Building Community-Wide, Active Implementation Capacity…

…to Support EBPs and Achieve Socially Significant Outcomes

Science to Society: Transforming and Scaling Up Community-Level Systems to Achieve Socially Significant Outcomes for At-Risk Children and Families

SPR Annual Meeting
May 28, 2014
CASELS/PATHS program A = Low Principal Support; B = High Principal Support (proxy for fidelity)

PATHS – Promoting Alternative Thinking Strategies

Similar pattern was found for predicted decreases in behavioral dysregulation and increases in socio-emotional competence.

Supported Employment A = Low Fidelity; B = High Fidelity

DBT A = Low Fidelity; B = High Fidelity

Program Choices

In each chart...
**A and B are the SAME PROGRAM!**
(Evidence-Based Programs = PATHS, SE, DBT)

A = **Low Fidelity** use of EBP in practice
B = **High Fidelity** use of EBP in practice

Fidelity: are the core intervention components delivered as intended?
Most programs clear the bar on #1, far fewer on #2, and very little on #3 and #4.

About 18% of outcome studies (N=1,200+) assessed the intervention’s independent variables.

About 7% linked essential components (fidelity) to outcomes.


The Potential

...for evidence-based interventions to be transferred and scaled across a population

...with some evidence of fidelity

...and/or impact
From Triple P America (May, 2014)
Impacts of Long Term and System Wide Implementation of Wraparound. These data are from the evaluation of the statewide Kansas wraparound initiative that was partially implemented through a 1915-C Home and Community Based Medicaid waiver.

In 1994 Kansas implemented wraparound services coordination through two federally funded pilot projects in urban (Wichita) and rural (13 Southeast) counties. Following the success of these programs Kansas funded statewide implementation in a stepwise fashion beginning in FY 1998 with full implementation in FY 01. Through this process Kansas was able to reduce institutionalization costs by 67% (over $4.3 million) and use this to leverage over $10 million in new community-based services. The result was that many more children with SED were served and the rate of institutionalization and length of stays were significantly reduced resulting in positive outcomes in behavior, mental health symptoms and school performance.
“These results highlight the importance of having reliable and valid measures of therapist competence for the evaluation. More importantly, measuring FFT adherence is a critical operational tool to ensure that when the state pays for FFT actually gets FFT. This seems especially significant because the evidence portrayed on Figure 2 indicates that recidivism rates can actually be higher than regular court processing when FFT is delivered by therapists who are not competent. FFT Inc. is a leader in emphasizing the importance of model adherence, and this large scale implementation of the program indicates the value and need of a more sensitive system to measure program adherence.” (p 4)
Four CSR models designed for grades K–8 are included in this study: Accelerated Schools (AS), Core Knowledge (CK), Direct Instruction (DI), and Success for All (SFA).

To date, the nation has more than 20 years of experience with CSR. More than 8,000 elementary and secondary schools (mostly low performing) have adopted a CSR model, and more than $2 billion of federal funds have been used to implement CSR strategies. Nonetheless, the potential of this school reform to improve student achievement and meet the No Child Left Behind goal of 100 percent proficiency in reading and mathematics by the year 2014 is unknown.


From Bill Miller in NM (People cannot benefit from interventions they do not experience):

Virga is any form or precipitation that doesn’t reach the ground. There could be rain virga or snow virga. But in either case, the precipitation evaporates somewhere on the journey from clouds toward earth. Virga is pretty common and you’ve probably seen it but didn’t know it had a special name. Mostly in the summer, virga can be seen falling away in streaks from the bottom of one of those puffy gray and white cumulus clouds on a crisp afternoon. It looks like a torn drape or a curtain hanging from the cloud, but only down about halfway to the ground below. Sometimes the air thousands of feet above the ground is moist enough to produce clouds and rain at the same time that the air closer to the ground is as dry as a bone. So when rain falls in these conditions it evaporates on its freefall to earth.
Existing Service Systems

All organizations are designed, intentionally or unwittingly, to achieve precisely the results they get.
R. Spencer Darling, Leadership Institute, Inc.

The reality is that any social system is the way it is because the people in that system want it that way.
Heifetz, Grashow, & Linsky (2009, p.17)

Systems trump programs.
Patrick McCarthy, Annie E. Casey Foundation

"I think you should be more explicit here in step two."
Formula for Success: © 2012 Dean Fixsen and Karen Blase, National Implementation Research Network
Over the past decade, applied implementation science has identified core sets of effective implementation strategies to transform human service systems and ensure full and effective use of evidence-based prevention programs. At the National Implementation Research Network, we organize these strategies within the Active Implementation Frameworks

http://implementation.fpg.unc.edu

LEADERSHIP:

Panzano and colleagues (2004) found that second-order leadership is important in the early stages of implementation of an effective innovation, and later on first-order leadership is essential to embedding implementation functions and roles into organization and system structures.

Panzano, P. C., Seffrin, B., Chaney-Jones, S., Roth, D., Crane-Ross, D., Massatti, R., et al. (2004). The innovation diffusion and adoption research project (IDARP). In D. Roth & W. Lutz (Eds.), New research in mental health (Vol. 16, pp. 78-89). Columbus, OH: Ohio Department of Mental Health Office of Program Evaluation and Research.

Darling-Hammond & McLaughlin (1995) outline approaches to “top down support for bottom up reform.”


Of the 21 leadership skills identified by Marzano and colleagues, teacher supervision and evaluation, staff development, and quality control were essential leadership traits related to first order change. These leadership skills overlap completely with the Implementation Drivers described in a separate Active Implementation module.


IMPLEMENTATION TEAMS:


<table>
<thead>
<tr>
<th>Active Implementation Frameworks</th>
<th>Linked Implementation Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where will this live within the community system?</td>
<td>Core Tasks &amp; Responsibilities</td>
</tr>
<tr>
<td>?</td>
<td>Executive Leadership</td>
</tr>
<tr>
<td>?</td>
<td>Implementation “Design”</td>
</tr>
<tr>
<td>?</td>
<td>Day-to-Day Management &amp; Coordination</td>
</tr>
</tbody>
</table>

- Executive Leadership: Create opportunities for change, Manage change underway
- Implementation “Design”: Align multiple initiatives, Identify implementation barriers and recommend policy and practice changes, Facilitate communication across the system
- Day-to-Day Management & Coordination: Ensure implementation, Create Hospitable Environments, Engage the Community

c) Will Aldridge, Karen Blase, & Dean Fixsen, 2014
As in nature, a successful adaptation allows an organization or community to take the best from its traditions, identity, and history into the future.

Heifetz, Grashow, & Linsky (2009, p.23)

It takes an estimated average of 17 years for only 14% of new scientific discoveries to enter day-to-day clinical practice (Balas & Boren, 2000)


With the use of competent Implementation Teams, over 80% of the implementation sites were sustained for 6 years or more (up from 30%) and the time for them to achieve Certification was reduced to 3.6 years.


With the use of competent Implementation Teams, over 80% of the implementation sites were sustained for 6 years or more (up from 30%) and the time for them to achieve Certification was reduced to 3.6 years.

### Implementation Teams:


### Active Implementation Frameworks

<table>
<thead>
<tr>
<th>Where will this live within the community system?</th>
<th>Core Tasks &amp; Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>?</td>
<td>• Ensure implementation</td>
</tr>
<tr>
<td>Day-to-Day Management &amp; Coordination</td>
<td>• Engage the Community</td>
</tr>
<tr>
<td></td>
<td>• Create Hospitable Environments</td>
</tr>
</tbody>
</table>

(c) Will Aldridge, Karen Blase, & Dean Fixsen, 2014
1. Recruitment and Selection of Providers using selection criteria grounded in core intervention components


2. Training Providers in core intervention components using adult learning best practices


3. Coaching Providers to flexibly apply core intervention components across diverse cases using coaching best practices


4. Fidelity Assessment aligned with core intervention components


5. Decision-Support Data System for collecting, analyzing, and reporting implementation and intervention data

**Implementation Drivers:**


(c) Will Aldridge, Karen Blase, & Dean Fixsen, 2014
Hypothesis: Is a composite score >1.5 the magic number?

Different metrics used to measure fidelity.

© 2013 Allison Metz, National Implementation Research Network

At T1, fidelity criteria were not firmly established. An early indicator of fidelity was whether family assessment data MATCHED goals in Success Plan (the creation of change-focused plans). The goodness of fit between assessments and goal planning were used to assess fidelity in T1.

The T2 and T3 fidelity score was derived from matching notes, (notes detailing what clinicians did with families in the field) with the interventions they checked in the database. Did they do the things they were supposed to do with families? This number is based on the SC service through May 2012.


---

### Active Implementation Frameworks

<table>
<thead>
<tr>
<th>Imp. Component</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection</td>
<td>1.44</td>
<td>2.00</td>
<td>1.89</td>
</tr>
<tr>
<td>Training</td>
<td>1.33</td>
<td>1.50</td>
<td>1.10</td>
</tr>
<tr>
<td>Coaching</td>
<td>1.27</td>
<td>1.73</td>
<td>1.83</td>
</tr>
<tr>
<td>Fidelity Assessment</td>
<td>0.78</td>
<td>1.34</td>
<td>2.00</td>
</tr>
<tr>
<td>DSIDS</td>
<td>0.18</td>
<td>1.36</td>
<td>2.00</td>
</tr>
<tr>
<td>Fac. Administration</td>
<td>1.38</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>Systems Intervention</td>
<td>1.29</td>
<td>1.86</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Average Composite Score</strong></td>
<td><strong>1.1</strong></td>
<td><strong>1.68</strong></td>
<td><strong>1.83</strong></td>
</tr>
<tr>
<td><strong>Fidelity (% of cases)</strong></td>
<td><strong>18%</strong></td>
<td><strong>83%</strong></td>
<td><strong>83%</strong></td>
</tr>
</tbody>
</table>

IMPELEMENTATION TEAMS:


Co-Creation of Implementation Infrastructure and Best Practice

Partnering of key stakeholders with diverse resources and capabilities

Among this collaboration of stakeholders and support systems, there is a need for partnering, active listening, identification and acceptance of adaptive issues, and commitment to move the initiative forward.


**Full implementation of usable evidence-based-prevention programs takes, on average, 2-4 years.**

**Full implementation benchmark:** 50% or more of intended service providers are delivering the program with fidelity.

**Scaling fully implemented programs takes additional time.**

**Scaling-up benchmark:** 60% of consumers who could benefit from a prevention program are experiencing that program in their service environment.


For More Information

William A. Aldridge II, Ph.D.
919-966-4713
will.aldriddle@unc.edu

Allison Metz, Ph.D.
202-714-4576
allison.metz@unc.edu

Melissa Van Dyke, MSW, LCSW
919-966-7297
melissa.vandyke@unc.edu

Learn More:
http://implementation.fpg.unc.edu/

Frank Porter Graham Child Development Institute
University of North Carolina at Chapel Hill
http://nirn.fpg.unc.edu/
www.scalingup.org

(c) Will Aldridge, Karen Blase, & Dean
Fixsen, 2014
Thank You for Your Support

- Annie E. Casey Foundation (EBPs and Cultural Competence)
- William T. Grant Foundation (Implementation Literature Review)
- Substance Abuse and Mental Health Services Administration (Implementation Strategies Grants; National Implementation Awards)
- Centers for Disease Control & Prevention (Implementation Research)
- National Institute of Mental Health (Research And Training Grants)
- Juvenile Justice and Delinquency Prevention (Program Development And Evaluation Grants)
- Office of Special Education Programs (Scaling up and Capacity Development Center)
- Administration for Children and Families (Child Welfare Leadership; Capacity Development Center)
- The Duke Endowment (Child Welfare Project And Implementation Evaluation)