

TOPIC:

Initiating and Managing Change at State and Organizational Levels



SPRING 2006

Welcome to the ImpleNet!

The ImpleNet newsletter provides interested parties with information about the **National Implementation Research Network (NIRN)** and the science of implementation. The mission of the NIRN is to close the gap between science and service by advancing the science and practice of implementation.

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In this edition

Implementation Insight: Transformation in Human Services

Network News

Project Highlight: AHCA Systems Coach to Support Resilience and Recovery

Provides a brief description of initial efforts to integrate systems coaching into transformation agendas.

Network News

The Story of the Status Quodidians

This is a tale of a country called StatusQuo that was not at the Winter Olympics this year. They were very surprised and dismayed that their teams did not make it to the games, because after all they legislated, mandated and diligently prepared their athletes.

NIRN Presentation Highlights

Did you miss a NIRN presentation? Read descriptions of recent NIRN presentations and access online handouts.

Articles/Reports of Interest

Links to articles identified by NIRN that contribute to the science of implementation.

Web Site of Interest

Links to web sites of interest related to system transformation and implementation.

IMPLEMENTATION INSIGHT:

Transformation in Human Services

An advantage of persistently pursuing service improvement over a long period of time is that we get to see the progression of slow moving things. Take the notion of *accountability in human services* for example. Many years ago the provider community held the *consumer* responsible for his or her own outcomes. If there was no constructive change after an attempted intervention, the person was blamed for being resistant or incapable of change. With the advent of interventions that have been demonstrated to have clear benefits to consumers, accountability for outcomes shifted to the *practitioner*. If consumers do not benefit from interventions these days, the practitioner is blamed for being resistant or incapable of change. After all, research has clearly revealed the path to better practices if only the practitioner would use them properly.

Catch the NIRN

NIRN is on the road bringing implementation science to colleagues nationwide.

- **2006 National GAINS Center Conference**
April 5 - 7, 2006
Panel Presentation: "Preparing the Field for Transformation: Implementation Structures and Strategies"
Boston, Massachusetts
- **Oklahoma Children's Behavioral Health Conference**
April 27 - 28, 2006
"Strong Minds--Strong Futures: Hopesavers for Your Toolbelts."
- **Open Minds: Tools for Strategic Planning & Effective Management: The 2006 OPEN MINDS, Strategic Management Institute**
May 18-19, 2006
PGA National Resort & Spa
Palm Beach, Florida

Upcoming Events & Training Opportunities

These events represent national efforts to improve implementation of human services across domains.

- **Supporting Young Children's Social/Emotional Development**
March 29 - April 1, 2006
Clearwater Beach, FL
- **The GAINS Center 2006 National Conference, "System Transformation at the Interface of the Criminal Justice and Mental Health Systems"**
April 5-7, 2006
Boston, MA
- **Training Institutes 2006 - Developing Local Systems of Care for Children and Adolescents with Emotional Disturbances and their Families: Family Driven, Youth-Guided Services to Improve Outcomes**
July 12-15, 2006
Orlando, FL
- **Knowledge Utilization and Implementation in Health Services: Theory, Strategies, and**

What we are witnessing today is a shift toward holding human *service systems* accountable for the benefits (or lack thereof) at the consumer level. The Institute of Medicine (IOM), Surgeon General of the United States, and the President's New Freedom Commission on Mental Health repeatedly have pointed to human service systems ill prepared to support the very activities that would help them achieve their mission and goals. This shift also is prodded along by our growing understanding of the science and practice of implementation with its emphasis on the actions of provider organizations and the need to align system supports with new expectations, that practitioners should maximize their use of evidence-based practices in their interactions with consumers.

Another related part of the slow moving progression in accountability in human services has to do with what is measured. In the days when the consumer was held responsible, exposure to a qualified professional was the key. Exposure to qualified professionals was assessed with measures that tended to focus on academic and professional qualifications of professionals and number and length of sessions. With the shift toward holding practitioners accountable, measures of adherence to evidence-based program protocols (e.g. fidelity) became important. In this view, the protocols are firmly rooted in research demonstrating their benefits, and fidelity tells us all we need to know about consumer outcomes.

With the shift toward holding human service systems accountable, measures have broadened and have begun to focus on consumer outcomes that are related to specific provider organizations and practitioners. Outcome measures themselves are undergoing modification with less emphasis on diagnoses and symptoms and greater emphasis on recovery and resilience. The view of "the consumer" also is undergoing change with less emphasis on the individual and greater emphasis on the functional ecology of the individual (e.g. family, friends, neighborhood, community). Statewide evaluation systems in childrens mental health in Hawaii and Michigan point to the amazing value of having reliable and valid data regularly available for decision making at all levels: practitioners, managers of provider organizations, and policy makers and funders. In these states, form follows function. Once the function (consumer outcomes) became known, form began to change (new roles defined to routinize new activities, new bureaucratic systems put in place to support improved results). Knowing their outcomes has helped these states reduce the incidence of highly variable, ineffective, and sometimes harmful interventions and policies (to cite the conclusions of the IOM and Surgeon General, among others) and create whole systems that work better for consumers.

A final aspect of this slow moving progression toward systems accountability reflects a change in *problem solving style*. For many decades, the predominant style of problem solving in human services was *reactive*: when something got bad enough, practitioners, organizational managers, or service system policy managers would respond by doing something or the other to try to reduce that source of difficulty. Many states have undergone a seemingly endless series of reorganizations (e.g. centralization, decentralization, and back again) as a result of this reactive style of solving problems. Along with a greater understanding of the possible benefits of evidence-based practices and programs has come a more *proactive* and thoughtful style of solving problems. Community needs are matched up with available evidence-based programs with the idea that research-based solutions purposefully can be brought to bear to solve the identified problems. Today, with a growing acknowledgement of service system accountability, we may be on the verge of moving toward a *visionary* style of solving problems. A visionary style is focused more on goals and desired outcomes and less on specific (perhaps symptomatic) problems. A visionary style helps us see past the current issues that attract our immediate attention into a future of what might be if only we...

Of course, all of these stages of accountability and problem solving are with us today in one state or another. It is still easy to blame consumers for lack of progress, or hold practitioners accountable for outcomes that service systems do

Education, will be held Monday
July 24-26, 2006
Minneapolis, MN

Next edition

**"It Can't Be Done" - Overcoming
the Myths of Implementation**

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NIRN_USF@fmhi.usf.edu

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not support. It is much easier to measure (and pay for) the frequency and duration of exposure to intended treatment interventions, or measure adherence to simple protocols. Reactive styles of problem solving still predominate in many quarters even as others move toward a more proactive style.

What will a transformed system look like? It is hard to say. If our Complex Adaptive System colleagues are right, it will be a constantly evolving, synergistic system with multiple components that work independently and together to achieve common goals. It will be as flexible and adaptive as life itself. How will we get there? It is hard to say. If the lessons from other fields apply to human services, it will be an incremental process over 4 or 5 years where policies and funding strategies enable innovative practices, and feedback from experiences at the innovative practice level (e.g. regular data about consumer outcomes, information about specific system facilitators and barriers) inform improved policies and funding strategies. Whole systems cannot change at once, so *innovation zones* will be created to allow this process to play out. Innovation zones are smaller areas (geographic, topical, etc) where typical system-related rules are suspended so new ideas can be tested and new system features can be demonstrated and allowed to develop. Eventually, the new system features will be implemented in other areas outside the innovation zone and that part of the human service system will be well into the synergistic transformation process. Attention then can be focused on a new area, another innovation zone can be identified, and the policy-practice-feedback transformation process can start anew.

Obviously, the transformation process calls for sustained leadership and will result in new roles in state systems and bureaucracies. Decision support data systems are essential to the entire process so decisions can be made on the basis of better and better outcomes for children, families, and adults. Form will follow function. We cannot have new (better) outcomes by doing the same old thing. We need to go into the transformation process with clear purpose, a thoughtful approach, and excellent sources of data related to the overall mission and goals of the system being transformed. We need to expect and plan for organizational and systems change. With practice, we can learn how to initiate and manage change effectively, we can learn how to implement innovations to achieve maximum benefits for consumers, and we can develop new service system infrastructures specifically designed to support excellence as practitioners work with consumers. With practice, our approach to transformation will become well entrenched and the benefits to consumers will improve with each generation.

NIRN Presentation Highlights

Each of the following were presented at the **19th Annual Research Conference for Children's Mental Health, Tampa, FL**

Intensive Workshop:

“Applying Implementation Frameworks in a System of Care Context”

Dean Fixsen, PhD,

Karen Blase, PhD,

Sandra Naoom, MSPH, and Frances Wallace, MPH,

Louis de la Parte Florida Mental Health Institute, University of South Florida, Tampa, FL

Phyllis Panzano, PhD,

Decision Support Services, Columbus, OH

Science cannot be applied to service settings without attending to implementation strategies, facilitators and barriers. The workshop session included a review of the implementation frameworks based on a synthesis of the implementation research literature. The presenters explored the application of the frameworks to the implementation of systems of care and the adoption of evidence-based programs and practices within a system of care context. The session also focused on measurement, methodology, and evaluation issues related to implementation and included highlights of recent implementation research findings and methodology from an Ohio study of mental health centers.

Presentation:

“Right from the Start: Lessons Learned for Implementing Systems of Care”

Dean Fixsen, PhD and Karen Blase, PhD, National Implementation Research Network

The presentation is a detailed guide to the core implementation components of System of Care. The highlights of this presentation include: stages/drivers of implementation; the consumer and community; the role of the purveyor; start up; staff selection, training, and coaching; and decision support data systems. The target audience for this presentation includes those in the planning and start-up stages of System of Care development.

Articles/Reports of Interest

“Dancing with Systems”, Donella Meadows, Sustainability Institute

In this article the author discusses approaches and strategies for embarking on systems thinking.

From the article (page 1):

<http://www.sustainabilityinstitute.org/pubs/Dancing.html>

“Systems thinking leads to another conclusion- however, waiting, shining, obvious, as soon as we stop being blinded by the illusion of control. It says that there is plenty to do, of a different sort of "doing." The future can't be predicted, but it can be envisioned and brought lovingly into being. Systems can't be controlled, but they can be designed and redesigned. We can't surge forward with certainty into a world of no surprises, but we can expect surprises and learn from them and even profit from them. We can't impose our will upon a system. We can listen to what the system tells us, and discover how its properties and our values can work together to bring forth something much better than could ever be produced by our will alone.

We can't control systems or figure them out. But we can dance with them!”

NRI - Outlook Winter 2005/2006

From the publication (page 2):

<http://www.nri-inc.org/Outlook/Winter0506FINAL.pdf>

“This edition of OUTLOOK presents highlights from the 2005 NRI conference entitled “The Knowledge-Implementation Nexus: Addressing Critical Issues in Public Mental Health.” The conference focused on the integration of mental health and substance abuse services, creation of a recovery/resiliency oriented system, and the implementation of evidence-based programs. As states are in differing stages of planning for and moving forward with systems change, these three issues are repeatedly discussed as foundational, yet research in these areas is limited. Throughout this edition, readers will obtain a snapshot of the latest technology, strategies, and tools addressing this deficit including:

- Effective components of programs that serve persons dually diagnosed with mental health and substance use disorders
- Methodological issues in program design, implementation and evaluation
- Counting persons served in multiple systems
- Developing and using screening tools
- Designing recovery-oriented questionnaires
- Strategies being used to incorporate a recovery focus in treatment
- Determining the relationship between perception and outcomes
- Integrating consumer survey tools into the treatment process
- Developing fidelity measures for consumer-operated services
- Ways to overcome barriers to implementing innovative services
- Tracking modification to programs and evaluating the impacts of change

Web Sites of Interest

From the site:

4Researchers.Org

"What is 4researchers?"

4researchers is a project funded by the National Institute of Mental Health that disseminates practical "how-to" information about conducting research. We seek to provide a rich and easily accessible resource for early, mid-level, and senior researchers who are confronted with the inevitable challenges of conducting research in the real world."



**THE UNIVERSITY
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at CHAPEL HILL**

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FPG Child Development Institute

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