Employing Implementation Science to Improve Outcomes and Sustain Improvements

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  - R01MH072961 (PI: Aarons) Sustainment
  - R21MH098124 (PI: M. Ehrhart) ICA
  - R01MH092950 (PIs: Aarons & M. Hurlburt) ICT
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  - NIH/FIC and NICHD

– Ended
  - P30MH074678 (PI: J. Landsverk)
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  - R01CE001556 (PI: Aarons) ADAPTS
Agenda

- Implementation conceptual frameworks
- Describe Exploration, Preparation, Implementation, Sustainment (EPIS) Framework
- Application of EPIS in funded studies
- Sustainment
- EPIS Resources
It takes 17 years to turn just 14% of original research to the benefit of patient care.
Implementation Research

The scientific study of methods to promote the systematic uptake of proven clinical treatments, practices, organizational and management interventions into routine practice, and hence to improve health.

– (Eccles et al., 2012)

The use of strategies to introduce or change evidence-based health interventions within specific settings

– (National Institutes of Health, 2013)
Factors Affecting Implementation in Public MH

- Consumer Values & Marketing
- Beneficial features (of EBP)
- Research & Outcomes Supporting EBP
- System Readiness & Compatibility
- Political Dynamics
- Funding
- Costs of EBP
- Agency Compatibility
- EBP Limitations
- Leadership
- Clinician Perceptions
- Staff Development & Support
- Staffing Resources

Factors Influencing PMTCT Implementation in Sub-Saharan Africa

<table>
<thead>
<tr>
<th>Health System Resources, Tracking, &amp; Monitoring</th>
<th>Importance for PMTCT Implementation</th>
<th>Implementation Factor Changeability</th>
<th>Enhanced by ISA Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health System Resources, Tracking, &amp; Monitoring</td>
<td>1</td>
<td>7</td>
<td>5</td>
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<tr>
<td>Governmental Commitment</td>
<td>2</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Data Measurement &amp; Collection</td>
<td>3</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Maternal-Child Clinical Care</td>
<td>4</td>
<td>8</td>
<td>9</td>
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<tr>
<td>Logistical/Support Svcs.</td>
<td>5</td>
<td>5</td>
<td>12</td>
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<tr>
<td>Personnel Capacity, Training, &amp; Support</td>
<td>6</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Funding</td>
<td>7</td>
<td>10</td>
<td>4</td>
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<tr>
<td>Leadership-Practice Intersection</td>
<td>8</td>
<td>12</td>
<td>7</td>
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<tr>
<td>Socio-Cultural Issues</td>
<td>9</td>
<td>11</td>
<td>11</td>
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<tr>
<td>Evidence-Based Practice Guidelines</td>
<td>10</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Clinic &amp; Provider Factors</td>
<td>11</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Local Context &amp; Community Engagement</td>
<td>12</td>
<td>2</td>
<td>6</td>
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### Sustainability of Innovation Model Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Average Ranking (Scale 1–9)</th>
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<tbody>
<tr>
<td>Ongoing Leadership</td>
<td>6.46*</td>
</tr>
<tr>
<td>Staff Motivation</td>
<td>5.88**</td>
</tr>
<tr>
<td>Resources Devoted to Change</td>
<td>5.58**</td>
</tr>
<tr>
<td>Evidence of Effectiveness</td>
<td>5.02</td>
</tr>
<tr>
<td>Adaptability</td>
<td>4.80</td>
</tr>
<tr>
<td>Political Environment</td>
<td>4.75</td>
</tr>
<tr>
<td>Champion Turnover</td>
<td>4.51^</td>
</tr>
<tr>
<td>External Pressure</td>
<td>4.31</td>
</tr>
<tr>
<td>Change Reversibility</td>
<td>3.69</td>
</tr>
</tbody>
</table>

Implementation Framework and Strategies

Implementation Framework:
- A proposed model of factors likely to impact implementation and sustainment of EBP
  (Aarons, Hurlburt, & Horwitz, 2011; Damschroder et al., 2009; Tabak et al., 2012)

Implementation Strategy:
- Systematic processes to adopt and integrate evidence-based innovations into usual care.
  (Powell et al., 2011)
Why Frameworks?

As proposed by the project sponsor.

As specified in the project request.

As designed by the senior analyst.

As produced by the programmers.

As installed at the user's site.

What the user wanted.
Review of Frameworks

More than 60 different models
- Models (aka “theories” or “frameworks”)

Frameworks evaluated on:
- Construct flexibility
  - Broad $\rightarrow$ highly operationalized

- Focus on dissemination vs. implementation
  - D-only $\rightarrow$ D=I $\rightarrow$ I-only

- Socioecologic framework level
  - Individual $\rightarrow$ Community $\rightarrow$ System

Common Elements of Frameworks

- **Multiple Levels**
  - Implementation occurs in complex systems
  - Need to identify concerns at different levels

- **Multiple phases**
  - Implementation occurs over time
  - There may be relatively discrete phases or stages
Levels of Change in Health Services?

Four Levels of Change for Assessing Performance Improvement

- **Larger System/Environment**: Reimbursement, legal, and regulatory policies are key.
- **Organization**: Structure and strategy are key.
- **Group / Team**: Cooperation, coordination, & shared knowledge are key.
- **Individual**: Knowledge, skill, and expertise are key.

**Assumptions about Change**


Why Consider Multiple Phases or Process?

- Characterizes process of implementation
- Develops a way to think about what supports are needed during the implementation process
- Helps in providing a “long-term view”
- Helps in planning
- Begin with sustainment in mind

**Exploration, Preparation, Implementation, Sustainment (EPIS) Model**

- Key phases of the implementation process
- Multilevel
- Frames implementation factors *across levels within* each phase
- Enumerates common and unique factors *across levels and across phases*

Phases and Transition Points in the EPIS Model

**Exploration Phase**
- Evaluate EBP Fit
- Assess outer context issues
- Assess inner context issues

**Preparation Phase**
- Marketing EBP to stakeholders
- Address outer context issues
- Address inner context issues

**Implementation Phase**
- Leadership and support for EBP
- Alignment of outer context support
- Problem solving inner context issues

**Sustainment Phase**
- EBP quality assurance
- Alignment and contingency management
- Supervision incentivization turnover mgmt

Begin with Sustainment in Mind
Problem Solving Orientation


EPIS MODEL - Leadership


EPIS MODEL - Provider Attitudes


Why The Fuss About Adaptation and “Fidelity?”

DRIFT
<table>
<thead>
<tr>
<th><strong>Adaptation</strong></th>
<th><strong>Drift</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is done to solve a problem and make implementation possible</td>
<td>Because, hey, I just believe in doing X….it’s what I’ve always done</td>
</tr>
<tr>
<td>Is planned</td>
<td>Is often <em>ad hoc</em></td>
</tr>
<tr>
<td>Compatible with the overall model</td>
<td>Random elements tossed together, often incompatible</td>
</tr>
<tr>
<td>If tested, objectively improves impact or reach</td>
<td>Usually untested and often known to cause loss of effectiveness</td>
</tr>
</tbody>
</table>
Dynamic Adaptation to Implement an Evidence-Based Child Maltreatment Intervention

(CDC R01CE001556, PI: Aarons)

- Phased approach to implementing EBP
  - Allows for appropriate intervention adaptations
  - Allows system and organization adaptations
  - Minimize drift

- Pre-implementation assessment
  - System, organizations, provider, consumer

- Multi-stakeholder "implementation resource team"

- Ongoing outcomes and fidelity/satisfaction data feedback

- Data feedback to IRT and coaches

- Randomize multiple cohorts into ADAPTS vs. usual implementation

Note: Adapted from Aarons, Hurlburt and Horwitz (2011), Aarons and Green (2010), and Aarons, Green, Palinkas, Self-Brown, Whitaker, and Lutzker (In preparation). The contents of boxes do not capture every contingency or issue, but contents are exemplars. The Implementation Resource Team and stakeholders collaborate to make system, organization, and intervention delivery adaptations without compromising core elements of an EBP.

JJ-TRIALS: Application of the EPIS Framework
What is JJ-TRIALS: Juvenile Justice-Translational Research on Interventions for Adolescents in the Legal System

The Cooperative

- A 5-year, implementation science initiative
- Launched by NIDA in July, 2013
- 6 Research Centers and 1 Coordinating Center
- Juvenile Justice Partners representing 7 states plus District of Columbia
JJ-TRIALS Cooperative Agreement
Geographic Locations

- JJ TRIALS Funder
- JJ-TRIALS Coordinating Center
- JJ-TRIALS Research Centers
- JJ-TRIALS Juvenile Justice Sites
Planned JJ-TRIALS Sites

• All sites (n = 36) serve youth under community supervision
  – Sites are primarily county level juvenile justice agencies
  – Site are predominantly urban (some suburban, rural, and mixed sites however)

• 7 states + District of Columbia

• Each of the 6 RCs have equal number of experimental and control sites

• All participating sites have to meet criteria for participation

• Annually an estimated 33,000 youth are served across all sites
<table>
<thead>
<tr>
<th>Institution</th>
<th>Principal Investigator(s)</th>
<th>Juvenile Justice Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Institute on Drug Abuse</td>
<td>Tisha Wiley, Ph. D. (Science Officer)</td>
<td>New York State Office of Probation and Correctional Alternatives; Patti Donohue</td>
</tr>
<tr>
<td>(Funder)</td>
<td>Dionne Jones, Ph.D. (PO)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shoshana Kahana, Ph.D. (PO)</td>
<td></td>
</tr>
<tr>
<td>George Mason University</td>
<td>Faye Taxman, Ph.D. (Steering Committee Chair)</td>
<td>Georgia Department of Juvenile Justice; Michelle Staples-Horne, Margaret Cawood</td>
</tr>
<tr>
<td>Chestnut Health Systems</td>
<td>Michael Dennis, Ph.D.</td>
<td></td>
</tr>
<tr>
<td>(Coordinating Center)</td>
<td>Christy Scott, Ph.D.</td>
<td>Mississippi Division of Youth Services-Juvenile Drug Courts; James Maccarone</td>
</tr>
<tr>
<td>Columbia University</td>
<td>Gail Wasserman, Ph.D.</td>
<td>Florida Department of Juvenile Justice (Judy Roysden); Washington, DC Dept of Youth and Rehabilitation Services; County Probation Depts in Pennsylvania</td>
</tr>
<tr>
<td>Emory University</td>
<td>Ralph DiClemente, Ph.D.</td>
<td></td>
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<tr>
<td></td>
<td>Gene Brody, Ph.D.</td>
<td></td>
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<tr>
<td>Mississippi State University</td>
<td>Angela Robertson, Ph.D.</td>
<td>TX Juvenile Justice Department; Nancy Arrigona</td>
</tr>
<tr>
<td>Temple University</td>
<td>Steve Belenko, Ph.D.</td>
<td>KY Department of Juvenile Justice; Veronica Koontz</td>
</tr>
<tr>
<td>Texas Christian University</td>
<td>Danica Knight, Ph.D.</td>
<td></td>
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<tr>
<td>University of Kentucky</td>
<td>Carl Leukefeld, Ph.D.</td>
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</table>
JJ-TRIALS Overall Timeline

Year 1 (2013/14)
- Start Up Planning
  - Measurement Development
  - Human Subject and Ethics

Year 2 (2014/15)
- National Survey 1 Protocol Development
- National Survey 2 Launch: January 2015
- Implementation Science Studies
- Publication & Dissemination

Year 3 (2015/16)

Year 4 (2016/17)

Year 5 (2017/18)

DONE!
Core Implementation Strategy

- **Needs Assessment (NA)**: documentation of substance use services through record abstraction, document review, agency leadership survey, group interview (system-mapping exercise, focus group)

- **Site Feedback Report** summarizing the information identified in the NA, and identifying potential service linkage goals

- **Behavioral Health Training** for JJ and BH agency line staff on behavioral health issues related to substance use disorders and EBPs for justice-involved youth

- **Goal Achievement Training (GAT)** for JJ and BH agency leadership on Goal Selection and Data-Driven Decision Making (DDDM)

- **Monthly Site Check-ins**
Enhanced Implementation strategy

- **Local Change Teams** led by agency change leader
  - Includes JJ and BH agency staff

- **Facilitators** from Research Centers work with site leadership to guide site through goal achievement activities during the 1-year Enhanced experimental period:
  - Assist and guide Local Change Team through **monthly meetings**
  - Provide **onsite and phone/email feedback** on site’s progress toward reaching goals

- Facilitators provide **on-going expertise and guidance** on:
  - Data Driven Decision Making
  - Adoption/expansion of EBPs
  - PDSA cycles

- **Facilitator training** is centralized, with monthly facilitated learning circle, fidelity monitoring
# Core and Enhanced Intervention Activities

<table>
<thead>
<tr>
<th>EPIS Phase</th>
<th>Exploration</th>
<th>Preparation</th>
<th>Implementation</th>
<th>Sustainment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Intervention Bundle</strong> (All Sites)</td>
<td><em>Behavioral Health Training</em></td>
<td><em>No activities</em></td>
<td><em>No activities</em></td>
<td><em>No activities</em></td>
</tr>
<tr>
<td></td>
<td><em>Skills-based Data-Driven Decision Making (DDDM) Training</em></td>
<td></td>
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<tr>
<td><strong>Quality Improvement Strategies</strong></td>
<td><em>Needs Assessment</em></td>
<td><em>Independent Application of Templates and Tools</em></td>
<td><em>Independent Application of Templates and Tools</em></td>
<td><em>No activities</em></td>
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<tr>
<td></td>
<td><em>Report Card</em></td>
<td></td>
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<td></td>
<td><em>Assisted Goal Selection</em></td>
<td><em>Monthly Site Check-ins</em></td>
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<td></td>
<td><em>DDDM Tools</em></td>
<td></td>
<td><em>Monthly Site Check-ins</em></td>
<td></td>
</tr>
<tr>
<td><strong>Enhanced Intervention Bundle</strong> (Half Of Sites)</td>
<td><em>No additional activities</em></td>
<td><em>Assist Sites in Use of DDDM in Developing Action Plans</em></td>
<td><em>Assist Sites in Use of DDDM in Progress Monitoring</em></td>
<td><em>No activities</em></td>
</tr>
<tr>
<td><strong>Facilitation of Local Change Teams (LCT)</strong></td>
<td><em>No additional activities</em></td>
<td><em>Assist Sites in Developing LCT</em></td>
<td><em>Guide and Monitor IT Progress</em></td>
<td><em>No activities</em></td>
</tr>
</tbody>
</table>

`~ = 4-5 months`  
*1 year*
EPIS Draft JJ-TRIALS Model
EPIS Model (Aarons et al.) as Measurement Framework

**Exploration**
- Explore Issues
  - SYSTEM: Policy Review
  - COMMUNITY: Collaboration
    - Service quality
  - ORGANIZATION: Functioning
    - Service rates & quality
  - STAFF: Value & Use of Practices
  - CLIENT: Recidivism

**Preparation**
- Process Measures
  - Engagement in Change Process
  - Inter-agency Collaboration
  - Use of Data to Inform decisions
  - Implementation of new practice

**Implementation**
- Implementation Outcomes
  - Sustainment of new practice
  - Penetration across system
  - Continued Use of Implementation Strategies

**Sustainment**
- Service Outcomes
  - SYSTEM: Policy Review
  - COMMUNITY: Collaboration
    - Service quality
  - ORGANIZATION: Functioning
    - Service rates & quality
  - STAFF: Value & Use of Practices
  - CLIENT: Recidivism

Above measures repeated in Preparation and Implementation phases.
## JJ-TRIALS Measurement Plan

### Measures

<table>
<thead>
<tr>
<th>Measures</th>
<th>EXPL (Baseline)</th>
<th>PREP (Experiment)</th>
<th>IMPL (Experiment)</th>
<th>SUST (Post-Experiment)</th>
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<tbody>
<tr>
<td><strong>Primary Questions</strong></td>
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<tr>
<td>Receipt of Services (%, Timing)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Service Quality</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Staff Value and Use of Practices</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Exploratory Questions</strong></td>
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<tr>
<td>Process Improvement Activities</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Value of Process</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Inter-organizational Networks</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Added Cost of Enhancement</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Youth outcomes (12-mo recidivism)</td>
<td>X</td>
<td></td>
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<tr>
<td><strong>Mediators</strong></td>
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<tr>
<td>Outer Context Factors</td>
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<tr>
<td>Inner Context Factors</td>
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**27 Month Span**
## ICT EPIS Process

<table>
<thead>
<tr>
<th>Exploration</th>
<th>Preparation</th>
<th>Implementation Phase 1</th>
<th>Implementation Phase 2</th>
<th>Sustainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Identify and convene stakeholders</td>
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<td>- Solicit expertise about EBP alternatives</td>
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<tr>
<td>- Develop commitment to change effort</td>
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<tr>
<td>- Selection process to identify initial ICT members</td>
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<tr>
<td>- Create the ICT</td>
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<tr>
<td>- Fund ICT positions</td>
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<tr>
<td>- Formalize ICT role in system-wide CBO contracts</td>
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<tr>
<td>- ICT trained in the EBP by developers</td>
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<tr>
<td>- Developers coach ICT to high fidelity</td>
<td></td>
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<tr>
<td>- Adaptation of model jointly by ICT and developers</td>
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<tr>
<td>- Pilot and finalize adaptations</td>
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<tr>
<td>- ICT trains subsequent cohort of CBO providers with developer support</td>
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<tr>
<td>- ICT provides in vivo fidelity coaching for subsequent cohort</td>
<td></td>
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<tr>
<td>- Developers progressively disengage</td>
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<tr>
<td>- ICT is liaison with developers</td>
<td></td>
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<tr>
<td>- ICT trains new provider cohorts and new hires across system</td>
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<td></td>
<td></td>
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<tr>
<td>- ICT provides in vivo coaching across system</td>
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<tr>
<td>- ICT assists CBOs and system leadership in troubleshooting challenges</td>
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### Structure

- CW = Child Welfare Agency
- DEV = EBP Developer/Academic Partner
- SH = Community Stakeholders and United Way Funders
- ICT = Interagency Collaborative Team
- CBO = Community Based Organization—Child Welfare’s contractors; ICT employers; provider employers.
- CBO-IC = Community Based Organization Interagency Training Cohorts—Direct service provider groups employed by CBOs and trained/coached by ICT in successive cohorts
ICT and Subsequent Cohort Fidelity

Time in Months from Training

Mean TeachModel Element Rating

ICT

Cohort

Subsequent Cohort
Leadership and Organizational Change for Implementation: LOCI

- **Inspiration for LOCI project**
  - Developed in collaboration with MH program managers (CBPR)

- **Challenge for health care business and management**
  - Using *evidence-based leadership and management* to improve implementation of *evidence-based health care*

- **Increasing emphasis on moving research to practice**
  - (NIH, CDC, AHRQ, W.T. Grant Foundation)

- **Focus on First Level Leadership and cross-level embedding mechanisms**
  - Priestland & Hanig (2005); Schein (2010)
**Proposed Impact of LOCI on Leadership, Implementation Climate, and Outcomes**

- **ORGANIZATIONAL-LEVEL STRATEGY**
  - Team-Level Leadership Scale

- **TEAM-LEVEL LEADERSHIP**
  - Implementation Leadership Scale

- **TEAM-LEVEL IMPLEMENTATION CLIMATE**
  - Implementation Climate Scale

**WORK ATTITUDES**
- Job Satisfaction
- Org. Commitment
  - Staff Turnover

**ATTITUDES TOWARDS EBP**
- Support org/peers in EBP
- Keeping informed re: EBP

**IMPLEMENTATION CITIZENSHIP**
- EBP Quality
- EBP Fidelity

---


### Implementation Leadership Scale

#### Proactive

1. I have developed a plan to facilitate implementation of evidence-based practice
2. I have removed obstacles to the implementation of evidence-based practice
3. I have established clear department standards for the implementation of evidence-based practice

Proactive Sum (add items 1-3)
Proactive Score (Proactive Sum/3)

#### Knowledgeable

4. I am knowledgeable about evidence-based practice
5. I am able to answer staff’s questions about evidence-based practice
6. I know what I am talking about when it comes to evidence-based practice

Knowledgeable Sum (add items 4-6)
Knowledgeable Score (Knowledgeable Sum/3)

#### Perseverant

7. I recognize and appreciate employee efforts toward successful implementation of evidence-based practice
8. I support employee efforts to learn more about evidence-based practice
9. I support employee efforts to use evidence-based practice

Supportive Sum (add items 7-8)
Supportive Score (Supportive Sum/3)

#### Supportive

10. I persevere through the ups and downs of implementing evidence-based practice
11. I carry on through the challenges of implementing evidence-based practice
12. I react to critical issues regarding the implementation of evidence-based practice by openly and effectively addressing the problem(s)

Perseverant Sum (add items 10-12)
Perseverant Score (Perseverant Sum/3)

### ILS Scale Score

\[
\text{ILS Scale Score} = \frac{(\text{Proactive Score} + \text{Knowledgeable Score} + \text{Supportive Score} + \text{Perseverant Score})}{4}
\]

Subordinate Report of Leader Support for EBP: Predicted Means over Time by Condition \((p < .05)\).

Leading for Implementation

Link leadership to implementation climate through “embedding mechanisms”

Schein’s (2010) culture/climate embedding mechanisms

- What leaders pay attention to, measure, control
- How leaders react to critical incidents, crises
- How leaders allocate resources
- Role modeling, teaching, coaching
- How leaders allocate rewards and status
- How leaders recruit, select, promote, excommunicate


Randomize 60 SAT programs to LOCI or webinar

Motivational Interviewing implemented at all programs

Initial 360 assessment at BL, 4, 8, 12, & months, Individualized goal setting and training plans

Weekly coaching calls

Monthly group calls to share experiences

More emphasis on organizational strategy

Follow-up Training – reinforcement/camaraderie

Final meeting with focus group
Why Research on Sustainment?

- 55% failure rate for implemented home based treatments (Wright et al., 2004)
  - For programs still “identifiable,” many key elements were no longer part of services

- Systematic review of D/I research (Novins et al., 2013)
  - only 10% ($n=8$) of studies examined sustainment
    - Ongoing supervision/support
    - Fit of EBT with organization, staff, and clients
    - Supportive organizational culture
SCOPE OF PROJECT

Mixed-methods examination of sustainment in 11 service systems:

– Oklahoma Children’s Services System (OCS)
  - OUHSC/UCSD (NIMH)

– 10 California Counties
  - ICT Project (NIMH)
  - SKCP/ADAPTS project (ACF, CDC, HRSA)
Examination of Sustainment using EPIS

- NIMH support (1R01MH072961: PI Aarons)
- 11 Child Welfare service systems in two states (services cover 87 counties)
- Time varies from initial implementation to current sustainment (or not)
- Focuses on Sustainment phase

EPIS outer context and inner context factors
- Policy (legislation, contracts, agreements)
- Cross context relationships (outer/inner)
- Inner context (leadership, culture, climate, attitudes, OCBs, turnover)
- Implementation outcomes (fidelity)
- Implementation process
  - Adaptation of Stages of Implementation Completion for the EBP (Saldana et al.)


Predictors of Sustainment

- **Leadership**
  - System
    - Leadership competence
  - CBO
    - Transformational
    - Transactional
    - Non-leadership

- **Contracting processes**
  - Nature of RFPs
  - Nature of bidding processes (e.g., BV-PIPs)
  - Provision for ongoing training to address turnover, new staff
  - Provision for ongoing coaching

- **Collaborative relationships**
  - Collaboration between systems and academic partners
  - Collaboration between CBOs
  - “Coopetition”


Developing Tools for Application of EPIS

- California Evidence-Based Clearinghouse for Child Welfare

- Toolkit for EPIS

- Guidance and tools to apply for each phase
  - Building cadre of measurement tools and guides
Technical Assistance Materials

The CEBC has developed technical assistance resources for use with each phase of the EPIS implementation process. Below are links to PDF versions; these materials are described in more detail in the CEBC Implementation Guide.

Exploration Phase:
- Implementation Team Membership Tracking Tool
- Implementation Team Membership Tracking Tool (PDF that is able to be filled out and saved)
- The Critical Role of Implementation Teams and their Evolution through EPIS
- Exploration Worksheet
- Exploration Worksheet (PDF that is able to be filled out and saved)
- Identifying and Clarifying the Problem
- Identifying and Clarifying the Problem (PDF that is able to be filled out and saved)
- Data Sources to Consider
- Identifying Potential Solutions
- Identifying Potential Solutions (PDF that is able to be filled out and saved)
- CEBC Selection Guide for EBPs in Child Welfare
- Working with Program Developers
- Considerations when Contracting for Services
- Template for Exploration Summary Report

Preparation Phase:
- Contracting with Program Developers
- Data & Outcomes
- Assessing Fidelity
- Resources for Implementation
- Determining the Funding Stream
- Funding Stream Inventory Worksheet
- Funding Stream Inventory Worksheet (PDF that is able to be filled out and saved)
- Referral System
- Starting Plan
- Training & Coaching Considerations

Implementation Phase:
- Monitoring and Feedback Systems
- Reviewing the Billing/Financial Process
- Supporting Initial Implementation - Go Live Week Checklist
- Examining Outcomes

Sustainment Phase:
- Sustainable Funding
- Ongoing Training and Coaching Needs
- Maintaining Fidelity
Implementation Measures

Readiness Measures
Many individual programs have readiness assesses to help determine whether an agency or provider is appropriate for or prepared to implement the program. Information on readiness measures for specific programs can be found on the CEBC Registry website in the Implementation Information section for each program under Pre-Implementation Materials.

General organizational readiness to change measures also exist and may be useful in determining whether an organization is ready to begin a new program or change effort. Examples include:

- Dimensions of Organizational Readiness - Revised (DOOR-R)
- Organizational Readiness for Implementing Change (ORIC)
- Organizational Readiness to Change assessment (ORCA)
- TCU Organizational Readiness for Change (TCU ORC)

Leadership Measures
Agency leaders can have a large impact on an agency's ability to implement change. It is essential that leadership be on board with any proposed changes and serve as a champion for the change. An example measure is:

- Implementation Leadership Scale (ILS)

Culture and Climate Measures
Organizational culture and climate have been identified as important factors in the successful implementation of an evidence-based practice. Examples include:

- Evidence-Based Practice Attitude Scale (EBPAS)
- Implementation Climate Scale (ICS)
- Organizational Culture Assessment Instrument (OCAI)
- Organizational Social Context (OSC) Measure

Information on Other Measures:
- GEM-Dissemination and Implementation Initiative (GEM-D&I)
Links to Tools for EPIS

Overview of EPIS Framework


EPIS Phase Specific Supports

Conclusions

- Implementation frameworks can help to guide identification of challenges and strengths for evidence-based practice implementation.

- Consider the outer context, inner context, and interactions.

- Consider how leaders can embed climate for evidence-based practice in systems and organizations.

- Contribution of JJ-Trials and other studies will advance understanding of when, why, & how to support EBP implementation and promote sustainment.
MISSION STATEMENT

To bring vision, passion, and humanity to behavioral healthcare, social services, special education, and other human services.

To help individuals and families use their skills and strengths to achieve positive change, resiliency, and lasting wellbeing.

To provide effective and efficient services through evidence-based practices and highly skilled, dedicated and culturally competent staff.
Questions
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