

ISSUE BRIEF

Better Programs, Better Results

Rigorous Quality Assurance Ensures that Washington State's Evidence-Based Programs Produce Expected Results

Making budget choices based on credible evidence that programs will generate a positive return on taxpayer investment is a key first step for policy makers seeking to improve government performance, but it is just as important to make certain that funded programs are implemented as designed. Strong quality assurance and outcome reporting systems can help ensure that programs achieve expected outcomes.

This issue brief serves as an instructive case study on the importance of quality assurance monitoring in juvenile justice programs in Washington state, which has led the way in using cutting-edge cost-benefit analysis to guide its budget and policy choices. Quality assurance has played a key role in helping the state save money and reduce by more than half the number of youth committed to state institutions while at the same time achieving a greater reduction in crime rates and juvenile arrest rates than the national average.

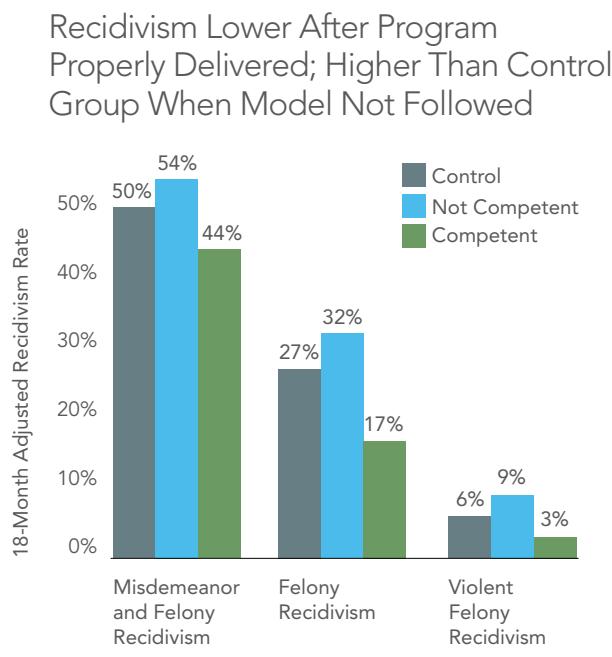
Adherence to Program Designs Is Essential to Achieving Expected Outcomes

In the late 1990s, the Washington State Legislature decided to fund four juvenile justice programs that cost-benefit analyses conducted by the Washington State Institute for Public Policy (WSIPP) had shown to be highly cost-effective in treating juvenile offenders. Those programs included Aggression Replacement Training, Coordination of Services, Functional Family Therapy, and Multisystemic Therapy.

In 2002, at the direction of the legislature, WSIPP conducted an evaluation to determine whether these programs were generating the expected outcomes in Washington.

Results indicated that the programs were working to reduce recidivism but **only to the extent that they were implemented with fidelity to the model.**

Figure 1



For example, Figure 1 shows that recidivism was lower for juveniles who received properly delivered Functional Family Therapy (FFT) than for a control group. Yet, recidivism was **higher** among juveniles whose FFT providers did not follow the evidence-based program model.

In fact, cost-benefit analysis by WSIPP found that when FFT had been delivered by therapists who adhered to the program model, it generated \$10.69 in benefits (avoided crime costs) for each dollar spent. However, when the program was not competently delivered, it actually cost the taxpayer \$4.18 for each dollar spent.

Table 1

WA Residents Save Money – If Program Designs Are Followed

| Program | Number of Youth | | Adjusted 18-Month Felony Recidivism ^A | | Reduction In Recidivism | Benefit to Cost ^B (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 |
| Aggression Replacement Training: Competent | 417 | 501 | 24.8% | 18.8% | -24.2%* | +\$11.66 |
| Aggression Replacement Training: Not Competent | 108 | 203 | 24.8% | 26.5% | +6.9% | -\$3.10 |
| Aggression Replacement Training: Total | 525 | 704 | 24.8% | 20.8% | -16.1% | +\$6.71 |

^A 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.

^B 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 FFT effect size was reduced 25 percent, ART 50 percent, and COS 50 percent. The estimated cost per youth is \$2,100 for FFT, \$745 for ART, and \$400 for COS.

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

Following the findings of this outcome evaluation, in 2003 the legislature directed WSIPP to develop standards to ensure that these and other research-based juvenile justice programs were effectively implemented. The legislature mandated that:

The standards shall include methods for measuring competent delivery of interventions as well as success factors following treatment. The standards shall include, but not be limited to hiring, training and retaining qualified providers, managing and overseeing the delivery of treatment services, and developing quality assurance measures. The department shall utilize these standards to assess program effectiveness. The [juvenile] courts shall also utilize these standards in determining their continued use of these alternatives. The courts shall not continue to use programs that do not comply with these standards.

Standards, Evaluation, and Support Are Keys to Quality Assurance

To fulfill this mandate, WSIPP developed standards for ensuring adherence to the program model. These criteria for selecting, training, evaluating, supporting, and retaining qualified providers and for measuring outcomes are now rigorously followed by the state.

“Before we adopted evidence-based programs and quality assurance, we basically were following a ‘train and hope’ model,” said Chris Hayes, who oversees quality assurance statewide for one of the four evidence-based juvenile justice programs. “We’ve now saved taxpayers a lot of money and provided young people and their families with a lot more effective support. It’s an approach that provides big rewards but it also requires a big commitment.”

Washington’s quality assurance process has four key elements: program oversight, provider development and evaluation, corrective action, and ongoing outcome evaluation.

Program oversight

- A statewide quality assurance steering committee oversees the process and includes representatives of all relevant agencies.
- A state quality assurance expert and regional consultants assess whether therapists competently deliver each program, and these staff provide ongoing consultation, feedback, and training.
- A detailed quality control manual prescribes specific standards for hiring, training, and retaining qualified providers, as well as protocols for managing and overseeing treatment service delivery.

- Representatives of each service provider organization attend regularly held workshops and review and clarify best practices.

Provider development and evaluation

- All provider staff who deliver therapeutic services are screened by the state's program specialists to ensure that they meet minimum qualifications.
- New provider staff complete a probationary period in which they receive ongoing training and feedback while they work to demonstrate acceptable knowledge and skills.
- Program specialists assess applicants' skills at the end of the probationary period. This initial assessment forms a baseline for monitoring each provider's skill development.
- Each program provider is assessed at least annually by a state program specialist. These reviews include direct observation or video/audio recording of service delivery and a review of the program environment. The specialist uses a structured assessment instrument specifically designed for each program.
- Program specialists conduct site reviews at least annually to assess the environment supporting each program. The evaluation instrument for these reviews assesses staff training, youth screening and assignment, staff engagement, youth and family

motivation, staff reinforcement of program principles, and how well courts support these efforts.

- Researchers verify the validity of both the program provider reviews and environmental assessments every two years.

Corrective action

- The standards require statewide specialists to take corrective action when a site is not competently delivering the program. For example, the specialists can require that the program provider undergo additional training, observe a competent provider, or receive on-the-job coaching.
- The oversight committee is authorized to discontinue provider funding when the corrective actions of the statewide specialist fail to bring a provider into compliance with these standards.

Ongoing outcome evaluation

- The state tracks completion rates for youth assigned to programs to ensure that they achieve the minimum standard that 75 percent of youth finish each program.
- Juvenile court staff assess each youth's risk and protective factors both before someone is placed in the program and again when the youth either completes or otherwise terminates the program. This provides data on whether those factors have been improved.

- The state annually tracks and reports the percentage of providers who are competently delivering the program as designed or who are being provided improvement support or are on probation.

The legislature has continued to fund these evidence-based programs, including staff and other costs for quality assurance, based on regular reports by WSIPP that the programs represent good investments. Although WSIPP has not been asked by the legislature to conduct a specific follow-up evaluation of the programs, the state has experienced greater reductions in crime rates and juvenile arrest rates compared with the national average, and a decrease of more than 50 percent in youth held in state juvenile justice institutions.

Evidence-Based Programs Get Results

- Greater reduction in crime rates** than national average
- Greater improvement in juvenile arrest rates** than national average
- More than 50 percent decrease** in youth held in state institutions

Based on the successful experience with the juvenile model, the Washington Department of Corrections is now implementing a statewide quality assurance program for cognitive behavioral therapy in the adult system.

Implementation of Quality Assurance Depends on Teamwork

Officials in Washington's juvenile justice programs report that teamwork has been essential in developing and implementing these quality assurance processes.

"Anyone who cared about this work was horrified when we saw the WSIPP study that showed that you can actually make kids worse if the programs are not delivered faithfully," said Dana Phelps, who has overseen implementation of cognitive behavioral treatment models for the state's Juvenile Rehabilitation Administration. "The key to our success has been the collaboration of all stakeholders—the governor's office, juvenile courts, county leaders, the legislature, researchers, and the provider community."

Factors that contribute to this collaboration include:

- The state has maintained a consistent commitment to the process. Practitioners have seen that evidence-based programs and quality assurance were not a "flavor of the month" that would burst on the scene only to eventually disappear.
- Standards are specific and transparent. Everyone at all levels knows exactly what is expected and that providers are being evaluated based on clear and objective criteria.

- Checks and balances ensure fairness. Low ratings are reviewed by more than one evaluator before action is taken to require improved performance or, if need be, remove a provider from a program.
- Support networks have been established. Counties that are struggling to implement a program can reach out to peers from other counties for help.
- Providers are held accountable. Officials have been willing to remove providers who cannot faithfully deliver a program even after being given assistance to improve. For example, the state has officially barred 10 therapists from providing FFT and Aggression Replacement Training for this reason. Additional therapists have decided to end their role as providers before the end of the formal improvement process.
- The legislature has made an ongoing financial investment in quality assurance. The legislature has consistently included funding for quality assurance staff and other resources as an essential part of its commitment to evidence-based programs. For example, it has continued to fund a statewide quality assurance coordinator for each program, even during the recent tight budget years. The legislature's commitment to ensuring fidelity in program delivery is reflected in legislation passed in March 2012

that directs the Department of Social and Health Services to increase use of evidence-based programs in child welfare, child mental health, and juvenile justice. The bill specified that the department shall “use monitoring and quality control procedures designed to measure model fidelity with evidence-based and research-based prevention and treatment programs.”

- Continuous improvement is an ongoing goal. The state continues to authorize testing of “promising programs” for which there is some initial evidence that they could improve outcomes.

Taken together, these factors have contributed to confidence that Washington’s investment in evidence-based programs will generate the expected benefits for both program participants and taxpayers. This has been a key step in enabling the state to reduce juvenile crime, help thousands of young people, and save taxpayers millions of dollars.

For more information, including the issue brief, “Better Results, Lower Costs: Washington State’s Cutting-Edge Policy Analysis Model,” contact:
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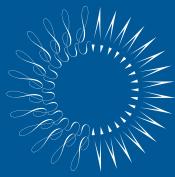
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