

# BACK TO BASICS FOR BETTER FUTURES:

CONNECTING RESEARCH WITH  
JJDPA IMPLEMENTATION

## EXECUTIVE SUMMARY

The Juvenile Justice and Delinquency Prevention Act (JJDP A) remains the cornerstone of juvenile justice policy in the United States. It provides protections and a foundational framework that prioritizes prevention, rehabilitation, and community safety through developmentally appropriate, evidence-based approaches. Grounded in adolescent brain science and affirmed by U.S. Supreme Court precedent, the JJDP A recognizes that youth are developmentally distinct, less culpable than adults, and fully capable of rehabilitation. The Act calls for trauma-informed, data-driven, and community-based systems that strengthen prevention and reentry, and facilitate long-term well-being for system involved youth.

This foundational paper is the first in a series of Back-to-Basics white papers written by the Coalition for Juvenile Justice (CJJ) that calls on the field, state agencies, and youth serving organizations to align practice and policy with decades of research, apply continuous evaluation, and advance cross-sector collaboration across education, health, housing, labor, and justice systems to create a coordinated continuum of care that fulfills the JJDP A's goal of a fair and evidence informed justice system.



The Juvenile Justice and Delinquency Prevention Act (JJDP A), first enacted in 1974 and most recently reauthorized in 2018, is the cornerstone federal legislation guiding juvenile justice policy across the United States. It establishes a federal–state partnership to improve outcomes for youth involved in the justice system, promotes community safety through prevention and rehabilitation rather than punishment, and prevents victimization of young people that encounter the juvenile and criminal justice systems.

## CORE REQUIREMENTS

To receive federal funding under the Juvenile Justice and Delinquency Prevention Act (JJDP A), states and territories must comply with four core protections: deinstitutionalization of status offenders (DSO), removal of youth from adult jails and lockups, sight and sound separation between adult and youth in cases where both are held in the same jail or lockup, and reduction of racial and ethnic disparities (RED). To be in compliance with these requirements, states must: (a) refrain from holding youth charged with non–criminal behaviors (also known as status offenses such as truancy or curfew violations) in secure detention or correctional facilities; (b) prohibit the detention of youth in adult jails or lockups, except under limited circumstances; (c) ensure that when youth are held in adult facilities, they are separated by sight and sound from adult inmates to prevent trauma and abuse; and (d) identify and address racial and ethnic disparities within their juvenile justice systems. <sup>1</sup>

The 33 additional state plan requirements, while not carrying automatic penalties like the four core mandates, are essential for securing plan approval and continued funding because they ensure each state develops a coordinated, data–driven juvenile justice system that emphasizes cross–agency collaboration and continuous improvement in outcomes while maintaining compliance with the JJDP A’s core protections.

## LEGAL FOUNDATIONS GROUNDED IN ADOLESCENT BRAIN SCIENCE

The 2018 reauthorization of the Juvenile Justice and Delinquency Prevention Act (JJDP A) was significantly influenced by a growing body of U.S. Supreme Court decisions that recognize the developmental differences between youth and adults. Landmark cases such as *Roper v. Simmons* (2005), *Graham v. Florida* (2010), *J.D.B. v. North Carolina* (2011), *Miller v. Alabama* (2012), and *Montgomery v. Louisiana* (2016) established that children are less culpable than adults due to their immature judgment, susceptibility to peer pressure, and capacity for rehabilitation and change. These rulings were grounded in neuroscientific research showing that the adolescent brain—particularly the prefrontal cortex responsible for impulse control and decision–making—is still developing well into adulthood. <sup>2</sup> This science has informed juvenile justice policy by reinforcing the need for developmentally appropriate, rehabilitative responses to youth behavior. The JJDP A now explicitly



calls for approaches to prevention, intervention, and reentry that are trauma-informed, evidence-based, and aligned with the principles of adolescent development, ensuring that youth are treated in ways that reflect their unique cognitive and emotional needs.

## **RISK, PROTECTION, AND DEVELOPMENTALLY INFORMED APPROACHES**

The goal of the juvenile justice system is to hold youth accountable for illegal behavior, increase the safety of communities, provide interventions and services that address the variables that led to the behavior, and facilitate healthy adolescent development.<sup>3</sup> Involvement in the juvenile justice system can have a harmful, lasting impact on the individual as well as the individual's family and community. To strengthen and sustain a juvenile justice system that accomplishes these goals, policies and practices must be grounded in research evidence. Existing research offers essential guidance on the components that support adolescents' positive development while ensuring long-term community safety. For example, the National Research Council's 2013 report outlines evidence-based principles for implementing a developmentally informed approach to juvenile justice reform.<sup>4</sup>

The research on factors that impact youth development and protect against delinquency or reoffending should be fundamental to the policies and practices that protect communities and promote positive life outcomes for youth. Key areas where there is sufficient evidence to guide decision-making for states, communities, and the programs they adopt are:

- Risk factors (e.g., poverty, abuse, neglect)<sup>5</sup>
- Protective factors (e.g., peer influences, family relationships, educational engagement)<sup>6, 7</sup>
- Trauma<sup>8, 9</sup>
- The effectiveness of punishment<sup>10</sup>
- Enriched environments (e.g., school connectedness, recreational activities, acknowledgement for appropriate behavior, job readiness training)<sup>11</sup>
- Alternative responses to delinquency (e.g., educational engagement, community-based alternatives, restorative justice, mentorship programs)<sup>12</sup>

Researchers have determined that adolescents are developmentally, structurally,<sup>13</sup> cognitively,<sup>14,15</sup> and behaviorally different from adults because they are still developing.<sup>16</sup> The factors that promote healthy adolescent development largely overlap with the protective factors that reduce the likelihood of adolescent offending. For example, developmental researchers have established that during adolescence peer influences and peer acceptance can largely impact the development of the decision-making of a youth.<sup>17</sup> Likewise, researchers in the field of juvenile justice have determined that the quality of peer relationships and having prosocial peers serve as protective factors against antisocial behavior.<sup>18</sup>

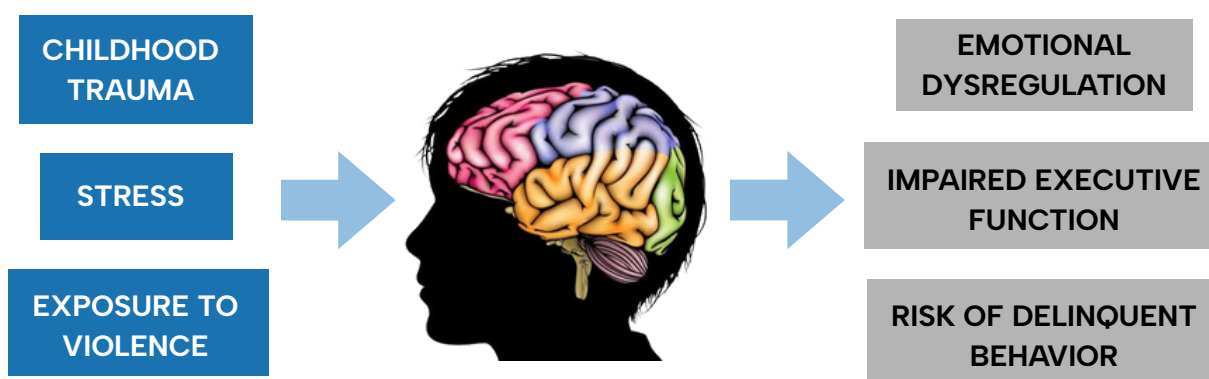
Additional factors of adolescent development that help protect against delinquency include academic achievement, parental relationships, and individual factors (e.g., self-control, self-efficacy).<sup>19</sup>



Furthermore, enriched environments characterized by positive social interactions and structured support enhance skill acquisition and build resilience to risk factors, both of which are protective factors. Programs and facilities should be designed to build resilience and promote protective factors, not to control behavior.<sup>20</sup>

Researchers have identified several established risk factors for juvenile offending. For example, strong academic involvement can protect against delinquency, whereas poor academic performance increases risk.<sup>21</sup> Individual factors such as low empathy<sup>22</sup> and mental health concerns,<sup>23, 24, 25</sup> along with family and community factors like maltreatment,<sup>26</sup> exposure to violence,<sup>27</sup> and gang involvement,<sup>28</sup> further elevate the likelihood of delinquency. Risk also increases with the number of risk factors present.<sup>29</sup>

Youth development is further disrupted by trauma, which alters brain structure and stress-regulation systems, contributing to emotion dysregulation and impaired executive functioning.<sup>30, 31</sup> Childhood trauma is strongly linked to persistent negative outcomes,<sup>32</sup> including heightened risk for delinquent behavior.<sup>33</sup>



The juvenile justice system often falls short of its rehabilitative goals, relying on punitive approaches that rarely produce lasting behavior change. While justice involvement may briefly suppress delinquency, problem behavior typically returns once punishment ends,<sup>34</sup> contributing to persistently high recidivism rates.<sup>35</sup> Many justice-involved youth also have trauma histories that lessen their responsiveness to punishment and increase their need for supportive reinforcement.<sup>36</sup> High rates of trauma-related neurodivergence among justice involved youth further shape behavior and must be considered when designing effective interventions.

Punitive models fail to build skills or teach replacement behaviors, hindering healthy development.<sup>37, 38</sup> A recent systematic review found that justice involvement is linked to negative effects on youth mental and physical health, functioning, education, and employment, highlighting the need for effective prevention, diversion, and community-based alternatives.<sup>39</sup>

Involvement in the juvenile justice system can have lasting, detrimental effects on youth, their families, and their communities.<sup>40</sup>



In contrast, diversion, community-based, and restorative programs provide developmentally appropriate alternatives that reduce offending, build youth competencies in self-regulation and conflict resolution, strengthen families and communities, and generate substantial cost savings.<sup>41</sup> Therapeutic community programs—such as multisystemic therapy and functional family therapy—use skills training and family supports to produce consistent reductions in delinquency.<sup>42, 43</sup> Research consistently shows that community-based, restorative, skill-building, and family-centered approaches yield better results, reduce recidivism, and improve and public-safety outcomes while also enhancing community capacity.<sup>44, 45</sup>

Despite progress, widespread and consistent use of research-based practices across all states and across the full juvenile justice continuum remains urgently needed.

## **EVALUATION AND DATA AS FOUNDATIONS FOR EVIDENCE-BASED PRACTICE**

Each part of the juvenile justice system, from police to secure facilities, implements programs intended to improve outcomes for youth, yet formal data collection and evaluation are often lacking.<sup>46</sup> Sound policy cannot rely on instinct or anecdote; it requires solid evidence to identify system challenges, design and implement solutions, and evaluate their effectiveness. Reliable and transparent data enable stakeholders to assess whether facilities meet standards and interventions achieve desired outcomes, or if inequities persist. When data are incomplete, outdated, or inaccurate, critical needs go unmet, inappropriate services are provided, and/or youth are denied essential rehabilitation support, underscoring the high cost of unreliable information.

Measures for Justice identifies three ways data can strengthen the justice system: (1) clarifying its purpose beyond operations to assess performance and disparities, (2) creating standards so data is comparable across jurisdictions, (3) and ensuring access to information is transparent, accountable, and trusted.<sup>47</sup> Achieving these standards, however, requires building the capacity to collect, analyze, and use data effectively. Many jurisdictions face challenges such as limited infrastructure and unclear outcome measures.

*RESOURCE: The 2024 RAND toolkit ‘Building Capacity for Data Collection’ offers practical strategies for overcoming these barriers, such as defining participation and outcome measures, applying SMART (specific, measurable, achievable, relevant, time-bound) principles, integrating data into workflows, and training staff for consistency. 48*



Once reliable data practices are in place, they can be used to evaluate programs against established standards of effectiveness. Three online registries are useful data hubs for juvenile offenders and those at risk of delinquent offending:

- [The Office of Justice Programs' CrimeSolutions](#) <sup>49</sup>
- [The Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide](#) <sup>50</sup>
- [Blueprints for Healthy Youth Development at the University of Colorado Boulder](#) <sup>51</sup>

Each of these registries rates programs using scientific standards that rely heavily on rigorous research designs, particularly randomized controlled trials (RCTs), to establish causal inference and rule out alternative explanations for outcomes.

Additional resources supporting practitioners, policymakers, and researchers in strengthening data use and evidence-based practice include:

- [Juvenile Justice System Improvement: Implementing an Evidence-Based Decision-Making Platform](#), which highlights how validated risk/needs assessments, structured decision-making, and continuous evaluation improve outcomes <sup>52</sup>
- The National Center for Juvenile Justice's 2016 report on [Evidence-based Policies, Programs and Practices](#), which documents how state-level support centers in Nebraska, Connecticut, and Florida built capacity for data collection, training, and quality assurance <sup>53</sup>
- [Orbis Partners' blogs](#) offer insights into juvenile justice assessments <sup>54</sup>
- [Georgetown University's Center for Youth Justice](#), which provides technical assistance in evidence-based and data-driven decision making <sup>55</sup>
- Annie E. Casey Foundation's [JDAI Practice Guides](#), which helps jurisdictions align detention reform with evidence-based strategies <sup>56</sup>

Collectively, these resources equip stakeholders with the research, tools, and technical assistance needed to ensure interventions are data-driven and evidence-based.

## **CROSS-SECTOR COLLABORATION AND CONTINUUM OF CARE**

The JJDPa also emphasizes the importance of cross-sector collaboration bringing together education, health, housing, labor, and justice systems to build a Continuum of Care for youth. This model supports youth across various stages of involvement, from prevention and diversion to reentry and workforce development. Data integration and sharing is vital for cross-sector collaboration to produce successful outcomes for each state's families and youth. Likewise, programs and policies across the continuum of care should be grounded in evidence-based or promising practices, trauma-informed care, and reflective of the science of adolescent development. Furthermore, states should ensure their youth have clear and meaningful opportunities to contribute to the programs and policies that affect their lives.





## CALL TO ACTION

To truly fulfill the promise of the JJDPa, State Advisory Groups, State Agencies, system administrators, practitioners, policymakers, and advocates must:

- Ground their work in adolescent development science,
- Implement and scale evidence-based and promising practices,
- Use data and consistent evaluation for any practices implemented, and
- Foster cross-sector partnerships to build robust, community-rooted continuums of care

This series will introduce the fundamentals of science and evidence in youth justice research and core practice areas of juvenile justice reform grounded in adolescent development science that support meeting the needs of at-risk youth, as required by the JJDPa.





## COMING SOON IN THE BACK-TO-BASICS SERIES

- I. Addressing Childhood Adversity with Strategies for Healing and Systems Improvement
- II. Strengthening Youth Through Protective Factors: Centering Families, Community, and Cross-System Collaboration
- III. Operationalizing Trauma-Informed Care for Justice Involved Youth
- IV. Care Over Custody: Alternatives to Arrest for Youth
- V. Strengthening Youth and Public Safety Through Community-Based Alternatives to Incarceration

## Footnotes

- 1 Office of Juvenile Justice and Delinquency Prevention. (n.d.). *State Compliance With JJDP Act Core Requirements*. <https://ojjdp.ojp.gov/states/state-compliance-jjdp-act-core-requirements>
- 2 Hartley, C. A., & Somerville, L. H. (2015). The neuroscience of adolescent decision-making. *Current Opinion in Behavioral Sciences*, 5(1), 108–115. <https://doi.org/10.1016/j.cobeha.2015.09.004>
- 3 Office of Juvenile Justice and Delinquency Prevention. (2024, March). *Age Boundaries of the Juvenile Justice System*. <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/age-boundaries-of-the-juvenile-justice-system>
- 4 National Research Council. (2013). *Reforming Juvenile Justice*. National Academies Press. <https://doi.org/10.17226/14685>
- 5 Pyle, N., Flower, A., Williams, J., & Fall, A. M. (2019). Social Risk Factors of Institutionalized Juvenile Offenders: A Systematic Review. *Adolescent Research Review*, 5, 173–186. <https://doi.org/10.1007/s40894-019-00120-2>
- 6 Aazami, A., Valek, R., Ponce, A. N., & Zare, H. (2023). Risk and protective factors and interventions for reducing juvenile delinquency: A systematic review. *Social Sciences*, 12(9). <https://doi.org/10.3390/socsci12090474>
- 7 Matjasko, J. L., Herbst, J. H., & Estefan, L. F. (2022). Preventing Adverse Childhood Experiences: The Role of Etiological, Evaluation, and Implementation Research. *American Journal of Preventive Medicine*, 62(6), S6–S15. <https://doi.org/10.1016/j.amepre.2021.10.024>
- 8 Centers for Disease Control and Prevention. (2019). *Adverse Childhood Experiences Prevention Resource for Action A Compilation of the Best Available Evidence*. [https://www.cdc.gov/violenceprevention/pdf/ACEs-Prevention-Resource\\_\\_508.pdf](https://www.cdc.gov/violenceprevention/pdf/ACEs-Prevention-Resource__508.pdf)
- 9 Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services TIP 57*. <https://library.samhsa.gov/sites/default/files/sma14-4816.pdf>
- 10 Apel, A. B., & Diller, J. W. (2016). Prison as Punishment: A Behavior-Analytic Evaluation of Incarceration. *The Behavior Analyst*, 40(1), 243–256. <https://doi.org/10.1007/s40614-016-0081-6>
- 11 Office of Juvenile Justice and Delinquency Prevention. (2025). *Protective Factors and Strength-Based Services: Impacts on Long-Term Youth Reoffending*. National Institute of Justice. <https://nij.ojp.gov/library/publications/protective-factors-and-strength-based-services-impacts-long-term-youth>
- 12 Cullen, F. T., Jonson, C. L., & Nagin, D. S. (2011). Prisons Do Not Reduce recidivism: the High Cost of Ignoring Science. *The Prison Journal*, 91(3), 48S65S. <https://doi.org/10.1177/0032885511415224>
- 13 Foulkes, L., & Blakemore, S.-J. (2018). Studying individual differences in human adolescent brain development. *Nature Neuroscience*, 21(3), 315–323. <https://doi.org/10.1038/s41593-018-0078-4>
- 14 Amso, D., & Casey, B. J. (2006). Beyond What Develops When: Neuroimaging May Inform How Cognition Changes With Development. *Current Directions in Psychological Science*, 15(1), 24–29. <https://doi.org/10.1111/j.0963-7214.2006.00400.x>
- 15 Khundrakpam, B. S., Lewis, J. D., Zhao, L., Chouinard-Decorte, F., & Evans, A. C. (2016). Brain connectivity in normally developing children and adolescents. *NeuroImage*, 134, 192–203. <https://doi.org/10.1016/j.neuroimage.2016.03.062>
- 16 Rosenbaum, G. M., & Hartley, C. A. (2018). Developmental perspectives on risky and impulsive choice. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 374(1766), 20180133. <https://doi.org/10.1098/rstb.2018.0133>
- 17 Smith, A. R., Chein, J., & Steinberg, L. (2014). Peers increase adolescent risk taking even when the probabilities of negative outcomes are known. *Developmental Psychology*, 50(5), 1564–1568. <https://doi.org/10.1037/a0035696>
- 18 Walters, G. D. (2019). Prosocial Peers as Risk, Protective, and Promotive Factors for the Prevention of Delinquency and Drug Use. *Journal of Youth and Adolescence*, 49(3). <https://doi.org/10.1007/s10964-019-01058-3>

- 19 Aazami. (2023). *Risk and Protective Factors*.
- 20 Lipsey, M., Howell, J., Kelly, M., Chapman, G., & Carver, D. (2010). Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice Improving the Effectiveness of Juvenile Justice Programs A New Perspective on Evidence-Based Practice. <https://cdn.vanderbilt.edu/vu-my/wp-content/uploads/sites/927/2013/05/14105720/JJ-Programs-Paper.pdf>
- 21 Lankester, M., Coles, C., Trotter, A., Scott, S., Downs, J., Dickson, H., & Wickersham, A. (2024). The Association Between Academic Achievement and Subsequent Youth Offending: A Systematic Review and Meta-Analysis. *Journal of developmental and life-course criminology*, 10(4), 477–500. <https://doi.org/10.1007/s40865-025-00266-9>
- 22 Hyde, L. W., Shaw, D. S., Gardner, F., Cheong, J., Dishion, T. J., & Wilson, M. (2013). Dimensions of callousness in early childhood: Links to problem behavior and family intervention effectiveness. *Development and Psychopathology*, 25(2), 347–363. <https://doi.org/10.1017/S0954579412001101>
- 23 Colins, O., Vermeiren, R., Vreugdenhil, C., van den Brink, W., Doreleijers, T., & Broekaert, E. (2010). Psychiatric disorders in detained male adolescents: a systematic literature review. *The Canadian Journal of Psychiatry*, 55(4), 255–263.
- 24 Wibbelink, C. J., Hoeve, M., Stams, G. J. J., & Oort, F. J. (2017). A meta-analysis of the association between mental disorders and juvenile recidivism. *Aggression and violent behavior*, 33, 78–90. <https://doi.org/10.1016/j.avb.2017.01.005>
- 25 Zupan, B., Hutchings, S. M., Everitt, L. E., & Gupta, C. (2022). Language disorder and internalizing mental health problems in youth offenders: A systematic review. *International Journal of Language & Communication Disorders*, 57(6), 1207–1228. <https://doi.org/10.1111/1460-6984.12759>
- 26 Astridge, B., Li, W. W., McDermott, B., & Longhitano, C. (2023). A systematic review and meta-analysis on adverse childhood experiences: Prevalence in youth offenders and their effects on youth recidivism. *Child Abuse & Neglect*, 140, 106055. <https://doi.org/10.1016/j.chiabu.2023.106055>
- 27 Aguilar Ruiz, R., & Pereda, N. (2022). Exposure to family violence and risk factors for recidivism in juvenile offenders. *Victims & Offenders*, 17(2), 219–237. <https://doi.org/10.1080/15564886.2021.1888168>
- 28 Chu, C. M., Daffern, M., Thomas, S., & Lim, J. Y. (2012). Violence risk and gang affiliation in youth offenders: A recidivism study. *Psychology, Crime & Law*, 18(3), 299–315. <https://doi.org/10.1080/1068316X.2010.481626>
- 29 Pires, A. R., & Almeida, T. C. (2024). Risk factors of poly-victimization and the impact on delinquency in youth: A systematic review. *Crime & Delinquency*, 70(9), 2469–2487. <https://doi.org/10.1177/0011287221148656>
- 30 Dye, H. (2018). The impact and long-term effects of childhood trauma. *Journal of Human Behavior in the Social Environment*, 28(3), 381–392. <https://doi.org/10.1080/10911359.2018.1435328>
- 31 Putnam, F. W. (2006). The impact of trauma on child development. *Juvenile and Family Court Journal*, 57(1), 1–11.
- 32 Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L. & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet public health*, 2(8), e356–e366.
- 33 Kerig, P. K., Jagers, J. W., & Alexander, A. R. (2025). Trauma Exposure as a “Driver” of Change in Mental Health Problems Among Youth with Multiple Admissions to Juvenile Detention. *International Journal of Environmental Research and Public Health*, 22(11), 1710. <https://doi.org/10.3390/ijerph2211710>
- 34 Lerman, D. C., & Vorndran, C. M. (2002). On the status of knowledge for using punishment: Implications for treating behavior disorders. *Journal of Applied Behavior Analysis*, 35(4), 431–464.

- 35 Ackerman, E., Magram, J., & Kennedy, T. D. (2024). Systematic review: Impact of juvenile incarceration. *Child Protection and Practice*, 3, 100083.
- 36 Steinberg, L. (2018). A social neuroscience perspective on adolescent risk-taking. In *Biosocial Theories of Crime* (pp. 435-463). Routledge.
- 37 Lipsey, M. W. (2009). The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview. *Victims & Offenders*, 4(2), 124-147. <https://doi.org/10.1080/15564880802612573>
- 38 National Research Council. (2013). *Reforming Juvenile Justice*.
- 39 Ackerman et al. (2024). *Systemic Review*.
- 40 National Research Council. (2013). *Reforming Juvenile Justice*.
- 41 Lipsey et al. (2010). *Improving the Effectiveness of Juvenile Justice Programs*.
- 42 Carr, A. (2025). Family therapy and systemic interventions for child-focussed problems: The evidence base. *Journal of Family Therapy*, 47(1), e12476
- 43 Henggeler, S. W., & Schaeffer, C. M. (2016). Multisystemic therapy®: Clinical overview, outcomes, and implementation research. *Family Process*, 55(3), 514-528. <https://doi.org/10.1111/famp.12232>
- 44 Pappas, L. N., & Dent, A. L. (2023). The 40-year debate: a meta-review on what works for juvenile offenders. *Journal of Experimental Criminology*, 19(1), 1-30. <https://doi.org/10.1007/s11292-021-09472-z>
- 45 Office of Juvenile Justice and Delinquency Prevention. (n.d.). *Model Programs Guide*. <https://ojjdp.ojp.gov/model-programs-guide/home>
- 46 The Sentencing Project. (2024, April 18). *Protect and Redirect: Measuring Equity and Results in Juvenile Diversion*. <https://www.sentencingproject.org/policy-brief/protect-and-redirect-measuring-equity-and-results-in-juvenile-diversion/>
- 47 Measures for Justice. (2024, September 3). *Three Ways Data Can Influence the Criminal Justice System*. <https://measuresforjustice.org/news/three-ways-data-can-influence-the-criminal-justice-system/>
- 48 Byeon, V., Whitaker, L., & Holliday, S. B. (2024, January 3). *Building Capacity for Data Collection: A Toolkit for Programs Funded by the Juvenile Justice Crime Prevention Act*. RAND Corporation. <https://www.rand.org/pubs/tools/TLA3005-1.html>
- 49 Office of Justice Programs. (2024). *CrimeSolutions*. National Institute of Justice. <https://crimesolutions.ojp.gov/>
- 50 Office of Juvenile Justice and Delinquency Prevention. (n.d.). *Model Programs Guide*.
- 51 Blueprints for Healthy Youth Development. (n.d.). *Programs*. <https://www.blueprintsprograms.org/program-search/>
- 52 Lipsey, M., Conly, C., Chapman, G., & Bilchik, S. (2017). *Juvenile Justice System Improvement: Implementing an Evidence-Based DecisionMaking Platform*. <https://www.ojp.gov/pdffiles1/ojjdp/grants/250443.pdf>
- 53 Thomas, D., Hyland, N., Deal, T., Wachter, A., & Zaleski, S. (2018). *Evidence-Based Policies, Programs, and Practices in Juvenile Justice: Three States Achieving High Standards Through State Support Centers*. Models for Change. <https://www.modelsforchange.net/publications/847/>
- 54 Orbis Partners. (2025). *Blogs*. <https://www.orbispartners.com/blog/juvenile-justice-assessment>
- 55 Center for Youth Justice. (2025, April 25). Georgetown University's Center for Youth Justice. <https://cyj.georgetown.edu/>
- 56 The Annie E. Casey Foundation. (2018). *JDAI Practice Guides Collection*. <https://www.aecf.org/series/juvenile-detention-alternatives-initiative-practice-guides-collection>

**FIGURE 1**

*Process Map for Research Supported JJDPA Adherence*

