Chris Asplen: Good afternoon or good morning, everyone, depending upon where you are in the country. My name is Chris Asplen and I am the Executive Director of the National Criminal Justice Association. It's my pleasure to welcome you to our webinar on Implementing Evidence-Based Practices and Services with Fidelity. This webinar is part of a series of webinars hosted by the National Criminal Justice Association in partnership with the Bureau of Justice Assistance.

Before I go any further though, I'd like to cover a few logistical items. First, we will be recording today's session for future playback. The recording and the slides from the session will be posted on the webinar page of the NCJA website and e-mailed to everyone who registered for this session. Today's webinar is being audio cast through the speakers on your computer. If you would prefer to use your phone, the call in number is contained in your registration e-mail or on the event info tab located at the top left hand side of the screen. If you have issues with the audio through your computer at any point during the webinar please feel free to just call back in by phone.

Due to the number of people joining us today we have muted all participants to reduce background noise. If you have questions we encourage you to submit them using the chat feature on the right side of your screen. Please select host and presenter from the drop down menu next to the text box. We've included time for a question and answer period at the end of the presentation, so if your question doesn't get answered as part of the main presentation we will try to answer it during the Q and A. However, you may submit your question at any time. If you'd like to communicate with NCJA staff during the webinar, please submit your comment using the chat feature to host.

The session is scheduled for an hour and will end promptly 2 PM Eastern Standard. If you have technical difficulties or get disconnected during the session you can reconnect to the session using the same link that you used to join initially. You can also call WebEx technical support at 1-866-229-3239. In the last five minutes of the question and answer period we will ask you to complete a short survey. The information you provide will help us to plan and improve future webinars.

So at this time I'd like to briefly introduce the speaker for today's presentation. Roger Przybylski is a consultant and founder of RKC Group, a company that provides applied research, program evaluation, and training and technical assistance services to criminal and juvenile justice organizations across the country. He also serves as the Director of Research for the Justice Research and Statistics Association. Prior to forming RKC Group in 1997, Mr. Przybylski served as Associate Director of the Illinois Criminal Justice Information Authority where he directed the agency's research division and the Illinois SAC. He has also served as Coordinator of Research for the Chicago Police Department, the nation's second largest local law enforcement agency. He's been an adjunct faculty member at Loyola University and at the University of Illinois-Chicago. He currently serves as an instructor for the Michigan State University Smart Suite Research Practitioner Fellows Academy.

So with that, I will now turn the presentation over to Roger. Thank you, Roger, for

being here today.

Roger Przybylski: Thank you very much, Chris. I appreciate the introduction. It's a pleasure to be have an opportunity to participate in a webinar on a topic that I think is extremely important. Chris gave you all in the audience a little bit of background about my prior work experience. I think what I just wanted to do in kind of leading into the presentation here is to mention that really all the work that I've done throughout my career has been sort of focused on working with policymakers and practitioners in the criminal and juvenile justice systems to help them basically make decisions and engage in their work with the ability to draw on research and data in a way that can help them make informed decisions and actually be more effective, if you will, and more efficient in policy making and programming in criminal and juvenile justice.

A part of that work certainly is focused on the use of evidence-based programs and practices. I think one of the things that arguably we have been successful at over the past 20 years, 15 years, is to gain some traction in criminal and juvenile justice about the use of evidence-based initiatives whether we're talking policy, programming, practice, what have you. The reason I wanted to start out with this is that I've been involved in a number of training and technical assistance initiatives over the years that focused on the implementation of evidence-based practices. What I had sort of realized, if you will, going back maybe 5, 7, 8 years is that while we were making progress in focusing on research evidence and scientific findings to inform or drive policy making and programming, we were ignoring, if you will, the body of knowledge that was out there about implementation.

Most of the implementation discussions in training and TA work in my opinion that had been taking place was grounded in what I would call project management approaches but the science of implementation and the findings that have come out of research in this area that other fields like medicine, international aid, and some other fields had been drawing upon were not being used in criminal justice. I think that situation is changing today. It's very difficult today to encounter situations where we're talking about the use of evidence-based practices or programs without this notion of being concerned with implementation but we really have been behind the curve in our field, if you will. I really want to take this hour today I guess to be able to at least introduce people to what I think is important to understand about, first of all, the importance and the difficulty that inherently exists when you're trying to implement any type of program or practice that's based on evidence-based principles.

My objectives this afternoon really are very modest. It's really to raise awareness about the importance of difficulty of implementation but then to introduce this notion of implementation science and the key lessons learned that we can apply for tackling implementation challenges and achieving a high degree of fidelity, if you will, with our programs and with our practices. In this discussion of implementation and when you talk about a lot of things that go on in the evaluation and research world, this term fidelity comes up quite a bit. It's really the notion of being able to do in real life, in a real world setting, what your original plan or model was for

conducting work, whether we're talking about delivering a program, a service, or actually implementing some type of practice.

I often use an example that I draw upon from sort of my youth or adolescence because in our living room at home we actually had a piece of furniture that was really very, very large. Inside of it it had something called a record player and a radio. On the front of that piece of furniture there were these big plastic letters that actually said high fidelity. What that meant is that when you listened to those records or you listened to that music it actually sounded just like you were standing in front of the band or the orchestra and listening to that music live. That concept of being able to do or what was describing as listening to music in real life matching what would it sound like if you were there in front of that band or orchestra translates in this context of what I'm talking about is that we wanna be able to do in real life, in real world settings, something that's going to match very closely the program or practice protocol that we're trying to work with or the model or plan that we're trying to implement. This notion of achieving high fidelity is absolutely critical when we talk about doing sound implementation. So I'll come back to that during the presentation.

What I'm gonna cover today basically is to start with a little bit of a context for evidence-based approaches in criminal and juvenile justice. I think it's important to think about those as we talk about implementation challenges and what it takes to do a good job with implementation and achieve high fidelity. I'll use some examples from the real world that will demonstrate, hopefully, just how important implementation is and how difficult it is. Then I'll introduce some of the key lessons learned from implementation science, talking a little bit about developing staff confidence, organizational supports, and leadership. Hopefully I won't run out of time, I'll be able to talk a little bit about the moderators of implementation fidelity because I think those are important in the context of technical assistance in support work that can be provided to programs and organizations to help them achieve a high degree of fidelity with what they're trying to do.

So with that in mind, one of the things I'll mention early on here as well is that at least some of what I'm gonna talk about today was contained in a publication that I authored a few years back that's available free of charge online at the website that's listed there, the JRSA.org. It actually is a primer, if you will, on implementation science for policy makers and practitioners. This was developed with the support of the Bureau of Justice Assistance and NCJA as well. If you want to take a little bit of a deeper dive into what I'll be talking about, please take a look at that publication. It's again, free and available online for anybody to download.

Now, as I go into this context of evidence-based practice I wanna spend just a brief minute to say something about what is recognized in the scientific community as being various levels of evidence trustworthiness or what's often illustrated in a pyramid fashion or some kind of a graphic that is representing what people in scientific worlds will call a hierarchy of evidence. When you look at this particular slide and the pyramid that is illustrated on there, the base levels, those levels down at one, two, three, and what have you, those levels of producing evidence are

considered to be far less trustworthy or credible, if you will, than the rings that are at the upper top side of that pyramid. If you look at that ring that is labeled number six and number seven, this notion of doing what people often hear about as being randomized controlled trials or meta-analyses come into play into what I want to talk about about different approaches to being evidence-based.

My only point in showing this slide here is that there are indeed different levels of trustworthiness that are attached to evidence. When we're talking about evidence-based programs and practices, these are particularly those practices and programs that have been demonstrated to be effective through scientific study, typically the type of work that's done at the top, the higher ends of that pyramid. Clinical trials that are replicated, meta-analyses that look at an entire body of work on an intervention, particularly those most rigorous studies, and then expert panel reviews like those that are done at the National Academy of Sciences. The reason, again, that I wanted to start out with this is that I want to try to get everyone to think about the fact that regardless of the setting or environment in which you're working, it's highly likely that you are using different approaches to being evidence-based. Mark Lipsey and his colleagues have articulated, if you will, three particular approaches to being evidence-based I think resonate with the work that we're doing in criminal justice today, whether that happens to be in the area of corrections or policing or delinquency prevention or so forth.

One of the ways that one does become evidence-based is through the use of brand-named certified programs that some organization has looked at very closely, examined the research, and certified or designated this program to being an evidence-based program. These are programs like multisystemic therapy, Moral Reconation Therapy, Thinking for a Change. I could go on down the list but these particular programs are characterized by the fact that they have a very specific protocol to follow. That protocol is typically manualized. They're known to be effective because multiple randomized controlled trials have been conducted on this particular program and show that it works, that it's effective. We know when we try to implement these programs we will be effective if the program is implemented or delivered, if you will, with fidelity to the initial program model or protocol. What we have to do is follow that particular protocol very, very closely otherwise the expectations for successful outcomes are diminished or thrown out the window.

There's a large body of research right now that also suggests, if you will, that the effectiveness of these model-certified programs actually degrades as implementation moves away from program developer oversight or from sites that are chosen for implementation by the program developers. When you think about that, most of the work that we're actually gonna do in the real world is indeed going to be in a situation where we are not having the program developers present to oversee everything that's going on.

Now, another way for being evidence-based is to use what are called effective generic interventions. Some scholars in this field also just simply call these practices. But effective generic interventions are things like drug courts, mentoring,

hot-spots policing. Again, I can go down the line and list many, many examples. The reason that they're called effective generic inventions in kind of a relative fashion to those model programs is that these particular interventions do not have a specific protocol to follow. They have been shown to be effective through synthesis research or meta-analysis where a large body of studies is examined and you find that overall the weight of the evidence says that these programs work.

If you examine, for example, the example of a drug court, first of all drug courts can vary in how they look and how they're implemented from one jurisdiction to another. Again, that point that there isn't a specific protocol to follow. When you look at the research on drug courts, most of them, the weight of that evidence shows that they do work. Most of them work but some drug courts are not effective. Really the reason is gonna be, most of the time, implementation. What I'm trying to draw out here is because there is no specific protocol to follow, you have a great deal of latitude to be able to customize and implement these programs according to the needs of your jurisdiction. But again because you don't have that protocol you have an awful lot of latitude to mess up during implementation as well.

In some cases we know what the key program elements are for these particular interventions. That's the case certainly with drug courts. We know what they are in certain areas. We talk about mentoring or some other examples I could give. The key thing to do is that when we're implementing these generic interventions we need to ensure that these key program elements, if they're known, are included or incorporated in the implementation process. Again, because we don't have a specific protocol to follow, we really do have some latitude to mess up during the implementation process.

The third way to be more evidence-based, and it's a way that I think is quite common across criminal and juvenile justice, is to follow practice guidelines or principles that are derived from research. These are based on the common elements of effective programs and very sophisticated analyses that help determine what common features exist amongst the most effective programs. We know what these practice guidelines are in a number of different areas. We know what they are in juvenile interventions. Mark Lipsey has developed practice guidelines to follow for programming with juveniles. We know what they are in policing. The notion of being proactive and highly focused instead of being reactive and broad-based.

Certainly in corrections those principles or practice guidelines are extremely well known and I would be quite surprised to ever come across a correctional agency that wasn't well informed with and moving in a direction that incorporates the principles of effective correctional intervention. There are eight of those altogether but they can be summarized and most importantly in Risk, Need, and Responsivity. I would be quite surprised if I ran across anyone in probation, parole, institutional settings where these things like Risk, Need, and Responsivity principles weren't driving all of the work that was going on to reduce recidivism and to improve the situation with the reintegration of offenders.

Now those three different approaches to being evidence-based are commonly used. They all have different unique challenges that are associated with implementation. I want to start to kind of demonstrate, if you will, just how difficult implementation can really be. The slide that I have up there right now is really adapted from some work that Lynn Freedman at Columbia University has done. She has tried to articulate or illustrate, if you will, how varying levels of complexity actually look when we're talking about implementation and particularly when we're talking about implementation of evidence-based practice and programs. At the very simplest, easiest end of the continuum would be something that would be akin to following a recipe or protocol. So think about that when we talk about brand-name programs that have a manualized protocol to follow. That recipe is essential. It's been testing over and over to ensure replicability. We know if we follow that protocol or that recipe and follow what it tells us to do about the number of parts, the components, the steps involved, we follow that recipe very, very closely, in the end we'll create a standardized product. Think about that in baking a cake. You can think about that in implementing a brand-named, evidence-based program.

But the world that we work in tends to be much more highly complex. It looks a lot more like raising a child. That recipe or protocol in this situation actually has limited application. Raising one child successfully gives no assurance that the next one will be raised successfully. It's very difficult to anticipate the nature and quantity of everything that's needed to go into this equation to ensure success. In other words, every situation is different, every child is unique. What I would like you to think about or what I would argue here is that when we think about the different ways of being evidence-based, this notion of being able to implement, particularly when we're talking about generic interventions and following practice principles and guidelines, really falls into this realm of a highly complex setting where we don't have this recipe to follow. The recipe has very limited application if we do have it. The situation is very, very difficult in terms of being able to implement successfully.

Now, this next slide tries to illustrate this point as well. This is actually a slide that's showing you some data from an evaluation that was done in the state of Washington by the Washington State Institute for Public Policy that examined the implementation of functional family therapy that was rolled out in the juvenile justice system in the state of Washington. Functional family therapy is ane evidence-based program that has been proven to work. What this evaluation did was not only look at recidivism outcomes for the clients that received services through this program, but it also disaggregated those outcomes by how closely the therapist delivering functional family therapy adhered to the program protocol. In other words, the degree of fidelity, if you will, that was involved in program delivery.

When you look at the slide here what you're seeing in those bars, the red ones particularly, the 34% recidivism for those clients who received services from therapists who were not adherent to the functional family therapy protocol going down to the far right hand side of the slide where the very dark blue bar is

representing the recidivism rate for those clients who received their services from therapists who were highly adherent to the functional family therapy protocol.

When you look at that data, what you'll see is that the program worked. It did reduce recidivism when therapists adhered to the protocol. But as therapists deviated from that protocol you'll not only see a degradation, if you will, in the program's effectiveness but with those red bars you actually see that a situation was created when an evidence-based program that works actually did more harm than good. Those recidivism rates of 34% and 31% are higher than what the control group recidivism rate was. In other words, those clients would have been better off being left alone than receiving this evidence-based program in a way that deviated from its protocol. The point here is implementation matters. It will make or break what you are trying to do. It simply isn't enough, if you will, to identify and adopt what works or what's evidence-based to be able to achieve successful outcomes. Evidence-based practices and programs still have to be delivered with fidelity, with integrity in very, very diverse and highly complex real world setting.

That presents a very, very difficult challenge. Mark Lipsey has talked about one of the strongest messages that's come out of research is that fidelity, the quality with which a treatment or intervention is delivered, is absolutely crucial to successful outcomes. That's probably one of the key findings that's come out of research that's been done. It really is something we need to take to heart when we're thinking about implementation. What we know from the science about implementation is that we do need evidence-based or effective interventions to begin with but we also need sound, high fidelity implementation, and we need enabling contexts or environments to do this work and it's through that process that we get to a point of achieving socially significant positive outcomes. We've known for a very, very long time about the challenges of implementation. So I have a quote up here on the slide from Joan Petersilia who's one of the most well known and respected researchers and criminologists, particularly in the area of corrections. She had talked about back as early as 1990 that "The ideas embodied in innovative social programs are not self-executing. We need a focus on post-adoption events. These are absolutely crucial and they will actually be what is most critically important for being able to achieve successful outcomes with your initiatives."

We know also though research that there are huge, if you will, what are called implementation gaps that exist out there today. This notion of implementation gaps has actually been articulated quite well by Dean Fixsen and his colleagues at North Carolina University in the National Implementation Research Network. What they've pointed out is that what is adopted is often not used with fidelity and what is used with fidelity typically is not sustained over a useful period of time. And then the last bullet that's on there is that when we do adopt something and use it with fidelity, we have a great deal of difficulty bringing that up to scale to sufficiently impact social problems. So if I asked the question, for example, do we know how to reduce recidivism, the answer is certainly we do. We know how to do it. We have great examples of it. We can look at research that's been done with individual offenders, with cohorts of offenders, and there's no question we know how to

reduce recidivism.

But what if I asked the question have we been able to move the dial on reducing recidivism at a national level or even at a state level? The answer is typically no we haven't or we haven't done it very much. That is representative or illustrated of the fact that we're not very capable right now of bringing these programs and practices up to a scale where we're really in a position to be able to do the things that we wanna do to make major social differences. The evidence on this implementation gap is extensive. I wanted to do a couple of illustrations that come from the field about what this might look like. A couple of the bullets that I have on here represent findings from studies that have been done in the past. This first one was a 2011 study done by Westat that examined a representative sample of all school-based programs that are designed to prevent youth substance abuse and school crime. It looked at a nationally representative sample of these programs in the US to determine what percentage were research-based or evidence-based but also well implemented. An abysmal, if you will, percentage of those programs were found to be research-based and well implemented, only 3.5%.

In Pennsylvania, the state of Pennsylvania has rolled out and implemented blueprint programs for violence prevention. I believe they're called Blueprints for Healthy Youth Development Today. But they're evidence-based, proven to work programs that are focused on preventing juvenile delinquency. These programs have been rolled out across the state of Pennsylvania. At Penn State University there is a center there charged, if you will, with being able to provide technical assistance on the issue of implementation to jurisdictions across the state with these programs. They study them as well. The center is staffed by people who are extremely knowledgeable about implementation science and what to do with it to be able to apply it properly. But when they have done studies of the implementation of these blueprint programs in Pennsylvania they found that nearly half of those implementations involved some form of adaptation, some change or customization that moved away from the program protocol. When they examined or modeled what the impact of these adaptations would be on program outcomes and effectiveness over half of those adaptations were predicted to negatively impact program effectiveness.

In Chicago where I worked at the Chicago Police Department it was at a time when the department was transitioning from traditional to community policing. A major initiative was in place in Chicago to be able to implement community policing efforts first in a series of pilot districts and then across the city. This particular initiative for community policing was studied extensively by Wes Skogan at Northwestern University and another team of scholars. They looked at what was taking place over a series of numerous years. They found, for example, that there were a number of problems that were what I'm gonna characterize as being very routine and ordinary in character. A few of them I have listed here on the screen. Things like bureaucratic miscues that delayed the deployment of computerized crime analysis and this was essential for what was taking place with the police department in Chicago. It was the first time that computers and mapping software have been deployed from downtown headquarters out into the districts so that

beat officers and their supervisors could actually get real time information on what was going on and they could share that in community meetings with members of the community to try and solve problems.

The nightmare that happened around the deployment of that crime analysis hardware and software was substantial. There was never any linking of officer aptitude for community policing and their work on the street with merit promotions, increases in pay, things of this nature. Another thing that the Skogan evaluation found was that citizen involvement in beat meetings in particular districts tended to decline precipitously over time because certain population subgroups were not being spoken to in their native language. There were just too few officers that were working with the community members that spoke the language of that community. As a result, participation by community members in beat meetings and in engagement with law enforcement declined precipitously because there was a lack of communication. Again, problems that happen in implementation that really affected our outcomes in terms of being able to implement community policing the way it was envisioned.

I have a couple other examples here. In New York State there was a reentry program that was called Greenlight that was basically designed to follow evidence-based practices. It included the use of risk assessment, had a cognitive behavioral programming component to it, completely designed and constructed in a way that you would think would result in substantial reductions in recidivism for the individuals who participated in the program. But when that program was studied, the findings showed that the individuals who went through that program actually fared significantly worse than people who did not participate in the program. When implementation was closely examined there were a number of problems that were found. For example, the risk assessment tool was dropped during implementation because staff found it too cumbersome to use. Reasoning and Rehabilitation was something that was included in this particular program as a cognitive behavioral component that's an evidence-based proven program that works but the delivery of Reasoning and Rehabilitation deviated substantially from the Reasoning and Rehabilitation protocol. I can go into details about all of the aspects of this that fell apart but the point was, again, deviation from the initial protocol.

This program also deviated significantly from Risk, Need, and Responsivity during implementation by the fact that it included, for example, a one size fits all approach. It included people in basically things like substance abuse education and treatment programming that didn't even have substance abuse problems or disorders, violating many of the principles that exist with Risk and Need and Responsivity. Again, problems that resulted in a situation where people who were participating in this program wound up being hurt or harmed by going through it.

There's a lot of research that shows that we have substantial difficulty aligning or adhering to the principles of Risk and Need. There have been many studies, if you will, that have examined the use of risk assessment tools and how they're administered, and also the development of correctional case management plans that have found that oftentimes, those risk and assessment tools are not properly

administered and then case management plans in turn are not constructive in terms of actually reflecting the criminogenic needs that need to be addressed that are found or should be found in objectively and properly administered risk assessment and need assessment.

So one of the studies I have up here just to take a look at, a survey of probation practitioners and it found that only about half of those respondents that were required to use a structured risk assessment tool actually administered that tool carefully and made decisions congruent with the tool's findings. We also know through many different studies that there's a great deal of problems, as I mentioned, with the development of case management plans. Several studies have found a disconnect, if you will, between an offender's needs and the treatment targets that are specified in the case management plans. In other words, a proper risk or need assessment is done, it identifies their criminogenic needs that need to be addressed, but then those needs are not reflected in the case management plan that is developed for that individual. Again, a lack of adherence to the need principle.

There's also been a great deal of work that's been done in the pretrial setting. This is just a slide that will sort of highlight some work that's been done by Kristin Bechtel that has looked at issues and problems with implementation in the pretrial setting. She has found, for example, in her work that many jurisdictions have adopted risk assessment tools that were developed or validated on a different population without fully considering their target population's characteristics. Again, things like the fidelity of the tool's administration not being monitored or no plans being in place for future evaluation of that particular instrument's predictive validity. We've known about this implementation gap and the challenges that are inherent to implementation for a very, very long time.

I love to use a study that was actually conducted in the late 1960s and early 1970s in Oakland, California as an illustration of just how difficult and inherent the challenges of implementation are. The findings from this particular study, though they were published back in 1973, are as applicable to our situation today as they were back however many, 40 years ago or so. The key thing that I'm trying to drive home that was found in this study is that it is ordinary circumstances and routine events that present serious obstacles to high quality implementation. What appears to be very simple and straightforward in the implementation process almost always turns out to be more complex than we anticipate. We underestimate the number of steps involved, the number of separate decisions that have to be made, the level of collaboration and agreement that has to come into play, the number of different participants or organizations whose preference have to be taken into account to be able to actually move a program or a practice forward during the implementation process to have it successfully embedded in the organization in a way that's going to make a difference.

This notion that implementation is inherently difficult and is the challenges are based on, as I say, routine ordinary circumstances that are gonna be there every day suggest to us that we really have to consider up front what the organizational

machinery for executing program implementation really is and what it looks like. We need to be able to think of this program and this practice implementation as a system in which each element, if you will, is dependent on every other element and coordination, getting things to work together, has a very, very deceptively simple appearance. We need to understand that we need to be able to think about implementation from a very different conceptual viewpoint than I'm gonna suggest we typically have done in the past. This is where implementation science comes in 'cause it's the study of methods, if you will, to promote integration of research findings and evidence and it's the development of research-driven science-driven insights and tools that can be used by practitioners to support high-quality implementation, again, in these very diverse and complex real world setting in which we work.

Some of the key lessons learned that I would like to drive home is that the way that we think about or conceptualize implementation is extremely important. One would argue that it's far more fateful for success or failure than the content of a program that you're trying to implement. It's absolutely essential to think about implementation as change management. By that what we're talking about is actually change in terms of changing the behavior of human service professionals or practitioners, providing them the skillsets that are appropriate for the context they're going to be working in and the populations and situations they'll be working in. But it's also changing organizational structures and particularly organizational cultures so that they facilitate what we're trying to do with EBPs and that they create, if you will, that enabling context that is an essential part of the equation for achieving successful outcomes. This also involves changing the thinking of system directors or policy makers. The leaders that will actually demonstrate buy-in and commitment to shepherd through what we're trying to do in terms of implementing and then essentially embedding and sustaining a new way of doing business in our organization and in our systems.

Thinking about implementation from a conceptual standpoint, one of the key things that the researchers at North Carolina University and the National Implementation Research Network have taught us is that implementation is a process, not an event. In fact, it goes through a series of stages which I'll talk about or just show you a slide on in the next slide. But we need to recognize that implementation is also not sort of a linear process, moving from point A to point B and so forth without setbacks and without going through various iterations of trial and error. We also need to recognize that sound implementation requires time and dedicated attention. By that I mean getting out of the mindset of project management and thinking about implementation from a viewpoint where we have to have purposeful organized assistance that's focused on what are called the drivers of sound implementation and then the enabling context or culture.

This chart actually shows the work that Dean Fixsen and his colleagues at the National Implementation Research Network have developed in terms of identifying what the stages of implementation look like. The key thing that I'd like you to take away from this slide or from this notion here is that getting past initial implementation where some preliminary change in practice comes into play is very,

very difficult because this is where all the forces will kick in to resist and push back on what you're trying to do to shape it back into the sort of original context of the way that organization functions. Sound implementation in the most perfect setting with the most skilled and experienced staff members will typically take a time period that encompasses, at best, two to four years to move from initial implementation stages all the way to full implementation where what you're trying to do is accepted, fully embedded in the organization and on the way to sustainment. Time is something to be considered here. We need to recognize that it takes a considerable amount of time to be able to do something well in terms of implementation.

This slide also comes from the work that's been done at North Carolina University and the National Implementation Research Network. It identifies what further work and research has shown to be the key drivers of effective implementation. One of those relates to developing staff competence, another is organizational supports, and then finally leadership. I want to say a few things about each of these areas in terms of what we do know from implementation science and what needs to be taking place in these areas to be successful. One of the things we have to recognize is that systems always trump programs. Systems and organizations are going to exert pressures to alter what you're trying to do that's different, that's new, so it fits into the existing system and organizational structure. Unless there is dedicated, active efforts focused on implementation to overcome these pressures, those pressures and that pushback and resistance will eventually win.

So the approach for being able to deal with this is to create and to use implementation teams. This might sound like it's abstract and very difficult to be able to do but there are many, many, many examples of implementation teams in practice today and the research on implementation teams indeed demonstrates how effective they can be in achieving high fidelity implementation and then the successful outcomes that we're looking for. An implementation team is simply an organized and active group that sits within an organization or across organizations that are partners in an implementation effort. They have the knowledge, the skill, the freedom, the authority to act within that organization or those partnerships to help plan the implementation effort, support it on a daily basis, identify implementation challenges, communicate those challenges to policy makers and ensure that there is constant communication between practitioners and policy makers, and they help to ensure that fidelity is achieved and maintained.

That notion of implementation teams can take many, many different structures or forms. I have one slide on here that comes from some work that been doing with Chris' organization, the National Criminal Justice Association and the National Governors Association that has been working in the state of Arizona on a large-scale statewide reentry reform initiative. The only reason I wanna show this slide is to basically kind of illustrate that implementation teams can be developed on a very large statewide basis. They can be developed on smaller initiatives. This particular slide here, our core implementation team sits in the middle of this chart that's represented by individuals who are at a deputy director level let's say in the Department of Corrections and all the individual types of service agencies that

need to be involved to support successful reentry. Things like housing, employment, behavioral health but then also data infrastructure folks who are able to ensure that we have the data and the information that's needed to be able to move implementation forward successfully.

We know that developing staff competence is an important driver of implementation. The key point I want to make here is that initial training, up front training is not enough. There is a substantial body of research across many different disciplines that tells us that implementation is going to be better off and is going to be more successful when we follow up initial training with on the job coaching and feedback. There are a couple of studies that have been done or are in progress right now in the field of corrections that show very clearly that this notion of on the job coaching, feedback, and booster training is really what matters to be able to sustain what we're doing with training, have it embedded into practice, and used in practice.

This notion also of training is important to think about from the standpoint of what we're actually trying to do in training. What I wanted to point out as being something that's critically important to recognize is that while we do have to train people on what to do and how to do it, what we typically don't focus on and what should be the initial focus of everything that we're doing in training is why we're doing this new approach, why this matters. The reason that this is critically important is that an awful lot of work has been done recently in the past 5 to 10 years with technology that's focused on brain science. A lot of work's been done in the field of juvenile justice to apply what's been found with brain science research to show to actually change practice.

What we have learned is that a Simon Sinek quote I have here is that people actually don't buy what you do, they buy why you do it. What we've learned from the brain science is that decision making tends to be highly influenced by areas of the brain, if you will, that are related to emotions, to trust and loyalty, rather than to facts and figures. To be able to get people to change behavior and to come along with what we're trying to do we need to win their hearts, if you will, in addition to their minds. This is all about gaining trust and gaining their loyalty. This is really, really shown very strongly in the work that's been done in brain science recently to be able to demonstrate why it's important to bring people into the fold here who believe what we believe.

There's something that's called the Law of Diffusion of Innovation that basically tells us that regardless of the context or the topic or who we're looking at population wise, that there tends to be a distribution in the population we're looking at that looks something like this chart in terms of its propensity to adopt or embrace change or something new or to resist it. There's a very small percentage of people, if you will, who are innovators and early adopters who will try new things and believe that engaging in that new way of doing business, of adopting change, can lead to better outcomes. It's those individuals who we need to be able to find those people who believe in what we believe to bring along their peers who would be in the early and late majority in this chart here. Those folks in the early

majority and late majority will not adopt a new practice, will not basically embrace change unless someone else, some of their peers, already has tried it and shown that it's safe to do so.

The research that's out there about receptivity to research, to evidence-based practice and to change, very, very strongly shows us that peer to peer influence is critically important and it has a substantial impact on trust and loyalty. The point here is that when we're trying to deal with situations like the challenges of implementation and being able to find folks who are going to basically lead the charge, we need to be able to find the early adopters and the innovators in our organizations who believe in what we believe because it is those folks who will then influence their peers to come along and do what's necessary to get this new way of doing business embedded and sustained.

There are a whole list of organizational supports that we could talk about. One of the things that I think is critically important that I have on this slide here is to build and to assess collaboration but then also to consider what types of policies and procedures exist within an organization to ensure that they are aligned with the new way of doing business and to ensure that there are quality assurance or continuous quality improvement efforts that are in place that are focused on the notion of fidelity measurement. I want to say a few words about those that are gonna basically sort of end up or finalize what I'm gonna present here today.

What I want to say is that there has been, rightfully so, over the past 20 years or so, an emphasis and a movement towards doing outcome evaluation and ensuring that we're producing data that will demonstrate that we're being successful in terms of providing tangible real life benefits to citizens and communities through our programs. One of the things that's occurred during that process is that we have almost abandoned or provided, if you will, less of a focus unfortunately of a notion of looking at processes and looking at implementation and its fidelity. We have a great deal of work to be able to do there and it's critically important to be able to achieve successful outcomes to look at fidelity and to approach evaluation from what I consider to be a formative standpoint.

In the evaluation world people talk about two general purposes for evaluation. One being summative, which is sort of a final report card on a program or intervention. The other is formative work. The formative work is really providing feedback to program management and staff so that they can basically engage in a process where they are continually improving what's going on, getting feedback from evaluation work and from fidelity assessment work to help to make mid-course corrections, find problems, do something about them before they become intractable and therefore thereby maximize the effectiveness of what they're trying to do.

So there is a great deal of literature, a large number of tools that are out there for engaging in fidelity assessment and there are very common themes that you will find across all the scholarly work that's been done in this area. One of the things we know is that we need to be able to measure what's going on in terms of

prerequisites for a program or a practice, the framework for service delivery, but then we have to look at the way in which those services or programs are delivered. We can talk about things like adherence to the program protocol, the level of exposure or dosage that a client is receiving, but then some very difficult things that are tough to measure that are things like the competency or quality of delivery that practitioners are engaged in to be able deliver this program or service.

There's an awful lot that we know about meaningful quality assurance and quality control processes. What I have here on the screen are what some of the core features of those particular processes should be. We should have performance measures that span things like what we're doing if we're talking about corrections, risk and need assessment, case management plan development, and the performance of external programs. We need to be able to, I would argue, also incorporate, if you will, client feedback into what we're trying to do. There are many, many different organizations and tools that are out there to be able to engage in fidelity assessment and quality assurance work. The University of Cincinnati has many of them. George Mason University's Risk Need Responsivity Simulation Tool. I'm happy to be able to follow up with anybody to talk about what some of those tools are and what they can do for you.

One of the key things that we have to remember, I think, is that when we're trying to be able to engage in this process of quality assurance and fidelity measurement that it's absolutely essential that we use that information to be able to guide our efforts and ensure that the process and the stages that we're moving through of implementation are guided by data driven systematic feedback that we engage in during the process of our work. The idea here is to be able to understand that we are going to encounter challenges in implementation, that we should expect failures consistently, if you will, but the idea is to learn from those failures and to make incremental steps forward to achieve solid implementation over the long haul. We need to be prepared for those failures. It's the notion if someone asks you, for example, to play a musical instrument that you've never played before, the first time you're going to do it is probably going to sound pretty terrible. But it's only over time and over a number of years of practice that you can actually get down to a position where you're actually going to produce something that's worthwhile and we need to conceptualize our approach to implementation as being very similar to that.

With that I'm gonna stop. I know that we're very close here to the end time. What I would also suggest I think, to Chris and to anyone that's in the audience, is that if there is any information that people would like to obtain about specific tools or specific organizations that can help with fidelity measurement and quality assurance I'm happy to follow up with anybody that would be interested in that information. Let me stop there and turn it back over to Chris.

Chris Asplen: Great. Thank you so much, Roger. We sure appreciate it. Right now we're gonna open the poll for a couple of minutes and ask you folks to please go ahead and fill that out. It shouldn't take much time at all. Then we'll go ahead and ask a couple of questions. We know we're up against the 2:00 hour east coast but there are a

couple of questions that have come in. So please, go ahead, fill out the poll and then we'll get to a couple of questions. Thank you ...

Okay. So I think most people have probably finished with those short questions. Just a couple of questions, Roger, have come in. We got a number of questions prior to the webinar and I think you've actually covered most of that information. A couple of things that have come up during the webinar. The first one is given the lengthy amount of time, which is three to four years that it takes to successfully implement a program, why does it seem that the federal grant funding for programs usually is based on shorter, often a one year time span? That may be an impossible question to answer, Roger, but go ahead and give it your best shot.

Roger Przybylski: Yeah. Yeah, I certainly can't speak for federal government or, for that matter, any funding source that basically provides that kind of a timeframe for producing successful results. I don't have an answer to it. I don't. This is an absolute complete disconnect between funding sources or the people that are providing whatever support is there to be able to engage in evidence-based practice and programs, a complete disconnect between what is needed and what's in reality appropriate for being able to obtain proper results. The notion that one could do a good job with implementation and produce successful outcomes in such an abbreviated time span puts everyone in a position that's really impossible to be able to deal with. With any practice or program that's evidence-based, given what we know about the challenges of implementation, this notion of expecting problems and challenges has to be there. It's inherent in the process.

All I can actually say and what I've been doing over a course of many years saying as much as individuals who are involved in real world work on the street with absolutely sort of being responsible for implementation efforts and getting to that point where you're seeing the outcomes you know that you're shooting for, you realize how much time it takes. I would think that you need to keep just plugging away at an educational sort of approach to funding sources that this is both a scientific finding and something reflected in everyday practice that implementation takes time. There will be challenges. To get to the point where we're producing outcomes that can be actually demonstrated and measured is something that is going to take multiple years to get to and expectations otherwise are just absolutely realistic. I guess my bottom line answer is don't ever give up on saying those things to policy makers, to funding sources, and try to educate them about the reality of what it takes to be successful.

Chris Asplen: Yeah. Just one final question. Before I ask it though, I just encourage anyone who's on the webinar today that if your question hasn't been answered or if you have questions come up in your mind after we're off here, don't hesitate to send the questions to us and we'll get together with Roger and make sure that you get an answer. So the final question I have Roger is that if most but not all elements of program fidelity are in place, is quote "acceptable adaptation" end of quote of the program model possible rather than rejecting the model altogether?

Roger Przybylski: So that's an interesting question and I think it's actually a quite good one. The

notion of adaptation is a controversial one to say the best I think. One of the things that we do know is that adaptation happens all the time, that it is inevitable in many cases. When you look at what's going on in the real world some customization typically takes place. I think the argument from program developers is that one should avoid adaptation at all costs and only adapt once you're able to implement the program properly according to the protocol. And if you do adaptations after that that they are guided by assessment and database monitoring to ensure that you don't get into a position where you're either degrading the effectiveness of what you're trying to do or creating a situation where there's more harm than good.

One of the key points here I guess that comes into this question is what about the situation where you may not have a specific protocol to follow but you know the key elements of the program. If you're able to, for example, ensure that those key elements are put into place do you have some latitude to be able to adapt, to customize around those. Again, I think what the issue is here is that knowing that adaptation and customization is a reality, when you look at what's going on across the country that my response to that is that we currently do not have, if you will, empirically-based, research driven, data driven guidelines or thresholds about what can be changed and what can be adapted safely and how far one can go without creating a situation that this really isn't the program as we originally intended it to be. I think that holds true even if we do know what some of the key program elements are or if we know what all of them are.

The answer I guess what I would say is that if you engage in any kind of customization or adaptation, it is absolutely essential that you monitor what's happening on a as close to real time basis as possible through some systematic data driven process to ensure that you're on a trajectory to achieve positive results and you're not in a situation where you're degrading effectiveness or creating that situation where people are being harmed even though the programming effort is completely well intentioned. So it's a matter of oversight, monitoring, and fidelity assessment, if you will, that has to come into place to be able to safely do that given the lack of guidance that we currently have from an empirical standpoint about what to do with adaptation.

Chris Asplen: Well, Roger, thank you so much for today, for providing your time to us. Thank you to all the attendees from all over the country. We appreciate it. We hope that this was beneficial. We will be sending the webcast and the slides to all the registered attendees tomorrow and posting them on the NCJA website. Thank you again, everybody, for joining us and have a great rest of the day. Thanks.