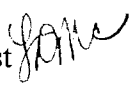


MEMORANDUM

July 28, 2016

TO: Health and Human Services Committee
Public Safety Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Pew Charitable Trust – partnering with Montgomery County for results based/performance based program and budgeting decisions (Results First)**

Presenters for this session:

David Gottesman, CountyStat Manager
Ben Fulton, Pew-MacArthur Results First Initiative
Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)
Robert Green, Director, Department of Correction and Rehabilitation (DOCR)

On April 4th the Health and Human Services (HHS) Committee was briefed by DHHS Director Ahluwalia and Mr. Vanlandingham, Director of the Pew-MacArthur Results First Initiative, on Results First and discussions on how Montgomery County might participate. The Committee was informed that after the HHS Committee session, Pew would be meeting with Executive staff and, if there is agreement, plans would start on how to participate. The HHS Committee was very interested and enthusiastic about the possibility of implementing such a performance plan and asked to have a progress report.

An update from David Gottesman, CountyStat Manager is attached at ©A. Since the April session, the Executive has determined that CountyStat should take the lead and that both DHHS and DOCR will participate.

The update indicates that DHHS plans to use the Results First approach to assist in its selection of where to direct new funding in the Children's Services area and that DOCR is going to focus on existing behavioral health programs.

Representatives from Westat attended the April HHS Committee session as they were interested in understanding whether there was potential for a partnership. The update indicates that there have been no decisions on how a consultant might be used and that a competitive solicitation may be required.

Background

As background for this discussion, the following is summary information about Results First. In addition, attached at ©1-8 is, “*Achieving Success with the Pew-MacArthur Results First Initiative*,” and at © 9-20 is, “*Implementation Oversight for Evidence-Based Programs*.”

The Pew Charitable Trust – MacArthur Foundation *Results First Initiative* works with states and counties to “develop the tools policymakers need to identify and fund effective programs that yield high returns on investment.” It allows jurisdictions to:

- Direct resources toward cost-effective programs shown to work.
- Inform the planning and development of new programs.
- Restructure contracting and grant processes to prioritize evidenced-based programs.
- Ensure that programs are delivered with fidelity to practices most likely to produce results.

There are four main steps in the Result First process:

1. Create an inventory of currently funded programs.
2. Review programs that work.
3. Conduct benefit-cost analysis to compare programs’ likely return on investment.
4. Use evidence to inform spending and policy decisions.

After initial evaluations and program/budget decisions there must be **implementation oversight** to make sure that programs are being delivered according to their intended design and there must be **outcome monitoring** that regularly reports performance data to make sure programs have the expected results.

The Results First Initiative was working with 21 states as of last April. Pew Charitable Trust is working to expand its efforts in counties and is interested in working in Montgomery County.

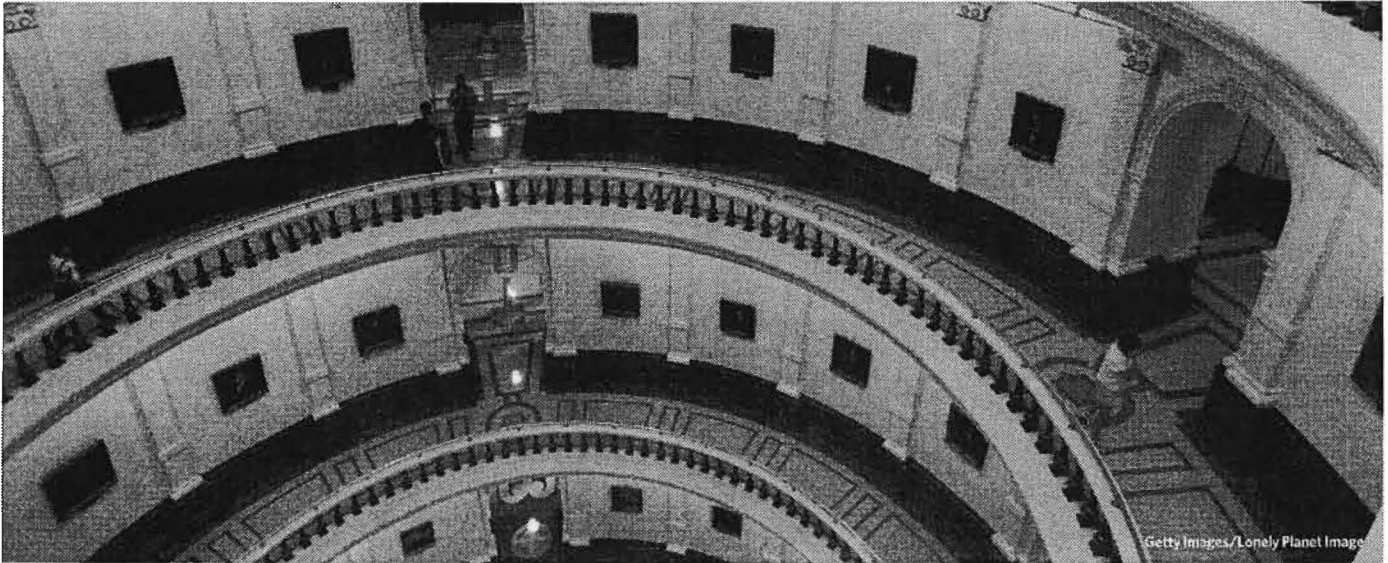
At a county level, the Results First Initiative has been working with four California counties: Fresno, Kern, Santa Barbara, and Santa Cruz to realign their criminal justice programming in order to reduce recidivism and increase effective programs. Changes to California law have given counties responsibility for more inmates and for inmates with longer sentences which provides additional incentive for making sure effective programs that reduce costs are in place. While each county is different, Kern County noted that they used their program inventory and evidence review to identify areas where services could be consolidated or coordinated more effectively to reduce recidivism. Santa Cruz County is using the information it has gained from cost-benefit analysis to establish new contracting requirements and to prioritize a portion of funding for programs that the analysis identified as most likely to reduce recidivism and generate cost savings.

Montgomery County's Implementation of the Pew-MacArthur Results First Initiative

Update: August 1, 2016

1. Montgomery County officially voiced support in April 2016 to engage the Pew Charitable Trusts and MacArthur Foundation and participate in the Results First Initiative through two letters of support – one from the County Executive and one from the County Council President.
2. Initiative Summary: Results First is a systematic approach to applying evidence-based and evidence-informed policymaking to state and local government, with the goal of enabling its practitioners to maximize the “bang for the buck” through the selection of the most effective programs and interventions as identified through Pew’s clearinghouse of research and studies. Pew provides the tools, training, and technical and policy assistance, and pledges to work at our speed and in the policy areas we select. They will also provide access to a web platform for communicating and sharing info, lessons learned, etc. with other jurisdictions adopting the Results First approach.
3. Based on Pew’s areas of focus and the types of programs that Results First has documented and rated in its clearinghouse, the County has selected HHS and DOCR as the best-fit candidates to participate. Because of the multi-departmental nature of the effort, CountyStat was asked to serve as the project coordinator and facilitator.
4. The first working session between the County and Pew took place on July 14, 2016. Attendees included the Pew team, joined by representatives from HHS, DOCR, OMB, CountyStat, and the Collaboration Council. The group received the initial technical training and reviewed the first three phases of putting Results First into action (gather basic program info; gather more detailed program info; and match our information to the evidence base, our own past evaluations and the clearinghouse research) and how to use the spreadsheet templates. There appear to be several ways in which participating jurisdictions have chosen to use the program inventory to address a range of needs.
5. HHS and DOCR will both be starting small (focusing on a single program area to serve as test-case for this new methodology), while taking slightly different approaches to their work: DOCR will be focusing on existing Behavioral Health programs, while HHS will be using the Results First approach to assist in its selection of where to direct new funding in the Children’s Services area. The departments selected these areas by considering where they could maximize their impact and ROI, and where evidence exists within the resources provided by Pew.
6. There are two workgroups (HHS and DOCR) commissioned by each Department Director that are working in parallel and supported by Josh Watters (OMB) and Dennis Linders (CountyStat) on the HHS side, and Bruce Meier (OMB) and Wade Holland (CountyStat) on the DOCR side.
7. The two groups are currently in the early stages of their work, starting with Pew’s “Phase 1” which entails inventorying the relevant programs within each selected area and collecting some basic information as required by Pew. The groups will work independently at times, guided by regular check-in calls with Pew, and the larger group will come together periodically. The desired timeline is to fit into the FY18 budget cycle so as to be able to inform those discussions this fall and winter. At this time, we cannot yet determine if the staff resources currently committed to this project are sufficient or if additional resources might be needed. There has been no movement on the prospect of involvement by Westat, as a competitive solicitation is likely required based on the potential scope of work.

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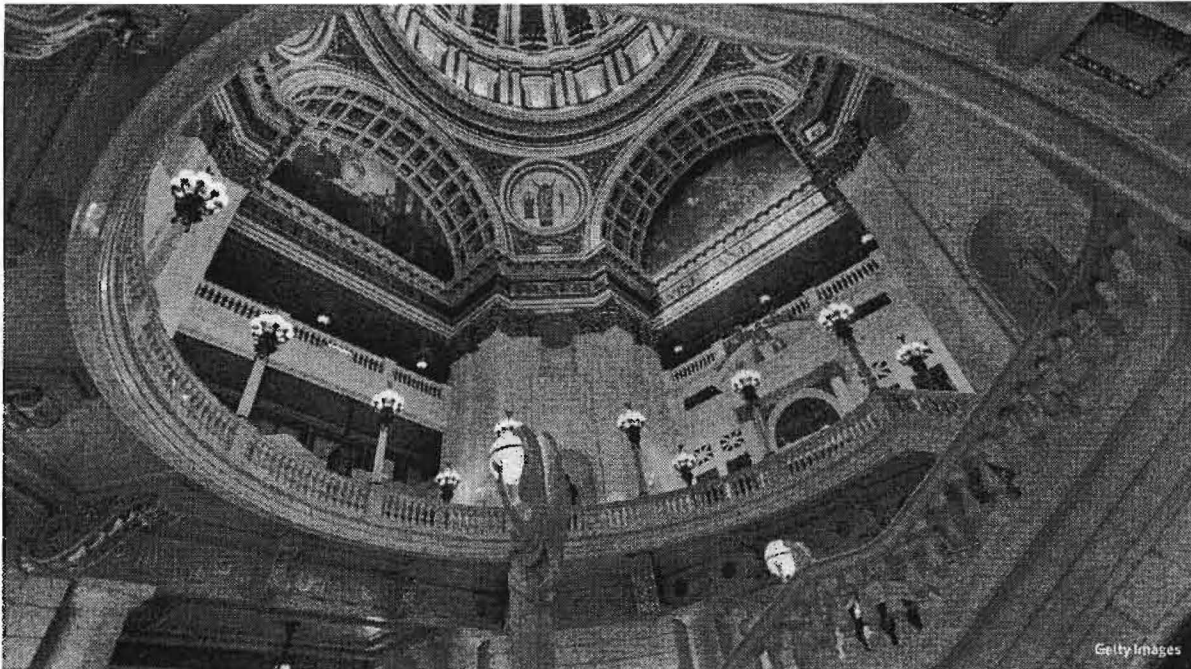
Achieving Success With the Pew-MacArthur Results First Initiative

A State Progress Report 2011-13

Overview

Fourteen states and three California counties have partnered with the Pew-MacArthur Results First Initiative, a joint project of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, to apply a customized, innovative cost-benefit approach to policy and budget choices.¹

These jurisdictions are still in the early stages of implementing the Results First cost-benefit analysis model and using it to inform their decisions. In 2013, six states—Connecticut, Iowa, Massachusetts, New Mexico, New York, and Vermont—completed implementation of the Results First analytic model, which typically takes one year, and provided results to legislators and key stakeholders through testimony, presentations, and written reports. At least two others—Illinois and Santa Barbara County, CA—anticipate completion in time to support their 2014 policy processes. The remaining jurisdictions will complete implementation later in 2014 and plan to use the results to inform their 2015 legislative sessions.



The six states that have deployed their Results First models have already seen important policymaking successes, including:

- Shifting, cutting, or allocating a total of \$38 million in funding, with anticipated returns of as much as \$38 for every \$1 invested over the next seven to 10 years.
- Using the model to analyze proposed criminal justice policies.
- Passing legislation that incorporates the Results First approach into state policy and budget processes as a matter of law.

This brief highlights individual successes and identifies opportunities for states and counties to expand efforts to improve outcomes across a range of policy areas, including adult criminal and juvenile justice, child welfare, education, mental health, and substance abuse.

How states participate in Results First

States that wish to begin using cost-benefit analysis to improve their policymaking contact Results First and issue a formal partnership invitation. With support from Results First staff, these states then customize the analytic model using their own program and costs data. This implementation process typically takes one year, but once it is complete, states have the tools they need to compare the effectiveness of programs and to use the findings to drive budget decisions.

These analyses can include existing and proposed state programs and provide a clear ranking of each policy option's probable return on investment. Then, with technical assistance from Results First staff, states report the cost-benefit findings to policymakers in a timely manner and in an accessible, easy-to-understand format to inform budget debate and decision-making and improve the returns on taxpayer investments.

States' successes using Results First

Although states are still in the early stages of their implementation processes, several achieved significant successes in 2013—particularly in directing funds to evidence-based programs, analyzing programs and policy proposals, and establishing legislative frameworks for using the Results First approach in policymaking. These efforts demonstrate their commitment to making policy and budget decisions based on evidence of cost-effectiveness.

Directing funds in the budget process—The Results First approach enables states to spend their money more wisely and achieve higher returns on their investments. For example:

- **Iowa** launched its Results First model in 2013, and the initial reports prompted state lawmakers to allocate \$250,000 in new funding to support vocational education programs in prisons after the analysis showed that they would reduce recidivism and result in increased returns of approximately \$1 million in benefits over 10 years.

The model also demonstrated that the state's existing community-based domestic violence treatment program, which cost \$1 million annually, was ineffective in reducing recidivism among abusers and was losing \$3 for every dollar invested.² In response, the state partnered with the University of Iowa to pilot an alternative program known as Achieving Change Through Value-Based Behavior, commonly known as ACTV, with the goals of increasing public safety, improving outcomes, and spending money more responsibly. Formal evaluation findings are forthcoming, but early ACTV results suggest positive outcomes.

- In **Massachusetts**, preliminary analyses using the cost-benefit model helped policymakers recognize the power of the Results First approach to strengthen public safety by identifying the best investment of limited taxpayer dollars, according to Mike Coelho, assistant secretary of the Executive Office of Public Safety and Security, who is leading the state's Results First initiative. Consequently, Massachusetts has committed to spending approximately \$5 million of its Edward Byrne Memorial Justice Assistance Grant funds on highly effective programs.
- Decision-makers in **New Mexico** have used the Results First model to direct \$17.15 million to effective programs that are expected to generate approximately \$55 million in returns over seven years.³ New Mexico's Legislative Finance Committee, which houses the model, worked with the state's Sentencing Commission, Corrections Department, and Children, Youth and Families Department to produce reports that evaluated adult criminal justice, child welfare, and early education program cost and benefits and ranked the programs using a *Consumer Reports*-style list.

Using the cost-benefit model helped policymakers recognize the power of the Results First approach to strengthen public safety by identifying the best investment of limited taxpayer dollars.

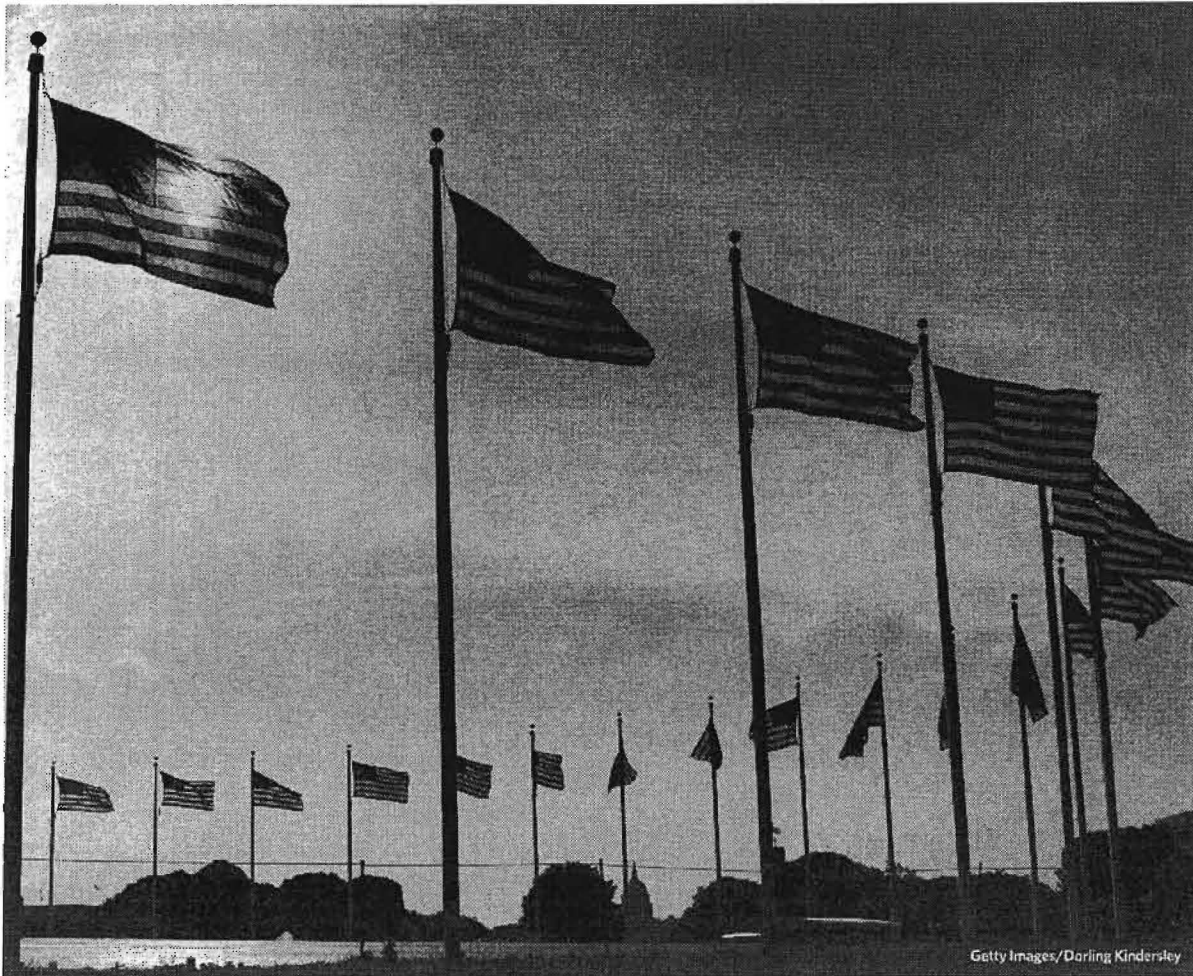
Analyzing the costs and benefits of legislative proposals outside the budget process has helped states understand their long-term fiscal impact.

These reports included analyses of the additional costs that New Mexico will incur if it continues to fund the same mix of programs without considering effectiveness or alternatives that offer improved outcomes and higher returns. For example, the 2012 report estimated that if current trends held, offenders released in fiscal year 2011 would cost taxpayers an estimated \$360 million in corrections funds alone due to reincarceration over the next 15 years.⁴

- **New York** Governor Andrew Cuomo directed \$15 million for Alternative to Incarceration Programs.⁵ From these funds, \$5 million were allocated through a competitive grant program, and the state's Results First cost-benefit work contributed to the selection process. The state will perform ongoing evaluations of programs receiving the funding to ensure that taxpayer dollars are spent effectively and produce the maximum public safety return.⁶
- The **Vermont** fiscal 2014 budget reduced funding for the state's correctional high school graduation program, Community High School of Vermont, by \$600,000, after an issue brief highlighting findings from the Vermont Results First model showed that the program was not running at full capacity and had a high per-student cost.⁷ The state plans to produce similar issue briefs to help inform policy and budget decisions, including reviews of electronic monitoring programs.

Analyzing the costs and benefits of legislative proposals outside the budget process has helped states understand their long-term fiscal impact. Two states used their Results First models to analyze the potential effects of sentencing policy options and to inform key stakeholders:

- **Illinois'** Sentencing Policy Advisory Council used the Results First approach to assess the fiscal impact of 2013 proposed legislation that would have increased sentences for offenses involving the unlawful use of a weapon.⁸ The analysis indicated that the proposed change would result in significant costs for the state.
- In 2012, **Iowa's** Public Safety Advisory Board assessed mandatory minimums for drug traffickers and found high costs with no evidence of significant reductions in recidivism. The report also found that the state would reduce the prison population and save taxpayers \$1.2 million over 10 years if policymakers eliminated mandatory minimum terms for lower-risk drug offenders and reinvested a portion of the projected savings in evidence-based treatment programs. The advisory board recommended that validated risk assessment become a standard part of presentence reports to the courts.



Making Results First an integral part of state government is an important step toward building long-term support and establishing a strong foundation for the use of evidence in policy and budget decision-making. Three states passed legislation to create a sustained structure for Results First:

- In 2013, the **Connecticut** Legislature established the Results First Policy Oversight Committee to implement the model with a goal of supporting cost-effective policies and programming in the state. The committee is required to submit annual reports to the governor and General Assembly that recommend measures to implement the Results First model.⁹
- The **Massachusetts** Legislature set up the Special Commission on Criminal Justice in 2011 to implement the Results First model and help advance a variety of reforms.¹⁰ A law passed in 2013 made the commission permanent and directed it to use the Results First approach to develop legislation that would decrease corrections spending and use the savings to reduce crime, improve public safety, and address other budget priorities.¹¹
- In 2013, the **Vermont** Legislature passed Act 61, which created a Criminal Justice Consensus Cost-Benefit Working Group to develop the Vermont Results First model.¹² The group is required to use the model to deliver cost-benefit information that will enable policymakers to evaluate strategies and programs and identify options that achieve net social benefit.

By implementing and expanding the model, policymakers will be better able to allocate funds effectively across policy areas and achieve higher returns on their investments, improving their states' fiscal health and enhancing outcomes for citizens.

Opportunities to expand evidence-based policymaking

States have made substantial progress over the past 2½ years in implementing the Results First model and using it to inform and strengthen policy and budget decisions. These efforts have yielded millions of dollars in targeted funding, cost savings, and cost avoidance that will improve long-term outcomes for citizens. But significant opportunities remain to increase the use of cost-benefit analysis to inform critical budget and policy decisions. Specifically, states can:

- **Expand their analyses to identify and assess all funded programs in targeted policy areas.** To date, the states and counties participating in Results First have focused their work on a subset of programs that are included in the cost-benefit analysis model. States can expand their analyses to include all currently funded programs in the policy areas they are assessing, using the Results First approach to determine which programs are successful and which lack rigorous evidence of effectiveness, and to consider where they could make adjustments to align them to or replace them with evidence-based programs.
- **Implement the Results First model in a broader array of policy areas** such as child welfare, pre-k-12 education, substance abuse, and mental health. Although most states' initial models have addressed adult criminal and juvenile justice policy, states such as New Mexico have begun to tailor their models to also examine the child welfare and education arenas.
- **Ensure that programs are implemented with fidelity** to their research-based designs to safeguard effectiveness and maximize predicted outcomes. States can evaluate what systems are in place for reviewing and monitoring for fidelity and consider which programs may need improved oversight.

Conclusion

States are achieving success in using the Results First approach to make more informed budget and policy decisions through the power of evidence. By implementing and expanding the model, policymakers will be better able to allocate funds effectively across policy areas and achieve higher returns on their investments, improving their states' fiscal health and enhancing outcomes for citizens. Results First will continue to work with states to transform the way they make their policy and budget choices. This assistance includes helping states to expand their cost-benefit models to other critical policy areas and increasing participation in Results First across the country.

Endnotes

- 1 The 14 states and three California counties are Connecticut, Florida, Idaho, Illinois, Iowa, Kansas, Massachusetts, Mississippi, New Mexico, New York, Oregon, Rhode Island, Texas, Vermont, Fresno County, Santa Barbara County, and Santa Cruz County.
- 2 Iowa Department of Corrections, "Return on Investment: Evidence-Based Options to Improve Outcomes" (May 2012), http://www.doc.state.ia.us/Research/DOC_HandoutROI_OffenderPrograms.pdf.
- 3 New Mexico Legislative Finance Committee, "Evidence-Based Programs to Reduce Recidivism and Improve Public Safety in Adult Corrections" (July 2013), <http://www.nmlegis.gov/lcs/handouts/CCJ%20072213%20Item%201%20LFC%20Results%20First%20Brief.pdf>.
- 4 New Mexico Legislative Finance Committee, "Reducing Recidivism, Cutting Costs and Improving Public Safety in the Incarceration and Supervision of Adult Offenders" June 14, 2012, <http://www.nmlegis.gov/lcs/handouts/BHS%20101812%20NM%20Corrections%20Department%20LFC%20Program%20Evaluation.pdf>.
- 5 Governor Andrew M. Cuomo, "Building on Success," New York 2014 State of the State, Jan. 8, 2014, 177, <http://www.governor.ny.gov/assets/documents/2014-SOS-Book.pdf>.
- 6 New York State Division of Criminal Justice Services, "Request for Proposals, Alternatives to Incarceration" (2013) 1, <http://www.criminaljustice.ny.gov/ofpa/pdfdocs/ATI-RFP-Due-Sep-16-2013.pdf>.
- 7 Vermont Legislative Joint Fiscal Office, "Community High School of Vermont" (March 1, 2013), http://www.leg.state.vt.us/jfo/issue_briefs_and_memos/Community_High_School_of_Vermont2.pdf.
- 8 Illinois Sentencing Advisory Council, "HB 2265/SB 2267 Sentence Enhancements for Unlawful Use of a Weapon (UUW) Offenses, 720 ILCS 5/24-1.1, 5/24-1.6 and 5/24-1.8" (2013), http://www.icjia.state.il.us/spac/pdf/HB2265_SB2267_SPAC_Analysis.pdf.
- 9 2013 Conn Pub Acts 13-247, § 42.
- 10 2011 Mass Acts ch 68, § 189.
- 11 2013 Mass Acts ch 38, § 18(M)(c).
- 12 2013 Vt Laws 61.

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The Pew Charitable Trusts

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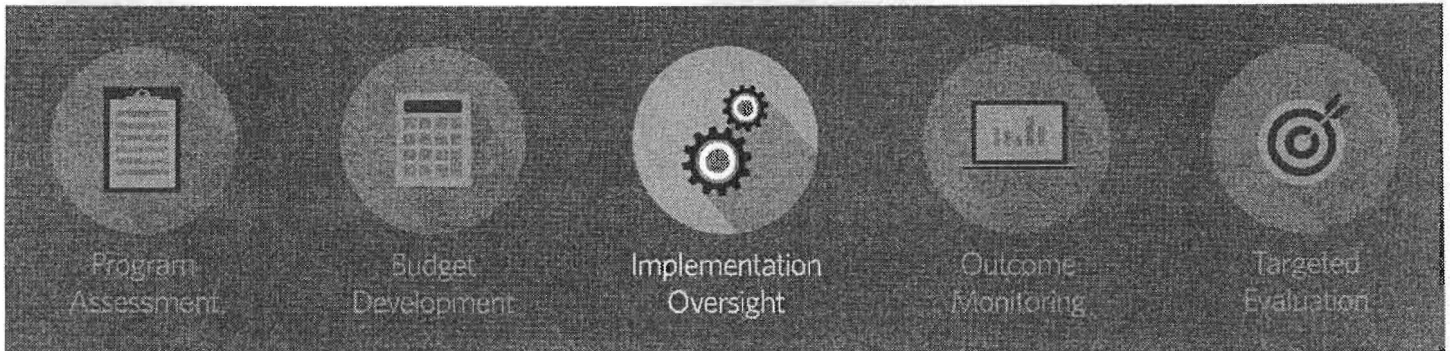


**MacArthur
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Pew-MacArthur Results First Initiative, a project of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, works with states to implement an innovative cost-benefit analysis approach that helps them invest in policies and programs that are proven to work.





Implementation Oversight for Evidence-Based Programs

A policymaker's guide to effective program delivery

This brief is one in a series about the five key components of evidence-based policymaking as identified in Evidence-Based Policymaking: A Guide for Effective Government.

Overview

There is a growing consensus that rigorous evidence and data can and should be used, whenever possible, to inform critical public policy and budget decisions. In areas ranging from criminal justice to education, government leaders are increasingly interested in funding what works, while programs that lack evidence of their effectiveness are being carefully scrutinized when budgets are tightened. As the use of evidence-based interventions becomes more prevalent, there is an increasing recognition that it will be critical to ensure that these programs are effectively delivered. A large body of research now shows that well-designed programs poorly delivered are unlikely to achieve the outcomes policymakers and citizens expect.¹

Government leaders can best ensure that they see the benefits of evidence-based programs by building capacity that supports effective implementation. This brief, one in a series on evidence-based policymaking published by the Pew-MacArthur Results First Initiative, identifies four key steps that state and local governments can take to strengthen this implementation effort:

1. Require agencies to assess community needs and identify appropriate evidence-based interventions.
2. Create policies and processes that support effective implementation and monitoring.
3. Support service providers and staff through training and technical assistance.
4. Create systems to monitor program implementation and improve performance.

Implementation: A missing piece of the evidence-based puzzle

Over the past two decades, a growing body of research has focused on the implementation of evidence-based programs. What happens when interventions that have been rigorously tested and found effective in the context of controlled studies are put into practice in real-world settings?² This research has consistently shown that how these programs are delivered is critically important; those that fail to adhere to their intended design are less likely to achieve predicted outcomes.³ Summarizing the research findings from nearly 500 evaluations of prevention and health promotion programs for children and adolescents, one recent study estimated that interventions that were implemented correctly achieved effects that were two to three times greater than programs where significant problems with implementation were found.⁴

The state of Washington encountered this dichotomy after investing in four evidence-based interventions focused on reducing recidivism among youth in the juvenile justice system. The state initially funded the programs after an analysis by the Washington State Institute for Public Policy (WSIPP) predicted that they would be highly cost-effective in treating juvenile offenders. After the programs had been in place for several years, the Legislature directed WSIPP to evaluate them to determine if they were achieving the predicted outcomes. The evaluation found that the programs were effectively reducing recidivism in locations where providers followed treatment protocols. In contrast, recidivism had actually increased in locations where providers were failing to adhere to the program models.

For example, the evaluation found that one of the programs, Functional Family Therapy, had reduced recidivism by 38.1 percent and generated benefits of \$10.69 in reduced crime costs for each dollar spent on competently implemented treatment. Where treatment protocols were not followed, recidivism increased by 16.7 percent, costing taxpayers \$4.18 for each dollar spent.⁵ Rather than cutting the programs, the Legislature decided to

Table 1

Effective Implementation Key to Program Success in Washington

Program	Number of youth		Adjusted 18-month felony recidivism*		Change in recidivism	Benefit to cost† (2002 dollars)
	Control	Program	Control	Program		
Functional Family Therapy: Competent	313	181	27.0%	16.7%	-38.1%‡	+\$10.69
Functional Family Therapy: Not competent	313	206	27.0%	31.5%	+16.7%	-\$4.18
Functional Family Therapy: Total	313	387	27.0%	24.2%	-10.4%	+\$2.77

* Recidivism is defined as reconvictions in the Washington State court system. The rates shown are adjusted to account for systematic differences between the program and control groups using means in the equations from the logistic regressions.

† To be conservative, the benefit-cost ratios are based on reduced estimates of program effects to account for the less-than random assignment research designs. The Functional Family Therapy (FFT) effect size was reduced 25 percent. The estimated cost per youth is \$2,100 for FFT.

‡ Statistically significant reduction in recidivism at the .05 level.

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improve implementation and mandated that agencies develop standards and guidelines to ensure that juvenile justice programs were delivered effectively (see Page 5 for details).⁶

Why governments struggle with implementation

Governments encounter difficulties for several reasons when overseeing the implementation of evidence-based programs. First, many interventions (especially those that are evidence-based) are complex and involve multiple entities, including government agencies, service providers, and program developers, all of whom must cooperate in service delivery. Also, even the most widely used evidence-based programs are intended to serve only specified populations, at recommended treatment levels, and in supportive environments. Successful implementation cannot be taken for granted and requires significant planning, management support, and leadership at both the system and provider levels.

Second, it can be difficult to deliver services in real-world settings. For example, some evidence-based programs may specify that services are to be conducted only by certified nurses or therapists, yet personnel with these qualifications may be difficult to hire in areas where clients live. Often it can be unclear which aspects of an evidence-based program can be modified to meet the needs of particular communities and populations while still producing predicted results. Evidence-based programs often provide only limited guidance on these questions, leaving program managers to balance fidelity⁷ to program design with the practical challenges they encounter in their communities.⁸ Understanding what adaptations can be made—and when such changes may affect outcomes—can make the difference between a successful program and one that is ineffective or even harmful.⁹

Finally, securing policymaker support for investments in program implementation can be challenging. Funding for staffing, training, technical assistance, and monitoring and reporting systems is often among the first items cut under budget reductions in order to preserve direct services to clients, if these measures are funded at all. However, without these investments in capacity, governments risk much greater spending on programs that may fail to achieve intended outcomes if ineffectively delivered.

How government can support effective program implementation

Governments play several critical roles in program implementation. These include establishing procedures for how programs are selected, creating a management infrastructure that enables effective implementation, supporting program providers through training and technical assistance, and developing systems that track implementation and outcomes and support ongoing quality improvement. Fortunately, government agencies do not need to carry out these tasks on their own but can use the expertise of partners, including universities, provider organizations, program developers, and technical assistance intermediaries.

Key steps for supporting effective program implementation

State and local governments can take four key steps to strengthen implementation of evidence-based programs.

Step 1: Require agencies to assess community needs and identify appropriate evidence-based interventions.

Before a program is implemented, governments should ensure that the intervention is a good fit for the problem being addressed. They should carefully assess the community needs and identify evidence-based programs that have been shown to be effective in achieving the desired outcomes in similar contexts.



Conduct needs assessments to understand problems and service gaps. It is important for key stakeholders to develop a shared understanding of the specific problems facing communities, such as gaps in currently available services.¹⁰ The choice of which programs to implement should be based on a clear vision of the desired outcomes and the underlying causes of the problems, which can vary from one community to the next. To reach this understanding, governments should conduct a formal needs assessment that gathers data about target populations, the prevalence of key problems, and the risk factors that could be addressed through interventions.

Governments can use one of several national models when conducting these assessments. For example, the Communities That Care (CTC) model, endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides a framework for identifying youth needs using a school-based survey that collects data on key risk and protective factors among youth in grades 6 through 12. The survey data are then used to pinpoint problem areas that could be addressed by evidence-based programs.¹¹

Pennsylvania adopted the CTC model in the early 1990s and created more than 100 prevention coalitions across the state to identify and prioritize community needs. The coalitions used the CTC data-driven approach to build an understanding of local problems and key risk factors that could be addressed through evidence-based interventions, which informed their strategies for addressing these needs and led to the adoption of over 300 evidence-based program replications across the state.¹²

Select evidence-based approaches that address identified needs. Once community needs are understood, the next step is to assess and select programs that have been shown to be effective in addressing these problems. Key resources for this assessment are the national research clearinghouses, such as the National Registry of Evidence-Based Programs and Practices operated by SAMHSA, that compile lists of evidence-based programs. These organizations conduct systematic literature reviews, often examining hundreds or thousands of studies, to identify interventions that rigorous evaluations have shown to be effective in achieving outcomes such as higher graduation rates and reduced criminal reoffending. Each clearinghouse typically addresses one or two policy areas, such as criminal and juvenile justice, child welfare, mental health, education, and substance abuse.¹³

Some policymakers mandate that interventions be selected from those listed by the clearinghouses. For example, the Utah Division of Substance Abuse and Mental Health requires that its funding be used to implement evidence-based programs listed by designated national clearinghouses, including Blueprints for Healthy Youth Development, the Department of Juvenile Justice and Delinquency Prevention Model Programs Guide, and the Communities That Care Prevention Strategies Guide.¹⁴

Results First Clearinghouse Database

To help policymakers identify evidence-based programs and make data-driven decisions, the Results First Clearinghouse Database* provides centralized access to the evidence ratings compiled by eight national research clearinghouses. This online database and accompanying user's guide provides an easy way to find information on the effectiveness of over 1,200 interventions across multiple policy areas.

*For more information, please see: <http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2014/09/results-first-clearinghouse-database>.

Step 2: Create policies and processes that support effective implementation and monitoring.

To scale up evidence-based programs, governments must develop the management infrastructure needed to facilitate effective program implementation. This includes creating standards or guidelines embedding these standards into contracts, and aligning them with administrative policies and processes to support effective implementation.

Develop implementation standards. Policymakers can establish common standards or guidelines for program implementation to ensure that providers meet a minimum level of competency in delivering services. Although some requirements will vary depending on the specific evidence-based intervention, other aspects of program implementation are universal and can be embedded into these standards. These may include minimum requirements for hiring and training staff, providing services to the target population specified by the evidence-based program provider, and ensuring that processes are in place to provide effective oversight of service delivery.

For example, leaders in Washington state developed standards to implement evidence-based juvenile justice programs after an evaluation found that sites where programs were not implemented with fidelity had poor results. These standards govern four key elements of quality assurance—program oversight, provider development and evaluation, corrective action, and ongoing outcome evaluation—and include protocols for hiring, staff training and assessment, and management and oversight of service delivery. Providers are required to complete an initial probationary period during which they receive training and feedback, and are then periodically evaluated. These implementation standards helped the state achieve greater reductions in crime and juvenile arrest rates, compared with the national average, and a decrease of more than 50 percent in the number of youth held in state institutions.¹⁵

Embed implementation standards or requirements into contracts. Agencies can build these standards into contracts to ensure that providers meet the required baseline levels of proficiency. In 2013, for example, New York state's Division of Criminal Justice Services (DCJS) issued a request for proposal for alternatives to incarceration that required providers to identify the specific evidence-based interventions they planned to implement, provide detail on their screening and referral systems, and describe how they would adhere to the programs' treatment protocols. The division now monitors providers' fidelity to these requirements as part of a comprehensive process through which providers submit case-specific data to DCJS and undergo on-site reviews by third-party monitors contracted by the state. The reviews assess the degree to which programs are implementing principles of effective correctional interventions.¹⁶

Some agencies have embedded requirements related to implementation fidelity in their provider guidelines, which often cover a broad range of contracted services. In 2014, New York's Office of Alcoholism and Substance Abuse Services updated its provider guidelines for prevention services, defining the strategies and activities necessary to reduce underage drinking, alcohol misuse and abuse, illegal drug abuse, medication misuse, and problem gambling.¹⁷ The guidelines require providers to implement programs with fidelity to the "core elements" of evidence-based services, including the target population, setting, and curricula content.

Align administrative policies and processes to support effective implementation. Implementing evidence-based programs often requires changes throughout service delivery networks. Existing administrative processes should be aligned with these delivery efforts. Otherwise, agencies and providers can face conflicting mandates or inflexible payment systems that make it difficult to effectively deliver critical services. Policymakers and agency

leaders can help by creating feedback loops that enable administrators, providers, and technical assistance staff to regularly share information and solve unanticipated problems.¹⁸

For example, the Colorado Department of Corrections recently adopted a new integrated case management system to improve its planning and offender treatment services. In doing so, the department found that certain policies were not in alignment with the research on what works regarding low-risk offenders. Specifically, the research indicated that less contact with low-risk offenders leads to better outcomes. The department resolved the issue by facilitating changes to administrative regulation standards regarding the frequency of contact to better align policies and practices with the literature.

Step 3: Support service providers and staff through training and technical assistance.

Training and technical assistance are critical to implementing new interventions and practices. Program staff need to be trained on specific treatment protocols. Research shows that such training is most effective when delivered in multiple stages, including initial learning sessions followed by observation and feedback by experts, with subsequent ongoing in-service training and coaching once the program is up and running.¹⁹ Policymakers can support this process by funding and establishing systems that train staff on the delivery of evidence-based programs and practices; agency leaders can choose between several options for the delivery of this training.

It is particularly important for program administrators to ensure that staff are appropriately trained to use screening and assessment tools designed to help match participants with the appropriate interventions. Even the most widely replicated evidence-based programs are effective only when treating certain populations. Without the appropriate screening and assessment tools, agencies may refer participants to programs they do not need and that are not effective in addressing their problems. “We often hear frustration from agencies who tried evidence-based programs but still didn’t achieve the outcomes they sought because the programs weren’t delivered to the right population,” said Ilene Berman, senior associate with the Annie E. Casey Foundation’s Evidence-Based Practice Group.²⁰

Determine the best vehicle for delivering training and technical assistance. Governments have several options for delivering training on evidence-based programs, such as using in-house personnel with expertise in these programs, contracting with program developers, or partnering with intermediary organizations. Some widely adopted programs, such as Multisystemic Therapy and Nurse-Family Partnership, offer training services to governments that implement them. Such program developers have deep expertise in their interventions and often have detailed training curricula. However, relying exclusively on program developers can limit an organization’s ability to develop its own expertise and may complicate training if agencies are implementing multiple evidence-based programs. Other options include leveraging the expertise of local researchers through a government-university partnership, or developing an evidence-based unit within a government agency.

Partner with a research university

Several states—including Maryland, Pennsylvania, and Washington—have established partnerships with research universities to provide training and technical assistance to staff and providers. These implementation centers can help support community readiness assessments, provide training and technical assistance on evidence-based programs, and oversee monitoring and quality improvement efforts.²¹ For example, the Institute for Innovation and Implementation at the University of Maryland was established in 2005 and is funded to provide training, implementation support, and evaluation services for select evidence-based programs across multiple policy areas, including juvenile justice and child welfare. The institute also provides technical assistance and project

management support to state agencies engaged in statewide initiatives. "It's important to have multiple state and local agencies on board as well as the provider community. ... Collaboration across agencies is important in order to coordinate existing efforts, develop new strategies, and make sure that everyone is getting the same information," said Jennifer Mettrick, director of implementation services at the institute.²²

In Pennsylvania, the Evidence-based Prevention and Intervention Support Center, or EPISCenter, provides technical assistance to communities and service providers to support the implementation of evidence-based prevention and intervention programs. Since 2008, the center—a partnership between the state Commission on Crime and Delinquency and Pennsylvania State University, with funding from the commission and from the state Department of Human Services—has assisted in the establishment of nearly 300 evidence-based program replications in more than 120 communities throughout the state. Experts from the center provide technical assistance to local staff on implementation, evaluation, and sustainability, and help develop the infrastructure to monitor the program for fidelity to its original design.

Develop an evidence-based unit or division

Another option used by some states and localities is to establish specialized units within agencies that are charged with providing training as well as overseeing program implementation. These partnerships and units can help governments develop in-house expertise for a range of programs.

For example, Colorado's Evidence-Based Practices Implementation for Capacity (EPIC) Resource Center is a collaborative effort of five agencies working in the state's adult and juvenile justice systems. The center was created by the Colorado Commission on Criminal and Juvenile Justice in 2009 and formalized through legislation in 2013.²³ Housed in the Division of Criminal Justice within the Department of Public Safety, the nine-person staff provides assistance to support effective implementation of evidence-based practices.

“ We live by the motto that if you just do an evidence-based program and don't pay attention to implementation strategies, you're not going to get the results you want.”

Diane Pasini-Hill, *manager, Evidence-Based Practices Implementation for Capacity Resource Center*

The center is helping to build the capacity of organizations and to support effective program implementation. "We initially talked to implementation experts when first designing the program, and they told us that you can't simply train people on evidence-based programs to get a practice integrated; you really need to go deeper," said Diane Pasini-Hill, the center's manager. As a result, "we've transitioned into being more of a full implementation center as opposed to just coaching and training alone. Through working primarily with line staff and supervisors, we found that there were too many gaps to make this [training] effective on its own. We live by the motto that if you just do an evidence-based program and don't pay attention to implementation strategies, you're not going to get the results you want."²⁴

The Role of Implementation Teams

Regardless of which option is selected, governments should clarify the role of each partner involved in implementing a new program or initiative, including program administrators, service providers, and intermediaries, to help minimize challenges. One common strategy that has proved effective in scaling up evidence-based programs, particularly in K-12 education, is the use of implementation teams, which typically include partners both inside and outside government. These teams play an important role throughout the process, helping to build buy-in for the initiative, create an infrastructure to support implementation, monitor program fidelity, assess outcomes, and solve problems by bridging the divide between policymakers and practitioners.²⁵

"We act as a neutral facilitator," said Matthew Billings, project manager with the Providence Children and Youth Cabinet, who leads implementation teams to scale up three evidence-based programs in the Rhode Island capital. "At the community level, there is often a lot of confusion about what evidence-based programs are and what aspects of the program can be tailored to meet the needs of the population we're serving. We work with providers to gather their feedback on what's working and what's not. Then we can take that information to program developers and ask them ... can these changes be made? Sometimes adaptations can be made and sometimes they can't. But it's very powerful for providers when they see that their feedback is being taken seriously."²⁶

Step 4: Create systems to monitor program implementation and improve performance.

The final key step for governments seeking to successfully implement evidence-based programs is to fund and establish systems that regularly monitor providers to make sure they are delivering interventions with fidelity. This monitoring can then create feedback loops that use data to track outcomes and continuously improve performance.

Regularly monitor programs to ensure fidelity. As discussed, research has shown that evidence-based programs in many policy areas, including substance abuse prevention, education, criminal justice, and mental health, must be appropriately implemented in order to achieve their desired outcomes.²⁷ Program managers have several tools for monitoring program fidelity. For example, they can use fidelity checklists and recorded observations to assess the extent to which providers adhere to key elements of evidence-based practices.

Recently, tools have been developed that aim to streamline monitoring efforts by allowing agencies to assess fidelity across multiple programs. In Washington state, the Evidence-Based Practice Institute (EBPI) is developing a standardized process to monitor program implementation and fidelity across four extensively used evidence-based child welfare programs. The institute was established in 2008 to help scale up evidence-based practices available to children and youth served by the state's mental health, juvenile justice, and child welfare systems.

Its monitoring tools were developed in partnership with the Children’s Administration, a division of the state’s Department of Social and Health Services.

“We had an observation that there are a handful of evidence-based programs [being widely used in the state] with fidelity, training, and supervision,” said Eric Bruns, co-director of EBPI. “We ended up focusing on four programs and looking at the different requirements across them and trying to figure out how we can have some uniformity [in implementation], given there were specific program differences.”²⁸ The institute is evaluating the standardized process to determine whether it can be expanded to measure program fidelity across additional programs.

Use monitoring tools to identify and address gaps in organizational capacity. Programs often fail to achieve expected results because the organizations delivering the services lack the capacity to perform critical tasks.²⁹ For example, many evidence-based programs have strict treatment protocols, which include staff qualifications (e.g., the Nurse-Family Partnership program specifies that registered nurses deliver services), service levels and duration, and staff-to-client ratios. Leadership commitment to delivering these programs with fidelity is also important, as are well-functioning administrative processes such as training, monitoring, and data collection protocols.³⁰

Agencies should ensure that providers have the demonstrated ability to meet the requirements and can use assessment tools to identify gaps in organizational capacity, and target training and assistance to address these needs.³¹ For example, many state and local governments use rating tools that assess both service quality and the capacity for organizations to effectively deliver early childhood education services. In some cases, organizations that receive higher scores are eligible to receive higher rates, based on the assumption that they will be more likely to achieve good outcomes for the children they serve. Similarly, tools such as the Correctional Program Checklist are available to assess providers’ readiness to deliver criminal justice programs and assess both organizational capacity and service quality, considering factors such as leadership, staff qualifications, and quality assurance systems.³²



We can’t just tell programs what they’re doing wrong without having resources to help them.”

Terry Salo, deputy commissioner, New York State Division of Criminal Justice Services

New York state’s Division of Criminal Justice Services (DCJS) is using the Correctional Program Checklist to assess the extent to which service providers are adhering to key principles of evidence-based practice in their corrections and community supervision programs. Designed by researchers at the University of Cincinnati, the tool assesses both an organization’s capacity to deliver effective services, including its leadership and quality of staff, and the content knowledge of staff and management on evidence-based practices. The assessment uses data collected through formal interviews, observation, and document review to help identify strengths as well as areas for improvement. DCJS is using the tool to discover areas where providers may need to make changes or develop additional capacity. The division then provides technical assistance to support them.³³

“Our new approach is totally changing what we fund and what we know about programs,” said Terry Salo, deputy commissioner of DCJS. “There is not a week that goes by where something doesn’t surface [through monitoring] where we learn about the program and [are able to use that data to] engage in course corrections. We can’t just tell programs what they’re doing wrong without having resources to help them.”³⁴



Create a feedback loop that supports program improvement. A critical component of effective implementation is a strong feedback loop in which service providers, government agency staff, and program developers regularly share implementation data, identify areas for improvement, and act on information to improve service delivery.³⁵ These feedback loops work in two directions: program providers collect data to measure implementation progress and then share the information with agency managers and policymakers, who in turn use the data to make needed adjustments in policies and administrative practices to better support organizations involved in service delivery. Studies have shown that efforts to scale up and sustain evidence-based programs have been largely successful when these practice-to-policy links are well established, while the opposite is true when these links are weak or nonexistent.³⁶

These feedback loops can be supported by intermediary organizations. For example, in Pennsylvania, the EPISCenter serves as a liaison for the providers delivering evidence-based services, the agencies charged with overseeing these services, and researchers and program developers who identify key implementation requirements. The center's roles include interpreting information on effectiveness for agencies and providers; helping providers identify and collect outcome and implementation data, and report them to oversight agencies; and working with the agencies to help align their policies to resolve problems and facilitate successful program implementation.

"The focus of implementation monitoring needs to be on quality improvement rather than simply contract compliance. ... Otherwise, the organizations delivering the programs won't want to share data or be open about any of the problems they're experiencing," said Brian Bumbarger, founding director of the EPISCenter. "If [implementation monitoring] is all driven by the organization doing the contracting [e.g., state or local government], there are incentives for providers to try to minimize or downplay implementation challenges, or just give the funding agency the compliance data they want without really thinking about how it's helping them improve their services. It has to be a partnership rather than a one-sided transactional relationship."³⁷

Use monitoring data to adapt interventions to fit local conditions. The need to adapt programs to real-world settings while maintaining program fidelity continues to be a persistent challenge to scaling up evidence-based interventions. Though a large body of research underscores the importance of program fidelity to achieving intended outcomes, the research also shows that, in order to be sustainable, evidence-based programs may need some adaptations to accommodate issues that arise during implementation, including cultural norms and limitations on the availability of staff time and resources.³⁸ Administrators can work with model program developers to identify which components of an evidence-based program can be modified while still maintaining fidelity, and then provide guidance to service providers and agencies on this issue. When considering which interventions to implement, policymakers should also carefully consider whether the program would be a good fit within certain settings.

In 2009, the Oregon Legislature passed a bill to utilize the nationally recognized Wraparound system of care for emotionally disturbed and mentally ill children, with statewide programs in place by 2015. A fundamental part of Oregon Wraparound is fidelity monitoring, overseen by the Oregon Health Authority. The National Wraparound Initiative has provided assessment tools to ensure that programs remain faithful to its 10 basic principles. However, administrators may adapt other, noncritical aspects of the program to fit local conditions and needs, which can vary across the state. "The goal is to meet communities where they are so that this is sustainable. Whatever you're building needs to be part of the community you're working with. You [need to] maintain the fidelity of the model but also make sure that it's tailored to the community," said William Baney, former director of the Systems of Care Institute at Portland State University's Center for Improvement of Child and Family Services, which provides training and systems support to Oregon Wraparound.³⁹

Conclusion

To fully realize the benefits of evidence-based programs, governments must invest in the capacity of systems and provider organizations to implement the programs effectively. Policymakers can support these efforts by providing leadership and, when necessary, redirecting resources to support the training, technical assistance, supervision, and oversight necessary to ensure that programs are delivered effectively and with fidelity to their research design.

This brief is one in a series about the five key components of evidence-based policymaking, as identified in *Evidence Based Policymaking: A Guide for Effective Government*. The other components are program assessment, budget development, outcome monitoring, and targeted evaluation.

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