













The purveyors only briefly discussed the value of having a formal agreement to end the exploration stage and begin the implementation process. Instead, the discussion centered on the lack of demonstrated validity for current approaches to site assessment.

1. Some value of sign off by higher ups, yet needs to be operationalized
2. Validity of assessment tools across programs; eventually we can develop “selection” criteria for “sites” in an evidence-based way.
3. Be careful of “checklists.” Purveyors need site visits to directly interact and observe and to influence the discussions.
4. Combine assessment of self then assessment by others
5. Combine qualitative and quantitative assessment

### **Responses to Question #2A:**

#### **What do you do in the first few months to facilitate the initiation of new practices at a site?**

The major concepts derived from this area (as detailed below) are:

1. Stakeholder involvement
2. Continuing assessment
3. Implementation team/plan
4. Preparation: Organization level
5. Preparation: Staff level
6. Establish accountability

The 77 specific comments made by the meeting participants are grouped by the concept labels derived by the authors. We have preserved the original wording of the comments made by the participants during the two-day meeting.

#### **Stakeholder involvement**

After the decision has been reached to pursue implementation at a new site, purveyors spend a lot of time with stakeholders. Face to face time between purveyors, implementation site staff, and stakeholders helps to develop working relationships, identify issues, and evolve a common set of expectations. Support for the implementation site and the overall implementation effort is garnered during this stage as well.

#### **Stakeholder involvement**

1. Connect with people who are champions (example: unions); initial one page and public kick off brief
2. Public kickoff
3. User friendly material
4. One page written brief for public
5. Key stakeholders & engagement
6. Sit down with system leaderships, build system of informed support
7. Who State ACT person is, identify agency level, project site, initial consultation and public kick off, advocacy write a mission statement, establish work plan

8. Champions- build relationship with key people in community; -with you or not for you; - establish presence as a good neighbor (long term)
9. Marketing the new program in systems and the community
10. Connect to multiple champions (parents, district)
11. Key stakeholders
12. State advocacy contacts
13. Try to bring leaders and stakeholders on board
14. Meet with state, create system leaders
15. Consensus building across stakeholder groups; hear and work out the issues
16. State anticipatory guidance then assessment dialogue- work plan- process to choose sites
17. Establish presence as a good neighbor
18. Build belief with cultural guides and families- find the right people, with them not to them

### **Continuing assessment**

Purveyors noted that assessment activities continue even after the decision to implement has been made. As activities proceed, the purveyor has the opportunity to see if/how commitments are fulfilled and see how more subtle features of an organization (e.g. culture, climate, relationships with externals) interact with the evidence-based program implementation efforts.

#### Continuing assessment

19. Culture of purveyor and organization needs to be assessed; how do you become a bridge
20. Analyze, map, and redeploy
21. Identify agency level strengths and needs
22. Assessment of fit with culture, coalitions
23. Ongoing assessment
24. Check out expectations of all – talk same talk – walk same walk

### **Implementation team/ plan**

Purveyors discussed the value of having an on-site implementation team with specific responsibilities for supporting the evidence-based program during its implementation. So many issues arise during the implementation process the purveyors cannot and should not deal with them all. Instead, the purveyors can help develop the team, help formulate action plans, and advise the members as they carry out the plans.

#### Implementation team/ plan

25. Establish district leadership team who look at infrastructure and capacity, data collected, get action plan into place
26. Conceptual interpreters to take on culture
27. Must have action plan in place
28. Work plan- list of start up issues
29. Team looks at infrastructure capacity and at data- how to use; plan; coaches; evaluation
30. District leadership team identification
31. Some state-level plan/kick off group to self-assess and plan
32. Create system development and improvement teams- develop roles, work plans, fidelity



33. What are implications across the system/ organization (e.g. HR, Finance)- part of work plan

### **Preparation: Organization level**

During the first few months after making the decision to implement, purveyors begin working to establish organizational structures, culture, and climate to support the initiation and operation of the evidence-based program. Relationship development, providing program-specific rationales and explanations, and creating the beginnings of a functional infrastructure seem to be main areas of activity for purveyors.

### Preparation: Organization level

34. Anticipatory guidance- letting people know what to expect
35. Conceptual interpreters, setting up a mentoring program
36. Create infrastructure with everyone at the table (with people, not for people); simple and common language; training that has a built in assessment that will be feedback to people; teamwork
37. Demonstrate to leadership that implementation is a priority; Expectations: consensus building- developed platform where concerns are worked out; involvement of organizations as a whole ingoing to scale; what are the implications of going to scale so everyone understands their roles
38. Parallel processes for site- and agency-level that matches state level
39. Leadership needs to demonstrate sustained commitment
40. Relationship development (meetings, face to face time)
41. Continue to develop relationship with agency
42. Create infrastructure
43. Explain how is it different
44. Get a written mission statement
45. Dialogue (beyond the written brief), are expectations the same, is everyone talking the same language – communication
46. Ensuring key features and components are clear, create process for choosing sites, visibility, funding, political support; -self assessment, -develop action plans
47. Common understanding of what you've bought into
48. Become visible (oral, written)
49. Keep language a fit to audience
50. Build commitment to change
51. Institutionalize quality assurance mechanisms (establish that there will be accountability down multiple after this process feed back loops)
52. Themes: preparing consumers
53. Address infrastructure concerns
54. Anticipatory guidelines
55. Program goals

### **Preparation: Staff level**

Simultaneously, purveyors spend time preparing staff members at the implementation site. Again, the focus goes beyond skill development and encompasses team building, culture development, expanding capacity, and promoting an in-depth understanding of the evidence-

based program in all of its aspects. At the staff level, purveyors establish a new way of doing the work of the organization and establish the supports to institutionalize the new approach.

#### Preparation: Staff level

56. Build capacity of people
57. Orientation training
58. Prepare supervisors/ coaches to support staff; bring everyone on board; clarification of goals, establish relationships
59. Consult on-the-job monitoring
60. Renew guidelines, establish program goals, on the job training then consultation
61. How to become a bridge to new culture
62. Do work with them, not for them
63. Training in assessment
64. Team work
65. Prepare supervisors to support change
66. Keep dialogue going on, build a team
67. System of informed practice gets built
68. Create important teams (family, consumer)- detail their role
69. Time for dialogue about the program/practice
70. Catch up the “new” people
71. Train, coach, and design plans
72. Develop everyday language

#### **Establish accountability systems**

Early in the implementation process, purveyors begin to establish evaluation systems to inform decision making and to keep the overall implementation effort on track. Purveyors help to set up the systems to collect data and teach administrators, staff members, and consumers how to understand and use the data.

#### Establish accountability systems

73. Institutionalizing quality assurance mechanisms
74. Establish expectation of accountability and all levels: for/with families; organizations; community level; supervisor level
75. Multiple feedback loops
76. Detail fidelity, consumers' data
77. Report cards

#### **Responses to Question #2B:**

**What services and supports do you (as a purveyor) provide during the first 18 months of implementation at a new site?**

This question was designed to get at the implementation-related activities in which purveyors engage to install and begin to implement an evidence-based program. The major concepts derived from this area (as detailed below) are:

1. Infrastructure development

2. Engage consumers, families, and community
3. Institutionalize changes
4. Continually monitor and respond
5. Community of practice
6. Data based decision making

The 72 specific comments made by the meeting participants are grouped by the concept labels derived by the authors. We have preserved the original wording of the comments made by the participants during the two-day meeting.

### **Infrastructure development**

As indicated in the items below, purveyors spend considerable time teaching and modeling new information, skills, and approaches to a variety of staff at a new implementation site. Directors, administrators, supervisors, and practitioners benefit from the modeling and teaching related to their new job functions.

#### Infrastructure development

1. Modeling of supervision, basic training skill structuring-rehearsal/modeling-supervisor training; using fidelity scales in tool kit with site for assessment under work plans
2. Work to get ongoing supervision by on-site supervisors
3. Relationship development; infrastructure in place; taking ownership of intervention; monitoring progress (feedback, adaptations)
4. Model use of tools they can use successfully
5. Work with administration/supervisors, certification process for program implementation, consultation phase (ongoing)
6. Modeling, training and coaching of supervisors
7. Being usable to consumers/commitment, create infrastructure to reflect what's occurring-ongoing reflection of what's good and willing
8. Addressing staffing/salary issues; attitude of staff; mentoring and problem solving
9. New sites shadowing other sites; people coming to successful sites to see how they're doing
10. Broad basic principles training
11. Practitioner training (skills)
12. Supervision training based on outcome
13. Coach teams on how to have effective meetings
14. Do whatever it takes to help a site get outcomes as soon as possible

### **Data based decision making**

Evidence-based program purveyors value data. Purveyors discussed their uses of data as feedback on their implementation efforts and teaching practitioners, supervisors, administrators, directors, and consumers to understand and use data for decision making. Purveyors were clear that data are to be used as part of a positive and supportive organizational culture.

#### Data based decision making

15. Monitoring (consultation, phone calls, etc.)
16. Fidelity- adaptations to the unexpected while maintaining the function

17. Active quality assurance: feedback on work plan
18. Make data an ongoing part of culture with diverse stakeholders
19. Dangerous time when the “honeymoon is over” -- need monitoring in a helping manner to maintain enhanced motivation
20. Use of tool kit – fidelity scale and outcome measures
21. Having mechanisms to identify services and supports needed
22. Meet with them monthly to review data helping them understand they’re on a continuum of implements (figure out where you’re at on the continuum)
23. Reinforcers: pay more for high fidelity
24. Help people see changes
25. Not being a policeman (beyond monitoring and helping). Purveyors and joint learning from other sites, working with key people early on
26. Celebrate what is working!

### **Engage consumers, families, and community**

Purveyors discussed the importance of including consumers and families in the implementation planning and activities and involving consumers and families in the assessments of progress at intervention and implementation levels.

Engage consumers, families, and community

27. Work in advance with cultural brokers. Shifting cultural brokers as needed
28. Help engage stakeholders
29. Loop back with feedback to all stakeholders

### **Institutionalize changes**

From the beginning, purveyors do their work with an eye on the sustainability of the implementation site. While installing and implementing the new program and organizational supports, purveyors try to find ways to have the “new” become the “standard” way of providing services. Overcoming barriers is part of it, but instilling a new way of thinking and developing a new culture in the provider organization and new relationships with funders and community partners is the overarching goal.

Institutionalize changes

30. Institutionalization; visit any needed policy triangles; address structures; expand capacity building; -spiral learning problem-boosters
31. Redevelopment; internalize motivation; 1. Enhance feelings of confidence, 2. Feelings of self-determination, 3. Feelings of connectedness with others (part of a whole)
32. Get organizations to take ownership
33. Internalize motivation: a. enhance confidence, b. enhance ownership- self-efficacy, c. enhance connections to others in environment- part of a whole
34. Coaching coaches to improve competence and capacity
35. Daily routines
36. Build layers, be flexible
37. Help them look at things differently
38. Clinical mentorship
39. Overcome “barriers”

40. World view shifts: -curiosity, -risk-taking, -clinical mentorship, -model clinical skills, - overcome fear
41. Celebration of what works
42. Use own data to celebrate
43. “Adolescent” phase: purveyors not too intrusive, help make decisions, coaching
44. Visit policy changes
45. Permanent infrastructure change
46. Expand capacity building – must be ready for turnover

### **Community of practice**

Many purveyors have established a national community of practice so staff members of implementation sites across the country can get together to share ideas and experiences and take advantages of innovations and advances in the basic evidence-based program technology. Early on, purveyors begin to hook implementation site staff into the broader community of practice.

#### Community of practice

47. How to join – values, philosophy
48. Rewards for successes; making them feel like they’re part of something bigger
49. Certification for successful implementers
50. On-going consultation post-certification
51. Conference presentations at community of practice

### **Continually monitor and respond**

As implementation progresses, purveyors begin to transition direct responsibility for daily activities to implementation site staff as their competence grows. Purveyors step back and assume monitoring and coaching roles for those activities and continue to help solve problems related to implementation and alignment of organizational and systems functions.

#### Continually monitor and respond

52. Monitor, monitor, monitor
53. What are the vital signs
54. Keep people motivated
55. Identify ongoing needs – keep monitoring and adjusting
56. Systems use of data
57. Continue relief development, keep people on board
58. Be sure coaching/supervision remains in place
59. Time varies from site to site
60. Continue with other models of communication (e-mail, telephone)
61. Ongoing training to deal with turn over
62. Celebrate success
63. Refuel, check back
64. Address administrative issues – turnover
65. Stretch for staff to deal with housing and employment
66. Spiral learning – need for boosters- new depth
67. Redevelopment as needed
68. Tell about success, tell your funders...

69. Keep your eye on the practices to be sure they are using research- based info.
70. Develop the extended workforce
71. Joint learning across sites with their agenda
72. What are the key development issues at this stage- collect this data about ourselves

### **Question #3: Fidelity**

**Assume: Services and supports are in place**

#### **How do you discriminate local innovation from poor-fidelity drift?**

Purveyors strive to help practitioners achieve high fidelity at an implementation site. High fidelity performances mean the core intervention components are in place and working to benefit consumers. After that, innovations can occur. What some might call "innovation" prior to achieving high fidelity, purveyors would call "program drift" and would look to provide additional supports to help the practitioners achieve high fidelity.

1. Do adherence first, then look at data, then innovate. Innovation is needed when high fidelity applications are not producing very positive outcomes.
2. Core components. There is a core that needs to be there, BUT innovation can occur. Example: Always revising training. If the function is there, the form can vary.
3. Do the core first then debate innovation or drift
4. Without fidelity there is a risk that others will co-opt the name without doing the function
5. Get program experts together to decide between drift and innovation
6. Adherence vs. dosage issues -- look at outcomes
7. Re-clarify relationship: "you seem to be having a problem, let's see if we can find a different way to do this"

### **Question #4: Organizations: Assume services and supports are in place**

**What organizational/administrative structures or factors facilitate or hinder implementation at a new site? What do you do when roadblocks occur?**

**What interventions typically need to occur within local/state systems?**

The major concepts derived from this area (as detailed below) are:

1. Role of the purveyor
2. Systems change
3. Communication
4. Organizational change to support the evidence-based program
5. Flexible organizational structures
6. Consumer/family involvement
7. Data based decision making
8. Barriers

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### **Role of the purveyor**

Purveyors noted a range of skills required to help implementation sites carry out organizational and systems changes. While this list is surely incomplete, it does speak to the complex knowledge and skills demanded of successful purveyors.

#### Role of the purveyor

1. Ability to integrate competing agendas.
2. Have research/data/experience - based responses to common organizational problems.
3. Backward mapping. What are the issues at Time 2 that (next time) could be addressed at Time 1?
4. Develop “can do” culture and optimism – consistent with the program philosophy
5. Results- oriented participatory culture.
6. Culture of working with strengths.
7. Learn how to run meetings and instill a collaborative spirit.
8. Need lots of positive energy to help everyone through the change process
9. Be solution-oriented.
10. Ability to generalize
11. Patience
12. What they teach to others, purveyors live in their own lives.

### **Systems change**

Purveyors work to engage systems outside the implementation site itself to help align supports and develop a sustainable program.

#### Systems change

13. Engage “power” people who may not be collaborators -- include on a steering committee
14. Think about sustainability from the beginning
15. Community-building relational trust.
16. Willingness of State Department of Education to step outside silo (e.g. partner with family organizations, with mental health)
17. Policy & legislative mandate (+/-)
18. Post crisis response (+/-)

### **Communication**

Purveyors noted the critical role of clear and frequent communication during the implementation process to hear concerns and promote collaboration.

#### Communication

19. Opportunities to voice concerns -- have a “go to” person for external or internal communications
20. Two-way communication
21. Willingness of managers and administrators to carry the message up the line.

22. Inclusion for true collaboration, yet need smaller work groups and steering committee to have implementation happen

### **Organizational change to support the evidence-based program**

Purveyors recognize that practitioners need the support of an organization to facilitate their evidence-based work with consumers. Purveyors work with all levels of an organization to develop the necessary infrastructure (e.g. training, coaching, evaluation, administration), help bring about necessary changes, solve problems, and promote an evidence-based program culture.

Organizational change to support the evidence-based program

23. Organization needs to facilitate the clinical work.
24. Work with an organization at all levels – an integration function
25. Sometimes need to “clean up” organizational structures so they are in synch with measurable outcomes
  - a. Understand context then reorganize
26. Mission, policy, and practices are in line (use a common language)
27. Communicate “change” throughout the organization
28. Have right people at the table to solve the organizational issues (Finance, HR, Rules) that impact treatment
29. Fit with existing goals/ priorities where possible
30. Change policies as needed
31. Existing structure has supervision & training systems in place
32. At higher levels get support for staff development
33. Integrate evidence-based program supports into the organization itself.
34. Commitment to implement the program as designed.
  - a. Organizational Sobriety- Do you really understand what you are asking for?!
  - b. Organizational Celibacy- Don’t screw around with core components critical to fidelity!
35. Mission driven –coach the “leader” to connect, intervene, lead.

### **Flexible organizational structures**

Purveyors see many ways in which an organization might be structured while still achieving high fidelity performance of the evidence-based program. They were clear that the function (core intervention components) was critical while the form (organizational structures) might vary from one implementation site to the next.

Flexible organizational structures

36. Organizational structure and operational structure: structure follows function (Many organizations lack clarity about function. What are you here to do?)
37. What is function then what is structure. Use existing structures where possible; integration of evidence-based program with implementation site

### **Consumer/family involvement**

Purveyors saw meaningful consumer and family involvement as a goal of organizational change and development, both at the intervention level and at the implementation level.



Consumer/family involvement

38. An independent, strong family organization (+/-)
39. Strong communication with family organization
40. Need families and consumers to play a functional role in decision-making when assessing strengths and needs, choosing programs, and evaluating progress

### **Data based decision making**

Purveyors value data and make use of data to provide feedback on organizational change processes.

Data based decision making

41. Willingness to collect, look at, and use data (an act of bravery)
42. Share data that will motivate them (especially data related to competing agendas)

### **Barriers**

Purveyors noted a variety of barriers to implementation. Many other barriers arise and are overcome in the everyday course of events during implementation attempts. The barriers listed below are more specific to organizational and system change at a new implementation site and give some idea of the breadth of issues confronted by purveyors.

Barriers

43. Do your homework -- is there really a barrier?
44. Red Flags -- late, no show to meetings
45. Labor issues
46. Who's in charge? Sometimes nobody.
47. Can get bound up in process -- don't meet if work not done
48. Implementing on "margins" of time.
49. Disconnect w/ systems that exist.
50. Productivity standards that dismantle the treatment.
51. Policy & legislative mandate (+/-)
52. Post crisis response (+/-)
53. An independent, strong family organization (+/-)
54. Issue of competing agendas (e.g. consent decree)
55. Line staff fatigue
56. Shifting priorities
57. Unwittingly brought in to compete!

### **Small-Group Meetings:**

**Small Group One: What should emerging evidence-based practice/program's know to shorten the time it takes to go from a good science base to broad scale implementation?**

1. Materials/Manuals
  - a. Know & define "the core intervention components"
  - b. Tailored functions for different audiences/stakeholders

- c. Completeness- clinical + staff; selection/ recruit families/ overcome barriers
- 2. Training –Practitioners
  - a. What does it take to be a good trainer
  - b. Need expert training to get practitioners off to a good start
- 3. Coaching Practices
  - a. What does it take to be a good coach
  - b. Need expert coaching to help practitioners achieve high fidelity
- 4. Fidelity Measure
  - a. Have a version ready
- 5. Agency Context
  - a. Know what supports are critical
- 6. Sequencing (Patience)
  - a. Assess/ current
  - b. Build on/ use as rationale
  - c. Know what is there & OK
  - d. Know what needs to be changed
  - e. Know what is missing
- 7. The Model does not equal Implementation
  - a. Evidence for program model
  - b. Pilot implementation strategies
    - Experiential engineering
  - c. Consensus view of best practice
  - d. Implementation -take into consideration the context.
- 8. “Go to Scale”
  - a. Start with Sustainability
- 9. Work out longer term financial supports for implementation
  - a. Identify sources of funding for treatment services across states.
- 10. Workforce Issues with expansion
  - a. People with expertise needed to take on next leadership roles (trainers, coaches, evaluators, administrators)
- 11. Look at own behavior.
  - a. Teach others to do what you do
- 12. Consider possible impacts with various cultural and ethnic groups
  - a. Variations in the evidence-based program for the tested populations

**Small Group Two: What should potential implementation sites know in advance?**

- 1. It will take time!
  - a. To get prerequisites in place (exploration, installation)
  - b. To implement (initial implementation)
  - c. To get results (full implementation)
- 2. Know core intervention elements
  - a. What you will implement
  - b. Differences and similarities to current practice/ systems
    - Fit = comfort

- c. Differences and similarities with current values/ philosophy
  - d. What outcomes they go for
  - e. Know limitations!
  - f. Know about ongoing accountability mechanisms
3. Impact on roles/ role changes
- a. Roles and functions of stakeholders (from consumers on....)
  - b. Impact on staff development
    - Practices
    - Behavior change
  - c. Impact on coaching/supervision
4. Know purveyor's implementation approach
- a. What will the purveyors “stop doing” and when
  - b. Parameters for sustainability
  - c. Know when to begin communication plan
  - d. Know what is realistic in terms of scale
  - e. Predict and manage roadblocks (there will be roadblocks)
    - “Resistance” to change
    - Fear of failure
    - Specific to the intervention
  - f. More ecological intrusion might mean more challenges; Create a fit in response to this
  - g. You can do the same job, just do it differently.
  - h. Push to scale up too fast (e.g. in states/district). Be prepared not to be seduced.
  - i. This is a mutual exchange.
    - Culture, race, diversity
    - Organizational culture
    - History
    - Bears in caves (long-standing issues played out during implementation)
    - Access to context
    - Partnership
  - j. You need to create ownership.
    - Motivation for ownership
    - Can be model for others
    - Biggest mission motivation
    - Tie the change process benefits to their original reasons for wanting to change
  - k. Strategies
    - Bring in local leaders early in decision-making
    - Engage “high status” peers in the process.
    - Engage legal entities (e.g. unions, funders, HR)
    - Consumer/ family/ culture/ community engagement
  - l. Know strength of evidence and evidence for what! Feel free to ask!
  - m. Plan, do, analyze, revise, plan, do, analyze..... (You will never arrive)

**Small Group Three: What should governments and policymakers know and do to enable implementation of evidence-based practices and programs? (Government should include congressional members and their staff's impact)**

1. Takes time, allowing sufficient time
2. Universal communication/ common language
3. Discussion/ consensus on operational definition of evidence based practice/program/ best practices, data driven evidence-base
4. Operational definition of evidence
5. Putting evidence-based programs in context/ where do they fit?
6. Lay out a blueprint /map-fill gaps/fit
7. Road map for the process to help identify and fill gaps
8. Mandates accelerate the process (presents opportunities)
9. NREPP role as arbiter of program value
10. Governmental sobriety (know what you are getting into)
11. Putting resources into developing evidence
12. Cautions: a how to use evidence based practice/program's guidelines for using evidence based practice/program's
13. Gaps in model programs (trouble with mandating use of model programs)
14. Using evidence based practice/program as a strategy for not doing/ using normal practice
15. Funding for replication studies (NIMH)
16. Identify roles of researches in advancing these programs
17. Develop evidence bases that are culturally appropriate
18. Identifying iatrogenic effects of the process → need for a framework (drive strategic funding, identify gaps, identify what is available)
19. Strategic funding to fill gaps (best practices grants & service to science grants)
20. Centers invest money in mechanisms to collaborate
21. Identify key areas & prioritize what they need funding for
22. Funding effectiveness/ replication studies (who will fund?)

## Authors' Note

This project was funded by the Substance Abuse and Mental Health Services Administration (Grant No. 6H79TI16105-01-1, "Operationalizing Implementation Strategies and Methods").

The views expressed herein are those of the authors and should not be interpreted to represent the views of the Substance Abuse and Mental Health Services Administration.