**Nevada Center for Juvenile Justice Innovation**

**Evidence Based Quality Assurance Tool**

**Introduction**

Nevada Revised Statute (NRS) 62B.615 requires the use of evidence-based programs and practices across Nevada’s juvenile justice systems. Specifically, juvenile justice programs supported by state funding through DCFS are required to be evidence-based, research-based, or evidence-informed” as described in the [Evidence-based Practices Definition Matrix](http://ncjji.ncjj.org/Files/pdf/EBP_Definitions_Matrix_APPROVED_051118.pdf), This tool was developed to meet two goals: 1) to help local juvenile services departments determine where their programs fit within the Matrix and thus if they qualify for state funding and 2) to develop a directory of evidence-based, research-based, or evidence-informed programs in Nevada.

**Who should use this tool?**

This tool is designed to be completed by those most familiar with the program’s design, implementation, and target population. If the program is administered by the probation department or court, this would likely be probation or court staff. If the program is administered by a community service provider (i.e., contracted), probation staff may need input from the service provider or perhaps have service provider personnel complete the tool for their program. The tool consists of 13 questions and should take approximately 15-20 minutes to complete.

**What is a program?**

This question may seem rhetorical, but it is important to define given the variety of interventions that youth participate in as a result of their system involvement. Additionally, the often-interchangeable use of the terms evidence-based program and evidence-based practices underscores the need to define what a program is. The Office of Juvenile Justice Delinquency Prevention (OJJDP) defines a program as “A planned, coordinated group of activities and processes designed to achieve a specific purpose. A program should have specified procedures (e.g., a defined curriculum, an explicit number of treatment or service hours, and an optimal length of treatment) to ensure the program is implemented with fidelity to its model. It may have, but does not necessarily need, a "brand" name, such as Aggression Replacement Training or Family Functional Therapy and may be implemented at single or multiple locations.

**For which programs should the tool be completed?**

NRS 62.630 requires departments of juvenile services whose population is less than 100,000 be evaluated for compliance with evidence-based programs and services as described in the [Evidence-based Practices Definition Matrix](http://ncjji.ncjj.org/Files/pdf/EBP_Definitions_Matrix_APPROVED_051118.pdf). **In order to satisfy requirements of NRS 62B.630, this tool is required to be completed for any programs that are supported by Nevada State or Block Grant Funding**. For local programs not supported by these funds, the tool is still helpful to determine the program’s evidence of effectiveness and will help create a registry of evidence-based programming in accordance with NRS 62B.635. Programming administered within a DCFS placement are not subject to this process.

*If you have questions at any time while completing this form, please contact ncjji@ncjfcj.org.*

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| **Program Contact Information (Primary person completing the form):** | | | | | | | |
| **Name(s):** |  | | | | | **Date:** |  |
| **Title(s):** |  | | **Organization:** | |  | | |
| **Business Address:** |  | | | | | | |
| **Phone Number:** |  | **Email:** | |  | | | |

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| **Program Information:** | |
| **Program Name:** |  |

1. **Is the program supported by Nevada State or Block Grant Funding?**

o YES o NO

1. **Is this program locally developed or a proprietary program that was purchased?**  
    o Locally developed program o Purchased proprietary program
2. **Is the program currently listed on one of these existing evidence-based practice registries as EFFECTIVE or PROMISING?**

o YES, Model Programs Guide (Federal Office of Juvenile Justice and Delinquency Prevention)

o YES, Crime Solutions (Federal Office of Justice Programs)

o NO

1. **Is the program included on the Nevada Center for Juvenile Justice Innovation’s list of Evidence-based Programs and Practices?**

o YES o NO

1. **In the box below, please describe the program’s target population, goal(s), activities, and intended outcomes. This information may be found in the program manual or implementation guide. Another source could be a logic model if one was developed for the program.**

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**PROGRAM DETAILS**

**Program Effect**

A program’s effect refers to its ability to produce a desired outcome such as reducing substance use, increasing pro-social skills, or reducing physical aggression. A program’s effect is determined through a program evaluation or by comparing the program’s characteristics to characteristics of effective programs.

1. **Has the program been evaluated previously to determine its effectiveness?**

o YES o NO o I DON’T KNOW

If yes, please provide more information: (link or citation to the evaluation or date of evaluation, outcomes studied, name of evaluator and contact information)

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A review of effective juvenile justice programs has identified characteristics or components that these programs share. Does the program use any of the following characteristics that are known to produce positive outcomes?

1. **Does the program serve high or very high-risk youth as determined by the Youth Level of Service Inventory (YLS)?**

o YES o NO o I DON’T KNOW

Programs that use external control techniques to change youth behavior such as those rooted in deterrence or surveillance philosophies have been found to be less effective than those programs that are anchored in therapeutic techniques such as those that develop improved skills, relationships, or insight.

1. **Does the program use any of the following therapeutic techniques (check all that apply):**

o Restorative practices such as victim-offender mediation or restitution

 Skill building such as cognitive behavioral techniques, social skills, academic, or vocational   
 skill building

 Counseling (individual, group, or family) or mentoring?

o Case management or service brokering?

1. **Do you have any data that reflects the program’s performance?**   
   *This could include simple pre-post tests administered to youth before and after completing the program that reflect attitude or behavior changes.*

o YES o NO o I DON’T KNOW

1. **Does the program have any written implementation guidance such as a written program manual or curriculum?**

o YES o NO o I DON’T KNOW

1. **Does the program provider use a detailed written protocol or manual to deliver this program?**

o YES o NO o I DON’T KNOW

1. **Does the program provider monitor adherence to the protocol or manual on a routine basis?**There is a written training manual and research press books to implement, and the consultants will work with the site for up to 1 year to assure model adherence.

o YES o NO o I DON’T KNOW

1. **Has this program been replicated in any other jurisdictions?**

o YES o NO o I DON’T KNOW

Thank you for your time in completing this tool. Staff from the NCJJI will reach out to the program contact as needed to clarify information contained in this tool to determine the program’s effectiveness rating.

**For NCJJI Staff to Complete**

*Indicate results program analysis and indicate which category the program aligns with.*

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