# *Resource Guide for Implementing Evidence-Based Practices*

## A practical guide for CCBHCs

NATIONAL COUNCIL *for* Mental Wellbeing

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**CCBHC-E National Training & Technical Assistance Center**

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# Contents

# Overview

This resource guide is designed to support Certified Community Behavioral Health Clinic (CCBHC) organizations in applying implementation science frameworks and approaches to support their implementation of evidence-based practices (EBPs).

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# Goals

The goals of the toolkit are to:

1. Identify how implementation science research can be utilized to determine how best to support the selection, adoption, fidelity and sustainability of EBPs in community-based settings that provide mental health and substance use care.
2. Highlight factors that organizations should consider when selecting EBPs for implementation.
3. Elevate change management elements for clinics to consider when implementing EBPs.
4. Identify common facilitators and barriers in EBP implementation experienced by CCBHCs.
5. Demonstrate how clinics can integrate EBP fidelity and sustainability monitoring into their continuous quality improvement (CQI) process.

# Additional Resources and Support

The National Council for Mental Wellbeing's CCBHC-E National Training and Technical Assistance Center (NTTAC) is committed to advancing the CCBHC model by providing SAMHSA CCBHC expansion (CCBHC-E) programs, including CCBHC Planning, Development, and Implementation Grants (CCBHC-PDI), and CCBHC Improvement and Advancement Grants (CCBHC-IA), training and technical assistance related to certification, sustainability and the implementation of processes that support access to care and EBPs. For additional information, to learn about upcoming events and to request technical assistance, visit the CCBHC-E National Training and Technical Assistance Center.

# Acknowledgments

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# Overview of Implementation Science and Evidence-Based Practice Adoption

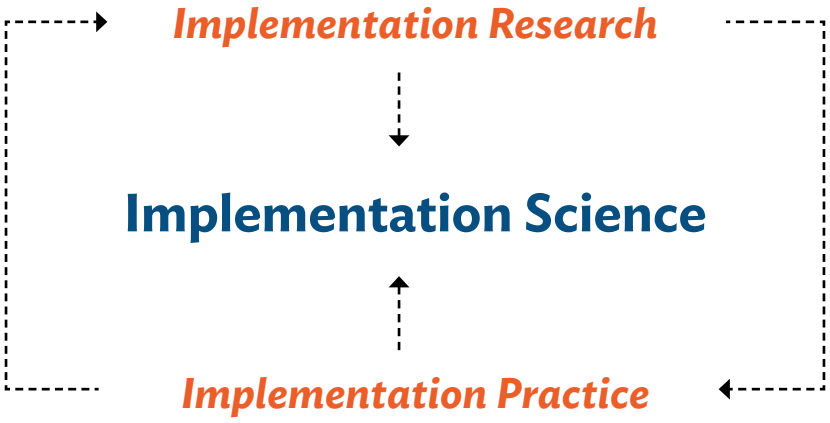
## *What is implementation science?*

Implementation of the CCBHC model often requires providers to implement new programs or modify existing program offerings to comply with CCBHC criteria and better meet the evolving needs of individuals with mental health and substance use challenges in their communities. The effectiveness of implementation efforts becomes the basis for the delivery of quality care that is accurate, responsive to the needs of individuals receiving care and is sustainable. This resource is designed to support CCBHCs in successfully implementing evidence-based practices with their clinics utilizing frameworks and principles of implementation science.

Implementation science considers both research and practice. Implementation research seeks to understand the approaches that work best to translate research to the real world. Implementation practice seeks to apply and adapt these approaches in different settings to achieve positive outcomes (Metz, 2019). As illustrated in Figure 1, the purpose of implementation science is to create a bridge between research evidence and the real world settings of service delivery to improve outcomes for those being served (Metz & Dobson, 2023).

Therefore, implementation science can be described as the study of the factors that lead to uptake, scale and sustainability of practices, programs and policies with evidence behind them.

***Figure 1***



As identified by Bauer and Kitchener (2020), "the goal of implementation science is not to establish the health impact of a clinical innovation, but rather to identify the factors that affect its uptake into routine use" (Bauer & Kirchner, 2020). At a basic level, implementation science provides two critical benefits:

1. Identification of barriers and facilitators

2. Development and application of strategies to overcome barriers with the aim of increasing sustainability

CCBHCs are in a unique position to contribute to implementation science research and leverage implementation science practices in their EBP adoption as they establish new practices or scale EBPs and are resourced to do so.

There are a variety of implementation science frameworks that can help improve providers' adaptation of EBPs. However, implementation science is still a relatively new field and providers may not have awareness, training or access to the newest related findings or resources in the field. This resource seeks to highlight key takeaways from implementation science and present them in a manner that has practical utility for clinics seeking to maximize their EBP implementation efforts.

***Figure 2 :*** **Examples of EBPs from the CCBHC Certification Criteria:**

- Motivational Interviewing
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT);
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Seeking Safety
- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- Long-acting injectable medications to treat both mental and substance use disorders
- Multisystemic Therapy
- Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
- Cognitive Behavioral Therapy for Psychosis
- High-fidelity Wraparound
- Parent Management Training
- Effective but underutilized medications such as clozapine and FDA-approved medications for substance use disorders including smoking cessation

## What are EBPs?

Per SAMSHA, "Evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve client outcomes" (2022).

The use of EBPs is an essential component of care delivery within CCBHCs. Whether use of specific EBPs is guided by the requirements established by a given state (as informed by its needs assessment) or derived from the clinic's ongoing analysis of its populations' treatment outcomes, the selection and implementation of EBPs has far-reaching implications for the delivery of quality care.

## Common barriers and facilitators of EBP adoption

There are many considerations in the process of determining the needs of the population being served: selecting relevant practices, determining whether multiple EBPs may need to be sequentially or concurrently utilized in response to an individual's complex health needs, and preparing the organization to provide the identified practices in a manner that has both fidelity and sustainability all while maintaining oversight and agility in data-driven decision making.

A consistent finding in studies around effective implementation of EBPs is the gap between what research evidence establishes as a best practice and what providers are able to implement in the real world treatment context. In the face of the responsibility of providing life-altering care — often in contexts featuring constricted resources — providers may feel an understandable sense of urgency to move swiftly into practice adoption.

There can also be temptation to utilize any quick-to-implement practice with an evidence-based label. However, realities such as team members feeling burnt out from organizational changes and new initiatives, poor engagement of individuals being served, limited progress and poor clinician adherence to treatment protocols indicate that considerations driving initiative uptake and sustainability are varied and require critical consideration.

## *Insight from current CCBHCs*

From 2021-2022, the CCBHC-E NTTAC, in collaboration with the Michigan Public Health Institute (MPHI) conducted a supplemental literature review and needs assessment on the implementation of EBPs. The needs assessment incorporated inputs from engagements and listening sessions with CCBHC expansion grantees. The report (Sala-Hamrick et al., 2023) cites barriers that organizations experience when implementing EBPs to enact sustainable changes across organizations:

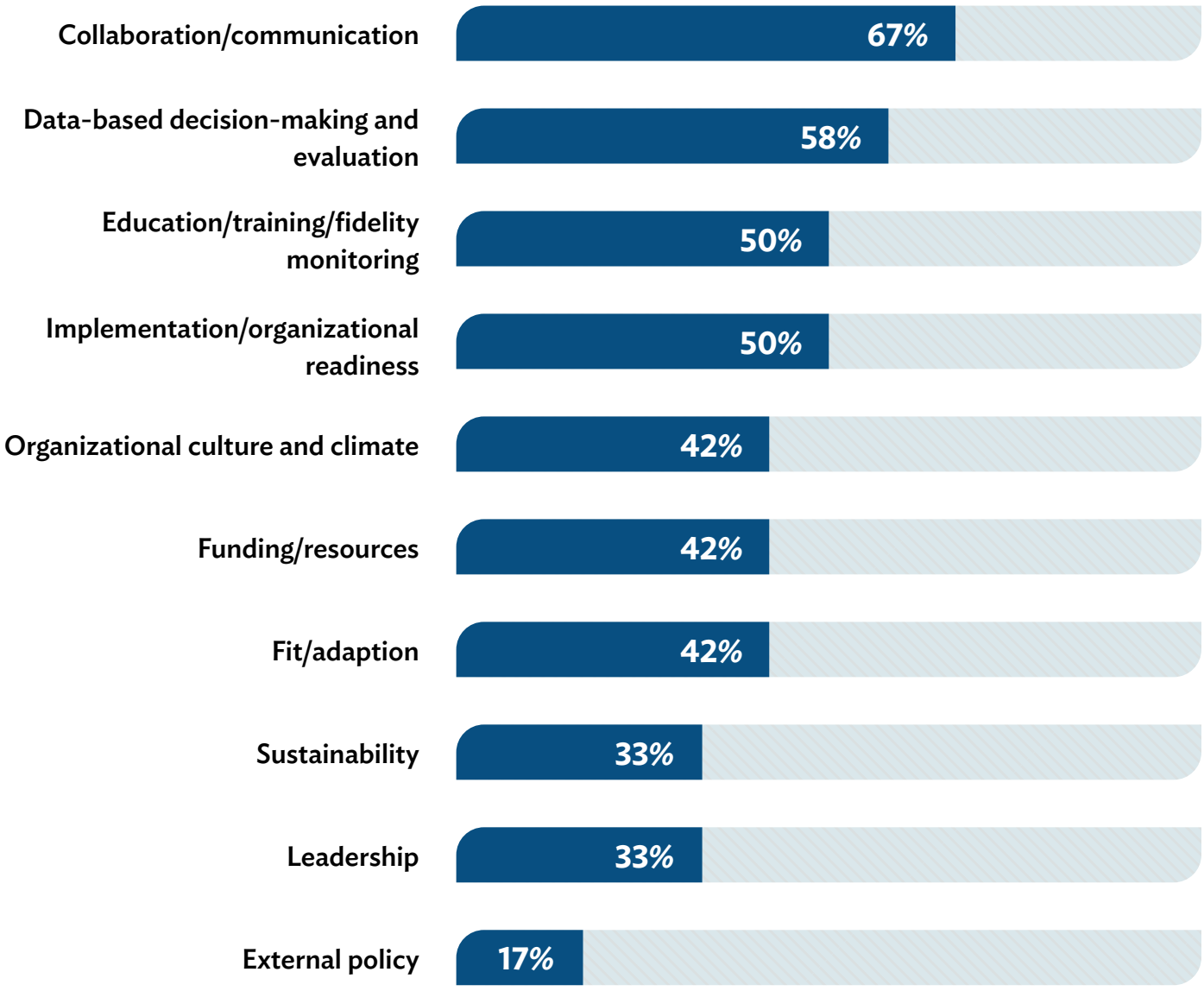
- Time and capacity to train staff
- Monitoring fidelity
- Continuous education and quality improvement

Furthermore, the literature review found that certain domains are critical for successful implementation of EBPs for behavioral health, including:

- Fit/adaptation (how well the characteristics of the EBP meet the needs of the organization and patient population, and the degree to which the EBP can be adapted to fit these needs).
- Funding/resources (the ability to acquire the needed funding and resources).
- Implementation/organizational readiness (the ability to develop organizational readiness for the new program, including changing organizational processes and addressing organizational commitment).
- Organizational culture and climate (the ability to influence organizational culture and climate).
- Leadership (the existence or ability to build dedicated leadership).
- Education/training/coaching (the capacity to provide needed and ongoing training and education based on needs of staff and organization).
- External policy (ability to remain informed and ability to act on external policies that have the potential to impact implementation).
- Communication/collaboration (ability to build and maintain open channels and partnerships among required partners).
- Data-based decision-making and evaluation (ability to collect and utilize data from evaluation activities to make decisions around implementation activities).
- Sustainability (ability to sustain supports needed, such as money and resources, to ensure ongoing success of program).

Similarly, the needs assessment identified areas where CCBHCs reported the greatest need for support in EBP implementation (Figure 3) and common barriers and facilitators across those domains (Appendix A). While varied, themes relevant to stakeholder preparedness (training and buy-in), assessment of readiness and use of data for decision making were most resonant.

***Figure 3: Areas CCBHCs Reported Greatest Need for Support in EBP Implementation***



# The Impact of Leadership on EBP Implementation Adoption

Not surprisingly, organizational cultures that foster a mindset of problem-solving and adaptability tend to have more knowledge of EBPs than those with resistant cultures. Similarly, organizational characteristics of higher levels of engagement and decreased levels of organizational stress are correlated with higher levels of EBP uptake (Powell et al., 2017). This underscores the critical impact that the culture and context of an organization have on the success of implementation efforts and ultimately on client outcomes. As the architects of culture and climate, leadership plays a critical role in fostering successful implementation and adoption.

Per Powell (2017), the merits of transformational leadership are well documented, including the capacity to provide a clear vision, inspire others to invest in personal and professional development and to expend the effort required to acquire new skills and engage in activities such as learning a new EBP (Powell et al., 2017).

Leaders who are proactive in their stance, as characterized by knowledge about the initiative/EBP and ability to answer associated questions with credibility, tend to positively impact adoption. Specifically, this type of leader has been shown to be more likely to inspire beliefs about feasibility of adoption and decrease the sense that use of the new EBP would be a drastic and disruptive change from current practice (Powell et al., 2017).

While strategies for developing transformational and proactive leadership skills are beyond the scope of this toolkit, it is important to highlight the extent to which strong involvement of an informed leadership champion is a critical precursor to successful implementation.

According to the Agency for Healthcare Research and Quality, there are six strategies that leaders can utilize when implementing change around EBPs:

- Create a culture in which everyone feels comfortable identifying opportunities for quality improvement.
- Encourage learning about new evidence and best practices.
- Forge a vision of a practice that adapts to a changing evidence environment.
- Identify and support champions for learning, EBPs and quality improvement.
- Regularly review measures of implementation and impact of evidence-based practices.
- Provide organizational and leadership support for EBP and quality improvement.

## *Additional Resources*

- Psychiatric Services article: Transformational and Transactional Leadership: Association with Attitudes Toward Evidence-Based Practice (Aarons, 2006)

- Powell et al. (2017) suggest that leadership involvement in the following organizational-level areas impacts staff's knowledge of and attitudes toward EBP:

  - **Organizational culture:**
    - Assessing and Changing Organizational Social Contexts for Effective Mental Health Services (Glisson &Williams, 2015)
  - **Organizational climate:**
    - The Role of Organizational Processes in Dissemination and Implementation Research (Aarons et al., 2018)
  - **Transformational leadership:**
    - Mental Health Team Leadership and Consumers' Satisfaction and Quality of Life (Corrigan et al., 2000)
  - **Implementation climate:**
    - The Meaning and Measurement of Implementation Climate (Weiner et al., 2011)
  - **Implementation leadership:**
    - Evidence-Based De-implementation for Contradicted, Unproven and Aspiring Health Care Practices (Prasad & Ioannidis, 2014)

# A Strategic Approach to EBP Implementation

## *Utilization of EBPs*

Expectations for the use of evidence-based practices are clearly articulated in the SAMHSA Criteria for CCBHCs (2023). SAMHSA specifically notes that CCBHCs are expected to provide a "range of evidence-based practices, services and supports to meet the needs of their communities."

In addition, the criteria establish the following expectations (SAMHSA, 2023):

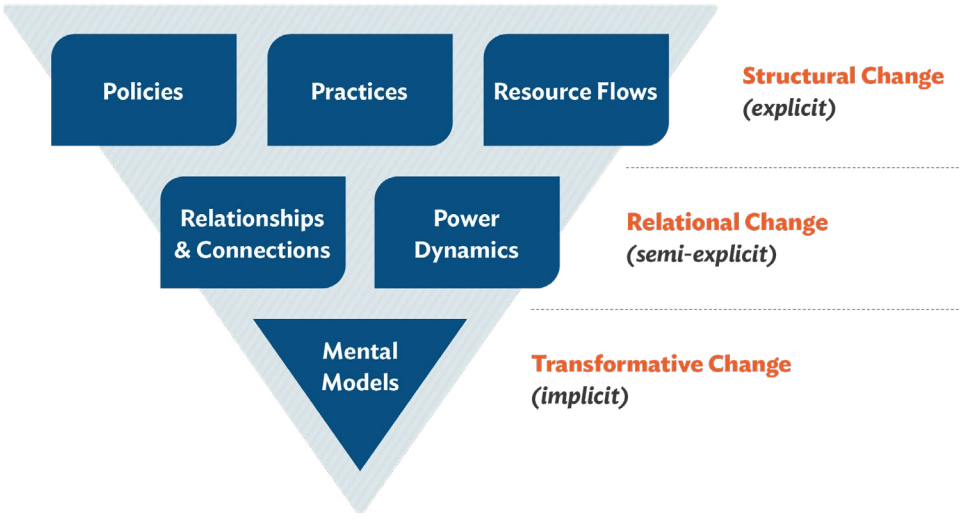
- Training on selected EBPs is expected to occur "at orientation and thereafter at reasonable intervals" (1.c.1).
- Provision of "ongoing coaching and supervision to ensure initial and ongoing compliance with, or and fidelity to, evidence-based, evidence-informed and promising practices" (1.c.3).
- Provision of evidence-based clinical decision support through the use of information technology (3.b.3).
- EBP use supports the treatment of "mental health and substance use disorders across the lifespan with tailored approaches for adults, children and families" (4.f.1).
- CCBHCs "must establish a minimum set of evidence-based practices" based on the findings of the community needs assessment (4.f.1).

## *Change management*

Establishing and integrating EBPs to fidelity as a part of regular clinical practice requires focused effort and an ongoing, iterative approach to managing organizational changes required to support implementation and uptake (Bauer et al., 2015). Understanding and utilizing a change management framework is necessary to ensure successful implementation and resolution of the challenges to be addressed by the EBPs. Such an approach increases the likelihood of achieving transformational change (Metz & Dobson, 2023).

As Figure 4 indicates, transformational change is multidimensional and requires assessing and planning for the management of more tangible changes (e.g., policies, practices, resources), relational changes and how to address organizational dynamics, culture and mental models that can affect the structures put in place (Metz & Dobson, 2023). Throughout stages of implementation, efforts should be made to continuously assess and address needs related to each level of change.

***Figure 4: Levels of Transformational Change***



# Implementation Science Frameworks

Clinical innovation and the desire to produce positive outcomes for individuals receiving care are necessary and noble ideals, yet insufficient in the absence of a clear and strategic approach to implementation. Implementation science research provides meaningful insight into strategies that enhance adoption, implementation and sustainability (Powell et al., 2015). Figure 5 lists key takeaways from a review of implementation science research that supports change management in the process of EBP implementation (Handley et al., 2016).

While this resource provides a high-level overview of implementation science, readers may want to develop a more in-depth understanding of associated principles. Additional resources on frameworks referenced in this guide are listed in the references.

There are multiple frameworks that can guide EBP implementation. Some of the most common are outlined in this guide but should not be considered an endorsement of some methods over others.

Which framework to choose for your organization depends on what question(s) you are attempting to answer or program needs are being addressed. As outlined below, each framework has specific considerations that determine its usefulness in guiding different types of implementation processes.

Prior to selecting a framework for use, it is important to consider the why of the EBP implementation as well as what factors the clinic wants to monitor throughout the implementation process.

***Figure 5 :*** **Key Takeaways from Implementation Science Research**

1. It is critical to understand drivers of current behavior (by individuals and the system) and to use this understanding to guide the design and evaluation of implementation and change strategies.
2. Stakeholder engagement is essential to accurately understanding the needs of the community and individuals being served.
3. Realities of the real world setting require the approach to implementation to be flexible and nonlinear. As new impacts (e.g., barriers, policy changes, staff shortages) emerge, so does the need to revisit early stages of the implementation

## *CFIR: Consolidated Framework for Implementation Research*

Consolidated Framework for Implementation Research (CFIR) may be "most useful in developing a theory around the impact of an intervention, considering why an intervention does or does not work" (Fogarty International Center, 2023).

CFIR uses qualitative and quantitative methods to examine the following five domains:

**01**

**The intervention:** the core characteristics of the planned implementation, without being adapted to a specific context.

**02**

**Inner settings:** the contexts where the implementation process will occur (e.g., a medical center or clinics).

**03**

**Outer settings:** the contexts where the implementation process will occur (e.g., political, economic and social contexts).

**04**

**Individuals involved:** those with power to change or improve intervention design and evaluation.

**05**

**The process for accomplishing the intervention:** "an active progression where an individual or organization moves toward attaining the outcome of the intervention described" (Fogarty International Center, 2023).

## RE-AIM: Reach, Effectiveness, Adoption, Implementation, Maintenance

Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) is another commonly used implementation science framework that has been used to translate research into practice in real world settings. The goal of RE-AIM is to encourage individuals "to pay more attention to essential program elements including external validity that can improve the sustainable adoption and implementation of effective, generalizable, evidence-based interventions" (RE-AIM, n.d.).

The RE-AIM framework considers five factors:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| **Reach:** the extent to which individuals participate in the initiative. | **Effectiveness:** the extent to which individuals are impacted by the initiative. | **Adoption:** the extent to which uptake occurs. | **Implementation:** whether the program is implemented as intended. | **Maintenance:** the sustainability and ongoing use of the intervention/ initiative. |

## PRISM: Practical Robust Implementation Sustainability Model

The Practical Robust Implementation Sustainability Mode (PRISM) framework focuses on translating research principles into practice. PRISM supports the identification and description of multi-level contextual predictors of the RE-AIM outcomes. "PRISM makes connections between context and critical outcomes of reach, effectiveness, adoption, implementation and maintenance" (RE-AIM, n.d.).

Key elements of the PRISM model include:

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| **The program or intervention** | **External environment** | **Implementation and sustainability infrastructure** | **Recipients** |

## NIRN Implementation Stages of Planning

The National Implementation Research Network (NIRN) Implementation Stages Planning Tool recognizes that implementation is a "process that can be predicted and shaped using a stage-based approach" (NIRN, 2020). The tool can be utilized during any stage of the process.

The NIRN model sets out four discernable stages of implementation:

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| **Exploration:** involves an assessment of assets and needs of the focus population, fit of the program or practice with those needs and assets, and feasibility of implementation. | **Installation:** involves building the infrastructure necessary to implement the program or practice, including practitioner and organizational capacity. | **Initial implementation:** implementation includes the initial efforts of staff to use the program or practice with attention to using data for continuous improvement. | **Full implementation:** occurs as staff use the program or practice successfully, and population-level outcomes are achieved. |

### Additional Resources

- Making sense of implementation theories, models and frameworks (Nilsen, 2015)
- Ten recommendations for using implementation frameworks in research and practice (Moulin et al., 2020)

# Guidance on Stage-based EBP Implementation

This guide does not endorse the use of a particular framework and recommends that CCBHCs explore which may best fit their implementation goals. While terminology or grouping of various stages and elements of implementation may vary across frameworks, this section utilizes a generic framework designed to capture common elements and best practices aligned across the models highlighted in the previous sections.

These stages and factors should be applicable for both implementation of a single EBP or program element or multifaceted implementation where multiple EBPs or program elements are implemented concurrently.

As implementation progresses through each stage, there are key tasks to be accomplished. However, it is important to acknowledge that progression is not strictly linear and it might be necessary to revisit elements of earlier stages as the organization begins to make observations and gather information throughout the process. It is also important to note that if multiple elements or EBPs are being implemented, it is possible for each to be in a different stage of implementation.

***Figure 6***: **Best Practices for Stage-Based Implementation**

1. Identify the current implementation stage for the program or EBP of focus.
2. Implement activities aligned with the specific stage and continue to adjust activities to align with each progressive stage.
3. Within each stage, attend to the need to identify, build and refine infrastructure, and to use data to support continuous improvement and communication with stakeholders.
4. In early stages of implementation, organizations may require external support (e.g., consultants, key experts, peer-learning communities, etc.) while they build competence in the implementation process.
5. Beware of the temptation to skip key stage-related activities, as this may result in the application of strategies and resources that are mismatched, thereby decreasing effectiveness and sustainability.

An implementation stages template will be useful in mapping the stage-based implementation process. This type of tool is useful in identifying the current stage of the implementation and mapping progression through subsequent stages (NIRN, 2020).

In the exploration of each of the implementation stages, we will introduce relevant questions and considerations to be addressed by the organization, specific tasks to be accomplished and resources that may be used to support accomplishment of the aforementioned. The phases of implementation are illustrated in Figure 7.

***Figure 7: Phases of Implementation***

**Phase I**

Explore population needs, select relevant EBP(s) and assess the readiness of the organization to implement the EBP

**Phase II**

Prepare the organization and relevant stakeholders for the implementation of the EBP

**Phase III**

Implement the EBP

**Phase IV**

Monitor, review, realign and sustain adoption and utility of EBP

# Phase I: Explore Population Needs, Select Relevant EBP(s) and Assess Readiness

## *Overview*

In the first stage of EBP implementation, the team that will guide and monitor implementation is established or an existing team is leveraged. Drivers for EBP implementation are identified. These include defining the target population and specific population needs, as well as clarifying contextual factors that may influence the process of implementation or the impact of the EBP. It is also the stage in which service/care gaps are identified and potentially relevant practices are vetted. This phase sets the stage for subsequent activities such as the shaping of care pathways.

### *Key tasks*

- ✓ Develop an implementation team.
- ✓ Identify relevant stakeholders and information that can help determine what interventions/changes are needed.
- ✓ Conduct a needs assessment or analyze the current CCBHC needs assessment to determine what information is relevant to EBP selection and implementation and whether any further data collection is needed.
- ✓ Use need-identification data to guide the pool of potential EBPs for consideration.
- ✓ Explore the contextual fit and feasibility of potential EBPs.
- ✓ Assess the readiness of the organization, clinicians and other relevant team members to begin EBP implementation.
- ✓ Select evidence-based practice/initiative for implementation.
- ✓ Consider what capacity must be built within the organization and team to support successful implementation.
- ✓ Create opportunities for stakeholders to raise and address concerns related to implementation and required changes.

## *Critical considerations*

### Assessing need

All CCBHCs must complete initial and intermittent community needs assessments. The data derived from the needs assessment is critical to understanding the needs of the populations and identifying gaps in services and population-specific health outcome inequities. This knowledge informs the choice of EBP, appropriateness of currently utilized EBPs for population need and any adaptations that might be needed to enhance population specificity or adapt to the context of implementation. The National Council's Needs Assessment Toolkit offers detailed guidance on how to craft and conduct a community needs assessment.

### Engaging stakeholders

Stakeholders are those who will be impacted by the implementation of the new EBP (Quanbeck, 2019). This typically includes individuals engaged in services and the public, providers, purchasers, payers, policymakers and product makers (Concannon et al., 2012). However, for the purposes of this resource, "stakeholders" refers to individuals receiving care and their loved ones, organizational leaders, clinicians, and service providers and payers.

The perspectives stakeholder groups provide help to shape the organization's understanding of the context in which it operates, the needs and expectations of the community, the perception of service-need match and the feedback provided on quality of care. Stakeholder perspectives are an essential barometer throughout the implementation process.

Involving stakeholders in implementation efforts (Quanbeck, 2019):

- Identify relevant stakeholders.
- Have meetings with stakeholder groups; orient to proposed change and solicit feedback.
- Consider feedback and weigh significance/impact value in context of proposed change.
- Determine whether adaptations to the EBP are required.
- Use feedback to craft actions that enhance the likelihood of adoption.

### Selecting EBPs

In this initial phase, many EBPs should be considered, both in terms of their ability to sufficiently address the population needs and treatment targets identified and how well they fit within the context of the organization and are aligned with stakeholder feedback. The next section highlights various tools to support this type of decision making.

## *Stage-specific resources*

The following resources are made available through the CCBHC-E NTTAC:

- The CCBHC Evidence-Based Practice Reference Guide serves as a brief reference for CCBHCs on commonly required or frequently implemented EBPs across CCBHC.
- The Needs Assessment Toolkit provides a practical framework, resources and tools that organizations can use to plan and execute a high-quality needs assessment.
- The **EBP Selection Matrix (coming soon)** is a tool for comparing EBPs under consideration for implementation with a specified treatment population.
- The EBP Cross Reference Tool is a quick reference that organizations can use to determine applicability of evidence-based practices commonly used by CCBHCs.
- The CCBHC-E Implementation Science Pilot Program: Readiness Assessment Resources provides tips as well as assessments that are aligned with specific frameworks.

# Phase II: Prepare the Organization and Relevant Stakeholders for EBP Implementation

## *Overview*

This phase guides planning for implementation. This includes determining the implementation approach and strategy, assessing for and establishing the resources and adaptations needed to support implementation and engaging staff and other stakeholders in preparation.

### *Key tasks*

- ✓ Identify EBP implementation strategy/ approach (e.g., implemented in phases) and determine the sequence of introduction.
- ✓ Consider and determine allocation of resources needed (financial, infrastructural and human resource, incentives, etc.).
- ✓ Develop implementation work plan and budget.
- ✓ Identify and plan for any adaptations required for the EBP to work within organizational, community or cultural context while maintaining fidelity, as illustrated in Figure 8 (Mattox & Kilburn, 2016).
- ✓ Develop a staff training plan and identify training resources.
- ✓ Orient relevant stakeholders to the implementation intent and plan.
- ✓ Create opportunities for stakeholders to address concerns related to implementation and required changes.
- ✓ Collaborate with partners with knowledge, expertise or complementary initiatives that may add depth and/or reach to the implementation.
- ✓ Recruit staff who will implement or support implementation of the EBP.
- ✓ Develop plan for monitoring the effectiveness of implementation, the fidelity of EBP use and outcomes/ response to intervention.
- ✓ Plan integrated into agency CQI activities.
- ✓ Recruit clients for participation.

***Figure 8:*** **Examples of Appropriate Adaptations:**

1. Adjusting language in program materials to better fit communication needs of clients/population.
2. Expanding relevant activities to better appeal to and engage clients.
3. Adapting how material/content is delivered so it responds to the cultural and diverse needs of the population (Mattox & Kilburn, 2016).

## *Critical considerations*

### Partnerships and resource synergy

At this stage, organizations should explore engagement with locally available resources, such as universities, centers of excellence (CoEs) and payers, which may create synergies or supplement aspects of the intended implementation. For instance, there may be opportunities to share research, best practices or understanding of shared population needs that craft synergistic care pathways. Additionally, such partners may offer mentorships on a variety of implementation-related activities, including but not limited to capacity building, workforce development, implementation support, partnership engagement and collaboration, policy and financial expertise, and research and evaluation (University of Washington, n.d.).

There may also be opportunities for engaging designated collaborating organizations (DCOs), whether through building new DCO partnerships or considering how to strengthen existing partnerships through the process of implementation. In situations where the DCO offers an extension of the care continuum, it may be useful to consider utilizing the same EBPs across organizations to build on the consistency of the care experience for clients. It also allows for maximization of resources related to training and data and outcomes tracking.

### Stakeholder engagement

Stakeholder engagement is critical throughout implementation. During this phase, it can support efforts for the EBP to be shaped to fit the needs of the population and the context of the organization. When effectively engaged, stakeholders can also serve as strong advocates for the new program/process, which supports sustainability and engagement (Concannon et al., 2012).

***Figure 9: Examples of Stakeholder Groups (Adapted from Concannon et al., 2012)***

| Stakeholder Category | Description | Examples of Input/ Engagement |
|---|---|---|
| **Patients and the Public** | Present and potential consumers of health care, caregivers, families and patient advocates | Consumers' needs and preferences, care/service gaps |
| **Providers** | Individuals and organizations providing care to patients and populations | Care and service gaps, training needs, resource needs |
| **Purchasers** | Employers, self-insured consumers, government and other health care underwriters | Care and service gaps, anticipated outcome metrics |
| **Payers** | Insurers, Medicare and Medicaid, state insurance exchanges, individuals with deductibles and others responsible for reimbursement | Care and service gaps, anticipated outcome metrics |
| **Policymakers** | The White House, Department of Health and Human Services, Congress, states, professional associations, intermediaries and other policymaking entities | Policy and best practice guidance |
| **Product Makers** | Drug and device manufacturers | Care delivery options, best pratice guidance, outcomes tools |
| **Principal Investigators** | Other researchers, funders | Potential research partnerships, best practice guidance |

In each instance, it must be determined whether input from a given stakeholder group is critical in guiding decision making at various stages of implementation, whether it is sufficient to keep them informed of the stage/progression of the implementation efforts or whether stakeholder input may be in a more high-level form, such as overarching published policy or practice guidance.

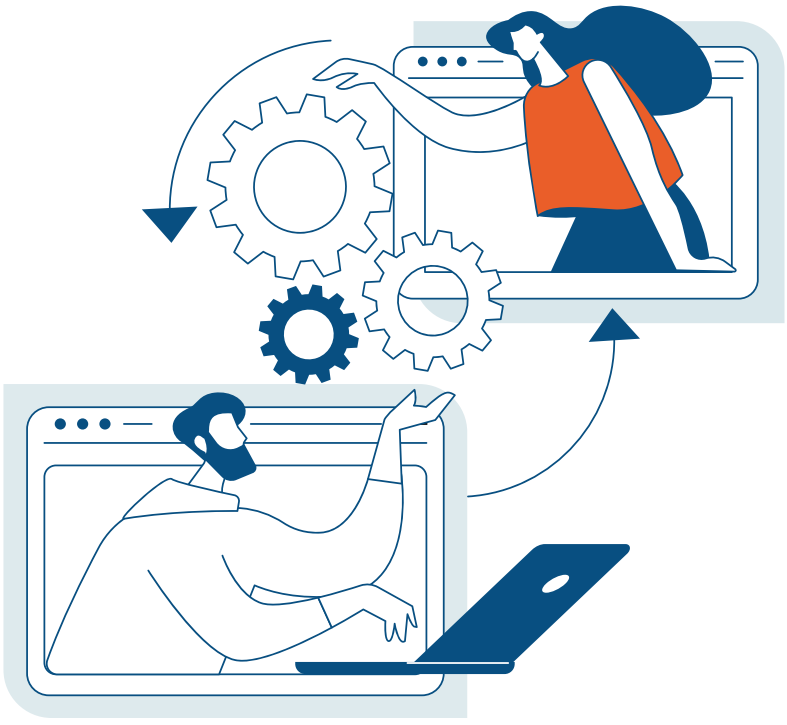
**Team selection and assessment of training needs**

Selecting the team who will deliver the EBP is a cornerstone task of this stage. The care team is a critical stakeholder group and central to scaffolding success. Selecting practitioners who are flexible, adaptable and open to change has been found to support better outcomes (Powell et al., 2017). Relevant considerations for training specific to various EBPs are available in the EBP Cross Reference Guide.

In the previous phase, the implementation team should have determined the training required to implement the EBP with fidelity. Practitioner skills and knowledge should be assessed in light of these requirements and training needs provided, as required. If ongoing training and mentorship is required, a formalized plan should be established to provide it. Training is discussed further in the subsequent stage.

**Resource Allocation/Reallocation**

Match resource allocation and associated budget plan to implementation timeline. Consider what, if any, changes need to be made to the current electronic health record (EHR) or health information technology (HIT) infrastructure to support the collection of data on implementation progress or EBP-specific client outcomes.



## *Stage-specific Resources*

- NIRN Implementation Stages Template (NIRN, 2020)
- Tips for Creating and Maintaining Partnerships (Center for Community Health and Development, n.d.)
- Compassion Capital Fund (CCF) partnership framework (CCF National Resource Center & Publow, 2010)
- Team Learning and Psychological Safety Survey, which assess the team learning climate and team learning behavior (Edmondson, 1999)
- The Seven Traits of Change Readiness self-assesses seven categories of readiness: resourcefulness, optimism, adventurousness, passion/drive, adaptability, confidence and tolerance for ambiguity (Vital Practices, n.d.)
- SAMHSA guide for Adapting Evidence-Based Practices for Under-Resourced Populations (SAMHSA, 2022)
- Training Plan Template (SISEP, 2013)
- Work plan resources
  - CDC Work Plan Template (Lavinghouze & Heiden, n.d.)
  - Develop a workplan and budget (Virtual Knowledge Centre to End Violence Against Women and Girls, 2011)
- Hiring and Training Key Staff of Community Organizations (Center for Community Health and Development, n.d.)

# Phase III: Implement the EBP

## *Overview*

This phase focuses on implementation launch, including staff training and support for implementation as well as establishing data collection and ongoing monitoring practices. During this phase, the implementation team should continue to meet regularly to assess and address implementation needs.

### *Key tasks*

- ✓ Train all relevant program staff in the EBP.
- ✓ Commence use of the EBP.
- ✓ Begin data collection for CQI monitoring; at a minimum the data should include:
  - Program process data such as caseload size, client volume and duration of treatment
  - Adherence to program fidelity requirements (e.g., some EBPs have required or recommended fidelity measures)
  - Team member and staff feedback (e.g., satisfaction surveys)
  - Measures of client response to intervention (e.g., pre- and post-measure of symptomatology and/or quality of life)
- ✓ Provide ongoing supervision, coaching and additional training, as needed.
- ✓ Convene implementation team regularly to review implementation progress including relevant data.

***Figure 10:*** **The Impacts of Effective Training:**

- More general positive attitudes about the EBP by team members
- Greater likelihood of adopting the EBP
- Greater likelihood of finding use of the EBP appealing
- Lower likelihood to view the EBP as a complete departure from current practices (hence diminished chance of new-initiative fatigue)

## *Critical considerations*

### Training

Training not only encompasses the initial training required to launch the EBP but also ongoing educational opportunities and access to support materials for team members. The sequencing of training is important. It should occur after decisions have been made on the selection of EBP and adaptations that may be required, as well as once stakeholders have been oriented to the intent and plan for implementation. Timing trainings close to the launch of the EBP supports the transfer and practice of skills, particularly when mentorship is available.

Studies on effective implementation strategies (Beidas et al., 2013; Gunderson et al., 2018; Peláez Zuberbuhler et al., 2020) have indicated that training accompanied by mentorship and coaching leads to more effective use and outcomes than stand-alone training. Not surprisingly, it also contributes to a greater sense of competence by team members and a greater belief in the effectiveness of the intervention.

### Quality monitoring

Quality monitoring not only focuses on whether the EBP is being administered to fidelity, but also on whether it is having the intended impact for individuals receiving care. Implementation and outcomes monitoring should be woven into the CQI program of the CCBHC. Consider:

- What type of data would be helpful to collect, ensuring care recipient and other stakeholder feedback as data points.
- The mechanism(s) for data collection and tabulation.
- Indicators of fidelity and/or success.
- The plan for ongoing monitoring and decision making based on data indicators.

When determining metrics, consider:

- Focusing on measures that lend themselves to refinement of the implementation. Examples include measures of fidelity, measures of the working alliance between clinician and care recipients, and measure of client satisfaction.
- Monitoring measures that reflect the client's response to the intervention and determination of where there is improvement in symptomatology and wellbeing/quality of life.
- Utilizing a mixture of quantitative and qualitative metrics.
- Selection of measures that are reliable, valid and feasible for real world use (Lewis et al., 2015).

### *Stage-specific resources*

- CCBHC-E Implementation Science Pilot Program: Continuous Quality Improvement Resources (National Council, 2023b)
- Active Implementation Hub's Resources for Improvement Cycles (SISEP, n.d.)
- CCBHC Evidence-Based Practice Reference Guide (National Council, 2023a) includes references for training and fidelity monitoring on the most common EBPs employed by CCBHCs
- The **EBP Cross Reference Tool** contain information on EBP training resources
- Quality Improvement Toolkit (National Council, n.d.) provides tools and resources for establishing a culture of quality improvement across the organization

# Phase IV: Monitor, Review, Realign and Sustain Adoption and Utility of EBPs

## *Overview*

By this stage, the EBP has been implemented and monitored over a period of time, with consistent review by the implementation team. The focus now is to strengthen the sustainability of the practice or program.

### *Key tasks*

- ✓ Determine whether the majority of practitioners are using the EBP with fidelity.
- ✓ Determine whether the population of focus is improving as a result of the intervention.
- ✓ Determine whether scaling changes need to be made.
- ✓ Continue to collect and analyze data.
- ✓ Continue to engage in bidirectional feedback with stakeholder groups.
- ✓ Continue to make programmatic, resource and infrastructure changes based on data and feedback — this may include decisions to forego continued implementation.

## Critical considerations

The implementation team will need to engage in continuous monitoring of the return on resource utilization (e.g., staff time, cost of training, client materials) in comparison with program impact to guide decisions around scaling the EBP across the organization and/or to other stakeholders and/or programs. It is important to note that such analysis may lead to decisions around retiring an EBP that is not having the intended impact for individuals being served or is not resource efficient for continued use. In conjunction with stakeholder feedback, many of the same resources shared for determining selection of EBP can be used to make decisions about continuation of use.

Results-based Accountability is another useful tool for considering program impact. It starts at the end goal and works backward to determine the means for accomplishing the same. Using this framework allows the organization to consider and select outcome measures to provide data in the following domains:

- How much did we do?
- How well did we do it?
- Is anyone better off?

## Additional resources

- Results-Based Accountability's Implementation Guide (n.d.)
- Active Implementation Hub's Resources for Sustaining Change (SISEP, n.d.)
- Additional resources may be found at SAMHSA's Evidence-Based Practice Resource Center (SAMHSA, n.d.)

# Appendix A: Facilitators and Barriers to Successful EBP Implementation, as Identified by CCBHCs Through Needs Assessment

| Domain | Facilitators | Barriers |
|---|---|---|
| **Collaboration/ communication** | ▪ Telehealth services to support care collaboration.<br>▪ Developing partnerships with community.<br>▪ Developing advisory boards.<br>▪ Working with other CCBHCs. | ▪ Difficulties communicating across large organizations.<br>▪ Difficulties with coordinating care.<br>▪ Lack of knowledge of outside resources, what other organizations are doing . |
| **Data-based decision making and evaluation** | ▪ Supervisors using data to give feedback and improve supervisee clinical skills.<br>▪ Provide continuous support to clinicians.<br>▪ Motivate clinicians by supporting them.<br>▪ Enhancing adoption and supporting staff through EHR integration of clinical decision support tools and workflows, running regular reports, sharing data across staff, celebrating successes and building a culture of data and learning. | ▪ Unclear how to use data to evaluate intervention success and/or make improvements.<br>▪ Use evidence-based screeners and interventions but don't always use the data collected from them.<br>▪ Unsure how to navigate HIPAA to use data. |

| Domain | Facilitators | Barriers |
|---|---|---|
| **Education/ training/fidelity monitoring** | ▪ Developing a full-time training and education coordinator position.<br>▪ New EHR systems.<br>▪ Encouraging CEUS for EBPs (e.g., DBT, CBT, motivational interviewing, trauma focused).<br>▪ More efficient training registration system.<br>▪ Staff onboarding includes availability of EBP trainings.<br>▪ Continuous EBP training and education to ensure fidelity with internal champions or external consultants.<br>▪ An internal committee that monitors the practice of EBP implementation, training and credentialing for all modalities and reviews modalities for advancements.<br>▪ Cross-training providers in multiple related EBP modalities. | ▪ Staff overwhelmed with duties.<br>▪ No single education/training staff program.<br>▪ No time to monitor fidelity/check quality assurance.<br>▪ Lack of time for supervision.<br>▪ New staff who need to be trained.<br>▪ Difficulty hiring qualified staff. |

| Domain | Facilitators | Barriers |
|---|---|---|
| **Implementation/ organizational readiness** | ▪ Seeing the need for implementation at organizational level.<br>▪ Implementing organization-wide protocols and workflows.<br>▪ Shared organizational vision.<br>▪ Setting culture for change to impact successful EBP implementation included addressing staff buy-in and mind shift through a change management approach.<br>▪ Successful EBP training and roll-out processes included clear guidelines and written documentation of implemented EBPs, engaging internal champions or external coaching, and regular consult groups to build and maintain fidelity. | ▪ Difficulties making changes within large organizations.<br>▪ Difficulty with communication across organizations.<br>▪ Change is slow, people lose momentum and motivation.<br>▪ High staff turnover.<br>▪ Difficulties implementing shared vision.<br>▪ Short timeframes to implement protocols.<br>▪ The number of EBPs is overwhelming to narrow in and decide which one or few would be best to implement for different conditions and patient populations. |
| **Funding/ resources** | Receiving funding as part of the CCBHC model led to:<br>▪ Expansion of evidence-based services.<br>▪ Staff development opportunities to be trained in different EBP modalities, resulting in increased staff retention.<br>▪ Providing support and filling in the gaps of nonbillable and non-reimbursable services, especially those centered on care coordination efforts.<br>▪ Improving IT infrastructure to support efforts towards measurement-based care. | ▪ Staff recruitment and retention.<br>▪ Staff serving multiple roles.<br>▪ Lack of training for staff.<br>▪ Lack of funds/resources.<br>▪ Pay-for-performance model.<br>▪ In some cases, agencies do not have enough staff to undergo EBP modality training or agencies cannot afford to pull their staff out of their day-to-day work to participate in long EBP trainings. |

| Domain | Facilitators | Barriers |
|---|---|---|
| **Fit/adaptation** | ▪ Need for more integrated health treatment.<br>▪ Implementing mental health services in substance use treatment facilities.<br>▪ Evidence-based practices such as Written Exposure Therapy (WET), Feedback-informed Treatment (FIT) and Eye Movement Desensitization and Reprocessing (EMDR) with fewer counseling sessions and proven patient outcome improvement are more receptive to providers.<br>▪ Selecting the right EBP that fits the need of the client/patient population.<br>▪ EBPs that have training at all staff levels and not just for clinicians. | ▪ Meeting grant screening/ assessment requirements while taking a trauma-informed approach.<br>▪ The length of an intervention including time and number of sessions required in an EBP.<br>▪ The number of EBPs implemented in an organization can feel overwhelming for staff particularly if these practices do not quite address the needs of their patient population. |
| **External policy** | ▪ State funds to support care and transportation. | |

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