Lessons Learned from 64 Evidence-Based Program Developers

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Abstract

In order to achieve positive outcomes, effective interventions and implementation strategies must be used in combination (Fixsen, Blase, Metz, & Van Dyke, 2013). This study examined the implementation of evidence-based programs and practices in the real world by exploring the ways in which evidence-based program developers support implementation of their programs and practices in new settings. Structured interviews were conducted with a random sample of evidence-based program developers whose programs were listed on the National Registry of Effective Programs and Practices as well as other national registries of evidence-based programs and practices. The interview was focused on factors derived from a review and synthesis of the implementation evaluation literature. The factors were associated with successful replication and implementation of evidence-based programs and practices in new settings. The interviews were recorded, transcribed, and coded to identify similarities and differences between responses as well as themes and patterns that emerged across the participants. Results indicated that program developers provide varying degrees of support to organizations implementing their intervention. In addition, the results describe the extent to which program developers demonstrate varying levels of responsibility for implementation components. Implications for program developers, organizations, policy-makers, and consumers are discussed.

Our understanding of how to develop and evaluate evidence-based intervention programs has been furthered by on-going efforts to research and refine programs and practices, to define *evidence- based* (e.g., Burns, 2000; Chambless & Ollendick, 2001; Lonigan, Elbert, & Johnson, 1998; Odom et al., 2003), and to designate and catalogue *evidence-based programs or practices* (e.g., the National Registry of Evidence-Based Practices and Programs, Substance Abuse and Mental Health Services Administration, n.d.; the Office of Juvenile Justice and Delinquency Prevention Model Programs Guide; Colorado Blueprints for Violence Prevention). However, the factors involved in successful implementation of these programs were not as well understood in human services or in other fields (Backer, 1991; Chase, 1979; Leonard-Barton & Kraus, 1985; Reppucci & Saunders, 1974; Rogers, 1983, 1995; Shadish, 1984; Stolz, 1981; Weisz, Donenberg, Han, & Weiss, 1995), and we were left with 'virtually no definitive evidence to guide implementation of specific evidence-based practices' (Goldman et al., 2001, p. 1593). As Pressman and Wildavsky (1973) pointed out nearly 40 years ago in one of the first studies on program implementation, "Divorced from problems of implementation, [researchers] think great thoughts together. But they have trouble imagining the sequence of events that will bring their ideas to fruition. [Others], they believe, will tread the path once they have so brightly lit the way" (p. 136).

From an implementation point of view, it is becoming increasingly clear that doing more and better research on a program or practice itself does not lead to successful implementation or broader, effective scale-up efforts (Durlak & Dupre, 2008; Fagan, Hanson, Hawkins, & Arthur, 2008; Greenhalgh et.al., 2005). Nor will it bridge the gap, which has been identified by many (United States Department of Health and Human Services, 1999, 2001; President's New Freedom Commission on Mental Health, 2003; Ewing Marion Kauffman Foundation, 2004; National Association of Public Child Welfare Administrators, 2005; U.S. Department of Education, 2011), that exists between knowledge of effective treatments and the services currently being received by consumers. We know much about interventions that are effective but still make little use of them to help achieve improved outcomes for children, families, and adults nationally.

Evidence-Based programs are not self implementing. A series of meta-analyses and detailed assessments of the strength of research findings for certain practices and programs may help a consumer, agency, or community select a program. However, more data on intervention outcomes do not seem to help implement that intervention with fidelity and benefits for the

intended recipients. "Discovering what works does not solve the problem of program effectiveness. Once models and best practices are identified, practitioners are faced with the challenge of implementing programs properly. A poorly implemented program can lead to failure as easily as a poorly designed one" (Mihalic, Irwin, Fagan, Ballard, & Elliott, 2004, p.1). After summarizing a series of meta-analyses, Lipsey (2009), p. 146) concluded, "the quality with which the intervention is implemented has been as strongly related to recidivism effects as the type of program, so much so that a well-implemented intervention of an inherently less efficacious type can outperform a more efficacious one that is poorly implemented."

Much has changed in the last ten years with respect to understanding the factors related to successful implementation. Many models and frameworks on implementation have emerged over the past several years identifying factors or dimensions related to successful implementation (see Myers, Durlak, & Wandersman, 2012), as well as 61 frameworks identified to guide dissemination and implementation research (Tabak, Khoong, Chambers, & Brownson, 2012). Implementation science is an emerging field that is bridging the gap between science and service.

Myers, Durlak and Wandersman (2012) reviewed 25 implementation frameworks that describe action and strategies for successful implementation either based on empirical research or conceptual analyses (Myers, Durlak and Wandersman, 2012). Based on their synthesis, the authors developed the Quality Implementation Framework, which includes 14 distinct steps to promote quality implementation. Lacking from the review is locus of responsibility for these steps and the role of the developer and purveyor in support of these critical actions. Myers, Durlak and Wandersman implicitly address the developers' role by stating "although it is not noted…a clear explanation and definition of the specified standards for implementation should be agreed on by all involved parties" (p. 7), and they go on to acknowledge that "an emerging strategy for adaptation calls upon innovation developers and research to identify which components can be adapted. Unless practitioners have a deep understanding of effective implementation and program theory, they need support and guidance when adapting innovations to new contexts and population" (p. 7). Wandersman and colleagues (2008, 2012) acknowledge the important role of a *Support System* in working with a *Delivery System* (national, state, and/or local entitles such as health and human service organizations, community-based organizations, schools) but that this system is under-researched and under-developed (Wandersman, Chen, &

Katz, 2012). This article seeks to further develop knowledge related to developers' perspective on their role and components of effective implementation.

In reviewing the implementation literature and *implementation best practices*, we have learned there are *program developers* and there are *purveyors.* A program developer is a researcher or group of researchers who have developed an intervention (and who may have conducted the research required to qualify their program as evidence-based), but who have not taken on the role of actively supporting others in the use of their program practice. A purveyor is a group of individuals who have detailed knowledge of a program or practice and actively work to help others use that practice or program in typical service settings (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). Purveyors have been described in the literature by various names, such as "change agents", site coordinators, design-based assistance organizations, program consultants, linking agents, and site facilitators (Wallace, Blase, Fixsen & Naoom, 2008). Purveyor groups consist of individuals who know the intervention from a practice point of view ("innovation fluency"), are skillful users of implementation approaches, and are engaged in continuous quality improvement cycles in all aspects of their activities (Fixsen et al., 2010). There is some overlap though between program developers and purveyors. For some time now, a number of researchers and program developers have been actively developing, evaluating, and assisting others who are replicating their evidence-based programs and practices. In effect, these researchers and program developers are becoming purveyors of their programs and practices (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Slavin & Madden, 1999). Program developers are purveyors when they have elected to expand their services or have been practitioners themselves and know the intervention and associated craft knowledge from a practice point of view, and are ready, willing, and able to be accountable for helping others implement well.

In some instances, the program developer has created or sanctioned a group to be the purveyor or *intermediary purveyor organization* of the evidence-based program (Franks, 2010). Intermediary purveyor organizations (IPOs) are a type of purveying group, performing the same functions as purveyors, but rather than representing one program or practice, they may represent or promote multiple evidence-based programs. Many of the current intermediary purveyor organizations in the human service domains are well-positioned to support the development of implementation capacity at a regional or state level to encourage wider-scale, high quality use of

multiple effective practices.

To have a useful and significant impact on human service outcomes, we must learn how to make full and effective use of well-researched programs and practices on a national scale. However, only a small number of program developers also are purveyors, and few purveyors appear to have the capacity to engage in effective implementation and scaling activities. Elliott & Mihalic (2004) reported findings from the Blueprint Replication Initiative stating that although the ten Blueprint programs they studied had completed the necessary efficacy and effectiveness trials and met rigorous evaluation standards required for certification as a Blueprints program, the program developers were not necessarily prepared to deliver these programs on a wide scale. Only four of the ten program developers were purveyors who had the organizational capacity to deliver their program to 10 or more sites a year. "Although we have taken giant strides in determining what works and promoting the use of science-based programs, we have lagged behind in building the internal capacity of designers to deliver their programs" (Elliott & Mihalic, 2004, p. 48). Effective purveyors likely will be essential to transforming human services from the fragmented, inconsistent, often ineffective, and sometimes harmful practices described by the Institute of Medicine, the Surgeon General of the United States, and the President's New Freedom Commission on Mental Health (2003).

The factors involved in successful replication and implementation of model programs in real-world settings are evolving and not as well understood as the processes used to develop and evaluate the interventions themselves. Therefore, implementation efforts in the real world often are unsuccessful and highly variable both in terms of the fidelity and sustainability of the program or practice (Elliott & Mihalic, 2004). An unfortunate impact is that communities, agencies and governments can become convinced that 'nothing works' and that the expense and effort involved in trying to make use of evidence-based programs are not commensurate with the returns on their investments.

The purpose of this study was to better understand the ways in which program developers and purveyors help others make use of their evidence based program or practice. Currently, there is very little information about the processes, products, and procedures utilized by program developers and purveyors as they help others make use of their evidence-based practice or program. Program developers and purveyors of evidence-based programs are in most cases the suppliers of evidence-based programs and practices. Their experiences in meeting the demands

of practitioners, organizations, and communities in the real world are variable. In this article we discuss our process for interviewing program developers and purveyors, their perceived role in supporting implementation, and their use of core implementation components to facilitate implementation of their evidence-based program in new settings.

Sample

Defining the Population of Program Developers

The first task was to identify the population of evidence-based programs. Programs and practices were identified using lists and registries of programs designated as evidence-based as defined by registry specific external review processes that employed specified criteria, classifications, or ratings (e.g., model, promising, exemplary, effective). These lists and registries were located through web-searches, literature reviews, and recommendations of implementation researchers, practitioners, and federal policymakers. Each of the evidence-based programs and practices from the identified registries and lists was entered into a searchable database. The database contained information on each program or practice by registry, a brief description of the intervention, and its intended target population, as well as the program developer contact information. Once duplicates were removed from the database, 700 evidence-based program and practices remained (see the Appendix for the list of registries). For the purposes of this study, a random sample of 10 of these 700 evidence-based programs and practices were selected using the simple random sampling method for the piloting of the interview guide instrument. Following the pilot, a stratified random sampling method was used to select 100 evidence-based programs and practices from the subgroup of evidence-based programs and practices found in the National Registry of Effective Programs and Practices (NREPP). Program developers listed on the NREPP registry were selected for participation in this study. The NREPP listing was chosen because it included a broad range of programs and practices and used a consistent review method employing external reviewers to assess the extent and rigor of the data. The resulting classification of programs and practices into three categories: model, promising, or effective was useful for assuring a range of program developer experiences for this study (Note: The NREPP no longer uses this criteria of rating evidence-based programs and practices, instead they focus on rating programs and practices based on their readiness for dissemination).

Program Developer Selection Process

The 'developers' of the 100 randomly selected evidence-based programs and practices were approached through an initial e-mail letter describing the general purposes of the study. The informed consent document was attached to each email letter for the potential participant's review. Following the initial contact by email, the principal investigator or a member of the research team then contacted the program developer to further explain the study and answer any questions, as well as to schedule the telephone interview if the participant consented. Prior to the interview, the participant was sent a copy of their signed informed consent form to retain for their records. The signature of the participant on the informed consent was not deemed necessary by the university's Institutional Review Board, as the study posed minimal risk to the subject and waiving their signature would not adversely affect subject's rights. Sixty-four program developers/purveyors, representing 64 evidence-based programs and practices, agreed to be interviewed, yielding a response rate of 64%. Programs and practices of the remaining 36 program developers who were not interviewed may have differed from those who agreed to participate in that some of the contacts for these programs were no longer involved with the program or its implementation (e.g., researchers who had moved on to develop other programs, had sold their program or curriculum to publishers, etc.). The programs and practices represented in the study represent a wide range of fields, such as child welfare, early childhood, substance abuse, violence prevention, education, adult and children's mental health.

Methods

Developing the Interview Guide

The interview questions were based on frameworks developed from a review and synthesis of the implementation evaluation literature (Fixsen et al., 2005) and subsequent meetings with evidence-based program developers and implementation site managers to operationalize implementation best practices. The *Active Implementation Frameworks* have been described in detail elsewhere (e.g., Fixsen et al., 2005; Naoom, Van Dyke, Fixsen, Blase & Villagomez, 2012; Metz & Bartley, 2012). Briefly, the frameworks describe the *Stages of Implementation* and *Implementation Drivers* that were common among successful attempts to make full and effective use of innovations in human services, education, health, business,

manufacturing, among others. The Stages include *Exploration, Installation, Initial Implementation, and Full Implementation* of an innovation. The Implementation Drivers include methods to develop staff competencies to use an evidence-based program, organizational supports for the new ways of work, and leadership to assure use of the evidence-based program, as intended.

The first step in developing the interview guide was drafting a concept paper identifying topic areas related to implementation such as program developer capacity, program developer-implementer relationships, implementation drivers, etc. for the purposes of formulating a structured interview guide. The concept paper was sent to a research advisory panel comprised of evidence-based program developers, implementers of evidence-based programs and practices in usual care settings, federal partners, and leaders in the children and adult mental health field who were familiar with or had leadership roles related to promulgating or promoting evidence-based approaches. Participation was voluntary, and members of this panel were not compensated for their participation. For each of the topic areas, the research advisory committee members were asked to draft questions they felt should be asked of the original program developers or purveyors.

The interview questions drafted by the research advisory panel were then compiled and reviewed by an implementation advisory panel comprised of individuals in the National Implementation Research Network. The implementation advisory panel was asked to choose the five questions that best reflected issues associated with each conceptual area. The top five research questions were compiled and the principle investigators selected those research questions for the interview guide that was identified by two or more people. As mentioned, the resulting initial interview guide was piloted with a random sample of ten program developers/purveyors. Given that few changes were made to the instrument, the same instrument was used to complete all the interviews.

Conducting Interviews

Structured phone interviews with 64 program developers were conducted by the principle investigator and members of the research team. The interviews were tape recorded and transcribed. The interviews ranged from 60 to 90 minutes. Each interview consisted of 91 possible questions (multiple skip patterns were embedded in the interview) and with a few

exceptions (i.e. screening questions) the questions were open ended. The beginning three questions were screening questions aimed to determine 1) the interviewee's role in program development, 2) the interviewee's role in program implementation, and 3) whether supports for program implementation efforts were focused at the level of practitioners or organizations. The majority of those interviewed described themselves as researchers and/or program developers and focused their efforts at the practitioner level. A richer description of the roles and responsibilities of them is included in the results section. The remaining interview questions were split into twenty sections with varying numbers of questions in each section. These sections covered the perceived roles and responsibilities of the program developer, including specific questions related to their involvement in selection, training, coaching, and performance assessment, as well as organizational change and system intervention. To conclude, program developers were asked to reflect on their experience and provide guidance to the field.

Analyzing the Interview Data

As mentioned previously, interviews were tape recorded and then transcribed by a transcriptionist and entered into Atlas.ti, a type of qualitative data analysis software. To develop the codes for the codebook, the principal investigators open coded the interviews looking for patterns and themes in the data across the ten pilot interviews. The codebook was derived from the codes that emerged during the open coding process as well as the codes, which were developed from the interview guide and the frameworks for implementation in a priori coding. The resulting codebook was then used to re-code the same ten interviews to determine the applicability of the codes to all the transcripts, and to determine whether additional codes needed to be added or if some of the codes needed to be dropped. Following this, each of the remaining interviews was coded by two members of the research team in order to assure reliability in the coding process. After each interview was coded, team members met to discuss and resolve and discrepancies in coding.

Results

The results focus on the program developers' roles in supporting components of implementation. As indicated in the responses, a varying range of support by purveyors and program developers was revealed. Responses reflected varying perceived roles and

responsibilities in supporting implementation and creating a hospitable environment. In addition, summaries are provided regarding program developer responses to interview questions about the Implementation Drivers (selection, training, coaching, performance evaluation or fidelity, facilitative administration, and systems intervention), as well as advice from those interviewed for future program developers and purveyors. Quotations from program developers are provided as context for understanding categorized responses.

Program Developer Perceived Roles and Responsibilities

The interviewees described themselves as researchers and/or original developers, original developers tangentially involved with others who have taken on the role of purveyor for the program (e.g. publishing houses, training organizations), and purveyors who work fairly independently of the original developers. All of the interviewees indicated they were involved in helping others make use of the evidence-based program, but not all of the interviewees played a role in the *original* development of the evidence-based intervention. However, those interviewed did indicate that most of the program developers were still involved with the program, but primarily in a continuing research or program development mode, as opposed to program implementation. In one instance, in which the developer was less involved, the current purveyor of the program had purchased the evidence-based program from one of the original developers.

Many of the program developers and purveyors we interviewed did not set out to do this kind of work (supporting implementation of evidence-based programs). Their goals were to conduct research studies to examine and demonstrate the effectiveness of their program or to develop a program that would fulfill a need in the field. For many, their roles changed when they realized their program had the potential to make a difference: "*in my heart and soul, I really think we have something going, and we are making a difference...we are in this because we know it works, and we really want to make a difference in kid's lives.*" As benefits became apparent and demand grew, some program developers chose to develop materials that practitioners and managers could use in the implementation of their program at the adopting site. Additionally, others offered consultation, training, or materials to help other understand and use their particular intervention. Other program developers turned their programs over to publishing companies for broader dissemination. A smaller subset of researchers and program developers purposely organized themselves into an *active purveyor group*, or a group of individuals who have intimate

knowledge of a program or practice and who actively work to implement that practice or program with fidelity and good effect (Fixsen et al., 2005).

The majority of those interviewed had a more formalized group of individuals who are supporting the replication of the program. These were classified as purveyors and were comprised of for-profit and not-for-profit organizations. Not-for-profit organizations were more often in or associated with a university setting. A unique strategy utilized by university faculty or researchers was to develop an organization in partnership with or outside of the university setting.

"I went to the University. I know it was a very interesting path, because they really, at first, didn't know what to do with me because [this work isn't]… hard science … that can get patented and just put out there, so I worked really hard with a number of people at the University, but they started to get it and explored different options on how to keep this alive and disseminate the program. So that worked for us, and that is one of the things that I think I have [gained] some knowledge and experience, which I did not have then…. So what the University ended up doing after many, many meetings and a variety of people and mentors, etc. was we formed a company in partnership with a part of the University that oversees intellectual property. When you develop at a University, they have rights to intellectual property, so we spun out and formed a company, which is in partnership with the University, so I left the University and managed the company and managed the growth of the program…"

The services and supports provided by many of the purveyors to meet the needs of communities did not fit well within traditional academic departments, which are focused on teaching and research and not on program development and implementation support. The development of these affiliated entities facilitated the work of the program developers in their new roles as purveyors, allowing then to provide an array of services to communities, provider organizations, and states interested in adopting and implementing their program.

Others have not formed groups or organizations to support the replication of their developed program or practice. These few *lone rangers* tend to be faculty or researchers at a university, who assist others in making use of their program by training alone, or have trainers upon whom they can call, or whose implementation strategy is simply to provide program materials.

Perceived Accountability for Implementation Outcomes

Program developers and purveyors were asked to rate the degree of responsibility they assumed when working to assist others in implementing their program or practice. They were asked to characterize their degree of responsibility based on the following four options.

A. You/We do what we can by telephone and email, but it is up to the users of our program to contact us to help solve problems as they try to put the program/practice in place.
B. You/We do what we can by telephone and email, and when problems arise, we will make a site visit and help connect the users of our program with resources that might help them.
C. You/We spend a lot of time with the users of our program to coach them on-site and actively help solve implementation problems.
D. You/We will do whatever it takes to help them be successful. Their success is our success; their failures are our failures.

In conducting the interviews, most developers placed themselves into one of two extremes, A (18 respondents or D (17 respondents) with the remaining interviews selecting B or C. Their degree of responsibility and interaction with communities and provider organizations interested in implementing their program therefore could be described as primarily re-active or pro-active. Reactive aptly described program developers who rated themselves as A, wherein the interaction between the implementers and developers is site-initiated, "*so it is pretty much up to the individual agencies to contact us for help.*" On the other hand, pro-active program developers, who felt accountable for implementation site success, installed active feedback loops and/or mechanisms of communication between implementers and developers.

Additionally, many developers described their intent as D, but their practice fell somewhere between A and C. Many of those we interviewed had a difficult time choosing one option, and stated that their degree of involvement depended upon context, and primarily whether or not sites adopting their program could fund site visits, etc. Developers and purveyors cited financial constraints as their primary reason for not being able to do more than A when "*We are constrained by finances. We don't have independent funding to do any of this.*" Interestingly, a few of the program developers indicated that providing option D would create overdependence:

"*It is probably B, we certainly will try to give them minimally sufficient assistance so that they don't become dependent on us, but they are able to solve the problems, so really D sounds like to me, do whatever you can, that can create an overdependence. It is the same thing when we work with parents, you could be available every time an issue comes up with their child, or you can teach them skills that they can then generalize so that they don't have to constantly be seeking help, so we tend to try to keep the dependence down even with organizations.*"

In the beginning of the interview, participants were asked to describe their primary responsibilities to the organizations and practitioners with whom they work. Their responsibilities ranged from passive dissemination of information (e.g., sending out materials) to actively guiding program installation and quality monitoring (e.g., coaching staff, assessing program fidelity). Activities described by more pro-active purveyors as part of their responsibility were related to program development, training, technical assistance, evaluation, development of data systems, certification of practitioners, and establishment of communities of practice. Program developers or less active purveyors' responsibilities tended to be more limited to material dissemination, presentations and publications, and training. Many of the program developers who were interviewed provided training and technical assistance/consultation but not necessarily as part of their model. In some cases, a consumer could purchase materials without ever being trained in the model or without ever interacting with the program developer. Other developers exercised more control regarding how their program was to be adopted and implemented by packaging or requiring training as part of the program: "*we conduct the training.... They can't get the program without coming to the training, and we do the training.*"

It is not surprising that developers' descriptions of their primary responsibilities were closely linked to how they rated their degree of responsibility, with more active purveyors falling into the C and D categories, and less active purveyors falling into the A and B categories. How developers perceive their roles and responsibilities, specifically whose role or responsibility it is to do the work of implementation, is a key finding of this study. Generally speaking, many program developers viewed implementation of a program or practice as the adopting site's responsibility, while others recognized that they could play a larger and more effective role in implementation but did not have the capacity necessary to provide those services. Throughout these interviews, there was much discussion of whose role and responsibility it was to implement a program at the site level. Many program developers viewed their role as one of providing the

necessary information, materials, and guidance, but the managing and maneuvering of all the complexities of implementing the program at the site was the adopting agency's responsibility.

Interviewees were asked, on average, how long they maintained their relationships with new sites. The answers to this question varied from as little as one year, "*we train them and make sure there is local expertise and then after about a year, they are basically on their own*," to indefinitely or the entire life of the program, "*our goal is actually to maintain and not let go of the relationships that we have with people because those relationships are only as good as one round of turnovers and then suddenly they are starting over again.*"

Implementation Drivers

Questions asked of program developers and purveyors about the use of implementation components were based on a comprehensive review and synthesis of the implementation evaluation literature (Fixsen et al., 2005). The Implementation Drivers include practitioner selection, training, coaching, and fidelity assessment along with facilitative administrative practices and systems interventions. The organization components increase support for practitioners doing the new ways of work and promote sustainability of the evidence-based program or practice. The interviews revealed mixed results regarding the degree to which purveyors attended to these components. Specific implementation components and program developer and purveyor responses are discussed.

Practitioner selection

Although interviewees indicated practitioner selection was critical to the success of implementation of their program, many program developers and purveyors did not provide adopting sites with guidance or criteria for selecting the appropriate staff. In part this is due to the purveyors' inability to have an influence on or to directly hire new or better qualified staff at provider agencies: "*we work with anyone who comes in because we are not going to turn people away. Whoever has hired them hopefully has made a good choice, although we know that is not always the case*." "*We leave it up to the organizations to choose the right people.*" "*Really, it is their staff, and they have to decide for themselves. Sometimes they have their own ideas of what type of a person they want to have, so we make suggestions but it is entirely up to them.*" While others described the importance of selection, *"[staff selection] is absolutely critical,*" and provided some advice but no direct assistance in the form of selection criteria or protocols: "*staff*

selection is mutually critical, but there is no protocol. We just tell them what the qualifications need to be and what kind of personalities they should be looking for."

Some of the more active purveyor groups noted the critical function of practitioner selection and described the effort they put into helping assure the use of selection protocols at new implementation sites. "*We provide some very strict guidelines around the staffing. Bachelors is preferred … then we provide some guidance and support around the hiring of those folks in terms of sample interview questions, sample job descriptions, and that kind of thing. [Staff selection] is very, very important…the wrong staff can be the end of the program.*" One of the more active purveyors described why the provision of selection criteria and protocols evolved for their program: "*We actually have a protocol for supervisors and for therapists that includes sample advertisements, includes initial screening criteria, a first interview, a second interview, and in some cases, even a third interview that includes actual step by step process questions, the right answers, and even the wrong answers, the red flag answers. We did this in response to supervisors who said, gosh, if I had known at the beginning what I know at year end, I would have hired a different group of people. We said, then that has to be our problem to solve right there.*"

Practitioner Training

Each person interviewed described the training process they used to train practitioners in their model. Training of practitioners seems to be the one thing most program developers and purveyors insist on when attempting to help others implement their program. Although as mentioned earlier in this paper, some program developers provide adopting sites with materials and manuals but do not require training as part of the implementation strategy. The extent and method of training varied widely, partly due to the nature of the various programs and practices and partly due to the pressures of trying to satisfy the growing demand for evidence-based programs. "*We sort of became a bottleneck because there is only so much of this training that we can do, so we recently created a web-based training course on this model … where people can come to a website here and in ten modules get sort of the basic training and come back to us and have some help with implementing it in their particular organizations….*" In addition, some had a central location for training while others did training on-site. "*Anyone who implements the program must be trained by us… most times we go to them.*" Some of the purveyors describe

training as part of a larger, integrated approach to assuring that practitioners have the necessary skills to carry out the program. One purveyor of a school based intervention program described the need to integrate training into the larger approach of implementing the program in the following way: "*A lot of good teachers could pick up and run a lesson any time, but this is much more than lessons; this is a whole prevention intervention, so our training is really skill-building for the teachers…. So, they get the why, they get the theoretical base, and then they get the how of these skill-building things and the opportunities that appear in their daily life with kids outside of our lessons… If you want kids to really generalize the skills that they learned, they have to practice them and so the whole point of the training is how do I reinforce and model this in daily interactions allowing kids the opportunity to practice and generalize. This is why we see big changes in behavior, not overnight, over time so that it becomes part of that behavior repertoire…. We have a monitoring observation form that people use; they go in and observe regularly in the classroom to see that the lessons are being delivered like they are supposed to be in their entirety with the method and approach.*"

Practitioner Coaching

Analysis of the interview data indicated that in-person, on-the-job coaching is not typical. What is typical is either no coaching at all, "*We train them according to the manual- we don't have coaches,*" or some form of telephone or email communication after a workshop has been completed, "*We have the monthly call, teleconference, and sometimes those take the form of actual training, like we will have power point on a website and we will review it while we are talking and we will have exercises and things.*" Others encourage on-site consultation but do not have methods in place to assure that it occurs. "*The people who actually deliver the program are supervised by their own agency or whoever does the program…Once they have been trained, unless they contact us, we don't interfere with how they perform. We want to encourage them to do the best they can, but we have no formal control.*" Finally, a few go to great lengths to make sure that each practitioner has continuing access to a qualified and skilled coach. "*Absolutely the most critical position, … from a clinical level, is the supervisor because a top flight supervisor can help less-than-ideal therapists get up to speed…. Orientation training is followed by weekly consultation …following a manualized supervisory protocol.*" In order for some purveyors to

build capacity at the adopting site, "*We train folks locally to do the consultation with their teams and to be able to assess them in terms of how well they are doing the model*."

Practitioner Fidelity

In the literature, it is common for researchers to report measures they took to promote fidelity of implementation during the research process, but there is little or no description of the methods they used to assess it. We found similar results in this study, where program developers and purveyors would ask implementers to sign a memorandum of agreement or understanding indicating that they would implement the program with fidelity: *"We require – again going back to the essential letter, we are asking employers or organizations to honor what their trainers are being asked to do and to commit to that and on the trainers, they are asked to protect the fidelity of the program by contractual arrangements they sign at the end of the trainings for trainer course."*

For the majority of studies in the literature that do describe the methods they use to assess fidelity, fidelity was more than likely assessed when the research on the intervention was being conducted, but not as part of standard implementation practices. We found similar results in this study, as one interviewee put it, "*we have developed a little bit more of a finer grade of fidelity measure, but really more for research purposes; we haven't really given that to organizations. It is not something that we have been very good or strong at."*

In this study, interviewees were asked about the extent to which they measured fidelity, or had some method in place to assess the ability of practitioners to adhere to the program model or practice guidelines. The results of the interviews indicate that although many of the program developers and purveyors stated they had a measure of fidelity, very few of them required the use of the fidelity measure at the practitioner or organizational level, and even fewer required the reporting of fidelity results to a central data bank. Reasons for not assessing fidelity varied, but some of the major themes were lack of feasibility and control to assess fidelity at sites, no funding to assess fidelity, and a belief that assessing fidelity was primarily the adopting practitioner's or agency's responsibility. One interviewee captured this theme well: "*Whether or not people use those [manuals] with fidelity, who knows. We would not have any way to monitor them in how to do that...and I think for us, once the product and training is out the door, it is*

pretty hard for us to see that it is done the right way each time or the way we would want to do it."

Facilitative Administration

Developing a competent workforce is necessary but not sufficient in the development of implementation capacity. Practitioners cannot make full and effective use of an evidence-based program without the support of the organizations in which they work. Selection, training, and coaching do not exist in a vacuum, but rather are contained within and supported by an organization that establishes facilitative administrative structures and processes to select, train, coach, and evaluate the performance of practitioners and other key staff members (Naoom, Van Dyke, Fixsen, Blase & Villagomez, 2012). In addition, administrative structures and processes also need to be in place to carry out program evaluation functions to provide guidance for decision-making and to intervene in external systems to assure ongoing resources and support for the evidence-based programs within the organization (Fixsen et al., 2005). *"Flexibility is one [thing. In addition,] things like higher salaries and better benefits. Support is more around the emotional and infrastructure kinds of things that make life workable and make life easy for people doing a very challenging job."* Part of the interview asked developers about the importance and impact of administrative practices on the evidence-based program being implemented. As we found with training, there is broad agreement about the importance of facilitative administrative practices and the need for organizational changes to accommodate and support the new ways of work that are part and parcel of evidence-based programs. *"One of the implementing organizations was primarily a mental health agency that mostly did clinic based interventions. Well, it is a big change for their organization to be doing home visits so they had to do a lot of extra work… who you might hire to do a clinic based intervention would be different than who you might hire to do a home based intervention… they might have needed a different type of organizational structure with this type of intervention than they would if everybody was in the same building for eight hours a day, [and] they need to have different safety plans."* Interviewees also pointed to the importance of interacting with administrators in convincing others and helping to bring about changes in organizational structures, roles, and functions to support successful implementation of evidence-based programs. "*Our experience is that a clinical champion down in the ranks, like a program provider, is not nearly as important as the CEO in terms of adoption of a new practice and a new way of doing things…*

We don't waste a lot of time anymore dealing with midlevel directors or clinicians who want to try to bring about change in organizations."

Systems Intervention

Because evidence-based programs represent new ways of providing services, the ripple effects go beyond provider organizations and extend into human service systems, as well. By "systems" we mean community and human service systems outside the new site that have influence on the operations of programs at the site. Thus, part of the interview focused on activities related to purveyors helping to align system functioning in order to better support evidence-based program organizations and practitioners. The majority of interviewees said this was beyond their purview, and any interventions in systems were up to local agencies. Their reasons varied. One interviewee described it as the adopter's responsibility because only the adopting organization fully understand the local community: "*We feel it is important that local [agencies] who understand their communities take on those issues with our support so, in general, we do not intervene, this is the agency's purview.*" Other program developers and purveyors recognized the importance of aligning systems with program needs but realized that they lacked the expertise needed to create systems change: "*I understand the issue, and it is beyond what we can systematically do. I know that there are people who specialize in that sort of thing, but you are really talking about policy change and things at that level, and we are much too naïve to be able to do something like that.*"

Finally, a few purveyors have taken a more proactive stance and view systems interventions as a critical part of their implementation activities at a new site. One purveyor put it quite eloquently: "*What we are finding is something that we wish were a nice stationary thing is actually a moving target. The loss of a champion is something that people have underestimated in certain locations. But it is usually not one thing; it is usually a cascade of things that are kind of built upon one another, and except for funding that can bring a hard stop to a program, it is usually something that creates symptoms that are actually measurable and intervenable if you are paying attention. That is one of the things we have tried so hard to do is develop a system for it [that] is almost like a patient in ICU; they have 10 different wires connecting them to 10 different machines, and we are just trying to figure out what are the right machines, and what are the right wires so we can look at adherence, funding, referrals, caseload*

size, length of treatment, as being those vital signs, and those vital signs usually give you advanced warning."

Creating Hospitable Conditions for Implementation

When asked what provider organizations, as well as the state and federal governments could do to create more hospitable environments for implementing evidence-based programs and practices, interviewees unanimously said provide better and more stable funding for program implementation and infrastructure development. "*Stable funding would be really helpful for getting the program institutionalized, but it has to be not just funding for the materials; it really needs to be funding for the training, the continuing training, and evaluations."* In addition to funding, one major theme was "*focusing on producing outcomes as opposed to looking at what sorts of units of intervention are delivered in a standardized kind of way,*" shifting from quantity to quality, and placing a greater focus on outcomes and performance. "*If people started to shift to outcome and evidence focused in everything, then it would put us at a great advantage, but to me, it is not just doing it for the sake of doing it. It is doing it because the outcomes you are looking at are the success of the population of your services. If you think about it, even the funding mechanisms that the states have, if they became outcome focused rather than productivity focused, they would probably get more for their money because the ideal system is the one that you get the best outcome at the lowest cost and if all your accounting is the number of hours that you provide the service, you are actually setting up a system where you are likely to get a random outcome at the highest cost.*"

Informing Future Developers and Purveyors of Evidence-Based Programs

The most revealing question of the interview came at the end when we asked program developers and purveyors to tell us what they would have done differently if they could start over again. Many of the interviewees wished that some sort of model existed to help them take their programs to scale: "*I wish we had a guide of how to set up a dissemination,*" or that they had found a funding source for program development and implementation, like venture capital or small business innovation research (SBIR) funds. Some even indicated they wished they had waited: "*If I had something to do over, I would say, postpone, and I know that would have meant missed opportunities -- postpone until we could strengthen the infrastructure that we had inside the dissemination arm.*" Others wished that they had packaged their evidence-based program to

include all the aspects needed for successful implementation, like materials, training, and fidelity. Despite some regrets over how these program developers and purveyors rolled out their programs, many recognized that they could not have done it any differently when they first started out: "*It's hard to replace the school of hard knocks, and if we had done things differently, we would have started it by doing it the way we are doing things today and having a more concrete process for new program development.*" A few of the program developers and purveyors offered similar advice for new evidence-based program developers: "*I think starting small is the key thing; really testing your program out with a tangible group that you can work with closely, because you need to work out the kinks, how it works for you in your setting is not going to be the case for other groups in other settings, so you need to work with a diverse group of implementers and really get a lot of information and feedback from them and be very hands on so that you can learn from that experience as well.*"

Conclusions

Lessons Learned from Program Developers and Purveyors

Evidence-based programs are not self-implementing. The interest in evidence-based programs is directly related to the interest in achieving outcomes for children and families, but those outcomes will only be achieved if they are successfully implemented. Once programs and practices are identified, practitioners and adopting organizations are faced with the challenge of implementing these programs properly. The interview results point to the complexities faced by those developing and purveying evidence-based programs, as well as those trying to implement these evidence-based programs in new settings.

It appears that the implementation practices associated with successful outcomes on a broad scale are not routinely practiced. How developers perceive their roles and responsibilities, specifically whose role or responsibility it is to do the work of implementation, is a key finding of this study. The variation in supports provided by program developers that exists has implications for organizations adopting evidence-based programs and program implementers. There is a need for better communication between program developers, communities, and agencies (implementers). Communities and agencies need to better understand the developer's

view of their roles and responsibilities and therefore what providers and communities will need to do to *fill in the blanks*.

There is great variation in the needs, level of readiness, and level of capacity of states, tribes, communities, and agencies to implement and sustain evidence-based programs and practices. Program developers will need to consider and identify what it takes to implement their programs successfully and what roles and responsibility are necessary to ensure its successful implementation.

Funders and policy-makers who often direct or mandate the implementation of evidence-based programs will need to consider that the demand for evidence-based programs and practices generally exceeds the supply, and if program developers do not have the capacity or resources to support organizations and program implementers, then who will help program developers and purveyors scale up and build the capacity to meet this demand? When program developers were asked in the interview to tell us what they would have done differently, many expressed a desire for a model for dissemination and supports for model development and implementation. If program developers are to move into purveying and active implementation support, then structural and funding mechanisms need to change, as the current structural and funding mechanisms for the work of purveyors is *catch as catch can*. In order to move implementation of evidence-based programs and practices along and to make a dent in services as usual, future transitions from program developers to purveyors need to be more purposeful and less grounded in the school of hard knocks.

These findings align with other findings in the implementation literature. Greenhalgh and colleagues (2004), in their review of the diffusion of innovation literature, made some useful distinctions between more emergent and passive forms of assistance and more active and accountable processes for ensuring that effective implementation occurs. The authors noted that over the course of the last several decades, in an effort to put science into service, the field has shifted from what they call, 'letting it happen' and 'helping it happen' to 'making it happen' efforts to implement well. In the 'letting it happen' implementation effort, researchers publish their intervention findings and leave it up to the consumers (e.g., practitioners, managers) to find the information, assess its usefulness and fit, and apply it to their situation. In 'helping it happen' efforts, information is packaged or summarized and provided directly to practitioners through handbooks, tool kits, web-based resources, and through training and other technical assistance. In

both the 'letting it happen' and 'helping it happen' efforts, practitioners and organization leaders are responsible for learning about the intervention and its implementation. 'Letting it happen' and 'helping it happen' efforts have led to minimal uptake and only modest outcomes for families across the human services field (Fixsen et al., 2010), whereas, 'making it happen' efforts, in which purveying groups take responsibility for helping practitioners, agencies, and communities select, adopt, implement, and sustain evidence-based programs have shown the potential to increase uptake and produce intended outcomes.

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Appendix: Registries and Sources of EBP's

1. NREPP

http://modelprograms.samhsa.gov/template_cf.cfm?page=model_list

2. OJJDP

http://www.dsgonline.com/mpg_non_flash/search.htm

3. National Institute of Drug Abuse:

http://www.drugabuse.gov/pdf/prevention/RedBook.pdf

4. CDC

http://www.cdc.gov/ncipc/pub-res/parenting/ChildMalT-Briefing.pdf

National Center for Injury Prevention and Control. Using Evidence-Based Parenting Programs to Advance CDC Efforts in Child Maltreatment Prevention Research Activities. Atlanta (GA): Centers for Disease Control and Prevention; 2004.

5. CSAP/CAPT

http://captus.samhsa.gov/home.cfm

Western CAPT- http://casat.unr.edu/bestpractices/search.php

Northeast CAPT- http://www.hhd.org/capt/search.asp

6. Blueprints- Center for the Study and Prevention of Violence:

http://www.colorado.edu/cspv/blueprints/model/overview.html

7. Safe Schools

http://www.colorado.edu/cspv/safeschools/programs/favorable.html

8. ReCapp

http://www.etr.org/recapp/programs/index.htm

9. Youth Violence: A Report of the Surgeon General
http://www.surgeongeneral.gov/library/youthviolence/chapter5/appendix5b.html

10. National Clearinghouse on Child Abuse and Neglect Information
http://nccanch.acf.hhs.gov/topics/prevention/emerging/report.pdf

11. National Clearinghouse for Comprehensive School Reform
http://www.nwrel.org/scpd/catalog/WholeSchoolModels.asp

12. Center for the Study of Social Policy: Exemplary Early Childhood Programs
http://www.cssp.org/doris_duke/programs.html

13. Coalition for Evidence-Based Policy
http://www.excelgov.org/displaycontent.asp?keyword=prppcHomePage

14. The Mental Health Association of New York State
http://www.mhanys.org/ebpdb/index.htm

15. The President's New Freedom Commission on Mental Health
http://www.mentalhealthcommission.gov/index.html

16. SAMHSA's Workplace Model, Effective, and Promising Programs
http://workplace.samhsa.gov/Interventions/WPResources020604.htm

17. American Youth Policy Forum: Less Hype, More Help: Reducing Juvenile Crime, What Works-and What Doesn't by Richard A. Mendel. American Youth Policy Forum, Washington, DC, 2000.
http://www.aypf.org/

18. Department of Education's Expert Panel on Safe, Disciplined and Drug-Free Schools
http://www.ed.gov/admins/lead/safety/exemplary01/index.html

19. Communities That Care Developmental Research and Programs, Inc.: Posey, Robin, Wong, Sherry, Catalano, Richard, Hawkins, David, Dusenbury, Linda, & Chappell, Patricia (2004 edition). Communities That Care Prevention Strategies: A Research Guide to What Works. (We don't have the entire list of programs…On Monday, August 29, 2005, while giving a keynote address at the National Prevention Network conference in New York City, SAMHSA Administrator Charles Curie announced that the administration had acquired Communities That Care from the Channing Bete Company.)
http://www.channing-bete.com/positiveyouth/pages/CTC/CTC.html

20. NACCHO
http://archive.naccho.org/modelPractices/

21. CASEL- Safe and Sound: An Education Leader's Guide to Evidence-Based Social and Emotional Learning (SEL) Programs
http://www.casel.org/projects_products/safeandsound.php

22. Preventing Mental Disorder in School-Aged Children: A Review of the effectiveness of prevention programs (Greenberg et al.) for the Center for Mental Health Services, US Department of Health and Human Services, Prevention Research Center for the Promotion of Human Development:
http://www.prevention.psu.edu

23. California Healthy Kids Resource Center
http://www.californiahealthykids.org/

24. Kauffman Report
http://musc.edu/cvc/kauffman.html

25. Hamilton Fish
www.hamfish.org

26. Promising Practices Network
http://www.promisingpractices.net/programs_all.asp

27. Strengthening America's Families
http://www.strengtheningfamilies.org/html/model_programs.html

28. NASMHPD Research Institute (NRI)
Center for Mental Health Quality and Accountability
Synthesis of Reviews of Children's Evidence-Based Practices. Prepared by Jacqueline Yannacci, M.P.P. and Jeanne C. Rivard, Ph.D. June, 2005.

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