Making Public Policy Goals in Human Services a Reality: A Focus on Implementation Science

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"Implementation has never been a national goal per se,
but goals that can be reached only by effectively implementing new technology
have been inherent in many national programs."
(Hough, 1975)

Introduction

Recent advances in knowledge may have profound impact on legislation and lasting effects on human services. For decades, governments have struggled to find solutions to persistent social issues. Departmental administrators of legislation and managers of service sectors have not met the lofty goals established by legislators. In this Brief, we will describe *implementation* as the missing link in the legislation-administration-service chain.

Advances in implementation science can guide implementation practices in human service departments to dramatically improve service outcomes for children, families, individuals, and society. In this Brief, we outline the implications of implementation science and implementation best practices for legislation, departmental administration, and service sectors. By including implementation in legislation, legislators can substantially increase the return on investment in a broad range of human service programs. A modest investment in implementation capacity can produce significant social benefits for decades to come.

WHY legislation often falls short of expectations in human services

Federal and state legislation is passed each year that is intended to impact public services such as child welfare, education, health, mental health, public health, and substance abuse prevention and treatment [collectively called õhuman servicesö in this Brief]. Though the intentions of legislators are good, the outcomes in practice rarely live up to expectations.

The intent of legislation often is to change the status quo with a new policy direction or a change in funding stream. For example, Federal õNo Child Left Behindö legislation was passed to change the education system in order to improve student literacy, graduation rates, classroom behavior, and so forth. A few years and billions of dollars later, education today is still much as education was a few decades ago and is far from achieving the ideals set forth in legislation (see 40 years of literacy data in Appendix A). These problems are not unique to education. In the past 20 years there has been a series of national reviews that point to human service system outcomes that are inconsistent, often ineffective, and sometimes harmful.[1] These are among many examples of legislation passed with good intentions and resulting in poor outcomes.

It is the role of legislation to focus on WHAT is to be accomplished, and then for government agencies (and its contractors) to help create the processes for HOW to accomplish legislated goals. Thus, achieving intended outcomes relies upon how legislation is implemented in practice. Schofield (2004) examined decades of public policy and concluded, õThe majority of the literature concerning the implementation of public policy assumes that public managers can carry out new policy initiatives regardless of the behavioral, cognitive or technical demands that the introduction of such policies may make upon them. There has been a tendency to assume that managers actually have the detailed technical knowledge by which to enact such new policiesö (p 283).

This Brief focuses on HOW the goals of legislation can be accomplished in the convoluted realities of human interactions, organizational structures and functions, and bureaucratic systems.[2] We propose an approach to problem solving that views legislation as part of an overall system that contributes to capacity development and one that avoids potentially contributing to further development of the undesired issue or problem.

> **Legislation to service linkages**
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> Typically, law-makers pass legislation in order to broadly outline sought goals. Federal and State administrations then work to attain these goals through regulation and established bureaucracies. Service providers (e.g. physicians, social workers, teachers) and the organizations in which they work are the ultimate recipients of the guidance provided by legislators and administrators.
>
> The lack of good outcomes often is not due to a lack of political will or a lack of funding or a lack of dedication to human service work. It is due to a lack of attention to the process of implementing legislation in practice.

HOW to turn legislative goals into real-world outcomes

The HOW of implementation has typically relied on the ability of administrative leaders and their designees to link goals to real-world, meaningful outcomes; lacking, however, in this is sufficient attention to equipping these administrative agents with the tools and resources to

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[1] Grigg, Daane, Jin, & Campbell (2003); Institute of Medicine (2001; 2007); James Bell Associates (1999); National Commission on Excellence in Education (1983); Peterson, Kealey, Mann, Marek, & Sarason (2000); U.S. Department of Health and Human Services (1999; 2001); Watkins (1995)

[2] While this Brief touches upon some of the critical governing bodies and roles in the policymaking process, it is not intended as an educational resource on policymaking. Many excellent treatises exist covering the latter (Gerston, 2004; Kraft & Furlong, 2010). For an introduction to the American legal process, see Farnsworth & Sheppard (2010).

effectively make these links. We posit four critical, interconnected, and highly interactive roles for realizing the good intentions of legislation in human services in communities across a state or nation:

1. *Legislating*: Establishing priorities, setting goals for change, and establishing clear outcomes, benchmarks, and reflective reporting cycles.
2. *Administering*: Establishing within the bureaucracy and within contracted services the ability to accomplish the goals of legislation and monitor progress toward those goals.
3. *Implementing*: Establishing an infrastructure to support the full implementation of human services to meet the goals of legislation.
4. *Serving*: Assuring the full and effective uses of services as practitioners interact with children, families, individuals, and communities who are the intended beneficiaries of the legislation.

It is critical to appreciate the symbiotic nature of these four roles. Too, we must recognize the iterative nature of this development/ implementation/ analysis process in policymaking, and include feedback loops at multiple points. Without sufficient attention to each link ó especially that essential one from implementing agent to policy target ó this cycle may be disrupted with goals not fully, if at all, met. To state the obvious, human service legislation that is not implemented in practice will have no impact on the intended beneficiaries.

What follow are suggestions for strengthening this õImplementation to Service Outcomeö link at each phase in the process.

Legislating

To maximize intended benefits, legislators can craft laws that explain WHAT is to be done:
1. Summarize the aspirations and needs of society that are the subject of the legislation,
2. Clearly state the intended benefits to society or groups within society,
3. Clearly describe the outcomes they intend to see in practice,
4. Establish regular review cycles to hear reports on progress and outcomes,
5. Provide funding for the intended services to citizens, and
6. Fund implementation capacity to carry out those intentions in practice.

Current legislation in human services too often specifies particular approaches to accomplish the intended benefits of the legislation. For example, legislators may require a particular õanti-bullying programö instead of summarizing needs and setting goals for õschool safety.ö Legislated requirements concerning HOW to accomplish the intentions of legislation rarely work in practice.[3] It is unrealistic to expect legislators to anticipate the interactions among complex issues that may arise or the changes in society that may occur as the legislation is carried out over the course of several years. Thus, legislation provides the WHAT and departments establish the HOW.

Achieving socially important outcomes is the essential goal of legislation in human services. Thus, the best legislation describes/ anticipates potential needs, sufficiently outlines the goals

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[3] Chao (2007) ; Macallair & Males (2004) ; Pronovost et al. (2004).

and outcomes, and provides the critical resources needed to get the job done. The best legislation also provides the flexibility for administrators, implementers, and service providers to determine exactly HOW they accomplish and sustain the goals of legislation in the context of changing circumstances. That is, legislation is like a floor (e.g., minimum expectations) or framework (e.g., curriculum standards) that administrators/ implementing agents may rise above, build upon, or work within.[4]

Once legislation is passed, legislative work is not done. Regular reporting cycles are critical to human service legislation. Legislators need to hear about results with respect to three sets of inter-related outcomes.

1. The first outcome of legislation is within-Department administration. Have guidance documents been developed? Have assessment methods been accessed (or established) to assess implementation outcomes and service outcomes? What facilitators and impediments have been encountered?
2. The second outcome of legislation relates to implementation expertise. Are the requisite implementation knowledge, skills, and abilities available? Are standards set for the quality and timeliness of the work needed with service units? Have implementation benchmarks been set related to the desired outcomes? What facilitators and impediments have been considered?
3. The eventual outcome of legislation relates to the intended beneficiaries of legislation. How much improvement has been accomplished? How many people have benefited? How do the outcomes meet the intentions of the legislation? What facilitators and impediments have been encountered?

> Legislation: Clear and measurable outcomes
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> Legislation is based on a clear need or a hope for a better future for citizens. It is most helpful to implementation when the legislated need (reduction of deaths and harm for children in the child welfare system) or hope (high levels of literacy and numeracy for all children) is expressed in terms that allow accurate and frequent measurement.
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> Ready access to valid, reliable, and useful indicators of desired outcomes is essential for management of the change processes integral to implementation of legislation in human services. Readily accessible measures of outcomes provide information *for* implementation.

The goal of legislation in human services is improved outcomes for people. From the outset, legislators need to be engaged in an active process of creating legislation, regularly reviewing the intended and unexpected outcomes of legislation, and revising legislation to strengthen the facilitators and eliminate the impediments to accomplishing the goals of legislation. In this way, legislation and services can improve with experience ó an evidence-based policymaking process.

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[4] This is not dissimilar from the federalism construct in the US, where the federal government is given certain powers, but many are left (explicitly or implicitly) to state bodies on the assumption the states are better able to address their own constituent needs and concerns.

Implementing

Administering legislation is the next step in the legislation to services chain. However, we now turn our attention to *implementation* because it is the missing link and essential to administration. Administering legislation to achieve intended outcomes in human services will require developing an infrastructure for implementation (i.e., the link between legislation and administrative action on one side; and the link between administrative action and actual localized, service change on the other side).

In discussions about implementation of public policy, the first question that arises is WHO will do this work? Legislation is developed by elected officials. Administration is done by appointed leaders and those employed in government departments. Who, then, does the work of implementation? The answer is Implementation Teams. Implementation Team members have special expertise in human service innovations, implementation best practices, and the uses of improvement cycles. Many Implementation Team members can be drawn from current Department staff whose positions are re-purposed. Others will need to be hired as Implementation Team members. Any Implementation Team member will need to acquire the specialized knowledge, skills, and abilities required to use implementation science and implementation best practices effectively and efficiently.

> Legislation: Intention and implementation
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> Implementation is the missing link between legislation and achieving desired outcomes in human services. Legislation must set aside funds for implementation. When developing legislation, legislators must consider WHAT they intend to accomplish and HOW they intend to assure its accomplishment. Legislation and funding must enable the innovation *and* its implementation.

In human services, unlike engineering or pharmacology or other fields, the practitioner is the intervention. The practitioner is the person who interacts with children, families, and others to produce the benefits intended by legislation. Practitioners are supported by organizations and departmental funding, licensing, accreditation, and so on. Thus, Implementation Teams do their work to prepare practitioners and help transform provider organizations and departments to carry out the intentions of any new legislation in human services.

Currently, many legislated goals in human services are not realized because the infrastructure for implementation is missing. An infrastructure for implementation (like the infrastructures for accounting or information technology) can serve as a general resource for many legislative mandates in human services. Implementation Teams can help to achieve service outcomes related to a variety of legislative intentions.

The call for implementation capacity development in human services is not new.[5] What is new is the development of implementation science and practice.[6] For the first time social science data are available to guide and support effective implementation in human service systems. It now is possible for groups to implement legislation in human services with the same reliability and

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[5] Hough (1975), Brown & Flynn (2002), Clancy (2006)
[6] Fixsen, Naoom, Blase, Friedman, & Wallace (2005); Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou (2004)

success that legislators have come to expect in road construction and other õbricks and mortarö enterprises.

A small investment in implementation can yield results that are up to 10 times better than current outcomes in human services.[7] An investment in Implementation Teams can make the difference between empty promises and legislation that is expressed fully in desired outcomes (see data in Appendix B).

Legislators need to fund implementation and establish realistic timeframes that allow for effective changes at practice, organization, and system levels. The authors of this Brief have estimated that legislators should set aside approximately 5 - 10% of the total funds in human service legislation to support an infrastructure for implementation in human services. The remaining 90-95% can be used to fund services and administration of services (and evaluations of such).

An infrastructure for implementation can directly impact:
1. The clarity, effectiveness, and usefulness of innovations to achieve the outcomes set forth in legislation.
2. The knowledge, skills, and abilities of practitioners to provide effective services over many years.
3. The roles, functions, and structures within organizations to better support effective services.
4. The roles, functions, and structures within the Department to better support effective organizations.
5. The use of data and methods to continually improve services and outcomes even as practitioners, managers, directors, and social conditions change year after year.
6. The quality, sensitivity, and availability of information to inform legislators as they consider new legislation or changes in current legislation.

Administering

Once legislation is passed, the appropriate Department is responsible for administering the law and achieving the intended benefits. Government departments can develop methods regarding HOW to realize the intended benefits of legislation:
1. Develop guidance for Implementation Teams
2. Develop guidance for service organizations
3. Engage Implementation Teams (in the Department; contracted)
4. Initiate practical monitoring processes and outcomes for Implementation Team activities
5. Initiate practical monitoring processes and outcomes for service organization activities
6. Establish practical measures for human service outcomes
7. Employ a Department electronic data base that provides ready access to reliable and valid information at all levels, from individuals to the Department as a whole
8. Provide leadership to facilitate the process of realizing the aims of legislation in practice

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[7] Durlak & DuPre (2008)

Many human service departments do not have these requisite resources in place. Think about roads for a moment. Legislators decide where a road is to be built (start here, end there), set a time frame, and allocate the funds. The Department of Transportation then contracts with a general contractor who sub-contracts with other road construction companies that have the capacity to implement the goals of the legislation.[8] The companies have capacity in the form of engineers, surveyors, earth moving crews, cement and asphalt specialists, painters, sign makers, and others to actually build a sturdy road and prepare it for use by the public.

After years of successful road building, the infrastructure for road building exists and everyone understands the time frames and costs for building a road. Legislators set the goals (WHAT is to be done). The Department administers contracts with competent implementers and does quality assurance checks. The competent implementers (road construction companies) have the capacity to do the work skillfully (HOW it is done), and a few years after making the decision the legislators can visit the completed road and enjoy a smooth ride.

A similar set of Department routines does not exist in human services. People and behaviors (and human biology) are much more idiosyncratic than bricks and mortar. Thus, accomplishing the goals of human service legislation is not easy given the complexities of people interacting with people within the context of a society in a constant state of change. Because of these complexities, õpublic managers have to learn a range of often new and detailed techniques in order to implement í policy directivesö (Schofield, 2004, p 283).

Administration of implementation capacity and execution is a new responsibility for departments of human services. Some features critical to these new responsibilities are reviewed in the next sections.

Administration: Implementation Team

Investing in the development of Implementation Teams can provide an effective link for realizing policy goals. Implementation Teams know the intention of the legislation, know implementation science and best practices, and know improvement cycles that can keep the entire enterprise focused on achieving the intentions of the legislation. Implementation Team members are expert õadaptive leadersö who can work with the legislature, leaders of government departments, and contractors to resolve õwicked problemsö that arise in practice, organization, and system change processes associated with human services. Implementation Teams are like the general contractors for road building, they keep everything integrated and moving expeditiously toward effective outcomes.

Key outcomes for Implementation Teams are greater alignment and coherence in human service systems. Fragmentation, layering, and disintegrated approaches are typical in human services. Legislation is passed, state agencies appoint a director of each legislated initiative, and each initiative works fairly independently of other initiatives. This profusion of layers of initiatives results in confusion and inaction as local service entities try to incorporate the myriad legislated mandates and õinnovationsö and make changes in service delivery and outcomes. The errors

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[8] Kogler, Brydl, & Highsmith (1999)

within and across initiatives compound and soon outweigh all the efforts that go into well-intended and often passionate attempts to carry out the intentions of legislation.

Consider an example from software development where many lines of code must be written to produce a program that is useful. In the early days, when companies such as IBM were first learning about the process of organizing teams to write code, software developers discovered that adding more programmers to teams (layering) was not only inefficient, but harmful. When they added more programmers, the total work remaining at the end of a day was *greater than* the total work they had at the beginning of that day. Why? Because more programmers resulted in more õbugsö being created and the time to õde-bugö the system exceeded the output of the teams themselves (Brooks, 1995). õBrooks' lawö was first published in 1975: "Adding manpower to a late software project makes it later."

<u>Administration: Implementation progress monitoring</u>

Immediate access to relevant information is critical to implementation processes as well as to Department administration and monitoring processes. Information to support data-based decision making is a critical component of implementation. It is not sufficient to know what happened last year. It is critical to know what happened yesterday and last week and last month to guide decision making. Thus, implementation best practices and the need for legislative and departmental monitoring merge.

Implementing legislation in human services progresses in stages and can be monitored based on the developmental process underway.[9] The final outcome, fully implemented services that are part of the human service system, is two to four years away so monitoring is based on the stages of development toward that goal. The rule is, first measure implementation progress then measure service outcomes.

Think about building a road. When a road is being built, members of the Department of Transportation and its contractors can monitor the progress being made and can test the quality of work with known methods (e.g. core samples from concrete). The monitoring goes on during the three or four years required to build a new overpass, build a few more miles of interstate highway, or build a road to open a new sub-division. Monitoring is based on the stage of work, from planning, to surveying, to grading the land, to laying asphalt, to painting stripes and installing signs. The final outcome, a completed road that is part of the public transportation system, is years away so monitoring is based on the stages of development toward that goal. It does not make sense to measure road usage and traffic patterns before the road is built.

Stage-based monitoring of implementation outcomes can become standard practice in Department administration methods.
1. <u>Exploration Stage</u> assessments can include measures of Implementation Team activities to create readiness for change among service providers.
2. <u>Installation Stage</u> assessments can include measures of Implementation Team activities to help service providers locate needed resources to accomplish the aims of legislation.

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[9] Fixsen, Blase, Duda, Naoom, & Van Dyke (2010); Fixsen et al. (2005); Fixsen, Naoom, & Blase (2010); Lester, Bowman, Goggin, & OøToole (1987)

3. <u>Initial Implementation Stage</u> assessments can include measures of Implementation Team activities to develop needed staff competencies in service organizations, help service organizations change to support the new practices, and develop leadership that can cope with ongoing adaptive and technical challenges in order to assure success.
4. <u>Full Implementation Stage</u> assessments can include measures of Implementation Team activities to support effective and sustainable services that accomplish the goals of legislation and continue to improve outcomes for society.

Serving

Children, families, and individuals cannot benefit from services they do not experience. Practitioners in human service organizations produce the intended benefits to children, families, individuals, and society. Legislators, administrators, and Implementation Teams are there to enable and support the work of front-line practitioners.

The activities involved in legislating, administering, and implementing are means to an end. The end is improved human services to accomplish the aims of legislation. Legislation is designed to improve education outcomes such as literacy, numeracy, math, science, and safety; or child welfare outcomes such as safety, family preservation, and permanency; or mental health outcomes such as self-sufficiency and constructive participation in family and community life; and so on.

Improved practices at the service level can be accomplished with the help of Implementation Teams that are working within well-designed Department supports and monitoring routines. Implementation Teams are adept at:
1. Selecting appropriate staff,
2. Developing effective training experiences,
3. Establishing on-site coaching for competency,
4. Creating performance assessments that align with desired outcomes,
5. Establishing supportive organization functions, roles, and structures; and
6. Helping systems adapt to the new ways of work at practitioner and organization levels.

All roles ó legislating, administering, implementing, and serving ó exist within a symbiotic relationship where effective means of interaction are critical to ultimate success.

Moving Upstream: Implementation Science's Implications for Legislating & Administering

The implications for legislation are clear:
1. The intended outcomes and benefits to society must be clear and measurable.
2. Implementation must be included in legislation funding and timelines.

The implications for administering legislation are equally clear:
3. Implementation of public policy in human services requires a group of individuals responsible for the implementation process (e.g. an Implementation Team), and a leadership group akin to a general contractor for road construction who can manage both adaptive and technical challenges.

4. Department administrators must have the ability to assess implementation progress and quality.
5. Department administrators must have the ability to assess intervention progress and quality.

Challenges

Building roads in the mountains is more difficult than building roads across the plains. Both of these pale in comparison to making significant changes called for in legislation in human services. There are several reasons for the challenges of implementing state and federal human services legislation:

1. Implementation capacity currently is not readily available in human services. Implementation Teams need to be created and become proficient in order to carry out the goals embedded in legislation.[10]

2. Implementation of public policy in human services invites a variety of reactions from people who suddenly are for or against any change in their lives or the services they are accustomed to delivering or receiving. Some policy analysts have called these õwicked problemsö that õfight backö when solutions are attempted.[11] Building better roads involves moving around a lot of dirt. Building better human services involves moving around a lot of people. There is a big difference in the response!

3. Implementation of public policy requires õadaptive leadership.ö[12] Adaptive leadership is needed when issues are not so clear and solutions are not readily forthcoming. "Things soon become a lot less linear when you are dealing with an adaptive challenge. The intensity of the disequilibrium rises and falls as you push your intervention forward. Clearly, you need patience and persistence to lead adaptive change. You also have to anticipate and counteract tactics that people will use to lower the heat to more comfortable levels."[13] Others describe this as õsecond order changeö where leaders must break from the past, operate outside of current assumptions that underpin current practices, conflict with prevailing values and norms, and find solutions that are emergent, unbounded, complex, nonlinear, and õdisturb every element of a system.ö[14] Adaptive leaders are not readily available in government departments or service organizations, but can be found and can be developed.

Conclusion

Human services in the U.S. are in need of improvement. Legislators recognize this and each year pass new legislation intended to change the outcomes of human services (WHAT to do). The problem is not the good intentions of legislators or the good intentions of those attempting to

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[10] Blase, Fixsen, & Phillips (1984); Klein (2004); Nzinga et al. (2009); Slavin & Madden (2004); Spoth, Greenberg, Bierman, & Redmond (2004); Stetler et al. (2006); Wolf, Kirigin, Fixsen, Blase, & Braukmann (1995)
[11] Rittel & Webber (1973); Stacey (2002); Chase (1979)
[12] Heifetz & Laurie (1997); Rhim, Kowal, Hassel, & Hassel (2007); Waters, Marzano, & McNulty (2005)
[13] Heifetz, Grashow, & Linsky (2009)
[14] Waters, Marzano, & McNulty (2005)

meet the requirements of legislation. The problem is the lack of skillful Implementation Teams who have the capacity to overcome the inertia built into human service systems, manage the change processes, and establish the foundations for success (HOW to do it).

Good legislation and good intentions are not enough. Good implementation is required to realize the intentions of legislation in human service practices to improve outcomes for citizens across the nation. With advances in implementation science it now is possible to achieve these goals.

A modest investment in the development of an infrastructure to support implementation, the new general contractors and road builders in the world of human services, will produce significant changes in human service outcomes for the benefit of society for decades to come.

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Some Data on the Outcomes of Legislation to Impact Human Services

National Assessment of Education Progress (NAEP)

The graph below shows the Reading Scores from random samples of students nationally from 1971 through 2009 (e.g. sample of 161,000 students in grade 8 in 2009)

Think of the changes in society, the investments in science, and changes in education since 1971, including the formation of the cabinet-level U.S. Department of Education in 1980. Yet, literacy in the United States remains about the same over four decades. If we had good data, we likely would find the same results for child welfare, mental health, substance abuse, and other human service fields that are õmired in mediocrityö (National Commission on Excellence in Education, 1983).
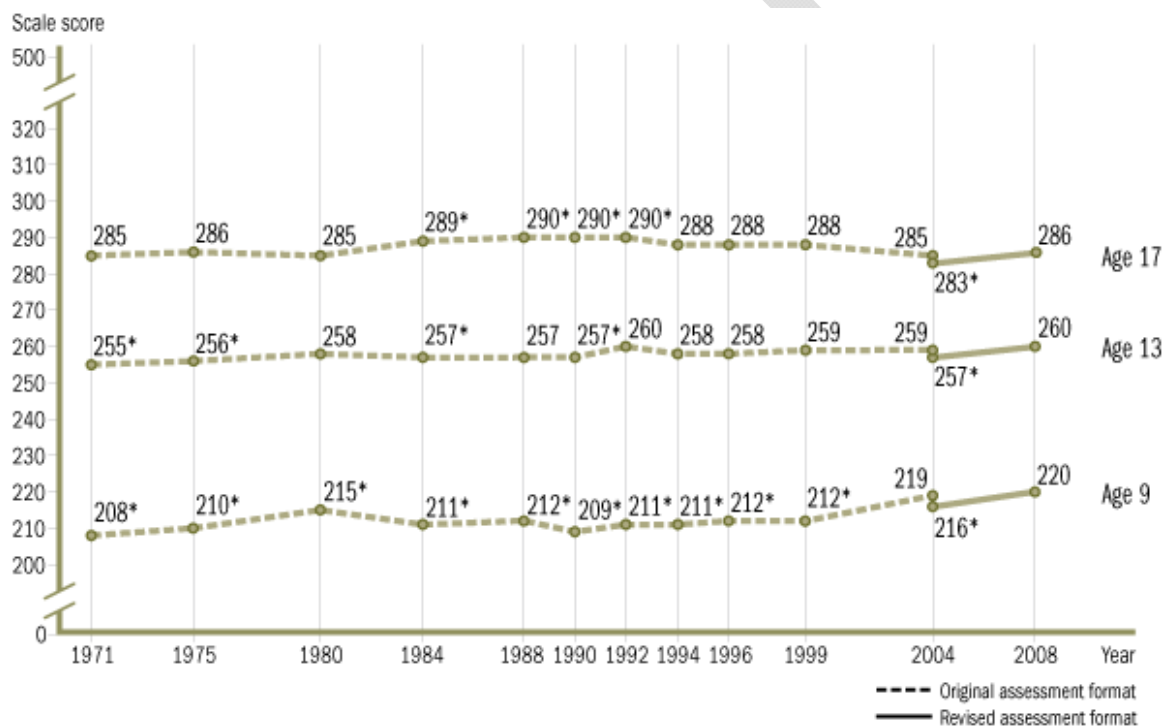
NOTE: The NAEP Reading scale ranges from 0 to 500. Some apparent differences between estimates may not be statistically significant.

SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 1992, 1994, 1998, 2000, 2002, 2003, 2005, 2007, and 2009 Reading Assessments.

Implementation and Outcome

Implementation of services as intended makes a big difference in outcomes in human services. The graph below shows delinquency outcome data for individual therapists who were judged to be highly competent (therapists 1 ó 7), competent (8 ó 12), borderline competent (13 ó 18), or incompetent (19 ó 25) in their use of an evidence-based program.

Delinquency outcomes were better for therapists who implemented the intervention competently. Teenagers who were served by less competent therapists were harmed ó their outcomes were worse than the Control Group. Overall, children in the 204 families served by the 12 competent therapists averaged 13% recidivism. Children in the 223 families served by the 13 less than competent therapists averaged 28% recidivism. The children in the Control Group averaged 22% recidivism.
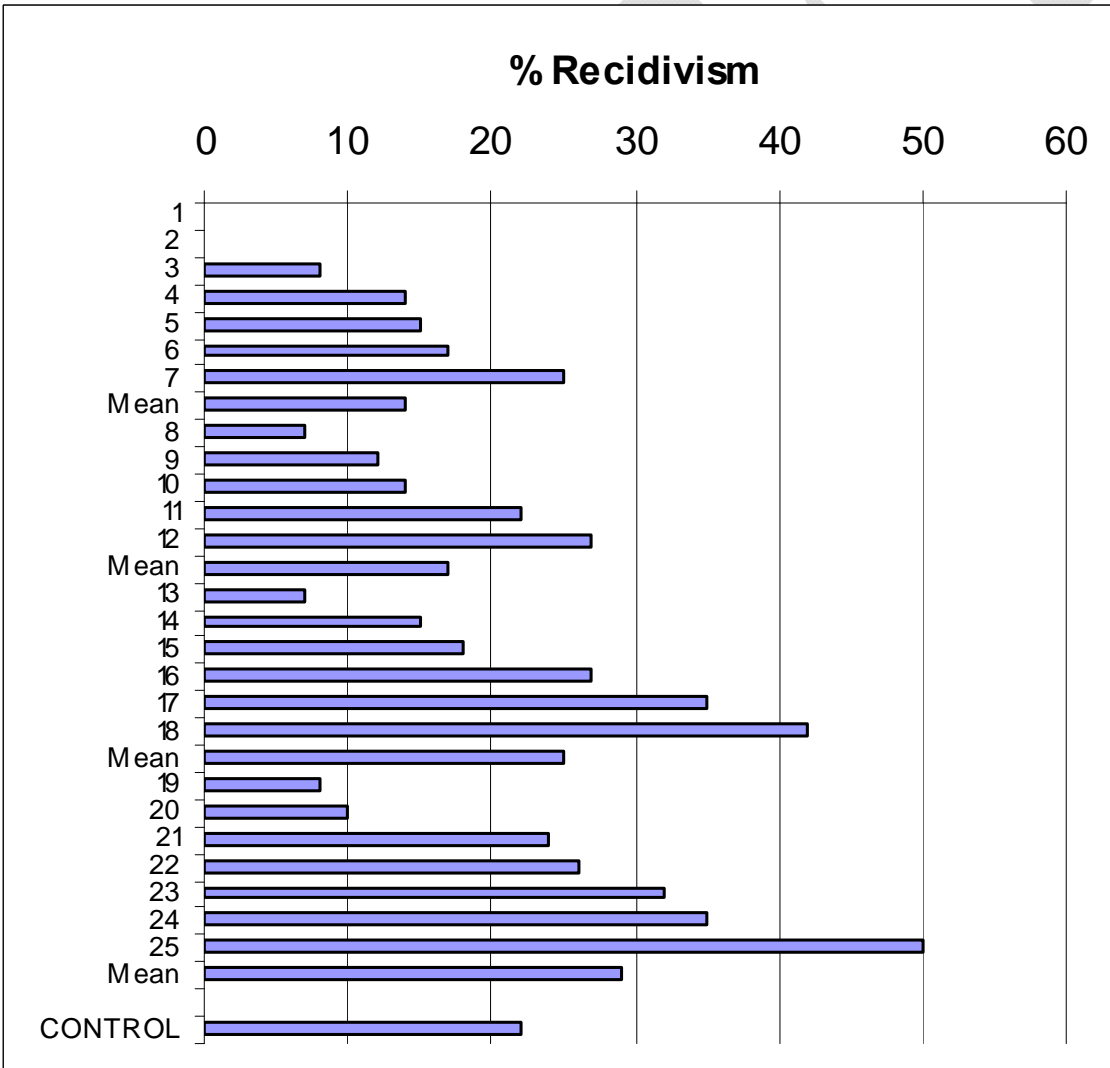
These data from the Washington State Institute for Public Policy (2002) provide an excellent example of what happens without Implementation Teams. In this case, 12 of the 25 therapists made good use of the Functional Family Therapy (FFT) intervention with good outcomes for teenagers in the delinquency system. On the other hand, 13 of the 25 therapists did not make good use of the intervention and the children had generally poor outcomes. Overall, the conclusion is that FFT is no better than the Control group.

As shown in the data, the problem is not the effectiveness of FFT. The intervention, used as intended by therapists 1-12, was very effective. The problem is how well the therapists used FFT. With the help of Implementation Teams, we would expect more therapists to be in the competent and highly competent groups (therapists 1 ó 12). We would expect to see socially significant results from any organization employing therapists to use FFT with teenagers from a delinquency system.