Effective implementation for effective outcomes: A menu of practical strategies for community-based agencies

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About you

- Implemented a program(s) within one site or organization
- Implemented across multiple organizations
- Used change management processes (organizational learning, Kotter’s 8-step change model, Switch framework, etc.)
- Work in a community-based agency
- Work primarily as an intermediary or researcher
For today’s session

• The **context** for implementation
  
  o The **PACE** program and experiences of 14 community-based agencies

• Practical application of the constructs in the Consolidated Framework for Implementation Research (**CFIR**)
About the Centre

We bring people and knowledge together to strengthen the quality and effectiveness of mental health services for children, youth and their families and caregivers.

**SERVICE AREA SUPPORT**

strengthen skills and knowledge in key areas that lead to **improved outcomes**

**SYSTEM SUPPORT**

provide consistent evidence-informed approaches that enhance service planning and delivery

**IMPACT AND INNOVATION**

inspire excellence and innovation through **continuous learning, evolution and innovation**
Areas of support

- Youth engagement
- Family engagement
- Performance measurement
- Quality improvement
- System planning
- Implementation
- Program evaluation
- Youth suicide prevention
Who are we supporting?

Agencies providing child and youth mental health services in 33 service areas across Ontario

- Province-wide
- Regional
- Service area
- Organizational efforts
Evidence-informed practices (EIPs)

Evidence-informed practices combine the best available research with the experience and judgment of practitioners, children, youth and families to deliver measurable benefits.
PACE program activities: Financial support, consultations, facilitated training sessions to core teams, online learning modules, implementation toolkit
A phased approach

- **2011**: Cohort 1 – 6 agencies – $50,000/year
- **2012**: Cohort 2 A – 6 agencies – $25,000/year
- **2013**: Cohort 2 B, 2 agencies – $25,000/year
- **2014**
Sample of programs implemented

- Trauma-focused cognitive behavior therapy
- Dialectic behavior therapy
- Facing your fears
- Collaborative problem-solving
- Solution-focused therapy
- Triple P
P PAC E program
People Advancing Change through Evidence

Strengths
• Not prescriptive
• Adaptable
• Transferable to most sectors
• Practical: action oriented, user friendly
• Resources provided to agencies

Limitations
• Not for short-term implementation
• Unstructured/ Non-formulaic
• Limited sample size (14 organizations)
• Resources may not be sustainable
Launching learning module

The module should load in a new window. Please ensure your popup blocker is disabled for the Centre’s site.

To close the module, simply close the popup window. If you are experiencing technical difficulties, please contact us.

Launch

Evidence-informed practice series

1. Evidence-informed practice modules - an introduction
2. Leading organizational change
3. Teamwork and collaboration
4. Needs assessment
5. Implementing evidence-informed practices
6. Monitoring and evaluating outcomes
Leadership plays an important role when attempting to implement an EIP. This interaction will discuss the importance of leadership in different contexts.
RESOURCES

The art and science of implementation
Are you planning to implement an evidence-informed practice within your organization this year? Do you want to know how to set yourself up for success? This webinar will describe an approach that will strengthen your organization, your staff and the people you serve. Read more

The Art and Science of Implementation (2013-04-30)

Evaluation of implementation
Are you looking to increase your knowledge on evaluating the implementation of an evidence-informed practice? If so, please join us for an interactive discussion into some of the key concepts to help you navigate the process. Read more

Evaluation of implementation (2013-10-31)

Understanding and preventing bullying
This module is intended to define bullying, identify different forms of bullying, and understand why children bully. Read more

Needs assessment in EIP implementation
A focus on staff readiness, the need for an evidence-informed practice, critical appraisals and selecting the right evidence-informed practice. Read more

Monitoring and evaluating outcomes for EIP implementation
An overview and guidance on how to implement an outcome measurement system. Read more

Implementing evidence-informed practices
A look at the factors influencing the implementation process and the National Implementation Research Network implementation drivers. Read more

http://www.excellenceforchildandyouth.ca/resource-hub
Sources of data

• Implementation capacity
• Exit survey
• Final report
Focus for today

• Practical tips and strategies at each phase of implementation based on final reports
• More information available:

https://doi.org/10.7870/cjcmh-2017-014
Final report

- Described facilitators and challenges in each of the phases
- Described lessons learned
- Provided recommendations for improvements
- Described next steps for the organization
- Available at our website:
  http://www.excellenceforchildandyouth.ca/
Themes corresponded to CFIR constructs

- Consolidated Framework for Implementation Research (Damschroder et al., 2009)
- CFIR wiki: [http://cfirguide.org/index.html](http://cfirguide.org/index.html)
Themes corresponded to CFIR constructs

- Consolidated Framework for Implementation Research
- Communication & Knowledge mobilization
- Sustaining and spreading implementation
- Monitoring & evaluation
**Pre-planning**

- Obtain senior leadership commitment
- Assess organizational culture for change
- Identify initial areas for improvement in clinical practice
- Ensure decision support system is in place

**Results**

- Leadership engagement
- Available resources
- Implementation climate
- Access to knowledge & information
- + Capacity for evaluation or quality improvement
- + Addition to CFIR constructs
**Capacity for evaluation or QI**

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<tr>
<th>Examples</th>
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<td>Develop a <strong>culture</strong> which uses outcomes to inform services, and for operational planning and strategic change</td>
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<tr>
<td>Use <strong>previous evaluation</strong> efforts to identify program improvements and areas for where to focus staff training</td>
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<tr>
<td>Ensure that evaluation outcomes have led to program revisions, reflecting that the agency at both a management and front line staff level are committed to <strong>responding to what was learned</strong></td>
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<td>Promote <strong>positive experiences</strong> of evaluation or quality improvement among staff so they have an appreciation for evaluation</td>
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<td>Build on previous evaluation activities that <strong>engaged</strong> partners and key stakeholders</td>
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Intended Planning

• Prepare organizational systems (IT, HR, QI policies and processes)
• Assess client needs, evidence and fit
• Develop change management plans
• Mobilize teams and engage stakeholders
• Develop implementation plans and communication strategies

Intended Results

Developing structures to plan, execute, evaluate and sustain implementation efforts

Assessing needs and focusing implementation goals

Developing implementation plans

* Identifying and engaging stakeholders

+ Ongoing communications and knowledge mobilization

+ addition to CFIR constructs

* extensive revision to CFIR constructs
Identifying and engaging stakeholders

• CFIR categories: opinion leaders, formally appointed internal implementation leaders, champions, external change agents

• Others:
  o Youth and families (clients)
  o Intermediaries
  o Local university partners
Ongoing communications and knowledge mobilization

• “Developing and implementing multiple formats and activities to engage key stakeholders”

• Knowledge mobilization toolkit: http://www.kmbtoolkit.ca/

Source: Danseco et al. 2017
## Ongoing communications and knowledge mobilization

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<td>Use <strong>existing regular meetings</strong> to provide updates on the implementation initiative</td>
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<td>Have the implementation initiative as a <strong>standing item</strong> (e.g., annual general meeting, internal newsletters, staff updates, meetings with community partners)</td>
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<td>Organize <strong>special events</strong> focused on the implementation initiative (e.g., lunch and learn)</td>
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<td>Consider developing a <strong>common icon</strong> for the implementation team in the email or client information system to streamline communications</td>
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Doing

- Obtain staff training from purveyors
- Obtain technical assistance, consultations and supervision with purveyors
- Monitor and evaluate preliminary outcomes

Results

- + Conducting comprehensive and flexible staff training
- Attending to logistics
- + Establishing supervision models and practices to support learning
  - * Monitoring and evaluating
  - + addition to CFIR constructs
  - * extensive revision to CFIR constructs

Intended
Conducting comprehensive and flexible staff training

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<td><strong>Identify staff</strong> who will be included in the training sessions and timelines</td>
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<td>Consider including senior management, staff from other programs, or levels of the organization to <strong>promote common language</strong> and understanding about the practice and mitigate risks from staff turnover</td>
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<td>Consider where possible a <strong>train-the-trainer approach</strong></td>
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<td>Identify a group of <strong>super-users or champions</strong> who will act as a team of experts on the practice</td>
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<td>Develop <strong>re-training sessions</strong> to account for staff turnover</td>
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**Supervision**

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<td>Appoint a <strong>clinical lead</strong> for the new practice</td>
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<td>Have a dedicated <strong>training on supervision</strong> for clinical managers</td>
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<td>Outline <strong>skill requirements</strong> for the practice and use these as a framework for supervision meetings and further staff development</td>
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<td>Consider <strong>pairing</strong> a novice with experienced staff so that new staff can benefit from the knowledge learned and avoid some of the pitfalls</td>
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<tr>
<td>Consider supporting a <strong>community of practice</strong> from various teams or sites</td>
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Monitoring and evaluation

- Enhance evaluation capacity
- Evaluate impl. efforts
- Evaluate fidelity
- Evaluate agency’s impl. capacity
- Evaluate service delivery changes
- Evaluate changes in client outcomes

Impl = implementation
## Monitoring and evaluation - Components

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<th>Area</th>
<th>Description</th>
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<tr>
<td>1. Enhancing capacity for evaluation and/or quality improvement</td>
<td>Enhancing the knowledge and skills of key staff and of the organization to conduct evaluation and ongoing improvements</td>
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<td>2. Implementation efforts</td>
<td>Obtaining and using information about any aspect of the implementation process to make course corrections or address issues</td>
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<td>3. Fidelity to selected program or practice</td>
<td>Assessing the extent to which staff are implementing the core components of the practice or program</td>
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<td>4. Organizational capacity for implementation</td>
<td>Assessing changes in the organization’s capacity to implement the practice or program</td>
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<td>5. Changes in service delivery</td>
<td>Assessing improvements in delivery of programs or services that are directly impacted by the newly implemented practice or program</td>
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<tr>
<td>6. Changes in client outcomes</td>
<td>Assessing improvements in clients’ clinical outcomes, including perceptions of care and services</td>
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Intended

Sustaining

• Ongoing monitoring of implementation drivers
• Ongoing evaluation of outcomes
• Refine organizational policies and processes relating to implementation
• Document adaptations to the practices or program

Results

+ Strengthening policies and processes relating to implementation drivers

+ Spreading implementation capacity

+ Leveraging resources

+ addition to CFIR constructs
* extensive revision to CFIR constructs
## Strengthening policies & practices relating to implementation drivers

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<td>Create an agency-wide EIP implementation committee to support policies and procedures on staff training and implementation of new practices</td>
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<tr>
<td>Develop and/or revise existing staff orientation manuals to incorporate implementation activities and clinical principles</td>
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<td>Develop detailed templates or documents such as administrative procedures for outcome measures, templates for weekly session notes, session fidelity measures</td>
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<tr>
<td>Develop policies on the use of copyrighted materials from purveyors</td>
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<td>Update documents so that staff who request professional development training include an implementation framework</td>
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## Spreading implementation capacity

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<td>Utilize the teams who participated in the core team or steering committee for new implementation work</td>
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<tr>
<td>Use the PACE program model and NIRN frameworks when implementing new or scaling up practices or programs</td>
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<tr>
<td>Share the hexagon tool, implementation plan, evaluation plan to groups within the agency or with external partners who are planning to implement new practices</td>
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<tr>
<td>Use program logic models and process mapping to ensure clarity and accountability</td>
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<td>Engage clinical and administrative leads on next steps for enhancing implementation of new practices in the agency</td>
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# Leveraging resources

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<td>Consider reconfiguring funding allocations across programs</td>
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<td>Consider requesting clients to contribute a nominal fee to offset costs for manuals or workbooks</td>
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<tr>
<td>Pool resources with other agencies in combining training or consultations with the purveyor</td>
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<tr>
<td>Compile a directory of who’s implementing what</td>
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<tr>
<td>Ensure that intermediary organizations make implementation resources and tools available and/or accessible</td>
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In summary

• CFIR constructs are useful not just for implementation research
• CFIR is also helpful in addressing key factors for real-world implementation among community-based agencies
In summary

• We identified a few more areas not included in CFIR such as:
  o Identifying and engaging stakeholders (youth and families)
  o Monitoring and evaluation activities
  o Communication and knowledge mobilization
  o Clinical supervision
  o Sustaining and spreading implementation capacity
What did you find interesting or useful?
Contact us

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