

**Implementation in the Real World:  
Purveyors' Craft Knowledge**

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**Meeting Participants**

<b>EBP</b>	<b>Purveyor</b>
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Incredible Years	Julie Jones-Anderson Jamila Reid
Multisystemic Treatment	Joe Boggs Dan Edwards
Nutrition Model Program for Elderly	Sue Levkoff
Positive Behavior Interventions and Support	Lucille Eber Lori Newcomer
School-based mental health	Howard Adelman Linda Taylor
Supported Employment	David Lynde
Federation of Families for Children's Mental Health	Trina Osher
National Alliance of Multicultural Behavioral Health Associations	Larke Huang

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## **Implementation in the Real World: Purveyors' Craft Knowledge**

In the Fall of 2004 a select group of program purveyors of evidence-based programs and practices was invited to a working meeting to explore the “craft knowledge” related to the implementation of evidence-based programs and practices. A “purveyor” is a group of individuals representing a program or practice who actively work to implement that practice or program with fidelity and good effect (see Fixsen, Naoom, Blase, Friedman, & Wallace, 2005 for further discussion).

### **Meeting Methods**

The overall meeting process was structured to systematically elicit information while providing equal opportunities for participation. A modified Nominal Group Process was used to facilitate discussion. In addition, small group work and report outs was used to explore some questions. Research on the Nominal Group Process has demonstrated that it is a good way to generate lots of ideas in a short period of time and involve each participant equally. When using a Nominal Group Process, a question is posed, participants then brainstorm privately for a few minutes by writing down their ideas, in round-robin fashion the ideas are briefly stated and recorded on flip charts, then the group engages in a time-limited discussion to clarify themes and generate concepts.

The questions posed during the meeting were drawn from a review of the implementation evaluation literature (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; <http://nirn.fmhi.usf.edu/resources/publications/Monograph/index.cfm>).

### **Implementation Questions (Nominal Group Discussion)**

1. Exploration: Assume initial contact has been made between the purveyor and the potential implementation site
  - What are the most critical factors/local variables to assess to assure successful implementation later on?
  - Is there a formal “agreement” to work with a site or organization? What are the advantages or disadvantages of formalizing such decisions?
2. Initial Implementation: Assume the decision has been made by the purveyor and the implementation site to pursue implementation
  - What do you do in the first few months to facilitate the initiation of new practices at a site?
  - What services and supports do you provide during the first 18 months of implementation at a new site?
3. Fidelity: Assume services and supports are in place at the implementation site

- How and when do you begin the process of assessing fidelity at a new implementation site?
- What factors facilitate/hinder implementation of fidelity measures at a site?
  - What are the first things you do when low fidelity is detected?
  - How do you discriminate local innovation from poor-fidelity drift?

#### 4. Sustainability: Assume services and supports are in place at the implementation site

- What factors are associated with failure of a site in the first 3 years? In the first 10 years?
- What early decisions/outcomes matter most re: later success and sustainability?
- What continuing role in site maintenance do you play as a purveyor of the program/practice?

#### 5. Administrative Supports: Assume services and supports are in place at the implementation site

- 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?

#### Advice to Colleagues (Small Group Work)

- What should potential implementation sites know in advance?
- What should emerging EBPs know to shorten the time it takes to go from a good science base to broad-scale implementation?
- What should governments and policy makers know and do to enable implementation of evidence-based practices and programs?

### **Meeting Results**

Although it was not planned, discussion among the participants began after the initial introductions. Participants inquired about the genesis of current implementation activities – were they the result of a demand structure (demand created by payers, accrediting and licensing agencies) or a product of developing a community of practice to implement a particular evidence-based program? For demand structures, how does demand go back to academia? Is academia a useful place to lodge implementation activities? Where does implementation live? What is the infrastructure that supports taking practices to scale? How is implementation funded? What are the relative advantages of assessing what is currently in place and making changes vs. creating from new and competing with what’s currently in place? How can we engage the un-engaged so we can go where we are most needed, not just where we are most welcome?

## **Responses to Question #1A:**

### **What are the most critical factors/local variables to assess to assure successful implementation later on?**

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

1. Clarification of mutual intent
2. Readiness for implementation/ buy in
3. Evidence-based program factors
4. Fit with existing systems/ structures
5. Leadership

The 54 specific comments made by the meeting participants are grouped by concept labels derived by the authors. We have preserved the original wording of the comments made by the participants to convey the richness and completeness of the information generated during the two-day meeting.

#### **Clarification of mutual intent**

According to the purveyors, clarification of intentions is an important goal of the exploration stage. The community needs to understand what the purveyors of the evidence-based program can and cannot do. Similarly, the purveyors need to understand why the community is interested in the evidence-based program and what benefits they expect to see. Finally, both parties need to explore and begin to agree on the nature and extent of change that needs to occur in current systems and provider agencies in order to successfully implement the evidence-based program.

#### Clarification of mutual intent

1. Clarify what the agencies and communities are asking for
2. What problems are they trying to solve; will an EBP help solve them? Goals and relative importance
3. Clearly identified community need; clearly articulated; sustainable funding strategies
4. Understanding of commitment required; process; purveyors must provide information to help the community clearly define what it is
5. Philosophical/values fit between community and evidence-based program
6. Critical factors defined that need to be changed
7. Willingness to do interventions differently
8. Site differences; mission driven (what's the motivation?)
9. Expansion and embedding after relationship building (beyond key people); creating alliances at all levels to affect the system better
10. Role of person making the contact- Assess why they want to do this- Pervasive or solo interest
11. Leadership, motivation for change, agency/local/state levels
12. Implications for practice, funding, system functioning
13. Interveners/consumers/stakeholders (taking a look at assessing the players); who are they? What are their agendas?
14. How to integrate it into the community (without loss/ competition)
15. Preparation/ who participates
16. Context – help people (leaders) understand what “it” is – motive for “the call” (for change)

### **Readiness for implementation/ buy in**

The purveyors saw assessing readiness as an important part of the exploration stage. However, this was not viewed as a passive process. Instead, the purveyors talked about how they help to create readiness as they engage in assessment activities with leaders and staff members within systems and organizations and with members of the community. Even at this early stage, purveyors are identifying and reducing barriers to implementation and helping people at the potential implementation site see what they can do to implement the evidence-based program.

#### Readiness for implementation/ buy in

17. Assess and create readiness/buy-in
18. Build readiness
19. Readiness for change; a champion and advocacy by families – buy-in – selection of an EBP
20. Expansion of commitment
21. Barrier identification & “barrier busting”
22. What was previous experience with change
23. Assess modifications that can occur (bendable rules)
24. Is there equal motivation from the system components
25. Motivation: mission driven vs. “other” motivated
26. Opportunity to build capacity
27. Practitioner buy-in / assessing buy-in
28. Support of teachers, staff and the culture of the school, clarification that it’s a long-term relationship/ commitment for that relationship
29. Deal with resistance
30. How to create readiness while assessing it
31. Willingness to create “space” for the new program
32. Site tolerance for accountability
33. Stop/change behavior to be more functional
34. Financial resources
35. State/district/building/faculty commitments (system, practice level, data) (blueprint for schools; clearly define what schools need to do)
36. Work with program to build readiness
37. Creating readiness as ongoing activity; identify barriers – “barrier busting process”
38. Assessing what’s already in place (resource, previous experience with triangle) readiness for next step; ongoing

### **Evidence-based program factors**

Part of the exploration stage identified by purveyors was making sure the potential implementation site clearly understood the evidence-based program, its benefits, its limitations, and the continuing infrastructure supports required to sustain it over the long term. In addition, purveyors discussed the need for the community to understand how the purveyors approach implementation and make their decision about whether a community is ready to implement their evidence-based program.

#### Evidence-based program factors

39. Clarity about “non-negotiables”
40. Clarity about commitment
41. Define program, data requirements; fit (organizational fit), philosophical fit
42. Describe limitations- possible down side
43. Setting up minimal expectations/ requirements; adapt/modify non-negotiables and adaptable negotiables (assessing whether they can be modified)
44. Appropriate expectations about timeframes
45. Number of youth that will be served – adequate referral base
46. Go/No go criteria

#### **Fit with existing systems/ structures**

During the exploration stage, purveyors assessed the fit between the evidence-based program and the community needs and provider organizational structures. While this was important, purveyors did not dwell on it because many of the existing systems and structures will need to change to accommodate the evidence-based program (see responses to Question 2 below).

#### Fit with existing systems/ structures

47. See systems that are already in place – fit with those re: funding/ leadership/ structure/ goals
48. Assess (environmental scan) to see how to do the EBP; how much disruption/change will be required?
49. Good fit; provider needs/ family needs
50. Match of system's view of its mission and the “project's” view of its mission (e.g. Recovery)
51. “Fit” in current system (competition)

#### **Leadership**

Purveyors agreed that leadership is essential to successful implementation. Leadership is seen as critical to each stage of implementation, even though it is hard to define and the leaders change with some regularity during the 2 to 4 year process of implementing an evidence-based program at a new implementation site. There was substantial agreement that multiple leaders need to be identified and cultivated over time, starting during the exploration stage.

#### Leadership

52. Multiple leaders/alliances
53. Leadership's willingness to engage in systems change
54. Leadership (someone to champion the cause), what is it?

#### **Responses to Question #1B:**

**Is there a formal “agreement” to work with a site or organization? What are the advantages or disadvantages of formalizing such decisions?**

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

The 57 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.

### **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?)

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