

Effective Implementation

Virtual Training for DBHR Prevention Providers

October 8, 2024

Presenters

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<https://hd.wsu.edu/research-labs/impact-lab/>



WASHINGTON STATE
UNIVERSITY

Washington State
Health Care Authority

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Agenda



Introductions & Opening Discussion



Context and Stage Setting



Barriers and Solutions



Tools and Resources



Debrief

Who are you?

- Name
- Role
- In 1 word, what brings you joy in your work?



Acknowledgements

- The content for this training was developed by using concepts and modifying materials from the [*Active Implementation HUB*](#).
- The [*Active Implementation HUB*](#) is a free, online learning environment for use by any interested party — practitioners, educators, coaches, trainers, purveyors — involved in the active implementation and scaling up of programs and innovations. The site goal is to increase the knowledge and improve the performance of persons engaged in actively implementing any program or practice.

Objectives



Apply concepts of effective implementation using the Implementation Stages Planning Tool.



Engage with peers to identify solutions to common implementation barriers.



Explore tools and resources that support effective implementation to achieve program outcomes.

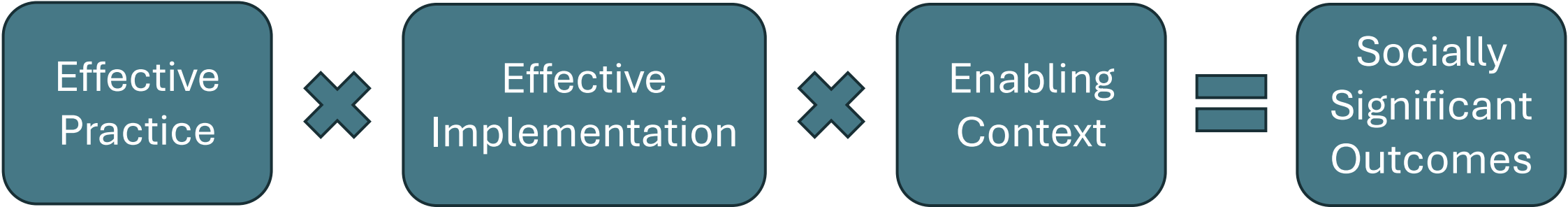
Effective Implementation

We achieve *effective implementation* when programs...

- ✓ Are delivered with quality
- ✓ Are delivered with fidelity to core components
- ✓ Are sustained across time
- ✓ Reach and engage the community in a way that meets their needs
- ✓ Achieve their intended goals and objectives

Context & Stage Setting

The Formula for Success



Implementation Stages



EXPLORATION



INSTALLATION



INITIAL
IMPLEMENTATION



FULL
IMPLEMENTATION

Exploration: Finding the best fit.



Form an **implementation team** to support the process



Document the need



Select the program/practice that matches the need while balancing acceptability and feasibility of implementing



Garner buy-in from leaders and partners

Implementation Teams

Group of engaged and committed staff responsible for “making it happen” by supporting full, effective, and sustained implementation.

What do we want in a team?

Knowledge of evidence-based program

Engage in systems change

Application of implementation science

Flexibility to change as needed

Use of improvement cycles

Available capacity and willingness

Implementation Team Competencies



Nurture and build relationships



Build teams through development & management



Facilitate change through training and coaching



Make data-informed decisions to support change



Understand program components and connection to outcome

Forming an Implementation Team

What competencies are needed?

Who has these competencies?

Given the work, how many are needed?

TEAM:

Name

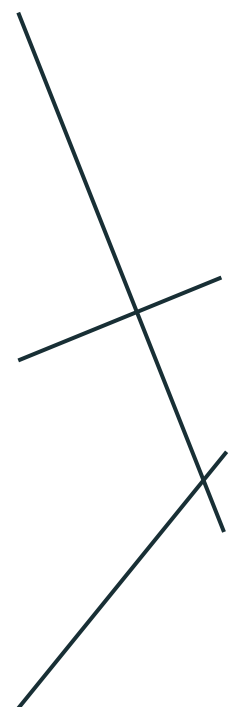
Affiliation

Role

Expertise

Responsibility

INNOVATION:



Exploration Stage Checklist

EXPLORATION STAGE ACTIVITIES

In Continuous Improvement
 In Progress
 Not Yet Initiated
 (Choose one)

E1. Grow relationships with stakeholders with a variety of diverse perspectives and inclusive of voices not traditionally prioritized.

E2. Develop an [Implementation Team](#) representative of the staff, organization and community that are the participants in and recipients of needed changes.

E3. Cultivate [Sponsors/Champions](#) that have the authority and cultural capital to promote change.

E4. Assess and create readiness for team, staff, and organization.

E5. Identify changes needed, existing assets, and [potential root causes](#).

E6. Scan or assess what is currently in place to address the change needed ([Initiative Inventory](#)).

E7. Identify and learn about other potential practices or programs to address the change needed.

E8. Assess fit and feasibility of options to address the change needed. Consider need, fit, evidence, usability, capacity, and supports ([Hexagon Tool](#)).

E9. Using fit and feasibility assessment results, identify the option to implement, or choose to reassess need and potential options, or choose not to proceed.

E10. Develop [communication processes and messages](#).

E11. Determine what actions will be needed to optimize readiness and develop staff capacity, as well as organization and systems changes needed for the identified option.

Installation: Setting ourselves up for success.



Effective and efficient implementation team



Supports are in place



Plan for collecting and using data to make decisions



Channels of communication

Installation Stage Checklist

INSTALLATION STAGE ACTIVITIES	In Continuous Improvement In Progress Not Yet Initiated (Choose one)		
I1. Ensure the practice/program is clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I2. Revisit implementation team membership to ensure needed perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I3. Ensure the implementation team has the appropriate knowledge, skills, functions and authority to support infrastructure development and improvement of the program/practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I4. Convene implementation team regularly to use data (e.g., fidelity, program/process, outcome) to critically examine and improve implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I5. Develop plan for implementation: <ul style="list-style-type: none"> • Develop selection protocols for practitioners. • Develop Training/Professional Learning Plans. • Develop coaching plans. • Develop data systems (what data, how data will be collected, used, and shared). • Develop decision making criteria for success and scaling. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I6. Secure and develop infrastructure resources and supports needed for the program/ practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I7. Select practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I8. Provide initial training for practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I9. Review and refine needed policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I10. Develop and use feedback loops between practitioners, leadership, community partners, and stakeholders to ensure effective communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial Implementation: Trying it out.



Select individuals are using program/practice



Follow data collection and feedback to iterate and improve



Program/practice fidelity and feasibility

Initial Implementation Stage Checklist

INITIAL IMPLEMENTATION STAGE ACTIVITIES

In Continuous
Improvement
In Progress
Not Yet Initiated

(Choose one)

II1. Convene implementation team regularly to use data (e.g., outcome, fidelity, process) to critically examine and improve implementation.

II2. Practitioners begin delivery/use of program/practice.

II3. Implement [Coaching Supports](#).

II4. Continue Training/Professional Learning as needed.

II5. Gather data and feedback through multiple sources including staff, practitioners, recipients, families, and stakeholders to monitor progress.

II6. Use a process to develop improvement strategies through analysis of data and feedback.

II7. Refine implementation infrastructure (i.e., training, coaching, data systems, leadership supports and resources) based on data and feedback.

II8. Use feedback loops with leadership, practitioners, staff, recipients, and stakeholders to communicate about progress, improvement strategies and success.

II9. Use decision making criteria for expanding use of the practice/program.

Full Implementation: A new way of doing.



Data feedback process informs decision-making



Providers delivering with fidelity and ease



Evaluation data indicating improved outcomes

Full Implementation Stage Checklist

FULL IMPLEMENTATION STAGE ACTIVITIES

**In Continuous
Improvement**
In Progress
Not Yet Initiated
(Choose one)

F1. Convene implementation team regularly to use data (e.g., fidelity, program/process, outcome) to critically examine and improve implementation.

F2. Monitor and improve implementation supports and resources as needed to sustain implementation.

F3. Continue to collect and use data for improvement (e.g., fidelity, program/process, outcome).

F4. Continue the training and coaching supports to maintain skillful use of the program or practice.

F5. Continue to use feedback loops with leadership, practitioners, staff, recipients and stakeholders to communicate about progress, improvement strategies and success.

F6. Evaluate for expected outcomes.

Identifying the Stage



EXPLORATION

Considering a
new practice.



INSTALLATION

Selected but
not yet
implemented.



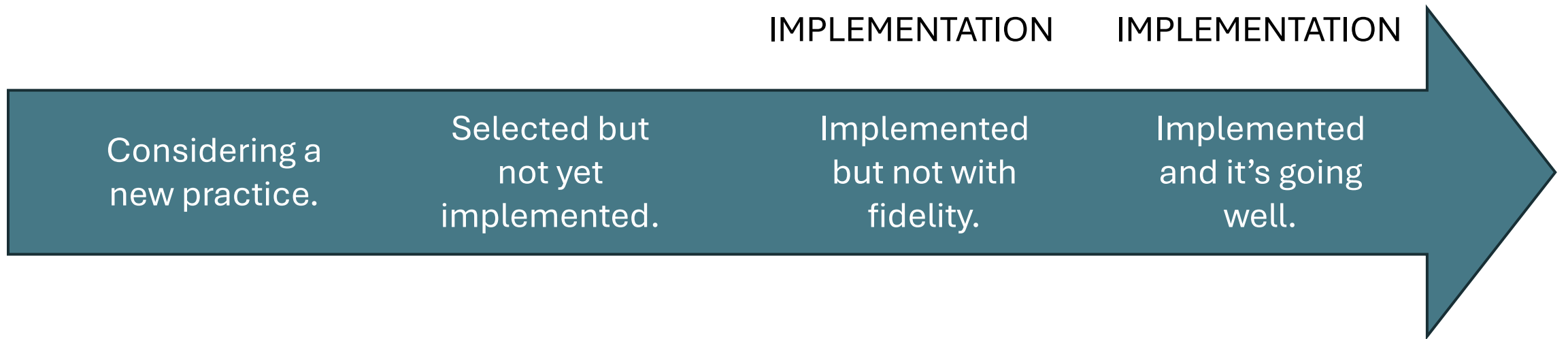
INITIAL
IMPLEMENTATION

Implemented
but not with
fidelity.



FULL
IMPLEMENTATION

Implemented
and it's going
well.





Yes

The organization is in **EXPLORATION**

Is the organization considering implementing a new practice?

Have staff (e.g., education staff) already started implementing the new program or practice?

No

The organization is in **INSTALLATION**

Start here.

Yes

Has the organization selected a practice to implement?

Are the majority of staff implementing the new program or practice with fidelity?

No

The organization is in **INITIAL IMPLEMENTATION**



Yes

Yes

The organization is in **FULL IMPLEMENTATION**

Effective Implementation: Identifying Barriers

Where do things go wrong?



EXPLORATION



INSTALLATION



INITIAL
IMPLEMENTATION



FULL
IMPLEMENTATION

After you open the website, click on the + at the bottom right of the screen to add your responses. Click 'publish' so everyone can see it.

Scan the QR
code and
enter your
responses.



https://padlet.com/EW_WSU/DBHR

Common Implementation Barriers

Exploration

- Poor fit
- Lack of understanding of logic model
- Challenges engaging partners
- Where to find EBPs
- Bias against research
- No plan for data

Installation

- Staff turnover
- Training not available
- Underestimating resources needed
- Lack of interest from participants
- Lose partners/champions

Initial Implementation

- Need to adapt
- Balance fidelity & adaptation
- Lack of engagement/participation
- Unexpected (e.g., illness, weather)
- Lack of confidence
- Program doesn't work/got stalled

Full Implementation

- Maintaining fidelity
- Recruiting participants
- Sustaining
- Leadership change/lack of buy-in
- Poor participation (attendance/evaluation)
- Facilitator resigned, poor quality

Time for a break!

Effective Implementation: Identifying Solutions

Fishbowl Activity



Fishbowl (inner circle): 3-4 CPWI/CBO providers share ‘the good, bad, and the ugly – informally, concretely, and openly about a challenge your community faced implementing an evidence-based program and how you overcame it.

Everyone else (outer circle): turn your camera off – listen, observe, take notes and formulate questions using the worksheet.

Goal: Based on your experiences, identify solutions for effectively addressing common implementation barriers.

Fishbowl Debrief

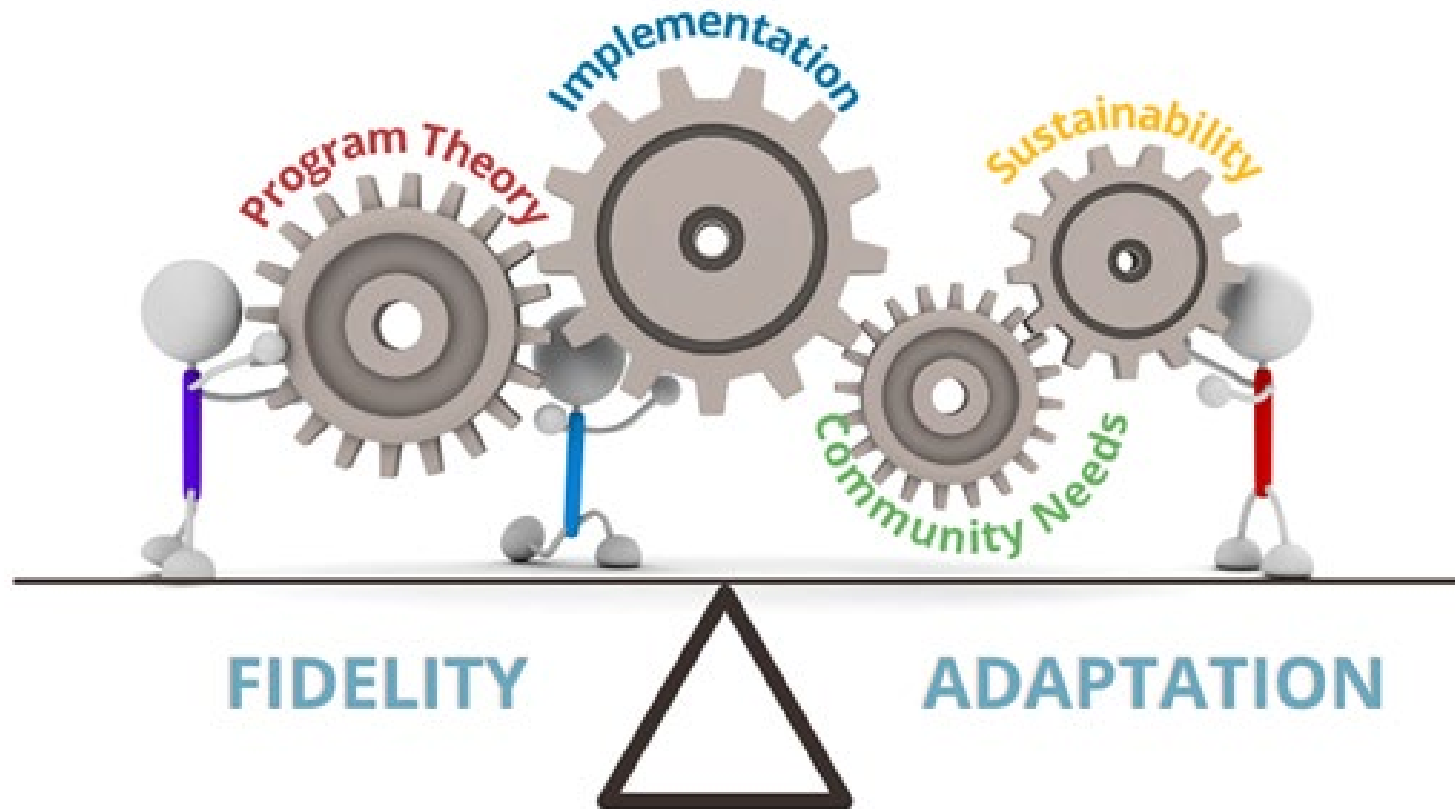


- What themes did you hear?
- What strategies might you be able to use when you have implementation challenges?

Effective Implementation: Tools & Resources

How to strike the right balance between fidelity & adaptation?

To achieve effective implementation, you must strike the right balance.



Best Practices Guide for Balancing Fidelity & Adaptation

Cooper, B.R., Parker, L. A., & Diaz Martinez, A. (2019). Balancing fidelity & adaptation: A best practices guide for evidence-based program implementation. WSU Publications, retrieved at: <https://hdl.handle.net/2376/16873>



**BALANCING FIDELITY AND ADAPTATION:
A GUIDE FOR EVIDENCE-BASED PROGRAM IMPLEMENTATION**



Abstract

The adoption of an effective program is only the first step toward achieving the positive youth and family outcomes community-based organizations aim to achieve. Research has demonstrated time and time again that high-quality implementation is critical if evidence-based programs are to attain their intended goal of improved youth and family outcomes. However, there continues to be substantial debate about whether evidence-based programs should be flexibly adapted to fit local contexts versus delivered with strict fidelity.

This fact sheet will delve into the science of this debate, provide a useful analogy for understanding that science and present a best practices guide aimed at helping program coordinators and implementers effectively balance program fidelity with local adaptations in order to best meet the needs of their local communities.

comparison to people who did not receive the program – and the only explanation for these better outcomes is the exposure to the program.

However, prevention science is increasingly recognizing that research evidence is only one piece of the puzzle (Kemp 2016). The program coordinators and implementers charged with delivering these evidence-based programs have years of experience and expertise about what works in their communities – this is often referred to as contextual or experiential evidence – and this type of evidence should also play a role in determining which evidence-based program to adopt and how to implement that program in a specific community (<https://vetoviolence.cdc.gov/understanding-evidence>).

Making decisions about how to adhere to the dosage, content, and structure of the program as it was originally designed (i.e., program fidelity) while adapting to local contexts is challenging and complex, particularly with limited resources, and program implementers are often left to make these decisions without much guidance. Fortunately, this fact sheet can offer some help.

The Fidelity versus Adaptation Debate: What can we learn from prevention science?

Prevention science has made tremendous advances in the past four decades in determining which programs are most effective at enhancing youth and family well-being in areas such as prosocial behavior and parent-child bonding, and preventing poor outcomes like youth substance use, delinquency, and violence (National Research Council & Institute of Medicine 2009). These programs are referred to as evidence-based programs because they are theoretically sound interventions that have been evaluated using a well-designed study and have demonstrated significant improvements in their targeted outcomes. In other words, research has demonstrated that participants who received the evidence-based program had significantly better outcomes in

Fidelity versus Adaptation: What does the research say?

Within the field of prevention science, there is still some debate about whether evidence-based programs should be adapted to fit local contexts versus delivered with strict fidelity (Barrera et al. 2017; Chambers and Norton 2016; Kemp 2016; Perez et al. 2015). Those who are proponents of the ‘fidelity argument’ say it is best not to tinker with a proven-effective program because if local implementers make changes, there is no guarantee that the evidence-based program will achieve the same positive outcomes as it did during the research studies that proved its effectiveness. The ‘fidelity argument’ also suggests that communities should leverage the program developers’ expertise and thus deliver the program as originally designed with as little

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5 Best Practices for EBP Implementation





1: Select the EBP that best meets your needs

- Are targeted outcomes relevant & acceptable?
- Strong evidence with targeted population?
- Will content & methods be accessible & appealing to targeted population?
- Pick a program that will need the least amount of adaptation and one whose developer/trainer is willing to work with you

The **NIRN's Hexagon Tool** can be used by communities to better understand how a new or existing program fits into an implementing site's existing context.
<https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool>



2: Determine key program elements

- Ideally, you can get this info from the program developer/trainer
- Gather program materials
- Statement of goals, summary of underlying theory, facilitator guide
- Develop program logic model

The **CDC's SELECT, ADAPT, EVALUATE!** offers tools for how to identify the essential elements of your program.

<https://vetoviolence.cdc.gov/apps/adaptation-guidance/>

The **University of Kansas's Community Toolbox** offers excellent resources for developing a program logic model. <http://ctb.ku.edu/en>



SELECT, ADAPT, EVALUATE



1 | Essential Elements

2 | Estimating Elements

3 | Assessing Fit

4 | Adapting Approaches

5 | Tracking & Evaluating Adaptations

Resources

Strategic Planning Pro Tip: The [CPWI Strategic Plan Template](#) has prompts asking questions about fidelity and adaptation. If you plan to use an external, validated tool like the ones we discuss today, you can reference them in the text of your strategic plan. This can set the stage for future success and short-term plan approval.

The **CDC's SELECT, ADAPT, EVALUATE!** provides a worksheet for 'estimating essential elements' of violence prevention programs. <https://vetoviolence.cdc.gov/sites/vetoviolence.cdc.gov/apps/violence-prevention-practice/files/estimating-essential-elements-of-program-508.pdf>

ELEMENTS

What

- Knowledge, skills, and messages delivered through program activities

How

- How it should be delivered
- Instructional methods, setting, timing

Who

- Characteristics of who should ideally deliver the program

QUESTIONS TO CONSIDER

1. What messages will be communicated?
2. What knowledge will be increased?
3. What skills will be developed?

1. What are the recommended teaching methods?
2. How many sessions should be delivered, for how long, and over what period of time?
3. What setting will best support learning?

1. What skills and experiences will help facilitators deliver essential content?
2. What other characteristics (e.g., credibility) will help a facilitator successfully deliver program?



3: Assess the need for adaptation

- Identify & categorize mismatches
 - Program goals/objectives
 - Characteristics of target population
 - Characteristics of implementing agency
 - Characteristics of community
- In consultation with developer & using best-practice guidelines, decide if adaptation is necessary

The **CDC's SELECT, ADAPT, EVALUATE!** offers tools for how to select and adapt an EBP to fit your community. <https://vetoviolence.cdc.gov/apps/adaptation-guidance/>



4: Adapt the program using best practices

- If needed, make adaptations in consultation with program developer/trainer
- Acceptable ('green light') vs. risky ('red light') adaptations
- Stay true to duration, intensity, and key elements of the program

The **CDC's SELECT, ADAPT, EVALUATE!** offers guidance on "green light" and "red light" adaptations. <https://vetoviolence.cdc.gov/apps/adaptation-guidance/>

The **MADI Decision-Making Guide** offers questions to consider when making adaptation decisions. <https://doi.org/10.1186/s13012-020-01021-y>

GREEN LIGHT CHANGES

- » Usually minor
- » Made to increase the reach, receptivity, and participation of the community
- » May include:
 - Program names
 - Updated and relevant statistics or health information
 - Tailored language, pictures, cultural indicators, scenarios, and other content

YELLOW LIGHT CHANGES

- » Typically add or modify intervention components and contents, rather than deleting them
- » May include:
 - Substituting activities
 - Adding activities
 - Changing session sequence
 - Shifting or expanding the primary audience
 - Changing the delivery format
 - Changing who delivers the program

RED LIGHT CHANGES

- » Changes to core components of the intervention
- » May include:
 - Changing a health behavior model or theory
 - Changing a health topic or behavior
 - Deleting core components
 - Cutting the program timeline
 - Cutting the program dosage

Proceed with minor adaptations to improve fit for your community, setting, target population.

Proceed with caution if adaptations do not interfere with program theory/core components.

Unacceptable adaptations can come from the developers themselves, which means that providers and implementation teams must be vigilant and understand the theory of change for their program before adopting new versions of programs, even if they come from trusted sources.

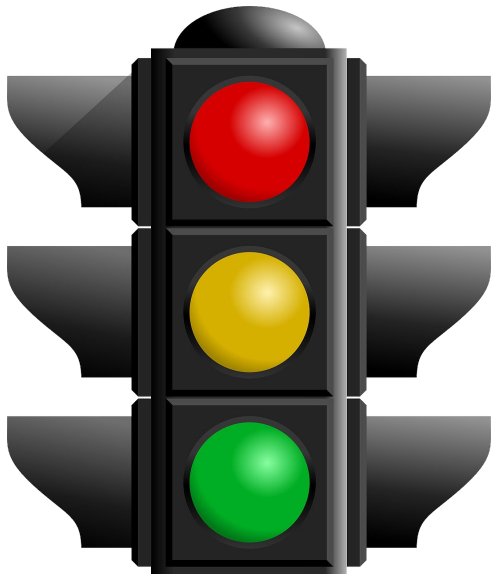
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What

- Knowledge, skills, and messages delivered through program activities

The essential element: The session should increase understanding that drug use affects adolescent and young adult brain development.

Possible adaptation: Implementer changes a brief lecture about adolescent drug use and brain development into a group conversation.



Is this a green light or red light adaptation?

This may be **red light** if...participants talk over one another and key messages and activities are contradicted.

This may be **green light** if...key messages and activities about adolescent drug use and brain development are delivered and discussion is well managed.

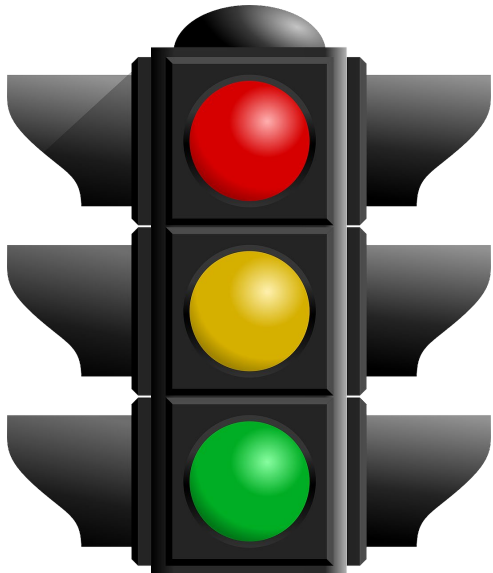
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How

- How it should be delivered
- Instructional methods, setting, timing

The essential element: Each session should be delivered for 60 minutes.

Possible adaptation: To develop rapport with participants, the implementer delivers for 90 minutes.



Is this a green light or red light adaptation?

This may be **red light** if...Participants express disinterest and discomfort.

This may be **green light** if...Participants are engaged in activities and become more comfortable with implementer.

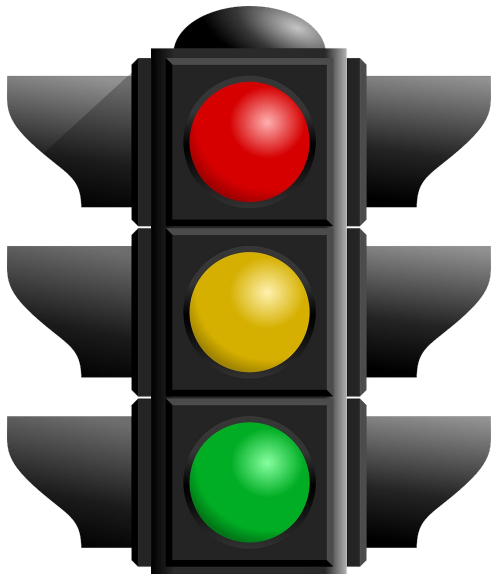
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Who

- Characteristics of who should ideally deliver the program

The essential element: The implementer should be at ease discussing content and facilitating discussion.

Possible adaptation: A substitute delivers a session.



Is this a green light or red light adaptation?

This may be **red light** if...The substitute does not believe in the key messages of the session and reads the curriculum verbatim.

This may be **green light** if...The substitute understands and buys into the key messages and delivers them in an engaging manner.



5: Document, monitor, & improve

- Document and discuss progress regularly
 - Fidelity
 - Adaptations
 - Participant engagement
 - Participant outcomes
- Use implementation monitoring tools
- Stay up to date on program revisions

The **CDC's SELECT, ADAPT, EVALUATE!** offers tools for tracking and evaluating adaptations.
<https://vetoviolence.cdc.gov/apps/adaptation-guidance/>

The **Active Implementation Hub** offers tools for developing improvement cycle processes.
<https://implementation.fpg.unc.edu/implementation-practice/improvement-cycles/>

Debrief & Closing

What is the most valuable thing you learned today?



THINK



PAIR



SHARE

Sources for Additional Support

- Attend office hours with Center for CTC staff every 1st Thursday from 2-4pm and 3rd Tuesday from 9-11am.
 - See Athena Form Calendar for details:
<https://theathenaforum.org/training-calendar/month>
- If you haven't already, [join the Northwest PTTC email list](#) for upcoming training opportunities. They also have recorded webinars and other tools available on their website.
 - <https://pttcnetwork.org/center/northwest-pttc/>

Objectives



Apply concepts of effective implementation using the Implementation Stages Planning Tool.



Engage with peers to identify solutions to common implementation barriers.



Explore tools and resources that support effective implementation to achieve program outcomes.

We value your feedback! Let us know how we did by completing this brief survey.

Scan the QR
code and
enter your
responses.



https://wsu.co1.qualtrics.com/jfe/form/SV_bBLEFYAGcfosaLs

Links to Tools & Resources

- Active Implementation Hub: <https://implementation.fpg.unc.edu/implementation-practice/>
- Implementation Stages: <https://implementation.fpg.unc.edu/implementation-practice/stages/>
- Implementation Teams: <https://implementation.fpg.unc.edu/implementation-practice/teams/>
- Implementation Stages Planning Tool: <https://implementation.fpg.unc.edu/wp-content/uploads/Implementation-Stages-Planning-Tool.v8-NIRN-only-Fillable.pdf>
- NIRN Hexagon Tool: <https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool>
- CDC's Select, Adapt, Evaluate: <https://vetoviolence.cdc.gov/apps/adaptation-guidance/>
- University of Kansas's Community Toolbox: <http://ctb.ku.edu/en>
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- MADI Decision-Making Guide: <https://doi.org/10.1186/s13012-020-01021-y>
- Implementation Science At A Glance: A Guide for Cancer Control Practitioners: <https://cancercontrol.cancer.gov/sites/default/files/2020-07/NCI-ISaaG-Workbook.pdf>
- Implementation Improvement Cycles: <https://implementation.fpg.unc.edu/implementation-practice/improvement-cycles/>
- Northwest Prevention Technology Transfer Center (NW PTTC): <https://pttcnetwork.org/center/northwest-pttc/>