

Commonwealth of Virginia

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# Roadmap for Evidence-Based Practices in Community Corrections



Prepared by the Crime and Justice Institute at  
Community Resources for Justice

April 2010

# **Commonwealth of Virginia: Roadmap for Evidence-Based Practices in Community Corrections**

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## Table of Contents

|  |     |
|--|-----|
| Acknowledgements.....  | iii |
| Foreword.....  | ix  |
| Introduction .....   | 1   |
| How to Use the Roadmap .....   | 3   |
| Chapter One: Virginia’s Application of the Integrated Model .....    | 5   |
| The Integrated Model .....   | 6   |
| What are Evidence-Based Policies and Practices?.....                 | 6   |
| What is the Integrated Model?.....                                   | 7   |
| The Integrated Model in Virginia: Lessons Learned.....               | 9   |
| Virginia’s Application of the Integrated Model .....                 | 9   |
| Keys to Success and Take-Away Lessons .....                          | 13  |
| In Summary .....   | 15  |
| Chapter Two: Assessing the Organization .....                        | 17  |
| Organizational Assessment .....                                      | 18  |
| Conducting a Self-Assessment.....                                    | 18  |
| Selecting Assessment Approaches.....                                 | 18  |
| Administering Assessments .....                                      | 21  |
| Analyzing Assessments .....  | 23  |
| Applying Assessment Results.....                                     | 24  |
| In Summary .....   | 27  |
| Chapter Three: Strategic Planning and Workplan Development.....      | 29  |
| Developing Strategic Plans and Workplans .....                       | 30  |
| The Strategic Planning Process.....                                  | 30  |
| The Work Planning Process .....                                      | 30  |
| In Summary .....   | 45  |
| Chapter Four: Assuring Quality & Fidelity.....                       | 67  |
| Quality Assurance .....  | 68  |
| What is Quality Assurance and Why Does It Matter? .....              | 68  |
| Quality Assurance: An Overview.....                                  | 70  |
| Ten Steps to Developing a Quality Assurance Plan.....                | 71  |
| Step One: Define the Outcomes you are Trying to Achieve .....        | 72  |
| Step Two: Logic Models - Connect Your Actions to Your Outcomes ..... | 72  |
| Step Three: Decide What to Measure .....                             | 78  |
| Step Four: Decide How to Measure.....                                | 80  |
| Step Five: Pull It Together .....                                    | 94  |
| Step Six: Communicate, Communicate, Communicate .....                | 95  |
| Step Seven: Begin Data Collection .....                              | 96  |
| Step Eight: Analyze and Report the Data.....                         | 96  |
| Step Nine: Put the Data to Use .....                                 | 97  |
| Step Ten: Repeat.....  | 98  |
| Things to Keep in Mind When Creating a Quality Assurance Plan.....   | 98  |

|   |     |
|---|-----|
| Evaluation Overview .....                     | 100 |
| In Summary .....                              | 101 |
| Chapter Five: Managing Change .....           | 103 |
| Managing Change .....                         | 104 |
| Techniques for Facilitating Change.....       | 104 |
| Leadership .....                              | 108 |
| Communication .....                           | 111 |
| Aligning Business Practices.....              | 114 |
| In Summary .....                              | 116 |
| Chapter Six: Stakeholder Collaboration .....  | 119 |
| Collaboration.....                            | 120 |
| Why Collaborate? .....                        | 120 |
| What is Collaboration? .....                  | 121 |
| Misperceptions of Collaboration .....         | 122 |
| Tips for Collaborating.....                   | 123 |
| Who Should be Included?.....                  | 124 |
| How are Structure and Expectations Set? ..... | 125 |
| In Summary .....                              | 129 |
| Roadmap Conclusion .....                      | 131 |

## Table of Figures

|  |     |
|--|-----|
| Figure 2 – 1: Available Assessment Tools .....   | 20  |
| Figure 2 – 2: Sample Focus Group Invitation Letter .....   | 22  |
| Figure 2 – 3: Sample Survey Invitation Letter .....  | 23  |
| Figure 3 – 1: Strategic Planning Process .....   | 30  |
| Figure 3 – 2: Examples of Environmental Scan Data Elements.....  | 34  |
| Figure 3 – 3: SWOT Analysis.....   | 34  |
| Figure 3 – 4: SWOT Analysis Template .....   | 36  |
| Figure 3 – 5: Defining SMART.....  | 37  |
| Figure 3 – 6: Example of Strategic Plan Elements.....  | 39  |
| Figure 3 – 7: Sample Committee Charter.....  | 42  |
| Figure 3 – 8: Example of Work Plan Elements .....  | 43  |
| Figure 3 – 9: Example of Gantt Chart Elements.....   | 44  |
| Figure 3 – 10: 2009-2010 Sample Strategic Action Plans for Local Probation and Pretrial Services ..... | 46  |
| Figure 3 – 11: Strategic Plan Template .....   | 60  |
| Figure 3 – 12: Workplan Template.....  | 61  |
| Figure 3 – 13: Sample Gantt Chart.....   | 62  |
| Figure 3 – 14: Quarterly Update Template .....   | 63  |
| Figure 3 – 15: Annual Reporting Template .....   | 65  |
| Figure 4 – 1: Example Logic Model Format.....  | 73  |
| Figure 4 – 2: Virginia Roadmap Statewide EBP Implementation Logic Model 2.0 .....                      | 74  |
| Figure 4 – 3: Virginia Roadmap Local Agency EBP Implementation Logic Model 2.1.....                    | 76  |
| Figure 4 – 4: Virginia Roadmap Local Agency EBP Logic Model for Risk and Need Principle Fidelity ..... | 77  |
| Figure 4 – 5: Peer Review: Client File Audit .....   | 82  |
| Figure 4 – 6: Peer Review: Client File Audit Summary.....  | 83  |
| Figure 4 – 7: Peer Review: Assessment Interview Audit.....   | 85  |
| Figure 4 – 8: Quality Contact Standards Checklist as used by the EBP Steering Committee.....           | 87  |
| Figure 4 – 9: Client Satisfaction Survey.....  | 90  |
| Figure 4 – 10: Methods of Measurement .....  | 92  |
| Figure 4 – 11: Sample Measurement Options for State and Local Levels .....                             | 93  |
| Figure 4 – 12: Putting Data to Use .....   | 97  |
| Figure 5 – 1: Sample Communication Plan .....  | 113 |
| Figure 5 – 2: Sample Probation Officer Competencies from Maricopa County, AZ .....                     | 117 |
| Figure 6 – 1: Relationship Types .....   | 123 |
| Figure 6 – 2: Sample Components of an Interagency Collaborative Charter .....                          | 126 |





# Foreword

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In 2005, the Virginia Community Criminal Justice Association (VCCJA) and the Virginia Department of Criminal Justice Services (DCJS) committed to advance the community corrections and pretrial practitioner profession by working together to fully integrate evidence-based practices (EBP) into all state supported, locally operated probation and pretrial services agencies. Virginia’s 37 local Community Corrections and 30 Pretrial Services Agencies established under the Comprehensive Community Corrections Act and the Pretrial Services Act (CCCA/PSA), like many other pretrial and post-trial supervision service agencies across the country, were experiencing increasing levels of offender/defendant non-compliance with supervision conditions resulting in violations that often lead to unsuccessful termination from supervision.

Implementing supervision strategies based on scientifically proven principals associated with behavior change, shifting from risk control to risk reduction was the direction we wanted to take. Challenged with the daunting task of implementing EBP statewide, the ten Virginia EBP Pilot Sites recognized early on in the planning process the need to develop strategies to help us achieve sustainable implementation and replication of EBP in local probation and pretrial agencies across the Commonwealth. This “Roadmap” is one of the many resources developed as a result of the hard work and commitment by dedicated pretrial and local probation professionals in Virginia to help us achieve our goal as well as to share this product nationally with other practitioners who are committed to implementing EBP. A special thanks to all those pretrial and local probation professionals in Virginia who pioneered efforts to introduce EBP to our profession.





# Introduction

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In recent years, community corrections agencies across Virginia have been modifying their practices to be consistent with evidence-based practices (EBP). The Department of Criminal Justice Services (DCJS) and the Virginia Community Criminal Justice Association (VCCJA) have worked assiduously toward the goal of having all local probation and pretrial agencies become evidence-based and contribute to improved public safety in Virginia. The Roadmap is a guide for the sustainable implementation and replication of evidence-based practices in pretrial and local probation agencies across the state.

Evidence-based agencies know the risk and needs of the clients they serve through the use of validated screening and assessment tools, and they address these issues using the best research and evidence available. They use data to guide decisions and continually improve their services. Becoming evidence-based is a challenging endeavor. This Roadmap provides guidance to agencies that would like to become or continue to be evidence-based. The Roadmap demonstrates how to make the transformation to an evidence-based organization. Inside, the Roadmap offers guidance on how to plan for and manage change; how to use data to demonstrate your agency's effectiveness; how to work collaboratively with community stakeholders as part of a systemic effort to reduce recidivism and improve public safety; how to align your organization with what it is trying to achieve; and much more.

The Crime and Justice Institute (CJI) was contracted by the DCJS, in conjunction with VCCJA, to construct this Roadmap for the implementation of evidence-based practices across the state. As part of this effort, CJI first conducted a retrospective study to review progress and benchmarks achieved across ten local probation and pretrial pilot sites in the areas of EBP, organizational development and collaboration (the components of CJI and the National Institute of Correction's *Integrated Model*). The findings of the retrospective study guided the development of this Roadmap for DCJS and VCCJA. This Roadmap is the result of findings and lessons learned from phase one implementation sites in Virginia, suggestions from phase one and two sites, and CJI's EBP implementation work throughout the nation. The Roadmap offers valuable insights into lessons learned during implementation and provides proven strategies for addressing challenges to sustainable change.

The Roadmap is organized into the following sections:

- Introduction
- Virginia's Application of the Integrated Model
- Assessing the Organization
- Strategic Planning and Workplan Development
- Assuring Fidelity and Quality
- Managing Change
- Stakeholder Collaboration

Once an agency has decided to launch its EBP initiative, it is time to embark on a comprehensive planning and implementation effort. The remainder of this Roadmap is dedicated to offering a description of that process. The Roadmap is designed to help the agency director or project manager charged with managing the implementation of EBP in local probation and/or pretrial agencies. Throughout the Roadmap the term “you” will be used to reference these individuals. The Roadmap will help you to understand the *Integrated Model* of EBP, organizational development and collaboration. It will help you to apply the *Integrated Model* in your agency and across agencies. It will help you to understand organizational change and explain how to assess your organization and strategically plan for the comprehensive implementation of EBP. The Roadmap will provide guidance in the various aspects of managing change and in working with stakeholders. It will also provide a framework for a comprehensive quality assurance plan to monitor and evaluate effectiveness and use data to make continuous improvements in practice.

In addition to agency directors and project managers, members of the working group(s) either within the local agencies or at the state level who are involved in the EBP implementation effort will find the Roadmap contents useful. The Roadmap can also be useful to anyone who wants to learn more about becoming evidence-based. Stakeholders in Virginia such as local Community Criminal Justice Boards<sup>1</sup> (CCJB’s), legislators, the judiciary, county executives, executive branch agencies, other law enforcement agencies, victims’ agencies, concerned citizens, or anyone else interested can use this Roadmap to understand what local systems can do to improve public safety.

This is not a process that happens overnight, nor is it a simple endeavor. Agencies that make this transformation will make their communities safer and they will have the evidence to demonstrate their contributions. They will also have partners in their communities working with them. In addition, these agencies will be well-suited to adapt and shift on the basis of evidence as it evolves.

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<sup>1</sup> §53.1-183 of the Code of Virginia requires the Community Criminal Justice Board (CCJB) to be limited to fifteen members, except in cases of multijurisdictional boards which shall be limited to twenty members. Each board shall include the following: a judge of the general district court; a circuit court judge; a juvenile and domestic relations district court judge; a chief magistrate; one chief of police or the sheriff in a jurisdiction not served by a police department to represent law enforcement; an attorney for the commonwealth; a public defender or an attorney who is experienced in the defense of criminal matters; a sheriff or the regional jail administrator responsible for jails serving those jurisdictions involved in the community-based corrections program; a local educator; and a community services board administrator.

# How to Use the Roadmap

Every agency is different in terms of culture, context, and priorities, so the steps to become evidence-based differ across jurisdictions. There is no one “right” way to do this work, and as such this Roadmap does not dictate rigid steps for implementation. It provides a framework for the various core elements of becoming an evidence-based organization. Using the Roadmap as your guide, you decide where you would like to go and prioritize your efforts accordingly. The Roadmap is designed to provide guidance in core areas so you may choose which area comes first, second, third and so forth for your agency. Also, realize you will often decide out of logic and necessity to focus on multiple areas simultaneously. This is your choice, use the Roadmap however it best fits your agency. Simply recognize that this process will be more easily managed and successful if it is well thought out, planned and communicated.

The language in the Roadmap is intended to fit local probation and pretrial agencies in Virginia. However, not all terminology may fit your agency and employees. For example, the terms “case planning” and “supervision planning” are used somewhat interchangeably for both pretrial and local probation. If your agency only uses the term “case planning” avoid using the term “supervision planning” in order to reduce confusion. In addition, the term “client” is used throughout the Roadmap; however, if you are using this for a pretrial agency you may want to rephrase the term “client” to pretrial “defendant” and so on. If you are an agency outside of Virginia accessing this document through the Bureau of Justice Assistance, it is strongly suggested that you revise it to fit your agency’s needs, test its use with a small group, and solicit feedback prior to using the Roadmap across your system. This will help to determine what changes are needed and how certain sections can be adapted to better fit your agency and its needs. This process may also be useful for agencies in Virginia that will begin the EBP transformation in the years to come, as certain practices, terminology and evidence are likely to change between when this Roadmap was written and when you embark on the EBP journey. Therefore, it may be helpful to review and modify any parts of the Roadmap to fit your needs before you begin using it.

The work described in the Roadmap will take several years to accomplish. Becoming an evidence-based agency is a long-term commitment that does not come with an end date. It is a new way of doing business that will encompass all aspects of your agency and its management. Clearly, this will not be easy but the rewards are immense. Becoming an evidence-based agency means contributing to the safety of your community and efficiently using taxpayer funds toward that end. It means every employee can personally make a difference in the community and clearly demonstrate the agency’s contributions to public safety. In order to get started there are essential players to bring into the fold to help organize and move ahead.

## #1 – Identify a Champion

While implementing evidence-based policies and practices is a collaborative effort, a visionary leader can be integral to getting things off the ground and keeping them moving forward. This person may already be the champion of EBP in your agency, but having another credible

authority figure (preferably an external stakeholder) who is willing to be out front and share the vision throughout the system will be useful. Champions will be necessary at state and local levels.

## #2 – Identify a Project Manager/Coordinator

This effort will be challenging and time consuming. A skilled project manager will be helpful to ensure organization and momentum moving forward. This person should have authority and credibility within the agency and system. This person should be good at building and sustaining productive relationships, skilled in multi-tasking and an excellent communicator. The project manager is the keystone of this effort and will need to be well informed on the EBP literature and passionate about putting this research into practice. Ideally, this responsibility should not be simply thrown on top of an already full plate. The project manager needs the time to do this incredibly important job. A project manager is needed for coordination at the state level to manage statewide efforts and an individual project manager is needed within each agency to manage local efforts. In agencies that are too small or do not have the resources to make this a core responsibility for one employee, consider alternate options, such as sharing these responsibilities among a few people.

## # 3 - Assemble a Working Group

This work cannot be done by one or two people. A team is required to share in the work and enthusiasm for the transformation. The working group is a great place to vet ideas, discuss strengths and potential barriers, brainstorm what can happen, and think through how to make the transformation doable. This team is also critical to help educate and communicate EBP efforts within and outside of the agency. This group will be essential to a) think through the planning steps, b) do the work, c) spread the enthusiasm and EBP knowledge, d) build buy-in, and e) model the way for others. As with much of the EBP transformation, it is critical to include representatives from across the agency; or if it is a state level working group, include representatives from across the state. As the work evolves the composition of this group may change over time.

In times of budget deficits and diminishing resources it is important to recognize not all agencies will have the luxury of additional employees or resources. For most, EBP implementation is not going to be the sole responsibility of a single position. This is why establishing your team of doers is so vital to your success. Agencies will need to be creative in determining the best use of such limited resources to succeed in the implementation of EBP. As you and your team travel through the Roadmap remember to find creative ways to support your agency to meet the challenges of EBP transformation.

# Chapter One: Virginia's Application of the Integrated Model

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# The Integrated Model

Transforming business practices is a holistic and strategic approach to managing change, working collaboratively with internal and external stakeholders, and using research and evidence as your compass. Before traveling down the road to becoming an evidence-based agency it is important to understand the three components of CJ and the National Institute of Correction's Integrated Model: Evidence-Based Principles, Organizational Development, and Collaboration.

## What are Evidence-Based Policies and Practices?

Evidence-based policy and practice is focused on reducing offender risk, and thereby reducing new crime and improving public safety. Of the many available approaches to community supervision, a few core principles stand out as proven risk reduction strategies. Though not all of the principles are supported by the same weight of evidence, each has been proven to influence positive behavior change. These core principles have been compiled into the "Eight Principles of Evidence-Based Practice" in corrections, and they are described below. The following is an excerpt from *Implementing Evidence-Based Policy and Practice in Community Corrections* (2009) by the Crime and Justice Institute at Community Resources for Justice [<http://cjinstitute.org/projects/integratedmodel#Model>].

### Evidence-Based Principles

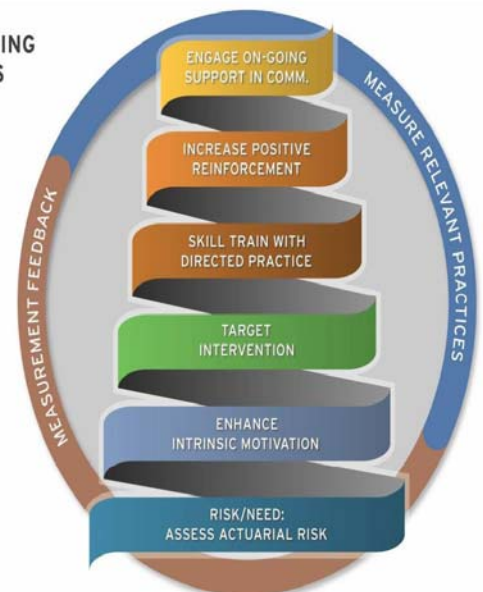
**1. Assess Actuarial Risk/Needs:** use research-based tools to determine an individual's likelihood of re-offense, and to identify factors that are amenable to treatment and risk reduction.

**2. Enhance Intrinsic Motivation:** apply specific communication techniques to identify an offender's own reasons for change, and to make them partners in their treatment.

**3. Target Interventions:** structure treatment, supervision, and responses to offender behavior based on their risk level, needs, and personal characteristics. This includes:

- *Risk Principle:* Prioritize supervision and treatment resources for higher risk offenders.
- *Need Principle:* Target interventions to criminogenic (correlated to crime) needs.
- *Responsivity Principle:* Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
- *Dosage:* Structure 40-70% of high-risk offenders' time for three to nine months.
- *Treatment Principle:* Integrate treatment into sentence/sanction requirements.

#### EIGHT GUIDING PRINCIPLES FOR RISK/RECIDIVISM REDUCTION



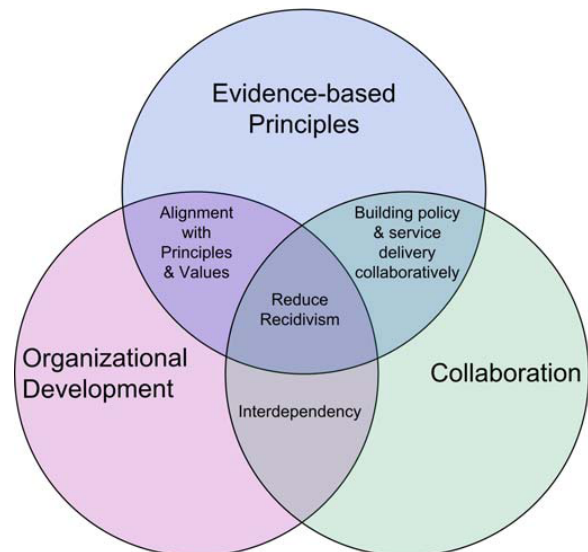


4. **Skill Train with Directed Practice:** use cognitive behavioral treatment methods to disrupt criminal thinking, and provide offenders with the opportunity to practice and apply pro-social behaviors.
5. **Increase Positive Reinforcement:** affirm and reward compliant behavior at a greater rate than you punish non-compliant behavior. (This does not mean that non-compliance should be overlooked; only that the positive should be emphasized as well.)
6. **Engage Ongoing Support in Natural Communities:** connect offenders to pro-social family, friends, and activities in the community so that their time is structured positively during and beyond the period of supervision.
7. **Measure Relevant Processes /Practices:** collect data on the effectiveness of your work to answer the questions: (1) are we doing evidence-based work? (2) Are we doing it well? And (3) is it leading to desired outcomes?
8. **Provide Measurement Feedback:** use data to provide feedback to systems, agencies, teams, and individuals, with the goal of improving practice.

## What is the Integrated Model?

As these principles were put into practice, some agencies have been able to create sustainable change, while others have made unsuccessful attempts. It was clear that more than research was needed to change the way community corrections does business, and in 2002, NIC and CJJ set out to identify and describe the elements that need to be in place to create an evidence-based agency. An expert team of researchers, practitioners, and consultants was assembled to create a model for evidence-based change, and the result was the *Integrated Model*.

The *Integrated Model* incorporates research and theory from criminal justice, business, and behavioral sciences, and considers not just what needs to be changed, but how to facilitate the change and ensure that it is sustainable. It considers individual agencies, broader systems, and the political context in which they function.



The model is composed of three equal components: evidence-based practice, organizational development, and collaboration. EBP focuses on the principles described above. Organizational development considers the organizational culture and climate, and its ability to sustain change. It includes elements such as agency mission, vision, and strategic plan; leadership; communication and decision making structures; and policies and practices. Fundamentally, if the agency is healthy, and if everyone is on the same page about the agency's purpose and direction, change will be easier to sustain. Collaboration applies within and across agencies. Community corrections and pretrial

employees and partners are most effective when there is a shared sense of purpose, shared authority, and shared decision making when possible.

Each of the three components of the model needs to be addressed in your EBP implementation process, but they are not mutually exclusive. Implementing a graduated responses grid is evidence-based, but it also requires collaboration with the judiciary and other officers of the court. Promulgating state-level EBP guidelines requires collaboration among state and local agencies, organizational development within each agency and oversight bodies, and the EBP principles themselves. A comprehensive implementation plan requires goals related to each element of the model, as well as strategies for connecting the dots between them. The importance of planning and communicating these efforts cannot be understated. The lessons learned in phase one implementation in Virginia provide a wealth of information about how critical these steps are to successfully transforming business practices.

For more information on the principles of evidence-based practice, as well as the Integrated Model, please read the document *Implementing Evidence-Based Policy and Practice in Community Corrections, second edition*, available through the Crime and Justice Institute and the National Institute of Corrections at <http://cjinstitute.org/projects/integratedmodel#Model>. In addition, for more information on the lessons learned in Virginia please see the companion report *Commonwealth of Virginia Local Probation and Pretrial Evidence-Based Practices: Retrospective Evaluation Report*, available through VCCJA, DCJS and the Crime and Justice Institute. The following section discusses the application of the Integrated Model in Virginia.

# The Integrated Model in Virginia: Lessons Learned

The retrospective study provided valuable insight into the application of the Integrated Model in Virginia's phase one sites. The phase one effort, which began with four sites and evolved into ten sites, was guided by a collaborative DCJS and VCCJA EBP steering committee. This committee led implementation efforts through an ambitious action plan which gained further support through the hiring of an EBP coordinator at DCJS. These efforts have produced several successes and lessons learned. This section provides more detail on how the *Integrated Model* translates into practice within Virginia.

## Virginia's Application of the Integrated Model (summarized from the *Retrospective Study*)

### *The Application of Evidence-Based Principles and Practices*

1. **Assess Actuarial Risk/Needs:** use research-based tools to determine an individual's likelihood of re-offense, and to identify factors that are amenable to treatment and risk reduction.
  - a. Strengths
    - i. Pretrial agencies utilize the revised validated Virginia Pretrial Risk Assessment Instrument (VPRAI) to assess community safety and flight risks for pretrial defendants.
    - ii. Phase one local probation agencies utilize the Modified Offender Screening Tool (MOST) prescreen and Offender Screening Tool (OST) full screen to assess the probationer's risk level and criminogenic needs, which are used to create a supervision strategy and case plan. The MOST was validated in 2008 and completion of the OST validation will occur in 2010. In addition, risk level cut off scores have been identified.
  - b. Recommendations
    - i. Increase employee proficiency in administering assessment tools. This includes the quality of the interaction, employee scoring consistency and the types of collective information available to complete assessments.
    - ii. Improve employees' understanding and application of the connection between risk and needs identified in the assessment process, case planning and supervision.
2. **Enhance Intrinsic Motivation:** apply specific communication techniques to identify an offender's own reasons for change, and to make them partners in their treatment.
  - a. Strength
    - i. Motivational interviewing (MI)/Effective Communication (EC) techniques and quality assurance practices have been the focus of implementation efforts.
  - b. Recommendations
    - i. Improve employees' understanding and application of motivational enhancement techniques so they can better understand why it is important and how it fits into the overall picture of EBP.

- ii. Increase employees' understanding of MI/EC to not only assist with basic interviewing skills, but to also assist in motivating clients to address criminogenic factors, pro-social behaviors and compliance throughout supervision.
- 3. **Target Interventions:** structure supervision, treatment and responses to offender behavior based on their risk level, needs, and personal characteristics.
  - a. Strengths
    - i. There has been some progress made to provide differential supervision to clients based on the outcomes of assessments.
    - ii. Quality contact standards have been developed and case planning training is forthcoming.
  - b. Recommendation
    - i. Increase employees' understanding of differential supervision, case planning and how to turn assessment results into actionable case plans in conjunction with clients.
- 4. **Skill Train with Directed Practice:** use cognitive behavioral treatment methods to disrupt criminal thinking, and provide offenders with the opportunity to practice and apply pro-social behaviors.
  - a. Strengths
    - i. Employees expressed an interest in understanding how to better respond to clients' risk and needs and in assessing the quality of available treatment options.
    - ii. There is a recognized need for greater treatment availability to address clients' risk and needs.
  - b. Recommendations
    - i. Increase employees' understanding of cognitive behavioral methods and integrate these practices in case planning and supervision.
    - ii. Identify and implement programming to address assessed risk and need areas in local agencies and/or within local treatment providers.
- 5. **Increase Positive Reinforcement:** affirm and reward compliant behavior at a greater rate than sanctioning non-compliant behavior. (This does not mean that non-compliance should be overlooked; only that the positive should be emphasized as well.)
  - a. Strengths
    - i. Some progress has been made to positively reinforce EBP consistent practices within local agencies.
    - ii. Responding appropriately to violations is a component of the Quality Contact Standards form that is administered to agency employees.
  - b. Recommendation
    - i. Improve the consistency of reinforcement for new skills and behavioral changes among employees and clients.
- 6. **Engage Ongoing Support in Natural Communities:** connect offenders to pro-social family, friends, and activities in the community so that their time is structured positively during and beyond the period of supervision.
  - a. Strength

- i. Many clients can be connected to community supports for little to no cost. These connections can extend beyond the period of supervision and provide for sustainable pro-social involvement, which may be ideal for many clients.
  - b. Recommendation
    - i. Improve relationships and connections with pro-social supports for effective management of low and higher risk clients.
- 7. Measure Relevant Processes/Practices:** collect data on the effectiveness of your work to answer the questions: (1) Are we doing evidence-based work? (2) Are we doing it well? And (3) Is it leading to desired outcomes?
  - a. Strength
    - i. Some progress has been made to institutionalize particular quality assurance practices in the local agencies.
  - b. Recommendation
    - i. Institute state guidelines with opportunities for local flexibility; require regular collection, review and application of data to continually improve practices.
- 8. Provide Measurement Feedback:** use data to provide feedback to systems, agencies, teams, and individuals, with the goal of improving practice.
  - a. Strengths
    - i. Progress has been made to provide employee feedback on the quality of client interactions.
    - ii. Some progress has been made to provide local agencies with feedback on specific measures collected at the state level.
  - b. Recommendations
    - i. Provide consistent feedback to employees on progress and areas of improvement.
    - ii. Specify indicators to be measured, set requirements for doing so and enhance the capacity of state- and local-level agencies to collect, analyze and provide data-driven feedback within a thoughtful quality assurance plan.

### ***The Application of Organizational Development***

- a. Strengths
  - i. A great deal of planning went into the statewide coordination of EBP implementation efforts (e.g. strategic action plan, various trainings, quality assurance steps, etc.). The collaborative EBP steering committee demonstrated motivation and willingness to take on significant organizational change.
  - ii. Some progress has been made to revise local mission statements so they are in alignment with EBP.
  - iii. Certain local sites utilized organizational assessments and strategic planning to transform business practices to be consistent with EBP (e.g. modified human resource practices and involved all levels of employees in the decision making process). Sites where employees had the opportunity to give input and receive feedback seemed to be more invested in the process.
- b. Recommendations

- i. Improve communication within and across sites so employees and stakeholders can more easily understand the connections between daily work and the collaborative goal of recidivism reduction. Develop comprehensive plans for training and quality assurance and provide employees the rationale behind the various components thereof.
- ii. Conduct organizational assessments and provide feedback to all levels of employees. Utilize these assessments as data to guide the strategic plan. Increase the involvement of employees at all levels in strategic planning and implementation processes. This helps to instill a sense of ownership and buy-in for the change process.
- iii. Communicate the connections between the work of the steering committee, subcommittees and site level planning and implementation efforts so the larger picture is more readily understood by employees at all levels. Provide opportunities for leadership development and change management for supervisors and directors.
- iv. Clearly identify and define the goals of EBP efforts and institute the necessary structure and policies to achieve them. Monitor progress and provide feedback to all levels of employees that demonstrate progress toward these goals and intended outcomes. Encourage brainstorming and ideas for making improvements based on evidence (data). Communicate how these ideas will be (are) utilized.

### ***The Application of Collaboration***

#### **a. Strengths**

- i. The statewide coordination of EBP was made possible through collaboration between DCJS, VCCJA and local sites. Accomplishments across the phase one sites are the result of significant collaborative effort by the EBP steering committee, subcommittees and employees.
- ii. Certain sites made some progress to incorporate client feedback about their experience in pretrial or local probation services and make service delivery enhancements.
- iii. Employees at all levels recognize their community stakeholders and the importance of making them part of the EBP implementation process. Several sites were very creative in involving stakeholders. This happens at the individual case level and the larger community level.
- iv. Directors have the opportunity to meet with and educate their CCJB about EBP. VCCJA and DCJS are also able to discuss EBP on a legislative front and other statewide forums.

#### **b. Recommendations**

- i. Communicate a similar EBP message at various levels from the local court system through statewide forums for diverse stakeholders.

- ii. Utilize the CCJB as a forum for interagency collaboration to support EBP and learn from the various stakeholders. Through this forum, effective collaboration can bring about shared goals and increased understanding of the various roles. Share this information with all levels of employees.
- iii. Utilize collaboration assessments and other tools to help facilitate true collaboration, realizing that collaboration does not always have to mean consensus.

## Keys to Success and Take-Away Lessons

In addition to the findings of the researchers there were several keys to success expressed by those involved in early implementation efforts across Virginia. The following is an excerpt of the key suggestions for success expressed during the study.

|  | Line Staff   | Supervisors  | Directors  | DCJS   |
|--|--|--|--|--|
| <b>Essential Areas for EBP Success</b> | <ul style="list-style-type: none"> <li>• More input from employees to have more multi-directional communication</li> <li>• Better internal communication among sites</li> <li>• Development of a feedback loop between supervisors and employees</li> <li>• Evaluation of our efforts to determine if what we are doing is really effective</li> <li>• Clarification of roles and responsibilities pertaining to EBP implementation</li> </ul> | <ul style="list-style-type: none"> <li>• More supervisor-specific training</li> <li>• More internal communication with line staff, supervisors, and directors</li> <li>• Emphasize that change takes time</li> <li>• Evaluation using our data to see the fruits of our labor</li> </ul> | <ul style="list-style-type: none"> <li>• Sharing the evidence with employees and stakeholders and providing more education</li> <li>• Communication (internal and external)</li> <li>• Getting stakeholders more involved in the process</li> <li>• Articulating the EBP purpose better to employees and stakeholders</li> <li>• Develop more resources to accommodate offender needs</li> </ul> | <ul style="list-style-type: none"> <li>• Communication between VCCJA, DCJS, and departments</li> <li>• Opening up communication between pilot sites and non-pilot sites</li> <li>• Develop more resources</li> <li>• Increase the implementation of EBP within DCJS</li> <li>• Data utilization to make enhancements and prove we are being effective</li> <li>• Becoming a key resource for stakeholder education and engagement</li> </ul> |

This presentation of strengths and recommendations provides an overview of the lessons learned in the retrospective study. For greater detail please see the companion report *Commonwealth of Virginia Local Probation and Pretrial Evidence-Based Practices: Retrospective Evaluation Report*, available through the VCCJA, DCJS and Crime and Justice Institute.

Additional lessons learned and key take-away points from the *Retrospective Evaluation Report* were discussed by the EBP Steering Committee during technical assistance provided by Mark Carey. This

technical assistance grant, funded by the National Institute of Corrections, was awarded to develop a strategy and capacity plan to ensure the successful roll out of phase two EBP sites. The following is an excerpt from the *National Institute of Corrections Technical Assistance report for DCJS: Evidence Based Practices Phase Two EBP Sites Plan* by Mark Carey (2009) to shed light on the EBP Steering Committee's key take-away points from the *Retrospective Evaluation Report*.

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1. We need a plan to determine at what point we bring in stakeholders.
  2. We do not have documented, definitive processes.
  3. Staff are not completely understanding 'why' they are doing things.
  4. We need to start looking at the data that we've been collecting over the past year and see what we are doing and where we are in the process.
  5. Supervisor skills are at the same level of direct services staff so there is a lack of confidence by supervisors to do what is expected of them.
  6. There is some disconnect between the directors and the staff.
  7. We do not have an overall training curriculum.
  8. Internal communication from director to line staff needs to be improved. This includes how communication is best delivered and followed up on. Possible solution: Create some take-aways that can be given to staff after meetings.
  9. There is a perception that EBP would reduce the workload, which has not proven to be true!!
  10. Staff is used to doing it one way so resistance is strong.
  11. Organizational development is misunderstood.
  12. Importance of readiness assessments (organizational readiness for change)
  13. Need a communication plan. Communicating up/down, sideways, every which way!
  14. New sites will need to do a lot of work with stakeholders to bring them to the table, explain EBP, etc. Need early involvement of internal/external stakeholders.
- 

Understanding the lessons learned of agencies that have already begun implementation of EBP is a way to assist agencies in proactively addressing many of the challenges and difficulties associated with change. In this vein, sites coming on board in 2010 are undergoing initial implementation efforts in a systematic way. These sites will undergo the following steps as they embark on the implementation journey.

1. Assess Organizational Readiness to Change
  - a. Review results and identify areas in need of attention.
  - b. Share results and discuss with employees.
  - c. Create a 'game plan' for your agency to address areas in need of attention.
  - d. Work with EBP Steering Committee and sub-committees to identify resources, trainings, and strategies for addressing need.
2. Train on Effective Communication and Motivational Interviewing/Skill Building
  - a. Attend training and identify resources to secure more training if necessary.
  - b. Develop in-house boosters within each agency and ongoing practice sessions.
  - c. Use Quality Contact Standard Forms (QCS) on a quarterly basis to assess the use of EC/MI skills.
3. Risk/Need Assessment Training and Differential Supervision



- a. Work with the EBP Steering Committee and sub-committees to identify resources to provide MOST/OST training for your office. Contact individual phase one agencies for support and guidance.
  - b. Have all employees participate in MOST/OST training.
  - c. Develop an in-house strategy for testing the use of the MOST/OST in your office, and a timeline for full adoption.
  - d. Based on the strategy above, administer the MOST/OST on all clients and subscribe to differential supervision.
  - e. Work closely with the EBP Steering Committee, DCJS, the Quality Assurance Committee and other sub committees to monitor progress.
4. Supervision Case Planning
    - a. Information is forthcoming. Supervision Case Plan Training will occur for phase one agencies in Summer/Fall 2010. All training materials will be provided to phase two agencies after this is complete.

As sites move through these four steps they can anticipate facing similar challenges as those referenced by the sites that came before them. This is why the *Integrated Model* is so important to implementation efforts and in becoming an evidence-based organization. It is not as easy as steps one through four. There will inevitably be peripheral issues of organizational development and collaboration that will impact their success.

## In Summary

There are several core areas worthy of attention, as evidenced by the findings in the retrospective study, essential areas for EBP success, and the study take-away points discussed above. Sites can learn from this evidence and apply these lessons in their implementation plans. The rest of this Roadmap is designed to provide agencies and their stakeholders some guidance in these core areas as they plan to move ahead with EBP implementation.



# Chapter Two: *Assessing the Organization*

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# Organizational Assessment

In order to figure out where you are going, you need to know where you are. Organizational assessment is a formal process for determining the status of an agency, and identifying strengths and areas for development. The information gathered in the assessment process can help to determine a starting point for implementation, provide a snapshot of implementation progress, or help to troubleshoot when an agency has hit a roadblock. This chapter discusses a process for conducting an internal self-assessment, including options for available assessment tools.

## Conducting a Self-Assessment

There are myriad possible approaches to assessment and the look of an assessment will vary from agency to agency. The section below describes a general approach that can be tailored to the needs of each agency. It is also possible to apply some of these approaches at the state level in order to get a snapshot across agencies.

It is possible to do an assessment without any outside assistance, but some assessment approaches do require sophisticated analyses. When choosing approaches, consider whether you have the capacity to conduct the necessary analysis, and/or whether you have access to outside support. (Graduate students from local universities can be a skilled and inexpensive resource.)

Assessments provide a snapshot of your organization at any given time. Repeat assessments can show changes over time, but they cannot show causal links—whether a specific intervention or change in the agency resulted in a specific change. A formal evaluation process can be used to establish links between interventions and outcomes, and can be very valuable to the implementation of evidence-based practice. Evaluation is discussed further in Chapter 4: Assuring Quality and Fidelity.

## Selecting Assessment Approaches

The first step of the assessment process is to decide what you would like to know. Are you interested in assessing employee's knowledge of evidence-based practices? Would you like to know more about the leadership skills of supervisors and managers, and their ability to lead change? Are you concerned about aspects of organizational climate, like communication? Consider the questions that are most important to you, and look for methods that will help you to answer those questions. The second step is to choose assessment methods that will help you get the right information from the right people. This could include:

- **Employee surveys:** ask all employees or a sample of employees to complete one or more surveys. There are formal validated surveys to choose from (See Figure 2 – 1), or an informal survey can be created. These can be done as paper surveys, e-mail surveys, or surveys that can be created and completed on-line (e.g., Survey Monkey.)

- **Focus groups:** gather small groups of employees together and ask the group to respond to questions that you would like to have answered. Focus groups are a great way to collect information. There are numerous on-line resources available to assist you in administering your own focus group. Gather groups of employees together to address the questions that you would like to have answered. All employees can be included, or a cross-section of employees can be invited to represent their peers.
- **Implementation assessment:** conduct a subjective review of your agency's progress on EBP implementation, and support opinions with facts wherever possible. (For an implementation checklist developed by CJI, please visit: <http://cjinstitute.org/projects/integratedmodel#Tools>.)

If surveys are part of the assessment plan, review available assessment tools. (Also, if you were unsure what questions to ask in the first step, then reviewing possible assessment tools can give you some ideas.) Available tools could include EBP knowledge and skills assessments, organizational culture or readiness assessments, and/or leadership surveys. You can also reach out to other EBP agencies and see if they have sample surveys they are willing to share. It is preferable to use a formal, validated assessment tool, if available, but if no survey is available you can develop your own. Also, several of the tools mentioned above have independently validated subscales, so you can select portions of the tool to use. This is another occasion where a university partner or graduate student can be helpful.

- **At the State Level:** DCJS could maintain a library of assessment tools and information on how to administer them. This could include collecting home-grown instruments that have worked well in local agencies so that they can be available to others. Also, DCJS could consider hosting surveys in its computer system for local agencies to utilize.
- **At the Local Level:** The needs of each agency will vary, so it will likely be necessary to review several tools to find the one (or more) that will meet your needs. However, it may be helpful to talk to colleagues about what has worked for them.

If focus groups are part of the plan, consider who will be invited and what questions are to be answered. Keep the groups small enough so that everyone has an opportunity to participate (6-10 participants is generally a good size) and keep the question list short enough so that all of the questions can be addressed in the time frame. A great deal of literature is available on focus group technique. If more information is needed, consult reference guides such as *Focus Groups: A Practical Guide for Applied Research* by Richard A. Krueger and Mary Anne Casey.

If you plan to use the implementation checklist or a similar tool, gather the management team and an additional cross-section of employees to review the checklist and make their own assessment of the agency's progress. Bring the group together to discuss areas of strength and need in each area, and where possible, support the discussion with documentation. For example, an area of discussion may relate to the use of assessment instruments. Senior management may feel this is an area of strength, since an assessment is in place, while frontline supervisors may feel that assessments are not routinely done, or not done well. An audit of a random sample of cases may be needed to validate those opinions.

Figure 2 – 1: Available Assessment Tools

| <b>Tool</b>   | <b>Description</b>   |
|---|--|
| <b>Organizational Development</b>   |  |
| <p><b><u>Likert Survey of Organizational Climate</u></b><br/> <i>(Rensis Likert, modified by the Crime and Justice Institute)</i></p> | <p>This validated assessment measures key group dynamics, organizational climate and productivity. It uses a Likert scale, named for the author, to reveal where individuals feel the organization is today (actual) to where they would like the organization to be (ideal).<br/> <a href="http://www.cj institute.org/projects/integratedmode">http://www.cj institute.org/projects/integratedmode</a><br/>                     (Survey is available in the public domain; there is a cost for online administration and analysis through CJI)</p> |
| <p><b><u>Organizational Readiness for Change</u></b><br/> <i>(Texas Christian University)</i></p>                                     | <p>This validated assessment measures organizational climate in the areas of motivation, resources, staff attributes, and climate.<br/> <a href="http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html">http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html</a> (No cost)</p>  |
| <p><b><u>Survey of Organizational Functioning Criminal Justice Version</u></b><br/> <i>(Texas Christian University)</i></p>           | <p>This validated survey expands upon the Organizational Readiness for Change survey with additional domains on job attitudes and workplace practices.<br/> <a href="http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html">http://www.ibr.tcu.edu/pubs/datacoll/cjtrt.html</a> (No cost)</p>  |
| <p><b><u>360° Management and Leadership Assessments</u></b><br/> <i>(Various)</i></p>   | <p>360° tools measure management and leadership competencies. There are a variety of tools available from multiple vendors, and each measure different competencies at the supervisor, mid-manager, and executive level. Information on 360° Assessments can easily be found on-line. (Cost varies by vendor)</p>  |
| <b>Collaboration</b>  |  |
| <p><b><u>Working Together: A Profile of Collaboration</u></b><br/> <i>(Larson and Chrislip)</i></p>                                   | <p>This validated assessment measures respondents’ perceptions regarding the effectiveness of a collaborative group. It is most useful for formal collaboratives. (No cost; permission of the authors required)</p>  |
| <b>Evidence-Based Practice</b>  |  |
| <p><b><u>Evidence-Based Practice Skills Assessment (EBPSA)</u></b><br/> <i>(Crime and Justice Institute)</i></p>                      | <p>This validated assessment measures employees’ skills in the areas of communication, interviewing, problem-solving, analytical thinking, critical thinking, attitudes of EBP, behavior change, positive reinforcements and ethics.<br/> <a href="http://www.cj institute.org/publications/ebpsa">www.cj institute.org/publications/ebpsa</a> (Survey is available in the public domain; there is a cost for online administration and analysis through CJI)</p>  |
| <p><b><u>Community Corrections Case Assessment Vignette</u></b><br/> <i>(University of Cincinnati)</i></p>                            | <p>This validated tool measures EBP-aligned case planning skills. Respondents are presented with a vignette (which can be tailored by the agency) and then asked to rate supervision priorities. The results provide information on respondents’ balance between support and control tasks, and whether the respondents’ priorities align with the priorities put forth in agency policy and training. (No cost)</p>   |

## Administering Assessments

Once the tools have been selected the logistics of administration must be decided. This is most complex in the case of employee surveys. Decisions to be made include who will be included (all employees, a random sample, or a targeted group), how the survey will be administered, and how the responses will be collected and analyzed.

- ***Who will be included?***

As discussed above, the surveys can go to all employees, which provides the broadest picture of the organization, or a sample of employees, if surveying everyone is too resource intensive. A targeted group of employees, such as supervisors, can also be used if information is being sought about a certain group.

- ***How will participants be invited?***

The way a survey is presented can make a significant difference in the overall response rate. The invitation to participate should be offered in a way that invitees are likely to see it (in a meeting, via email or memo, on a website, etc.). Invitations to participate in multiple formats may be needed. The invitation should create a compelling case to complete the survey (to set the future direction of the agency, to bring attention to concerns, etc.) How the data will be used and whether or not the survey is confidential OR anonymous should be clearly explained. Confidential means that survey results can be linked to a particular person, whereas anonymous means that survey results cannot be linked to a particular person. If the survey is confidential but not anonymous, respondents should be assured that individual responses will not be reported, but rather, data will be reported in a summary or group format.

- ***In what format will the survey be administered?***

Surveys can be administered on paper or online; in person (such as at staff meetings) or via mail; and anonymously or by name. Consider what is most plausible, and what will make respondents most comfortable. For example, an online survey is easier to analyze, but all respondents may not have easy access to computers. Administration at staff meetings increases the likelihood that the surveys will be completed and returned, but a mail-in survey might be seen as more confidential. There is not a “correct” format; each agency must consider the options and decide what will work most effectively for its circumstances.

- ***Who will collect the responses?***

The survey data needs to be collected by someone who is trusted by participants, and also someone who knows how to handle the data. Options include a third-party administrator, a university partner, an internal research analyst, or a well-regarded staff member.

- ***How long will the survey last?***

It is always good practice, although not always possible, to keep the amount of time it takes to complete a survey to a minimum. The survey period should be long enough for participants to find time to respond, but not so long that there is no sense of urgency. A period of two weeks is generally a good guideline, with a reminder at the midpoint.

The greater the number of people that participate in the assessment, the more accurate the snapshot will be. Consider how to encourage employees to respond to the surveys, and how to address any concerns.

**Figure 2 – 2: Sample Focus Group Invitation Letter**

Dear [participant name]:

As you know, our Department has been selected as a phase two site for EBP implementation. We are excited to be launching this new effort. A key component of this process is obtaining important input from probation officers, pretrial officers, case managers, support staff, and supervisors, and tapping into your experience and expertise. [Facilitator] will be conducting a series of focus groups to hear from employees about:

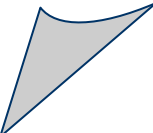
- Strengths and areas of improvement in our supervision strategies;
- The effectiveness of our training programs;
- Departmental communication; and
- Any other employee concerns about EBP implementation.

The information gathered from the focus groups will be combined with other information and be used to build our strategic plan for implementing evidence-based practices.

You have been selected to participate in a focus group on: [day], [date] from [start time] to [end time], at [location and address]. I would like to personally urge you to attend. Your input is critical to determining how we can improve our agency.

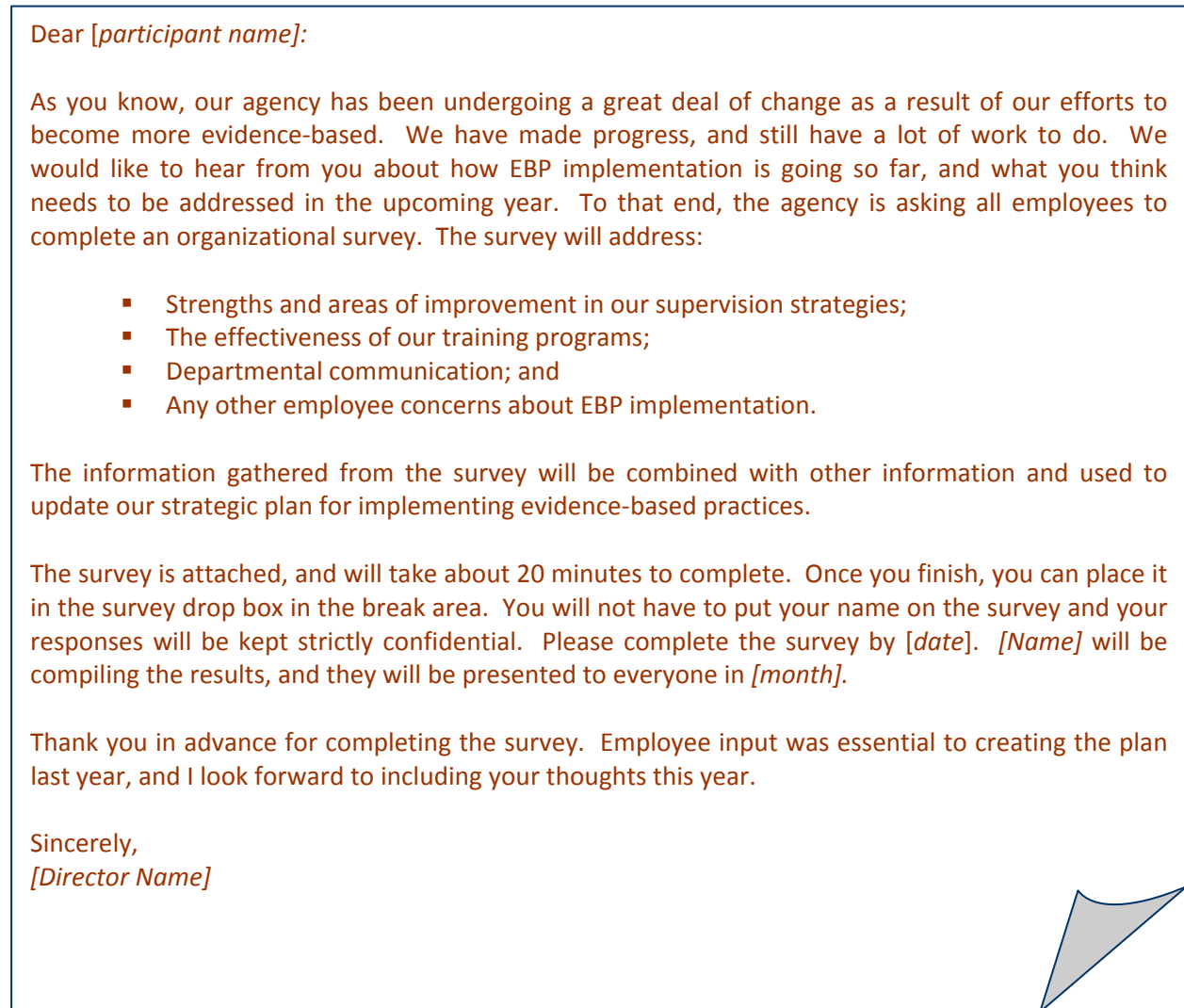
The two-hour focus group will include no more than ten participants. Please confirm your participation with me and let me know if you have any additional questions or need additional information. We appreciate your participation and look forward to hearing from you soon.

Sincerely,  
[Director Name]





**Figure 2 – 3: Sample Survey Invitation Letter**



## Analyzing Assessments

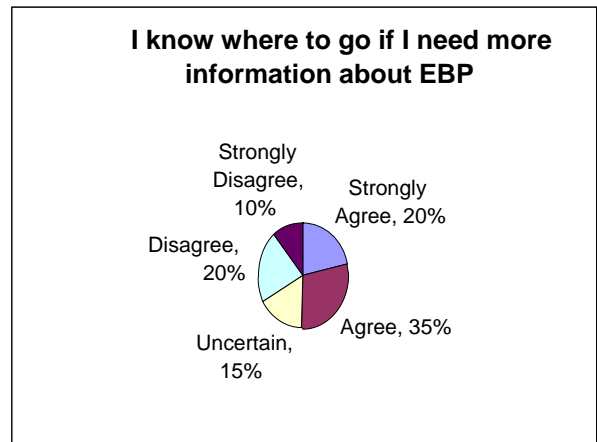
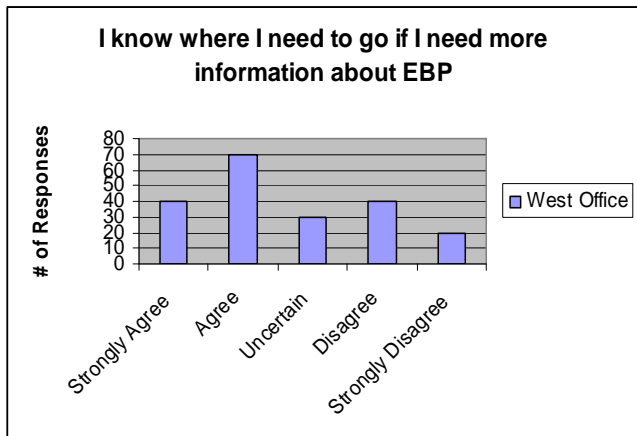
Once the surveys have been completed, results must be analyzed. If a validated assessment tool is used, then a scoring guide will likely accompany the tool with detailed instructions on analysis. If a survey tool was developed in-house, the most straightforward analysis is to count the distribution of results. Agree/Disagree statements or Likert scale statements are generally easy to analyze. For example, a common question format is an agree/disagree format:

Please indicate the extent to which you agree with the following statement:

|   |                |       |           |          |                   |
|---|----------------|-------|-----------|----------|-------------------|
| I know where to go if I need more information about EBP | Strongly Agree | Agree | Uncertain | Disagree | Strongly Disagree |
|---|----------------|-------|-----------|----------|-------------------|

After asking employees to respond to this question, you can count the total responses and report them as a table or a graph:

| I know where to go if I need more information about EBP | Strongly Agree | Agree       | Uncertain   | Disagree    | Strongly Disagree |
|---|----------------|-------------|-------------|-------------|-------------------|
| Responses   | 40<br>(20%)    | 70<br>(35%) | 30<br>(15%) | 40<br>(20%) | 20<br>(10%)       |



This type of analysis can be done with a calculator, word processing software or spreadsheet software. It can provide information on overall results for the agency, and can also allow results to be sorted by different demographic factors. For example, if you want to know how different offices respond, whether respondents are pretrial or probation officers, frontline staff, or managers, etc., be sure to ask these questions on your survey. Looking at responses within these categories is often sufficient to provide information on agency concerns. If a survey is being used widely throughout the state, then a state-level analysis template could be developed.

Gather your results and ask for some feedback. Are they presented in an understandable way? Different people process information differently, so a mix of tables, graphs, and text increases the likelihood that the information will be comprehensible. If there is a great deal of survey data, it may need to be grouped by topic or some other theme in order to be manageable.

## Applying Assessment Results

Assessment data provides information, but it doesn't say what to do about it. At this point, the human element is needed. Once the data is compiled, gather a group to review the results and discuss their implications. This could be an existing EBP steering committee, the management team, a cross-section of employees, or the whole agency. The steps below provide a process for reviewing and using the data.

- **At the State Level:** if the surveys are internal to DCJS or VCCJA, review of results may be an internal process. If surveys were conducted across the state, then a cross-sectional group should be assembled.
- **At the Local Level:** smaller agencies may be able to easily include everyone in this process. Larger agencies can hold multiple meetings to include everyone, hold an open meeting that employees can elect to attend, or invite a cross-section of employees.

#### *Review the Results and Discuss Context*

- Provide an overview of the assessment process and the data so that reviewers will know where the information is coming from, and what the assessment data is designed to show. Check in with the group to make sure that everyone understands what they are seeing.
- Review all of the information that you have gathered, and identify anything that stands out. Also, consider any contextual information that is relevant. For example, if employees rate high stress scores, have there been recent events, like budget cuts, that could have contributed?
- Present the results in a non-judgmental way. It is easy to take results personally or to respond defensively, especially when some of the data is perceived negatively. Try to frame the discussion as “this is information that can help us to do a better job and improve the way we do business. We do a good job now, but can always do better.”

#### *Identify Themes*

- To identify priority areas of strength and need, it is helpful to look for themes across assessment responses. For example, if one focus group respondent expressed concern about case planning training, but others did not have similar concerns, then there is probably no need to act on that information. If focus groups and survey results indicate concerns about several trainings, then a comprehensive review of the agency’s training practices may be warranted.

#### *Look for Strengths and Developmental Areas*

- When reviewing data, it is easy to immediately focus on the negative. Look for agency strengths that can be capitalized. For example, if employees are very satisfied with the supervision they receive, then supervisors may be the best coaches of new EBP skills.
- For each type of survey data, try to identify at least three strengths and developmental areas.

#### *Select Priorities to Address in Strategic Planning*

- After considering all of your data, choose the areas that are your top priorities to address in your strategic plan. Consider:
  - **What issues do we have the ability to impact?**  
Some issues are of concern to employees, but beyond the control of the agency. These concerns must be acknowledged, but they cannot be influenced by intervention. Instead, focus on issues that can be addressed.
  - **What are the most important and urgent issues?**  
It is likely that your assessment will raise many valid concerns, but it may not be possible to address them all.

- **What is going to help achieve the agency's mission and outcomes?**

For example, employees may raise concerns about lack of services for female offenders, and suggest that the agency offer interventions on self-esteem and healthy relationships. Relationship issues are a criminogenic factor, while self-esteem is not, so addressing female offenders' relationship issues should be prioritized.

- Bring this information into the strategic planning process.

#### *Collect Additional Information if Needed*

- Assessment information may raise additional questions rather than supply answers. For example, your assessment may indicate that employees feel they need more training in case planning. However, everyone may have completed case planning training. Was that training insufficient? Are employees unsure how to apply what they learned in the training? Was the training several months ago, and a booster is needed? Additional focus groups, or informal conversations with employees, may be needed to develop solutions to the issue.

#### *Disseminate Results*

- If all employees did not participate in the data review process, it is essential to disseminate the results of the surveys, share how they will be used, and if possible, provide all employees the opportunity to give feedback. If survey results and subsequent action are not shared, the employees may assume that their input is being ignored.
  - **At the State Level:** If state-level surveys are conducted, gather representatives from local agencies either physically or virtually to review results. If DCJS or VCCJA is supporting local level surveys, it may be helpful to provide templates for staff meetings or examples of data summaries so that local agencies do not need to reinvent the wheel.
  - **At the Local Level:** Staff meetings or unit meetings provide an excellent opportunity to review and discuss results. Share highlights from the surveys, including strengths and needs. For example, surveys may show that communication is an issue, and the review committee may identify this as an area of need to address. At a staff meeting, the Director could review the results and share a commitment to address the concerns. Employees could be asked for input about specific communication concerns and their suggestions for improving communication, or volunteers could be sought for a new communication committee that is being formed.
- It may be helpful to share results with outside partners, such as the CCJB at the local level, or between DCJS and VCCJA at the state level. Sharing this information should not be intended to embarrass the agency. Instead, it should be a constructive, transparent effort to share what the agency is trying to improve, and to solicit support from partners who may be able to aid in that improvement.

## **In Summary**

Organizational assessments provide valuable insight into the health of an agency, serving as a pre-EBP physical or an annual check-up. The content and format of the assessment can vary widely depending on the needs of the organization. To make the most of the assessment process, decide what you would like to know, and what methods will provide the information you need with the resources that you have. When reviewing results, prioritize so that you are able to take action on the highest priority areas. With this information in hand, you are ready to move forward to the next step: strategic planning.



# Chapter Three: Strategic Planning and Workplan Development

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# Developing Strategic Plans and Workplans

The assessment phase tells an agency where it is. This information will inform how to get from where it is to where it wants to be. Strategic planning is a thoughtful, proactive process that allows a state or local agency to reflect on its mission and consider the steps it needs to take to achieve that mission. The plan lays out the direction of the agency for the next several years, the goals the agency hopes to achieve, and the people responsible for making it happen.

The implementation of evidence-based practices requires a series of interrelated and often complex tasks. EBP also requires a focus on outcomes; an agency needs to identify what it wants to achieve and measure progress toward those outcomes. Without a plan to coordinate these efforts, the agency can easily flounder. Investing a few days in strategic planning can help to keep efforts on track in the months and years to come, and can keep agencies moving forward with the implementation of evidence-based practices.

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*Alice learned in Wonderland, "If you don't know where you're going, then any road will do."*

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## The Strategic Planning Process

This chapter describes a process for strategic planning that can be used by any group looking to create a long-term plan to guide their work. Therefore, the same process can be used at the state level by DCJS and VCCJA and at the local level by pretrial and local probation agencies. The main differences between state and local planning will be the people involved, the goal of the process, and the content of the plan. These distinctions will be made throughout the chapter.

There are many potential approaches to strategic planning. This chapter describes one popular and effective approach. However, this is not the only correct way to produce a plan. If your agency already has an effective planning process in place, feel free to continue to use it. If you would like to explore additional options, there is a great deal of business literature on the topic. The process should be tailored to meet the needs of your agency. For example, the process should take into consideration organizational assessment results and other locally specific issues.

## The Work Planning Process

Generally, a strategic plan provides a broad view of the goals of the organization, while the work plan provides more detail on how the goals will be achieved. The umbrella for the strategic plan is the agency's mission, with numerous goals listed in support. The umbrella for the work plan is the strategic goal, supported by

**Figure 3 – 1: Strategic Planning Process**





numerous objectives and tasks. While an agency only has one strategic plan, there will likely be several work plans to organize different aspects of the work. Once the strategic plan is in place, work plan development follows as a next step. Often, this step is completed by an individual or a committee that is charged with working toward the goal. There are a variety of possible formats for work plans (see Figure 3 – 11 for one template). An agency may want to choose a standardized work plan format, or allow each committee to choose the format that works best for their assignment.

### **Building the Planning Team**

The first step in building a strategic plan is choosing the team that will develop the plan. The composition of the team will vary from agency to agency, but it should include agency management, a cross-section of employees, and external stakeholders, if desired. The size of the group can vary, depending on the size of the agency and the number of groups to involve. If the number of people involved exceeds 25 or 30, the group may get too large to be productive. A smaller steering committee can be selected to engage in the planning process, and the opinions of others can be incorporated through surveys, discussion groups, or subcommittees.

- **At the State Level:** A state-level EBP steering committee exists, including representatives from DCJS, VCCJA, and local sites. As EBP implementation progresses, representatives from each phase can add insight on what has been accomplished, and where direction is needed.
- **At the Local Level:** The planning team should include leadership from pretrial and local probation, a cross-section of agency employees including supervisors and line staff from different functional groups, and representatives from the local CCJB. Additional local stakeholders, such as treatment providers or officers of the court, can be included if the agency would like to create systemic goals.

Once the team is formed, it may need to meet several times to prepare for strategic planning. Team members need to be well-versed in the principles of evidence-based practices as well as the implementation experience to date in Virginia. Also, the strategic planning process needs to be informed by data, so the team will need to discuss what data they would like to have available, and how they will obtain it (see the section on Environmental Scan, below).

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*The facilitator's role is to keep the process moving and to guide the group toward making decisions*

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Keeping the team organized requires someone (or several people) responsible for administrative tasks like planning meetings, taking notes, and distributing materials, and a skilled facilitator to lead the meetings. The facilitator may be someone from the team, or a neutral outsider that guides the team through the process. The facilitator's role is to keep the process moving, and to guide the group toward making decisions.

### **Mission and Vision: What Your Plan is Trying to Achieve**

The strategic plan describes how the agency is planning to achieve its mission and vision. For an agency beginning, or continuing to, implement evidence-based practices, it may be necessary to revisit the mission and vision statements to see if they still reflect the direction that the agency wants to go. Under

any circumstances, it is useful to revisit the statement every five years or so to make sure that it is still current and meaningful to the agency. Does it still reflect what the agency is trying to achieve? Does it communicate the role of the agency to people inside and out? Does it clarify what the agency considers most important? (Some agencies also add a statement of values to describe the principles that guide their work.)

- **At the State Level:** The mission statements for both DCJS and VCCJA provide guidance to internal employees/members and local agencies on the role of the state-level agencies. The statements also set the direction for probation and pretrial supervision throughout the state. These statements should provide an umbrella for local mission statements.
- **At the Local Level:** The mission statement guides work within the agency, and also informs the community on the role of the agency. If a mission statement currently exists, review and critique what is still relevant and what needs to be changed. Brainstorm key concepts to include, such as public safety, evidence-based supervision, effective service to the courts, etc.

It can be difficult to wordsmith a statement as a planning team. Once the team agrees on key concepts to include, the facilitator, another individual, or a small group can formulate possible statements to present to the planning team.

Once revised mission and vision statements are completed, they should be widely disseminated and discussed at the state and local level. Before an individual can work to achieve the mission, he or she must understand how his or her work contributes to achieving the mission. It is important for each individual to have a clear “line of sight” between his or her role and how it supports the achievement of the agency’s mission. Additionally, the mission and vision will guide the remainder of the strategic planning process: all strategic goals should be in support of the mission. A few examples of local probation and pretrial agency mission, vision and value statements are provided below.

#### **Chesterfield/ Colonial Heights Community Corrections Services**

**VISION:** To be a national leader recognized for providing innovative services in the criminal justice field.

**MISSION:** Chesterfield/ Colonial Heights Community Corrections Services will enhance public safety by providing alternatives to incarceration, effective supervision, treatment options and victim services to reduce recidivism and improve quality of life.

#### **Hampton-Newport News Criminal Justice Agency**

**VISION:** To become a leader among criminal justice agencies by ensuring the highest state of public safety by providing, promoting, and enhancing innovative and professionally administered model programs which break the cycle of crime and victimization.

**MISSION:** To promote public safety through the provision of community based pretrial and post conviction programs.

- We provide research based prevention and intervention services with a commitment to changing the lives of our clientele; regardless of their past or present circumstances.
- We respect individual rights, strive to be fair, just, and responsive to the risks and needs of our clients.
- We are dedicated to creating and maintaining an active community partnership through professional services and new innovative ideas.
- We work in unison with the community to reduce recidivism and improve the quality of life for the residents of Hampton and Newport News.

#### **A. OAR-Jefferson Area Community Corrections Program’s VISION**

*In our commitment to community safety, we address the needs of defendants, offenders, and victims ensuring that **every** client has the opportunity for success.*

#### **B. OAR-Jefferson Area Community Corrections Program’s CORE STRATEGIES**

- A. *Serve clients with strengthened services guided by legal, evidence-based and restorative principles and practices.*
- B. *Integrate the various OAR departments so that collaborative work strengthens our total impact.*
- C. *Raise the level of understanding of OAR’s services among the criminal justice and larger communities.*
- D. *Lead and innovate in the field of community corrections.*
- E. *Retain our skilled staff becoming “the best place to work.”*
- F. *Focus on success: define it, measure it, and celebrate it.*

#### **Find Your Starting Point: The Environmental Scan**

The Environmental Scan is a review of where the agency is, and the context in which it is operating. The scan is informed by professional experience and as much data as possible. In advance of strategic planning, it is helpful for the team to brainstorm the data they would like to have to help shape the strategic planning process. Assign homework to gather the data and report out at a strategic planning session.

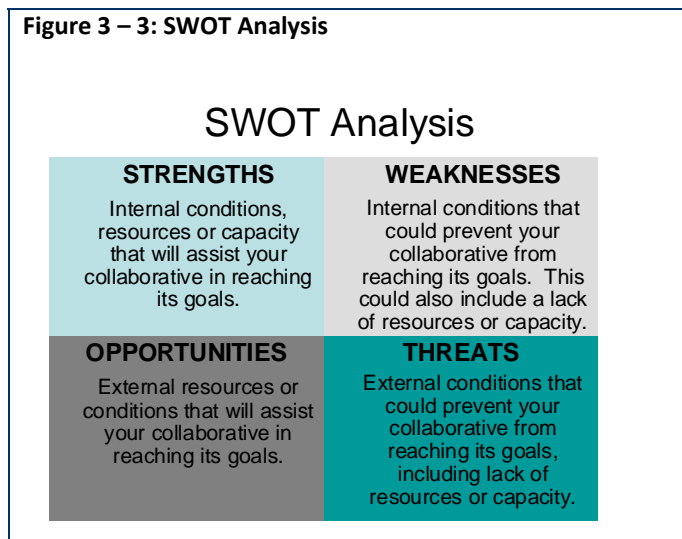
Some data elements to include and information to gather are outlined in Figure 3-2.

**Figure 3 – 2: Examples of Environmental Scan Data Elements**

|                                | Local  | State  |
|--------------------------------|--|--|
| Organizational Assessment Data |  |  |
| Public Safety Data             | Recidivism rates<br>Pretrial absconding<br>Revocation rates<br>Jail capacity               | Recidivism rates<br>Pretrial absconding<br>Revocation rates<br>Prison capacity |
| Budget and Cost Data           | Current & projected budgets<br>Costs of change efforts under consideration                 | Current & projected budgets<br>Costs of change efforts under consideration     |
| Operational Data               | Caseload size<br>Client risk level distribution  | Population trends  |
| Programming                    | Client need distribution<br>Available treatment resources<br>Rates of treatment completion | Existing and/or needed program options   |
| Statute and Regulation         | Recent or pending policy   | Recent or pending policy<br>Pending DCJS guidelines                            |
| Workforce                      | Employee training<br>Vacancies and turnover  | State & local employee training  |

This list provides some examples; agencies can add any additional desired information. Once the data has been gathered and presented, it needs to be organized and prioritized to inform the strategic plan. A common method for this is the SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. The analysis includes a brainstorm of all of the factors affecting the agency, for better or for worse, which may need to be addressed in the strategic plan. For example, an agency assessment may show that employees have a high sense of self-efficacy, which is a strength, while a review of current training indicates that much of the training is not evidence-based, which is a weakness.

**Figure 3 – 3: SWOT Analysis**



Once the brainstorming is complete, the items in the SWOT matrix must be prioritized for inclusion in the strategic plan. Two questions to consider are whether the issue is within the agency’s control, and whether it is high enough in importance to include in the plan. For example, “revision of DCJS guidelines to reflect EBP” may be a key strength for DCJS, and a strategic goal will be needed to plan for the development and rollout of the revised guidelines. On the other hand, a local agency may include “revision of DCJS guidelines to reflect EBP” as an opportunity or a threat; something to consider in their

planning, but not something that would be a local strategic goal. Once ten to fifteen key areas have been identified as priorities, they can be brought into the next phase of strategic planning and potentially included in strategic goals.

**Figure 3 – 4: SWOT Analysis Template**

| <b>STRENGTHS</b>     | <input checked="" type="checkbox"/><br>Key issues | <b>WEAKNESSES</b> | <input checked="" type="checkbox"/><br>Key issues |
|----------------------|---|-------------------|---|
|                      |   |                   |   |
|                      |   |                   |   |
|                      |   |                   |   |
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|                      |   |                   |   |
|                      |   |                   |   |
|                      |   |                   |   |
| <b>OPPORTUNITIES</b> | <input checked="" type="checkbox"/><br>Key issues | <b>THREATS</b>    | <input checked="" type="checkbox"/><br>Key issues |
|                      |   |                   |   |
|                      |   |                   |   |
|                      |   |                   |   |
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### Choose Your Destination: Set Strategic Goals

The priority areas identified in the SWOT analysis reflect areas of strength and need for the agency; the next step is to translate those areas into goals for the future. This is done by considering how the priority area fits with the mission (if at all) and what action is needed to move forward to address the issue.

For example, a local agency may have implemented the Offender Screening Tool (OST), but identified as a weakness the fact that they have not been trained on developing case plans, so supervision practices have not changed. Thus, “implement case planning” may be the beginning of a strategic goal for the organization. This goal is an important step in the implementation of evidence-based practice, but the vague goal of “implement case plan” does not provide enough detail for the agency to take action. Effective goals are SMART: Specific, Measurable, Attainable, Realistic, and Time-bound.

Figure 3 – 5: Defining SMART

|                    |  |
|--------------------|--|
| <b>S</b> pecific   | The goal is detailed and clear enough to be interpreted in the same way by different individuals         |
| <b>M</b> easurable | It is possible to objectively determine whether the goal has been met                                    |
| <b>A</b> ttainable | The goal can be accomplished given the resources and skills that are available, or will become available |
| <b>R</b> ealistic  | The goal can be accomplished given the context and constraints of implementation                         |
| <b>T</b> ime-bound | The goal has a deadline or timeframe for completion  |

Most goals are not SMART from the outset. It takes some thoughtful discussion to move from a broad concept to a detailed goal. Below is the example of the evolution of a SMART goal.

- *Goal: Implement case planning*

Is this specific? It may not be clear what is meant by “implement.” Does this mean that case planning is being used agency-wide, or just that it is in use? Case planning may refer to a specific, standardized process, or it may be a vague, individualized approach to supervision. To make the goal SMARTer, it must be clarified what is meant by “implement” and “case plan.”

- *Goal: Implement a case plan based on criminogenic needs for all clients.*

This defines implementation as having plans for all clients, and that a case plan must be based on criminogenic needs. Is this measurable? It is possible to measure whether cases have case plans. However, it is not sufficient to measure whether criminogenic needs are addressed in the plan; it must be the top assessed needs for that client. Also, documentation is needed to measure whether the goal has been met.

- *Goal: Implement a documented case plan based on the top three criminogenic needs for all clients.*

It is possible to measure whether the needs addressed in the case plan match the assessment, and whether clients have case plans. Is it attainable? Completing case plans for all clients is very resource-intensive, and also runs counter to the risk principles of EBP. Resources should be prioritized for higher risk clients. The goal needs to be refined to reflect which clients are in need of case plans.

- *Goal: Implement a documented case plan based on the top three criminogenic needs for all high and medium risk cases.*

Is this realistic? There are likely to be exceptions to this goal, where an officer chooses to focus on one or two needs, or when a case plan is not completed because the client absconds early in supervision. To account for these exceptions while still expecting a high rate of conformance, a benchmark can be added.

- *Goal: 90% of high- and medium-risk local probation cases will have a documented case plan that addresses the top three criminogenic needs.*

Finally, is it time-bound? A deadline is needed for achieving this goal. The deadline can be modified if circumstances require, but setting a timeline creates a sense of urgency and allows for accountability.

- *Goal: By June 2011, 90% of high- and medium-risk probation cases will have a documented case plan that addresses the top three criminogenic needs.*

This final goal is SMART, and it conveys very clearly what the agency would like to achieve and when. Taking the time to create SMART goals ensures that everyone is on the same page about the agency's direction, and ensures that it is possible to measure achievement.

There is not a correct number of SMART goals; this should be guided by what is reasonable to achieve in the defined time frame. As a rule of thumb, working toward four to six major change initiatives at any given time is reasonable to keep change moving without overwhelming employees and partners. In smaller agencies you may want to consider reducing these to two to four in order to keep it attainable. However, professional judgment is an important guide in setting reasonable goals.

- ***At the State Level:*** Statewide rollout of new initiatives takes time, and the phased approach being used by DCJS requires several years for full implementation. SMART goals should indicate the timeframe for rollout of new policy or practice, and whether implementation is phased or full. Use experience from previous rollouts to plan future efforts.
- ***At the Local Level:*** Consider statewide goals when developing local goals, and ensure that goals are in alignment. For local agencies that have been selected as EBP sites, consider the rollout steps that have been successful in previous sites, and those recommended by DCJS and VCCJA. Also, include new or ongoing local initiatives in the plan, such as collaboration with local treatment providers.

### **Map the Route: Setting Objectives, Teams, and Timelines**

Once the goals are established, the remainder of the strategic plan can be laid out. A strategic plan can be written in a variety of formats. The format used in this chapter is a matrix format, which allows for a



brief, clear presentation of the plan that is easily discussed and modified. Common elements of the plan include:

- **Objectives:** areas of emphasis within the goal, or steps to achieving the goal. Objectives should also be SMART, and are usually more specific than the goal.
- **Persons Responsible:** To ensure that a goal or objective is achieved, a person or team must be responsible for achieving it. Often a committee is chartered to address each goal, and responsibility may fall to the team or to an individual on the team.
- **Timeline:** As discussed above, deadlines are needed to encourage progress. In addition to the timeline established in the goal itself, objectives may have intermediate timelines.

In addition to these elements, other elements can be included based on the preference of the planning team. They might include:

- **Status:** this column can be updated on a regular basis to reflect progress toward the objective, and to document changes in objectives or timelines.
- **Communication:** a significant challenge in strategic planning and EBP implementation is regular communication on organizational change. Including a communication plan as an integrated part of the strategic plan encourages action and accountability for regular, thoughtful communication.
- **Measurement/Quality Assurance:** Being evidence-based requires regular measurement of the quality of services and progress toward outcomes. The plan for measuring progress toward strategic goals and objectives can be included in a separate quality assurance plan, and/or can be documented in the strategic plan to ensure that every goal has a measure.

Returning to the previously developed SMART goal, Figure 3-6 provides an example of a more completely developed strategic goal. In general, each goal will have at least two associated objectives, but may have several. In addition, Figure 3-10 located at the end of this chapter provides sample state-level strategic action plans. These samples include SMART goals, responsible parties, benchmarks, timelines, progress and expected outcome elements for statewide implementation.

**Figure 3 – 6: Example of Strategic Plan Elements**

| Mission: To promote public safety and reduce victimization through effective supervision.  |  |            |                     |   |
|--|--|------------|---------------------|---|
| Goal   | Objectives   | Time frame | Team Responsible    | Status (updated 5/10)   |
| By June 2011, 90% of high and medium risk probation cases will have a documented case plan that addresses one of the top three criminogenic needs. | All probation officers supervising high and medium risk cases will have completed case planning training | Dec 2010   | Training committee  | A contractor has been selected and a training calendar is being developed |
|  | New high and medium risk cases will have a case plan completed within 30 days of assessment              | Mar 2011   | Case plan committee |   |
|  | New and existing high and medium risk cases will have case plans entered into PTCC                       | Jun 2011   | Case plan committee |   |

When objectives, timelines, and persons responsible have been established, the strategic plan is complete. Completing the matrix is often challenging, and planning teams can become bogged down by indecisiveness, or elements can be left blank with the intention of completing them later. For the agency to take action on the plan, it must be as complete as possible. If there is disagreement or uncertainty, make a best guess, and plan to revisit the goal in six months or a year to make adjustments if necessary. If there is not enough information available to define objectives for a goal, then a first objective may be related to research and learning, with a second objective related to setting next steps.

Before finalizing the plan, the agency may wish to include opportunities for review and feedback. DCJS and VCCJA may wish to solicit feedback from local agencies through discussions, open email feedback, or online surveys. Local agencies may want to share the plan with employees, their CCJB, DCJS and VCCJA, or other stakeholders. This feedback process can improve the quality of the strategic plan and also increase buy-in.

### **Sharing the Strategic Plan**

In addition to guiding implementation, the strategic plan is also a valuable communication tool.

- ***At the State Level:*** the strategic plan provides guidance to local pretrial and probation agencies on the state-level agenda. Local agencies will know what to expect from the state in terms of guidelines, training, etc., as well as the phasing in of local agencies as EBP sites. The plan also provides state-level stakeholders and policymakers with a high-level overview of the local probation and pretrial agenda for Virginia.
- ***At the Local Level:*** Local agencies can use their plans to share the direction of their agency with employees and local stakeholders. Often, EBP implementation is seen as a series of disjointed trainings or other activities. The strategic plan lays out the big picture, and can help to connect the dots between different efforts.

It may also be helpful to share plans among local agencies. Agencies that are newer to EBP can benefit from reviewing plans from phase one or phase two agencies, and all agencies can get ideas from their colleagues, or find opportunities to leverage resources.

### **Chartering Working Committees**

Bringing a strategic goal to fruition requires a great deal of planning and effort. Most often that work is more than one person can do, and requires the input and expertise of professionals with diverse viewpoints. Assigning each goal to a committee of two or more people with the expertise and enthusiasm needed to complete the task is a good way to work toward several objectives simultaneously, and to involve more internal and external stakeholders in the effort.

Committees are very effective when they are focused on a specific goal, but can easily become ineffective when the purpose of the group is unclear, when there is no sense of urgency for making decisions, or when the group experiences “scope creep” and takes on too much or duplicates the work

of another group. A committee charter will help to keep the group focused and on schedule. A charter documents the role of a committee and what it will be held accountable to produce. As the Strategic Planning Team develops the charter, it is compelled to detail its expectations, and this can lead to increased clarity of goals and objectives. Regular reference to the charter keeps the committee on track and helps it to meet its obligations. A sample charter can be found in Figure 3-7. Elements of a committee charter usually include:

- The date or a version number
- The purpose of the committee
- Membership and how departing members will be replaced
- Tasks or assignments
- Deliverables
- Timeline
- Grant of authority to the committee chair

Each agency can tailor the charter format as it likes for committees. Once developed, charter templates can be shared across agencies to promote consistency.

In a small agency, there may not be enough people to charter committees for all goals. If that is the case, there are a few options:

- Charter an Implementation Committee that works together on all goals (this may simply be a continuation of the work of the Strategic Planning Team);
- Put a few individuals in charge of each goal, and have them solicit support as needed; or
- Take a hybrid approach, with a couple of key committees chartered and the remainder of the work completed by individuals.

If there are committees to address each goal, then some oversight will be needed to coordinate efforts and monitor progress toward achieving the agency's mission. This could be a role for the management team, or for a Steering Committee (which could also be a continuation of the work of the Strategic Planning Team.) If a Steering Committee is used, it should be chartered by the agency director or organization president.

Figure 3 – 7: Sample Committee Charter

|  |       |
|--|-------|
| <b>March 10, 2008</b>  |       |
| <b>Data Subcommittee Charter</b>   |       |
| <b>Purpose</b>   |       |
| The purpose of the Data Subcommittee is to oversee a collaborative effort to design and implement a plan for collecting baseline data on the pretrial and probation population, and for collecting and monitoring data to measure agency outcomes.   |       |
| <b>Committee Membership and Organization</b>   |       |
| The committee will be chaired by the Department’s data analyst. Committee membership is voluntary and open to employees and stakeholders. The committee seeks individuals with experience or expertise in data collection, analysis, and access.   |       |
| <b>Meetings</b>  |       |
| The Committee shall meet monthly or more frequently if necessary to perform the Committee’s responsibilities.  |       |
| <b>Committee Responsibilities and Authority</b>  |       |
| The Committee shall have the following authority and responsibilities:   |       |
| <ul style="list-style-type: none"><li>▪ Complete a profile of the population under supervision</li><li>▪ Work with stakeholder agencies to develop a plan to capture missing data</li><li>▪ Collaborate with other committees to develop a data collection plan for quality assurance</li><li>▪ Create a list of data elements appropriate for regular monitoring of the initiative, and create a template for reporting of that data</li><li>▪ Create a plan for the regular reporting of monitoring data</li><li>▪ As needed, advise the steering committee and other committees on data collection and monitoring matters</li></ul> |       |
| <b>Deliverables (due dates will be established in the committee workplan)</b>  |       |
| <ul style="list-style-type: none"><li>▪ Committee Workplan, including plan to capture missing data</li><li>▪ Profile of pretrial and probation population, including risk levels</li><li>▪ Quarterly data monitoring report</li><li>▪ Other data as requested by committees, including quality assurance data</li></ul>  |       |
| <b>Authorizing Signatures</b>  |       |
| As the chair of the Steering Committee, I authorize the members of the Data Committee to fulfill the role(s) described above for as long as this charter remains in effect.  |       |
| _____  | _____ |
| SSC Chair  | Date  |
| As the chair of the Data Committee, I accept responsibility for the tasks above, and will regularly report progress to the Steering Committee.   |       |
| _____  | _____ |
| Committee Chair  | Date  |

### From Strategy to Tactics: Developing a Work Plan

The strategic plan provides high-level goals and objectives, and the work plan translates those goals into detailed action steps. It is helpful to have a work plan for each goal, so that the individual or committee assigned to that goal is able to plan their work. Because the work plan is more detailed, it often covers a shorter period of time, such as one to two years. Like the strategic plan, the work plan connects the dots between different activities and assigns roles, responsibilities and timelines for each activity.

For example, consider the goal presented earlier of “by June 2011, 90% of high and medium risk probation cases will have a documented case plan that addresses the top three criminogenic needs.” Achieving this goal requires a rollout of several complex phases of work. One phase is addressed in the objective, “by December 2010, all probation officers supervising high and medium risk cases will have completed case planning training.” However, this still does not provide a level of detail needed to do the work. A committee charged with implementing effective case planning would then take each objective and break it down into tactics or activities.

**Figure 3 – 8: Example of Work Plan Elements**

| Goal: By June 2011, 90% of high and medium risk probation cases will have a documented case plan that addresses the top three criminogenic needs. |  |                 |                    |
|---|--|-----------------|--------------------|
| Objective   | Activities   | Completion Date | Person Responsible |
| By December 2010, all probation officers supervising high- and medium-risk cases will have completed case planning training                       | Vet training providers and curricula   | Mar 30, 2010    | Keith Cheney       |
|   | Select and contract with a training provider   | Apr 30, 2010    | Keith Cheney       |
|   | Develop a training calendar  | May 15, 2010    | Alicia Vaughn      |
|   | Provide trainings to 24 local probation officers   | Sept 30, 2010   | Alicia Vaughn      |
|   | Observe officers completing five case plans to assess application of training and provide feedback | Dec 30, 2010    | Hector Gonzalez    |

This work plan breaks the objective down into actionable steps, and puts each step in the hands of a responsible individual who can be held accountable. The work plan can also be used to track progress by adding a “status” or “quality assurance” column.

As was the case with strategic planning, the committee may not know all of the steps to take at the outset. In that case, the work plan should include the known steps, and a plan to revisit the work plan once those steps are completed.

A helpful companion tool to the work plan is a Gantt chart. A Gantt chart lists all activities to be completed and the time frame for their completion. As a planning tool, it lets the team know what should be taking place at any given time, and also helps to ensure that work is spread over a reasonable time frame. (For example, are there two activities happening in March and twelve in April? Is there a way to re-distribute efforts?) As a communication tool, the Gantt chart provides both a big picture and detail on the timeline for achieving a goal. The scale of the chart will depend on the scale of the effort: it could be weekly, monthly quarterly, etc.

**Figure 3 – 9: Example of Gantt Chart Elements**

| Goal: By June 2011, 90% of high and medium risk probation cases will have a documented case plan that addresses the top three criminogenic needs. |       |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |  |
|---|-------|------|------|-------|-------|-------|------|------|------|------|------|------|------|------|------|-------|-------|-------|--|
| Activity  | Month |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |  |
|   | 7/09  | 8/09 | 9/09 | 10/09 | 11/09 | 12/09 | 1/10 | 2/10 | 3/10 | 4/10 | 5/10 | 6/10 | 7/10 | 8/10 | 9/10 | 10/10 | 11/10 | 12/10 |  |
| Training Session One  |       |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |  |
| Training Session Two  |       |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |  |
| Training Session Three  |       |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |  |
| Training Session Four   |       |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |  |
| Supervisor Observation Training   |       |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |  |
| Supervisors Complete Observation  |       |      |      |       |       |       |      |      |      |      |      |      |      |      |      |       |       |       |  |

Once the work plan is completed, and a Gantt chart if desired, the committee can go to work with implementation, using the plan as the map for their journey.

**Revisiting the Strategic Plan**

A strategic plan often covers a three- to five-year timeframe, so that an agency can plan for the long-term. However, it is impossible to predict exactly how events will unfold over that period of time, so it is necessary to review and update the strategic plan periodically. The review usually takes 1-2 days or 2-3 meetings, depending on the frequency of review and the complexity of the plan. During the review the steering committee can:

- Review progress toward original goals;
- Review data on progress toward outcomes;
- Conduct a mini-environmental scan to assess any change in conditions;

- Update original goals: revise objectives, tasks, and timelines based on level of progress and current conditions;
- Add new goals: as original goals are completed, new goals can be added to take EBP implementation to the next level;
- Expand the scope of involvement: include collaboration with additional stakeholders, or, at the state level, include a new phase of sites.

At the conclusion of the review process, the completed plan should include updated goals, objectives, timelines, and persons responsible. The responsible parties can then update their work plans accordingly.

The plan may also need to be revised on an as-needed basis. New mandates or statutes may affect agency priorities, or timelines may shift as implementation progresses. Both the strategic plan and workplan are living documents that will change over time.

- **At the State Level:** Schedule revisions of the strategic plan and workplan several months in advance so that local agencies will know when to expect an update. Once the plan has been revised, disseminate to state and local stakeholders as quickly as possible, so that they can use the state plan as a guide in their own work.
- **At the Local Level:** Revisit your plan annually or semi-annually, preferably shortly after the state plan has been revised to ensure that the two are in alignment. If the agency did not include external stakeholders in the original planning efforts, they can be brought into the process at a later date.

In addition, figures 3-14 and 3-15 at the end of this chapter include templates for quarterly and annual updates to the plan. These examples illustrate how the plan can be put into action and organized. The updates could be completed by the individual responsible (e.g., committee chair) for the specific goal at specified intervals. These updates can be sent to one central person (e.g., EBP Coordinator, Director or designee assigned to be the strategic plan coordinator) who can then synthesize the information and update the action plan accordingly. This way there is accountability, centralized organization and mechanisms to keep the Action Plan streamlined and communicated.

## In Summary

The process of strategic planning can be challenging. It is not an easy task to achieve consensus on the direction of an agency, and by extension a community corrections system, as well as the steps needed to go in that direction. The effort is worth it, though, when the planning allows for several years of productive, targeted work. Of course, the unforeseen will happen and some plans will change, but the agency's commitment to mission will allow for updates, refocusing of effort, and a return to productivity. Even if you take a detour, it's much easier to find your way when you have a map.

**Figure 3 – 10: 2009-2010 Sample Strategic Action Plans for Local Probation and Pretrial Services**

Sample Revised Action Plan: Local Probation Services for EBP sites

| <b>Goal 1: Use the M-OST/OST on ___% of new probation clients in fiscal year ___ to assess risk and needs and determine case plan objectives.</b> |   |  |   |   |   |   |
|---|---|--|---|---|---|---|
| <b>Objectives needed to accomplish the goal</b>   | <b>Strategies or activities to get it done</b>  | <b>Time Required</b>   | <b>Lead Individual Responsible from which Committee</b> | <b>Strategy/ Activity Benchmarks (Date and Measure)</b>   | <b>Status (Abbreviated to remain within limits of the cell)</b> | <b>Outcome</b>  |
| Validate OST (M-OST validated on_____)  | Hire researcher and conduct validation  | X months to complete OST validation                                    | Lead individual: _____<br><br>Committee name: _____     | As of _____ :<br>○ In Progress<br><br><u>Measure:</u><br>OST validated  |   | Tool has been properly validated according to specifications*   |
| EBP sites will use M-OST and OST  | Implement policy for M-OST/OST compliance including:<br>○ training requirements<br>○ PTCC procedures<br>○ differential supervision and override requirements<br>○ internal qa guidelines<br>○ audit expectations and procedures | X months from _____ to develop, communicate, train and activate policy | Lead individual: _____<br><br>Committee name: _____     | As of _____ :<br>○ Complete<br>○ In Progress<br>○ Not yet started<br><br><u>Measure:</u><br>Policy will be/is in effect by _____                  |   | Percent of new clients given a M-OST/OST in accordance with policy<br><br>By _____ X% of new clients will have a M-OST/OST completed in accordance with policy.<br>Target: Y% |
|   | Roll out to all sites   | X months to train and implement  | Lead individual: _____<br><br>Committee name: _____     | As of _____ :<br>○ Complete<br>○ In Progress<br>○ Not yet started<br><br><u>Measure:</u><br>X% of sites were trained<br>X% of sites were using it |   |   |

\*If validation and/or committee denote the need for trailer tools that can be added to the action plan.



**Goal 2: Utilize motivational and strength based techniques on \_\_\_% of clients in fiscal year \_\_\_ to increase offender engagement.**

| Objectives needed to accomplish the goal                                 | Strategies or activities to get it done   | Time Required  | Lead Individual Responsible from which Committee | Strategy/ Activity Benchmarks (Date and Measure)   | Status (Abbreviated to remain within limits of the cell) | Outcome  |
|--|---|--|--|--|--|--|
| Establish expectations for usage and hold staff accountable for doing so | Train all staff for competency  | X months from _____ to train current staff and establish comprehensive training plan | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><u>Measure:</u><br>X% of staff will meet training/competency requirements by ____ (e.g., if 100 staff exist on July 1 – expect 85 will meet requirements by June 30) |  | Percent of clients that are treated according to policy<br><br>By _____ X% of clients will be treated in accordance with policy.<br><br>Target: Y% |
|  | Implement policy to include:<br><input type="radio"/> incentives and consequences<br><input type="radio"/> training requirements<br><input type="radio"/> internal qa guidelines<br><input type="radio"/> audit expectations and procedures | X months from _____ to develop, communicate, train and activate policy               | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><u>Measure:</u><br>Policy will be in effect by _____   |  |  |

**Goal 3: \_\_\_% of case plans for all clients in fiscal year \_\_\_ will demonstrate supervision strategies which treat the most appropriate risk and needs and provide mechanisms for meaningful and long term pro-social support.**

| Objectives needed to accomplish the goal                                      | Strategies or activities to get it done  | Time Required  | Lead Individual Responsible from which Committee | Strategy/ Activity Benchmarks (Date and Measure)  | Status (Abbreviated to remain within limits of the cell) | Outcome  |
|---|--|--|--|---|--|--|
| Appropriately address offender risk and needs according to assessment results | Train all staff in effective supervision strategies (e.g., case planning, behavioral change and pro-social offender support)   | X months from ___ to train current staff and establish comprehensive training plan | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><u>Measure:</u><br>X% of staff will meet training/competency requirements by ___ (e.g., if 100 staff exist on July 1 – expect 85 will meet requirements by June 30) |  | Percent of clients that are treated according to policy<br><br>By _____ X% of clients will be treated in accordance with policy.<br><br>Target: Y% |
|   | Implement supervision strategy policy to include:<br><input type="radio"/> Case planning, purpose driven supervision, and pro-social support processes<br><input type="radio"/> training requirements<br><input type="radio"/> internal qa guidelines<br><input type="radio"/> audit expectations and procedures | X months from _____ to develop, communicate, train and activate policy             | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><u>Measure:</u><br>Policy will be in effect by _____  |  |  |
| Available services respond to offender risk, needs and pro social supports    | Conduct study to review assessment results, case plans and service gaps  | X months from ___ to conduct study, analyze and communicate results                | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><u>Measure:</u><br>Research completed by _____  |  | Percent of available services that meet assessed risk and needs<br><br>By _____ X% of services match risk and need areas.                          |
|   | Work plans (site by site and aggregate) are  | X months from ___ to complete,   | Lead individual: _____                           | As of _____:<br><input type="radio"/> Complete  |  |  |

|  |   |                                  |                          |   |  |            |
|--|---|----------------------------------|--------------------------|---|--|------------|
|  | developed and implemented to increase alignment with available services | approve and implement work plans | Committee name:<br>_____ | <input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><u>Measure:</u><br>% of work plans completed by _____<br>% implemented by _____ |  | Target: Y% |
|--|---|----------------------------------|--------------------------|---|--|------------|

Note: Over time your work plans will evolve. A work plan is a living document that will change. For example, you may shift your focus from measuring outputs (e.g., number of assessments, number of case plans, number of referrals, number of staff trained, etc.) to assessing their quality (e.g., number of assessments completed accurately, number of appropriate referrals, number of staff proficient in a skill area, etc.), to ultimately evaluating their effectiveness (e.g., change in risk level, change in success rates, change in recidivism rates).

**Goal #4: In fiscal year\_\_ X% of EBP sites will achieve established standardized outcome and process measure expectations.**

| Objectives needed to accomplish the goal                                       | Strategies or activities to get it done   | Time Required  | Lead Individual Responsible from which Committee | Strategy/ Activity Benchmarks (Date and Measure)   | Status (Abbreviated to remain within limits of the cell) | Outcome   |
|--|---|--|--|--|--|---|
| Determine required statewide outcome and process measures                      | Research, identify and document necessary data elements (include definitions and logic model 2.0)   | X months from _____ to conduct research and determine measures         | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><br><u>Measure:</u><br>Required outcome and process measures will be approved and disseminated by _____  |  | Research completed and required measures determined   |
| Hold all sites accountable for achieving required outcome and process measures | Implement policy to include: <ul style="list-style-type: none"> <li>○ required state standards for all the above</li> <li>○ data collection and analysis procedures</li> <li>○ internal qa guidelines (include manual/example qa plan and processes)</li> <li>○ communication and feedback processes</li> <li>○ training and technical assistance</li> <li>○ audit expectations and procedures</li> </ul> | X months from _____ to develop, communicate, train and activate policy | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><br><u>Measure:</u><br>Policy will be in effect by _____<br>Standards will be communicated to all sites by _____<br>First round of audits will be completed by _____ |  | Percent of sites that meet standards<br><br>By _____ X% of sites will meet policy standards.<br><br>Target: 95% |

Note: Much of this can be derived from the policies above wherein guidelines are offered for internal site quality assurance which will help the sites prepare for audit requirements.

**Goal #5: In fiscal year\_\_ each EBP site will develop and implement a multi-year strategic action plan which addresses their plans to achieve requirements as laid out in this plan, core areas of organizational development and plans for collaboration with stakeholders.**

| Objectives needed to accomplish the goal  | Strategies or activities to get it done   | Time Required  | Lead Individual Responsible from which Committee    | Strategy/ Activity Benchmarks (Date and Measure)   | Status (Abbreviated to remain within limits of the cell) | Outcome  |
|---|---|--|---|--|--|--|
| Communicate a clear overarching mission statement for all local probation EBP sites | Design, document and formally adopt an overarching mission statement                      | X months from _____ to gather and review examples, define guiding principles, and finalize mission statement | Lead individual: _____<br><br>Committee name: _____ | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><br><u>Measure:</u><br>The existence and communication of the mission statement            |  | Overarching mission statement is communicated<br>By ___ X% of site mission statements will convey a consistent message<br>Target: Y% |
|   | Encourage use of the mission statement by all local probation EBP sites                   | X months from _____ to educate, communicate and engage sites   | Lead individual: _____<br><br>Committee name: _____ | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><br><u>Measure:</u><br>Amount of local mission statements that convey a consistent message |  |  |
| Generate stakeholder awareness, knowledge and buy-in about evidence-based practice  | Implement stakeholder education and training plan including VCCJA endorsed talking points | X months to develop, endorse and activate plan   | Lead individual: _____<br><br>Committee name: _____ | As of _____:<br><input type="radio"/> Not yet started<br><br><u>Measure:</u><br>Talking points are endorsed.   |  | Plan will be implemented in all sites<br>By ___ X% of sites will have conducted an engagement session<br>Target: 100%                |
| Hold all EBP sites accountable for properly planning                                | Review existing plans, conduct research of examples, and determine                        | X months from ___ to conduct research and  | Lead individual: _____                              | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress  |  | Percent of sites with an approved action plan<br>By ___ X% of sites have   |

|                           |  |  |  |   |  |                                       |
|---------------------------|--|--|--|---|--|---------------------------------------|
| to succeed as an EBP site | <p>required elements. Elements may include actions to achieve:</p> <ul style="list-style-type: none"> <li>○ EBP goals</li> <li>○ mission and vision</li> <li>○ organizational alignment and SWOT analysis objectives</li> <li>○ leadership development</li> <li>○ Culture and communication</li> <li>○ stakeholder engagement, etc.</li> </ul>         | determine elements   | Committee name:<br>_____   | <ul style="list-style-type: none"> <li>○ Not yet started</li> </ul> <p><u>Measure:</u><br/>Required elements are determined</p>   |  | an approved action plan<br>Target: Y% |
|                           | <p>Implement a strategic action plan policy to include:</p> <ul style="list-style-type: none"> <li>○ required elements in each domain (EBP, OD, and collaboration)</li> <li>○ example plans and tools</li> <li>○ internal qa guidelines</li> <li>○ training and technical assistance resources</li> <li>○ audit expectations and procedures</li> </ul> | X months from ___ to develop, communicate, train and activate policy | <p>Lead individual:<br/>_____</p> <p>Committee name:<br/>_____</p> | <p>As of _____:</p> <ul style="list-style-type: none"> <li>○ Complete</li> <li>○ In Progress</li> <li>○ Not yet started</li> </ul> <p><u>Measure:</u><br/>Policy will be in effect by _____</p>         |  |                                       |
|                           | Sites will submit an action plan according to policy   | X months from ___ to develop, submit and approve action plans        | <p>Lead individual:<br/>_____</p> <p>Committee name:<br/>_____</p> | <p>As of _____:</p> <ul style="list-style-type: none"> <li>○ Complete</li> <li>○ In Progress</li> <li>○ Not yet started</li> </ul> <p><u>Measure:</u><br/>X% of strategic action plans are approved</p> |  |                                       |

Sample Revised Action Plan: Pretrial Services

**Goal 1: Use the Virginia Pretrial Risk Assessment Instrument (VPRAI) on every new pretrial intake in fiscal year \_\_\_ to predict the likelihood of risk of flight and danger to the community pending trial.**

| Objectives needed to accomplish the goal              | Strategies or activities to get it done  | Time Required  | Lead Individual Responsible from which Committee    | Strategy/ Activity Benchmarks (Date and Measure)  | Status (Abbreviated to remain within limits of the cell)                  | Outcome  |
|---|--|--|---|---|---|--|
| Pretrial programs across the state will use the VPRAI | Statewide audit to assess usage  | X months from ___ to complete.   | Lead individual: _____<br><br>Committee name: _____ | As of _____:<br>o Complete<br><br><u>Measure:</u><br>X% were using it   | Completed and will reassess use in one year from date of audit completion | Percent of new intakes given a VPRAI within policy standards<br><br>By _____, X% of new intakes will have a VPRAI completed in accordance with policy.<br>Target: Y% |
|   | Implement policy for VPRAI compliance including:<br>o training guidelines<br>o PTCC procedures<br>o language/cultural responsiveness<br>o acceptable levels of use<br>o state standards and internal qa guidelines<br>o responses for noncompliance<br>o audit expectations and procedures | X months from _____ to develop, communicate, train and activate policy | Lead individual: _____<br><br>Committee name: _____ | As of _____:<br>o Complete<br>o In Progress<br>o Not yet started<br><br><u>Measure:</u><br>Policy will be/is in effect by _____ | Policy team has met X times. Draft will be ready by _____.                |  |
| VPRAI will be validated statewide                     | Hire an evaluator and conduct validation   |  | Lead individual: _____<br><br>Committee name: _____ | As of _____:<br>o Complete<br><br><u>Measure:</u><br>VPRAI Validated  | Completed and will re-validate in X years from date of completion         | Tool has been properly validated according to specifications   |

**Goal 2: Supervise 95% of pretrial clients in fiscal year \_\_ at the lowest frequency necessary to effectively monitor compliance of bail conditions.**

| Objectives needed to accomplish the goal      | Strategies or activities to get it done  | Time Required  | Lead Individual Responsible from which Committee    | Strategy/ Activity Benchmarks (Date and Measure)   | Status (Abbreviated to remain within limits of the cell)     | Outcome   |
|---|--|--|---|--|--|---|
| Conduct research to inform pretrial processes | Hire researcher and conduct study  | X months from ____ to conduct study and disseminate results            | Lead individual: _____<br><br>Committee name: _____ | As of _____ :<br>○ In Progress<br><br><u>Measure:</u><br>Research will be completed and communicated by _____            | Researcher hired and conducting study                        | Research completed and disseminated   |
|   | Implement pretrial case management policy to include research based processes to: <ul style="list-style-type: none"> <li>○ Avoid potential overuse of secure bonds across the state</li> <li>○ Implement pretrial/bail release guidelines and classification/differential supervision strategies</li> <li>○ guide training</li> <li>○ required state standards</li> <li>○ internal qa guidelines</li> <li>○ set audit expectations and procedures</li> </ul> | X months from _____ to develop, communicate, train and activate policy | Lead individual: _____<br><br>Committee name: _____ | As of _____ :<br>○ Not yet started<br><br><u>Measure:</u><br>Policy work will begin after study completion date of _____ | Policy team will begin meeting upon completion of the study. | Percent of assessed clients that are treated according to policy<br><br>By _____ X% of assessed clients will be seen in accordance with policy.<br>Target: Y% |



**Goal 3: Respond to 95% of all violations of bail conditions (which indicated an increased risk of pretrial failure) in each fiscal year according to differential response standards.**

| Objectives needed to accomplish the goal             | Strategies or activities to get it done   | Time Required  | Lead Individual Responsible from which Committee | Strategy/ Activity Benchmarks (Date and Measure)  | Status (Abbreviated to remain within limits of the cell) | Outcome  |
|--|---|--|--|---|--|--|
| Research local practices                             | Research and document local and evidence-based practices (include survey of local practices)  | X months from _____ to conduct research, determine evidence-based practices and document results | Lead individual: _____<br>Committee name: _____  | As of _____ :<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><br><u>Measure:</u><br>Research will be completed by _____ |  | Research completed and documented  |
| Implement standardized violation response procedures | Implement pretrial violation policy to include research based processes to:<br><input type="radio"/> differential response guidelines (include points of discretion and severity matrix)<br><input type="radio"/> training<br><input type="radio"/> required state standards<br><input type="radio"/> internal qa guidelines<br><input type="radio"/> audit expectations and procedures | X months from _____ to develop, communicate, train and activate policy                           | Lead individual: _____<br>Committee name: _____  | As of _____ :<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><br><u>Measure:</u><br>Policy will be in effect by _____   | Team will begin meeting upon completion of the research  | Percent of clients with violations that are treated according to policy<br><br>By _____ X% of clients with violations will be responded to in accordance with policy. Target: Y% |

**Goal 4: Utilize strength based and motivational interviewing techniques within established legal parameters with 95% of defendants in each fiscal year.**

| Objectives needed to accomplish the goal | Strategies or activities to get it done  | Time Required  | Lead Individual Responsible from which Committee | Strategy/ Activity Benchmarks (Date and Measure)  | Status (Abbreviated to remain within limits of the cell) | Outcome   |
|--|--|--|--|---|--|---|
| Determine legal parameters               | Research, identify and document parameters for use of motivational interviewing, exploration of criminogenic needs and treatment referrals with defendants   | X months from _____ to conduct research and document parameters        | Lead individual: _____<br>Committee name: _____  | As of _____:<br><ul style="list-style-type: none"> <li>○ Complete</li> <li>○ In Progress</li> <li>○ Not yet started</li> </ul> Measure:<br>Research will be completed by _____                                      |  | Research completed and disseminated   |
| Implement legal engagement policy        | Implement pretrial engagement policy* to include: <ul style="list-style-type: none"> <li>○ evidence-based techniques within established legal parameters</li> <li>○ training</li> <li>○ required state standards</li> <li>○ internal qa guidelines</li> <li>○ audit expectations and procedures</li> </ul> | X months from _____ to develop, communicate, train and activate policy | Lead individual: _____<br>Committee name: _____  | As of _____:<br><ul style="list-style-type: none"> <li>○ Complete</li> <li>○ In Progress</li> <li>○ Not yet started</li> </ul> Measure:<br>Policy will be in effect by _____<br>Training will be completed by _____ | Team will begin meeting upon completion of the research  | Percent of defendants that are treated according to policy<br><br>By _____ X% of clients will be responded to in accordance with policy. Target: Y% |

\*Another option to consider might be to streamline the case management goals above (goals 2 – 4) in order to help connect the dots. Research objectives could also be streamlined into one goal which could then lead to a second streamlined goal to account for proper case management procedures founded on completion of the research.

**Goal 5: In each fiscal year X% of EBP pretrial agencies will achieve established standardized statewide outcome and process measure expectations.**

| Objectives needed to accomplish the goal                                       | Strategies or activities to get it done   | Time Required   | Lead Individual Responsible from which Committee | Strategy/ Activity Benchmarks (Date and Measure)  | Status (Abbreviated to remain within limits of the cell)        | Outcome   |
|--|---|---|--|---|---|---|
| Determine required statewide outcome and process measures                      | Research, identify and document necessary data elements (include definitions and logic model 2.0)   | X months from ____ to conduct research and document elements          |  | As of ____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><br><u>Measure:</u><br>Required outcome and process measures will be approved and documented by _____  |   | Research completed and required measures documented   |
| Hold all sites accountable for achieving required outcome and process measures | Implement pretrial QA and audit policy to include:<br><input type="radio"/> required state standards for the sites including VPRAI assessment, differential supervision, violation response and legal engagement measures<br><input type="radio"/> data collection and analysis procedures<br><input type="radio"/> internal qa guidelines (include manual/example qa plan and processes)<br><input type="radio"/> communication and feedback processes<br><input type="radio"/> training and technical assistance<br><input type="radio"/> audit expectations and procedures | X months from ____ to develop, communicate, train and activate policy |  | As of ____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><br><u>Measure:</u><br>Policy will be in effect by _____<br>Standards will be communicated to all sites by _____<br>First round of audits will be completed by _____ | Team will begin meeting upon determination of required measures | Percent of sites that meet standards<br>By ____ X% of sites will meet policy standards.<br>Target: Y% |

Note: The audit expectations and internal quality assurance guidelines for each goal can serve as the framework for statewide outcome and process measures.

**Goal #6: In fiscal year\_\_ each pretrial EBP site will develop and implement a multi-year strategic action plan which addresses their plans to achieve requirements as laid out in this plan, core areas of organizational development and plans for collaboration with stakeholders.**

| Objectives needed to accomplish the goal  | Strategies or activities to get it done   | Time Required  | Lead Individual Responsible from which Committee | Strategy/ Activity Benchmarks (Date and Measure)  | Status (Abbreviated to remain within limits of the cell)         | Outcome  |
|---|---|--|--|---|--|--|
| Communicate a clear over arching mission statement for all pretrial programs across the state | Design, document and formally adopt an overarching mission statement                      | X months from _____ to gather and review examples, define guiding principles, and finalize mission statement | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><u>Measure:</u><br>Policy will be/is in effect by the existence and communication of the mission statement                |  | Overarching mission statement is communicated<br>By ___ 75% of site mission statements will convey a consistent message<br>Target: 95% |
|   | Encourage use of the mission statement by all local pretrial sites                        | X months from _____ to educate, communicate and engage sites   | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Complete<br><input type="radio"/> In Progress<br><input type="radio"/> Not yet started<br><u>Measure:</u><br>Policy will be/is in effect by the amount of local mission statements that convey a consistent message |  |  |
| Generate stakeholder awareness, knowledge and buy-in about evidence-based conditions          | Implement stakeholder education and training plan including VCCJA endorsed talking points | X months to develop, endorse and activate plan   | Lead individual: _____<br>Committee name: _____  | As of _____:<br><input type="radio"/> Not yet started<br><u>Measure:</u><br>Work will begin after study completion date of _____  | Engagement team will begin meeting upon completion of the study. | Plan will be implemented in all sites<br>By ___ X% of sites will have conducted an engagement session<br>Target: 100%                  |
| Hold all sites accountable for  | Review existing plans, conduct research of  | X months from ___ to conduct   | Lead individual: _____                           | As of _____:<br><input type="radio"/> Complete  |  | Percent of sites with an approved action plan  |

|   |  |   |  |   |  |  |
|---|--|---|--|---|--|--|
| properly planning to succeed as an EBP site | <p>examples, and determine required elements. Elements may include actions to achieve:</p> <ul style="list-style-type: none"> <li>○ EBP goals</li> <li>○ mission and vision</li> <li>○ organizational alignment and SWOT analysis objectives</li> <li>○ leadership development</li> <li>○ Culture and communication</li> <li>○ stakeholder engagement, etc.</li> </ul> | research and determine elements                                       | Committee name:<br>_____   | <ul style="list-style-type: none"> <li>○ In Progress</li> <li>○ Not yet started</li> </ul> <p><u>Measure:</u><br/>Required elements are determined</p>  |  | By ____ X% of sites have an approved action plan<br>Target: Y% |
|   | <p>Implement a strategic action plan policy to include:</p> <ul style="list-style-type: none"> <li>○ required elements in each domain (EBP, OD, and collaboration)</li> <li>○ example plans and tools</li> <li>○ internal qa guidelines</li> <li>○ training and technical assistance resources</li> <li>○ audit expectations and procedures</li> </ul>                 | X months from ____ to develop, communicate, train and activate policy | <p>Lead individual:<br/>_____</p> <p>Committee name:<br/>_____</p> | <p>As of _____:</p> <ul style="list-style-type: none"> <li>○ Complete</li> <li>○ In Progress</li> <li>○ Not yet started</li> </ul> <p><u>Measure:</u><br/>Policy will be in effect by _____</p>         |  |  |
|   | Sites will submit an action plan according to policy   | X months from ____ to develop, submit and approve action plans        | <p>Lead individual:<br/>_____</p> <p>Committee name:<br/>_____</p> | <p>As of _____:</p> <ul style="list-style-type: none"> <li>○ Complete</li> <li>○ In Progress</li> <li>○ Not yet started</li> </ul> <p><u>Measure:</u><br/>X% of strategic action plans are approved</p> |  |  |

**Figure 3 – 11: Strategic Plan Template**

| Mission: |            |                  |           |        |
|----------|------------|------------------|-----------|--------|
| Goal     | Objectives | Team Responsible | Timeframe | Status |
|          |            |                  |           |        |
|          |            |                  |           |        |
|          |            |                  |           |        |
|          |            |                  |           |        |

**Figure 3 – 12: Workplan Template**

| Goal:     |         |                  |                 |                   |
|-----------|---------|------------------|-----------------|-------------------|
| Objective | Tactics | Team Responsible | Completion Date | Quality Benchmark |
|           |         |                  |                 |                   |
|           |         |                  |                 |                   |
|           |         |                  |                 |                   |
|           |         |                  |                 |                   |
|           |         |                  |                 |                   |

**Figure 3 – 13: Sample Gantt Chart**

| Proposed Timeline for Evidence-Based Strategic Planning                 |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |
|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|
| Activity  | Month 1 |   | Month 2 |   | Month 3 |   | Month 4 |   | Month 5 |   | Month 6 |   | Month 7 |   | Month 8 |   | Month 9 |   |
| Assemble Strategic Planning Team  | █       |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |
| Complete Organizational Assessments                                     | █       | █ |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |
| Meeting 1: Conduct Strategic Planning and EBP Training                  |         |   | █       |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |
| Meeting 2: Brainstorm Data Needed for Environmental Scan                |         |   |         | █ |         |   |         |   |         |   |         |   |         |   |         |   |         |   |
| Meeting 2: Revise Mission Statement                                     |         |   |         | █ |         |   |         |   |         |   |         |   |         |   |         |   |         |   |
| Collect Environmental Scan Data   |         |   |         | █ | █       |   |         |   |         |   |         |   |         |   |         |   |         |   |
| Solicit Feedback on Mission Statement                                   |         |   |         |   | █       | █ |         |   |         |   |         |   |         |   |         |   |         |   |
| Meeting 3: Environmental Scan and SWOT Analysis                         |         |   |         |   |         | █ |         |   |         |   |         |   |         |   |         |   |         |   |
| Meeting 4: Set Strategic Goals  |         |   |         |   |         |   | █       |   |         |   |         |   |         |   |         |   |         |   |
| Meeting 5: Complete Strategic Plan and Charter Committees               |         |   |         |   |         |   |         | █ |         |   |         |   |         |   |         |   |         |   |
| Committees Meet and Complete Workplans                                  |         |   |         |   |         |   |         |   | █       | █ | █       |   |         |   |         |   |         |   |
| Committees Implement Workplans  |         |   |         |   |         |   |         |   |         |   | █       | █ | █       | █ | █       | █ | █       | █ |
| Steering Committee Meets Quarterly to Review Progress on Strategic Plan |         |   |         |   |         |   |         |   |         |   |         | █ |         |   |         |   |         | █ |



**Figure 3 – 14: Quarterly Update Template**

*This document is to be completed quarterly to update progress toward the achievement of a particular Action Plan goal. Please complete each section and submit it to \_\_\_\_\_ by \_\_\_\_\_. Thereafter \_\_\_\_\_ will use it to formally update and communicate achievements and next steps in the Action Plan.*

|   |
|---|
| <b>Goal:</b> (insert goal from action plan here)      |
|   |
|   |
| <b>Individual Responsible:</b> Name and email address |
| <b>Committee Responsible:</b> Name (if applicable)    |

|   |
|---|
| <b>Objectives achieved to date:</b> (copy and paste objectives achieved as documented in action plan) |
|   |
|   |
|   |

|   |
|---|
| <b>Summary of progress made in the last quarter / year towards objective achievement:</b> |
|   |
|   |
|   |
|   |

|  |
|--|
| <b>Description of barriers encountered:</b>  |
| 1. Clearly explain those that have been overcome -   |
|  |
|  |
| 2. Clearly explain those which will require further work and/or assistance from VCCJA/DCJA - |
|  |
|  |
| 3. Clearly explain proposed solutions for overcoming barriers -                              |
|  |
|  |

|                                   |
|-----------------------------------|
| <b>Description of next steps:</b> |
|                                   |
|                                   |
|                                   |
|                                   |

|                             |
|-----------------------------|
| <b>Additional comments:</b> |
|                             |
|                             |
|                             |
|                             |

**Figure 3 – 15: Annual Reporting Template**

*This document is to be completed annually to update the progress of a particular Action Plan goal. Please complete each section and submit it to \_\_\_\_\_ by \_\_\_\_\_. Thereafter \_\_\_\_\_ will use it to formally update and communicate achievements and next steps in the Action Plan.*

|   |
|---|
| <b>Goal:</b> (insert goal from action plan here)      |
|   |
|   |
| <b>Individual Responsible:</b> Name and email address |
| <b>Committee Responsible:</b> Name (if applicable)    |

|                                     |
|-------------------------------------|
| <b>Milestones achieved to date:</b> |
|                                     |
|                                     |
|                                     |
|                                     |

|  |
|--|
| <b>Summary of progress made in the last year towards goal achievement:</b> |
|  |
|  |
|  |
|  |
|  |

|  |
|--|
| <b>Description of barriers encountered:</b>  |
| 1. Clearly explain those that have been overcome -   |
|  |
|  |
|  |
|  |
| 2. Clearly explain those which will require further work and/or assistance from VCCJA/DCJA - |
|  |
|  |
|  |
|  |
| 3. Clearly explain proposed solutions for overcoming barriers -                              |
|  |
|  |
|  |

|   |
|---|
|   |
| <b>Description of next steps:</b>   |
| 1. If goal has been achieved, provide explanation of possible need to revisit and/or revise the goal (e.g., is it time to take it to the next level?) |
|   |
|   |
|   |
| 2. If goal has not been achieved, provide plans for the next year including milestones expected to be achieved.                                       |
|   |
|   |
|   |
|   |

|                                      |
|--------------------------------------|
| <b>Additional notes or comments:</b> |
|                                      |
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|                                      |

# Chapter Four: Assuring Quality & Fidelity

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# Quality Assurance

Virginia is unique in having DCJS, a state funding agency, VCCJA, a statewide association, and local independent agencies that work in collaboration to advance evidence-based practices in local probation and pretrial services. DCJS is not an operating agency and therefore, with few exceptions, has been deliberately non-directive and encourages local agencies to make EBP decisions with consideration for the local environment and in cooperation with the EBP Steering Committee. DCJS, VCCJA, and the local agencies also must balance resource considerations with a long-term goal of developing effective quality assurance. Therefore, a statewide quality assurance plan must be a blend of key measures that can be centrally managed in conjunction with flexibility and local autonomy to improve service quality.

Nonetheless, setting minimum expectations or shared benchmarks is vital to ensure all EBP sites are operating toward the same end. By adopting common definitions and measures, all departments can track progress toward shared goals. Each individual local agency can then decide what additional expectations it chooses to have for itself and how it intends to manage them. These measures should serve the dual purpose of ensuring quality services and monitoring progress toward statewide benchmarks and goals. Any additional measures may also offer examples of best practices for other sites to learn from and perhaps act as a testing ground for future evidence-based practices (EBPs).

Despite a lack of resources, the EBP Steering Committee was cognizant of the importance of integrating quality assurance into EBP implementation. The EBP Steering Committee created the Quality Assurance Committee in 2007. Utilizing the Quality Assurance Manual developed by CJI as a guide, the Quality Assurance Committee developed vision and mission statements and created an initial logic model. A goal of this state-level Quality Assurance Committee is to develop a plan that will establish minimum expectations for standardized measures on a statewide level (for all EBP sites). This chapter is intended to further this work at the state level as well as give guidance to the development and execution of quality assurance efforts at the local level.

This chapter includes a description and overview of quality assurance and why it matters; a detailed ten step plan to create and implement a quality assurance plan, including sample tools and techniques; and things to keep in mind when creating a quality assurance plan. As you review this chapter please note there is a great deal of literature available on quality assurance, evaluation and logic models. The Roadmap is by no means an exhaustive discussion of the subject; it is merely a practitioner's guide.

## What is Quality Assurance and Why Does It Matter?

Going forward, you need a timely way to know that you are on or off the right track so you can continuously improve your efforts toward the desired outcome (e.g., reduced recidivism). If your current agency practices are actually increasing recidivism, you need to know that now, not two years from now. Evidence-based practice is based on research about “what works” to change criminal behavior and reduce recidivism. Quality assurance allows you to use data to inform decisions and the opportunity to take corrective measures as necessary.

Agencies that effectively utilize evaluation and quality assurance are agencies that can ensure fidelity to EBPs. Through their use of quality assurance and evaluation these agencies can also encourage the development of new EBP and encourage employee development. Agencies such as these know:

- If their practices are effective in achieving the desired outcomes;
- If their practices result in unexpected outcomes;
- If practices are being implemented as intended; and
- If their clients and stakeholders are satisfied.

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*Quality assurance tells you if an agency is doing evidence-based work, how well it is doing it, and if it is leading to the desired outcomes.*

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Quality assurance is not bean counting, nor is it a passive process. Quality assurance tells you if your agency is doing evidence-based work, how well it is doing it, and if it is leading to the desired outcomes. Essentially, quality assurance is a management tool to reinforce desired practices and ensure fidelity. Additionally, an active quality assurance plan can connect the dots between what happens on a day-to-day basis and the achievement of desired outcomes. This ongoing process provides timely “evidence” of EBP and helps to ensure you are on the right track at various levels (e.g., as a state, as a single agency, a unit within an agency, or a single employee of that agency). Once you are armed with this valuable evidence you will be equipped to act on it.

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*Quality assurance produces evidence that:*

- Lets you know if our clients/programs improve and why;
  - Reduces bias about what works and what doesn't work;
  - Helps better utilize resources and guide decision making;
  - Lets us know if we are operating with fidelity to proven practices (why/how); and
  - Supports our efforts to achieve the mission.
- 

Quality assurance done well will challenge employees to continually improve their skills and the services they provide clients. Additionally, quality assurance allows employees ongoing opportunities for skill development and leadership. It also raises the bar throughout the system to

provide optimal services to reduce client risk and prevent recidivism.

## Quality Assurance: An Overview

The term quality may mean several different things to different people. When creating a quality assurance plan it is necessary to think of your various stakeholders. Each is impacted by the community corrections services your agency provides and each has different needs, concerns and ideas about the “quality” of your services. In designing your quality assurance plan it will be important to discuss what quality means and bring these diverse perspectives together. Having your stakeholders on the same page and committed to a “culture of quality” will aid in achieving your agency’s mission and vision. This again reinforces the need to work collaboratively within your agency and with your stakeholders toward the achievement of your agency’s mission.

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*In order to develop a plan to measure and maintain quality, the “definition of quality” needs to be established--similar to defining a mission statement to guide operations. A worthwhile exercise is to define what quality means in your agency.*

- 1. Brainstorm a list of stakeholders who have a stake in the quality of the services your agency provides. The list may include the general public, CCJB officials, clients, families of clients, the courts, victims, etc.*
- 2. Take some time to discuss why each group has a stake in the quality of your services.*
- 3. Considering your mission and your stakeholder’s perspectives, draft a definition for the highest quality services in your agency.*
- 4. As each of the components of your quality assurance plan are designed, prioritized and implemented, check back for alignment with the definition of quality.*

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Developing a quality assurance plan is a collaborative effort. As discussed previously in the Roadmap, groups most affected must have a voice in the process. They should be given ample opportunities to voice their input and be given feedback about what and how their input is used. For example, if you will be asking front line officers to rate their peers and be rated by them, they should have a hand in determining how this will be done and for what reasons. This not only helps to build buy-in, it helps to build a “culture of quality” and ensures you are designing a quality assurance plan that will actually work – not one that simply sounds good in theory.

While everyone in your agency will be involved in quality assurance, not everyone will have the time or interest to spearhead the quality assurance effort. A committee comprised of motivated and capable employees representing a cross-section of your agency should be brought together to do so, or a few individuals should have explicit quality assurance responsibilities. If a committee is formed, it should be treated as any other committee and given clear direction (e.g., assign a chairperson and charter the committee as discussed in Chapter 3: Strategic Planning & Workplan Development). For example, charge this committee with the design, implementation and monitoring of the quality assurance plan and continuous quality improvement efforts. Specify the need for the quality assurance plan to reflect the strategic plan and work plans. Provide these individuals with the time and authority necessary to set the bar high and ensure your agency’s quality assurance plan will fulfill the definition of quality.



- **At the State Level:** A state level quality assurance committee exists, including representatives from DCJS, VCCJA, and local sites. This committee has a great deal of institutional knowledge that will be useful in furthering the statewide quality assurance plan. This committee may evolve as more EBP sites are phased in and additional perspectives are added.
- **At the Local Level:** A local quality assurance committee should include leadership from pretrial and local probation, a cross-section of agency employees (including supervisors and line employees from different functional groups). Representatives from the local CCJB and other local stakeholders, such as treatment providers or officers of the court, can be included if the agency would like to include systemic measures in the quality assurance plan. This committee will ensure statewide expectations are met and other locally based factors are included within the agency's quality assurance plan. If the responsibility for quality assurance falls on an individual or small group, then additional input should be sought throughout the process.

## Ten Steps to Developing a Quality Assurance Plan

In order to create a quality assurance plan an agency must clearly define what it is trying to achieve. The entire quality assurance process can then be built around what it will take to achieve the desired outcome(s). If you were to take a road trip you would first want to decide where you want to go. Then you would map the course you plan take to get to your destination. The quality assurance plan provides the signposts to get to your desired outcome(s). On a road trip you would not expect to reach your destination unless you pass some landmarks along the way that indicate you are on the right track. Similarly, you should not expect to achieve your outcome(s) without checking to be sure you are noting indicators along the way. The process of creating your quality assurance plan will help you find your landmarks, or indicators, and connect your actions to your outcomes.

This section of the chapter describes how to create a quality assurance plan and provides examples. The following ten steps are described in detail in conjunction with examples and sample tools. The steps are the same whether the plan is being developed at the state or local level, though local agencies need to ensure that their plan aligns with state requirements.

### Ten Steps to Creating a Quality Assurance Plan

1. Define the outcome(s) you are trying to achieve.
2. Logic Models –Describe what is intended to happen by connecting your actions to your outcomes.
3. Determine what indicators will need to be measured. Prioritize these measures based on what you need to know first and what you have the resources to collect.
4. Decide how to measure the indicators. Plan for how to collect the data, by whom and how often.
5. Pull it together. Develop a plan that describes how these measures will be brought together. NOTE: If you find there are still too many measures on which to realistically collect data, do another round of prioritization.
6. Communicate the plan. Communicate early and often about the purpose of quality assurance and how this data will be used for feedback, improvement and to celebrate successes.

7. Collect the data. Everyone involved in data collection needs a clear understanding of the tasks each needs to complete. Provide training up front and regularly check to ensure data is being collected consistently and accurately.
8. Analyze and report the data. Put the data into a format that can be easily understood and put to use. This can range from simple graphs and bar charts to complex statistical analysis depending on the data and your ability to analyze. Regardless of how simple or complex, be sure to disseminate it quickly so it can be put to use.
9. Put the data to use. Celebrate success and create improvement plans where necessary. Data is only useful if it is applied to improve practice. Create opportunities to discuss data and how to use it. In areas where improvements are needed, make well-planned changes and monitor the results.
10. Repeat this process until you are satisfied with the outcome and then move onto the next desired outcome.

➤ **Step One: Define the Outcomes You are Trying to Achieve**

In order to create a quality assurance plan, an agency must clearly define what it is trying to achieve. The entire quality assurance process can then be built around what it will take to achieve the desired outcome(s). Your agency's quality assurance plan will include the means to assess progress toward the achievement of strategic goals. Remember, strategic goals should be SMART (specific, measurable, attainable, realistic and time-bound) as discussed in Chapter 3: Strategic Planning & Workplan Development. Your agency's quality assurance plan is likely to include other related measures that will help you to know if you are progressing toward the achievement of these goals. Your quality assurance plan will include both process and outcome indicators. Process indicators tell you if you are on the right track. They are the milestones along your journey that let you know if your agency is following the directions to get to its desired outcomes. Outcome indicators tell you if your agency has reached its destination, and the desired outcomes have been achieved.

➤ **Step Two: Logic Models - Connect Your Actions to Your Outcomes**

One of the best ways to organize your understanding of how your agency's practices work and what indicators you will need to measure is to make a logic model. A logic model is a visual display or schematic representation of the big picture. (See Figure 4-1 for an example of a logic model format.) It shows what resources are being used, what processes are expected to happen, and what outcomes are expected. Creating logic models requires systematic thinking about the desired outcomes, processes and their measurements. Put simply, logic models document the efforts your agency plans to put forth to achieve outcomes. The basic premise is:

- IF your agency provides specified services that are evidence-based
- TO specified clients
- THEN your agency should achieve specified outcomes

Having a logic model helps you to understand the components of your EBP implementation efforts and the theories behind their effectiveness. Logic models allow everyone to be on the same page and communicate easily about what is supposed to happen, including:


- Resources being used

- Intervention activities
- Expected outputs, and short, intermediate, and long-term outcomes

A logic model can be used to demonstrate the connection between theory and practice, and to guide evaluation. Understanding the links in a logic model will help determine where things are working or not working. This will help to shape your quality assurance plan, as it informs you if you are implementing with fidelity and if the specified activities lead to the targeted outcomes. If the outcomes are not being achieved it also helps you to pinpoint where things are not working so you can make mid-course adjustments. As you begin to implement EBP the logic model can serve as a guide. It can then be modified if necessary to reflect how things actually work.

Logic models can be used to describe what is supposed to happen on broad or narrow scales. In the broad sense, logic models can describe how a sweeping change in business practice is supposed to happen. In the narrow sense, logic models can be used to describe how one particular component of a change in practice is supposed to happen.

**Figure 4 – 1: Example Logic Model Format**

| Inputs  | Activities   | Outputs                          | Outcomes                                       |   |   |
|---|--|----------------------------------|--|---|---|
|   |  |                                  | Short Term                                     | Intermediate  | Long Term   |
| The resources being put into the program or project | What is being done   | Direct product of the activities | Initial changes (e.g., Knowledge/Skill Gained) | The next step in the change (e.g., Knowledge/Skill Applied) | The ultimate goal (e.g., Desired Behavior Change) |
| Research Based                                      |  |                                  |  |   |   |

- **At the State Level:** Logic models require you to articulate what the statewide efforts will be to implement EBP (or particular components thereof) and how these activities will lead to the achievement of desired outcomes. Figure 4-2, Logic Model 2.0, provides a visual description of how the statewide roll out of EBP implementation is intended to work.
- **At the Local Level:** Logic models require you to articulate what your agency will do locally to implement EBP (or particular components thereof) and how these activities will lead to the achievement of desired outcomes. Figure 4-3, Logic Model 2.1, provides a visual description of how EBP implementation is intended to work within one local agency.

Figures 4-2 and 4-3 on the following pages include examples to demonstrate how a logic model can be used to guide EBP implementation efforts and form the foundation of a quality assurance plan at state and local levels, respectively. All indicators chosen in these logic models (Figures 4-2, 4-3 and 4-4) are consistent with the sample strategic action plan as documented in Chapter 3: Strategic Planning & Workplan Development. In addition, Figure 4-4 provides an example to demonstrate a more targeted logic model that can be used to monitor fidelity to specific principles of EBP.

Figure 4 – 2: Virginia Roadmap Statewide EBP Implementation Logic Model 2.0

| Virginia DCJS and VCCJA EBP Implementation Statewide Rollout  |  |   |  |   |   |
|---|--|---|--|---|---|
| Inputs  | Activities   | Outputs   | Outcomes   |   |   |
|   |  |   | Short  | Intermediate  | Long Term   |
| <ul style="list-style-type: none"> <li>Resource Allocation from BJA</li> <li>Technical Assistance from contractors (CJI, Luminosity, etc.)</li> <li>Technical Assistance from phase one sites and the steering committee</li> <li>Participation from subsequent sites</li> <li>Technical assistance and support from DCJS and VCCJA</li> <li>Agency employees at all levels</li> <li>PTCC</li> <li>CCJBs</li> </ul> | <b>Organizational Development</b> <ul style="list-style-type: none"> <li>Kickoff</li> <li>Planning meeting and resource sharing (e.g., recipe book, etc.)</li> <li>Organizational assessment</li> <li>Strategic Planning meeting</li> <li>Support new sites</li> <li>Maintain steering committee and subcommittees</li> </ul>  | <ul style="list-style-type: none"> <li>Updated Statewide EBP Strategic Action Plan</li> <li>Completed subcommittee workplans</li> <li>Completed site organizational assessments</li> <li>Completed site Strategic Plans</li> <li>Completed site Work Plans</li> <li>Completed site TA sessions</li> </ul> | <ul style="list-style-type: none"> <li>Increased knowledge of organizational assessment and key issues identified by them</li> <li>Documentation of responses to address identified issues</li> </ul>  | <ul style="list-style-type: none"> <li>Improved organizational practices to be in alignment with EBP (e.g., training, quality assurance, human resource practices, communication, decision making)</li> </ul>   | <ul style="list-style-type: none"> <li>Improved Successful Discharge Rates</li> <li>Reduced Recidivism</li> <li>Reduced Violations</li> <li>Improved Public Safety</li> </ul> |
|   | <b>EBP</b> <ul style="list-style-type: none"> <li>Plan for training</li> <li>Standard Policies drafted (including defined quality assurance processes)</li> <li>Training and boosters in Effective Communication/ Motivational Interviewing</li> <li>Training and boosters in Risk and Need Assessment and Differential Supervision</li> <li>Training and boosters in Supervision Case Planning</li> <li>Training and boosters for Supervisors in EBP</li> </ul> | <ul style="list-style-type: none"> <li>Training plan completed</li> <li>Trainings completed</li> <li>Employees trained</li> <li>Standard Policies and Quality Assurance mechanisms implemented</li> </ul>   | <ul style="list-style-type: none"> <li>Increased knowledge of the principles of EBP</li> <li>Increased knowledge in conducting assessments and case planning</li> <li>Increased proficiency among employees</li> <li>Increased Supervisory feedback and coaching skills</li> </ul> | <ul style="list-style-type: none"> <li>Skilled employees, supervisors, and directors</li> <li>Clients supervised according to risk</li> <li>Case Plans that target assessed risk and needs</li> <li>Referrals made to targeted treatment</li> <li>Violations responded to according to differential response standards</li> </ul> |   |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
|  | <p><b>Collaboration</b></p> <ul style="list-style-type: none"> <li>• Informational sessions with stakeholders</li> <li>• Joint training sessions with stakeholders</li> <li>• Stakeholder participation in strategic planning process</li> <li>• Collaborative implementation with stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>• Informational sessions completed</li> <li>• Joint trainings completed</li> <li>• Stakeholder input in the strategic plan</li> </ul> | <ul style="list-style-type: none"> <li>• Increased knowledge of EBP principles and practices among stakeholders</li> <li>• Increased knowledge of system barriers and strategies to address them</li> </ul> | <ul style="list-style-type: none"> <li>• Collaborative goal(s) or mission defined to incorporate EBP</li> <li>• Stakeholder relationships that discuss EBP, systems issues and improvement processes</li> <li>• Providers employing EBP in treatment</li> </ul> |  |
|--|--|--|---|---|--|

**Figure 4 – 3: Virginia Roadmap Local Agency EBP Implementation Logic Model 2.1**

| Inputs   | Activities   | Outputs  | Outcomes  |   |   |
|--|--|--|---|---|---|
|  |  |  | Short   | Intermediate  | Long Term   |
| <ul style="list-style-type: none"> <li>• Allocation from DCJS</li> <li>• Technical Assistance from contractors</li> <li>• Technical Assistance from phase one sites and the steering committee</li> <li>• Technical assistance and support from DCJS and VCCJA</li> <li>• Agency employees at all levels</li> <li>• PTCC</li> <li>• CCJB</li> <li>• Treatment providers</li> </ul> | <b>Organizational Development</b> <ul style="list-style-type: none"> <li>• Review relevant literature</li> <li>• Organizational Assessment</li> <li>• Develop Strategic Plan and Work Plans</li> <li>• Develop Communication Plan</li> <li>• Implement Committee Structure</li> <li>• Implement leadership development plan</li> </ul>   | <ul style="list-style-type: none"> <li>• Completed organizational assessment</li> <li>• Completed Strategic Plan</li> <li>• Completed Work Plans</li> <li>• Completed Communication Plan</li> <li>• Completed leadership development plan</li> </ul>   | <ul style="list-style-type: none"> <li>• Increased knowledge of organizational and local system strengths and barriers to change</li> <li>• Documentation of plans to improve areas of need</li> <li>• Increased buy-in from employees at all levels</li> <li>• Improved leadership skills</li> </ul> | <ul style="list-style-type: none"> <li>• Improved organizational practices in areas of need (e.g., decision making, human resource practices, building employees efficacy, communication)</li> </ul>  | <ul style="list-style-type: none"> <li>• Improved Successful Discharge Rates</li> <li>• Reduced Recidivism</li> <li>• Reduced Technical Violations</li> <li>• Improved Public Safety</li> </ul> |
|  | <b>EBP</b> <ul style="list-style-type: none"> <li>• Review relevant literature</li> <li>• Plan for training</li> <li>• Local Policies drafted (including defined quality assurance processes)</li> <li>• Provide training and boosters for employees and supervisors in core EBPs (e.g., assessment, case planning, EC/MI, differential supervision and response standards)</li> <li>• Provide training and booster forums for EBP supervisory skills</li> </ul> | <ul style="list-style-type: none"> <li>• Training plan completed</li> <li>• Trainings completed</li> <li>• Employees trained</li> <li>• Policies and Quality Assurance mechanisms implemented</li> </ul>   | <ul style="list-style-type: none"> <li>• Increased knowledge of the principles of EBP</li> <li>• Increased knowledge in conducting assessments and case planning</li> <li>• Increased proficiency among employees</li> <li>• Increased supervisory feedback and coaching skills</li> </ul>            | <ul style="list-style-type: none"> <li>• Skilled employees, supervisors, and directors</li> <li>• Client supervision frequency according to risk</li> <li>• Case plans that target assessed risk and needs</li> <li>• Referrals made to targeted treatment</li> <li>• Violations responded to according to differential response standards</li> </ul> |   |
|  | <b>Collaboration</b> <ul style="list-style-type: none"> <li>• Informational sessions with stakeholders</li> <li>• Joint training sessions with stakeholders</li> <li>• Stakeholder participation in strategic planning process and ongoing progress discussions</li> <li>• Implementing collaborative evidence-based efforts</li> </ul>  | <ul style="list-style-type: none"> <li>• Informational sessions completed</li> <li>• Joint trainings completed</li> <li>• Stakeholder input in the strategic plan and plans for progressing forward</li> <li>• Providers discussing ways to offer treatments consistent with client needs</li> </ul> | <ul style="list-style-type: none"> <li>• Increased knowledge of EBP principles and practices among stakeholders</li> <li>• Increased knowledge of system barriers and strategies to address them</li> </ul>   | <ul style="list-style-type: none"> <li>• CCJB goal(s) or mission defined to incorporate EBP</li> <li>• Stakeholder relationships that discuss EBP, systems issues and improvement processes</li> <li>• Providers employing EBP in treatment</li> <li>• Court orders supportive of EBP and assessment recommendation</li> </ul>                        |   |

**Figure 4 – 4: Virginia Roadmap Local Agency EBP Logic Model for Risk and Need Principle Fidelity**

| Inputs  | Activities  | Outputs   | Outcomes   |  |  |
|---|---|---|--|--|--|
|   |   |   | Short  | Intermediate   | Long Term  |
| <ul style="list-style-type: none"> <li>• Clients</li> <li>• Employees and leadership trained in assessment, effective communication/motivational interviewing, case planning and observation/feedback</li> <li>• Assessment Tools (e.g., M-OST, OST)</li> <li>• Policies for supervision strategies (e.g., assessment, engagement, differential supervision, case planning, etc.)</li> <li>• Treatment providers</li> <li>• Information system</li> </ul> | <ul style="list-style-type: none"> <li>• Assessment conducted and recorded by officer</li> <li>• Officer reviews assessment results with clients</li> <li>• Officer utilizes motivational and effective communication techniques</li> <li>• Officer develops case plan with medium and high risk clients based on top criminogenic needs</li> <li>• Officer assessment and case plan sessions observed and critiqued</li> </ul> | <ul style="list-style-type: none"> <li>• # of assessments completed</li> <li>• # of medium and high risk clients</li> <li>• # of medium and high risk clients with case plans completed and signed by officer and client</li> <li>• # of assessment feedback/case plan sessions observed and critiqued</li> </ul> | <ul style="list-style-type: none"> <li>• % of clients supervised according to risk (i.e., frequency)</li> <li>• % of medium and high risk clients with case plans that responsively address at least one of the top three criminogenic needs</li> <li>• % of clients that believe they were active participants in creating their case plan</li> <li>• % of officers that are proficient in assessment, EC/MI and case planning</li> </ul> | <ul style="list-style-type: none"> <li>• Risk reduced</li> <li>• Supervision completed without violation</li> <li>• Supervision completed without new charge</li> <li>• Improved Successful Discharge Rates</li> </ul> | <ul style="list-style-type: none"> <li>• Reduced Recidivism</li> <li>• Improved Public Safety</li> </ul> |
|   | <ul style="list-style-type: none"> <li>• Officer makes appropriate referrals to treatment provider</li> <li>• Treatment progress is recorded by officer</li> </ul>  | <ul style="list-style-type: none"> <li>• # of referrals made to targeted treatment</li> <li>• # of referrals with documentation of progress</li> </ul>  | <ul style="list-style-type: none"> <li>• % of clients who attend at least one session</li> <li>• % of clients who successfully complete targeted treatment</li> </ul>  |  |  |

➤ **Step Three: Decide What to Measure**

A quality assurance plan is a comprehensive way of measuring processes and outcomes indicators to let you know if your agency is on its way to achieving its mission. Now that you have created a logic model to demonstrate what is supposed to happen you will have to choose the indicators that need to be measured. Indicators help to make an immeasurable concept (e.g., fidelity to the risk principle) measurable. They allow us to infer the presence of a concept by measuring the empirical, observable behaviors or activities that indicate the extent to which the concept is present.

There are a number of measurable items that will need to be considered in the development of your quality assurance plan. Your strategic plan is likely to include hundreds of possible items to measure. However, it is not possible to measure all of them. Review your strategic goals and determine which elements you would like included in your quality assurance plan, then begin to prioritize what you would like to measure and when. Some items will be better to phase in over time rather than measure everything at once. A few ways to help prioritize which ones to measure are as follows:

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*Decades of research provide us with several proven indicators that can lead to lowering recidivism*

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- Research consistency – Select data that will be most useful in informing progress toward longer term outcomes. Refer to the research literature to determine if there is a true correlation between data and longer term outcomes. For example, include indicators related to targeting interventions and the use of motivational techniques by officers which have been correlated with desired outcomes. Decades of research provide us with several proven indicators that can lead to lowering recidivism.
- Timeliness – Select data that can be available in a timely fashion. Some data are going to be available more quickly than others.
- Ease of reporting – Select data that are straightforward to collect and report. These data are likely to be reported quickly and accurately and can be put to use.
- Level of interest among stakeholders – Select data that will contribute to the collective mission or goals of your stakeholders. For example, data that will inform the local CCJB or collaborative statewide committees.
- Usefulness and message – Be mindful of the message sent by what data are chosen. What gets measured is what gets done, what gets done can be managed, and what can be managed can be improved. Balance what you would like to know with what you need to know to achieve your goal.

Now let's make an immeasurable concept measurable. Consider a SMART strategic goal that requires *by June 2011 90% of high and medium risk local probation cases will have a documented case plan that addresses at least one of the top three criminogenic needs*. This goal was created based on the principles of risk, need and responsivity. This research is the basis for several of the strategic goals in the Strategic Action Plan in Chapter 3. Risk and need assessments are effective in identifying the level of risk and criminogenic needs, which form the foundation of supervision strategies. Case plans that are



developed through client engagement and treat the most appropriate risk and needs can reduce risk and lead to reduced recidivism. The following logic model illustrates how fidelity to these research supported principles is supposed to happen in practice.

The logic model explains the big picture, and now you will need to determine what indicators will need to be measured to know that it is actually happening. Remember the goal is:

*By June 2011 90% of high and medium risk local probation cases will have a documented case plan that addresses at least one of the top three criminogenic needs.*

You will want to report your achievement or progress toward this goal to your employees and stakeholders. You may also want to report trends--such as in 2009 this figure was 30% and in 2010 it is 60%--to your stakeholders, and more detailed data to agency employees. In order to do this with confidence and be able to pinpoint what is or is not working, you will also need to know several other more detailed measures, such as the following:

- Total number of high and medium risk cases for a given time period;
- How many of the medium and high risk cases at this time had:
  - An assessment that was administered correctly (in accordance with policy and scoring guide);
  - The top three criminogenic needs properly identified;
  - Case plans that were completed with the client;
  - Case plans that were completed correctly (in accordance with policy); and
  - Case plans that address at least one of the top three criminogenic needs.

Then, prioritize your measurements by answering the following questions.

- What is the SMART goal?
  - *By June 2011, 90% of high and medium risk local probation cases will have a documented case plan that addresses one of three top three criminogenic needs.*
- What questions do you need to answer? In other words, what core indicators will let you know if the agency is on the right track?
  - Are assessments being done?
    - Number of local probation cases assessed in the last three months
    - Number of these that were assessed as high and medium risk
  - Are case plans being documented for the medium and high risk cases?
    - Percentage of assessed medium and high risk cases in the last three months that have a documented case plan
  - Are one or more of the top three criminogenic needs being addressed in case plans?

- Percentage of assessed medium and high risk cases in the last three months that have a case plan which addresses at least one of the top three criminogenic needs
- Are clients engaged in the case planning process?
  - Percentage of case plans for assessed medium and high risk cases that includes documentation the client participated in development of his/her case plan.
  - Note: You may also want to seek out this information in a client satisfaction survey.

A good quality assurance plan will be consistent with the strategic plan and focus on building proficiency in a gradual way. If you include the right indicators in your quality assurance plan and you put quality assurance to use, you will have evidence to know if your agency (or the state) is on its way to achieving the goal. In addition, if you measure these indicators as you implement you will be able to know what is working or not, and be able to make mid-course corrections as needed so that by June of 2011 you can achieve your goal. This may mean you start out tracking the number of assessments before you begin to track the quality of these assessments, or how well the assessments are reflected in case plans. The speed at which you do this is up to you and your employees. As implementation evolves and the goals evolve, so can the quality assurance plan.

➤ **Step Four: Decide How to Measure**

Now that you know what needs to be measured, you need to decide how to measure these indicators. In addition to what can be gleaned from PTCC or other information technology, quality assurance indicators are generally going to be measured in one of three ways: data collection through a management information system; supervisory, external, or peer review; or satisfaction surveys. While it will not be discussed in this chapter, measurement can also be included in a formal employees' performance appraisal process as discussed in Chapter 5: Managing Change. Evaluation is another method of measuring the effectiveness of your EBP efforts. Evaluations help to determine if your agency is meeting its goals and which components are operating as intended. (An overview of evaluation is included later in this chapter.) Keep in mind throughout your quality assurance process, good data collection will be valuable when it is time for evaluation. In addition, a well-functioning quality assurance process reduces the likelihood that formal evaluation results will include surprising findings.

Please note: The use of reliable and valid standardized measures is strongly encouraged. Wherever possible try to use tools and measures that are proven to demonstrate reliability and validity. However, if resources for doing so are not readily available, self-created tools and measures can be used with the caveat they have not been proven to demonstrate reliability and validity.

*Peer Review*

Peer review is very useful way to conduct quality assurance while supporting the culture of quality discussed previously. Many officers have never been exposed to regular review and feedback on their work. Many have spent their careers working with clients behind closed doors. For these reasons many

officers expect a level of autonomy, and may see quality assurance as a violation of autonomy and trust. When the review of the quality of officers' work is spearheaded by peers it can be seen as a process of ongoing learning, coaching, and application rather than a way to "gotcha". A peer-driven process that includes a feedback loop can decrease the sense that QA is a violation of autonomy.

A successful peer review process must be support and coaching oriented. This way it can create a culture of learning in a supportive environment that promotes ongoing quality improvement. A peer review process is usually best implemented through a peer review committee. This group of capable individuals can be trained to be peer reviewers for a variety of measures (e.g., assessment accuracy and inter-rater reliability, effective communication/motivational interviewing proficiency, client file documentation and cognitive-behavioral treatment). The peer review process should include a schedule to ensure all employees are regularly measured and a set of objective criteria to be measured (see above: Deciding What to Measure). These reviewers are then able to assess quality through standardized and objective methods and provide feedback to employees. For example, a peer review committee can create a process for randomly selecting files to be reviewed each month. These client files (paper and/or in an information system like PTCC) are then reviewed by the trained reviewers for completeness, accuracy and quality of services.

In peer review, the feedback process supports professional growth and development of agency employees. Peer reviewers need to be trained and proficient in the standardized, objective methods for assessing quality in the various components (assessments, case planning, file documentation, etc.). Similar to the need for inter-rater reliability among employees who administer assessments, peer reviewers must be able to consistently measure everyone on the same items the same way. Peer reviewers must also be trained and proficient in providing coaching-oriented feedback. It is critically important these reviewers provide constructive feedback. Employees may feel reluctant to candidly critique their peers. Hence, these reviewers must be expected to and capable of providing constructive feedback and encouraging those being reviewed to learn, practice and build upon their strengths. In this vein, peer reviewers and employees will be well positioned to identify trends and brainstorm solutions to improve practices.

An example peer review process and related sample tools which assess the completeness and accuracy of assessments and the quality of services are included on the following pages (see Figures 4-5 : Peer Review – Client File Audit, 4-6: Peer Review – Client File Audit Summary, 4-7: Peer Review – Assessment Interview Audit and 4-8: Quality Contact Standards Checklist). Other sample tools can be found in CJI's Quality Assurance Manual; the Recipe Book; through professional organizations such as the International Community Corrections Association (ICCA) and the American Probation and Parole Association (APPA); in the library of the National Institute of Corrections (NIC), and other trade materials.

**Figure 4 – 5: Peer Review: Client File Audit**

Reviewer: \_\_\_\_\_  
 Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_  
 Client Name: \_\_\_\_\_

Directions: Mark yes or no for each item. Mark N/A if the criterion in question does not apply to this case at this time. If calculating a numerical score, total all items scored and divide it by the total possible points (do not score criteria that are N/A). Complete this review on five cases for each officer then complete the Peer Review: Client File Audit Summary. Solicit officer self-critique comments after reviewing the results from all five audits. Then provide additional feedback based on reviewer observations and insights. If being used as a developmental opportunity, collaboratively create development goals.

| Criteria   | Yes | No | N/A |
|--|-----|----|-----|
| 1. Intake and assessment information are complete  |     |    |     |
| 2. Assessment is administered in a timely manner (e.g., per policy requirement)                              |     |    |     |
| 3. Top three criminogenic needs are identified   |     |    |     |
| 4. Supervision level is adequate for assessed level of risk  |     |    |     |
| 5. Case plan is complete (to this date)  |     |    |     |
| 6. Case plan is appropriate to assessment results  |     |    |     |
| 7. Case plan goals are relevant to assessed needs  |     |    |     |
| 8. Case plan goals are written in clear, measurable terms  |     |    |     |
| 9. Case plan is completed in a timely manner (per policy requirement)  |     |    |     |
| 10. Case plan includes client signature  |     |    |     |
| 11. Case plan includes target dates for case plan goals  |     |    |     |
| 12. Case plan is updated in a timely manner (per policy requirement)   |     |    |     |
| 13. Documentation of referrals related to case plan goals exists   |     |    |     |
| 14. Referrals are made in a timely manner (per policy requirement)   |     |    |     |
| 15. Documentation of progress toward case plan goals exists (e.g., record of discussion with client)         |     |    |     |
| 16. Progress notes indicate case plan was implemented  |     |    |     |
| 17. Progress notes indicate officer used a motivational and strength based approach with client              |     |    |     |
| 18. Documentation indicates client attended at least one treatment session                                   |     |    |     |
| 19. Documentation indicates client successfully completed treatment  |     |    |     |
| 20. Progress notes indicate officer provided mechanisms for client to engage in long term pro-social support |     |    |     |
| 21. Progress reports to the court are complete and well written  |     |    |     |
| 22. All required documentation is complete (per policy)  |     |    |     |

Total number of Yes Answers/Total number of criteria scored =

**Figure 4 – 6: Peer Review: Client File Audit Summary**

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Client Files Reviewed: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Directions: Complete this form after all five randomly selected officer files have been audited. Enter the total number of cases where each particular criterion was scored. Of these, enter the total that scored “Yes”. Then, divide the Total “Yes” by the “Total Scored” and enter the percentage “Yes”. Solicit officer self-critique comments after reviewing the summarized results from all five audits. Then provide additional feedback based on reviewer observations and insights. If being used as a developmental opportunity, collaboratively create development goals. If corrections need to be made to any of the files make a plan to do so within 30 days.

| Criteria   | Total Scored | Total Yes | % Yes |
|--|--------------|-----------|-------|
| 1. Intake and assessment information are complete  | 5            | 5         | 100%  |
| 2. Assessment is administered in a timely manner (e.g., per policy requirement)                              |              |           |       |
| 3. Top three criminogenic needs are identified   |              |           |       |
| 4. Supervision level is adequate for assessed level of risk  |              |           |       |
| 5. Case plan is complete (to this date)  |              |           |       |
| 6. Case plan is appropriate to assessment results  |              |           |       |
| 7. Case plan goals are relevant to assessed needs  |              |           |       |
| 8. Case plan goals are written in clear, measurable terms  |              |           |       |
| 9. Case plan is completed in a timely manner (per policy requirement)  |              |           |       |
| 10. Case plan includes client signature  |              |           |       |
| 11. Case plan includes target dates for case plan goals  |              |           |       |
| 12. Case plan is updated in a timely manner (per policy requirement)   |              |           |       |
| 13. Documentation of referrals related to case plan goals exists   |              |           |       |
| 14. Referrals are made in a timely manner (per policy requirement)   |              |           |       |
| 15. Documentation of progress toward case plan goals exists (e.g., record of discussion with client)         |              |           |       |
| 16. Progress notes indicate case plan was implemented  |              |           |       |
| 17. Progress notes indicate officer used a motivational and strength based approach with client              |              |           |       |
| 18. Documentation indicates client attended at least one treatment session                                   |              |           |       |
| 19. Documentation indicates client successfully completed treatment  |              |           |       |
| 20. Progress notes indicate officer provided mechanisms for client to engage in long term pro-social support |              |           |       |
| 21. Progress reports to the court are complete and well written  |              |           |       |
| 22. All required documentation is complete (per policy)  |              |           |       |
| Total  |              |           |       |

Officer Reflection/Comments:

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Reviewer Feedback/Comments:

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Interviewer Development Plan:

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Corrective Plan of Action (if necessary):

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Reviewer Initials \_\_\_\_\_

Officer Initials \_\_\_\_\_

**Figure 4 – 7: Peer Review: Assessment Interview Audit**

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Directions: Circle appropriate score for each item. If calculating a numerical score, total all items scored and divide it by the total possible points. Solicit interviewer self-critique comments and then provide additional feedback based on reviewer observations and insights. If being used as a developmental opportunity, collaboratively create development goals.

| Criteria  | Poor | Needs Improvement | Good | Exceptional | N/A |
|---|------|-------------------|------|-------------|-----|
| 1. Interviewer has been trained in the use of the assessment tool.  | 1    | 2                 | 3    | 4           | –   |
| 2. Interviewer describes the purpose of the interview.  | 1    | 2                 | 3    | 4           | –   |
| 3. Interviewer establishes the environment for the interview.   | 1    | 2                 | 3    | 4           | –   |
| 4. Interviewer references documentation (e.g., file and available records) for accuracy.                    | 1    | 2                 | 3    | 4           | –   |
| 5. Interviewer avoids interrogation techniques (e.g., leading questions, extensive closed ended questions). | 1    | 2                 | 3    | 4           | –   |
| 6. Interviewer stimulates dialogue with interviewee.  | 1    | 2                 | 3    | 4           | –   |
| 7. Interviewer avoids double-barreled questions.  | 1    | 2                 | 3    | 4           | –   |
| 8. Interviewer avoids barriers to listening (e.g., blaming or shaming).                                     | 1    | 2                 | 3    | 4           | –   |
| 9. Interviewer scores on the basis of patterns in behavior not single events.                               | 1    | 2                 | 3    | 4           | –   |
| 10. Interviewer overcame problems (e.g., silence, excessive talking or resistance).                         | 1    | 2                 | 3    | 4           | –   |
| 11. Total score is calculated accurately.   | 1    | 2                 | 3    | 4           | –   |
| 12. Interviewer scored consistent with the scoring guide.   | 1    | 2                 | 3    | 4           | –   |
| 13. Appropriate notes were documented in the case of an override.   | 1    | 2                 | 3    | 4           | –   |

Total Score: Sum of all responses \_\_\_\_\_ divided by total possible points =

Interviewer Reflection/Comments:

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Reviewer Feedback/Comments:

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Interviewer Development Plan:

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Reviewer Initials\_\_\_\_\_

Interviewer Initials\_\_\_\_\_



Figure 4 – 8: Quality Contact Standards Checklist as used by the EBP Steering Committee

|  |  |
|--|--|
| Type of Review: Self ___ Peer ___ Supervisor ___<br>Officer's Name: _____<br>Reviewer's Name: _____<br>Date of Review: _____ | Have you completed an Effective Communication training? Yes ___ No ___<br>Client's Name (last, first, MI): _____<br>MOST Score: _____ OST Score: _____<br>Date of Placement: _____ |
|--|--|

| <u>I. Demeanor &amp; Style of Interaction with Client:</u>  | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|------------|-----------|------------|
| Introduced self or greeted client in a confident and friendly manner  |            |           |            |
| Thanked him/her for his/her time or effort  |            |           |            |
| Non-verbal communication (posture, gestures & eye contact) conveyed interest & respect  |            |           |            |
| Organized and prepared with relevant service progress reports/updates, test results & meeting goals                               |            |           |            |
| Expressed empathy   |            |           |            |
| <b><u>II. Supervision:</u></b>  |            |           |            |
| Used the following effective communication skills:  |            |           |            |
| <b>Open Ended Questions.</b> Asked thoughtful open-ended questions & close-ended when necessary                                   |            |           |            |
| <b>Affirmations.</b> Used positive affirmations for pro-social behavior   |            |           |            |
| <b>Reflections:</b>   |            |           |            |
| <ul style="list-style-type: none"> <li>• <b>Simple Reflection.</b> Repeated back what client said in his/her own words</li> </ul> |            |           |            |
| <ul style="list-style-type: none"> <li>• <b>Rephrasing.</b> Rephrased what the client said using your own words</li> </ul>        |            |           |            |
| <ul style="list-style-type: none"> <li>• <b>Paraphrasing.</b> Paraphrased, or reframed, what the client said</li> </ul>           |            |           |            |
| <ul style="list-style-type: none"> <li>• <b>Reflection of Emotion.</b> Recognized &amp; emphasized client emotions</li> </ul>     |            |           |            |
| <b>Summarizations.</b> Captured key statements made by client (change talk, concerns, ambivalence and goals)                      |            |           |            |
| Closed meeting with summarization of meeting, including next steps and goals  |            |           |            |

|   |  |  |  |
|---|--|--|--|
| Invited client to respond to summarization  |  |  |  |
| Verified & recorded current case information & status (address & job) as necessary or required  |  |  |  |
| <b><u>III. Assessment &amp; Planning:</u></b>   |  |  |  |
| Established or reviewed & discussed goals with client's input   |  |  |  |
| Identified client's stage of change   |  |  |  |
| Explored client's readiness to change   |  |  |  |
| Explored and assessed client's ambivalence to change  |  |  |  |
| Responsive to client's criminogenic needs identified in the MOST & /or OST  |  |  |  |
| Responsive to client's relevant life circumstances related to the case  |  |  |  |
| Discussed and updated client's progress toward established goals  |  |  |  |
| <b><u>IV. Treatment &amp; Service Referrals:</u></b>  |  |  |  |
| Focused on client's responsibility for change by encouraging client to problem solve & brainstorm solutions   |  |  |  |
| Discussed referral needs  |  |  |  |
| Provided service contact information  |  |  |  |
| Explored obstacles to change using the decisional balance (pros and cons of changing & not changing)  |  |  |  |
| <b><u>V. Sanctions &amp; Ground Rules:</u></b>  |  |  |  |
| When circumstances warranted, appropriately reminded client of conditions of supervision & legal consequences for non-compliance                              |  |  |  |
| Provided sanction in a firm and fair manner in response to violation of plan or supervision contract, in accordance with Agency Standard Operating Procedures |  |  |  |

***Please provide comments regarding this form:***

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### *Client Surveys*

There is a growing body of research that demonstrates client behavior change is more likely to occur when officers are responsive to their risk, needs and personal situations. Research indicates that treating clients with respect and fairness, providing appropriate reinforcement for positive and negative behaviors and actively engaging clients in the change process can decrease the likelihood of recidivism. Assessing client satisfaction with his/her experience in pretrial or local probation services is important to establishing fidelity to these EBP principles. One way to do this is through the administration of a client survey.

The sample of clients surveyed must be representative. One of the primary challenges of survey research is selecting the survey sample. It's important to avoid "convenience samples," of people that are easy to access. This will not give an accurate picture of the way all clients feel. Every client must be given an equal opportunity to respond to the survey, even those who return to jail or prison. Also, the survey must be administered in a way that makes it easy for the client to return it. This can be done over the phone, through mail surveys or kiosks. In addition, clients must be able to respond honestly without fear of retribution. Exit surveys are one way to allow clients to evaluate their experience without worrying about any fallout.

When creating a client survey it is important that the questions asked are consistent with quality assurance indicators. The questions should be limited to information that will inform the quality assurance process: namely, those that measure the quality assurance indicators. Results from a survey can provide a wealth of knowledge about how clients are treated and if practices are working as intended. This way you can use the results toward the improvement of the quality of the services provided. As with all components of quality assurance, there needs to be a process in place to evaluate and apply results.

Surveys should be administered at regular intervals, such as every six months or annually. Results that show areas that need improvement can require a plan of action that can be put into practice and tested for progress during the next round of surveys. This way the results can be analyzed and put to use to improve services. For example, results can be compared to benchmarks. In areas where the benchmarks are not being met action plans can be created. For example, if 60% of clients surveyed said they felt involved in case planning and the benchmark is 80%, then the group reviewing the data (e.g., the quality assurance committee) would come up with a plan of action to improve how officers work with clients in the case planning process. This plan should be clear cut, attainable, measurable and time bound. For example, put a plan in place over the next six months which is designed to improve employees proficiency in this area (e.g., provide booster training and emphasize this effort in the peer review process). Then see if the percentage increases in the next round of surveys.

A sample client survey is included on the following page (Figure 4-9: Client Satisfaction Survey).

**Figure 4 – 9: Client Satisfaction Survey**

Directions: Please take a few minutes to complete this survey. Your responses will help \_\_\_ agency evaluate and improve its services. All responses are anonymous and confidential. Please answer the questions below and then circle the appropriate score for each item based on a 1-4 scale (1 = strongly disagree, 2 = disagree, 3 = agree and 4 = strongly agree) unless the item does not apply to you (do not score items that do not apply to you).

- What type of supervision are you on? Pretrial \_\_ Local Probation \_\_\_ Both \_\_\_
- How long have you been under supervision? Less than 1 month \_\_\_ 1-3 months \_\_\_  
3 to 6 months \_\_\_ 6 months or longer \_\_\_
- What is your gender? Male \_\_\_ Female \_\_\_
- What is your age? \_\_\_
- What is your race? White \_\_\_ African American \_\_\_ Hispanic \_\_\_  
Native American \_\_\_ Asian \_\_\_ Other \_\_\_\_\_

| Criteria  | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-------------------|----------|-------|----------------|
| When visiting my probation officer, the wait time in the lobby is usually reasonable.                 | 1                 | 2        | 3     | 4              |
| The receptionist greets me in a pleasant and professional manner.                                     | 1                 | 2        | 3     | 4              |
| My supervising officer/case manager treats me respectfully when I meet with him or her.               | 1                 | 2        | 3     | 4              |
| My supervising officer/case manager spends enough time with me during these visits.                   | 1                 | 2        | 3     | 4              |
| My supervising officer/case manager listens to me.  | 1                 | 2        | 3     | 4              |
| My supervising officer/case manager and I work together to help me complete supervision successfully. | 1                 | 2        | 3     | 4              |
| My supervising officer/case manager lets me know how I am doing on supervision.                       | 1                 | 2        | 3     | 4              |
| My supervising officer/case manager and I worked together to create goals that I understand.          | 1                 | 2        | 3     | 4              |
| My supervising officer/case manager and I worked together to set goals that I can achieve.            | 1                 | 2        | 3     | 4              |
| My supervising officer/case manager understands what is going on in my life.                          | 1                 | 2        | 3     | 4              |
| My supervising officer/case manager sent me to a service or program that I needed.                    | 1                 | 2        | 3     | 4              |
| The program or service he or she sent me to has been helpful.   | 1                 | 2        | 3     | 4              |
| Please give an overall rating of your experience with this agency.                                    | 1                 | 2        | 3     | 4              |

How else could your supervising officer/case manager help you while under supervision?

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Peer review, client surveys and evaluation are three methods for measuring indicators in addition to what can be found in PTCC or another information system. When determining the method for measuring indicators it is useful to refer back to the measures you prioritized and then match them with the most reliable and valid method of measurement available. Keep in mind that indicators can be measured in a variety of ways. If your ideal method of measurement is not feasible there is likely to be an alternative option. Figure 4-10 on the following page illustrates the process for determining the methods of measurement for your chosen indicators. These examples provide opportunities for incorporation into state and local level quality assurance plans and recommended PTCC enhancements. In addition, additional examples of methods to measure indicators are included on page 93 (see Figure 4-11: Sample Measurement Options for State and Local Levels).

**Figure 4 – 10: Methods of Measurement**

*Goal: By June 2011 90% of high and medium risk local probation cases will have a documented case plan that addresses at least one of the top three criminogenic needs.*

| Indicators  | Preferred Measurement Method   | Secondary Measurement Option   |
|---|--|--|
| Are assessments being done?   |  |  |
| <ul style="list-style-type: none"> <li>▪ Number of local probation cases assessed in the last three months</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Raw number obtained from the assessment database in PTCC</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Raw number obtained through case file reviews</li> </ul>  |
| <ul style="list-style-type: none"> <li>▪ Number of these that were assessed as high and medium risk</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Raw number obtained from the assessment database in PTCC</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Raw number obtained from obtained through case file reviews</li> </ul>  |
| Are case plans being documented for the medium and high risk cases?   |  |  |
| <ul style="list-style-type: none"> <li>▪ Percentage of assessed medium and high risk cases in the last three months that have a case plan</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Recommend case plan application in PTCC so this percentage can be calculated from the raw number obtained in PTCC.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Peer review file audit form that is completed on either a random sample of cases or all cases depending on agency resources.</li> <li>▪ Results from these paper audits would be entered into a DCJS database (either in PTCC or a required spreadsheet) to be tabulated for local and statewide results.</li> </ul>  |
| Are one or more of the top three criminogenic needs being addressed in case plans?  |  |  |
| <ul style="list-style-type: none"> <li>▪ Percentage of assessed medium and high risk cases in the last three months that have a case plan which addresses at least one of the top three criminogenic needs</li> </ul> | <ul style="list-style-type: none"> <li>▪ Recommend OST application in PTCC be enhanced so all items can be entered, including total and subscale totals. If not all items at least the total score for each scale within the OST. Ideally the top three need areas would automatically populate the case plan application.</li> </ul>                    | <ul style="list-style-type: none"> <li>▪ Same peer review paper audit process as above</li> </ul>  |
| Are clients engaged in the case planning process?   |  |  |
| <ul style="list-style-type: none"> <li>▪ Percentage of case plans for assessed medium and high risk cases that includes documentation that the client participated in development of his/her case plan.</li> </ul>    | <ul style="list-style-type: none"> <li>▪ Paper audit form that is completed on either a random sample of cases or all cases depending on agency resources.</li> <li>▪ Results from these paper audits would be entered into a DCJS database (either in PTCC or a required excel spreadsheet) to be tabulated for local and statewide results.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Client satisfaction survey to be administered clients (or a random sample of open and closed cases depending on agency resources) within a specified time period (e.g., in the office waiting room, by a neutral party over the phone, or on-line)</li> <li>▪ Results from these surveys would be entered into a DCJS database (either in PTCC or a required spreadsheet) to be tabulated for local and statewide results.</li> </ul> |

Note: These measurements can be tabulated at various state and local levels.

**Figure 4 – 11: Sample Measurement Options for State and Local Levels**

| Short Term Outcome  | Measurement Options   |
|---|---|
| <b>Organizational Development</b>   |   |
| <ul style="list-style-type: none"> <li>Increased knowledge of organizational and local system strengths and barriers to change</li> </ul> | <ul style="list-style-type: none"> <li>Completed organizational assessments</li> </ul>  |
| <ul style="list-style-type: none"> <li>Documentation of plans to improve areas of need</li> </ul>   | <ul style="list-style-type: none"> <li>Completed strategic plan and work plans that reflect assessment results</li> </ul>   |
| <ul style="list-style-type: none"> <li>Increased buy-in from employees at all levels</li> </ul>   | <ul style="list-style-type: none"> <li>T1 and T2 assessment results</li> <li>Employees involvement in progress toward WP and SP goals</li> </ul>  |
| <b>Evidence-Based Practices</b>   |   |
| <ul style="list-style-type: none"> <li>Increased knowledge of the principles of EBP</li> </ul>  | <ul style="list-style-type: none"> <li>Completed training</li> <li>T1 and T2 assessment results</li> </ul>  |
| <ul style="list-style-type: none"> <li>Increased knowledge in conducting assessments and case planning</li> </ul>                         | <ul style="list-style-type: none"> <li>Completed training</li> <li>T1 and T2 assessment results</li> </ul>  |
| <ul style="list-style-type: none"> <li>Increased proficiency among employees</li> </ul>   | <ul style="list-style-type: none"> <li>Assessment, case audit and QCS results demonstrate improvement</li> <li>Proficiency progress reflected in performance appraisal</li> <li>T1 and T2 assessment results</li> </ul> |
| <ul style="list-style-type: none"> <li>Increased Supervisory feedback and coaching skills</li> </ul>                                      | <ul style="list-style-type: none"> <li>Employees performance improves</li> <li>T1 and T2 assessment results</li> </ul>  |
| <b>Collaboration</b>  |   |
| <ul style="list-style-type: none"> <li>Increased knowledge of EBP principles and practices among stakeholders</li> </ul>                  | <ul style="list-style-type: none"> <li>T1 and T2 assessment results</li> </ul>  |
| <ul style="list-style-type: none"> <li>Increased knowledge of system barriers and strategies to address them</li> </ul>                   | <ul style="list-style-type: none"> <li>T1 and T2 assessment results</li> <li>Completed system strategic plan</li> </ul>   |

Repeat this process for all of the goals in your strategic plan until you have a comprehensive list of everything you would like to include in your quality assurance plan. If you find you have too many indicators in your comprehensive quality assurance plan to feasibly collect, analyze and use, do another round of prioritization. Be mindful of timeliness and decide how you may be able to gradually phase these measures in over time. Consider what you do not necessarily need to know or the challenges associated with trying to collect certain measures. Keep prioritizing until you are satisfied that your quality assurance plan will be manageable and achievable.

*Measurement Implications*

These methods of measurement can be done on multiple levels. Each level can be rolled up or down into the level above or below, respectively. For example, measures pertaining to an individual officer’s caseload can be combined with the same measures for all officers in an agency to provide a view at the

agency level. The same is true at the state level when the various agency level measures are combined. When measurements are taken on multiple levels there are implications for how these measures can be put to use.

- **At the Individual Level:** Process measures can help individuals assess how well they are meeting basic criteria of the job. Outcome measures can help employees assess the progress of individual clients. This information is especially useful to provide feedback on the effectiveness of the individual's contribution to the agency's mission and desired outcomes, which can be used to encourage skill building, professional growth and development.
- **At the Agency Level:** Process measures identify areas for improving agency practices. Outcome measures identify areas for improving client outcomes. This information will be critical to provide feedback on how well the agency is doing in its pursuit of its mission and goals. This data can be used to inform decisions about agency practices and pinpoint the core areas for development.
- **At the State Level:** Process measures identify areas for improving statewide practice guidelines. Outcome measures identify areas for improving client and agency outcomes. This information is necessary to provide feedback on the progress toward achieving the mission and goals of statewide initiatives. State level data may be used to inform resource allocations and statewide changes in required practices, and to pinpoint areas of greatest need (e.g., training priorities).

In order for measures to be useful for individual employees, agencies and across the state, it is essential that certain indicators be standardized. They should be clearly defined and consistently measured in a common way. If one officer measures an indicator in one way and another officer measures it in a different way, the measurement will not be useful at an aggregate level. Officer-to-officer comparison and an agency level view will not be possible since the measures were not consistently applied. The same is true for agency-to-agency comparisons across the state. While not all agencies will choose all the same indicators to measure, or share all the same goals, there are a handful of core indicators that should be consistent across sites.

#### ➤ **Step Five: Pull It Together**

Now that you have decided upon your priorities, document how they will be brought together. You should be able to clearly articulate why, how and when these measures will be collected and reported. This will become your quality assurance plan that you can share with employees and stakeholders. This will take time to create and it is likely to need updating every year as your agency moves further along the road to becoming an evidence-based organization.



➤ **Step Six: Communicate, Communicate, Communicate**

Now that you have a well defined quality assurance plan, that plan needs to be communicated. Use this as an opportunity to set the tone for quality assurance as a tool for ongoing improvement and to build greater buy-in. This message should be clear and concise so that you can easily communicate and discuss it with agency employees and stakeholders.

The message could be as follows:

“As you know, we have been working to become an evidence-based organization. Recently, our agency completed a three-year strategic plan. Collaboratively, we have revised our mission statement and vision statements and set strategic goals for ourselves. We aim to:

- **Improve the successful closure rates of the clients we serve, and**
- **Reduce the recidivism rates of the clients we serve.**

In order to achieve these outcomes we set the following SMART goals:

- We will use the M-OST/OST on 90% of new local probation clients in fiscal year 2011 to assess risk and needs and determine case plan objectives.
- We will utilize motivational and strength based techniques on 90% of clients in fiscal year 2011 to increase offender engagement.
- 90% of case plans for all clients in fiscal year 2012 will demonstrate supervision strategies which treat the most appropriate risk and needs and provide mechanisms for meaningful and long term pro-social support.

As we strive to positively impact the public safety of our community and achieve the outcomes and goals we’ve set forth, we must uphold our commitment to quality. This will require us to conduct quality assurance activities and collect data. We will be asking you to contribute to the timely and efficient collection of the measures outlined in this quality assurance plan. Throughout this entire process you are encouraged to review the data, be constructive, voice your ideas and concerns, and help our agency to achieve its mission. The entire list of measures and reports are listed in the quality assurance plan that is being passed out. As we move forward you can expect the following:

- To provide and receive ongoing feedback to and from your supervisor and peers that will help us enhance the quality of services we provide our clients and stakeholders.
- On a monthly basis, you will have the ability to receive feedback on your contributions to these efforts through our existing PTCC reporting system if you choose to run your reports, which I strongly encourage you to do. You will be provided with training in how to do this.
- On a quarterly basis, your supervisor will be reviewing your contributions with you individually and/or in teams to help you to build upon your existing skill set and become proficient in the areas of X, Y and Z. This will include the data in PTCC and evidence of the quality of your assessments, case plans and client interactions.
- Every six months we will hold a meeting of all agency employees to review our progress toward the SMART goals we’ve set forth. We will celebrate what is working, highlight examples of areas where we’ve seen the greatest improvements, and set clear expectations for what is to come.

As we move ahead, we are bound to get some things right and do some things wrong. We will learn from our evidence and continue to strive for excellence as we become leaders in this field.”

➤ **Step Seven: Begin Data Collection**

Now that you've clearly defined what will be measured, how it will be measured and when, it is time to begin data collection. Similar to the fidelity necessary to implement EBP, fidelity is necessary in the data collection process. Everyone involved in data collection needs a clear understanding of the tasks that need completion. You may need to provide training up front to those involved in the various components of the quality assurance plan (e.g., peer reviewers, anyone who enters data into PTCC or who will submit reports to DCJS). You will also want to regularly check to ensure data is being collected consistently and accurately. Be mindful of accuracy. A poorly executed quality assurance plan can be just as problematic as a poorly executed client assessment. You will need to trust the data you collect in order to use it to make appropriate data-driven decisions.

➤ **Step Eight: Analyze and Report the Data**

Once you have collected data you will need to analyze it to answer the questions set forth in the quality assurance plan. Put the data into a format that can be easily understood and put to use. This can range from simple graphs and bar charts to complex statistical analysis, depending on the data and your ability to analyze. Regardless of how simple or complex, be sure to disseminate it quickly so it can be put to use. One helpful way to present data is to compare practices to baseline measures or benchmarks. **Ideally, you will want to review historical data for several prior months or years to establish baselines based on actual practices.** This allows you to set gradual and realistic goals for improvement when you put the data to use rather than encouraging employees to meet potentially unattainable results. Similar to principles of effective communication/motivational interviewing, it is important to meet your employees where they are and to not assume they should be performing at an arbitrary level of proficiency. Then you can gradually raise the benchmarks as they achieve them. This also provides an opportunity to celebrate success.

When setting benchmarks or targets keep the following tips in mind:

- Be ambitious, but do not over-promise. With rare exception, performance standards should not be set at 100%. This can mean setting your agency up for failure. There will normally be certain exceptions that will prevent 100% from being attainable.
- If previous performance information is available, consider setting standards to exceed previous performance by a certain percentage and then gradually raise the benchmark as attainable goals are met.
- Ask those who deliver the service to estimate how many clients/employees would reach positive outcomes if everything was perfect (e.g., services were excellent and clients complied). This can be a helpful starting point to strive for achieving the level of quality desired.
- Ask experts or other agencies providing similar services what benchmarks they use and how well they work, and consider using similar ones.
- Find out what DCJS, your stakeholders or other funder(s) expect.

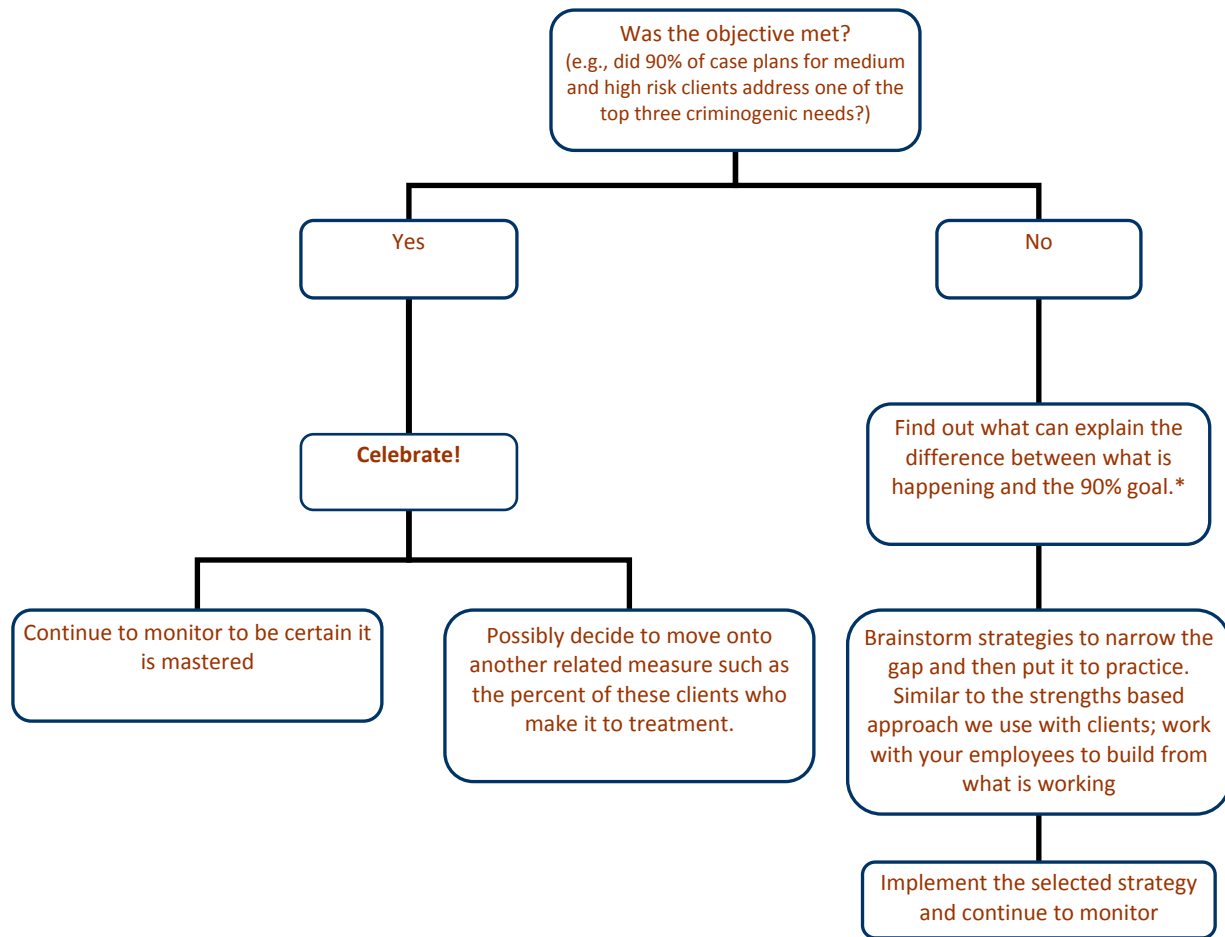
➤ **Step Nine: Put the Data to Use**

You have gone to great lengths to develop a quality assurance plan for just this reason. Using data allows you to celebrate success and create plans to improve in areas where necessary. Remember, data is only useful if it is applied to improve practice. Create opportunities to discuss data and how to use it. Figure 4-12 below illustrates the process for putting the data to use. In areas where improvements are needed, make well-planned changes and monitor the results.

In putting data to use, there are a few questions that are helpful to ask:

- What is working?
- What have you learned from your evidence?
- How can you use this data to increase effectiveness?

**Figure 4 – 12: Putting Data to Use**



\*Note: Be thorough and realistic in your understanding of why the gap exists or what strategies to employ. It may be something as simple as a glitch in the data base that is not saving case plan entries or as complex as poorly trained employees.

### ➤ **Step 10: Repeat**

The work of an evidence-based organization is never finished. Use the evidence you gather from your quality assurance plan to map out your next adventure. Repeat the quality assurance process on different measures until you are satisfied with the outcome, and then move on to the next desired outcome. This may mean updating your quality assurance plan to include a next generation of measures. For example, once your agency has mastered getting assessments and case plans done and entered into PTCC or another data base, you may want to turn your focus to the quality of those efforts. Or, you may want to turn toward understanding the quality of the services provided by treatment providers in your area. Quality assurance for treatment programs can be an entirely different set of efforts. For example, you may want to begin with a needs assessment and gap analysis to determine the types of treatment services needed to address the criminogenic needs of your population. Or, you may want to start administering surveys such as the International Community Corrections Association (ICCA) treatment survey or Correctional Program Assessment Inventory (CPAI) on your treatment programs. The next step is up to you, so long as you are guided by the evidence you have or aspire to obtain.

## **Things to Keep in Mind When Creating a Quality Assurance Plan**

### *Data Overload*

Along the journey to becoming an evidence-based organization there will be temptation to collect data on a variety of measures. This can often lead to being overwhelmed by the possibilities. Everything can sound like it will be a useful part of your quality assurance plan, and it is easy to get carried away and weighed down by the amount of data you can collect. Remember that quality assurance is a process to ensure fidelity and to determine if practices are effective. When deciding what to collect, keep the following questions in mind:

- What is the desired outcome?
- What practices are intended to lead to the desired outcome?
- Will this data tell me if we are implementing these practices as intended?
- Will this data tell me if these practices are actually leading to the desired outcome?
- How can I use this data to help to improve practices?

The data you decide to collect should help you to answer these questions. It will help you stay focused and prioritize as you go through the process of devising your quality assurance plan. As you move forward it is helpful to also think through some barriers you will inevitably face so you can prioritize your efforts.

### *Organizational Change*

The most formidable barrier you might encounter could be the change process your agency is experiencing. Be cognizant of the culture of your agency and recognize how data has historically been used. Are employees used to entering data and never getting anything back? Is there a black hole where all of their data entries go? Historically, has data been used as a “gotcha”? Are performance

appraisals based on conflicting priorities? For example, are employees appraised on their ability to meet contact standards or on the quality of those contacts? Beware of sending mixed messages about what employees are expected to do. Be aware of how employees have been conditioned to respond to data through previous quality control or quality assurance processes. If data has historically gone into a black hole or been used as a “gotcha” you should not be surprised by fear or cynicism. Understanding and anticipating these barriers will help you to break through them with proper change management techniques (For more information on managing change see Chapter 5).

### *Resource Limitations*

Consider the resources needed for quality assurance and the requirements of DCJS. Data is most helpful when it is analyzed and reported in a clear, timely fashion. An information technology system that is used daily by employees and capable of generating reports at multiple levels (e.g., officer, unit, agency, state) is the most efficient way to analyze and review data. However, if you do not have such an information system you will have to be resourceful. For example, can you augment your current information system or will you have to collect the data on paper? Can you do some on paper and enter the rest into an information system? Are you familiar with all of the ways that a spreadsheet can be manipulated? Are there public domain tools you can utilize, such as CJ’s *Intermediate Measures Database*?<sup>2</sup> Do you have someone who is skilled in spreadsheet or database software and can generate reports? What resources can you allocate or re-allocate to coordinate your quality assurance plan, collect and analyze data, and disseminate and feedback the results? Deciding what you will include in your quality assurance plan will be a combination of 1) what you want to know about your practices and outcomes; 2) what you are required to do by DCJS or other funders and 3) what resources can you reallocate to make it happen (e.g., employees time and information system).

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*CJ’s Intermediate Measures Database is an application for the collection of intermediate process measures. When used as part of the case auditing process, this database can provide essential management information to improve the implementation of evidence-based practices. A Database User’s Handbook and Instruction Manual can found online at <http://cjinstitute.org/projects/integratedmodel#Tools>*

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### *Timing*

Data is only useful when it is used to inform operations and improve fidelity. Be mindful of the lag time between when data is collected and the time it takes to analyze, report and feedback results. Finding out a year from now that assessments were being scored improperly could mean disaster. Employees could have formed bad assessment habits that will be difficult to reverse, and fidelity to the risk, need and responsivity principles may be out the window. Consider the frequency and timeliness of the data you will collect and report. Be mindful of the resources it will take to collect and analyze data and how this can be integrated into a reasonable work load. Also, expect it will take time for practice improvements to materialize.

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<sup>2</sup> Available online at <http://www.cjinstitute.org/projects/integratedmodel>.

### *Keep it Simple and Focused*

Quality Assurance does not have to be overly complicated. Decide what questions you want to answer and build your quality assurance plan around these questions. As long as you are focused and clear about the goals you are trying to achieve (outcomes and processes) and realistic about your data collection and usage, selecting the various quality assurance measures and tools does not have to be a tumultuous task. If you plan ahead and account for barriers you will be able to maximize your limited resources to make it happen. After all, without quality assurance it will be impossible to know if your practices are operating with fidelity to research and evidence-based practices.

- **At the State Level:** The considerations discussed apply to both the state and local levels. The state level planners should acknowledge the challenges faced by local agencies when determining shared benchmarks. Consider the time and effort associated with taking state level expectations and weaving them into local practices. Be mindful of alignment to common desired outcomes and be clear about required processes.
- **At the Local Level:** Be certain to clarify any uncertainties with what statewide requirements are intended to do. State and local expectations should be very similar, as both share common desired outcomes and processes. Avoid making the mistake of translating state level expectations to agency employees without explaining their intent. Simply stating that “DCJS told us we have to” is not going to help provide that clear line of sight between what they do and how it relates to achieving the mission. Make the quality assurance plan locally based; infuse the state level expectations into local expectations.

## **Evaluation Overview**

Evaluation measures the effectiveness of your EBP efforts. Evaluations help to determine if your agency is meeting its goals and which components are operating as intended in pursuit of those goals. If you are approaching the services you provide in a new way (e.g., the use of assessments, effective communication/motivational interviewing, or case planning) evaluation should be a piece of the work. Evaluation planning should begin with implementation planning. There is an extensive body of social science research pertaining to evaluation that you can reference when you are ready for a formal evaluation with an experienced evaluator. Keep in mind that the more rigorous the evaluation methodology, the more reliable the results. Your quality assurance efforts are intended to facilitate fidelity to EBPs. A well-designed and executed quality assurance plan will help to ensure when you are formally evaluated you will have positive results, perhaps even create new EBPs. Evaluation results often lead to more questions and a subsequent evaluation as you dig deeper into the data. The experience and expertise gained through your quality assurance process will enable you to better utilize the results of your evaluation.

A formative evaluation is useful when information is needed to guide program improvement. It tests a new practice or component on small scale (such as a pilot test) in order to inform decisions about its efficacy. This is especially useful when you do not want to spend precious resources to implement the change on a larger scale unless you are confident it will work. A process evaluation is useful to

determine if the practices were delivered as intended to its targeted recipients. Similar to quality assurance, process evaluations answer specific questions about the way a practice, service or program works. It is especially useful when you would like to test the accuracy of your logic model to determine if it describes how things actually work. An outcome evaluation is useful to determine whether the practices changed what they were expected to change. It measures whether or not the desired outcomes are achieved. Generally, outcome evaluations take a long time to complete in order to allow time for the desired outcomes to occur. For example, a long-term outcome to not recidivate during the three years following supervision will take at least three years to complete.

Logic models can be particularly useful to guide the evaluation plan. The logic model can be tested through various types of evaluations at various times in your agency's journey.

- **At the State Level:** Figure 4-2: Logic model 2.0 provides a visual description of how the statewide roll out of EBP implementation is supposed to work.
- **At the Local Level:** Figure 4-3: Logic Model 2.1 provides a visual description of how EBP implementation is supposed to work within one local agency.

When planning for an evaluation:

- Pull a team together to plan for the evaluation (e.g., an evaluation committee).
- Include stakeholders in the development of your plan.
- Think through the questions you want your evaluation to answer.
- Think through how you plan to use the results.
- Select an evaluator that can guide the process. This person should:
  - Be knowledgeable in designing and conducting evaluations;
  - Have time to manage the evaluation;
  - Understand how the practices you want to evaluate work;
  - Be able to work well with the evaluation committee; and
  - Not have a conflict of interest in the results.

## In Summary

Quality Assurance provides the information you need to know if you are on the right road to EBP implementation. By consistently measuring the way your organization does business you can ensure that evidence-based practices are being implemented effectively, and are therefore likely to lead to positive outcomes. Consider what you need to know to answer the questions: 1) Is my agency implementing EBP; 2) are we doing it well; and 3) what is the result? Decide how to collect the data, and, most importantly, use the data to celebrate success and continue to improve.





# Chapter Five: Managing Change

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# Managing Change

Much of this Roadmap is about the policies, procedures and practices that you are changing in your organization; this chapter is about the process of change. Doing business in new ways is difficult for many reasons. Individuals may feel attached to the old ways, they may have doubts in their ability to be successful with the change, and they may be frustrated with the logistics of transition. These issues, rather than the proposed changes themselves, are the reason that many change initiatives fail. To lead successful change, agencies must be conscious of these issues and thoughtful about how to address them.

This chapter will consider six key components of managing change: techniques for facilitating change; leadership; collaborative decision making; communication; collaboration, and aligning business practices. Within each component is an array of approaches for engaging employees in the change process, addressing concerns, and infusing EBP into the way the agency does business. None of these techniques alone are sufficient to smooth the change process; they are synergistic in their impact. However, it is probably not possible to address all of the components at once. As you review this chapter, consider the strengths and needs of your agency as identified in your organizational assessment (see chapter 2), and the techniques that will be most effective in addressing those needs and capitalizing on those strengths. Based on those strengths and needs, create a strategy for change management.

## Techniques for Facilitating Change

A great deal of literature is available on techniques for facilitating change, and there are many useful models available. The following tips are pulled from three primary sources: “Leading Change” by John Kotter,<sup>3</sup> “Managing Transitions” by William Bridges,<sup>4</sup> and “Leading Change in Community Corrections: Embracing Transformational Leadership” by Judith Sachwald and Paul Tesluk.<sup>5</sup> In addition, there is a helpful DVD available that has been used by various local sites in Virginia, “Facing the Challenge of Change” by Ben Bissell<sup>6</sup> that discusses organizational change. Consider these tips to be a toolbox for your change management process. Some involve strategic approaches over the long term, while others are short-term interventions that are available when circumstances require them. More information on these approaches, as well as many other tips and techniques, are available in the books and articles mentioned above.

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<sup>3</sup> Kotter, J. (1996) *Leading Change*. Harvard Business School Press

<sup>4</sup> Bridges, W. (1991). *Managing Transitions, Making the Most of Change*. Perseus Books

<sup>5</sup> Sachwald, J., and P. Tesluk. “*Leading Change in Community Corrections: Embracing. Transformational Leadership.*” Topics in Community Corrections 2005.

<sup>6</sup> Bissell, B. (2002) *Facing the Challenges of Change*.(DVD). Leadership Resources.

- **Vision**

Typical questions among employees and stakeholders are “Why are we doing this?” and “Where is this going?” Without the big picture, EBP may be perceived as a series of disjointed activities. At both the state and local level, it is essential for leaders to convey the purpose of these efforts, and how the system will be better when it is evidence-based. That vision will need to be shared in multiple venues over time, so that it remains fresh and reminds people what they are working toward. It will also need to be tailored for different audiences, so that stakeholders can see where they fit in.

- **Trust & Safety**

To change the way an agency does business, employees need to take risks, try new things, and deal with frustrations and setbacks. To do that successfully, the workplace needs to be a place where it is okay to try and fail, and where new ideas are welcomed. If the environment is not historically trusting, it will take time for employees to develop a sense of safety. Leaders can build this trust by modeling. As an agency director or EBP project manager, participate in all of the trainings that employees are attending, and show your willingness to try something new. As a DCJS manager, solicit feedback from local agencies and then demonstrate how that feedback is used. It may take several iterations of risk-taking before these efforts are accepted as sincere.

- **Managing Transitions**

“Change is situational...Transition, on the other hand, is psychological; it is a three-phase process that people go through as they internalize and come to terms with the details of the new situation that change brings about.”<sup>7</sup> This quote from William Bridges describes his tripartite transition process: endings, neutral zone, and beginnings. For change to be successful, individuals and organizations must let go of the old ways, navigate the bumpy waters of adopting new practices, and embrace the new ways. If leaders don’t acknowledge this process and bring people through it, then leaders can leave others behind, and the change will fail.

- **Responsivity**

The principle of responsivity applies to all behavior change. Individuals process information differently, respond to change differently, and learn differently. For an agency or a system to adopt new practices, information must be conveyed in a variety of ways to ensure that it is effective for everyone. Some agencies use personality inventories like the Myers-Briggs Type Inventory<sup>8</sup> or True Colors<sup>9</sup> to better understand the natural styles of their employees and respond accordingly. Others consider the different types and try to develop change management plans that are responsive to all. A diverse planning team can increase the likelihood that the plan includes techniques that will appeal to a variety of audiences.

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<sup>7</sup> Bridges, W. (1991). *Managing Transitions, Making the Most of Change*. Perseus Books

<sup>8</sup> Myers, Isabel Briggs with Peter B. Myers (1980, 1995). *Gifts Differing: Understanding Personality Type*. Davies-Black Publishing

<sup>9</sup> Lowry, D. (1978). *True Colors*. <http://www.true-colors.com/>.

- **Involve and Empower Employees**

One of the uncomfortable elements of change is the feeling that circumstances are beyond your control, or that you are being left in the dark. Providing opportunities for employees at the state and local level to be involved in planning for change and in making decisions about what the change will look like can decrease anxiety and increase enthusiasm.

A common concern about EBP is that the desire for consistent supervision strategies limits officer's ability to apply their experience and exercise professional judgment. Involve officers, other frontline staff, and supervisors in decisions about how the elements of EBP will be applied in the state or the agency. Engage employees in discussion when problem solving is needed. Empowering employees in these ways provides opportunities to take advantage of their professional experience. This helps to create an evidence-based organization that is suited to those that comprise it.

A note of caution: engagement does not require that every person be involved in every decision; this brings progress to a grinding halt and can discourage future participation. Consider what decisions are going to have the most impact on people, and share decision making on those issues. Include a cross-section of employees on committees, with the understanding that they are representing their peers. Strategies for engaging employees in decision making are discussed in more detail below.

- **Ensure Quick Successes**

Evidence-based practices is a long-term endeavor, and has the potential to reap long-term rewards in recidivism reduction and improve public safety. However, it is difficult to maintain momentum for change if stakeholders are not able to see results of their work in the short-term. When developing a strategic plan and implementing policy and programming change, look for opportunities to acknowledge early success.

- **At the State Level:** Publicize progress on the strategic action plan, and acknowledge sites in each phase when they reach benchmarks. Review and share statewide data and recognize high performers.
- **At the Local Level:** Acknowledge employees for applying new skills. Collect process data as evidence that change is moving forward, even when outcomes are not yet available. Are assessments being completed accurately and on time? Are case plans complete and reflective of the assessment? Use this quality assurance data as opportunities for pats on the back.

- **Provide Performance Feedback**

Adults learn through experience, and need feedback to know what they are doing well and where they can improve. After teaching new skills or implementing new procedures, provide opportunities for non-threatening feedback from a trainer, coach, supervisor, or peer. This is an opportunity for positive reinforcement and celebration as well as addressing areas needing improvement.

- **Be Attuned to Employees**

As previously discussed, the change process is very difficult. It is important keep abreast of how the change is translating into practice and how it is affecting agency employees at all levels. Be mindful of the workload placed on employees and supervisors. Listen and be responsive to their feedback. If employees are concerned about workload and feeling burned out, consider evidence-based responses. For example, the use of the MOST and the OST can allow caseloads to be lowered through administrative supervision of the lowest-risk cases. Also, EBP can create new opportunities for employees who are burned out with their current work, such as facilitating cognitive-behavioral groups. It is also important to be realistic and honest about the work involved in change. While the tools of EBP often make supervision smoother in the long run, it does take time and effort to master them in the short term. It may be helpful to reassess your organization to see how the change is impacting everyone, what areas have improved and where challenges remain (as discussed in Chapter Two, Assessing the Organization). Being cognizant of and responsive to these issues will help maintain the momentum and keep moving forward.

- **Support Creativity**

Change is an opportunity for innovation. Evidence-based practices encourage continual evaluation and enhancement, not simply the replication of practices developed elsewhere. Encourage employees to develop new ways to approach the research or to solve problems, and create stretch assignments for implementing and testing new ways of doing business. The opportunity to propose ideas, be heard, and to try new things can be a motivator for many employees.

- **At the State Level:** Look for effective local practices that could be piloted or replicated statewide. Seek out feedback for improvement to practice guidelines, PTCC, and other state-controlled functions. If possible, earmark funding for the evaluation of innovative local efforts.
- **At the Local Level:** Encourage employees to bring innovative ideas to management, and provide constructive feedback. Use agency and unit meetings as problem solving forums, and figure out how to apply research in new ways. Pilot test ideas and measure their outcomes before committing the whole agency.

- **Create a Sense of Urgency**

There is little motivation to change if everything seems fine the way it is, so it is necessary to identify reasons to change that are meaningful to employees and stakeholders. That may include things like:

- We're here to improve public safety, and some of the things we do currently may increase criminal behaviors of our clients.
- Given the budget climate right now, we need to be more efficient in our use of resources, and be able to demonstrate that what we are doing is working.

Share data to support your reasoning. Every person and every agency will have a slightly different "hook," and some thought is needed to craft a powerful message.

## Leadership

Many of the elements in this chapter ultimately link back to leadership. Leaders set the tone for change in an agency and take the lead on these efforts. However, executives are not the only leaders in the agency. Supervisors do a great deal to set the tone for change, and to guide employees through the process. Frontline employees can also be informal leaders, or EBP champions, serving as peer representatives, coaches, and opinion leaders. Leaders at all levels play a role in managing change by:

- Contributing to a change management plan (e.g., which of the strategies presented in this chapter will be implemented, and how?)
- Coordinating change management efforts
- Modeling new ways of doing business

This will unfold differently in different agencies.

- **At the State Level:** Leaders from DCJS and VCCJA can support each phase of implementation sites in their transition process, offer performance feedback, and provide training and coaching. The agencies can support leadership networking, training, and peer support.
- **At the Local Level:** Leaders can use the results of organizational assessment data to determine priorities for change management, such as communication and decision making. They can model the transition process and support others as they go through transition.

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*A curriculum for developing leadership knowledge and skills to support the implementation of evidence-based practices within a community corrections setting is forthcoming. The Supervisors Leadership Academy: Cultivating an Evidence-Based Organization will be available at <http://cjinstitute.org/publications/supvistraining> in 2010.*

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At both the state and local level, targeted training is needed for supervisors to allow them to effectively lead EBP implementation. Often, supervisors are given the same training as line staff, and then expected to facilitate implementation, monitor employee progress, and provide coaching. To fulfill this role effectively, supervisors require advanced training on the technical skills of EBP, as well as the “soft skills” of managing change and coaching employees.

There are hundreds of books and articles on leadership in public administration and business literature. Agencies can seek out the resources that they feel is most useful for them. A helpful model for leading change is that proposed by Jim Kouzes and Barry Posner in *The Leadership Challenge*.<sup>10</sup> They identify “five characteristics of exemplary leadership:”

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<sup>10</sup> Kouzes, JM and Posner, BZ. (1987) *The Leadership Challenge: How To Get Extraordinary Things Done in Organizations*. San Francisco: Jossey-Bass

1. Model the way: demonstrate the new approach
2. Inspire a shared vision: get others on board with the vision of the future
3. Challenge the process: innovate and try new ways of doing things
4. Enable others to act: collaborate, delegate, and support others
5. Encourage the heart: appreciate contributions and celebrate successes

This model is very broad, and can provide a good guideline for behavior as a leader. As you implement change in your organization, consider how each of these five practices can be applied. Talk with your colleagues about it, and incorporate the practices into your change plan and your daily actions.

Managing change takes a great deal of leadership skill, and leaders may or may not have the necessary skills at the outset. Leadership development may be needed for DCJS employees, Directors, Assistant Directors, and Supervisors. As part of organizational assessment, leaders and leadership teams may want to consider 360° assessments, personality inventories, and team assessments to determine areas of strengths and needs for individuals or groups. Based on the assessment, leaders may decide to boost their skills through:

- Individual or team leadership coaching
- Executive leadership training
- Supervisory leadership training
- Leadership book clubs
- Peer coaching or job shadowing

As leaders of learning organizations, this is an opportunity to model ongoing improvement, as well as a chance to become better equipped to lead change.

### **Shared Decision-Making**

As discussed above, change is more palatable when those affected have a role in the decisions that affect them. When agency leadership or a Steering Committee is faced with a decision, they should consider:

- Does this decision need to be made immediately? (A need for rapid action may exclude collaborative decision making.)
- Will this decision have a significant impact on the way individuals (e.g., agency employees and/or stakeholders) do business?
- Is this decision likely to be controversial?
- Would others outside of the leadership team bring expertise on this issue?
- Will diverse viewpoints be helpful in considering options and making a decision?

Based on the answer to these questions, decide whether the issue should involve a group. If the issue should not involve a group, consider seeking recommendations from others and still making the final decision at the leadership level, or delegating the decision and agreeing to abide by the choice of others. If a group approach will be used, consider who to involve in these decisions. It is also helpful to have a back-up plan. If a group is not able to agree, does the decision then come back to the leadership team?

These choices comprise a decision-making model for a particular decision. The same model can be used repeatedly for similar types of decisions, and the Steering Committee or other committees may want to adopt a standard decision making model. (The committee can deviate from that model as needed, but it prevents having to come up with a new protocol every time.)

To decide on your model, consider:

- Who is being empowered to make this decision (individual, committee, etc.)?
- Is that person/group being delegated the decision, or making recommendations?
- If it is a group, does everyone have to reach consensus (which is everyone agreeing to support one decision), or is a majority sufficient?
- If it is an individual, should that person seek input from other individuals or groups before making a decision?
- If the model doesn't work, what is the back-up?

For example, an agency may be implementing a new case planning system, and needs to decide on what the rollout will look like. The Director may decide to convene a case planning committee, and that committee will be delegated the responsibility for a rollout plan that fits within state guidelines and has the case plan rolled out within nine months. If the committee is able to reach consensus on a plan, then the agency will adopt that plan. If the committee is not able to reach consensus, then it will present options to the director, who will make the decision.

Before asking for input or delegating decision making, set clear parameters. For example, if a local agency is adopting guidelines from the state, then the decision-making group is limited to recommendations that fit within the guidelines.

- **At the State Level:** Continue to use collaborative committees and subcommittees to address key areas of EBP implementation. Periodically, solicit input from a broader audience through focus groups, online surveys, or regional meetings.
- **At the Local Level:** Convene committees to participate in strategic planning and oversee implementation. When significant changes are being proposed, seek agency-wide feedback through comment boxes, all staff meetings, discussions at unit meetings, or email. Involve CCJB's and other stakeholders as appropriate. Most importantly, provide feedback on how input was used, so that employees and partners know that their feedback is valued, even if it is not always adopted.



## Communication

Communication is essential during times of change, and it often seems that people feel inundated with emails, meetings, etc. while still feeling that communication is insufficient. Communicating effectively is an ongoing challenge, but a few rules can be helpful.

- **Focus on key messages, and repeat them often:** Talk about mission, vision, and the purpose of EBP regularly, and how the activities of the moment support them. Everyone should know the mission, and be able to talk about how they support its accomplishment.
- **Try to communicate important information in at least three different ways:** Using multiple modes of communication reinforces the importance of the message, and increases the likelihood that employees will be exposed to it.
- **Share the big picture and the details:** Put new details (training, new policies, etc.) into a larger context, so that employees are reminded where this effort is going. Sharing work plans, timelines, or brief updates can serve as a reminder of the purpose of an activity.
- **Solicit feedback on effective communication methods:** Different people like to receive information in different ways, so ask. Hold focus groups or conduct a communication survey to find out what methods of communication are accessed, and what preferred methods are.
- **Use meetings wisely:** Meetings can be a waste of time, or an excellent opportunity to discuss change. Use meetings to discuss changes in policy and practice, not just present them, so participants can safely share thoughts, concerns, and ideas. When input is sought on decisions, use unit or staff meetings as informal focus groups. Take the opportunity to celebrate accomplishments.
- **Make sure communication goes up, down, across, and around:** Communication is not just disseminating information from management. Allow employees opportunities to give feedback, and then share how that feedback is being used. Share information across the agency, so that pretrial is up-to-date on highlights from probation and vice-versa.

Communication is an ongoing challenge, but maintaining good communication as an ongoing strategic goal can keep information moving. Figure 5-1 provides an example of a communication plan that accounts for the above mentioned rules.

- **At the State Level:** Offer leadership of local agencies multiple opportunities to receive information, and also provide a vehicle for leaders to share that information within their agency. For example, when the Strategic Action Plan is updated, it can be shared via email, posted on the DCJS website, and discussed at a Director's meeting. The EBP Steering Committee could also put together a one-page overview of plan highlights along with some talking points so that Directors can share the plan easily within their agencies.
- **At the Local Level:** Balance opportunities for written, unidirectional communication with conversational, multidirectional communication. For example, if a new policy is being rolled out, provide it to everyone electronically with some background information, hold unit meetings

or an all-staff meeting to discuss it and engage in problem-solving, and keep a written or electronic copy available for future reference.

The communication plan can be its own document, overseen by an individual or committee, or communication strategies could be linked to each goal on the strategic plan. In that case, the person or group responsible for the goal is also responsible for communicating about it. This supplements, rather than replaces, regular communication from the Director on overall agency status.

Figure 5 – 1: Sample Communication Plan

| EBP Implementation Committee<br>Year One Communication Plan                              |  |  |  |   |  |
|--|--|--|--|---|--|
| WHAT?<br>Brainstorm what information needs to be relayed.                                | Overview of EBP Initiative   | Update of Mission Statement to Reflect EBP   | Progress on EBP Workplan   | Implementation of Risk/Needs Assessment   | Implementation of Caseplan   |
| WHO?<br>Brainstorm the stakeholder groups that need to receive information on the change | HOW?<br>For each matrix square of stakeholder and information, list a tactic and frequency for communicating about the change. For key information, multiple tactics will be needed. The type and frequency of communication will likely change over time, so the communication plan will be a dynamic document. Include dates and individuals responsible when possible.<br>(Once the matrix has been completed, look for overlap where one tactic can serve multiple functions. For example, if several stakeholders will benefit from regular email updates, then a monthly e-newsletter on the change initiative may be most effective and efficient.) |  |  |   |  |
| All Staff  | --All-staff meeting to present vision, research, plan (once, chair)<br>--Brown-bag discussions at unit meetings (3x/year, EBP committee members)<br>--Video of chief on website providing overview (once, webmaster)   | --Forum on website to get input on mission revisions (once, committee members)<br>--Nomination of staff to participate in mission retreat. (once, division directors)<br>--Email from director presenting revised statement (1x, chief)<br>--Outreach packet for supervisors to discuss revised mission at unit meetings. (once, with quarterly check-ins, mission subcommittee) | --Column in departmental newsletter (monthly, Sandy Adams)<br>--Workplan posted on website with progress updates (bi-weekly, communication subcommittee)<br>--Email from the director when milestones are met (as needed according to workplan, chief)<br>--Talking points for division meetings (quarterly, subcommittee) | --Introduction and presentation of rollout plan (once, assessment subcommittee)<br>--Training for all intake and field staff (once, training unit)<br>--Discussion in EBP newsletter column (4times /year, Sandy Adams)<br>--Talking points for division meetings (4x/year, subcommittee)<br>--Boosters for unit meetings (twice/year, training unit) | --Introduction and presentation of rollout plan (once, caseplan committee)<br>--Training for all intake and field staff (1x, training unit)<br>--Discussion in EBP newsletter column (4 times/year, Sandy Adams)<br>--Talking points for division meetings (4x/year, subcommittee)<br>--Boosters for unit meetings (twice/year, training unit) |
| Supervision Staff  |  |  |  |   |  |
| Supervisors  |  |  |  |   |  |
| Senior Management  |  |  |  |   |  |
| Community Treatment Providers  |  |  |  |   |  |
| Judges and Court Officers  |  |  |  |   |  |

**Note:**  
After brainstorming, the communication plan may contain more elements than the organization can commit to. If that is the case, prioritize based on the importance and urgency of the information, and the resources needed to convey it.

## Aligning Business Practices

EBP is often seen as solely related to supervision practices, and is therefore compartmentalized to supervision operations. However, EBP has the potential to impact many different facets of pretrial and local probation work. Without full integration, it will remain at best a project or an initiative rather than something that is infused throughout agency practice. At worst, it will become a source of divisiveness and confusion, as employees get different messages about the goals of the agency, and individual employees see conflict between job descriptions, what they are trained on, and how their supervisor evaluates their performance. For evidence-based practice to move from the popular new trend to the way the organization does business, an agency must review all of its business practices to check that they align with, or at least don't contradict, evidence-based practices. The list below suggests some areas to review.

- **Vision, Mission, and Values**

As discussed in the previous chapter, the Vision, Mission, and Values describe the direction and purpose of the agency. They may need to be updated to reflect a move toward evidence-based practice.

- **Strategic Planning**

Also previously discussed, the strategic plan sets the agency's goals for the next several years and ties the goals to the mission. Incorporating EBP into those goals shows the connection between implementing EBP and achieving the agency's mission.

- **Policies and Procedures**

As corrections professionals often say, "If it is not written down, it didn't get done." Documentation is essential to consistent, effective community corrections efforts, and policies and procedures are the documentation of how the work is expected to be done. For EBP to become part of daily business practice, it must be reflected in policies and procedures.

- **At the State Level:** Continue to update and roll out revised guidelines that align with EBP. The state-level organizations can also serve as a clearinghouse for examples of local policies and procedures that can be shared among peers.
- **At the Local Level:** As new state guidelines are unveiled, consider any local policy and procedure changes that may be needed. As employees are trained in new ways of doing business, make sure that policy supports training content. It is also desirable to conduct a complete audit of policies and procedures to ensure EBP alignment in all policies.

- **Budget**

The budget is where an agency "puts its money where its mouth is." The success of EBP is greatly impacted by whether dollars are allocated to practices that support EBP and organizational change, or whether the budget incentivizes the status quo. As an agency goes through the budgeting process, makes budget cuts, or seeks grant funding, it needs to ask how those decisions support or impede evidence-based organization. This ranges from large

decisions, like funding technology updates to supporting quality assurance, to small decisions, like purchasing trade journal subscriptions to keep agencies up to date on advances in the field.

- **At the State Level:** When local funding is allocated, is it earmarked for evidence-based efforts? Are there incentives for local agencies to achieve EBP benchmarks? When training or other state-funded events are held, are they EBP-aligned? Are their sufficient resources allocated at the state level to support work at the local level?
- **At the Local Level:** Are programming resources being put toward effective, evaluated programs? Is employee training evidence-based? Are incentives available for effective employees and teams?

- **Technology**

EBP requires data, and useful, real-time data requires up-to-date technology. The PTCC system in Virginia provides a great deal of information, but it needs several upgrades to support effective assessment, case planning, and quality assurance. Beyond an effective system, employees need easy access to a computer to enter and retrieve data, and training and technical support to access data for decision making.

- **At the State Level:** When will the PTCC system be upgraded to support effective assessment, case planning and quality assurance? Communicate to local agencies what quality assurance reports are possible in PTCC. Work with local agencies to make the necessary enhancements.
- **At the Local Level:** Are the report capabilities of PTCC being put to use? Have these reports been discussed with employees? What else can be done at the local level to ensure employees have access to data?

- **Human Resources and Workforce Development**

Evidence-based practices often require employees to do work in a new way, and that new way may contradict what is in their job description or what is documented in a performance appraisal. EBP implementation is a good time to review and rethink all agency HR processes: recruitment; selection; training & development; performance management; and promotion. Consider the competencies (i.e., knowledge, skills, and abilities) needed to do work in a new way. Then develop a plan to develop those competencies in current employees, recruit new employees that have those competencies, and promote individuals who exemplify the competencies. Developing a competency model is time-intensive, but can be very worthwhile in the long run when the right people are in the right positions with the right skills. (For more information on developing competencies and aligning the workforce, please see the forthcoming human resources publication, *Developing an Evidence-Based Community Corrections Workforce*. This manual will be available at <http://cjinstitute.org/publications/ccworkforce> in 2010.) For a sample list of competencies, please see Figure 5 – 2.

- **At the State Level:** DCJS, VCCJA, and the state steering committee have the opportunity to provide a great deal of guidance on workforce issues. While workforce needs will vary across localities, state-level efforts can offer guidance and prevent duplication of efforts across the state. A state-level subcommittee could develop on a competency model that results in templates for job descriptions, training recommendations, and performance appraisal approaches that align with quality assurance efforts.
- **At the Local Level:** Review current HR processes and employee training to determine what needs an update. Apply a competency model to the process, either state or locally developed, and work through the updates as time and resources permit.

A competency model can be applied to all HR processes, but doesn't need to be applied to all processes at once. Prioritize what updates are most needed.

- **Media and Public Relations**

Commitment to EBP, supported by data, is essential when crisis strikes: a defendant or probationer in the community commits a horrible new crime that is splashed on the front page of the paper.

- **At the State Level:** Share state-level data with the media to highlight effective practices. If possible, develop an EBP media guide that local sites can use to educate the media and the public about evidence-based practices. When a sensational case reaches the state level, share the facts on EBP.
- **At the Local Level:** While any new crime is distressing and any mistakes need to be addressed, it is not a reason for reactive attention and resulting reactive policy-making. Develop proactive relationships with the media, and regularly share success stories. When a case is not successful (which will happen, even with EBP), have data ready to demonstrate the overall positive impact of community corrections policies. Where possible, get your partners on board to present a united front in support of evidence-based policies and practices.

## In Summary

The change process is difficult for individuals and organizations. Ignoring the process and pushing forward with change is often a recipe for failure. However, adopting concrete strategies for managing change and pairing those strategies with a thoughtful strategic plan will greatly increase the likelihood of success.

Figure 5 – 2: Sample Probation Officer Competencies from Maricopa County, AZ

| <b>PROBATION OFFICER COMPETENCY INDEX</b><br><b>Maricopa County, AZ Adult Probation Department</b>  |
|---|
| <p><b>Building Trust:</b> Interact with others in a way that gives them confidence in one’s motives and representations and those of the organization. Is respectful and seen as positive, direct and truthful; keeps confidences, promises, and commitments.</p>   |
| <p><b>Collaboration:</b> Builds constructive working relationships with clients/customers, other work units, community organizations and others to meet mutual goals and objectives. Participates as an enthusiastic, active and contributing member of a team to achieve team goals; works positively and cooperatively with other team members, involves others, shares information as appropriate, and shares credit for team accomplishments.</p> |
| <p><b>Communication:</b> Clearly conveys and receives information and ideas through a variety of media to individuals or groups in a manner that engages the listener, helps them understand and retain the message and invites response and feedback. Keeps others informed as appropriate. Demonstrates good writing, verbal and listening skills.</p>  |
| <p><b>Conflict Management:</b> Uses appropriate interpersonal styles and techniques to reduce tension and/or conflict between two or more people; able to size up situations quickly; able to identify common interests; facilitates resolution.</p>  |
| <p><b>Continuous Learning and Professional Development:</b> Is committed to developing professionally, attends professional conferences, focuses on best practices, values cutting-edge practices and approaches; takes advantage of a variety of learning activities, introduces newly gained knowledge and skills on the job.</p>   |
| <p><b>Cultural Competence:</b> Cultivates opportunities through diverse people; respects and relates well to people from varied backgrounds, understands diverse worldviews, and is sensitive to group differences; sees diversity as an opportunity, challenges bias and intolerance.</p>  |
| <p><b>Customer/Client Focus:</b> Makes customers/clients/victims and their needs a primary focus of one’s actions; builds appropriate customer/client relationships, shows interest in, empathy for, and understanding of the needs and expectations of internal and external customers; gains customer trust and respect; is caring and compassionate; meets or exceeds customer expectations.</p>   |
| <p><b>Decision Making/Problem Solving:</b> Breaks down problems into components and recognizes interrelationships; makes sound, well-informed, and objective decisions. Compares data, information, and input from a variety of sources to draw conclusions; takes action that is consistent with available facts, constraints, and probable consequences.</p>  |
| <p><b>Facilitates Change:</b> Facilitates the implementation and acceptance of change within the workplace; encourages others to seek opportunities for different and innovative approaches to addressing problems and opportunities.</p>   |

**Influence:** Uses appropriate interpersonal skills and techniques to gain acceptance for ideas or solutions. Uses influencing strategies to gain genuine agreements; Seeks to persuade rather than force solutions or impose decisions or regulations; and supports building personal autonomy.

**Planning and Organizing:** Organizes work, sets priorities, and determines resources requirements; determines necessary sequence of activities needed to achieve goals.

**Stress Tolerance:** Maintains effective performance under pressure; handling stress in a manner that is acceptable to others and to the organization.

**Teamwork:** Builds constructive working relationships with interested parties dealing with criminal justice matters, i.e., Court, attorneys, treatment providers, police, other work units, community organizations and others to identify and meet mutual goals and objectives. Participates as an active and contributing member of teams, with a focus on improving offender outcomes and department goals. Works cooperatively with other team members, involves others, shares information as appropriate, and shares credit for team accomplishments.

**Technical/Professional Knowledge and Skill:** Possesses, acquires, and maintains the technical/professional expertise required to do the job effectively and to create client/customer solutions. Technical/professional expertise is demonstrated through problem solving, applying professional judgment, and competent performance.

*Maricopa County developed these competencies as part of the initiative Implementing Effective Correctional Management of Offenders in the Community. It was funded by the National Institute of Corrections through a cooperative agreement with the Crime and Justice Institute at Community Resources for Justice. CPS Human Resource Services served as a consultant on the project.*



# Chapter Six: Stakeholder Collaboration

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# Collaboration

Collaboration is critical to any sustainable change effort, whether it is working as a team within an agency or several agencies working together. As discussed in the other chapters of this Roadmap, developing an evidence-based organization is difficult. It is equally if not more difficult to develop the system in which the agency operates. It takes a well-planned and collaborative effort for system stakeholders to work together toward a common goal such as recidivism reduction.

This chapter is intended to provide guidance about effective collaboration and teamwork. A great deal of literature is available on the subject, and the following framework is pulled from five primary sources: “Implementing Evidence-Based Policy and Practice in Community Corrections, second edition” by the Crime and Justice Institute<sup>11</sup>; “Teamwork: What Must Go Right/ What Can Go Wrong<sup>12</sup>” and “When Teams Work Best: 6,000 Team Members and Leaders Tell What it Takes to Succeed<sup>13</sup>” by Carl Larson and Frank LaFasto; “The Five Dysfunctions of a Team” by Patrick Lencioni<sup>14</sup>; and the Collaborative Justice website<sup>15</sup>.

## Why Collaborate?

In the criminal justice arena, community correction agencies are one component of a complex collection of federal, state and local, executive and judicial agencies focused on improving public safety. In order to bring about systemic change within this multi-faceted system, collaboration is essential. Police, courts, community corrections, jails, community providers, victim advocates, faith based organizations, state agencies, policy makers, the community at large and other social service agencies are some of the many criminal justice stakeholders. Any systemic change effort requires that these stakeholders work together toward a common goal. As agencies become evidence-based they will change how they do business. These changes will inevitably influence and be influenced by their fellow stakeholders. No stakeholder operates in a vacuum; they all operate within the larger, more complex system.

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<sup>11</sup>Crime and Justice Institute at Community Resources for Justice (2009). *Implementing Evidence-Based Policy and Practice in Community Corrections*, 2nd ed. Washington, DC: National Institute of Corrections.

<http://cjinstitute.org/projects/integratedmodel#Model>

<sup>12</sup> LaFasto, F.M.J. & Larson, C.E. (1989), *Team Work: What Must Go Right/ What Can Go Wrong*

<sup>13</sup> LaFasto, F.M.J. & Larson, C.E. (2001), *When Teams Work Best: 6,000 Team Members and Leaders Tell What It Takes To Succeed*.

<sup>14</sup> Lencioni, P.M. (2002) *The Five Dysfunctions of a Team: A Leadership Fable*

<sup>15</sup> The Collaborative Justice website, <http://www.collaborativejustice.org/home.htm>

One agency working alone is not able to address all the factors that influence the risk of recidivism for the clients served by community corrections agencies. The issues faced by pretrial defendants and local probationers are complicated and diverse. These clients can and often do have issues that extend beyond the traditional borders of the criminal justice system. They can face the main drivers of criminal behavior (e.g., antisocial behavior, antisocial personality, criminal thinking and criminal associates) and other obstacles such as substance abuse, mental and physical health issues, housing needs, low levels of employment or educational attainment, etc. Multi-agency, multi-disciplinary collaboration is essential if criminal justice interventions are to succeed.

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"We have learned that no one program or agency can make our streets and schools safer. The most effective efforts spur collaboration among community residents, faith-based organizations, schools, businesses, and the criminal justice system."

*Justice for America: Annual Report to Congress (Bureau of Justice Assistance, 2001)*

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For example, a study of OST results may indicate a significant portion of local probation clients have a criminogenic need, but services to address the need are not available in your area. This may mean resources need to be shifted to align services with needs. Judges, attorneys and community providers who are accustomed to the existing program option(s) may not think another service is necessary. They may not see the need for a new service or be unaware that poor or inappropriate treatment could increase the risk of recidivism. Or, VPRAI results might support the recommendations for supervised release of defendants awaiting trial. However, without collaboration between the pretrial agency, local jail, Commonwealth's Attorney and the court, the release decisions may continue to be driven by a defendant's financial obligation to post bond rather than the risk assessment. In both of these scenarios it will take a collaborative effort on an agreed upon common goal to put the needed changes in place.

## **What is Collaboration?**

Collaboration is working together to achieve a goal that one entity cannot accomplish alone. Collaborative efforts can ensure a comprehensive approach to achieving a shared and mutually beneficial goal. True collaboration emphasizes a mutual shared benefit and shared values. For example, when stakeholders share a common goal to reduce recidivism there is a mutually beneficial goal. The common and mutually beneficial goal can form the basis of accountability for these stakeholders to use proven practices toward that end. Collaborations provide a forum to:

- Create a shared vision that supports the change effort;
- Enrich the change process;
- Cross train and educate stakeholders;
- Comprehensively identify, analyze and solve issues;
- Reduce or eliminate barriers;
- Share information and complementary resources;
- Reduce duplicative efforts;
- Expand the capacity to achieve mutually beneficial goals; and

- Increase opportunities for success.

A true collaborative relationship includes a commitment to:

- The definition of mutual relationships and goals;
  - A jointly developed structure and shared responsibility;
  - Mutual authority and accountability for success; and
  - Sharing resources and rewards.
- 
- ***At the Individual Level:*** those who provide direct services to clients can collaborate to form a more holistic and informed approach to address client needs. For example, an officer and a service provider can share information. They can work collaboratively to help each provide a well-informed and responsive strategy to address client needs, develop attainable case plan goals, provide access to needed services and provide ongoing support.
  - ***At the Local Level:*** those who have policy and decision making authority can work collaboratively to ensure the local system is working in alignment with evidence-based practices. Members of the CCJB can join together to open access to needed services (e.g., implement a needed cognitive behavioral intervention). These members can review policies and practices that are working at cross purposes and find ways to improve them. The CCJB can also communicate and reinforce these efforts within their respective agencies to ensure employees at all levels are joining the change effort so that it happens in practice as well as policy.
  - ***At the State Level:*** those who have broader policy and decision making authority can work at the state level to ensure the system is in alignment with evidence-based practices. DCJS and VCCJA can work together to bring about needed changes in state-level public and administrative policy. For example, policy and funding resources can be shifted to increase access to treatment services for moderate and high risk clients while finding effective alternative treatment services for lower risk clients across the state. Another example would be to ensure the EBP Steering Committee is functioning as a true collaborative. This committee can collaborate to agree on statewide requirements for all EBP sites and set forth an audit or accreditation process to certify sites as operating with fidelity to EBP.

## Misperceptions of Collaboration

Collaboration is frequently misunderstood. Most stakeholders believe they are collaborating for a number of reasons. However, it is important to understand what collaboration is and what it is not. This will help you to forge true collaborations and understand what you can reasonably expect from fellow stakeholders along the way. Many times stakeholders join multi-agency efforts, sign memoranda of agreement, meet periodically and may even occasionally change a practice as a result. But is this truly collaboration?

The term “collaboration” is mistakenly used to describe individual and agency relationships at varying stages of development. Collaborative relationships go beyond networking, cooperating, or coordinating. These words are often used without being clear about what is implied in each. Networking is typically a means to share information. Coordinating can mean making minor adjustments in practice to make things work. Cooperating is a way to share existing resources and do what is required or asked. Collaboration is a more formal arrangement that involves making decisions and using resources to achieve a common goal. Figure 6-1 provides a description of the various types of relationships that can help you to better understand and set expectations for working together.

**Figure 6 – 1: Relationship Types**

|                                    | <b>COOPERATION</b>            | <b>COORDINATION</b>                              | <b>COLLABORATION</b>                                  |
|------------------------------------|-------------------------------|--|---|
| <b>Basis of Relationship</b>       | Trust and Reliability         | Integrity and Discipline                         | Understanding and Selflessness                        |
| <b>Nature of Relationship</b>      | Informal or Ad Hoc            | Semi-formal                                      | Formal  |
| <b>Resource Investment</b>         | Minimal                       | Minimal  | Major   |
| <b>Degree of Involvement</b>       | A few people                  | A handful of people (e.g., a horizontal slice)   | Several people (e.g., horizontal and vertical slices) |
| <b>Control over Resources</b>      | Unchanged original agencies   | Designated but controlled by original agencies   | Shared or transferred across agencies                 |
| <b>Authority to make Decisions</b> | Retained by original agencies | Assigned to specific people in original agencies | Shared or transferred across agencies                 |

The purpose of Figure 6-1 is to point out the differences among various types of relationships. Before beginning any collaborative effort it is important to be clear about what kind of relationship will be necessary. As you move forward with an interagency collaborative it will be helpful to refer to the Figure and determine the type of relationships necessary. When stakeholders come together it is important they know what the relationship will entail. Sometimes a collaboration is necessary and other times simple partnerships based on cooperation and/or coordination are appropriate. At the end of the day, any partnership that can improve EBP-alignment within the system is helpful.

### **Tips for Collaborating**

When stakeholders come together to work on a joint effort there are a number of factors that can prohibit the group from achieving its intended outcome. Common barriers faced in collaborative efforts are similar to those faced in studies of teamwork, including:

- Power and control issues;
- Absence of trust;
- Fear of conflict;

- Lack of commitment;
- A lack of clarity in roles and responsibilities;
- Unclear expectations;
- Ineffective communication or unsuccessful information sharing; and
- Lack of accountability for results.

A collaborative group can break down when any of these issues are present and allowed to pervade. For example, when there is a lack of trust, members can be reserved and avoid openly sharing their thoughts and ideas. This causes members to disengage and can contribute to a fear of conflict. The failure to actively participate, engage in discussion and manage conflict results in members not having a sense of ownership or commitment to the collaborative. Without commitment, members do not feel the obligation to hold each other accountable, and are not focused on achieving the common goal. Instead, members remain focused on personal motivations and the collaborative can fail. It is important to understand these issues and proactively lay out a structure that will enable the group to overcome them.

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*In “The Five Dysfunctions of a Team: A Leadership Fable,” Patrick Lencioni discusses the five major ways that teamwork breaks down:*

- *Dysfunction #1: Absence of trust*
- *Dysfunction #2: Fear of conflict*
- *Dysfunction #3: Lack of commitment*
- *Dysfunction #4: Avoidance of accountability*
- *Dysfunction #5: Inattention to results*

*These issues are all interconnected. Like a chain with just one link broken, teamwork deteriorates if even a single dysfunction is allowed to flourish.*

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## Who Should be Included?

The determination of which stakeholders to bring to the table should not be taken lightly. It is important that both supporters and those who pose potential obstacles be included. Collectively, these individuals will create a richer process and more vibrant results. While all relevant stakeholders need to have a voice at the table, group size will also play a role. The group must be of a manageable size (generally no more than twelve members) and communication strategies must be in place for communicating within the group and within the larger system (see the chapter on Managing Change for communication strategies). Even if certain stakeholders decide not to collaborate it is still important they be kept informed (e.g., newsletters, meeting minutes, periodic open forums, feedback surveys). Leaving stakeholders who decide not to participate out of the loop can encumber your group’s efforts. For example, if contrary opinions are not considered by your collaborative group, then decisions that you make may be rejected by the larger community of system stakeholders. If contrarian opinions are brought to the table and discussed, then the decisions that are adopted by the group are more likely to be widely accepted by system stakeholders. When determining which stakeholders to include, it is important to consider the following questions:

- What individuals or agencies:
  - Have a vested interest in public safety?

- Are directly or indirectly responsible to providing services to our clients (e.g., educational, vocational, counseling, pro-social support, etc.)?
- Work closely with or advocate for crime victims?
- What stakeholder partnerships already exist?
- What stakeholder partnerships will be needed?
- How would membership in this collaborative group assist these individuals or agencies in achieving their mission and vision?
- Do these stakeholders bring relevant expertise?

A few examples of potential stakeholders are:

- Criminal courts (e.g., judge, district attorney, defense council)
- Jail and/or corrections agencies
- Law enforcement agencies
- Mental health agencies
- Public health departments and other healthcare agencies
- Education agencies
- Victim advocacy organizations
- Housing authorities
- Employment agencies
- Social services agencies
- Faith-based organizations
- Community members
- Client representatives

The composition of membership may change depending on the purpose of your collaborative. It is also wise to reevaluate membership over time to be sure you are not leaving out key stakeholders. While Virginia code clearly defines the membership of a CCJB, you may want to consider if the CCJB is the appropriate forum for a specific purpose, or if another related collaborative group would be better suited to achieve the goal at hand. For example, perhaps the CCJB can charter an EBP subcommittee that can have more targeted membership to problem solve or innovate ways in which the system can better align with EBP.

## How are Structure and Expectations Set?

It is important to consider the goal at hand in order to understand the type of effort and structure necessary. There are generally three kinds of teams or collaborative groups: those that are established to solve problems, to innovate or to execute a plan. Each has a unique purpose and requires certain elements.

- **Problem solving** teams work on a continuous basis to troubleshoot and resolve problems. This group requires a great deal of trust in that members must have integrity and respect for each other and feel the atmosphere is collegial. This enables the members to effectively work together to solve problems.

- **Creative** teams are established to try out new ideas. This group requires freedom and autonomy from existing policies and practices. They need to be able to operate in the realm of “what-ifs” to explore alternative ideas and possibilities.
- **Tactical** teams are put in place to carry out a well-defined plan. This group needs to have tasks and roles clearly defined so they can execute the plan.

Consider the purpose of your collaborative effort so you can structure the group accordingly.

A good way to charge and structure the collaborative group is through chartering. (Additional information on chartering can be found in Chapter 3 on Strategic Planning.) For the purposes of interagency collaboration a charter is useful, especially when you know the kind of group necessary for the goal at hand. The charter may also need to include additional information so it can be clearly understood across stakeholders. For example, it may need more background information than would be needed for an internal workgroup. The charter should become a guide for the work to be done by this group. The figure below provides a general format for chartering an interagency collaborative group.

**Figure 6 – 2: Sample Components of an Interagency Collaborative Charter**

**Background**

- Overview of the problems behind the need for this collaboration (e.g., jail overcrowding, recidivism rates, etc.)
- Commitment of support from an authorizing body (e.g., CCJB’s commitment to the safety of the community and the need for improvement)
- Specify the purpose of the group (e.g., to provide the CCJB with recommended steps to reduce the rate of recidivism among the clients served by the Charlottesville community correctional system)

**Responsibilities**

- Describe the tasks to be completed (e.g., analyze recidivism rate trends, review the ways the system works, identify barriers to recidivism reduction and recommend methods of correction to be considered by the CCJB)

**Guidelines**

- Define ground rules for how the group members will work together (e.g., decision making, authority, communication plans, safe space for debate)
- Describe how the group members will interact within the larger environment (e.g., brokering information with their member organizations, reporting to the CCJB, celebrating milestones, etc.)

**Resources**

- Identify any other resources the group may utilize (e.g., clerical support to arrange meetings or neutral facilitator)

**Expectations**

- Document due dates for deliverables and milestones (e.g., every three months the group will provide progress reports to the CCJB and by January 2011 the group will report its recommendations to the CCJB)

**What are the characteristics of an effective collaboration?**

The collaborative group should set forth a set of relationship expectations and ground rules it plans to follow. This will ensure the proper tone is set and establish a set of norms for interpersonal relations. The ground rules can be concrete such as the type of agenda, meeting frequency or decision making. Ground rules can be more value-oriented in that they convey expectations for how members intend to



interact with one another. These ground rules will set the stage for how the group will function and what members can expect from one another.

Drawing on the literature of successful teams there are several characteristics that are worthy of emulation in a collaborative. These characteristics include:

- A clearly defined vision and problem. Members share an understanding of the problem they plan to solve and what they are trying to achieve (as discussed throughout the Roadmap). The vision is clear and compelling enough for all members to understand, support and commit to achieve.
- Honesty, integrity, openness and consistency. Members feel it is safe to share ideas and are receptive to the perceptions and ideas of one another. They understand and appreciate each member agency's history, successes and challenges.
- Members expect a certain degree of quality and credibility from one another. They expect one another to perform according to an established level of excellence. They are technically competent and can maintain interpersonal relationships, so they are capable of collaborating effectively.
- Communication that fosters the development of relationships (e.g., formal and informal opportunities), documents efforts (e.g., issues discussed and decisions made) and creates transparency.
- Accountability for results to ensure performance meets expectations. Members share a sense of loyalty to the group and its purpose. They hold each other accountable to achieve the goal.
- Clearly defined roles and responsibilities for individual members, how they fit, and how their roles are intended to work toward achievement of the goal.
- Judgment or decisions made on the basis of objective facts. The group focuses on data and uses it to continually evaluate progress toward milestones and the goal. They use data to form the basis of their policy and practice decisions.
- Resources necessary to maintain momentum. For example, a skilled facilitator to keep the group organized, focused and productive.

In this type of atmosphere the collaboration can flourish. In addition, a group that operates upon such ground rules and values has a greater chance to exert pressure on itself to make changes and constantly improve its performance and functioning. This type of collaboration is likely to develop a reputation for achieving results and leading collaborative work in the community. Building such a strong reputation will also help to position the group favorably in administrative and public policy arenas.

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*In the work done by Larson and LaFasto they found the most frequent reason for team failure was the lack of a clear goal. They found eight common characteristics of successful teams.*

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|---|--|
| <ul style="list-style-type: none"><li>• <i>A clear and elevating goal</i></li><li>• <i>A results driven structure</i></li><li>• <i>Competent team members</i></li><li>• <i>Unified commitment</i></li></ul> | <ul style="list-style-type: none"><li>• <i>Collaborative climate</i></li><li>• <i>Standards of excellence</i></li><li>• <i>External support and recognition</i></li><li>• <i>Principled leadership</i></li></ul> |
|---|--|
-

### **How are decisions made?**

It is important for a collaborative to adopt a decision-making model. This ensures that discussions can conclude with agreements on action. Often, collaborative groups aim for consensus, which is when everyone in the room agrees to support the decision the group has reached. In consensus, all members have the same formal power to support or object to a decision. All members are able to give their opinion and to understand implications of various options. In consensus, members may find the decision made is not their first choice, but they put the goal of the collaborative ahead of themselves. In this way they are truly collaborating. It is also possible to decide by majority vote of the group, or to delegate the decision to a topical committee and agree to abide by the committee's choice.

Consensus is advantageous because it educates members through active participation. This process builds a high level of support for the decision and implementation can occur more efficiently. Consensus also has disadvantages. It can take more time than other forms of decision making. It also relies on the collaborative skills of members to come to agreement.

Sometimes a situation will arise when the preferred decision-making model is not working, and it is helpful to decide in advance on a fall back decision making option. For example, if consensus is not reached in a specified time period then a fall back option is to narrow the options and bring it to an oversight body such as the CCJB or county administrator to decide.

### **What are some lessons learned about collaboration?**

- Be patient. Forming a collaborative group is extremely hard work and it will take longer than you think. True collaborations take time to build.
- Begin clearly focused on the goal you hope to achieve. This will inspire others to join.
- Focus on building trust and relationships that are based upon mutual respect and an understanding of the opportunities and limits each member brings to the table.
- The capacity for change must be built; it is not a naturally occurring phenomenon.
- Be aware of, and understand, historical relationships between groups of people and agencies. Be informed by your history, not shaped by it.
- Communication is key.
- Remember that no one person or partner is "in charge."
- There's no real collaboration without negotiation and willingness to compromise.
- Start wherever you can—collaboration can begin at any level.

### **How is collaboration sustained?**

In evidence-based practices, collaborations cannot become complacent or satisfied with the status quo. As evidence evolves, so does the need for collaborative effort to put the evidence to use. It is important to stay focused on where the collaboration is trying to go (e.g., its vision) and continually examine the actual impact of the collaboration's efforts. Along the way the collaboration will have to adapt to the external environment. Acknowledge that there will inevitably be roadblocks encountered. When they

arise, model leadership skills and avoid negative attitudes that can be incredibly damaging. For example, saying “we can’t work together because of this barrier” sends a different message than saying “how can we work together to overcome this barrier?”

When the collaboration reaches a milestone or experiences a win, no matter how small, take the time to celebrate. In this light, it is also important to communicate or advertise these successes within member agencies and the external environment. This will help to build the collaboration’s credibility and reliability. Another useful mechanism to sustain collaborative efforts is to include incentives for collaborating and/or changing practice. Being able to implement changes quickly can help to build and maintain the momentum for change. Finally, collaborations provide an exciting forum to take risks. The status quo is never changed by people who avoid risk. When the vision for the group is adequately compelling, risks may be required in order to find ways to achieve that vision.

### **How to know if collaboration is working**

In order to determine if the collaboration is working successfully there are a few questions to consider, including:

- Is the collaboration able to adapt, evolve and sustain as evidence or the external environment changes?
- Does the collaboration reliably produce the work it is suppose to accomplish? Is it held accountable to achieve results?
- Do members of the collaboration recognize each other as partners working to solve a mutual problem? Do they trust and respect each other?
- Does the collaboration function efficiently with minimal cost?

## **In Summary**

Collaboration provides an opportunity to work with stakeholders to achieve a shared goal. Working in isolation will not allow any one stakeholder to have the kind of impact on public safety that can be accomplished by multiple agencies and community partners. Be clear about what the collaboration is trying achieve, structure the group as necessary to achieve the goal, bring the right stakeholders together, charter the group, set clear expectations and model what it takes to be an effective team. Continually assess the collaboration’s progress and adapt as necessary to meet or exceed the demands of the external environment. Knowing this information and putting it to use will help you to collaborate effectively and achieve the desired goal(s).



# Roadmap Conclusion

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The road to becoming an evidence-based organization is challenging, yet rewarding. There are numerous moving parts that will need attention, and many obstacles along the way. Ultimately, this effort is a transformative change, and that change is made using research and evidence as your compass.

To be successful, your agency must understand what it means to be evidence-based. You must identify what you want to achieve, and measure progress toward those outcomes. Through a strategic approach, your agency can coordinate the various interrelated and often complex tasks that lead to the desired impact. Through the use of quality assurance and evaluation, you can ensure fidelity to evidence-based approaches, encourage the development of new evidence-based practice, and provide employees ongoing opportunities for growth and development.

Along the way there will be times that try agency leadership, employees and stakeholders. Doing business in new ways is difficult for many reasons. Often these reasons are less about the changes themselves and more about the process of change itself. It takes a well-planned and collaborative effort to work together toward a common goal such as recidivism reduction.

In Virginia, deliberate and thoughtful steps have been taken to implement EBP. VCCJA and DCJS are clearly committed to reducing recidivism and have worked very hard toward this end. The EBP Steering Committee has put an enormous amount of effort into integrating EBP into community corrections practice. Sites that have begun their trip toward becoming evidence-based can attest to the challenges and time associated with making it happen. The journey can also be very rewarding and inspiring. While the voyage is not easy, it is important to remember that each step along the way offers an opportunity to further the field of community corrections and contribute to improvements in public safety and community well-being.