Executive Summary

Problem Statement: Research findings are implemented into social services practices too slowly and inconsistently. A large gap between research and practice can result in mental health agencies’ interventions lagging the research by over 20 years (Iringer & Schunwat, 2013; Frasen, et al, 2015; Broke, 2000).

Impacts:
- Case study example: Poorer outcomes for clients and community
- Increased costs to taxpayers – incarceration much more expensive compared with more cost-effective community solutions

Solutions Development and Impact:
The field of Implementation Science has been used to analyze problem root causes, and develop systematic, robust models to move from science to service. (Frasen, et al, 2015; Frasen, et al, 2009).

Systematic approach to implementation is critical due to complex environment of federal, state, community, and organizational elements in which agencies operate (Dermon, 2014).

Practice Implications: Intermediaries are increasingly relied upon by providers and policy makers to help navigate the complex, shifting terrain of multilevel systems change (Ioffe, et al, 2011).

Policy Implications: Governments are increasingly using implementation science to inform policy and budget decisions.

Improved outcomes
- Better outcomes for clients and community
- Better use of taxpayer dollars

Research Question
What actions can agencies take to adopt evidence-based practices for treating juvenile offenders and other clients in a more timely and effective manner?

Methods
A case study of Nebraska youth over-incarceration was examined within an overall context of juvenile justice reform in Nebraska, and led to the research question.

A literature review was conducted using PSYCHINFO, ProQuest Premium Social Sciences, and AcademicSearchComplete with the following keywords: research to practice gap, translational research, implementation, purveyor, evidence-based practice, dissemination.

References
Complete references are available in separate handout.

Better Outcomes: Effectively-implemented programs had 2 to 3 times greater mean effect sizes compared with programs not as effectively implemented, according to 5 meta-analyses covering nearly 500 studies (Ioffe, et al, 2011).

Better Use of Taxpayer Dollars:
Washington State Institute for Public Policy (WSIPP) conducted cost-benefit analyses of the Functional Family Therapy program, and found, for each dollar spent, $10.69 in benefits (avoided crime costs) (Bertram, 2014).

Higher Return on Investment (ROI): EPISC Center helped secure an estimated $24 million from Evidence-Based Programs in Pennsylvania for FY 2013/2014 (Waller, 2012; Center for Juvenile Justice Reform).

Implementation Drivers Analysis is used to:
- Help support and maintain high-fidelity (true to research) implementation of evidence-based and evidence-informed programs
- Recommend ways to strengthen and sustain evidence-based models in preventive services.

Conclusions
- Evidence-based programs can fully reach community members only if they are implemented with fidelity.
- Agency practitioners operate within complex environments, making policy changes challenging to execute and maintain.
- Policy changes are well supported when practitioners use structured, robust methods of implementation science.
- Implementation centers and other intermediaries have demonstrated SUCCESS in connecting research to practice through implementation science, and offer valuable solutions to achieve positive community outcomes in cost-effective ways.
- State and local governments, and funders, can execute their responsibility to administer taxpayer and donor funds wisely by requiring agencies to select and implement evidence-based treatments using proven methods that leverage implementation science.

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References
Complete references are available in separate handout.

Better Outcomes:

Evidence-Based Policy making is used to:
- Reduce wasteful spending
- Expand innovative programs
- Strengthen accountability

The Pew-MacArthur Results First Initiative works with state and local governments to implement cost-benefit analyses to support budget and policy decisions. MacArthur recognized implementation support centers’ role to ensure program investment benefits are realized (Pew-MacArthur, 2017).

During 2012 and 2013, Iowa, Massachusetts, New York, and Vermont have used the Results First model to target $81 million in funding to evidence programs that have used evidence to inform their policy and budget decisions.

Currently, 23 states and 8 counties are participating in Pew-MacArthur’s Results First Initiative (Pew-MacArthur, 2015).

How EPISC Center has Bridged the Science to Service Gap for 10 years

A Case Study of Effective Implementation: The New York City Experience

In 2011, the New York City Administration for Children’s Services (ACS) implemented the largest, most diverse continuum of evidence-based and evidence-informed preventive programs in any child welfare jurisdiction in the U.S., and leveraged an implementation science framework as an integral part of the initiative.

ACS is responsible for child protection, child welfare, juvenile justice, and early childhood care and education services in New York City, through a network of more than 75 contract agencies and approximately 7,000 employees.

Preliminary results reflect ACS implementation of preventative Evidence-Based Methods are positively impacting families:
- More families are being served each year per paid contracted slot, due to EBMs’ shorter length of service
- High-risk families’ outcomes are improved compared with ACS traditional models
- Higher case goal achievement for closed cases
- Improved collaboration between the ACS Division of Child Protection and its contract providers
- Decrease in the number of indicated investigations

Sources: Owey, Gowing, & More, 2015;