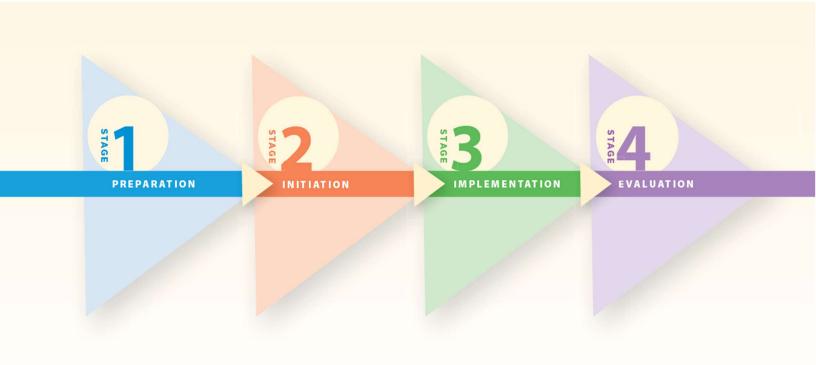
Implementing Evidence-Based Practices: A Staged Approach

Stage 3





Stage 3: Implementation

18-24 months IMPLEMENTATION 1. Organizational culture/ 1. Caseload structure readiness assessment 1. Motivational interviewing 1. Performance 2. Cognitive behavioral training 2. County EBP measurement interventions implementation plan 2. Risk/needs assessment 2. EBP policy and practice 3. Responses to prosocial training 3. Technical assistance alignment and noncompliant plan 3. One-on-one behaviors 3. Gap analysis and intervention training 4. Staff EBP training service matrix 4. Case planning training 5. Stakeholder EBP training 4. Sustainability check 5. Quality assurance plan

This document includes the following to assist with implementation of stage 3:

- The overview includes a chart with the stage's key tasks, subtasks, implementation tips, and resources.
- The **implementation plan template**, organized by key task, lists the various subtasks and provides space for the implementation committee to fill in the start and end dates, lead person, others responsible, and resources/partners needed for each subtask.
- The cost-benefit analysis worksheet allows agencies to evaluate the costs (human, materials, and data systems) and benefits of the stage.
- The **fidelity and quality assurance checklist** enables agencies to evaluate their current strengths and identify areas for improvement.



Time:

Overview

The following chart provides an overview of stage 3: its key tasks and subtasks, implementation tips, and helpful resources.¹

Key Tasks	Subtasks	Implementation Tips	Resources
1. Develop caseload guidelines	1a. Collect and analyze data on current caseload sizes and on the risk levels of people under supervision 1b. Restructure caseloads according to risk level 1c. Match the dosage and intensity of interventions to risk level 1d. Identify duties that can be discontinued, changed, or transferred so that POs supervising people at medium and high risk can focus on risk reduction activities 1e. Reevaluate caseloads regularly and adjust accordingly	 Evaluate the need to restructure caseloads based on offense type (e.g., domestic violence, sexual offenses, driving under the influence), special needs (e.g., mental health concerns, gender), or other factors (e.g., gang involvement) Include a cross-section of staff as well as union representatives in caseload restructuring Communicate the reasons for the change in caseload structure Customize guidelines for rural, urban, and suburban agencies 	 Dosage, Intensity, and Duration* Supervising People at Low Risk* Supervising People at Moderate and High Risk* Supervising People at Extremely High Risk* Caseload Guidelines Questionnaire Summary** Caseload Guidelines: Strategies and Recommendations document, webinar, and slides**

¹ Resources marked with * can be found at https://ccappoap.com/ebp-resources/ebp-briefs/. Resources marked with ** can be found at https://ccappoap.com/ebp-resources/ebp-stakeholder-resources/.



Key Tasks	Subtasks	Implementation Tips	Resources
		• Give staff choices for which job they are assigned under the restructure and/or match staff to jobs that require their skill set	
2. Use cognitive behavioral interventions	2a. Use cognitive behavioral interventions in one-on-one appointments 2b. Determine what cognitive behavioral group programs are required based on the population's risk and needs 2c. Determine eligibility criteria and the referral process 2c. Identify program providers (in-house, community, virtual) 2d. Train identified staff in group-based cognitive behavioral programs 2e. Provide annual booster training to identified staff 2f. Assess and revise the trainings as needed	 Ensure interventions are evidence-based, focused on skill building, and adhere to the risk, need, and responsivity principles When possible, use evaluation tools to determine a program's effectiveness and how it can be improved If feasible, provide programming specific to people's gender and culture Create a training plan to help ensure sustainability Identify opportunities for joint trainings with other agencies 	 Effective Correctional Interventions* Effective Correctional Programs webinar and slides** Manual of Effective Correctional Programs**



Key Tasks	Subtasks	Implementation	Resources
	2g. Observe staff's use of cognitive behavioral interventions and provide feedback 2h. Review files to determine if appropriate people are being referred to groups 2i. Evaluate outcomes of people receiving cognitive behavioral interventions	Tips	
3. Use graduated responses to prosocial and noncompliant behavior	3a. Develop guidelines, including a matrix, for the effective use of reinforcements and responses to noncompliant behavior 3b. Identify/develop a standard training curriculum 3c. Provide initial training to supervisors and staff 3d. Provide annual booster trainings 3e. Assess and revise the trainings as needed	 Include staff and key stakeholders in the development of guidelines Ensure that only reinforcements that are available within the agency are included in the guidelines Ensure that people under supervision are aware of acceptable and unacceptable behaviors and of reinforcements and responses to noncompliance 	 Effective Use of Reinforcement* Effective Responses to Noncompliant Behavior* Preventing and Responding to Relapse* Best Practices for Reinforcements and Responses to Noncompliance document, webinar, and slides**



Key Tasks	Subtasks	Implementation Tips	Resources
	3f. Determine if staff are using a ratio of at least four reinforcements for every response to noncompliance and provide feedback 3g. Evaluate outcomes of the use of reinforcements and responses to noncompliance	 Create a training plan to help ensure sustainability Train supervisors before staff 	



EBP Implementation Plan Template

Purpose: Developing and monitoring a clear, realistic implementation plan is critical to ensuring the successful implementation of EBP.

Instructions: It is recommended that the Chief Probation Officer establish an implementation committee consisting of internal staff (managers, supervisors, probation officers, and support staff) as well as key stakeholders. For each of the key task's subtasks, the committee should assign realistic start and end dates, delegate a lead person and others responsible for achieving the subtask, identify needed resources and possible partners, and list potential barriers and strategies to overcome them.

Date:

Key Task 1: Develop Caseload Guidelines

Subtasks	Start Date/ End Date	Lead Person	Others Responsible	Resources/ Partners Needed
1a. Collect and analyze data on current caseload sizes and on the risk levels of people under supervision				
1b. Restructure caseloads according to risk level				



Subtasks	Start Date/ End Date	Lead Person	Others Responsible	Resources/ Partners Needed
1c. Match the dosage and intensity of interventions to risk level				
1d. Identify duties that can be discontinued, changed, or transferred so that POs supervising people at medium and high risk can focus on risk reduction activities				
1e. Reevaluate caseloads regularly and adjust accordingly				



Potential Barriers	
Strategies to Address Barriers	



Key Task 2: Use Cognitive Behavioral Interventions

Subtasks	Start Date/ End Date	Lead Person	Others Responsible	Resources/ Partners Needed
2a. Use cognitive behavioral interventions in one-on-one appointments				
2b. Determine what cognitive behavioral group programs are required based on the population's risk and needs				
2c. Determine eligibility criteria and the referral process				
2d. Identify program providers (inhouse, community, virtual)				



Subtasks	Start Date/ End Date	Lead Person	Others Responsible	Resources/ Partners Needed
2e. Train identified staff in group-based cognitive behavioral programs				
2f. Provide annual booster training to identified staff				
2g. Assess and revise the trainings as needed				
2h. Observe staff's use of cognitive behavioral interventions and provide feedback				
2i. Review files to determine if appropriate people are being referred to groups				



Subtasks	Start Date/ End Date	Lead Person	Others Responsible	Resources/ Partners Needed
2j. Evaluate outcomes of people receiving cognitive behavioral interventions				
Potential Barriers				
Strategies to Address Barriers				



Key Task 3: Use Graduated Responses to Prosocial and Noncompliant Behavior

Subtasks	Start Date/ End Date	Lead Person	Others Responsible	Resources/ Partners Needed
3a. Develop guidelines, including a matrix, for the effective use of reinforcements and responses to noncompliant behavior				
3b. Identify/develop a standard training curriculum				
3c. Provide initial training to supervisors and staff				
3d. Provide annual booster trainings				



Subtasks	Start Date/ End Date	Lead Person	Others Responsible	Resources/ Partners Needed
3e. Assess and revise the trainings as needed				
3f. Determine if staff are using a ratio of at least four reinforcements for every response to noncompliance and provide feedback				
3g. Evaluate outcomes of the use of reinforcements and responses to noncompliance				



Potential Barriers	
Strategies to Address Barriers	



Cost-Benefit Analysis Worksheet

Purpose: An agency that makes a commitment to align its practices with research evidence in order to reduce recidivism will likely experience significant pressure to shift how it invests its resources. Personnel requirements (numbers of staff, qualifications, assignments, caseload/workload), activities, policies, and practices will likely change. The cost–benefit analysis worksheet is designed to help administration weigh the costs (human, materials, and data resources) of EBP implementation against its benefits.

Instructions: It is recommended that the Chief Probation Officer complete the cost–benefit analysis worksheet in conjunction with a team of agency representatives (managers, supervisors, probation officers, and support staff). Each representative will examine the items on the worksheet from their own perspective, based on their work experience, and provide insights into possible implications. If the agency is just beginning to embark on an EBP implementation process, it may not be able to assess some of the costs or benefits. If this is the case, the agency is urged to reach out to other agencies for assistance.

Rather than using quantifiable measures, this worksheet uses the subjective measures of "None," "Some," and "A lot." Each agency will need to determine what these terms mean to them. A possible interpretation is provided below.

Cost (Human, Materials, and Data Systems)	Benefit (to Mission Outcomes)
None: Can be done with existing resources	None: No real benefit
Some: Will take some, but not a significant amount of, additional resources	Some: Benefits can be articulated but are not significant or are difficult to quantify
A lot: Will require a considerable amount of additional resources	A lot: Benefits are significant

The cost-benefit analysis team should reach consensus on the cost and benefit of each task. After the worksheet is completed, the team should discuss how it might revise its approach to proceed with EBP implementation in a more cost-effective way and to plan for the upcoming costs.



Date:	

Key Tasks and Subtasks	Ado	Additional Cost		Anticipated Benefit		
	None	Some	A lot	None	Some	A lot
1. Develop caseload guidelines						
1a. Collect and analyze data on current caseload sizes and on the risk levels of people under supervision						
1b. Restructure caseloads according to risk level						
1c. Match the dosage and intensity of interventions to risk level						
1d. Identify duties that can be discontinued, changed, or transferred so that POs supervising people at medium and high risk can focus on risk reduction activities						
1e. Reevaluate caseloads regularly and adjust accordingly						
2. Use cognitive behavioral interventions						
2a. Use cognitive behavioral interventions in one-on-one appointments						
2b. Determine what cognitive behavioral group programs are required based on the population's risk and needs						
2c. Determine eligibility criteria and the referral process						
2d. Identify program providers (in-house, community, virtual)						
2e. Train identified staff in group-based cognitive behavioral programs						
2f. Provide annual booster training to identified staff						
2g. Assess and revise the trainings as needed						

Key Tasks and Subtasks	Additional Cost		Cost	Anticipated Benefit		
	None	Some	A lot	None	Some	A lot
2h. Observe staff's use of cognitive behavioral interventions and provide feedback						
2i. Review files to determine if appropriate people are being referred to groups						
2j. Evaluate outcomes of people receiving cognitive behavioral interventions						
3. Use graduated responses to prosocial and noncompliant behavior						
3a. Develop guidelines, including a matrix, for the						
effective use of reinforcements and responses to						
noncompliant behavior						
3b. Identify/develop a standard training curriculum						
3c. Provide initial training to supervisors and staff						
3d. Provide annual booster trainings						
3e. Assess and revise the trainings as needed						
3f. Determine if staff are using a ratio of at least four						
reinforcements for every response to						
noncompliance and provide feedback						
3g. Evaluate outcomes of the use of reinforcements						
and responses to noncompliance						



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Fidelity and Quality Assurance Checklist

Purpose: A fidelity and quality assurance checklist helps agencies to assess whether they are implementing tasks and subtasks and to monitor performance over time.

Instructions: Each agency is at a different phase of EBP implementation. Even early adopters often learn that they have either skipped an important step or that they could take additional steps to increase fidelity and quality assurance. Regardless of where an agency is on their EBP implementation journey, this checklist will assist in identifying the next steps.

It is recommended that the Chief Probation Officer complete the checklist in conjunction with a team of agency representatives (managers, supervisors probation officers, and support staff). Each representative will examine the items on the worksheet from their own perspective, based on their work experience, and provide insight. Items highlighted in green should be the primary focus for those early in implementation.

Date:	 	 	

Key Tasks and Deliverables		Implementa	ation Status	
1. Develop caseload guidelines	Completed	Partially	Not Started	Revisit
1a. Data on current caseload sizes and on the risk levels of people under supervision are collected and analyzed				
1b. Caseloads ae restructured according to risk level				
1c. The dosage and intensity of interventions are matched to risk level				
1d. Duties that can be discontinued, changed, or transferred so that POs supervising people at medium and high risk can focus on risk reduction activities are identified				
1e. Caseloads are reevaluated regularly and adjusted accordingly				



Key Tasks and Deliverables		Implementa	ation Status	
1f. Policies and procedures are revised				
to reflect caseload restructuring				
2. Use cognitive behavioral interventions	Completed	Partially	Not Started	Revisit
2a. Cognitive behavioral interventions are used in one-on-one appointments				
2b. Determinations are made about what cognitive behavioral group programs are required based on the population's risk and needs				
2c. Eligibility criteria and the referral process are determined				
2d. Program providers (in-house, community, virtual) are identified				
2e. Identified staff are trained in group- based cognitive behavioral programs				
2f. Annual booster training is provided to identified staff				
2g. Trainings are assessed and revised as needed				
2h. Staff's use of cognitive behavioral interventions is observed and feedback is provided				
2i. Files are reviewed to determine if appropriate people are being referred to groups				
2j. Outcomes of people receiving cognitive behavioral interventions are evaluated				



Key Tasks and Deliverables		Implementa	ation Status	
2k. Policies and procedures are revised to reflect the use of cognitive behavioral interventions				
3. Use graduated responses to prosocial and noncompliant behavior	Completed	Partially	Not Started	Revisit
3a. Guidelines, including a matrix, for the effective use of reinforcements and responses to noncompliant behavior are developed				
3b. A standard training curriculum is identified/developed				
3c. Training is provided to supervisors and staff				
3d. Annual booster trainings are provided				
3e. Trainings are assessed and revised as needed				
3f. Determinations are made as to whether staff are using a ratio of at least four reinforcements for every response to noncompliance and feedback is provided				
3g. Outcomes of the use of reinforcements and responses to noncompliance are evaluated				
3h. Policies and procedures are revised to reflect the use of graduated responses to prosocial and noncompliant behavior				



Based on your answers, identify the top three things you want to do in order to make further progress in building and sustaining an EBP agency, and the steps you will take to get there.

Action Planning Worksheet					
Areas in Need of Work	Action Steps	Notes			

