for violence and reoffending: Implementation and impact on risk management

Jodi L. Viljoen✉, Gina M. Vincent

First published: 04 October 2020 | <https://doi.org/10.1111/cpsp.12378>

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### Abstract

Risk assessment instruments for violence and reoffending are widely used throughout the world. According to researchers, there are many different reasons to use these instruments; for instance, they are thought to reduce violence, save money, and improve treatment planning. In this article, we create a taxonomy to classify these risk management outcomes into agency, professional practice, and evaluatee domains. Through a review of research, we show that instruments do not always achieve their goals. First, agencies encounter problems in successfully implementing instruments. Second, a lack of follow through can occur between risk assessments and the subsequent phases of risk management, such as case planning and intervention delivery. By drawing from the field of implementation science, we create an agenda for research.

LOTS of Research on  
Effective  
Implementation of Risk  
Assessment is  
Needed!!!