The National Implementation Research Network in conjunction with NASMHPD-NRI, CMHS, and SAMHSA, co-hosted the ‘Change Management in Mental Health Systems: Key for Implementing Evidence-based Practices’ conference held June 22-23rd in Albuquerque, NM. The conference was attended by over 100 federal, state, and local professionals, as well as parents; all working to implement evidence-based practices and programs in their communities. The focus of the conference was to provide information and tools for change management as well as give attendees opportunities to hear about successful change efforts and interact with those doing change management work in their communities.

Kathryn Power, the Director of the Center for Mental Health Services (CMHS), participated in the conference and set the stage for the conference with a plenary presentation delineating the importance of change in mental health transformation at the state and federal level and the role of change management as an integral part of system wide implementation of evidence-based practices and programs.

Concurrent sessions were held over the two-day conference related to funding of evidence-based practices and programs, workforce development, support of innovation, implementation frameworks, change models, cultural competence, leadership development, and evaluation. The conference provided an excellent forum for states and communities to present their progress in transforming mental health systems as well as for ongoing discussion of the issues of implementing evidence-based programs and practices in changing systems.
Conference Agenda

Wednesday, June 22, 2005

Pre-Conference Meetings

Pre-Conference Informal Meeting: Implementing the Toolkits
Discussion with SAMHSA grantees who have implemented or are currently implementing the SAMHSA Adult Implementation Resource Kits to discuss their experiences, lessons learned, and next steps to be taken to integrate EBPs as part of a transformed mental health system.
Facilitator: Vijay Ganju

Pre-Conference Informal Meeting: Implementing EBPs in the Children's Mental Health System
A discussion of emerging trends, issues, and tools for the integration of evidence-based and promising practices for children and their families.
Facilitator: Karen Blase

Thursday, June 23, 2005

General Session

Welcome
Presenters: Crystal Blyler, Karen Blase, and Vijay Ganju

Setting the Stage
An overview of SAMHSA's current activities to transform the nation's mental health system and New Mexico's current change process to institute a transformed mental health system.
Presenters: Kathryn Power and Pam Hyde

Change Management: The Science
Experts in the change management field will present models of change and the science surrounding the models.
Presenters: John McCracken and Greg Aarons

Breakout Sessions:

TOOLS FOR CHANGE
National, state and local researchers, providers, and administrators will present their tools for enacting change in the specified areas. Attendees will remain in their breakout sessions to discuss issues and needs in these particular content areas.

Breakout Session 1 Funding
Presenters: Peggy Clark and Mary Armstrong
Facilitator: Betsy McDonell Herr

Breakout Session 2 Workforce Development and Training
Presenters: John Morris and Patrick Kanary
Facilitator: Jeanne Rivard

Breakout Session 3 Supporting Creativity and Innovation
Presenters: Virginia Mulkern and Holly Hills
Facilitator: Jacqueline Yannacci

Friday, June 24, 2005

General Session

Implementation Research Findings: Strategies for Change Management
This presentation will review “best practices” gleaned from recent national meetings of developers of evidence-based programs and from a synthesis of the implementation research literature. Frameworks for implementation strategies related to transformation will also be provided.
Presenter: Karen Blase

Mental Health Change Models
Presenters from various components of the public mental health system will discuss their models of change with the change management experts reacting and commenting from their perspective of the science on the strengths and needs of such models.
State Presenter: John Hudgens
Local Provider Organization Presenter: Kathy Reynolds
Recovery-Oriented System Presenters: Rochelle Steinberg, Glenn Hopkins and Frances Deutschle
System of Care Site Presenter: Knute Rotto
Reactants: John McCracken and Greg Aarons

Breakout Sessions:

TOOLS FOR CHANGE
National, state and local researchers, providers, and administrators will present their tools for enacting change in the specified areas. Attendees will remain in their breakout sessions to discuss issues and needs in these particular content areas.

Breakout Session 4 Cultural Competence
Presenters: Vijay Ganju and Mareasa Isaacs
Facilitator: Jacqueline Yannacci

Breakout Session 5 Leadership Development
Presenters: Kathryn Power and John McCracken
Facilitator: Crystal Blyler

Breakout Session 6 Use of Evaluation
Presenters: Kay Hodges, Jim Wotring and Priscilla Ridgway
Facilitator: Karen Blase

General Session

Feedback from the Breakout Sessions
Facilitator: Vijay Ganju

Closing Observations and Next Steps
Presenter: Kathryn Power
Operationalizing Implementation Strategies and Methods – Selected Summaries:

Pre-Conference Meeting and General Plenary Sessions

Implementing Evidence-Based Programs in the Children’s Mental Health System

Twenty representatives from 10 states met to discuss recent initiatives and issues related to the implementation of evidence-based programs in children’s mental health systems. States represented included California, Colorado, Delaware, Florida, Georgia, Michigan, New Mexico, Ohio, Oklahoma, and Virginia as well as a representative from SAMHSA—CMHS.

Highlights from the presentations and discussions focused on transformation efforts to promote evidence-based programs and practices including the development and funding of the infrastructure necessary for evidence-based program start-up and ongoing training and quality monitoring systems as well as development and support for evidence-based cultures.

Ken Martinez, Children’s Mental Health Director for New Mexico, provided an overview of the new statewide behavioral health system initiated July 1, 2005, which involves pooling of funding for behavioral health from 17 state agencies and managed through a contract with Value Options. With respect to children’s mental health, statewide adoption of Multisystemic Therapy (MST) and Functional Family Therapy (FFT) is occurring. Start up and infrastructure costs (e.g., training, supervision, fidelity monitoring) are funded from general revenue and service delivery is funded through Medicaid for MST. FFT funding was generated through reallocating resources from juvenile justice facilities to front-end services with the state becoming the provider of FFT services.

Ohio’s Center for Innovative Practices (CIP), directed by Patrick Kanary, is evolving an infrastructure to support the implementation of a number of evidence-based programs and practices in association with county and provider efforts in Ohio. As a Center of Excellence for children’s mental health, the CIP provides information, training, consultation, coaching and fidelity monitoring for MST and is now introducing Multidimensional Treatment Foster Care to interested counties and private providers. In addition, they are developing a co-occurring mental health and substance abuse program for adolescents and are infusing the concept of resilience into program development and service delivery.

Similarly, Colorado’s Center for Effective Interventions, which is part of Metropolitan State College of Denver and is directed by David Bernstein, is also evolving an implementation support structure for multiple evidence-based programs. The Center is operating regionally in 6 states, providing expertise and implementation resources to over 30 MST teams and is in the process of implementing cooperative relationships with Multidimensional Treatment Foster Care and Functional Family Therapy.

Bill Carter from the California Institute of Mental Health reviewed the likely impact of the recently passed Mental Health Services Act—Proposition 63. With tax funds designated for mental health services and supports there is a focus on workforce development, underserved populations and early intervention and prevention with a great deal of stakeholder involvement. CIMH, like the CIP in Ohio and the efforts in Colorado, focuses on implementation supports and infra-

Attendees
Bill Carter, California
Greg Aarons, California
David Bernstein, Colorado
Lori Banks, Colorado
George Delgrosso, Colorado
Harvey Doppelt, Delaware
Nancy Wisdoes, Delaware
Karen Blase, Florida
Laurie Blades, Florida
Frances Wallace, Florida
Mandy Wells, Florida
Brigitte Manteuffel, Georgia
Deborah Howard, Kansas
Jim Worthing, Michigan
Kay Hodges, Michigan
Ken Martinez, New Mexico
Patrick Kanary, Ohio
Rand Baker, Oklahoma
Fran Randolph, SAMHSA—CMHS
Jacquie Yannacci, Virginia
structure for multiple evidence-based programs and practices in both children's and adult mental health arenas.

A second theme for the pre-conference involved a review of efforts to develop, support, and sustain an evidence-based culture. Michigan's Department of Children's Mental Health, led by Jim Wotring with collaboration from Kay Hodges at Eastern Michigan University, has employed a multi-year strategy to promote the use and analysis of a common set of measures of child functioning (CAFAS) across domains. The data were used to identify the age range and presenting problems that were most in need of intervention. As a result the state will be implementing the Oregon Parent Management Training model and developing the infrastructure to support high fidelity implementation.

Also, with respect to encouraging an evidence-based culture, Jacquie Yanonacci, of NASMHPD—NRI, reviewed progress related to the development of a Resource Guide for Creating an Evidence-Based Culture for Children's Mental Health Services. Rather than developing discrete tool kits for specific programs and practices, the children's mental health stakeholders have elected to take a systemic approach to developing useful resources for states, providers, practitioners, and families in support of evidence-based systems development. This systems approach is being pursued due to the tremendous diversity of evidence-based programs and practices and the systems response required to meet the mental health and developmental needs of children in the context of their family and community life.

Other change management challenges and issues discussed included the importance of continuing to measure both outcomes and fidelity as evidence-based programs are brought to scale in transformation efforts; the need to bring pediatricians into the system of care efforts for children's mental health; the need to improve access along with effectiveness; the importance of local champions who are also leaders; the necessity and value of family involvement and advocacy and the necessity of organizational and systems change required to incorporate and support evidence-based programs and practices.
Tools for Implementing Change: Creating Alignment, Overcoming Resistance and Setting Priorities

John McCracken, School of Management, University of Texas at Dallas

This plenary session provided participants with frameworks and tools related to managing change projects. The frameworks introduced structures for thinking through the issues and challenges related to initiating a major change project.

The implementation of the Texas Medication Algorithm Project was used as a context for illustrating the tools and frameworks.

Change projects were defined as those that cut across organizational boundaries of the agency; generate measurable results within defined start and end dates; require a dedicated change management team with significant changes in attitudes and changes in the way work is performed. Given that the process creates active and passive resistance, there are a number of tools and processes related to training, project management and change management that can facilitate change.

Understanding the networked nature of the organizational culture of mental health systems with respect to the concepts of solidarity and sociability can provide a change management team with a perspective for action planning and project management.

The following tools were reviewed with respect to successfully launching the project:

- Backwards Imaging—To help stakeholders and team members identify, operationalize and reach consensus on what the “new future” will look like and the obstacles they will need to overcome.
- Sponsorship Alignment—Structured conversations with key individuals to gain commitment, elicit input, concerns and sources of motivation.
- Team Competency/Influence—to help the change team determine if they have the right team members related to the necessary competencies and influence needed to execute the initiative.

Tools related to start-up of the change management team included:

- Developing agreement on the levels and types of decisions that will be made and who will make them (including an operational definition of consensus).
- Defining the scope of the project by having the team brainstorm and reach consensus on what is inside and outside the scope of the project.

Creating commitment and buy-in are also key to initiating and sustaining a change project. Tools reviewed included:

- Utilizing a “Threat/Opportunity” matrix to help re-direct the initial concerns related to short-term threats to the benefits of long-term gains.
- Developing a two to three-minute speech that all team members can use to define the project, provide rationales for its importance, define success and summarize how the others can help.
Active and passive resistance is an inevitable feature of change projects. Tools and processes that can help overcome resistance include:

- Understanding the different concerns of people as they relate to their relationship to the innovation (e.g. from innovators, to early adopters, to resistors).
- Analyzing stakeholders related to current and needed support and creating a plan to provide information and address concerns.

Managing a complex change project requires identifying key tasks and developing consensus on priorities. One tool that can be useful is a Pay-Off Matrix that plots tasks in relation to ease of implementation and organizational impact. Focusing on tasks that are relatively easy to implement and that will have high organizational impact can identify some ‘early wins’.

The following website provides examples of the tools, forms, and the PowerPoint slides for this presentation: http://www.utdallas.edu/~jfm/amme.htm. To learn more about John McCracken go to http://www.utdallas.edu/~jfm/index.htm.

**The Science of Change Management in Evidence-Based Practice Implementation**

*Gregory A. Aarons, Ph.D., Child and Adolescent Research Center, San Diego, CA*

This presentation reviewed the state of the science with respect to change management in youth services; reviewed the development of a scale to measure attitudes toward evidence-based program and practice adoption; provided some recent findings related to provider attitudes toward EBPs and organizational issues to consider. A new study related to system change and evidence-based program implementation in Oklahoma’s Child Welfare System, called SafeCare, also was reviewed.

With respect to the science related to the decision to adopt and ability to implement evidence-based programs and practices, Dr. Aarons briefly reviewed key studies to date and provided explanatory frameworks related to adoption decisions and implementation. One integrative model to study implementation conceptualized the adoption decision and implementation as a relationship among workforce issues such as job autonomy, turnover, and work attitudes; therapeutic processes such as working alliance and consumer outcomes and organizational processes such as fidelity, attitudes toward ebps and other organizational factors.

A second conceptual framework of individual innovation acceptance in organizations illustrated the relationships among organizational factors, personal characteristics of employees, personal dispositional innovativeness, social networks, attitudes toward ebps, self-efficacy as leading to individual acceptance of the ebp and fidelity to the ebp.

Dr. Aarons, with support from NIMH, has developed and validated an Evidence-Based Practice Attitude Scale. This 15-item scale assesses mental health service providers’ attitudes toward the adoption of evidence-based practices. Four subscales emerged including the intuitive appeal of the ebp, willingness to adopt given requirements to do so, employees’ general openness to innovation, and how much the new practice diverged from usual practice. Some key findings included:

- Interns endorsed more positive attitudes toward adoption than more experienced professionals.
• Providers with higher educational status endorsed more positive attitudes.
• Providers working in programs with more bureaucracy and levels of management were more negative toward adoption of ebps.
• Attitudes varied by type of program
• When providers were working in programs with written policies that designated the use of specific interventions for specific problems, those providers were more likely to endorse positive attitudes toward adopting ebps.

A new research initiative on ebp attitudes will be conducted in relation to the adoption and implementation of Project Safe Care, an evidence-based parenting program to improve parenting and reduce incidents of abuse and neglect.

Dr. Aarons concluded his presentation by detailing ways that program leaders can use organizational data as well as conclusions and future steps including:
• Developing EBP implementation plans that consider organizational factors and provider attitudes; stage of professional development of the provider; and individual differences among providers
• Consideration of such factors may help improve the process and effectiveness of EBP implementation efforts
• Additional consideration include attending to financing structures, competition, and organizational stability along with organizational structure, climate and culture, contracting constraints, and leadership

Implementation: What Research and Experience Can Tell Us
Karen A. Blase, Ph.D., National Implementation Research Network

This plenary presentation reviewed implementation “best practices” gleaned from recent national meetings of developers and implementers of evidence-based programs and from a far-reaching synthesis of the implementation research literature across domains. Frameworks for implementation strategies related to transformation also were presented.

The presentation highlighted not only the science to service to gap but the ‘implementation gap’ noting that:
• There are no clear pathways to implementation
• What is adopted is often not used with fidelity nor to good effect for consumers
• What is implemented often disappears with time and staff turnover

A strong body of rigorous science is lacking, in part because only about 1% of annual NIH funding is spent on effective ways to use the many treatment practices and programs developed with the other 99% of the research funding.

Dr. Blase then reviewed the results from nominal group processes and concept mapping with program developers and implementers and from the review of more than 700 articles from nine databases across multiple domains (e.g. mental health, business, agriculture, education, medicine). This latter synthesis of the literature has resulted in the publication: Implementation Research: A Synthesis of the Literature (2005).
Common implementation challenges and solutions across disparate domains were highlighted along with general conclusions that:

- Implementation processes and strategies are related to but separate from the intervention program or practice.
- Whether or not the program can be used or implemented in the real world has little to do with the weight of the evidence on effectiveness.
- Evidence does help communities decide what program or practice to select but does not help implement the intervention.
- Implementation always requires organizational change and is about:
  - Changing the behavior of human service professionals.
  - Changing organizational structures, cultures and climates.
  - Changing the thinking of system directors and policymakers.
- Both effective interventions and effective implementation practices are required to achieve good outcomes for consumers.

There is excellent experimental evidence for what does not work with respect to effective implementation practices including:

- Dissemination of information as a stand alone strategy.
- Training alone, no matter how well done.

These two widely used strategies have been demonstrated to be ineffective with respect to implementation in human services, education, business, health, and manufacturing.

Dr. Blase provided a series of frameworks to help identify implementation practices and strategies that hold promise including:

- The proposed necessity of having a “purchaser” of an evidence-based practice or program to convey, support and monitor the new way of work with high fidelity to new practitioners and organizations.
- Having “purchasers” who are actively involved at multiple levels and helping create systems and practice alignment from practitioner behavior to organizational structures and functions, to administrative supports, to the development of systems of care and state policies.

Tentative conclusions from the practice and science of implementation included:

- There are stages of implementation and stage-appropriate activity and needs to occur to result in successful and sustainable implementation.
- Successful implementation requires vertical integration of practices, policies, regulation and funding to support the new way of work by practitioners.
- Successful and sustainable implementation requires attention to horizontal integration of “implementation drivers”. These drivers include staff selection, skill-based training of practitioners, effective coaching, staff evaluation routines that hold practitioners accountable for implementing the evidence-based practice or program, decision support data systems to inform program and practitioner development, facilitative administrative supports and systems interventions.
- The infrastructure to attend to stages, vertical integration and the effective utilization of implementation drivers must be built into organizational and state infrastructures. The presenter provided a number of models for such...
infrastructure development and detailed implementation facilitators based on the research literature.

A downloadable version of the monograph on implementation research can be found on the website for the National Implementation Research Network at http://nirn.fmhi.usf.edu/resources/publications/Monograph/index.cfm

Meeting Evaluation
Change Management in Mental Health Systems
Key for Implementing Evidence-Based Practices

June 22-24, 2005, Albuquerque, New Mexico

NASMHPD-NRI

The evaluations were generally quite favorable. 30 Attendees gave an overall Conference rating: 20 said “Excellent” and 10 said “Good”, for an aggregate rating of 3.7 on a 4 point scale. Attendees were particularly thrilled with the extent and value of Kathryn Power’s involvement. They also indicated satisfaction with Conference logistics and facilities, although several indicated that meals and breaks could have been better planned. A number of attendees indicated that they would be able to take back valuable, practical information to their jobs, and many commented that the Conference had been highly motivational, exciting and enjoyable.

The following recommendations and observations were drawn from attendee comments

Conference Planning and Structure:

- Communicate and market Conference objectives well in advance, addressing Conference content, as well as who is expected to participate (e.g., all States, or just EBP States.)
- Limit the number of panelists or presenters at individual sessions, to provide more time for each speaker, and more time for Q and A.
- Eliminate feedback sessions (following breakout sessions) to allow more time for the breakout sessions themselves.
- Continue the practice of including PowerPoint presentations in the Conference binder.
- Continue involving a wide range of presenters and attendees (and include the CMHS Block Grant staff.)
- Solicit prospective attendee feedback, once Conference objectives are established, concerning the best mix of presenters (e.g., Federal, States, local agencies, consumers and researchers.)
- Provide opportunity for panelists/co-presenters to coordinate their presentations; communicate the scope and objectives of each session in advance, if possible, to help manage attendee expectations and assist them in selecting which breakouts to attend.
Session Content and Structure:

- Pre-conference sessions were a great way to kick off the Conference, and provided excellent opportunity to meet and network with other attendees.
- Many attendees stressed the importance of practical information and tools they could take back with them and apply in their work; some indicating they were pleased with what they got; others wishing for more.
- Attendees appreciated hearing about specific experiences in other States relating to the implementation of EBPs. Several comments addressed the desire to gain insights into practical issues such as politics, funding and training.
- There was some negative reaction to what some considered researchers discussing their research, rather than presenting practical information to be used on the job.
- On the other hand, some research-oriented presentations (e.g., McCracken, Morris and Blase) received considerable positive feedback for providing practical information.
- Several attendees at the Thursday breakout session on Supporting Creativity and Innovation said that the presentations did not cover the ground they expected, and that the session title was misleading.
- The Friday session on Mental Health Change Models was adversely impacted by the number of presenters and severe time management issues. There was no general introduction that laid out objectives for the session as a whole, and the Ohio presentations could have been better integrated as well. The general reaction seemed to be that the content of most of these presentations was compromised by unrealistic time constraints.
- The Friday breakout session on Leadership Development provided a good example of the divergence found frequently in attendee evaluations. Several found it very useful to be able to more deeply explore material that McCracken had presented in an earlier session, while others felt that he was being repetitious. (This seems to reflect two contrary threads: the desire for time to dig more deeply into specific topics, versus the desire to passively receive as much new practical information as possible.)

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