



Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems

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Introduction



In 2004, the California Department of Social Services (CDSS) contracted with Chadwick Center for Children & Families at Rady Children’s Hospital-San Diego to create the California Evidence-Based Clearinghouse for Child Welfare (CEBC). The CEBC is one of the California Department of Social Services’ targeted efforts to improve the lives of children and families served within the child welfare system.

The mission of the CEBC is “To advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.” The current CEBC website (www.cebc4cw.org) provides a searchable database of programs that can be utilized by professionals that serve children and families involved with the child welfare system. As the registry grew and feedback from users was obtained, it became clear that users needed tools and assistance to help them use the vast amount of information available on the website. Therefore, the CEBC began to develop and identify tools for not only selecting evidence-based practices (EBPs), but also for implementing and sustaining the use of those practices in community settings.

This guide was created to be a companion to the CEBC registry of programs and is based on the emerging body of research known as implementation science and on lessons learned through CEBC technical assistance efforts with county child welfare systems. In contrast to the many excellent academic and scholarly texts available on the topic of implementation, this guide was designed specifically for child welfare administrators and social services providers to provide information and examples of implementation relevant to those working with children and families in the child welfare system. It provides concrete information that child welfare systems across the nation can use to evaluate what their system needs, examine what programs are currently being used in their system, make decisions about which new programs to add, and plan for implementation activities. Numerous resources referenced throughout this guide are provided in the Appendices including a glossary in Appendix A that provides definitions of key implementation terms.



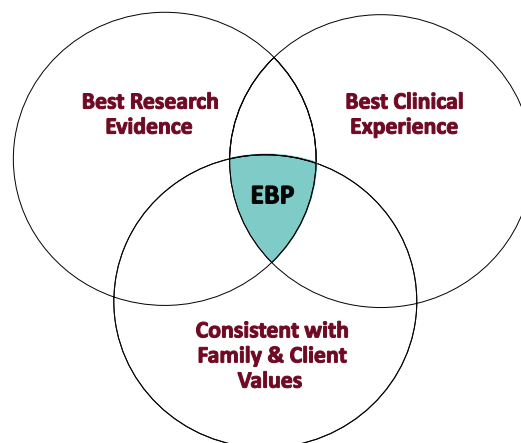


CEBC definition of evidence-based practice

There are many terms currently used to describe the research base for child welfare related practices. One of those terms is *evidence-based practice (EBP)*, which may have a specific meaning to some professionals but a dramatically different meaning to others. At this time, a universal definition does not exist. The CEBC adapted the Institute of Medicine's definition for EBP (IOM, 2001), incorporating child welfare language:

- Best Research Evidence
- Best Clinical Experience
- Consistent with Family/Client Values

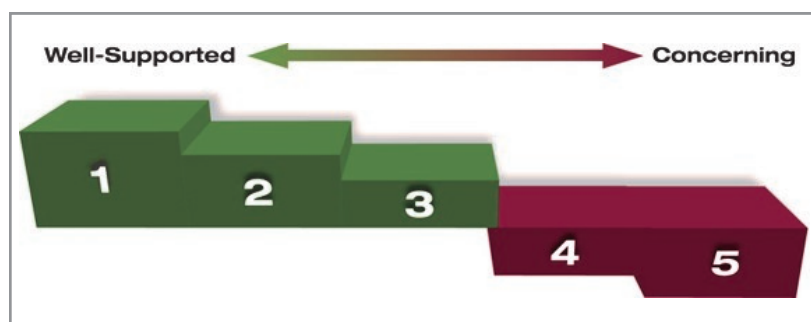
CEBC's Definition of EBP
for Child Welfare



[Based on Institute of Medicine, 2001]

This definition builds on a foundation of scientific research while honoring the clinical experience of child welfare practitioners and being fully cognizant of the values of the families which are served.

The main focus of the CEBC website is *research evidence* defined by the CEBC as research study outcomes that have been published in a peer-reviewed journal. The CEBC developed their Scientific Rating Scale to evaluate practices based on the available research evidence. The CEBC Scientific Rating Scale creates a continuum approach to looking at the concept of EBP. Thus, none of the programs on the CEBC are defined as evidence-based or not evidence-based. Instead, they are all evaluated using the 1 to 5 rating of the strength of the research evidence supporting a practice or program.



A scientific rating of 1 represents a practice with the strongest (well-supported) research evidence and a 5 represents a concerning practice that appears to pose substantial risk to children and families. Some programs listed on the

CEBC website do not currently have enough peer-reviewed published research evidence to be rated on the Scientific Rating Scale and are classified as NR (*Not able to be Rated*).

The CEBC definition of EBP also recognizes that a program that has strong research evidence, but is not implemented with the necessary clinical skill or is inconsistent with the family/child's values

would not fit the definition of evidence-based. The CEBC provides extensive information on each program to help address these concerns through the detailed questionnaire that each program completes. The standard format allows for comparison between programs on the CEBC website.

Several sections are particularly relevant to the clinical skills and child/family values components of the CEBC's EBP definition. For example, information on necessary clinical skills for each program can be found in the "Minimum Provider Qualifications" and "Training Information" sections in the detailed description of the program. For cultural issues, review the "Brief Description," "Target Population," and "Essential Components" sections for information on the goals and application of the program. The research summaries also provide information on the racial/ethnic composition of the studies and where they took place (e.g., rural versus urban, university versus community, etc.).

There is also a Cultural Resource section on the CEBC website which provides information about EBPs and the cultural background of the clients or communities served by the organization. This section provides articles with further information on cultural adaptation and whether or not an EBP can be used in populations that were not represented in the research studies.

Dissemination and training on EBPs

The CEBC has been disseminating information about the level of research evidence for child welfare related programs and interventions since 2006 with a goal of improving services and outcomes for children and families through the increased use of EBPs. Much has changed since that time. The registry of programs on the CEBC started with 2 topic areas and 17 programs in 2006 and the CEBC's initial efforts focused on dissemination regarding the concept of EBPs and how the CEBC defined EBPs

Thinking Beyond the Numbers

The numbering system of the Scientific Rating Scale is meant to help CEBC users quickly see differences in the evidence levels of programs. However, there is danger in not thinking beyond the numbers. For instance, there is wide variability in programs that are rated a 3. Some programs that are rated a 3 have one study with a control group, while others have multiple RCTs, but have not yet published outcomes collected on the participants at least 6 months after the intervention ended. Looking closer at the "Relevant Published, Peer-Reviewed Research" section of a program to find out more detail on the research can help inform the decision making process. Also, there are entire topic areas where none of the programs were able to be rated. However, some of these programs may have evaluations, dissertations, or other research that do not meet the threshold for the CEBC Scientific Rating Scale. Again, these can provide some assistance in differentiating between programs and is one of several steps in the decision making process.

A Changing Focus

As the term EBP became more common and understood in child welfare systems and the number of programs on the CEBC grew, it became apparent that systems needed additional assistance determining which EBPs were appropriate for their needs and how to successfully implement them. Common questions asked of the CEBC were “How can my system be more evidence-based?” and “Which program should we adopt?” It was clear to the CEBC that simply providing information about the evidence level for programs was no longer sufficient. The training focus of the CEBC has moved towards supporting the implementation of EBPs in child welfare systems through more hands-on technical assistance, leading to the development of this guide.

in an effort to increase basic awareness and understanding of the need for EBPs in child welfare. Dozens of in-person trainings were provided at the national, state, and local level to child welfare administrators and staff. The CEBC has also offered an extensive series of webinars and on-line trainings to reach a broader audience through distance learning.

Now, there are over 325 programs in 42 topic areas in 2015. In addition, recent statements from the Administration for Children and Families (ACF) (U.S. Department of Health and Human Services [DHHS], 2012), as well as the *Pathways to Mental Health Services: Core Practice Model Guide* (California Department of Social Services, California Department of Health Care Services, & UC Davis Extension Center for Human Services, 2013) indicate the expectation of the use of EBPs in child welfare services. However, concerns and misinformation continue to exist regarding EBPs. The CEBC will continue to disseminate information on EBPs through distance learning and periodic in-person trainings in an effort to address these issues.

Implementation definitions and concepts

As defined by the National Institutes of Health (NIH), “implementation is the use of strategies to adopt and integrate evidence-based...interventions and change practice patterns within specific settings” (U.S. DHHS, 2013, Research Terms section, para. 4). Implementation is commonly defined as *putting something into effect or action*, but the NIH definition above recognizes that implementing a program or initiative may be complicated, specifically mentioning “adopt,” “integrate,” and “change” and incorporating the use of strategies. Essentially, implementation is the multistep process of moving an EBP into routine practice through the use of concrete supports.

On the surface, implementation would seem like a straightforward endeavor - identify a program and put it into practice. In reality, implementation can be complex, confusing, and challenging, and it is important to move through the implementation process in a thoughtful way in order to meet with success. Implementation science is the *study of methods to promote the integration of research*

findings and evidence into policy and practice. Research on implementation has progressed over the past decade and a growing body of evidence exists on implementation science. However, implementation science is still developing and research on implementation in complex settings, such as child welfare, is still limited.

Why look at implementation?

While disseminating information about EBPs by groups such as the CEBC is important, it is clearly not enough to ensure that EBPs are implemented universally or consistently. Studies have shown that it takes almost two decades for a new medical treatment to become common practice (Chadwick Center, 2004). Dissemination creates awareness of the EBP, but knowledge alone will not ensure that effective practices are utilized. Child welfare systems have begun to recognize that improving services designed to support the needs and well-being of children and families is influenced as much by the *process* of implementing EBPs as by the *specific practices* selected for implementation (Aarons, Hurlburt, & Horwitz, 2011).

As the use of EBPs has increased, it has become clear that a gap often exists between the outcomes of the program seen in research studies and the outcomes of the program in a real world setting. While this has led some to question the value of EBPs, it has also spurred additional attention to the process of implementation to determine what is occurring. Here are three issues that can lead to the failure to implement models successfully:



Fidelity

The EBP that has been adopted is not being used as it was designed. This could be due to many causes, such as insufficient training for providers (e.g., condensing training, a lack of follow-up or coaching, not planning for staff turnover), lack of buy-in from providers, use with an inappropriate target population (e.g., program for school-age children applied to adolescents), a lack of accountability or monitoring of fidelity, or local adaptations to the program that affect key components of the intervention (e.g., individual intervention used in a group setting).



Sustainment

The EBP is put in place with fidelity, but does not last long enough to see any meaningful change. This often happens when a program is introduced through a time-limited grant or other dedicated funding – when the funding goes away, unless there has been careful planning, the program will go away as well, or be altered in such a way to make it meaningless.

Scale

The EBP is put in place with fidelity, but on such a small scale that the true impact cannot be seen. For example, a pilot study of an EBP in a given county may be too small to see an impact on common child welfare outcomes, such as re-abuse or permanency.

A concrete illustration of implementation issues with an EBP is hand washing in health care. This practice has been commonly recognized for over a century as a key component in disease prevention. Numerous dissemination efforts have been conducted (e.g., training for medical staff on proper techniques, commonplace signs in restrooms and commercial kitchens, etc.) and the need for hand washing has become common knowledge. However, hand washing is not always done or done correctly. During cold and flu season, there are increased reminders to wash one's hands regularly and properly as a way to fight the spread of illnesses. However, disease outbreaks still occur which could have been prevented if hand washing was done properly. Even in hospitals, proper hand washing continues to be targeted by quality improvement initiatives, as evidence shows that proper hand washing techniques are not always followed in these settings. It is unlikely that anyone would argue to *stop* washing hands because society has not achieved complete success getting everyone to wash their hands routinely and correctly to date – instead, efforts are made to improve hand washing techniques through increased education efforts (e.g., public service announcements, print and social media, etc.) and addressing any barriers that may exist (e.g., ensuring that sufficient sinks and supplies are available and offering hand sanitizers in public areas).



How to support implementation: Strategies and frameworks

Support for the implementation of new practices takes two basic forms: *implementation strategies* and *implementation frameworks*. While there is some overlap between the two, frameworks typically have an underlying theory and are broader in scale, while strategies are typically more discrete in nature and offer specific approaches to the implementation of a practice.

An implementation strategy is a systematic process to adopt and integrate evidence-based innovations into usual care (Powell et al., 2011). Many different implementation strategies exist and can be classified into three groups:

Implementation Strategies

Discrete implementation strategies involve the use of a single strategy, such as staff training on the new procedure, fiscal incentives to implement the practice, or a computerized reminder system to support use of the practice.

Multifaceted implementation strategies combine two or more discrete strategies, such as staff training and reminders used together.

Blended implementation strategies are more comprehensive and integrate several discrete strategies to impact implementation at multiple levels. These are often packaged as branded strategies, such as the Community Development Team (CDT) and the Breakthrough Series Collaborative (BSC) strategies. These blended strategies have been used in child welfare settings and are described in more detail in Appendix B.

An implementation framework is a model of factors likely to impact implementation and sustainment of EBP. They are developed based on literature reviews and may focus on specific service contexts. Several useful conceptual frameworks have been developed that have basic elements in common (Aarons, Hurlburt, & Horwitz, 2011; Damschroder et al., 2009; and Fixsen et al., 2005):

Implementation Frameworks

Phases or Stages of Implementation where the implementation process is divided into discrete phases, each of which has multiple component activities.

Identifying Needs and Assessing Current Practice begins the implementation process with an examination of the needs and status of the implementing agency and/or community.

Strength of Evidence includes consideration of the evidence supporting a proposed practice as a key component of decision making during adoption.

Multi-level Context and Intervention Fit considers how a proposed intervention will fit within the adopting agency as well as within the environment in which it operates (client, community, staff, etc.).

Implementation Outcomes where several outcomes are examined, including the process of implementation, the outcomes of the intervention implemented, and the sustainability of the intervention.

In general, an implementation strategy should be used along with an implementation framework and have clear underlying logic regarding why the strategy should work as desired. The strategy should address implementation on multiple levels. For example, a strategy may have components that address child welfare system policies and practices, while also targeting social workers directly. In order to be successful, strategies need to be acceptable to stakeholders, feasible in the service setting and robust enough to be adapted and scaled as needed (Mittman, 2010).

Overview of the Exploration, Preparation, Implementation, Sustainment (EPIS) Framework

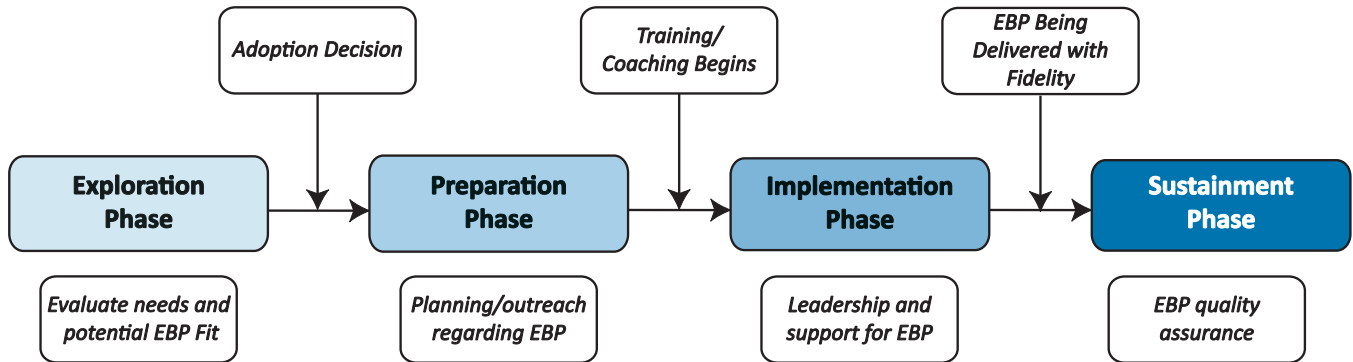


The CEBC has adopted the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework (Aarons, Hurlburt, & Horwitz, 2011) for use in its technical assistance efforts. The EPIS framework was developed by CEBC-affiliated implementation scientists at the Child and Adolescent Services Research Center (CASRC) through funding from the National Institute of Mental Health (NIMH) and is based on existing research on implementation. It was developed specifically for use in child welfare and similar service sectors.

The EPIS framework has four phases - Exploration, Preparation, Implementation, and Sustainment – and examines contextual factors at two primary levels: outer and inner. The *outer context* represents larger, often external, factors that can either support or slow implementation, such as federal, state, county or local policies, funding and mandates, and organizational relationships. The *inner context* represents what is happening *within* a community or organization that is implementing an EBP, such as staffing, policies and procedures, and organizational culture and climate. The four phases are reviewed briefly here, with a more detailed examination in the next section of this Guide.

- **Exploration Phase** – Potential implementers consider what EBPs might best solve a clinical or service problem, while also considering opportunities or challenges in the outer and inner contextual factors.
- **Preparation Phase** – Implementers plan for integrating the EBP into the existing system, including a realistic and comprehensive assessment of implementation challenges.
- **Implementation Phase** - The adopted practice is implemented. This is where the rubber meets the road and the implementers will find out if their work during the Preparation phase addressed the major issues.
- **Sustainment Phase** – The intervention is ingrained in the organization, including stable funding and ongoing monitoring and/or quality assurance processes.

Sample progression of EPIS phases



EPIS and using the CEBC for implementation

As the CEBC became more established, information on implementation was added to its website, but it was not clear whether or how the CEBC was being used for implementation purposes. The CEBC conducted a self-evaluation in 2011 that involved a web survey of child welfare administrators and staff in California, as well as a focus group with child welfare services providers. The evaluation showed that, while users were familiar with the CEBC and many had visited it, the information was not commonly being used for implementation purposes, such as selection of an appropriate program. Feedback from the focus group, as well as queries and comments from website users, showed us that users needed assistance to help apply the information on the CEBC registry to the implementation process.

The CEBC began to provide technical assistance to support implementation efforts of interested communities in 2012. The technical assistance was hands on and typically involved several face-to-face meetings with county agency staff, providers, and stakeholders. Work started with the Exploration Phase of implementation to determine what, if anything, needed to be changed. The EPIS stages and information on how CEBC used this model to provide technical assistance are outlined in the sections below, with links to concrete resources and tools supporting each stage in Appendices C through H.

The four phases of EPIS are illustrated above; although the phases proceed in order, there is often some overlap between activities in the different phases. Within each phase, multiple domains are addressed, including organizational characteristics, funding, client advocacy, and interorganizational networks. A comparison of sample domains across phases is provided in the table on the next page. The CEBC provides information relevant to each phase of EPIS through the program registry materials and the implementation resources available on the CEBC website and in this guide, such as Appendix C, which provides sample questions to address during each phase of implementation and Appendix D which is a list of the *Key Implementation Steps by EPIS Phase*.

Summary of Sample Domains across EPIS Phases

| Domain | Exploration Phase | Preparation Phase | Implementation Phase | Sustainment Phase |
|---------------------------------------|---|---|---|---|
| Organizational Characteristics | Identify skills and focus of agency that will provide the chosen EBP and determine how this will impact program selection | Identify the challenges and benefits of existing infrastructure in the implementing agency. Develop plans for monitoring fidelity and assessing outcomes | Monitor staffing, including job satisfaction, turnover, culture, and climate to assess impact of new EBP and respond Review plans for fidelity monitoring and assessing outcomes | Address turnover and staffing changes in the supervision and quality assurance procedures to insure the EBP continues with fidelity |
| Funding | Consider what funding is available and compatibility with potential EBPs | Secure funding for chosen EBP delivery and staff training | Ensure billing is being submitted and approved and reimbursement is occurring | Identify continued funding in cases where program was a pilot or a time-limited contract |
| Client Advocacy | Identify and involve local and/or national advocates, including caregivers and families, in the implementation process | Engage the local or national advocates to support the EBP | Gather satisfaction information from clients and referral sources and local advisors and develop a feedback loop | Engage the local or national advocates to support sustainment of the practice |
| Interorganizational Networks | Engage professional stakeholders in implementation process to provide input | Form partnerships among multiple agencies who will be implementing the new practice | Look to networks to provide problem solving and support when challenges arise | Ensure networks are institutionalized |

Detailed Description of EPIS Phases



Exploration Phase

The Exploration Phase is the initial phase in EPIS and involves awareness of a clinical or service issue that needs to be addressed in a more effective way. For example, a child welfare system may want to reduce re-entry to services to address a Child and Family Services Review goal. During this phase, possible interventions to address the targeted area will be considered and an adoption decision will be made based on the specific agency and/or community needs.

Some of the key steps in the Exploration Phase include:

- Form an Implementation Team
- Identify the problem
- Narrow the focus
- Conduct a needs assessment
- Identify potential solutions
- Determine program fit
- Create a written summary

The first step involves setting up a small group of individuals to work on the project - the **Implementation Team**. It is important to incorporate several different types of members on this team (e.g., administrators, supervisors, front line workers, contractors, key stakeholder representatives, etc.) to ensure that different perspectives are represented. The group determines who will chair the meeting and how administrative support will be provided (i.e., who will take minutes, oversee scheduling, etc.). The *Implementation Team Membership Tracking Tool* (Appendix E1) is a sample form to track team membership, and *The Critical Role of Implementation Teams and their Evolution through EPIS* (Appendix E2) is an overview document. It is also important at this juncture to explore the support, resources, and timeline for working on the exploration process. This may be done as part of setting up the Implementation Team or with that team once it is formed. The *Exploration Worksheet* (Appendix E3) provides a sample format to track basic information essential to this process; it can be modified to fit individual needs.



Once the group is established, the **problem identification** step occurs. The group identifies 3-5 potential areas that they feel need to be addressed. They describe each area in 2-3 sentences and then begin to look at what data is available to describe the problem, such as population demographics, indicators of need, referral and retention rates, as well as any data on existing services (e.g., numbers served, outcomes, waiting times, etc.).

Each problem is further clarified through a series of questions aimed to clarify more about the problem. Example questions are provided in the *Identifying and Clarifying the Problem* handout (Appendix E4). This step ends with the further refinement of the 3-5 potential problem areas, using the information obtained during the review and adding in more detail about the problem and causes.

One tendency CEBC staff have noted in some communities is the temptation to jump to a solution and suggest specific EBPs that might address the identified problem area before the underlying issues causing the problem are thoroughly understood. To address this, it is important to ask detailed questions about each identified area to determine the root cause. One way to do this is to use an approach from the quality improvement field called “Ask Why 5 Times” combined with support from existing data. An example can be seen below. To avoid coming to erroneous or simplistic solutions, it is important for the Implementation Team to work together on the questions and for the answers to be based on data, not supposition. In some cases, it may take several weeks to work through the questions, as data needs to be pulled and examined before proceeding. For more information on data sources that may be used during this process, see *Data Sources to Consider* (Appendix E5).

Ask Why 5 Times

Problem: The re-entry rate to Child Welfare is too high.

Initial suggested solution: County needs to add practices listed under reunification on the CEBC.

Question: Is that the correct response?

Ask Why 5 Times

Why do children re-enter care? Families are being re-reported 6-12 months after case closure. (Extracted time frame from data reports.)

Why? Families typically have recurrent substance abuse issues. (Examined reasons cases were re-opened.)

Why? Families had received substance abuse treatment services while in CWS but still relapsed. (Examined services received in previous CWS case.)

Why? Many families who re-entered received few, if any, of the offered aftercare services. (Examined service records and compare to non-returning cases.)

Why? Families have not engaged in aftercare services or linked with needed services in the community. (Explored EBPs that have demonstrated improved capacity to engage families following the completion of substance abuse treatment.)

The next step involves **narrowing the focus** of the effort to one problem area that will be the initial focus of the group’s efforts. An initial area of focus may have become obvious during the problem

identification step, or it may be necessary to have the group vote on which area to focus on first. Other areas can be added over time, but it is helpful to have success in a single area and become confident in the process before trying to address several areas simultaneously. This step involves looking in detail at the current system and processes related to the problem area. For example, in the scenario given in “Ask Why 5 Times” box on the previous page, this would entail examining the process for referral to and discharge from substance abuse services, as well as the decision-making and risk assessment process for closing cases, and the current procedures for referring to and engaging clients in aftercare services. Based on the identification of the problem area, additional stakeholders may be identified to join the implementation group. For example, in this case, a representative from substance abuse services should be asked to join the work group.



Exploration Example: County A

County A wants to reduce their placement disruption rate, which is higher than the state average. They conduct a needs assessment, including chart reviews and phone calls with foster and kinship caregivers and caseworkers, to better understand the reasons for placement disruption. The data shows that a large percentage of the moves are initiated by the caregiver and involve children with a mental health diagnosis. The phone calls identify that caregivers feel unable to sufficiently address the behavioral and mental health needs of the children in their care, leading to frustration and eventually a notice of removal. County A decides to look at models that help address youth mental health problems while providing support for caregivers.

The next step is to conduct a thorough **needs assessment** for the area of interest. This will likely involve a deeper look at the data than was done during the problem identification step and may involve new data collection in the form of surveys or focus groups. Again, using the scenario given in the “Ask Why 5 Times” example, an agency would want to determine the number of families in the system currently who may be in the target population and conduct focus groups or key informant interviews to find out more about why families do or do not engage in aftercare services.

As part of the needs assessment, any existing services in place to address the problem area should also be examined. Using the current scenario, this would involve looking at existing services, such as reunification programs, substance abuse services, and aftercare services. For each type of program, the services should be examined in detail including what program model is being used, if it is evidence based, how services are delivered, if it is being delivered with fidelity, and what outcomes the participants have experienced. Before deciding on whether a new program is needed, it is important to know what is currently available in the community. CEBC experience has shown that agencies are often unaware of

exactly which models their contractors are using and that EBPs may be in place in the community without the agency knowing. In addition, there may be locally developed programs that have good track records of outcomes and community support. These should be examined in more detail to determine if the evidence base can be developed for the local program.

Finally, the last part of the needs assessment step is to clearly define the issue and the outcomes desired from practice changes. This typically involves a brief written summary of the problem area that has been selected, the reasons why it was selected, and the concrete indicators of outcomes after practice changes have been made. The summary should be reviewed and approved by the group members to ensure that everyone is on the same page.

Once the problem area is clearly identified and examined, the next step, **identifying potential solutions**, can begin. It is important to keep in mind that solutions do not always involve the addition of a new program. Instead, they may involve making changes to internal processes to ensure that existing services are delivered more effectively.

Examples of Changes to Internal Processes

- Assessment and referral processes may need to be adjusted to ensure that families are being referred to the most appropriate service available in the area.
- Addition of supervision and a monitoring system for an existing practice to ensure that it is being delivered with fidelity and consistency.

If the problem can clearly be addressed by a discrete program, then there are 3 options to consider:

- 1) Expanding existing EBPs in place in the community that need more capacity (e.g., agency currently funds several providers of The Incredible Years, but there is a lengthy wait list)
- 2) Add new EBPs (e.g., add providers in the community who are certified in Trauma-Focused Cognitive-Behavioral Therapy)
- 3) Build the evidence for a locally developed program in place that seem promising (e.g., a home-grown parent training program has been in place for many years and appears to have good outcomes, but needs additional research to verify effectiveness).

If it appears that a new practice will need to be added to the system (e.g., need to add trauma-focused mental health services to existing array), or that an existing practice needs to be changed (e.g., change current locally developed home visiting program to one that has evidence of effectively targeting neglect), then the CEBC registry of programs can be an effective resource. Begin the process of searching for potential programs by developing a list of keywords that are relevant to the program being sought. For example, when looking for a home visiting program that targets neglect, “home visiting” and “neglect” would be appropriate terms to list. Additional terms to describe the target population for the program, such as “young children,” or the type of staff who are currently delivering

home visiting services (if these existing staff would be utilized for the new program), such as “paraprofessional” or “bachelors’ level” may also be useful. The *Identifying Potential Solutions* form (Appendix E6) can be used to keep track of the chosen keywords. Once a list of several keywords has been developed, review the CEBC Topic Areas to identify the topic areas that seem relevant and indicate them on the form. An individual or subcommittee can then review the programs in each topic area and examine the “About This Program,” “Brief Description,” and “Minimum Provider Qualifications” sections for each to identify potential programs and exclude those that clearly do not fit local needs. At this point, be fairly broad and include all programs that appear to fit on the list. Fill out the basic information on each potential program on the *Identifying Potential Solutions* form.

Exploration Example: County B

While considering the fit of several potential programs, County B learns that there is currently a 3-6 month wait list for training for Program X, which is typically delivered at the developer’s offices (in another state). For on-site training, at least 15 staff must be trained. The Implementation Team considers this information, along with training costs, when examining program fit and determines that this program is still feasible, given their timelines and budget constraints.

Selection Areas

- Ease of use
- External compatibility
- Financial considerations/relative advantage
- Internal compatibility
- Knowledge requirements
- Match of skill set
- Observability of benefits
- Reinvention/adaptability
- Risk
- Training/support
- Trialability

The next step is determining the fit of each potential program using the *CEBC Selection Guide for EBPs in Child Welfare* (Appendix E7), which was derived from a review done by Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004. Each program on the *Identifying Potential Solutions* form should be reviewed using the *Selection Guide* and *Selection Guide Worksheet* (Appendix E8) by a small group or subcommittee; it can also be done independently by several individuals with the results compared to achieve consensus. The selection areas listed in the box to the left are described in more detail in the *Selection Guide*, along with the section(s) of the CEBC program registry that may have applicable information.

In addition, during the Exploration Phase, it is beneficial to have direct contact with representatives from the potential programs, preferably program developers or their dissemination and/or training staff (see *Working with Program Developers* [Appendix E9]

for more information). These interactions will allow the Implementation Team to gain some insight into the way that the program staff works, as well as how their work style fits with the team’s work style. If the program is selected, the team will likely be working closely with these people and a good fit will be helpful. The team can also use these initial contacts to identify any clear barriers to

implementation. For example, if the program's training staff is fully booked for the coming year but the new program needs to start within the next six months in order to capitalize on existing funding, other options will need to be considered by the team.

After completing the *Selection Guide Worksheet* for any potential programs identified, review the forms with the

Implementation Team and see if consensus can be reached on 1 or 2 programs that appear to be the best fit. At this point, it is often helpful to present information on this narrow list of programs to the larger Implementation Team and to existing groups of child welfare stakeholders to get feedback on a broader perception of fit. In some cases, community forums may be used to allow for public discussion and input. This step can be time-consuming and is most appropriate for large-scale changes, such as major alterations to the case work model. Either manner of obtaining feedback allows for the incorporation of additional points of view and also helps identify potential champions for the planned change, as well as barriers to change that may exist.

If these services are going to be contracted out, this is the time to make a critical decision as to whether a specific practice will be designated in the contract or whether the applying agencies might have some input and a role in the exploration process. The *Considerations when Contracting For Services* document can be found in Appendix E10.

Exploration Phase Tip

One way to help gather information on the specific items in the *CEBC Selection Guide for EBPs in Child Welfare* is to identify other agencies using the programs being considered. This information can be obtained from the programs' developers or through formal or informal networks, such as child welfare directors associations, listservs, or technical assistance centers. Often, a discussion with someone who has implemented the program can give very useful insight into the fit, the implementation process, as well as the pros and cons of the individual program.



The final step in the Exploration Phase is to **create a written summary** of the work completed to date. This does not need to be a lengthy or extremely formal document, but should summarize the process that was completed as well as any feedback that was obtained on the potential programs. Include basic information such as Implementation Team or other workgroup rosters, meeting agendas and minutes (if available), and completed versions of the CEBC tools that were used. The document should make a clear recommendation on what intervention the workgroup decided on and provide support for the choice. Finally, the document should lay the basic ground work for the next steps that need to occur – the Preparation Phase. The *Template for Exploration Summary Report* with suggested sections to help create this report can be found in Appendix E11.

Preparation Phase

During this phase, the system/organization has made the decision to adopt a specific EBP and is doing the planning and preparation work necessary to effectively implement it. The adoption decision is often seen as a one-time event while, in practice, it begins the preparation for implementation. Some of the key considerations in this phase are similar to those in the Exploration Phase but now move from identification to problem-solving. The Preparation Phase will often involve working closely with the program developer, who may have developed materials relevant to preparation; this information can be found in the Implementation section of the CEBC website or from the developer directly.

Some of the key steps in the Preparation Phase include:

- Ensure leadership buy-in
- Develop an implementation support system
- Work with stakeholders
- Ensure that the chosen EBP fits with consumer concerns
- Identify viable funding streams
- Develop timetables

A key initial step in the Preparation Phase is **ensuring leadership buy-in** and confirming that relevant agency leadership are championing and supporting the adoption of the chosen EBP. If these individuals were not part of the Implementation Team during the Exploration Phase, it may be necessary for the team to arrange to meet with each leader, review the exploration process and results, and address any concerns that they may have. Without the clear support of leadership, it will be very difficult for implementation of a new practice to occur. It may be helpful to assess leadership, supervisor, and front line worker support for implementation through the use of existing assessment tools; information on these tools is available on the CEBC website in the Implementation section under “Tools and Resources.”



In addition to getting leadership on board, it will be necessary to **develop an implementation support system** and build the infrastructure to support implementation of the new practice. This ranges from designating or hiring a change agent or coordinator to take day-to-day responsibility for implementation to establishing a clear relationship with the program developer (see *Contracting with Program Developers* [Appendix F1]) and/or their implementation and training providers, to determining how outcomes and fidelity will be examined (refer to *Data & Outcomes* [Appendix F2] and *Assessing Fidelity* [Appendix F3]). It is also important to evaluate what resources will be required and what resources may already exist and can be transitioned as the new program is implemented (see *Resources for Implementation* [Appendix F4]). Many agencies have a training department that will need to be involved in planning for introductory and ongoing training, regardless of whether or

not the trainings will be delivered by local staff. Some agencies may have quality assurance or similar units that will oversee monitoring of the program. If not, the Implementation Team will need to determine how these functions will occur and develop clear timelines and partnerships for each. If necessary, external contracts may be set up to support implementation. For example, a county implementing a new home visiting program countywide may decide to use a Request for Proposal (RFP) for an external evaluator to ensure that the evaluation is impartial.



Working with stakeholders is a crucial part of the Preparation Phase. Stakeholders will vary depending on the area being targeted, but will likely include community agencies and partners, consumer groups, and advocacy organizations. Hopefully, some of the stakeholders were involved in the Exploration Phase; however, if they were not, engaging these groups and individuals early in the Preparation Phase will be crucial to success. Stakeholders will play a role in providing support for the program, including referral and client engagement. For example, they can help address early on how the new practice will fit into the existing service and practice system. In addition, these stakeholder groups can help **ensure that the chosen EBP fits with consumer concerns**. Concerns might include the applicability of the selected practices for the needs and culture of clients in the targeted populations and the potential for stigma.

Initial work to **identify viable funding mechanisms** should have been done during the Exploration Phase, and this work can be solidified during this phase. Example activities include revising billing manuals, forms, and training to accommodate the new program and updating the electronic billing and/or health record systems to document and bill for the services appropriately. Since funding is essential, clearly written communication should be obtained from the funder stating that the funding stream will cover the new services. Refer to *Determining the Funding Stream* (Appendix F5) and the *Funding Stream Inventory Worksheet* (Appendix F6) for information on identifying and evaluating viability of funding streams.

Preparation Example: County A

County A is implementing Multidimensional Treatment Foster Care (MTFC) and works closely with them to identify recruitment and advertising strategies that highlight the unique features and role of MTFC foster parents. In addition, MTFC helps County A develop foster care reimbursement rate structures that are likely to yield a number of foster parent applicants.

Finally, **develop timetables** for key processes in the Preparation and Implementation Phases to keep the effort on track. This task will likely be done by the change coordinator or similar individual in charge of the day-to-day implementation process and in conjunction with the Implementation Team

and stakeholders. Timelines will need to address the realities that exist in the system, such as avoiding peak service times during the year (e.g., start of school year, holidays) or conflicting with already scheduled requirements (e.g., week of external review by funding agency, budget development time period). If services are being contracted out, consider the time that will be required for the procurement process, as this can often take several months. In addition, timetables for staff training and certification will need to align with service and productivity requirements of the service system or organization; if existing staff are being used, it will need to be determined how to cover their caseload while they attend training. The timeline for obtaining and distributing training materials and manuals, as well as documentation and billing forms, will need to be established. Finally, planning for outcomes and fidelity monitoring should be included in the timeline. Program developers or implementation staff may have draft timelines already established that can be adapted for local use. The following documents may be useful to review when developing timelines: *Referral System* (Appendix F7), *Staffing Plan* (Appendix F8), and *Training & Coaching Considerations* (Appendix F9).

Preparation Example: County B

County B has decided to implement The Incredible Years. While the program has no rules regarding staff education and experience, it is recommended that at least one of the group leaders have a Master's degree or above and knowledge of child development. In addition, staff who have had experience leading groups are more likely to be successful than those who have not. The Implementation Team uses this information when developing job descriptions and identifying whether/how internal staff would be appropriate for the new positions.

Implementation Phase

The system/organization is in the process of implementing (e.g., training, knowledge and skill transfer, service delivery, capacity building) a specific EBP at this time. The active Implementation Phase is when the “real” work of implementation has begun – often this is the first time that change is visible to the community.

Some of the key steps in the Implementation Phase include:

- Verify buy-in
- Ensure priority
- Complete training
- Prepare materials
- Confirm referral processes
- Monitor fidelity to the EBP
- Collect and evaluate outcomes
- Explore scale-up in the service system(s)



At the start of the Implementation Phase, it will be important to **verify buy-in** to confirm that stakeholders have bought into the change that the organization is implementing and that they are fully in support of the change. This will involve addressing any remaining concerns and ensuring that all stakeholders are informed, on the same page, and clearly supportive of the change to the EBP in order for the implementation to be

successful. The role of the Implementation Team has changed as it moved into this phase, with more focus on quick response to challenges encountered; for more information on Implementation Teams during this phase, refer to *The Critical Role of Implementation Teams and their Evolution through EPIS* (Appendix E2). *Monitoring and Feedback Systems* (Appendix G1) and *Reviewing the Billing/Financial Process* (Appendix G2) contain information on the types of issues the Implementation Team should be addressing during this phase.

In addition, it will be necessary to **ensure priority** of the change to the new EBP and that other issues do not take precedence over the implementation of this EBP. Querying involved partners to determine if any unseen or pressing issues have arisen and then addressing them in the Implementation Team will be necessary. For example, changes in agency leadership will require outreach to the new leaders to ensure they understand and support the implementation process. It can be helpful to discuss with the Implementation Team how common barriers to implementation would be addressed, such as changes in leadership, funding, and policies, so that needed responses can be more proactive and timely.

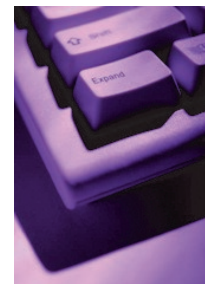
During the Preparation Phase, training timelines were developed which will be followed during the Implementation Phase. This will include procuring training venues and materials, conducting the actual trainings, and providing opportunities for new trainees to practice what is being learned. It will be essential to **complete training** and begin service delivery shortly after training to ensure that skills are not lost before they can be applied. In addition, it is necessary to **prepare materials** for service delivery (e.g., manuals, checklists, fidelity rating forms) and distribute them according to the established timelines.

Shortly before service delivery of the EBP commences, it will be important to **confirm referral processes** are firmly in place so that service provider trainees can begin seeing clients while attending to the need for system, site, or

Implementation Example: County A

County A's program supervisor has weekly telephone consultation with MTFC regarding treatment plans, progress and problems. Consultation includes review of videotapes from the weekly foster parent and clinical team meetings. This is an integral part of both MTFC and County A's effort to ensure fidelity to the model.

practice adaptations. Training for referral sources may be necessary and team members should plan to check in with the referral sources after services begin to get feedback on the referral process. If referrals are not being received, it may be necessary to re-deploy service providers to do outreach and determine why clients are not being referred to the EBP. The *Supporting Initial Implementation – Go Live Checklist* (Appendix G3) lists similar activities that should occur when services begin.



From the start of services, it will be essential to **monitor fidelity to the EBP** and to **collect and evaluate outcomes** (refer to *Monitoring and Feedback Systems* [Appendix G1] and *Examining Outcomes* [Appendix G4]). Doing these from the start ensures that they are considered part of standard practice and allows the implementation team to identify and address any challenges quickly. The outcomes and fidelity monitoring plans developed during the Preparation Phase should be put into place and evaluated on a regular basis, with changes made as needed by the change coordinator and Implementation Team. Early focus will be on model fidelity (e.g., self-report checklists, observation) and process outcomes (e.g., number of clients referred, number of sessions completed), as well as the collection of baseline indicators (e.g., strengths, challenges, symptoms). There should be a plan to examine initial client outcomes at an appropriate time as determined by the program developer and implementation team.

Implementation Example: County B

County B is implementing The Incredible Years. The Implementation Team had concerns about parent retention in the first set of parenting groups and decided to purchase some telephone consultation with the developers to discuss suggested strategies to improve participation. After the call, the Team selected two strategies to try for the next set of groups (transit vouchers and reminder calls) and see if they had any impact on retention.

Finally, at the start of the Implementation Phase, all required contracts to support the EBP implementation and use should be in place. Timelines were established during the Preparation Phase and should be verified at the start of this phase to identify any delays or problems. As the service roll out begins, examine and **explore scale-up in the service system(s)** and how the funding and resources are being used to support the EBP. This will help to identify issues early on (e.g., multiple referrals have been made to a provider but the corresponding bills have not been submitted within the established timeframe), and inform future service expansion as additional capacity, or adjustments to resource distribution, may be needed as the new program rolls out. For example, additional services may be needed in a particular region, resulting in amendments to the client targets in the corresponding contract and, thus, the addition of staff.

Sustainment Phase

The system or organization has implemented a specific EBP and is now using it as part of its regular service or treatment model with an appropriate proportion of clients. At this stage, the EBP becomes everyday service as usual in the agency or community. This will typically occur at least six to twelve months (or longer) after the Implementation Phase occurred. The Sustainment Phase involves the continued use of an EBP with fidelity after initial implementation is complete. The Sustainment Phase can also include expansion of an implemented practice and further scaling-up or spread of the model within a service system beyond an initial implementation effort.

Some of the key steps in the Sustainment Phase include:

- Funding and support
- Ongoing training needs
- Ongoing fidelity monitoring
- Outcomes
- Making refinements
- Reviewing referral process

An important step for the Sustainment Phase is to identify and procure ongoing stable **funding and support** for systems, organizations, and staff delivering an EBP (see *Sustainable Funding* [Appendix H1]). When a new EBP is established using one-time or short-term funding, plans for sustainment are often required from the start but may be cursory or vague. It will be important to determine whether services can be funded through existing ongoing mechanisms (e.g., mental health services dollars, Medicaid). In addition, support for **ongoing training needs**, including ongoing and booster training for existing staff and training of new staff due to expansion or staff turnover, will need to be identified along with support for other necessary resources, such as program materials and meeting space. For more detailed information see *Ongoing Training and Coaching Needs* (Appendix H2).

Sustainment Example: County A

County A has been implementing MTFC for three years. They establish a line item in the annual budget to provide for ongoing booster training and for training of new staff and foster parents. The amount is determined based on staff counts and turnover rates. In addition, they apply to become an MTFC-certified program, to support ongoing assurance of model fidelity and outcomes.

Ensuring the program continues with **fidelity** is a primary component of the Sustainment Phase - fidelity monitoring, coaching, and support for staff delivering the intervention need to be continued to ensure that the program is being delivered as designed and with integrity. Fidelity can be maintained by building these efforts into standard quality of care and training practices and incorporating them into Policy and Procedure manuals. In addition, **outcomes** will need to be examined on a regular basis to ensure that the intervention is having the desired effects and to ensure that it is not having unintended effects. These can similarly be built into standard practice, such as

monthly or quarterly reports from contractors, to reduce burden and encourage sustainability. For more information, see *Maintaining Fidelity* (Appendix H3).

Once the EBP has been up and running for several months, it may be necessary to **make refinements** to the delivery process or to the intervention itself to fit the needs of the community or population being served. Any refinements must be discussed with the developer, as they will have the best idea of which components of the program are essential and cannot be altered and which may be open to adaptation to meet local needs. Similarly, the **referral process** should be reviewed on a

regular basis to improve the ease of referral and ensure that any feedback loops remain in place. As systems change over time and providers and processes change in the broader system, the referral process may need to be adjusted accordingly. These are just a few considerations and identifying those unique to the local system and organization, as well as to the chosen EBP, will help to complete this phase.

Sustainment Example: County B

County B is implementing The Incredible Years; services are being delivered by several contracted agencies. The Incredible Years' fidelity tool is routinely used in supervision within each agency, with results submitted to the funding agency quarterly. Each agency has at least one staff person who can provide booster training on an as needed basis. Agencies work together to provide annual and new staff training on a countywide basis. Group leaders across the agencies meet on a quarterly basis.

Putting it All Together



The CEBC has learned four key lessons over the past few years as its staff has worked with counties around implementation of EBPs:

- 1) The importance of careful planning before deciding what, if anything, to adopt. Taking the time to work through the Exploration Phase, and clearly identifying the problem is crucial to the success and sustainability of the implementation effort.
- 2) The importance of data-driven decisions. It may take some time to look at the data, but in the long run it will result in a much stronger likelihood of choosing a practice that is the best solution to the identified problem.
- 3) The importance of the referral system. A thorough job of creating referral systems and educating those making referrals about the practice must be completed before it starts being delivered and the implementation team must be willing to refine the referral system as needed when the practice is implemented.
- 4) Training is necessary, but not sufficient. If staff members are trained without putting any further support (e.g., coaching and monitoring) in place, it is unlikely that the practice will be implemented with fidelity and thus will not bring the expected results.

In conclusion, it is important to note that at this time the field of implementation science is still in the early stages of development. This guide captures what the CEBC currently knows about implementing EBPs in child welfare, however, the information will evolve as more is learned. The CEBC will continue to provide additional information on implementation on the CEBC website which will supplement this guide. Please visit the website at www.cebc4cw.org to see what is new and join the CEBC email alert list to be kept up to date as new information is added to the website.

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Chadwick Center for Children and Families, Rady Children's Hospital, San Diego



The Chadwick Center is a child advocacy center with facilities located throughout San Diego County. It is one of the largest centers of its kind and is staffed with more than 75 professionals and para-professionals in the field of medicine, social work, psychology, child development, nursing, and education technology. The center's mission is to promote the health and well-being of abused and traumatized children and their families.

The California Department of Social Services (CDSS) provides leadership in targeted efforts to improve the lives of children and families served within the child welfare system. As part of their improvement strategies, CDSS selected the Chadwick Center for Children and Families - Rady Children's Hospital-San Diego, in cooperation with the Child and Adolescent Services Research Center (CASRC), to create the California Evidence-Based Clearinghouse for Child Welfare (CEBC).

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Appendix A: Glossary

Adaptation refers to making slight changes, planned in conjunction with the developer, to a practice while maintaining fidelity to the core elements of the intervention in order to improve fit with client, organization, and/or system characteristics. Conversely, it is often the case that service systems and organizations need to adapt to the delivery standards of an evidence-based practice in order to support implementation and sustainment with fidelity.

Adoption is the decision to make full use of an innovation.

Dissemination is the targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated evidence-based interventions.

Implementation is the use of strategies to introduce or change evidence-based interventions within specific settings.

Inner Context refers to the interplay for intraorganizational characteristics with individual adopters and others in the organization that can support or detract from effective evidence-based practice implementation. Strong leadership that supports the importance of evidenced-based practices in the organization can help to promote more positive staff attitudes toward adopting evidence-based practices.

Intraorganizational Characteristics refers to the leadership, culture, and climate of an organization. It also includes the policies and practices that are sanctioned and supported by organization management. Such characteristics can be important in creating a fertile environment for the implementation and sustainment of evidence-based practices.

Observability is being able to see the process and outcomes or interim results/measures for a given evidence-based practice.

Outer Context is also known as the sociopolitical context and refers to the larger system-wide political, legislative, and funding environment of a service system. This can be construed at the federal (i.e., country), state, county, or city level, depending on the nature of the service system. The United States has certain legislative mandates that influence policies related to required services and funding to support those services.

Scale-up refers to a staged approach to implementation in which the implementation process begins with a portion of the organization or service system and eventually moves to complete implementation in the whole organization or larger community.

Trialability is the extent to which an evidence-based practice lends itself to being tried out and tested in a way that gives a determination of its applicability before deciding on a full-scale implementation.

Appendix B:

Common Implementation Strategies that Have Been Used in CWS

Several implementation strategies have been developed in health care, mental health, and social service settings and are commonly referred to in the literature. Information on these is provided as a general reference, as these strategies may be discussed in documents or presentations. At this time, the science behind these approaches is, for the most part, in its infancy. Inclusion here is for information purposes and does not imply any endorsement by the CEBC.

It is important to note that most of these implementation approaches were not developed specifically for child welfare settings. The basic principles and premises may generalize across service settings and there is a great deal of variability in how and where approaches have been tested.

ARC (Availability, Responsiveness, Continuity)

Developed by the Children’s Mental Health Services Research Center at the University of Tennessee. Knoxville (<http://cmhsrct.utk.edu/arc/>).

ARC is an organizational intervention focused on improving the context for service delivery with a particular focus on culture and climate of organizations, programs, and teams. The ARC intervention includes three types of activities to improve effectiveness. First, it enacts organizational tools and practices (e.g., feedback or teamwork) that are used to identify and address service barriers (e.g., bureaucratic red tape or ineffective treatment models). Second, it embeds principles of organizational effectiveness (e.g., results orientation or participation-based events) to guide improvement efforts within the organization. Finally, ARC modifies cognitive models (e.g., fear of failure or escalating commitment) that hamper improvement efforts within organizations.

Breakthrough Series

Developed by the Institute for Healthcare Improvement (IHI, www.ihl.org).

The Breakthrough Series is designed to help organizations make *breakthrough* improvements in quality while reducing costs. The driving vision behind the Breakthrough Series is this: sound science exists on the basis of which the costs and outcomes of current health care practices can be greatly improved, but much of this science lies fallow and unused in daily work. There is a gap between what we know and what we do. The Breakthrough Series creates a structure in which interested organizations can easily learn from each other and from recognized experts in topic areas where they want to make improvements.

CDT (Community Development Team)

Developed by the California Institute of Mental Health (CIMH) [now known as the California Institute for Behavioral Health Solutions (CIBHS), http://www.cibhs.org/sites/main/files/file-attachments/cdt_report_0.pdf]

The Community Development Team (CDT) Model is a multilevel training and technical assistance strategy that has grown out of effort to promote innovation in services and operations of mental health programs. The model is designed to promote model-adherent adoption of program and/or operational innovations by publicly operated/administered agencies and nonprofit community-based organizations. The CDT structure is designed so that participants are able to:

- Develop a realistic and concrete implementation plan
- Learn and apply clinical or technical information about a specific innovation
- Overcome implementation barriers
- Evaluate program performance outcomes
- Develop capacity to sustain model-adherent programs

A CDT is composed of a group of counties or agencies that are committed to implementing a new practice in common. Training and technical assistance are provided, in partnership with model developers, through a series of multiagency meetings and augmented by individualized agency specific assistance as needed.

Dynamic Adaptation Process (DAP)

Developed by Gregory A. Aarons, PhD (available via email at gaarons@ucsd.edu)

DAP is designed to allow for evidence-based practice (EBP) adaptation and system and organizational adaptations in a planned and considered, rather than ad hoc, way. The DAP involves identifying core elements and adaptable characteristics of an EBP, then supporting implementation with specific training on allowable adaptations to the model, fidelity monitoring and support, and identifying the need for and solutions to system and organizational adaptations.

QUERI (Quality Enhancement Research Initiative)

Developed by the Veterans Affairs' Health Services Research and Development Service (<http://www.queri.research.va.gov/>)

QUERI works to improve the quality of healthcare for veterans by implementing research findings into routine clinical practice. QUERI is a detailed process for testing and implementation of quality improvement and EBP in the Veterans Affairs (VA) system:

- Identify high risk/high prevalence diseases or problems
- Identify best practices
- Define existing practice patterns and outcomes across the VA and current variation from best practices
- Identify/implement interventions to promote best practices
- Document that best practices improve outcomes

RE-AIM (Reach, Efficacy/Effectiveness, Adoption, Implementation, and Maintenance)

Developed by Russ Glasgow, Shawn Boles, and Tom Vogt (www.re-aim.hnfe.vt.edu/index.html).

RE-AIM is a conceptual model to help identify key factors to implementation. It is a systematic way for evaluating public health interventions that assesses 5 dimensions: Reach, Efficacy/Effectiveness, Adoption, Implementation, and Maintenance. These dimensions occur at multiple levels (e.g., individual, clinic, organization, community) and interact to determine the public health or population based impact of a program or policy.

- Reach is the absolute number, proportion, and representativeness of individuals who participate in a given program.
- Efficacy/Effectiveness is the impact of an intervention on important outcomes. This includes potential negative effects, quality of life, and costs.
- Adoption is the absolute number, proportion, and representativeness of settings and staff who are willing to offer a program.
- Implementation, at the setting level, refers to how closely staff members follow the program that the developers provide. This includes consistency of delivery as intended and the time and cost of the program.
- Maintenance is the extent to which a program or policy becomes part of the routine organizational practices and policies. Within the RE-AIM framework, maintenance also applies at the individual provider level.

Appendix C: *Sample Questions to address in each EPIS phase of Implementation*

Exploration Phase:

Organizational Characteristics

- How will the new intervention be delivered – directly by child welfare agency staff, by an external agency through contract, etc.?
- What are the pre-existing knowledge/skills within the agency providing the evidence-based practice (EBP)? For example, what is the education level of the staff at the agency, and will this impact the program decision? Some EBPs require certain types of staff (e.g., master’s level, nurses, etc.).
- What is the readiness for change of the agency(s) that will be implementing the EBP? Agencies may want to consider the agency’s culture, climate, or readiness for change.
- What is the current culture (i.e., beliefs and shared expectations) of the agency in relation to EBPs, innovations, and change?
- What is the current climate of the organization (i.e., shared perceptions of the psychological impact of the work environment on the provider) and does this support implementation of a new EBP? If not, how will this be addressed?

Example: The agency has recently undergone a major change to the casework practice model, resulting in increased staff turnover. It may be necessary to assess whether implementing another new program is appropriate at this time.

- Are there past successes or failures in implementing new practices? What lessons can be learned from those past experiences that will help in this new implementation process?

Example: A new home visitation program was implemented 5 years ago using grant funding. Although the program appeared to have had the desired outcomes, after the grant ended, the program was discontinued.

Note: If the intervention will be contracted out, then consider a few options: 1) Determine the underlying problem that needs to be addressed and choose a single EBP that will be required or 2) Determine the underlying problem that needs to be addressed and choose more than one potential EBP then ask the applying agencies to answer some of the following questions to support the single EBP that they choose.

Individual Adopter Characteristics

- Are there early adopters/innovators in the organization who are likely to act as champions for a selected EBP? How can these individuals be involved in the implementation process to ensure success?
- What are the attitudes and perceptions of the need to adopt an EBP by the individuals who will be providing the EBP?

Leadership

- How does leadership within the agency perceive the need for EBPs? Does the support for this program to be implemented exist in all levels of leadership (e.g., executive, program, supervisory, and peer leaders)? If not, how will the leadership support be developed?

Funding

- What are the current budget restrictions and how might those impact exploring new programs?
- How will the program be funded (e.g., service grants, research grants, foundation grants, health insurance, county or state funding streams, etc.) and how stable is that funding source?
- What types of services can be funded under existing funding streams?
- If the funding is through a time-limited source, such as a grant, how will future funding be secured to allow for sustainability of the program?
- Is there the need to partner with other agencies to blend funding for services?

Client Advocacy

- What role does the mental health council, parent partner organizations, or other family advocacy groups play in the community and how will these stakeholders be engaged in the implementation process?
- What are the current service demands from clients and how are these impacting individual providers?

Interorganizational Networks

- What professional stakeholders need to be involved in this process?
- How are the networks set-up? Are there existing interorganizational network structures of meetings in place that can be utilized?
- What resources exist for implementation support? What can be accessed currently or will be able to be accessed in the future?

Examples: Other counties that have implemented in the past, the developers of the chosen EBP, technical assistance centers, universities, etc.

- Does the agency which would provide the EBP have experience implementing EBPs and does it interact with other agencies that provide EBPs? (This type of network increases likelihood of adopting an EBP.)
- Does the child welfare system contract with other departments that have successfully implemented EBPs? Are there lessons that can be learned from these successes? (Again, these types of connections assist in success in adopting EBPs.)

Sociopolitical Context

- Are there mandates at the state or federal level that may impact funding and/or the focus of new programs in the short and long term?
- Are there legal requirements in place for the implementing agency that may impact the decision-making process? For example, are there any lawsuit settlements or consent decrees that require specific changes or actions by the agency?
- What outcome requirements and benchmarks exist for the child welfare programs and how might this impact choice of practice for the community?
- What type of monitoring currently exists or will need to exist to allow outcomes to be collected? For example, is there existing state or federal data reporting requirements to examine outcomes?

Preparation Phase:

Organizational Characteristics

- How well does the EBP match the mission, values, and service provider tasks of the agency?
- Are there specialized roles within the organization that lend themselves to the adoption of the selected EBP?
- What challenges/benefits does the size and infrastructure of the agency have on the implementation of the selected EBP?
- What is the size of the staff? Is it adequate to successfully implement the program?
- Does the chosen EBP require specific expertise or knowledge of the program that is being implemented?
- How will referrals be supported and/or enhanced so that service providers will have clients to work with?
- How will outcomes be assessed to confirm that the EBP is meeting the needs of the community and is effective in addressing the underlying problem identified during exploration?
- How is fidelity being assessed as the EBP is implemented and on a continuous basis to avoid future drift?

Individual Adopter Characteristics

- What role are the early adopter/champions playing in preparation to ensure buy-in from providers?
- How will feedback from providers be obtained as the practice is implemented?

Funding

- Are there existing contracts that will be shifted to require EBPs? How will support be provided to the agencies to ensure that there are successful applicants?

Leadership

- How will the agency leadership support the adoption of the EBP?

Client Advocacy

- Are there local and/or national advocates who are supporting the EBP? How might they support the agency's efforts?
- How will client feedback/satisfaction be measured?

Interorganizational Networks

- Does it make sense to fund more than one agency so that the agencies can partner to share the costs of training and/or technical assistance?

Sociopolitical

- Is there current legislation that is influencing funding for specific services that are related to the chosen EBP?

Implementation Phase:

Organizational Characteristics

- Are there formalized policies in the agency for supporting the use of EBPs? Is this part of the values and mission of the agency?
- Are there clear priorities and goals related to EBP?
- Based on the agency's culture (i.e., the implicit norms and assumptions of a work group that guide behaviors), will the chosen EBP be accepted and implemented with fidelity?
- How does the EBP fit with other administrative and practice needs (e.g., record-keeping, productivity requirements, etc.)? What will need to be modified or changed as the EBP is implemented?

- Is fidelity being monitored based on the plans developed in the Preparation Phase, are adjustments to the plan necessary now that implementation is underway?
- Are outcomes being assessed based on the plans developed in the Preparation Phase?
- Are there information technology (IT) or management information system (MIS) resources to provide a data system for monitoring process indicators, client outcomes, and fidelity?

Individual Adopter Characteristics

- What is the feedback from providers about the training, coaching and implementation and how is it being addressed?

Intervention Developers

- How involved will the intervention developers be in the implementation (i.e., are there specific trainers and consultants who will play a role as the program rolls out)?

Leadership

- How will agency leadership promote a positive implementation climate and support the staff in implementing the EBP? Encouragement and reinforcement will be key.

Funding

- How will funding be obtained for necessary resources (e.g., computers, materials, etc.)?

Client Advocacy

- How is the plan for obtaining client feedback working and what is being done with that data?

Interorganizational Networks

- How can agencies learn more about successes and challenges that other agencies have encountered when implementing an EBP in order to help learn how to address implementation challenges that arise?
- How can interorganizational networks assist in facilitating appropriate referrals, subcontracting arrangements, and training opportunities/knowledge about EBPs?

Sustainment Phase:

Organizational Characteristics

- Is there strong buy-in by agency leadership to help create a climate conducive to continued use of the EBP?
- Are there policies in place to sustain EBPs within the agency?

- Is the EBP used consistently by the staff who have implemented it?
- Is there social network support for the use of the EBP?

Individual Adopter Characteristics

- Are there specific selection criteria for new staff when turnover occurs?
- Do the staff selection criteria include knowledge, skills, abilities, attitudes and other characteristics important to effectively learning and delivering the selected EBP?

Fidelity monitoring and Support

- Is fidelity being monitored internally by agency staff or tracked by the contracting agency?
- Is training support reliant on external expertise or have internal trainers been appointed? If internal, how has this been institutionalized to support sustainment?

Leadership

- How will leadership continue to support the staff who have implemented the practice especially as funding changes or new staff is brought on?
- As turnover occurs, how will they identify new staff and support training for this new staff?
- How will leadership support be managed during future agency or program leadership changes?

Funding

- Will there be additional funding to sustain the EBP? If not, how will agencies be supported to find and secure additional funding to sustain the EBP?
- How will funding be obtained to compensate for staff turnover and the need for additional training?

Interorganizational Networks

- Is there a mechanism for continued involvement of multiple stakeholders?
- Is there a mechanism for ongoing troubleshooting and problem solving across the various partners?
- What ongoing technical support is in place across the network?
- What role can external networks play in ensuring continued support for the EBP during periods of leadership or political transition or financial challenges?

Sociopolitical

- Are leaders in the community supportive in creating policies that will sustain the EBP?

Appendix D: Key Implementation Steps by EPIS Phase

Exploration:

- Form an Implementation Team
- Identify the Problem
- Narrow the Focus
- Conduct a Needs Assessment
- Identify Potential Solutions
- Determine Program Fit
- Create a Written Summary

Preparation:

- Ensure Leadership Buy-In
- Develop an Implementation Support System
- Work with Stakeholders
- Ensure that the Chosen EBP fits with Consumer Concerns
- Identify Viable Funding Streams
- Develop Timetables

Implementation:

- Verify Buy-in
- Ensure Priority
- Complete Training
- Prepare Materials
- Confirm Referral Processes
- Monitor Fidelity to the EBP
- Collect and Evaluate Outcomes
- Explore Scale-up in the Service System(s)

Sustainment:

- Funding and Support
- Ongoing Training Needs
- Ongoing Fidelity Monitoring
- Outcomes
- Making Refinements
- Reviewing Referral Process

Appendix E: Exploration Phase: Resources and Tools

| | |
|--|-----|
| <i>Implementation Team Membership Tracking Tool.....</i> | E1 |
| <i>The Critical Role of Implementation Teams and their Evolution through EPIS.....</i> | E2 |
| <i>Exploration Worksheet.....</i> | E3 |
| <i>Identifying and Clarifying the Problem</i> | E4 |
| <i>Data Sources to Consider</i> | E5 |
| <i>Identifying Potential Solutions</i> | E6 |
| <i>CEBC Selection Guide for EBPs in Child Welfare.....</i> | E7 |
| <i>Selection Guide Worksheet</i> | E8 |
| <i>Working with Program Developers.....</i> | E9 |
| <i>Considerations when Contracting For Services</i> | E10 |
| <i>Template for Exploration Summary Report</i> | E11 |

Implementation Team Membership Tracking Tool

Note: A PDF version that can be typed into and saved is available on the CEBC website (www.cebc4cw.org). From the home page, click on the Select and Implement Programs button, then the Tools & Resources button, and then Technical Assistance Materials from the list.

A. Senior Child Welfare Administrator Overseeing Project

Name: _____

Title: _____

Email: _____

Telephone: _____

B. Day-to-day Child Welfare Liaison for Project (Key Contact)

Name: _____

Title: _____

Email: _____

Telephone: _____

C. Other Key Child Welfare staff (relevant to topic areas being examined)

Name: _____

Title: _____

Email: _____

Telephone: _____

Name: _____

Title: _____

Email: _____

Telephone: _____

Name: _____

Title: _____

Email: _____

Telephone: _____

Name: _____

Title: _____

Email: _____

Telephone: _____

Name: _____

Title: _____

Email: _____

Telephone: _____

D. Stakeholders (consumers, advocacy groups, etc. working in this topic area)

Name: _____

Agency/Role: _____

Email: _____

Telephone: _____

Name: _____

Agency/Role: _____

Email: _____

Telephone: _____

Name: _____

Agency/Role: _____

Email: _____

Telephone: _____

E. External Providers/Contractors (primary contact for each main provider)

Name: _____

Agency: _____

Title: _____

Email: _____

Telephone: _____

Name: _____

Agency: _____

Title: _____

Email: _____

Telephone: _____

Name: _____

Agency: _____

Title: _____

Email: _____

Telephone: _____

The Critical Role of Implementation Teams and their Evolution through EPIS

Purposeful, active, and effective implementation work is done by implementation teams. Implementation team members have special expertise regarding programs, implementation science, improvement strategies, and organizational capacity building. They are accountable for making it happen: for assuring that effective interventions and effective implementation methods are in use to produce the intended outcomes. The roles and responsibilities of implementation team members need to evolve through the phases of EPIS.

In the **Exploration Phase**, the Implementation Team must include those who have authority to make decisions about which practice to choose to implement. In addition, membership should include those with content expertise in the area being explored (for instance, if the area being explored is Mental Health, then it would be important to have representation of those in child welfare who oversee program/policy management of mental health contracts, as well as leaders in mental health at the table). Relevant stakeholders (e.g., providers, advocates, family members, etc.) should be included in the Exploration process. Finally, members who are not decision makers, such as front line staff, provide information on the practicalities of implementing a new practice. Examples might be infrastructure, workforce, and caseload requirements that will impact the implementing organization.

Once a specific practice has been identified and the agency has moved into the **Preparation Phase**, membership in the Implementation Team may need to be adjusted. During this phase, work shifts to the development of timelines and contracts; much of the work will focus on identifying and addressing potential stumbling blocks. A change agent or coordinator should be identified; this person's role may include day-to-day leadership of the Implementation Team. Leaders in the agencies implementing the new practice, as well as those responsible for training and quality assurance, will have a key role in preparing for active implementation. Depending on the practice, a representative from the program being implemented might also be added to the team, or included on an as-needed basis. During this phase, the group should meet on a regular basis to keep the process moving forward.

The **Implementation Phase** begins as the providers begin to deliver the new program and, at this point, the Implementation Team will require members who have both authority and responsibility to provide quick resolution to problems encountered in the implementation process. Leadership roles should be clear and agreed to by all. At least one member, typically the change agent, should be identified who will have responsibility for monitoring and communicating difficulties and successes in a timely fashion in order to insure quality implementation. During this phase, the Implementation

Team may need to be available to meet via telephone on short notice, or hold virtual discussions and resolve issues via email.

During the **Sustainment Phase**, the Implementation Team should be expanded to include members who represent additional agencies that will be implementing the practice, as well as representatives from new funding sources who have been identified, such as local foundations. Members should also include quality assurance and training staff from the implementing agencies, to ensure that fidelity and outcomes continue to be a focus. During this phase, the group may meet less frequently than in previous phases – the new program has become ingrained in the service system and challenges and changes are less common.

Exploration Worksheet

This is a sample format to track basic information essential to the Exploration Phase; it can be modified to fit individual needs. It may be used with the Implementation Team during initial meetings or prior to the creation of the Implementation Team to help guide its formation.

Note: A PDF version that can be typed into and saved is available on the CEBC website (www.cebc4cw.org). From the home page, click on the Select and Implement Programs button, then the Tools & Resources button, and then Technical Assistance Materials from the list.

Discussion of who will be involved (county level, partners in the county, region/geographic area, etc.)

Will this be a countywide or regionalized effort?

Who do you see being involved in this? Who are the stakeholders from within the county and who would partner with the county that would be involved?

Do you foresee challenges in engaging community-based organizations (CBOs) or other partners in this process?

Brief explanation of your agency and leadership's motivation for starting the Exploration Phase

What do you hope to accomplish throughout this process?

Briefly discuss and review the process for achieving these goals:

Information on any major linkages with other public service sectors (e.g., Probation, Mental Health, etc.)

What joint projects, requests for proposals (RFPs), etc., are in place or projected to be in place that may impact this effort?

Information on existing evidence-based practices (EBPs) and ones that have been identified as possibilities for implementing in the county

Are you aware of any EBPs already in use within your county? If yes, please list them.

How would you find additional information about what is currently in use?

Have there been previous attempts to implement EBPs in the past?

Are there any specific EBPs for implementation that you have in mind?

Recent or upcoming changes to the system

Are there any upcoming changes to the system that might impact the assessment process or implementation of a new practice?

Review of timeline and personnel

What is your timeline for this effort?

Who will be leading this process? Are they at a level where they will be able to generate staff/stakeholder buy-in?

Identifying and Clarifying the Problem

Note: A PDF version that can be typed into and saved is available on the CEBC website (www.cebc4cw.org). From the home page, click on the Select and Implement Programs button, then the Tools & Resources button, and then Technical Assistance Materials from the list.

What is the primary problem? (2-3 sentences)

What data do you have to help understand the problem and its causes?

What do you think the main factors are that drive it?

What are you currently doing to address the problem?

Using the existing data, review the following areas:

Target Population

1) Who is affected?

2) What are the ages of the children impacted?

- 3) Is it disproportionately impacting certain racial or ethnic groups or other specific demographic groups (special needs, medically fragile, etc.)?

Time Frame

- 4) When in the child welfare process is it happening (before child welfare involvement, at referral, reunification, etc.)?

Location

- 5) Is there a geographic area that is most affected by the problem? (clustered in one region of the county, spread throughout, etc.)?

- 6) What type of delivery setting is most conducive to the area identified above (in home, school based, clinic based, etc.)?

Data Sources to Consider

A key step in the Exploration Phase is to clearly identify the problem areas of interest. Examining existing data sources, and collecting new data as needed, is crucial to ensure that the problem is well understood and correctly addressed. Agencies often have access to large quantities of data, but may not be sure how to utilize it effectively. Below are some suggested data sources.

- 1) **Reports available from CWS-CMS through the California Child Welfare Indicators Project (CCWIP)** [University of California at Berkeley (UCB) and the California Department of Social Services (CDSS), http://cssr.berkeley.edu/ucb_childwelfare/ReportDefault.aspx] -
 - This is a good site to start with, as descriptive data on areas of interest can be examined, and very little training is required.
 - The reports cover many different topic areas.
 - Reports can typically be generated by age, gender, and racial/ethnic groups.
 - Comparisons can be made between counties and the state, as well as across time periods.
- 2) **Existing annual reports** - Board of Supervisors reports, Board of Directors reports, etc.
- 3) **Data from Community Self-Assessments (CSAs) and System Improvement Plans (SIPs)**
- 4) **Data from Structured Decision Making (SDM) or other decision support systems**
- 5) **Reports to funders** - Foundations and other funding groups typically require periodic reports on process and outcomes which may contain relevant information.
- 6) **Other databases to which data is being provided** - Efforts to Outcomes, First 5 databases, etc.
- 7) **Data on referrals to outside providers** (e.g., mental health, substance abuse, etc.) - if these are tracked
- 8) **Research projects** - Has the agency participated in any research projects, or authorized any research with their clients, that may have applicable datasets?
- 9) **Chart reviews** - These can be done on hard copy or electronic charts by examining a subset of charts, randomly selected from a specific population (e.g., children, ages 0-3, in out-of-home care over 30 days, etc.).
- 10) **Focus groups** - These can be conducted on the target population to further refine the problem area. Also, it is important to determine if any relevant focus groups have been done, either by the agency or involving agency clients.

11) Surveys - Are there existing surveys that may have information of interest? Existing surveys such as the Youth Risk Behavior Survey (YRBS) and the California Health Interview Survey (CHIS) may be sources of relevant county-level data. The Census surveys also provide relevant information and can be publicly accessed. Many agencies obtain satisfaction surveys from clients on a periodic basis that may contain useful information. Finally, it may be necessary to conduct a brief survey to obtain specific information.

Identifying Potential Solutions

A. List key words that describe the program you are looking for:

B. List the relevant CEBC (www.cebc4cw.org) topic areas to examine (from the home page, click on the View Programs button and then Topic Areas on the sidebar on the left):

c. List of Potential Programs – Using the table on the next page, fill in the basic information from the CEBC as a starting point for discussion. List one program per row. Feel free to make copies of the table if more than two programs are being considered.

Note: A PDF version that can be typed into and saved is available on the CEBC website. From the home page, click on the Select and Implement Programs button, then the Tools & Resources button, and then Technical Assistance Materials from the list.

| Program Name | Brief Description | Goals | Target Population | Rating |
|--------------|-------------------|-------|-------------------|--------|
| Notes: | | | | |
| Notes: | | | | |

CEBC Selection Guide for EBPs in Child Welfare

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) was designed to provide clear and concise information about practices that are commonly used in child welfare. Each practice is rated for both the level of scientific evidence as well as its relevance to child welfare. Selecting a practice that is a good fit with one's organization goes beyond choosing a practice that is scientifically rated a "1" on the website. This guide is designed to assist child welfare professionals in selecting which practices to implement in their agency.

The information in this guide is based on the work of Trisha Greenhalgh and her colleagues, who conducted a systematic literature review that addressed the question: "How can we spread and sustain innovations in health service delivery and organization?" Using the key findings of this review, we have designed a guide to help make critical decisions about selecting a practice for implementation.

Please note that there is an Implementation Information section in the CEBC Program Description for each program that is rated a 1, 2, or 3 on the CEBC Scientific Rating Scale. The section includes information on Pre-Implementation Materials, Formal Support for Implementation, Fidelity Measures, and Implementation Guides. These are additional items that may be helpful to consider when comparing different programs for selection.

This Guide is meant to assist in leading discussion about the selections process. It is suggested that it be used in conjunction with the *Selection Guide Worksheet* (Appendix E8) to note information from the discussion on each of the practices being considered.

Ease of Use

Key Questions:

- How complex is the program?
- How easily will the key players be able to understand the practice?
- Will the complexity make it more difficult to describe the practice to stakeholder and key internal and external partners?
- Can the program be broken down into smaller, more manageable parts for implementation?

CEBC Program Description Sections to Review:

- Essential Components
- Recommended Parameters (Duration and Intensity)
- Identified Resources Necessary to Implement Program

- Education and Training Resources

Real World Example:

An agency explored multiple parent training programs and decided to choose the one that would be easiest for the staff to understand. The one they chose had the option to train the staff on the program in segments, learning new skills a few at a time, as opposed to training the staff on the whole program and learning all the new skills at the same time.

External Compatibility**Key Questions:**

- How compatible is the practice with the beliefs and values of the local community and clients?
- Is the practice compatible with the referral sources currently in place in the community – will they feel comfortable referring clients to it?

CEBC Program Description Sections to Review:

- Target Population
- Essential Components
- Recommended Parameters
- Delivery Setting
- Languages
- CWS Relevance
- Relevant Research (look at the types of populations involved in the research – how similar are they to the desired target population?)

Real World Example:

A community has been struggling with finding services that will engage parents in treatment for their substance abuse issues. After holding a stakeholders meeting and discussing possible treatment programs, it is agreed that adding Motivational Interviewing (MI) into the existing substance abuse programs would help to increase parents' engagement in substance abuse services.

Financial Considerations/Relative Advantage**Key Questions:**

- What financial resources to fund the practice exist, both in the short and long term?
- What is the cost for training and consultation?

- Does the practice have a clear advantage for the organization, in terms of efficiency or cost-efficiency, compared to what is currently being done?

CEBC Program Description Sections to Review:

- Essential Components
- Recommended Parameters
- Identified Resources
- Education and Training Resources

Real World Example:

After implementing Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), a short-term therapeutic intervention, the organization was able to better serve its clients by decreasing the time clients waited to receive services.

Internal Compatibility

Key Questions:

- How does the practice fit with the agency/workforce norms, values, and beliefs?
- Will it require a radical change in thinking or process?
- How much change will be required of the existing workforce – training, new processes, new forms, etc.?

CEBC Program Description Sections to Review:

- Target Population
- Essential Components
- Recommended Parameters
- Delivery Setting
- CWS Relevance
- Relevant Research (look at the types of populations involved in the research – how similar are they to the desired target population?)

Real World Example:

Therapists at an agency have been trained in psychodynamic techniques and have a long history of using psychodynamic approaches with clients. The agency director is considering implementing Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT). Based on the clinical background of the therapists, this could be a difficult transition and would have to be explored in depth to determine if the therapists would be willing to make a radical shift in their treatment approach.

Knowledge Requirements

Key Questions:

- How much training is required to implement the program?
- Can the skills required to deliver the program be applied in other contexts in which the staff works (e.g., can home visiting skills be applied to routine case work practice)?

CEBC Program Description Sections to Review:

- Education and Training Resources
- Minimum Provider Qualifications
- Essential Components

Real World Example:

An agency with only two full-time staff and multiple interns is considering having the staff trained in Triple P, but decides that it would be too difficult to have that knowledge transferred to the next group of interns once the current interns leave.

Match of Skill Set

Key Questions:

- What education level or pre-existing skill set is required for staff?
- How does this fit with the existing workforce in the community?
- Are staff with the appropriate skill set/education level available to recruit?

CEBC Program Description Sections to Review:

- Education and Training Resources
- Minimum Provider Qualifications

Real World Example:

An agency's existing workforce is composed primarily of social workers. The agency is interested in implementing a home visiting program. Despite the high level of research evidence for the Nurse Family Partnership (NFP) program, a decision is made to not select NFP since a nursing degree is a minimum qualification for providers. This would not be a good match of skill set.

Observability of Benefits

Key Questions:

- Are the outcomes of the program, either short or long term, easily observable?
- How soon can results be seen (e.g., how long is the program)?

- How will program results and outcomes be measured and does this measurement fit with the existing data collection or outcomes process?

CEBC Program Description Sections to Review:

- Relevant Research (look at the outcomes that were examined and how they were measured)
- Recommended Parameters: Duration and Intensity

Real World Example:

An agency looks at Parent-Child Interaction Therapy (PCIT) and presents the findings of the research, as well as videos of a session, to the staff. The staff is excited by the idea of implementing a practice that shows an appreciable benefit so quickly.

Reinvention/Adaptability

Key Questions:

- Can the practice be adapted, refined, or modified to meet local needs?
- Will this adaptation influence the fidelity and outcomes?

CEBC Program Description Sections to Review:

- Target Population
- Brief Description (does it list any existing adaptations?)
- Relevant Research (has research been done on any adapted or modified versions?)
- Contact Information (Need to confirm with developers what adaptations, if any, are possible)

Real World Example:

An agency is interested in implementing Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), but does not have the ability to conduct 90-minute therapy sessions. After consulting with the program developers, they are able to modify the sessions to fit their standard 50-minute therapy session by extending the number of total sessions that clients attend.

Risk

Key Questions:

- How risky is the adoption of the program?
- Is there a large cost upfront (e.g., training, supplies, licenses, etc.)?
- How big a change would this be to individual worker practice, as well as that of the organization as a whole (i.e., a radical change may feel more risky)?

- What are the potential costs and benefits of implementing the practice? How strong is the research support for the program?

CEBC Program Description Sections to Review:

- Essential Components
- Education and Training Resources
- Identified Resources
- Relevant Research
- Scientific Rating

Real World Example:

A small agency is considering whether to implement Parent-Child Interaction Therapy (PCIT). After considering the costs of training their staff and remodeling their offices to allow for this practice, they decide that there is too high a risk of spending a lot on training and construction and not getting enough referrals to justify this cost. The agency decides to use a parent training program that requires fewer resources.

Training/Support

Key Questions:

- How much training and consultation is required before the program can be delivered?
- How will current staff be trained (e.g., impact on caseloads, time off for training, etc.)?
- Is the training for the practice currently available, or if there is a waitlist, will it be available in the timeframe necessary for it to be implemented?
- Does ongoing consultation get transferred from the trainers to the agency level to continue support once the initial training is finished, or will there be a need to contract for ongoing training?
- What is the process for new staff to get trained when turnover occurs?

CEBC Program Description Sections to Review:

- Education and Training Resources
- Implementation Information
- Contact Information (Need to confirm with developers the specific regarding training and support costs)

Real World Example #1:

A small agency in a rural area reviews the training costs and availability and uses this information

to select a practice where training is provided on-site. It is determined that this is more efficient than sending their workers to training off-site. This on-site trainer will also provide phone consultation as a follow-up to the training, which will allow staff to get further support.

Real World Example #2:

An agency director is interested in implementing an evidence-based parent training practice. After contacting the program about training, it is discovered that there is a long wait-list for being trained in this practice. The agency director then explores the training requirements for a second evidence-based parent training program and after contacting the program about training, discovers that there is not a wait for being trained in this practice. This leads to the agency implementing the second practice, because they are able to get the needed support and training in a timely manner.

Trialability

Key Questions:

- Does the practice lend itself to being tried out on a small scale before a full implementation takes place?
- Is it possible to attend a training session, review program manuals, or visit another agency implementing the program prior to making a decision?

CEBC Program Description Sections to Review:

- Education and Training Resources
- Contact Information

Real World Example:

After talking to the program developer, the agency has one therapist trained in Motivational Interviewing (MI). Once the therapist is comfortable and it is clear that MI is benefiting the clients, then additional therapists in the agency are trained.

Reference: Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systemic review and recommendations. *The Millbank Quarterly*, 82(4), 581-629.

Selection Guide Worksheet

Use this worksheet to document information discussed while reviewing the CEBC Selection Guide for EBPs in Child Welfare [Appendix E7].

| Area | Program Name: | Program Name: | Program Name: |
|-------------------------|---------------|---------------|---------------|
| Ease of Use | | | |
| External Compatibility | | | |
| Financial Consideration | | | |

| Area | Program Name: | Program Name: | Program Name: |
|------------------------|----------------------|----------------------|----------------------|
| Internal Compatibility | | | |
| Knowledge Required | | | |
| Match of Skill Set | | | |

| Area | Program Name: | Program Name: | Program Name: |
|------------------------------|----------------------|----------------------|----------------------|
| Observability of Benefits | | | |
| Reinvention/ Adaptability | | | |
| Risk | | | |

| Area | Program Name: | Program Name: | Program Name: |
|------------------|---------------|---------------|---------------|
| Training/Support | | | |
| Triability | | | |

Working with Program Developers

It is crucial to engage in discussions with program developers in advance of the selection and throughout the process of adoption of a specific program or practice.

During the Exploration Phase, meetings with the developers (likely via telephone or web) will help determine whether the program is a good fit for the agency's needs. Issues such as total cost, availability of and lead time for scheduling training and consultation, availability of fidelity measures, and identification of the primary developer contact should be addressed during these meetings to clarify if the program will meet local needs.

For some programs, the developer is the only one that provides training and consultation, and it is necessary to work with them directly. Some developers use a train-the-trainer model, in which a small number of staff from the implementing agency are trained by the developer and they, in turn, train the rest of the staff in the local agency, while other developers establish a more loosely organized pool of qualified trainers or consultants across the country who are certified or approved to provide training on their behalf. Finally, other programs have established a separate organization with multiple trainers and consultants whose sole focus is on the implementation of the practice. It is important to clarify who will be providing the training and who will be supporting overall implementation of the practice.

Once a practice has been chosen and the Preparation Phase begins, agreements will need to be developed with the person or group who will be providing training and consultation (refer to the *Contracting with Program Developers* [Appendix F1] resource for additional information).

Below are some questions to consider during both the Exploration and Preparation Phases:

Who will be training/consulting and what exactly will they provide?

1. Will this person/people be a good fit for the agency's needs?
2. How available will they be?
3. How easy are they to work with?
4. Where will the training take place? (Is it only held in a certain place or does the trainer travel to the recipients?)

What are the program and personnel costs?

1. Ask the developer to specify implementation costs. Be sure to cover all of the relevant issues.
 - Cost for staff training including travel
 - Program materials

- Additional equipment such as video recording devices or lap top computers
 - Technical assistance
2. Costs related to infrastructure should also be considered. Examples include:
- The education, training, and experience required for staff to deliver the program
 - Computer program or internet access
 - Caseload standards that may be dramatically different from the usual standard of care
 - Documentation requirements that may necessitate either a new system or, in some cases, double work for staff

How will program fidelity be ensured?

1. Delivering the program with fidelity is critical to achieving desired outcomes; therefore a thorough understanding of what constitutes fidelity for the program **prior** to implementing is advised:
- Ask for specification of the core components.
 - Ask about the developer’s experience implementing with diverse populations including accommodations/adaptations to insure client participation.
 - Clarify the mode of service delivery. For example, if the program is delivered in a group, is there an adaption for delivering to an individual or a family?
 - Clarify the caseload standard. Many developers are willing to make accommodations if discussed in advance.
 - Ask for specification regarding fidelity criteria including review of any tools used to measure fidelity.

Planning for sustainment

1. Engage in a candid discussion regarding proprietary issues. Many EBPs are “owned” by the developer and cannot be used unless there is an ongoing relationship with the developer. There may be additional costs to maintaining the program including access to resources.
2. Ask about *train-the-trainer* options or other strategies that may help sustain the program in the organization. Be clear about costs and criteria.
3. Discuss how future staff can get training and if there is availability of booster training or support beyond the initial implementation period.

Considerations when Contracting for Services

Request for Proposal (RFP)/Contract for a Specific Program (County completed Exploration Phase and identified specific program)

RFP Should Contain:

- Background on program and selection process of the program
 - Detailed description of goals and target population of the program
 - Information on the selection process for the identified program
- What the RFP will and will not fund
 - Training for the program
 - Service delivery
 - Materials
- Staffing
 - Minimum provider qualifications for chosen program
 - How much start-up time to have staff hired/transitioned or training, etc., will be allotted?
- Training Logistics
 - Is the training being provided by the contractor or is this something that the agency will need to arrange?
 - If the contractor is providing, what is timeframe for training to take place and where?
- Resources
 - Clearly spell out the necessary resources for implementing the program – AV equipment, manuals, etc. Ask respondents to indicate which of these resources will need to be obtained (for instance, if the program is a mental health therapy program, the agency may already have existing therapy supplies that are available)
- Fidelity monitoring
 - Specifically determined by the contract or up to responding agency to propose
- Referrals
 - How will referrals be obtained?
- Outcomes
 - Need to develop measureable outcomes based on goals of program

- Process outcomes (e.g., number of clients to be served) vs. client outcomes (e.g., amount of improvement on parenting measure)
- Use of standardized tools
- Sustainability
 - Expectation for service being continued beyond the terms of the contract
 - How will staff turnover be addressed, or request respondents to provide information on how turnover will be addressed.

RFP Response Should Contain

- Background
 - Agency experience using any similar programs
 - Agency experience with implementing EBPs
- Staffing
 - Will agency hire all new staff or be retraining existing staff? How will this impact start-up time?
 - If keeping current staff, review resumés to ensure they meet minimum qualifications.
 - What will be the timing of transition to new services if currently delivering a different service?
 - If hiring new staff, what will be qualifications, job description, etc.? What is timeline of hiring?
- Training Logistics
 - (If not being arranged or funded by contractor) Initial training – how will this be delivered (on-site, at program developer’s site, etc.) and funded?
 - Ongoing training when turnover occurs and new staff is hired – how will this be delivered (on-site, at program developer’s site, etc.) and funded?
- Resources
 - Clearly respond to specific resources that will be needed – AV equipment, manuals, etc. – and how will this be funded (through this contract specify budget, other funding)?
- Referrals
 - Provide information on referral pathway.
- Fidelity monitoring
 - If not specified by the RFP, propose how this will be maintained.

- Outcomes
 - How will these be collected?
- Sustainability
 - Funding, staffing, service delivery beyond contract time, etc.

RFP/Contract where potential contractor selects program (County began Exploration Phase, identified the problem, but did not narrow down the programs)

RFP Should Contain:

- Background on program and selection process of the program
 - Clearly state the identified problem and target population (demographics including age, gender, cultural backgrounds when appropriate, etc.)
 - May suggest potential programs which should be thoughtfully chosen through the exploration process
 - Provide requirements for chosen programs (level of research, rating on CEBC or other clearinghouses, rationale for choosing)
- What the RFP will and will not fund
 - Training for the program
 - Service delivery
 - Materials
- Outcomes
 - What are concrete outcomes that are expected?

RFP Response Should Contain:

- Background on program and selection process of the program
 - Clear rationale for proposed program and why it will impact the identified problem.
 - Identify CEBC, NREPP, or similar rating of program – using criteria to show rating if program not rated on one of the sites.
- Training
 - Information on how training and program materials (manuals, videos, etc.) will be funded, obtained, etc.
 - Initial training – how will this be delivered (on-site, at program developer’s site, etc.) and funded?

- Ongoing training when turnover occurs and new staff is hired – how will this be delivered (on-site, at program developer’s site, etc.) and funded?
- Staffing
 - Minimum provider qualifications for chosen program and corresponding job description
 - How much start-up time to get staff hired or transitioned, training, etc., will be allotted?
- Information on how active implementation will occur including who will lead the effort and what support exists for the chosen practice and how that support will be obtained.
 - Plans for outcomes assessment
 - Plans for fidelity monitoring
 - Plans for sustainability and addressing turnover issues
- Resources
 - Clearly indicate the specific resources that will be needed – AV equipment, manuals, etc., and how these will be funded (through this contract specify budget, other funding)?
- Referrals
 - How will referrals be obtained? Provide information on referral pathway.
- Fidelity monitoring
 - How this will be maintained?
- Outcomes
 - How will these be collected?
- Sustainability
 - Funding, staffing, service delivery beyond contract time, etc.

Template for Exploration Summary Report

Assessment and Planning Initiative in XXXX County: A Road Map for Implementation of Evidence-Based Practices

Executive Summary

Overview of Existing Practices

A. Process/Methods

- How was data obtained?
- Who was surveyed and/or interviewed?

B. Existing practices – list separately for each practice examined

- Description
- Target population
- Goals and Objectives
- List of providers
- Provider responsibilities (may be listed in contract)
- Summary of experience with each practice (e.g., number of clients served, known issues with practice, evaluation and/or satisfaction data)

Building The Infrastructure

A. Building Assessment and Referral Pathways

B. Building Implementation Pathways

- Organizational Readiness
- Change Coordination
- Training/Consultation Model
- Role of Supervision

C. Accountability and Implementation/Fidelity Monitoring

Integration of Evidence-Based/Evidence-Informed Practice in Service Delivery Continuum

A. Path 1: Expand Upon What Currently Exists in XXX County

B. Path 2: Determine the Evidence Base for Current Services

C. Path 3: Build the Evidence-Based Continuum

- List potential programs by service domain (e.g., mental health, parent education, etc.) and provide basic information on each, along with CEBC or similar rating

Closing Summary

Practical Action Steps

A. Outline what needs to occur next – basic introduction to the Preparation Phase

Appendix F:
Preparation Phase: Resources and Tools

Contracting with Program Developers..... F1
Data & Outcomes..... F2
Assessing Fidelity F3
Resources for Implementation F4
Determining the Funding Stream..... F5
Funding Stream Inventory Worksheet F6
Referral System F7
Staffing Plan F8
Training & Coaching Considerations..... F9

Contracting with Program Developers

Depending on the selected program, the amount of contact with the program developer varies greatly. Some programs require a close working relationship during implementation, while others simply require the purchase of materials and/or training. The requirements should have been clarified during the Exploration Phase as part of the selection process. During Preparation, the relationship should be formalized so that there are no unexpected issues as the implementation moves forward.

- Determine exactly what role, if any, the program developer will play in the site's implementation. In some cases, the developer may provide a referral to a trainer or consultant and may not be directly involved. Clarify who this will be and what their role will be. The developer may have documents describing the implementation process and roles, or it may need to be discussed via email and phone.
 - In person visits?
 - On-site training required?
 - Coaching - on site or remotely?
 - Assessing fidelity and/or outcomes?
- Develop a timeline in conjunction with the program developer or trainer for when the training, coaching, etc., will take place.
- Will a formal contract, Memorandum of Understanding (MOU), or similar document be required by the developer and/or the site?
 - If Yes, what is the timeline and process to get the document approved and signed?
 - Does the document need to be signed before any work can begin?
 - If No, it may still be useful to spell out the relationship in writing so that all parties are clear on the anticipated process.
- Are there costs associated with the agreement with the developer?
 - Travel costs for meetings and trainings, conference call costs, coaching, etc.?
- How will identified costs be paid?
 - Need for other paperwork, agreements for payment, etc.?
- What happens if additional training or coaching is needed?
 - Option to establish a train the trainer program?
 - Costs and opportunities for additional training?

Data & Outcomes

During the **Preparation Phase**, the goals and objectives for the new program should be clearly established and incorporated into any service contracts. In addition, the process for collecting and reporting outcome measures should be determined. All of this should be discussed with the developer, who may have requirements or recommendations.

Basic Definitions

Both **goals and objectives** are what is intended to happen when a change or a new program is implemented:

- **Goals** are the general aim or purpose of the program and are typically quite broad (e.g., reduce re-entry to foster care).
- **Objectives** are measurable statements that describe the desired outcomes (e.g., reduce re-entry to foster care by 25% over the next three years).

Outcomes are what are actually achieved when the data from the change or program is examined.

Determining Objectives

First, clarify the objectives of the program and then decide what can be measured to determine whether the objectives are being met:

- What are the objectives of the program? These should be concrete and measureable such as “increase attendance and grade point average,” not “help students succeed in school.”
 - Develop process objectives (e.g., number of clients seen, number of clinicians trained, etc.) and client objectives (e.g., improvement on behavioral measures, placement changes, etc.).
 - Identify system-level objectives (e.g., decrease percentage of clients experiencing a placement change by 5% in the next year) and individual-level objectives (e.g., improve *Parenting Stress Index* scores between beginning and end of services).
- How will each objective be measured?
 - Develop a concise metric for how each one should be examined; for example:
Attendance = (# of school days in time period - # absences) / # of school days in time period.

Writing SMART Objectives

One common way to write objectives is to use the SMART framework: each objective should be Specific, Measurable, Achievable, Realistic/Relevant, and Time bound. Sample questions for each component and an example are given below.

| Specific | Measurable | Achievable | Realistic/ Relevant | Time-phased |
|---|--|---|--|--|
| <p>What exactly are we going to do, with or for whom?</p> <p>Example terms:</p> <ul style="list-style-type: none"> • Complete • Decrease • Deliver • Develop • Improve • Increase • Obtain • Raise • Recruit • Refer • Train | <p>Is it measurable and can we measure it?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Number • Average • Percentage (proportion) • Change over time | <p>Can we get it done within the proposed timeframe?</p> <p>Can we address barriers or challenges that may arise?</p> | <p>Are there necessary staff and resources to attain the objective?</p> <p>Are goals achievable (reasonably high, not impossible)?</p> <p>Have other programs had similar results?</p> <p>Does the objective fit with overall goals?</p> | <p>When will we accomplish this objective?</p> <p>Examples:</p> <ul style="list-style-type: none"> • By the beginning/ end of ___ quarter or ___ year |

| Example: In 2015, 80% of clients enrolled in Triple P parenting classes will complete at least 80% of the sessions. | | | | |
|---|-----------------------------------|------------|------------------------|-------------|
| Specific | Measurable | Achievable | Realistic/ Relevant | Time-phased |
| Clients enrolled in Triple P parenting classes | 80% of clients 80% of sessions | Yes | Yes/Yes | In 2015 |

How to Measure Outcomes

Existing/Required Measures

- Does the developer have outcome measures that are recommended or required?
 - Will the developer be collecting data on outcomes? How often and in what format?

- How will these measures be collected, who will compile the data?

Identifying Measures

- If the developer does not have established measures to examine outcomes, the measures will need to be identified:
 - Start by looking at the research on the program – how did these studies assess outcomes?
 - Talk to other sites implementing the program to see how they have assessed outcomes.
 - Look at measures developed for similar programs – could they be used as is or revised?

Initial Measurements

- What is the baseline performance? This may have been done as part of the Exploration Phase needs assessment and summarized in the *Identifying and Clarifying the Problem* form (Appendix E4), but if not, determine using data from prior to program initiation.
 - It is helpful to examine data over several years to see if normal fluctuations are present. For example, child welfare referrals tend to go up in the fall when schools re-open.
- Use baseline performance to determine what type of change is reasonable to expect.
 - Again, using several years of historical data can be helpful to determine this.
 - Work with the program developer to get an idea of what type of result might be reasonable, given the population and baseline data.

Collecting Data

Once the specific measures and indicators that will be used to measure outcomes have been determined, a method to collect this data will need to be established.

- When will be data be collected? At a minimum, data should be collected at entry and exit from services, but for longer programs, it may be useful to assess during services as well to see what progress is occurring.
- How will data be collected? Different methods will need to be collected for client reported data versus record abstraction data.
 - Consider work load issues:
 - Paper forms can be given to clients to complete when they check in for services, but will need to be scored by hand or scanned.
 - Computerized forms that self-score can be useful, but require access to computer equipment and availability of staff to assist with administration as needed.

- How will the collected data be stored?
 - Is there space in current electronic record systems to enter entire measures or scores?
 - If not, will a separate system (e.g., Microsoft Excel spreadsheet, Microsoft Access database) need to be developed?
- How will the provider staff be trained on administering and collecting the outcomes data?

Reporting Data

A standard format for reporting outcomes data will need to be developed. Many systems use a monthly or quarterly report from contractors as a way to monitor service provision. Outcomes data, both process and client, should be an integral part of such a report.

- How will outcomes data be reported by the service provider?
 - Monthly report, client level database, etc.
 - How frequently will outcomes be examined?

Other Considerations

- Is there a start-up period before full outcomes can be expected? For example, a therapist may need to see a few clients using a new treatment model before they are fully comfortable with the process and delivering optimal services.
 - Discuss with developer to determine what is typical
- What will the process be if outcomes objectives are not being met?
 - This should be specified in any contracts.
- Fidelity should be addressed during any examination of outcomes – Refer to the *Assessing Fidelity* tool (Appendix F3) for more information.
- Other outcomes to review:
 - Satisfaction with services – family, child, etc.
 - Does the agency/county have an existing tool that can be used?
 - Does the developer have a recommended satisfaction tool?
 - Engagement – dropout rates, etc.
 - How does it compare with similar programs?
 - If dropout is high, consider doing follow-up with those who drop out to determine reasons and address as necessary

Assessing Fidelity

It is vital for any new program to assess model fidelity from the start of services. This ensures that the program is being delivered as intended, so that outcomes can be accurately assessed and tied to service delivery. In addition, it can be used to identify training needs.

Each program rated on the CEBC has supplied information on the availability of fidelity tools. Please refer to the Implementation Information section of the program outline for this information.

Questions to consider when measuring fidelity include:

- Are there established fidelity tools for the program?
 - What is the format?
 - Self-report by provider, observation by supervisor, review of taped materials by developer, etc.
 - How will these be integrated into services?
 - What should the fidelity expectations be?
 - Work with developer or available research papers to establish, and incorporate in contracts and/or job descriptions as applicable.
 - How will fidelity information be reported?
 - Frequency
 - Individual and/or program level
- If established tools do not exist, consider developing basic measures, either at the agency level or in conjunction with the developer.
 - Review existing fidelity tools for similar types of services to get an idea of what to examine
 - Develop form to examine duration and frequency of services and essential components of services
 - What should happen in each session or meeting?

Resources for Implementation

During the Preparation Phase, the resources needed to implement the practice will need to be identified. Check with the developer to determine whether such a list exists. If not, make a comprehensive list based on a thorough review of the program materials. Review the list with the Implementation Team to see if any items are missing.

Below are some common examples of resources that may be needed for a program. This is not an exhaustive list, but it is a starting place to begin thinking about what resources might be needed. Keep in mind if an existing service is being transformed, there may be some existing resources that can be utilized.

- Space
 - What type of space is needed? Group meeting spaces, individual therapy offices, child care facilities, etc.
 - Can existing resources be utilized to reduce costs and make the services feel more community based? Libraries, government buildings, faith-based groups, etc.
 - Will any construction or alteration of space be required? For example, building mirrored rooms for observation.
 - What is the process to reserve space – contracts, MOUs, etc.? Incorporate into timeline.
 - Are multiple spaces needed at the same time for concurrent parent/child sessions?
 - Are food service areas needed?
 - Is there access to public transportation and/or adequate parking?
- AV equipment – computers, projectors, microphones, etc.
 - Is any of the required equipment available? May be able to repurpose existing equipment.
 - What is the lead time to obtain new equipment? Approval process, procurement process, etc.? Incorporate into timeline.
- Printing
 - Can staff manuals be printed locally or do they need to be purchased from the developer?
 - What other printed materials are needed? What is the lead time and process to order them? Incorporate into timeline.
 - Brochures for outreach
 - Handouts for sessions
 - Referral forms

- Documentation paperwork
- Billing materials
- Others?
- Refreshments
 - Is provision of food or beverage part of the program (e.g., family meal at start of session, snacks during after school program, etc.)?
 - Will the funding source allow for purchase of refreshments?
 - If not, are there any other ways to cover it? Community donations/sponsorship, foundation grant, government feeding programs, faith-based groups, etc.
 - Is there a facility for storage of refreshments between sessions?

Determining the Funding Stream

During the Exploration Phase, the funding system for the new program should have been determined. If not, it needs to be done early in the Preparation Phase so that the funding process can be clarified in time for program start-up.

How will services be funded? For each potential funding stream, identify opportunities and potential problems. Use the *Funding Streams Inventory Worksheet* (Appendix F6) to help organize the information. Also refer to the Considerations for Documentation and Billing section (next page) which may impact the choice of funding stream, and certainly must be addressed as part of the Preparation Phase.

1. MediCal/Medicaid:

- Funded through fee-for-service, managed care, or both?
- Have the billing codes been established? If not, what is the process to do so?
- Has the documentation process for services been determined? Develop new forms or educational materials as needed.
- Do new contracts need to be established, or existing ones expanded, to include the new services? Determine process and timeline for completion.

2. Child Welfare funds

- What Child Welfare funds will be used and are there restrictions or requirements in place?
- Are the funds time limited? If so, need to consider how to continue services after the funding ends.
- Has the documentation process for services been determined? Develop new forms or educational materials as needed.

3. State or Local Government funds

- What government funds will be used and are there restrictions or requirements in place?
- What is the approval process for use of the funds? Board of Supervisors, County Counsel, etc.?
- Are the funds time limited? If so, consider how to continue services after the funding ends.
- Has the documentation process for services been determined? Develop new forms or educational materials as needed.

4. Grant from Foundation or other organization

- What is the application process and timeline for receiving funds?
- Are the funds time limited? If so, consider how to continue services after the funding ends.
- Has the documentation process for services been determined? Develop new forms or educational materials as needed.
- What report on services and outcomes will the organization require? How often will it be due?

5. Other source?

Considerations for Documentation and Billing Process

It is important to evaluate the funding stream's impact on the documentation and billing process and make appropriate changes within the organization delivering the service to ensure that this process is followed.

- Will documentation and billing be electronic, paper, etc.?
- Can existing systems be modified to accommodate new program? Lead time and cost to do this?

Plan for training appropriate staff on documentation and billing (if appropriate) process

- Is the training online, in-person, through manuals, etc.?
- What is the timeline for preparation and delivery of training and materials?
- What is the documentation timeline? How soon after service must documentation be completed?
- What is the billing timeline? How soon after service must bills be submitted?

Funding Stream Inventory Worksheet

Sample table:

| Funding Source and Description | Opportunities | Potential Problems | Comments/Follow-Up Steps |
|---|---|--|--|
| <p><i>Example: Community-Based Child Abuse Prevention (CBCAP)</i> <i>Established by <u>Title II of the Child Abuse Prevention and Treatment Act Amendments of 1996</u>. The purpose of the CBCAP program is:</i></p> <p><i>(1) To support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and</i></p> <p><i>(2) To foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.</i></p> | <p><i>Use for primary and secondary prevention</i></p> <p><i>Allocation based on population from the state to the counties (min. 20,000 people)</i></p> | <p><i>It can ONLY be used for primary and secondary prevention</i></p> | <p><i>Identify Contact person for CBCAP funding and involve them in conversation as to feasibility of converting current services funded by CBCAP to the potential Evidence-Based Practice(s) (EBP).</i></p> |
| <p><i>Example: Targeted Case Management (TCM)</i> <i>The TCM program reimburses participating counties for the federal share of costs (typically 50%) for case management services provided to Medi-Cal beneficiaries in specific target populations</i></p> | <p><i>It can be used to fund direct services.</i></p> | <p><i>Need more information and need a contact person.</i></p> | <p><i>Identify contact person for TCM that can provide additional information on whether the chosen EBP can be funded with TCM.</i></p> |

On the next page is a blank page that can be copied so that more than two potential funding sources can be listed.

Note: A PDF version that can be typed into and saved is available on the CEBC website (www.cebc4cw.org). From the home page, click on the Select and Implement Programs button, then the Tools & Resources button, and then Technical Assistance Materials from the list.

Funding Streams Inventory Worksheet

| Funding Source and Description | Opportunities | Potential Problems | Comments/Follow-Up Steps |
|--------------------------------|---------------|--------------------|--------------------------|
| | | | |
| | | | |

Referral System

During the Preparation Phase, it will be determined how the existing system will be altered to ensure adequate referrals to the new or expanded program.

What is the current referral system?

1. Self-referral by service recipient:
 - a. Update client brochures to ensure that the new program is included in any materials given to clients.
 - b. Update websites and any resources materials with current program information.
 - c. Conduct outreach to workers and local organizations to ensure awareness of the new service.
 - d. Update or create new presentations, brochures, etc.
2. Direct referral from workers:
 - a. Provide training for workers about the new program and how it contributes to the service array.
 - b. Provide information on how clients should be transitioned from existing services to the new program, if applicable.
 - c. Provide referral materials – brochures, flyers, etc. – for use with clients when making referral.
 - d. Develop a referral pathway that clearly indicates when a referral to the program is appropriate and should be made.
 - e. Invite workers to any kick-off/grand opening/open house event for the new program.
 - f. Send reminder email message to staff the day before the new program begins to remind them of the changes, and resend shortly after opening.
3. Referral form submitted to centralized unit/worker who makes the referral:
 - a. Provide training for referral staff about the new program and how it contributes to the service array.
 - b. Provide referral materials – brochures, flyers, etc. – for use with clients when making referral.
 - c. Invite workers to any kick-off/grand opening/open house event for the new program.
 - d. Send reminder email message to staff approximately 1 week before the new program begins to remind them of the changes, and resend shortly after opening.
4. Other method?

After the program begins, track referrals closely to ensure that sufficient numbers are being received. If referral numbers are low, additional outreach may need to be conducted:

- Have program staff make phone calls or visits to worker or referral staff to increase awareness and put a face on the new program.
- Send thank you messages (phone or email) for referrals received to date.
- Provide additional outreach in the community – community fairs, religious groups, etc.

Staffing Plan

An important part of preparing for implementation is to review the staffing requirements for the practice. Confirm the staffing requirements with the program developer – be sure to clarify requirements for all levels of staff. Basic information on staffing requirements is also listed in the CEBC program outline in the *Minimum Provider Qualifications* section.

Below are questions to consider as the plan for staffing the program is being created:

- What type of staff is required for the program? Master’s level, licensed, interns, paraprofessional, etc.?
- Are there any specific staffing needs to be considered? On call, 24-hour coverage, evening coverage, weekend coverage, etc.?
- Are the staff already in place in the agency that will deliver the program, or will they need to be hired?
 - If transitioning existing staff, need to determine how this can be done - will it be necessary reclassify staff into new positions, or do existing job descriptions work?
 - If transitioning existing staff, how different is new program from their current work? May need to do additional work to ensure transition goes smoothly and workers are on board with, as well as part of the changes.
 - If staff is to be hired, job descriptions will need to be created – check with the program developer to see if any samples are available that can be adapted.
- Are there any union issues to consider regarding moving or hiring staff?
- Timeline for staff – need to get staff in place in time to complete training before services begin. Allow plenty of time for hiring new staff and plan for what they will do before starting training - do they need to be oriented to the agency, the community, etc.?

Training & Coaching Considerations

There are several considerations that must be made regarding training and coaching for a new program:

- What training is required for staff to implement the program? Refer to the *Education and Training Resources* section of each CEBC program page for specifics on required training.
 - Duration, cost, location, etc.
- Develop a training timeline in conjunction with the developer to ensure that it is clear on what needs to be done and how long it will take. The developer may already have this available.
- Clarify training requirements for supervisors and staff. At a minimum, supervisors should complete the standard staff training; ideally, they will receive some additional training.
- Does staff need to be certified in order to deliver the program?
 - How is the certification maintained?
- Are booster trainings available or required? What is the recommended timing?
- Is there ongoing coaching of staff? What is the process – consultation calls, videotape review, etc.?
 - Who provides the coaching – developer, consultant, local staff, etc.?
 - What is the duration and intensity? Weekly one-hour calls for 12 weeks, monthly one-hour calls for a year, etc.?
 - How will this support continue locally once the trainer/consultant is no longer involved (will supervisors provide this in individual, group supervision, etc.)?
- How will training be paid for? Does the funding source allow for an initial funding budget? Will it cover ongoing trainings?
- Can training costs be defrayed in any way? Discuss with developer there is an opportunity to participate in a joint training with another agency, allow other individuals to attend the on-site training, etc.
- Does the developer have information/suggestions about how other agencies have covered training costs?
- What is the plan for training new staff when turnover occurs? If staff is already in place, look at turnover history, but expect turnover as staff adjusts to new program.

***Appendix G:
Implementation Phase: Resources and Tools***

Monitoring and Feedback Systems G1

Reviewing the Billing/Financial Process G2

Supporting Initial Implementation- Go Live Week Checklist..... G3

Examining Outcomes..... G4

Monitoring and Feedback Systems

Monitoring Service Delivery

- Monitor service delivery on a weekly basis. One member of the team (typically the change agent but can be another member as needed) should have responsibility for gathering and organizing service delivery information. The necessary information depends upon the practice being implemented. The following are offered as examples:
 - Are clients being served within the target population (e.g., court dependents placed at home)?
 - Are clients being seen with the frequency necessitated by the practice?
 - Are documentation requirements being fulfilled?
- If difficulties are identified, corrections should be sought and put into place to ensure quality implementation

Monitoring Fidelity

- Monitor fidelity on a weekly basis (See *Assessing Fidelity* - Appendix F3). One member of the team should have responsibility for monitoring fidelity in collaboration with the practice developer. Use fidelity data to make corrections and communicate expectations. If fidelity is not being maintained, possible solutions include:
 - Determining if technical assistance or additional professional development is needed.
 - Working with the developer to see if an accommodation is feasible.

Developing Feedback Systems

- Establish a feedback system to quickly identify and remedy problems that may be hindering quality implementation. The change agent and the implementation team provide the bridge between the practice/program developer and trainers and the practitioners working with children and families.
- Feedback from organizational supervisors/managers:
 - At least monthly calls or meetings with organizational supervisors/managers (i.e., those with administrative responsibility for practitioners implementing the new practice).
Questions to ask:
 - Are consultants or trainers responsive to practitioner concerns?
 - Are consultants/trainers sensitive to the culture of clients being served and do they provide assistance in making the practice relevant for diverse cultural populations?
 - Are there practitioners who may require more training to be successful?

- Are there sufficient referrals?
- Has there been any turnover – in practitioners and or organizational supervisors/managers?
- What is the feedback they are getting from direct service staff about the implementation?
- Feedback from developer/training organization/individual:
 - At least monthly phone calls with the developer or training organization to insure that all practitioners are receiving consultation and feedback on their performance. Question to ask:
 - Are all practitioners attending consultation?
 - If the practice utilizes a dashboard or other database, are all practitioners entering information?
 - Are all practitioners building caseload at the expected pace?
 - Do practitioners have enough time to learn the new practice?
 - Are there organizational barriers that need to be addressed?
 - Is implementation on track at this point in time?
 - Are there early successes which should be highlighted?
 - How are the organizational supervisors doing?

Common Problems Uncovered from Monitoring and Feedback

- High client dropout rates
 - Need to review reasons for dropout- is it because of transportation, timing, etc., or due to something inherent to the practice?
 - Strategize how to address reasons, involve direct staff as well as leadership in this process
- People not attending consultation calls
 - Have managers or trainers attend unit meetings to review implementation.
 - Follow up with individual providers about attendance issues.
 - Set consistent consequences for not attending calls.
- Caseloads not being built/referrals not coming in
 - Review any breakdowns in the referral pathway.
 - Revisit whether referral pathway needs to be modified

Reviewing the Billing/Financial Process

During the Preparation Phase, the funding for the new program was identified and necessary materials and procedures developed (refer to *Determining the Funding Stream* [Appendix F5]). However, it is not until bills are submitted that it will be clear whether the system is functioning properly.

Within the first few weeks after the start of a new program, the billing/financing process should be reviewed to ensure that the process is going smoothly and that revenue will flow in a timely fashion:

- Is documentation and billing completed according to the established time frames?
- Is documentation and billing completed correctly (e.g., all required items and signatures filled in, etc.)?

If the answer to both of these questions is No, then work with staff to determine why (e.g., provide additional training, revise procedures as needed, etc.)

As billing statements are submitted to the funder, continue tracking the process to ensure prompt reimbursement. If claims are being denied, work with the funder to determine the cause (e.g., insufficient documentation, inappropriate codes, etc.):

- Provide a feedback loop with any necessary corrections to the staff developing the billing material
- Ensure that everyone is kept up to date on the current documentation and billing requirements
 - Regular emailed or printed updates, version dates on all materials, etc.

Supporting initial implementation – Go Live Checklist

Things to consider before the first week and to monitor as implementation continues:

The week before Go Live:

1. Have all practitioners received the full dose of training?
 - a. Yes – Proceed.
 - b. No – Will they be able to start seeing clients immediately or have to wait to complete training? This will depend upon criteria established by the program developer or the implementing organization. Determine how they will be able to receive the additional training.
2. Have equipment, space, materials been secured?
 - a. Yes – Proceed.
 - b. No – Determine what is needed, who is responsible for making it happen and resolve prior to seeing first client(s).
3. Have coaching and technical assistance been arranged?
 - a. Yes – Proceed.
 - b. No – Determine what is needed (e.g., consultation calls, IT support, etc.) and arrange for it as soon as possible.
4. Are monitoring and fidelity systems in place? Refer to the *Monitoring and Feedback Systems* resource (Appendix G1) for more information.
 - a. Yes – Proceed.
 - b. No – Determine who is responsible for this component of implementation and ensure that systems are in place prior to seeing the first client(s).

The Day Before Go Live:

1. Send a positive, inspirational email or other communication to all service providers about tomorrow's start. Include:
 - a. Last minute tips and reminders
 - b. Contact information in case of any problems
2. Send reminder email or other communication to all referral staff with any final instructions

The Day of Go Live:

1. Are there sufficient referrals so that practitioners are able to begin serving clients immediately?
 - a. Yes – Proceed.
 - b. No – Problem solve and find a resolution as quickly as possible. Review current referral pathway to look for breakdowns and make adjustments as necessary.
2. Follow-up with all service providers in group email or other communication asking for them to respond with any problems, suggestions, or feedback.

One week after Go Live:

1. Follow-up with all service providers
 - a. Do they all have clients?
 - b. Any issues with service delivery, documentation, or billing?
2. Ensure fidelity and outcomes monitoring are occurring.
 - a. Have forms been submitted?
 - b. Are fidelity tools and/or observations being completed?

Monthly after Go Live:

1. See *the Monitoring and Feedback Systems* resource (Appendix G1) for ongoing monitoring and feedback information.

Examining Outcomes

During the Preparation Phase, the goals and outcomes for the new program should have been clearly established and incorporated into any service contracts. In addition, the process for collecting and reporting outcomes measures should have been determined. Refer to the *Data & Outcomes* (Appendix F2) resource in the Preparation section for more information.

During the Implementation Phase, the key focus will be on ensuring that the measures are being collected on a timely and regular basis and also examining the outcomes to determine if the program is having the desired effects.

Within the first month of services, begin preliminary analyses of the baseline data on clients. A large focus will be on the quality of the data to ensure that it is being collected correctly. Questions to ask include:

- Are some clients missing entire measures? Why are they missing and how can this be addressed to reduce missing data in the future?
- Are certain items on the measures missing?
- How soon after entering services were the intake measures collected?
- Do the clients appear to be appropriate for the program? Correct age group, sufficient impairment level, etc.

Within the first few months, begin examining outcomes from the program at both the process and client level. Baseline levels should have been established and the focus now is looking to see what changes, if any, are occurring.

If client level changes are not occurring, review the process outcomes and fidelity assessments and also confer with the developer to determine what adjustments need to be made to the service delivery process to improve results.

It may be helpful to display the outcomes results in chart or graph format, using Microsoft Excel or similar programs, to show change over time. For example, a chart showing the number of clients served each month by program site can help determine whether new clients are being referred at appropriate rates and what the existing capacity in the program is. Some programs may choose to establish a dashboard of several charts or graphs that are updated periodically as a way to quickly see change over time.

***Appendix H:
Sustainment Phase: Resources and Tools***

Sustainable Funding..... H1
Ongoing Training and Coaching Needs H2
Maintaining Fidelity..... H3

Sustainable Funding

Ideally, a plan for sustainable funding was considered during the Exploration Phase and finalized during the Preparation and Implementation Phases. The *Determining the Funding Stream* (Appendix F5) and *Reviewing the Billing/Financial Process* (Appendix G2) resources addressed the basic issues related to funding and should be reviewed at this time, or completed, if they have not been, with an eye towards sustainment.

The key funding issues for the Sustainment Phase are as follows:

1. Funding Stream
 - a. Are the funds currently being used to provide the program time limited?
 - i. If Yes, revisit the *Funding Stream Inventory Worksheet* (Appendix F6) form with a focus on how to deliver services after the current funding ends.
2. Documentation and Billing
 - a. Is the current billing system sustainable? Incorporated into and funded as part of larger data collection system, or a stand-alone system that will need maintenance over time?
 - i. If stand-alone, what is the plan to fund future maintenance, including training?
 - b. Are a sufficient percentage of bills being approved to meet actual costs? Examine the claims denial rate and the denial reasons to determine if the approval rate and thus income can be increased.
 - c. Is the payment rate sufficient to meet the program's needs in the long term? It may be necessary to periodically re-examine the appropriateness of the current reimbursement rate for services and whether it covers all service delivered.

Ongoing Training and Coaching Needs

Ideally, a plan for sustainable training was considered during the Exploration Phase and finalized during the Preparation and Implementation Phases. The *Training & Coaching Considerations* resource (Appendix F9) addressed the basic issues related to training and should be reviewed at this time, or completed if it has not been, with an eye towards sustainment.

The key training issues for the Sustainment Phase are as follows:

1. What are the current annual training costs? Include training for new staff, booster training for existing staff, and coaching.
 - a. Is this cost covered by the current funding stream, or incorporated in the reimbursement rate?
 - i. If No, are there any options to cover training costs separately?
2. Is there a certification process for the program?
 - a. Do the individuals or the organizations already have certification or are they planning to become certified in the future?
 - b. What is the associated cost?
 - c. How often is certification renewed and what are the renewal requirements?
3. Opportunities to partner with other agencies on training? If several agencies in the region are implementing the same program, there may be an opportunity to pool resources for training.

Maintaining Fidelity

At this time, fidelity monitoring systems should already be in place and fidelity should be reviewed on a regular basis. Please review the *Assessing Fidelity* (Appendix F3) and *Monitoring and Feedback Systems* (Appendix G1) resources for more information on how to establish these. Before entering the Sustainment Phase, the program should be consistently meeting an acceptable level of fidelity, as determined through consultation with the developer.

For the Sustainment Phase, it will be important to internalize the fidelity monitoring function within the provider agency to the extent possible. This may involve moving responsibility for monitoring fidelity from the Implementation Team to the agency implementing the service. Assessing and reporting fidelity should still be incorporated as a contract requirement.

Key steps in this process include:

1. Determine how fidelity will be assessed in the long term – who has responsibility for each step and how will it be reported and reviewed?
2. Identify the source of funding for any costs related to continuing to monitor fidelity, such as the costs (if any) for purchasing the fidelity assessment tool(s) and reviewing fidelity issues with the developer (as needed).
3. Determine an acceptable range of fidelity scores on the assessment tool (in conjunction with the developer) if this was not done during the Preparation or Implementation Phases.
4. Develop a plan to increase fidelity if it drops below a certain level:
 - a. Acquire technical assistance or additional professional development from the developer.
 - b. Work with the developer to see if an accommodation to address deficiencies is feasible.