Making It Stick

A Practical Approach
to Dissemination and Implementation

Internal Learning Community

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS
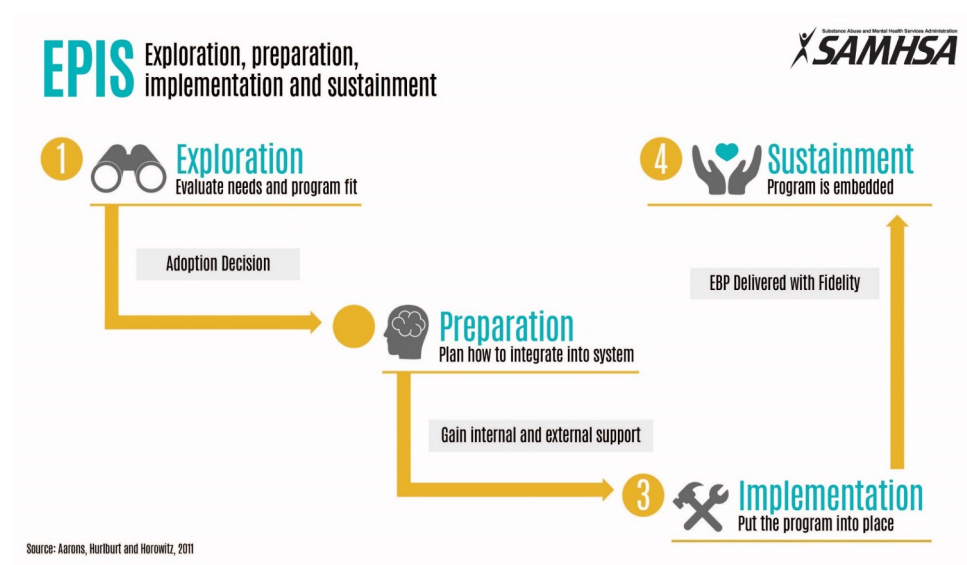
Welcome and Introductions

Please introduce yourself in the chat:

- Name
- Pronouns, if comfortable
- Center and Network
- Location
- Accomplishments under 18 (personal or academic)? Dream job?

Recap from Part 1: Implementation Stages

- What are the steps and stages to implement a new practice?
- Stage models
  - EPIS
  - Fixsen & Blase
- Key aspects:
  - Multiple stages to every change
  - Variable timelines
  - Not necessarily linear
  - May not have a definite beginning or end

EPIS Exploration, preparation, implementation and sustainment

SAMHSA — Substance Abuse and Mental Health Services Administration

1 Exploration — Evaluate needs and program fit

Adoption Decision

Preparation — Plan how to integrate into system

Gain internal and external support

3 Implementation — Put the program into place

EBP Delivered with Fidelity

4 Sustainment — Program is embedded

Source: Aarons, Hurlburt and Horowitz, 2011

Part 2 - Roll Out: How do we decide what to do?

- Four types of D&I frameworks and concepts can help us make our work more effective
  - Implementation stages (session 1)
  - <mark>Engagement and context for implementation (barriers and facilitators) (session 2)</mark>
  - <mark>Implementation strategies (TA activities; session 2)</mark>
  - Evaluation of implementation (session 3)

Nilsen, 2015

What Can Go Wrong?

Photo by Brett Jordan: https://www.pexels.com/photo/wood-typography-photography-blur-7952673/

- Why am I here?
- This won't work!
- What timing!
- Who's left?
- We need what?

# Engagement Strategies at the Organizational Level

- Start with TA through an Implementation Team to plan through all stages (ideal)
- Require an Organizational Application
- Conduct an Organizational Readiness Assessment
- Examine and Align Policies in Advance
- Examine and Reduce Barriers in Advance
- Require Financial Commitment

Engagement Strategies at the Individual Level

- Application process (strategic in selection)
- Require participation in teams
- Provide pre-work to build readiness
- Assess participant's readiness and adapt the training to it
- Enhance commitment intentionally
- Create staged training to funnel participants

Stress Management and Resilience Training
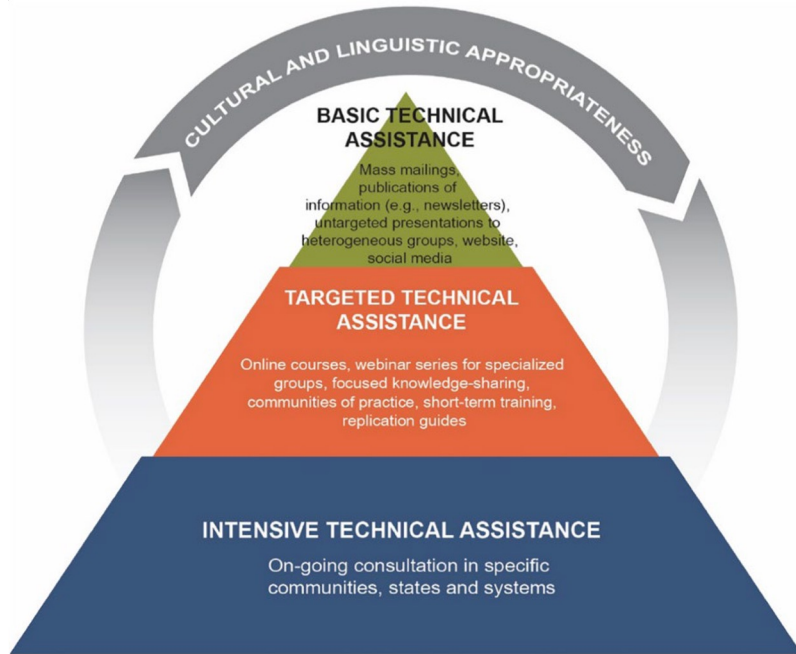
- Tier 1 Webinars
- Tier 2 Workshops
- Application for Tier 3

Intensive TA Project Example

- **Northeast & Caribbean MHTTC's Motivational Interviewing project**
  - Engagement and recruitment of audience
    - Sent out a call for applications
    - Reviewed applications/set criteria
    - Met via phone for initial discussion with administrators/agency leads
    - Assessed readiness in person/zoom (admins and staff)

Some examples of readiness questions

Reflection - Breakout Rooms

Decide on volunteer leader/timekeeper and report out person.

Considering how the MI Project engaged their audience…

- What does your TTC do similarly and/or differently when engaging an ITA audience?

- Is there one thing in your engagement toolbox that is a must have? Why?

Report Out

- In the chat, list your "must have" engagement tool
- 1 or 2 report out people unmute and share

Implementation cannot be separated from context

At the simplest level, we can think of three levels of context:

- Individuals
- Organizations
- Systems

Systems (outer settings)

Organizations (inner settings)

Individuals (workforce)
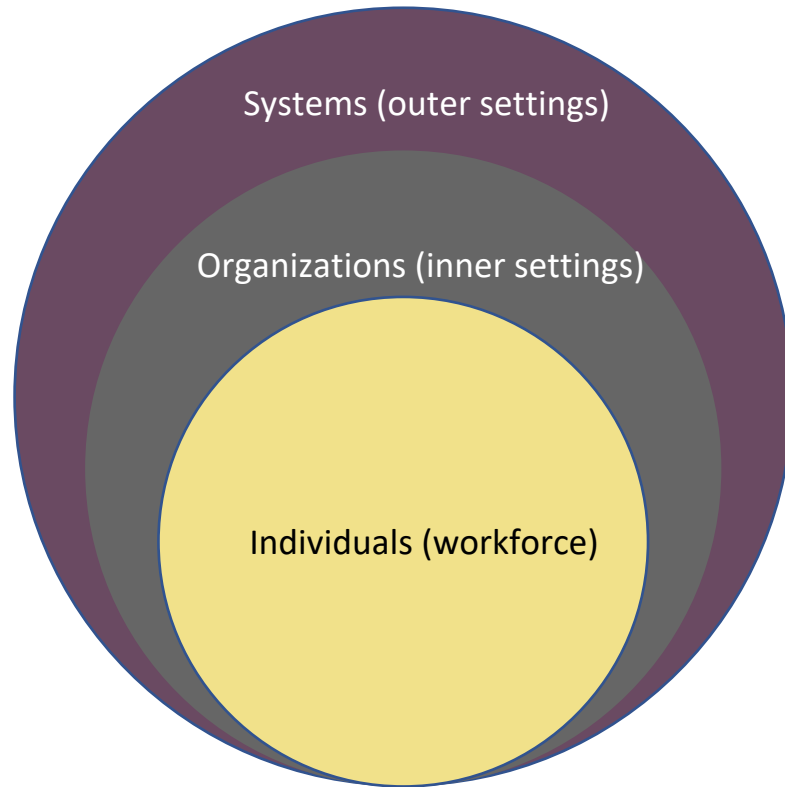
Implementation science can be applied to the fictional world of

Individuals

At the individual level, Mr. Rogers is surrounded by friendly neighbors who are committed to helping children learn and gain positive experiences

The individuals within Mr. Rogers neighborhood are embedded within a cozy house that includes a creative world of make-believe that is filled with numerous resources including puppets, props, and educational materials

Inner Settings

Outer Settings

Mr. Rogers' house is embedded within a resource-filled community that includes specialty shops, museums, a library, a post-office, and a bakery, among many other community assets. The community appears safe and provides a supportive environment that helps enable Mr. Rogers' efforts to support young people.

How can the Mr. Rogers analogy apply to TTCs?

Individuals:

- These are members of the workforce
- The people and teams that we train and support

Inner settings:

- These are the organizations and agencies in which participants in our trainings work
- These settings have their own cultures, leadership styles, resources, and readiness for change

Outer settings:

- These are the systems in which our participants' workplaces are embedded
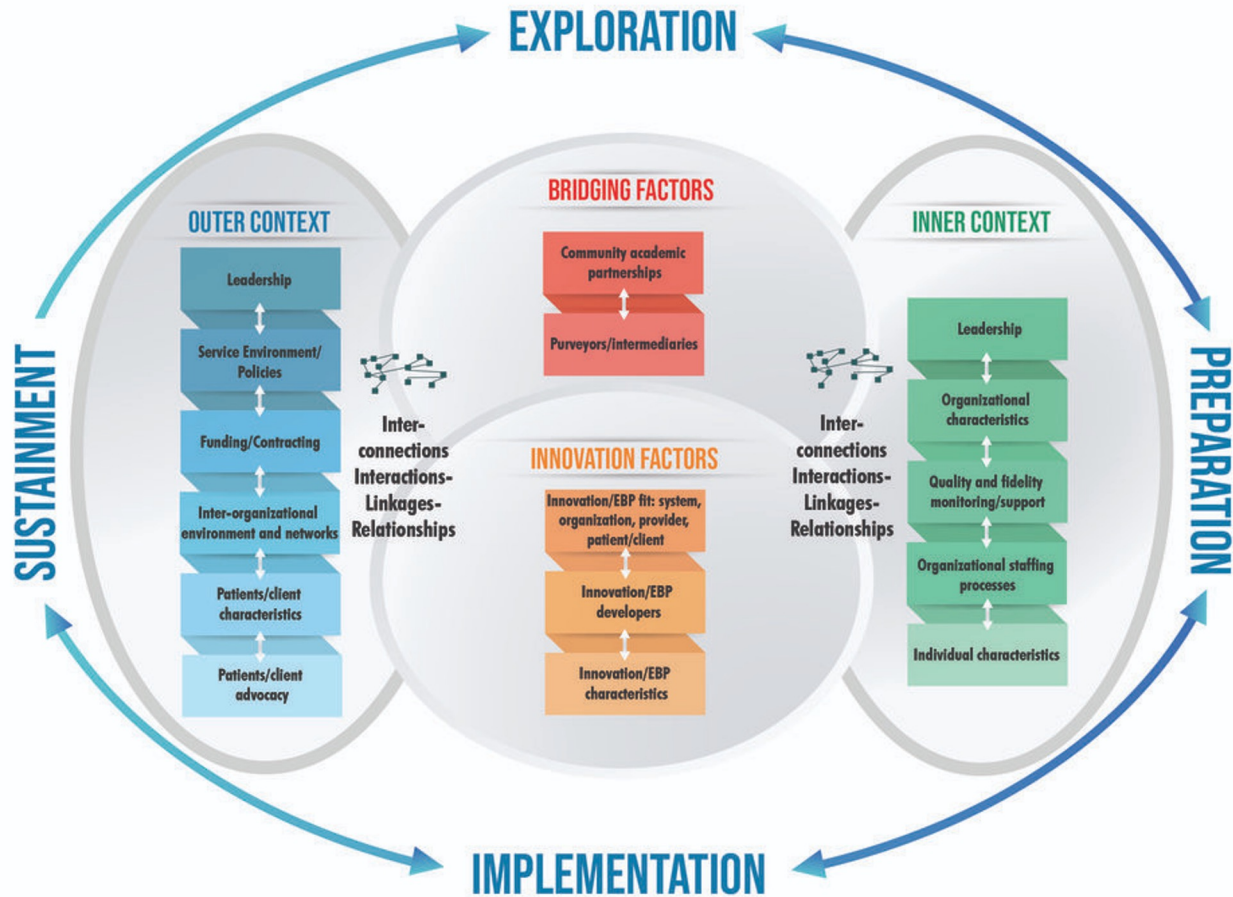- They include financing structures, policies, public attitudes, etc.

Recent models of implementation science provide a common language to describe these contexts

The Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009)
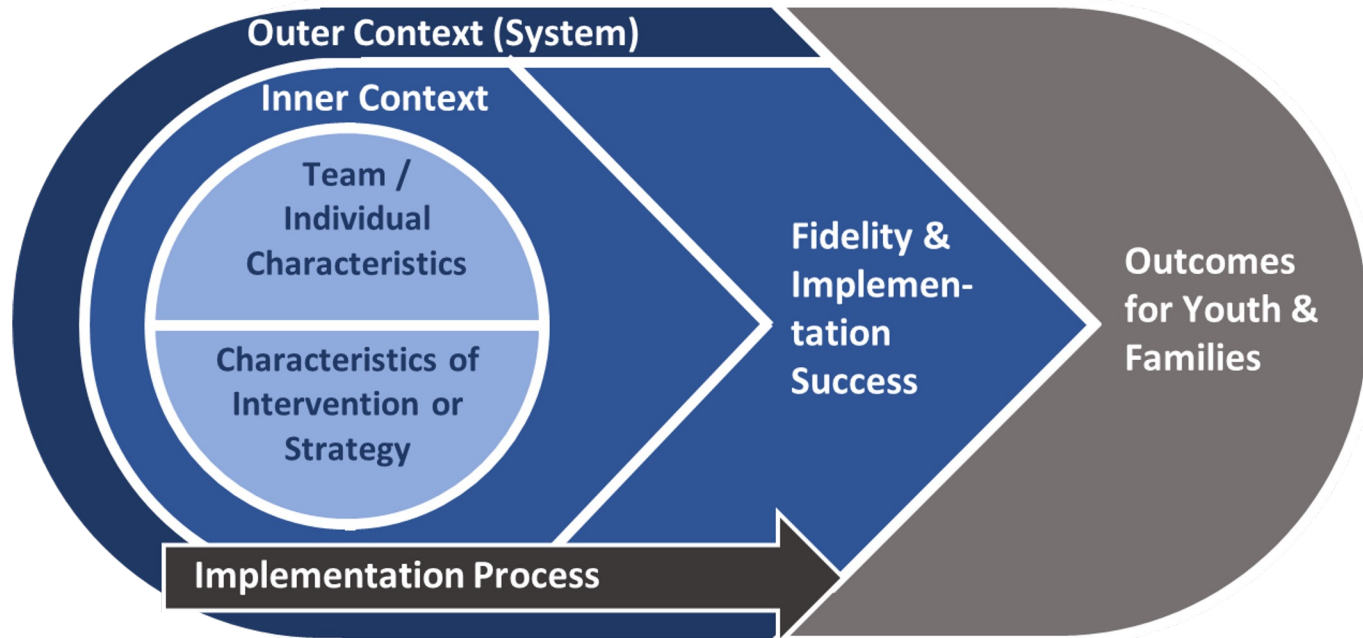
Graphic adapted from Smith, Ashok, Dy, Wines, & Teixeira-Poit, 2014

The EPIS model also underscores the importance of context

EXPLORATION

PREPARATION

IMPLEMENTATION

SUSTAINMENT

OUTER CONTEXT
- Leadership
- Service Environment/ Policies
- Funding/Contracting
- Inter-organizational environment and networks
- Patients/client characteristics
- Patients/client advocacy

BRIDGING FACTORS
- Community academic partnerships
- Purveyors/intermediaries

INNOVATION FACTORS
- Innovation/EBP fit: system, organization, provider, patient/client
- Innovation/EBP developers
- Innovation/EBP characteristics

INNER CONTEXT
- Leadership
- Organizational characteristics
- Quality and fidelity monitoring/support
- Organizational staffing processes
- Individual characteristics

Inter-connections Interactions-Linkages-Relationships

Inter-connections Interactions-Linkages-Relationships

These contextual considerations should be integrated into our TTC work

Most of our work focuses at the individual level

- Workforce development efforts focused on knowledge gains and skill development

Considering context can help promote behavior change and implementation outcomes

- Inner and outer settings, intervention characteristics, and implementation processes all influence individual practitioner behavior

Implementation science models can help us identify **barriers** that we address through training and TA
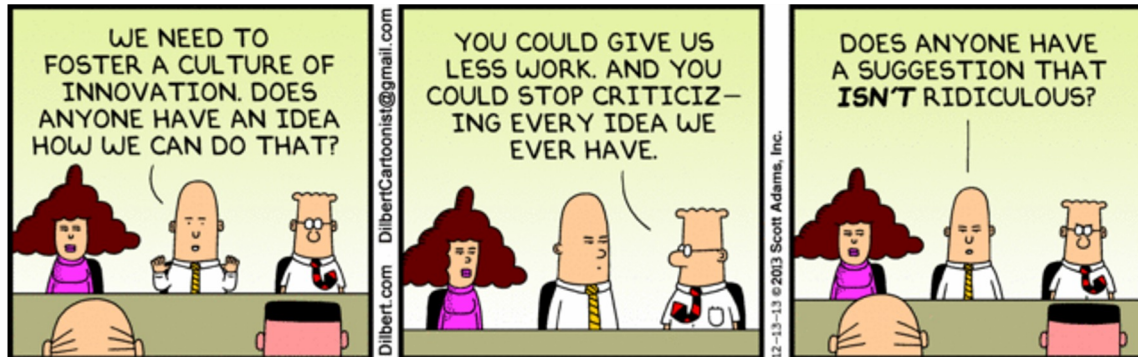
Examples of system-level **barriers**:	Examples of organization-level **barriers**:	Examples of individual-level **barriers**:
• Financing constraints • Mandates • Unsupportive community culture and/or values	• Lack of organizational resources • Unsupportive leadership • Organizational culture that is resistant to change	• Lack of knowledge and/or skills • Resistance to change

These models also can help us target **facilitators** that support implementation
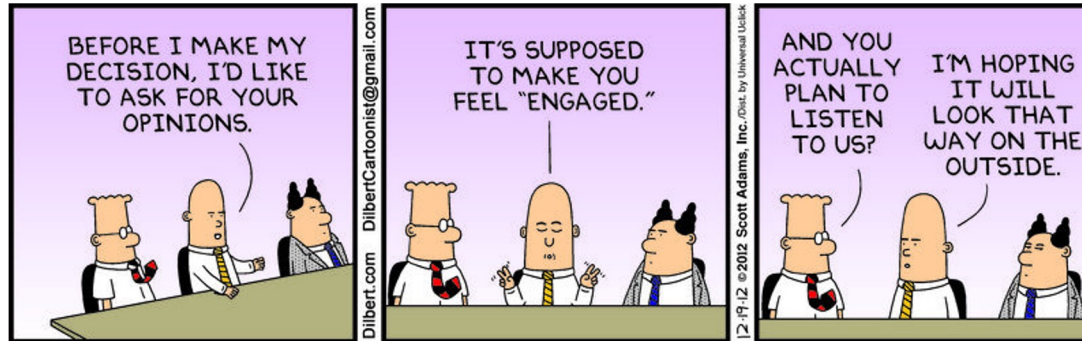
Examples of system-level **facilitators**:	Examples of organization-level **facilitators**:	Examples of individual-level **facilitators**:
● Available funding ● Political priority ● Public demand	● Innovative organizational culture ● Supportive leadership ● Organizational resources	● Motivated workforce ● Skilled practitioners

How can TTCs incorporate context into our work?

- Choosing topics
  - Is implementation realistic in light of barriers and facilitators?
  - What level of support is needed for successful implementation?
- Targeting a particular audience
  - Practitioners, supervisors, others
  - Who will benefit most from the training/TA?
- Selecting speakers
  - Who can connect with the target audience?
- Designing an evaluation
  - How can D&I theory and research inform evaluation design?

Intensive TA Project Example

- **Northeast & Caribbean MHTTC's Motivational Interviewing project**
  - Barriers and facilitators

Individual Level		Organizational Level (inner settings)		System Level (outer settings)	
Facilitators	**Barriers**	**Facilitators**	**Barriers**	**Facilitators**	**Barriers**
-Clinically licensed supervisors *-Relatively recent MI training*		-Administrators interested in implementing all parts of MI into their orgs. -Admins=high level of readiness	-Clinical supervisors and direct service staff=low levels of readiness -Direct service staff turnover		-COVID-19 pandemic

Implementation Strategies (TA activities)

- The activities, actions, or causal agents for the installation, scale up, scale out, or sustainment of an evidence-based practice
  - Training and TA "interventions" of an implementation or sustainment endeavor
- How do we choose which strategies to offer for a particular implementation project?
  - Level of TA, stage of implementation, barriers/facilitators

Image from www.gotcredit.com

Categories of Implementation Strategies

| Category	Examples
Plan	Conduct local needs assessment; assess for readiness and identify barriers; develop implementation plan; build local consensus; mandate change
Educate	Develop effective educational materials; conduct ongoing training; inform local opinions leaders; prepare patients/consumers to be active participants
Finance	Alter incentives; place on formularies; access new funding; make billing easier
Restructure	Create new clinical teams; change service sites; change physical structure and equipment; change records systems
Manage Quality	Develop and organize quality monitoring systems; audit and feedback; obtain and use patient/consumer/family feedback; provide clinical supervision; conduct cyclical small tests of change (PDSA cycles)
Attend to Policy	Encourage the promotion of programs and practices through accrediting bodies, licensing boards, and legal systems

Powell et al., 2012

How to choose?
Standard practice is imprecise

"Train and Pray" Approach
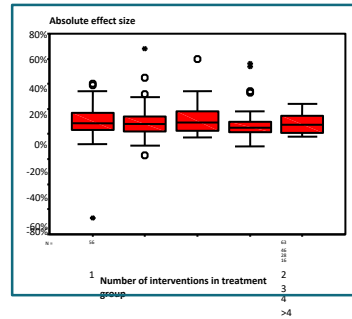
"Kitchen Sink" Approach

"One Size Fits All" Approach

"It seemed like a good idea at the time" (Eccles)

"ISLAGIATT" Approach

Grimshaw et al., 2004; Henggeler et al., 2002; Squires et al., 2014

How to choose?
Tailoring for precision implementation

- Identify stage of implementation
- Assess context to identify barriers and facilitators that may need to be addressed
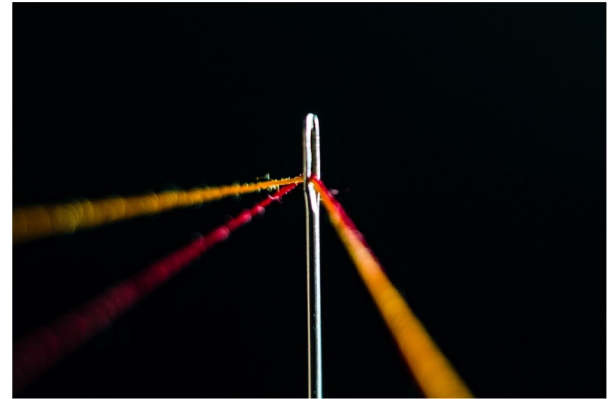- Design and select strategies appropriate to stage and barriers/facilitators

Photo by amirali mirhashemian on Unsplash

Selecting Strategies Based on Stage of Implementation

Exploration:
Form an implementation team
Identify the problem
Conduct a needs assessment
Identify potential solutions
Determine program fit

Preparation:
Ensure leadership buy-in
Develop an implementation plan
Educate and train staff/stakeholders
Identify viable funding streams
Change policies and procedures
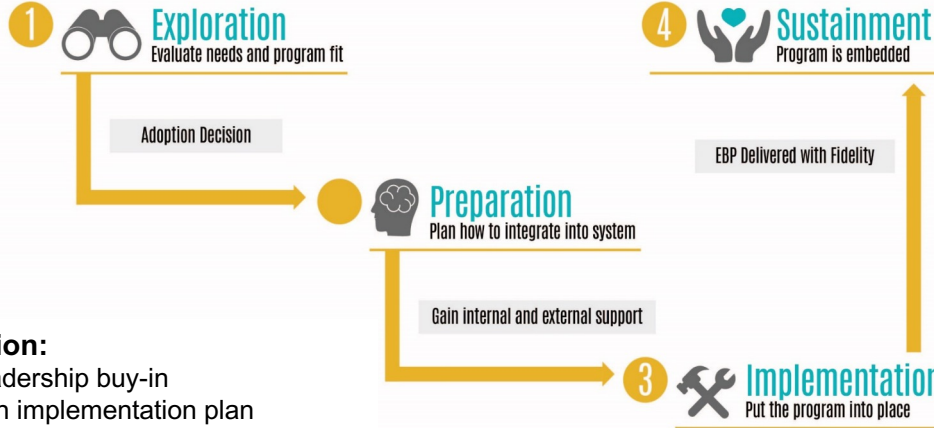
Sustainment:
Continue funding and support
Ongoing training
Ongoing fidelity monitoring
Make refinements

Implementation:
Verify buy-in
Complete training
Manage expectations
Monitor fidelity to the EBP
Collect and evaluate outcomes

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Selecting Strategies Based on Stage of Implementation

Client-Facing Web-Based Shared Decision-Making System in Two Mental Health Clinics

Planning	**Preparation for Launch**	**Launch**	**Monitor & Sustain**
■ Leadership commit to implementation ■ Form project leadership team ■ Create Implementation Master Plan ■ Review policies and procedures for program compatibility	■ Set up consumer facing computer kiosks ■ Identify/ hire peer staff ■ Train all staff ■ Patients & staff create user profiles ■ Develop "Go Live" plan	■ Go Live- patients use MyCHOIS prior to medication appointments ■ Review launch with leadership, staff, and patients	■ Monitor Use ■ Troubleshoot workflow issues ■ Build clinic capacity to train new staff

Finnerty et al., 2019

Selecting Strategies Based on Facilitators/Barriers

Identified Barrier	Relevant Implementation Strategy
Lack of knowledge	Interactive education sessions
Perception/reality mismatch	Audit and feedback
Lack of motivation	Incentives/sanctions
Beliefs/attitudes	Peer influence/opinion leaders
Workflow/time	Process redesign

Tailoring Implementation Strategies – How Much is Enough? Do Barriers/Facilitators Matter?

Reengaging Veterans with SMI into Care - 158 facilities

- Adaptive implementation trial
  - How much implementation support is needed?
  - Does the level of support vary by specific factors?
    - Sites with more positive organizational culture and climate benefited more from Enhanced package

Kilbourne et al., 2014, 2015; Smith et al., 2018

	Standard	Enhanced
Implementation manual	x	x
Training	x	x
Technical assistance	x	x
External facilitation • Gather information		x
• Garner regional/local support		x
• Identify barriers/facilitators		x
• Develop action plans		x
• Feedback & link to resources		x

Reflection - Breakout Rooms

Decide on volunteer leader/timekeeper and report out person.

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Considering the barriers and facilitators Joni described in the MI project above… what implementation strategies/TA activities would you use?

Report Out

- In the chat, list the implementation strategies you would use
- 1 or 2 report out people unmute and share

Intensive TA Project Example

Northeast & Caribbean MHTTC's Motivational Interviewing project

- Evaluative and Iterative Strategies
  - Initial discussions about needs and readiness
    - Phone and in person
  - Implementation plan development

- Train/educate staff
  - In person training for direct service and supervisors (one 6-hour training)
  - Virtual training for administrators (two 1 ½-hour trainings)

Intensive TA Project Example

- Interactive assistance
  - Bi-monthly group coaching calls (each group)
  - Coaching session for direct service staff (in person; one 3-hour session)
  - Coaching session for supervisors (in person; one 3-hour session)
  - Restart/booster after pandemic halt for supervisors and direct service staff (virtual; one 3-hour session)
  - Final discussions/consultation with each group and org to assist with implementation and sustainment (virtual; one 1-hour session)

Wrap Up and Next Session

- Summary: *Session 2: Roll Out: How do we decide what to do?*
  - Readiness: How to engage the audience in intensive TA projects; How to assess readiness to adopt and implement;
  - Context: How to understand the drivers and barriers (context) and readiness for implementation, and how those factors impact your decisions about what TA to provide
  - Strategies: Deciding which implementation/TA strategies to use
- Preview: *Session 3: Working Session: How do we put what we've learned into practice?*
  - "Evaluation: We can do more than we think!" or "Evaluation: It's not just for evaluators"
  - ITA planning: Template for developing TA projects that change practice
  - June 27, 2022, 12-1:30pm PT

Closing

- Plus / Delta questions
  - What did you like most about today's session?
  - What do you suggest we change for next session?