Communities That Care in Pennsylvania

Implementation and Adaptation in a Large-scale Natural Replication of Evidence-based Programs

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Brittany Rhoades, Julia Moore, and Sandee Kyler,
The staff of PCCD
and
PA’s prevention practitioners and community prevention coalitions
Background

• Correlation between implementation fidelity/quality and positive outcomes

• High quality implementation less common in natural settings

• Monitoring of implementation quality and fidelity is uncommon outside the research context

• Great variability across implementers

• Limitations of the traditional training and TA paradigm in large-scale diffusion
Creating Fertile Ground for EBPs
Risk-focused Prevention Planning
(the Communities That Care model)

Form local coalition of key stakeholders

Collect local data on risk and protective factors

Leads to community synergy and focused resource allocation

Use data to identify priorities

Select and implement evidence-based program that targets those factors

Re-assess risk and protective factors
SAMHSA’s Strategic Prevention Framework Steps

Assessment
- Profile population needs, resources, and readiness to address needs and gaps

Capacity
- Mobilize and/or build capacity to address needs

Sustainability & Cultural Competence

Evaluation
- Monitor, evaluate, sustain, and improve or replace those that fail

Implementation
- Implement evidence-based prevention programs and activities

Planning
- Develop a Comprehensive Strategic Plan
What is CTC?

• An “operating system” to mobilize communities and agency resources

• Follows a public health model of preventing poor outcomes by reducing associated risk factors and promoting protective factors

• Coalition model that is data-driven and research-based

• Follows a specific sequence of steps

• Focuses on the use of targeted resources and evidence-based prevention programs
How is CTC different?

- Uses local data to set priorities and focus resources
- Starts with quantifiable goals
- Engages the whole community
- Addresses youth problems by identifying their (actual) root causes, rather than dealing with them after they occur or focusing solely on behavioral outcomes
- Involves a realistic view of adolescent development and the length of time necessary to change outcomes
- Focuses on the use of proven-effective programs (EBPs)
- Has a built-in process of assessment and accountability
CTC in Pennsylvania

- Adopted as a statewide initiative in 1994
- Over 120 communities trained over 16 cycles
- 70-80 currently functioning CTC communities
- System of assessment & dedicated technical assistance to improve coalition functioning
- Over a decade of studying the processes of coalitions
- Opportunity to study CTC & EBPs in a long-term large-scale implementation under real-world conditions
Pennsylvania’s “Evidence-based” Initiative

• Logical successor to CTC initiative to help community coalitions select & implement EBPs

• Nearly 200 EBP’s funded since 1998 (+ ~200 through other state and federal initiatives)

• MST, FFT, MTFC, Big Brothers/Sisters, LST, SFP 10-14, PATHS, Olweus, TND, Incredible Years

• Strong emphasis on implementation quality & fidelity, impact assessment, and sustainability planning
Why does fidelity matter?

- Research has clearly linked fidelity with positive outcomes.
- Higher fidelity is associated with better outcomes across a wide range of programs and practices (PATHS, MST, FFT, TND, LST and others).
- Fidelity enables us to attribute outcomes to the intervention, and provides information about program feasibility.
While possible, fidelity is not a naturally occurring phenomenon – adaptation (more accurately program drift) is the default.

Most adaptation is reactive rather than proactive.

Most adaptation weakens rather than strengthens the likelihood of positive outcomes.
Fidelity vs. Adaptation

Have you adapted the program or improved the model to meet local needs?

Percent

Yes

No
# LEEP-LST Study:
Standardized Mean Fidelity Score by Implementer

*(Bumbarger & Miller, 2007)*

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<thead>
<tr>
<th>Implementer</th>
<th>Mean Fidelity</th>
<th>N</th>
<th>Std. Dev</th>
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Why does adaptation occur?

• Programs that aren’t “user friendly” or “don’t fit”
• Unforeseen barriers (time, resources, access to the population)
• Inadequate training or understanding of the program’s underlying theory
• Implementers lack necessary skills
• Lack of perceived efficacy/relevance/acceptance
• Lack of Administrator support or implementer buy-in
• Dysfunctional/unsupportive context
• Inertia & the hydraulic nature of systems
Improving Implementation Quality

• Good pre-implementation planning
• What gets measured matters
• Improve practitioner knowledge of basic prevention science and theory of change
• Use adaptation discussion as a tool for training on the logic model of an intervention
• Build a sustainable infrastructure for monitoring implementation quality and fidelity
• Build internal capacity and desire for CQI
Practical strategies

• Peer coaching, peer observation

• Schedule regular opportunities for reflective practice and de-briefing

• Never let the initial training be the only training

• Data in must ALWAYS require data out – create feedback loops and safe environments for reflection

• Foster internal competition

• Emphasize the importance of a clear understanding of a program’s logic model
Tools for monitoring implementation

• Many programs now have standard implementation monitoring tools
  ➢ Can be adapted for local needs
  ➢ New instruments can easily be created with a knowledge of the intervention
  ➢ Instruments should be practical and brief

• Implementer self-reports are helpful, but usually not sufficient

• Third party or peer observations are more reliable

• Videotaped observations offer many advantages

• Multiple informants are best
Building internal capacity and motivation

- Approach fidelity from a practical, accountability perspective – don’t make it a research issue
- The goal is to develop local intrinsic motivation for monitoring fidelity and quality of program delivery – it must be tied to outcomes
- Involve local practitioners/implementers in the development and conduct of evaluation
  - Process evaluation is fidelity monitoring
- Diffuse responsibility – avoid “champions and flag bearers” – teams are key
Research following 419 age-grade cohorts over a 5-year period found youth in CTC communities using EBPs had significantly lower rates of delinquency, greater resistance to negative peer influence, stronger school engagement and better academic achievement.

To what extent does your coalition...

- Mobilize comm. & support prevention **
- Promote EBP *
- Assist in evaluating impact **

ANOVA: **p<.01   *p<.05
Have you adapted your program…

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<td>W4</td>
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$X^2 \ p<.05$
Some Lessons Learned

• Reduced list of fundable programs based on rigor of evidence, identified needs, and capacity to support dissemination and implementation

• Targeted, proactive technical assistance to sites

• Developed logical and well-informed performance measures, and practical impact assessment tools

• Required certification of implementation quality
Thank You!

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