# Part 3: Working Session: How do we put what we've learned into practice?

#### Topics Covered:

- Evaluation of implementation RE-AIM
- Putting it all together

### Welcome and Introductions

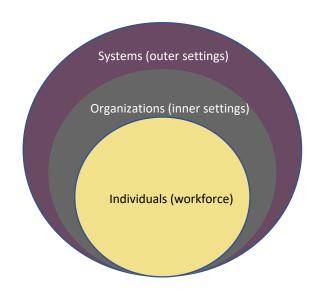


Please introduce yourself in the chat:

- Name
- Pronouns, if comfortable
- Center and Network
- Location
- Favorite summer treat

### Recap of Part 2: How do we decide what to do?

- Engaging our audience
  - Readiness assessment, application processes
- Context for implementation
  - System, organization, and individual levels
- Evidence-based implementation strategies
  - Tailor strategies to stage or context



## Evaluation: How can we evaluate the impact of our work on implementation outcomes?

- Outcomes are measured at two levels:
  - Target audience/TA recipients/organization/setting effects of the technical assistance on the staff/providers or organization
    - Proximal/short-term: Short-term outcomes such as knowledge, skills, confidence, attitudes, training/TA satisfaction (GPRA)
    - Longer-term: is the EBP being used, was it implemented with fidelity?
  - Patients/consumers/participants effects of the intervention/program/practice on patients/consumers/participants

## The RE-AIM Framework can help us assess the impact of our work on implementation outcomes

- Reach
- Effectiveness
- Adoption
- Implementation
- Maintenance

People who need (& want) it, get it

It works

Providers/programs deliver it

It is delivered properly, with quality

It continues to be delivered and continues

to work

## RE-AIM Framework can help guide TTC evaluations

- TTC funding and scope do not necessarily allow for evaluation of intervention/program/practice outcomes
- But, the framework keeps our focus on the full range of evaluation targets
  - What is most important to measure?
  - How can we creatively assess each part of the RE-AIM framework within TTCs?

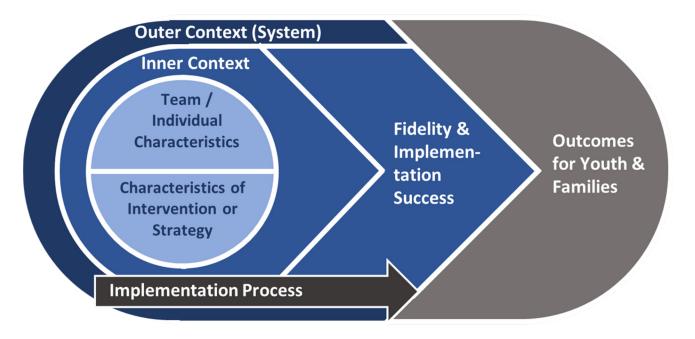
# The RE-AIM framework can help guide data collection related to reach:

#### Reach:

- Training/TA participants:
  - Registration lists
  - Attendance records
  - GPRA data
- Patients/Clients/Students/etc.
  - · Administrative records
  - Interviews



## Implementation science models can help us assess effectiveness, adoption, and implementation fidelity



We can also use such models to track barriers and facilitators to implementation

#### **Inner Setting**

- Implementation Climate Scale (ICS)
- Implementation Leadership Scale (ILS)
- · Custom readiness measure

#### **Outer Setting**

- Stages of Implementation Completion (SIC)
- Public records
- Administrative structures, policies, procedures

#### Measures of Implementation

- · Fidelity checklists
- Observations of implementation
- Interviews

#### Intervention Characteristics

- Intervention Usability Scale (IUS)
- Intervention
   Acceptability,
   Appropriateness, and
   Feasibility measures
   (AIM, IAM, FIM)

#### Outer Context (System) **Inner Context** Team / Individual Fidelity & Outcomes Characteristics Implemenfor Youth & tation Characteristics of **Families** Success Intervention or Strategy **Implementation Process**

#### **Outcomes**

- Behavior change checklists
- Health indicators
- Self-report measures
- Interviews

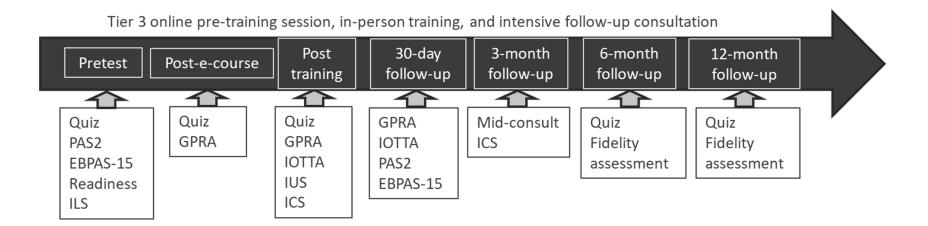
#### **Implementation Processes**

- Impact of Training and Technical Assistance (IOTTA) measure
- Stages of Implementation Completion (SIC)

#### **Individual/Team Characteristics**

- GPRA
- Knowledge quizzes
- IOTTA (measures of competence)
- EBP Attitudes Scale (EBPAS)
- Customized practitioner attitude and behavior measures

## Follow-up assessments help us assess maintenance and sustainment over time



### Intensive TA Project Example

 Northeast & Caribbean MHTTC's Motivational Interviewing project

	Measure	Results
Reach (#/% of consumers)	Did not measure	N/A
Effectiveness of Intervention/Program /Services (w/consumers)	GPRA evaluations for the initial trainings and learning collaboratives for Administrators, Direct Service Staff, and Supervisors.	<ul> <li>Administrators evaluations: 100% would recommend to a colleague; 100% agree they will use information gained in their current practice.</li> <li>Direct Service Providers: 100% would recommend to a colleague; 90% strongly agree or agree that they will use information gained in their current practice.</li> <li>Supervisors—100% would recommend to a colleague; 100% strongly agree or agree that they expect this to benefit their professional practice or development.</li> </ul>

	Measure	Results
Adoption (#/% of providers)	Qualtrics Survey Evaluations (developed by NE&C MHTTC) from participants of the entire MI TA initiative, including open ended questions.	100% of respondents found the MI trainings extremely or somewhat helpful. "Provided us with useful information, provided a safe place for each of us to share real information and allowed us to practice in the group to ensure the information was understood."
Implementation Fidelity/ Adherence/Quality	Focus Groups for Admins and Staff	"Having a common framework has been very helpful. We have people from different backgrounds and so the common framework has been helpful. Conversations are more coherent."
Maintenance & Sustainment	Assess changes to organization and sustained implementation of MI (evaluation developed by NE&C MHTTC)	No data at this time

### Reflection - Breakout Rooms

#### **RE-AIM Dimensions:**

Reach, Effectiveness, Adoption, Implementation, Maintenance

- 1) What's an ITA/TA project example where you were able to measure one or more of the RE-AIM dimensions? How did you achieve it?
- 2) Is there a particular dimension you've desired to measure but was difficult to achieve? Has anyone in the group dealt with this and would share what you learned?

### Pathway to Using D&I Science in our Work

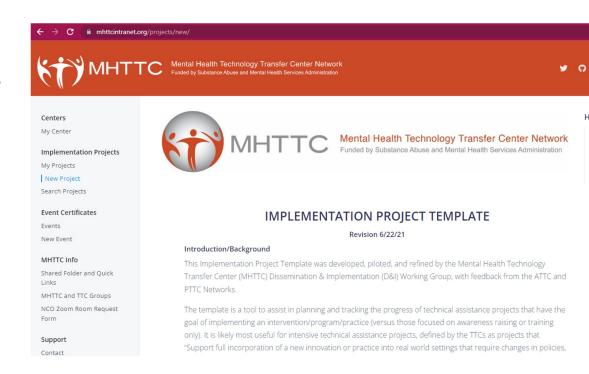
- Implementation Project Template
  - Developed, piloted, and refined by the MHTTC D&I Working Group, with feedback from the ATTCs and PTTCs
  - Tool to assist in planning and tracking the progress of intensive TA projects that have the goal of implementing an intervention/program/practice (versus those focused on awareness raising or training only).
  - Based on the key D&I frameworks
  - Web-based version accessed through the MHTTC Intranet

## Using the Project Template to Plan and Track Intensive TA Projects

- Classroom WISE TA Opportunity
- Fall 2021

## Implementation Project Template on the MHTTC Intranet

- www.mhttcintranet.org
- Any TTC staff person can get a log-in
- Contact Ricky Canelo, rcanelo@stanford.edu



### **Practicing our Learnings**

- Think about an intensive TTA project that you/your team has worked on or are planning to work on.
- Take 5 minutes to answer the following questions:
  - What is the need/rationale for this project? Why was the decision made to do this project?
  - Who is the target audience (including organizations, individuals, cultural considerations)?
  - How did/will you recruit/engage the audience?
  - What system, individual, or organizational factors will aid implementation? What may be barriers?
  - List several implementation strategies that will/were used in this intensive project.

### Reflection - Breakout Rooms

- What was your experience completing these template questions? Were some questions more challenging?
   Easier?
- How would you see using this tool to plan for an intensive TTA project?
- How would you see using TTA summaries provided by other MHTTCs?

# Next Steps to Use D&I Science in Our Work

### Using D&I Science in Our Work

- Use the implementation template to plan and monitor technical assistance projects
- Understand the context before planning implementation strategies/technical assistance
  - Assess barriers/facilitators and readiness
- Tailor implementation strategies/technical assistance based on need
- Consider how to evaluate the impact of your work

## How can we help you use D&I in your work?

- Plans in progress:
  - Recordings & slides from these sessions
  - D&I handbook and implementation template manual
  - Implementation template office hours
- Poll Everywhere question

## **THANK YOU!**

Please complete our short, 5-minute evaluation using the link or QR code below: <a href="https://ttc-gpra.org/P?s=497426">https://ttc-gpra.org/P?s=497426</a>



## Bibliography

- Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. Administration Policy and Mental Health, 38, 4-23. https://doi.org/10.1007/s10488-010-0327-7
- Addiction Technology Transfer Center (ATTC) Network Technology Transfer Workgroup. (2011). Research to practice in addition treatment: Key terms and a field-driven model of technology transfer. Journal of Substance Abuse Treatment, 41(2), 169-178. https://doi.org/10.1016/j.isat.2011.02.006
- Bertram, R., Blase, K., Shern, D., Shea, P., & Fixsen, D. (2011). Policy research brief: Implementation opportunities and challenges for prevention and promotion initiatives. National Association of State Mental Health Program Directors (NASMHPD). https://www.nasmhpd.org/sites/default/files/Policy%20Research%20Brief%20on%20Implementation%20Opportunities%20and%20B\_1.pdf
- Budhwani, H., Hearld, K. R., & Chavez-Yenter, D. (2015). Depression in racial and ethnic minorities: The impact of nativity and discrimination. Journal of Racial and Ethnic Health Disparities, 2(1), 34-42. https://doi.org/10.1007/s40615-014-0045-z
- Cabassa, L. J., & Stefancic, A. (2019). Context before implementation: a qualitative study of decision makers' views of a peer-led healthy lifestyle intervention for people with serious mental illness in supportive housing. Translational Behavioral Medicine, 9(2), 217–226. https://doi.org/10.1093/tbm/jibv034
- Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. (2016). 2015 National Survey on Drug Use and Health: Detailed tables. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf
- Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. (2020, June). Results from the 2019 National Survey on Drug Use and Health: Graphics from the key findings report. https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report
- Cross-Technology Transfer Center (TTC) Workgroup on Virtual Learning. (2021). Virtual reality for behavioral health workforce development in the era of COVID-19. Journal of Substance Abuse Treatment, 121, 108157. https://doi.org/10.1016/j.jsat.2020.108157
- Curran, G. M. (2020). Implementation science made too simple: a teaching tool. Implementation Science Communications, 1, 27. https://doi.org/10.1186/s43058-020-00001-z
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation Science, 4, 50. <a href="https://doi.org/10.1186/1748-5908-4-50">https://doi.org/10.1186/1748-5908-4-50</a>
- Finnerty, M., Austin, E., Chen, Q., Layman, D., Kealey, E., Ng-Mak, D., Rajagopalan, K., & Hoagwood, K. (2019). Implementation and use of a client-facing web-based shared decision-making system (MyCHOIS-CommonGround) in two specialty mental health clinics. Community Mental Health Journal, 55(4), 641–650. https://doi.org/10.1007/s10597-018-0341-x
- Fixsen, D., Naoom, S., Blase, K., Friedman, R., Wallace, F. (2005). Implementation research: A synthesis of the literature. National Implementation Research Network. https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf
- Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. American Journal of Public Health, 89(9), 1322–1327. https://doi.org/10.2105/aiph.89.9.1322
- Grimshaw, J. M., Shirran, L., Thomas, R., Mowatt, G., Fraser, C., Bero, L., Grilli, R., Harvey, E., Oxman, A., & O'Brien, M. A. (2001). Changing provider behavior: An overview of systematic reviews of interventions. Medical Care, 39(8 Suppl 2), II2-II45. <a href="http://www.istor.org/stable/3767642">http://www.istor.org/stable/3767642</a>
- Grimshaw, J. M., Thomas, R. E., MacLennan, G., Fraser, C., Ramsay, C. R., Vale, L., Whitty, P., Eccles, M. P., Matowe, L., Shirran, L., Wensing, M., Dijkstra, R., & Donaldson, C. (2004). Effectiveness and efficiency of guideline dissemination and implementation strategies. Health Technology Assessment, 8(6), iii–72. <a href="https://doi.org/10.3310/ht
- Henggeler, S. W., Schoenwald, S. K., Liao, J. G., Letourneau, E. J., & Edwards, D. L. (2002). Transporting efficacious treatments to field settings: the link between supervisory practices and therapist fidelity in MST programs. Journal of Clinical Child and Adolescent Psychology, 31(2), 155–167. https://doi.org/10.1207/S15374424JCCP3102\_02
- Interdepartmental Serious Mental Illness Coordinating Committee. (2017). The way forward: Federal action for a system that works for all people living with SMI and SED and their families and caregivers. https://www.samhsa.gov/sites/default/files/programs.campaigns/ismicc\_2017\_report\_to\_congress.pdf
- Joyce, B., & Showers, B. (2002). Designing training and peer coaching: Our need for learning. In B. Joyce & B. Showers (Eds.), Student achievement through staff development (pp. 69–94). ASCD.

## Bibliography

- Kilbourne, A. M., Almirall, D., Goodrich, D. E., Lai, Z., Abraham, K. M., Nord, K. M., & Bowersox, N. W. (2014). Enhancing outreach for persons with serious mental illness: 12-month results from a cluster randomized trial of an adaptive implementation strategy. *Implementation Science*, *9*, 163. <a href="https://doi.org/10.1186/s13012-014-0163-3">https://doi.org/10.1186/s13012-014-0163-3</a>
- Kilbourne, A. M., Goodrich, D. E., Lai, Z., Almirall, D., Nord, K. M., Bowersox, N. W., & Abraham, K. M. (2015). Reengaging veterans with serious mental illness into care: preliminary results from a national randomized trial. *Psychiatric Services*. 66(1), 90–93. https://doi.org/10.1176/appi.ps.201300497
- Kirchner, J. E., Woodward, E. N., Smith, J. L., Curran, G. M., Kilbourne, A. M., Owen, R. R., & Bauer, M. S. (2016). Implementation science supports core clinical competencies: An overview and clinical example. *The Primary Care Companion for CNS Disorders*. 18(6), e1-e7, https://doi.org/10.4088/PCC.16m02004
- Koczwara, B., Stover, A. M., Davies, L., Davis, M. M., Fleisher, L., Ramanadhan, S., Schroeck, F. R., Zullig, L. L., Chambers, D. A., & Proctor, E. (2018). Harnessing the synergy between improvement science and implementation science in cancer: A call to action. *Journal of Oncology Practice*. 14(6), 335-340. https://doi.org/10.1200/JOP.17.00083
- Mascayano, F., Nossel, I., Bello, I., Smith, T., Ngo, H., Piscitelli, S., Malinovsky, I., Susser, E., & Dixon, L. (2019). Understanding the implementation of coordinated specialty care for early psychosis in New York state: A guide using the RE-AIM framework. Early Intervention in Psychiatry, 13(3), 715–719. https://doi.org/10.1111/eip.12782
- Maura, J., & Weisman de Mamani, A. (2017). Mental health disparities, treatment engagement, and attrition among racial/ethnic minorities with severe mental illness: A review. Journal of Clinical Psychology in Medical Settings, 24(3-4), 187–210. https://doi.org/10.1007/s10880-017-9510-2
- McHugo, G. J., Drake, R. E., Teague, G. B., & Xie, H. (1999). Fidelity to assertive community treatment and client outcomes in the New Hampshire dual disorders study. Psychiatric Services, 50(6), 818–824. https://doi.org/10.1176/ps.50.6.818
- Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. Implementation Science, 10, 53. https://doi.org/10.1186/s13012-015-0242-0
- Powell, B. J., McMillen, J. C., Proctor, E. K., Carpenter, C. R., Griffey, R. T., Bunger, A. C., Glass, J. E., & York, J. L. (2012). A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review, 69*(2), 123–57. https://doi.org/10.1177/1077558711430690
- Proctor, E., Hooley, C., Morse, A., McCrary, S., Kim, H., & Kohl, P. L. (2019). Intermediary/purveyor organizations for evidence-based interventions in the US child mental health: Characteristics and implementation strategies. *Implementation Science*, 14, 3. https://doi.org/10.1186/s13012-018-0845-3
- Rabin, B. A., & Brownson, R. C. (2018). Terminology for dissemination and implementation research. In R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.) Dissemination and implementation research in health: Translating science to practice (2nd ed.). Oxford University Press.
- Rojas Smith, L., Ashok, M., Morss Dy, S., Wines, R. C., & Teixeira-Poit, S. (2014). Contextual frameworks for research on the implementation of complex system interventions. Agency for Healthcare Research and Quality (US).
- Smith, S. N., Almirall, D., Prenovost, K., Goodrich, D. E., Abraham, K. M., Liebrecht, C., & Kilbourne, A. M. (2018). Organizational culture and climate as moderators of enhanced outreach for persons with serious mental illness: results from a cluster-randomized trial of adaptive implementation strategies. *Implementation Science*, 13, 93. <a href="https://doi.org/10.1186/s13012-018-0787-9">https://doi.org/10.1186/s13012-018-0787-9</a>
- Squires, J. E., Sullivan, K., Eccles, M. P., Worswick, J., & Grimshaw, J. M. (2014). Are multifaceted interventions more effective than single-component interventions in changing health-care professionals' behaviours? An overview of systematic reviews. *Implementation Science*, 9, 152. https://doi.org/10.1186/s13012-014-0152-6
- Stilen, P. (2013). Personal communication.
- Waltz, T. J., Powell, B. J., Fernández, M. E., Abadie, B., & Damschroder, L. J. (2019). Choosing implementation strategies to address contextual barriers: Diversity in recommendations and future directions. *Implementation Science*, 14, 42. <a href="https://doi.org/10.1186/s13012-019-0892-4">https://doi.org/10.1186/s13012-019-0892-4</a>
- Young, A. S., Cohen, A. N., Chang, E. T., Flynn, A., Hamilton, A. B., Oberman, R., & Vinzon, M. (2018). A clustered controlled trial of the implementation and effectiveness of a medical home to improve health care of people with serious mental illness: Study protocol. BMC Health Services Research, 18(1), 428. https://doi.org/10.1186/s12913-018-3237-0