

# Assessing Fit and Feasibility for Implementation

A Country-Wide Case Example

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# Defining Contextual Fit



*Contextual fit is the match between the strategies, procedures, or elements of an intervention and the values, needs, skills, and resources of those who implement and experience the intervention.*



- Involve diverse stakeholder engagement
- Use multiple methods and data sources
- Improves implementation and sustainability potential

# The Hexagon Tool

# The Hexagon Tool

- Developed for use in implementation informed assessments
  - Reviewed and edited by the Racial and Ethnic Equity and Inclusion Team (REEI)
- For use by organizations and communities

## IMPLEMENTATION SITE INDICATORS

### CAPACITY

#### TO IMPLEMENT

Staff meet minimum qualifications  
Able to sustain staffing, coaching, training, data systems, performance assessment, and administration

- Financially
- Structurally
- Cultural responsiveness capacity

Buy-in process operationalized

- Practitioners
- Families

### FIT WITH CURRENT INITIATIVES

Alignment with community, regional, state priorities  
Fit with family and community values, culture and history  
Impact on other interventions & initiatives  
Alignment with organizational structure

### NEED

Target population identified  
Disaggregated data indicating population needs  
Parent & community perceptions of need  
Addresses service or system gaps

## PROGRAM INDICATORS

### EVIDENCE

Strength of evidence—for whom in what conditions:

- Number of studies
- Population similarities
- Diverse cultural groups
- Efficacy or Effectiveness

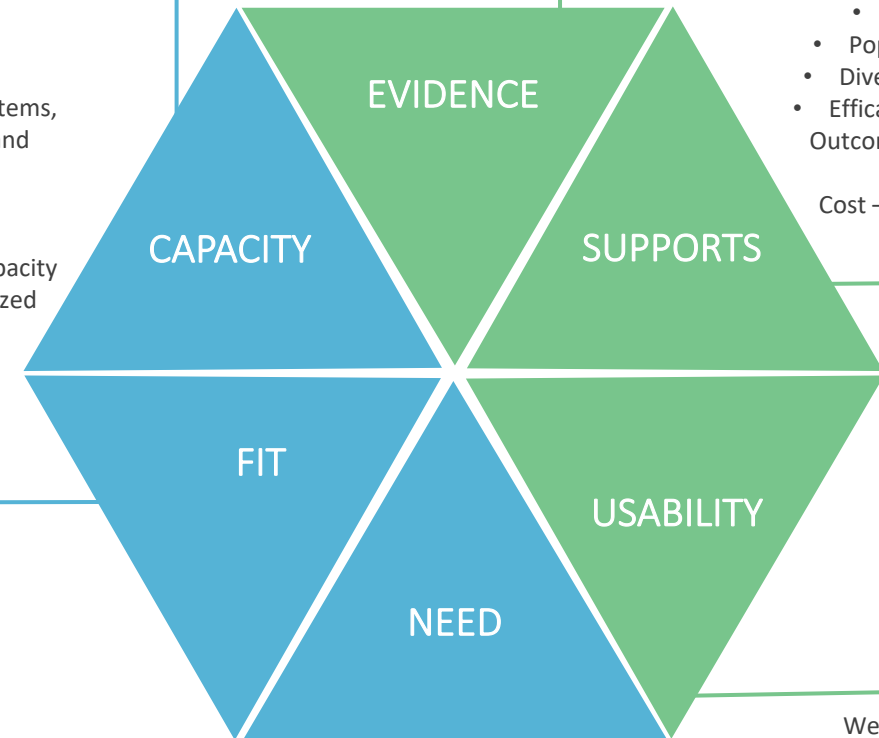
Outcomes – Is it worth it?  
Fidelity data  
Cost – effectiveness data

### SUPPORTS

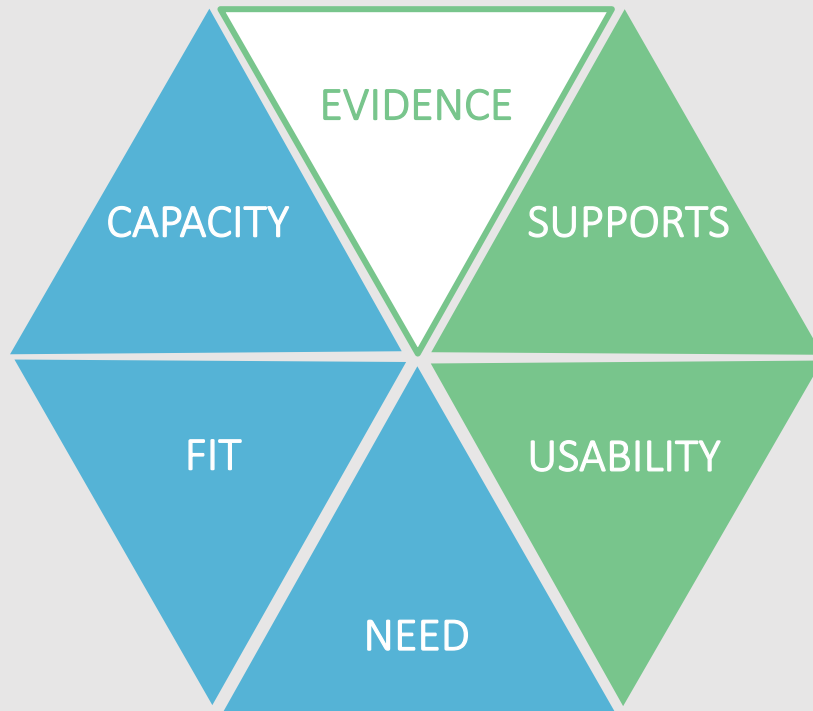
Expert assistance  
Staffing  
Training  
Coaching & Supervision  
Racial equity impact assessment  
Data Systems  
Technology Supports (IT)  
Administration & System

### USABILITY

Well-defined program  
Mature sites to observe  
Several replications  
Adaptations for context



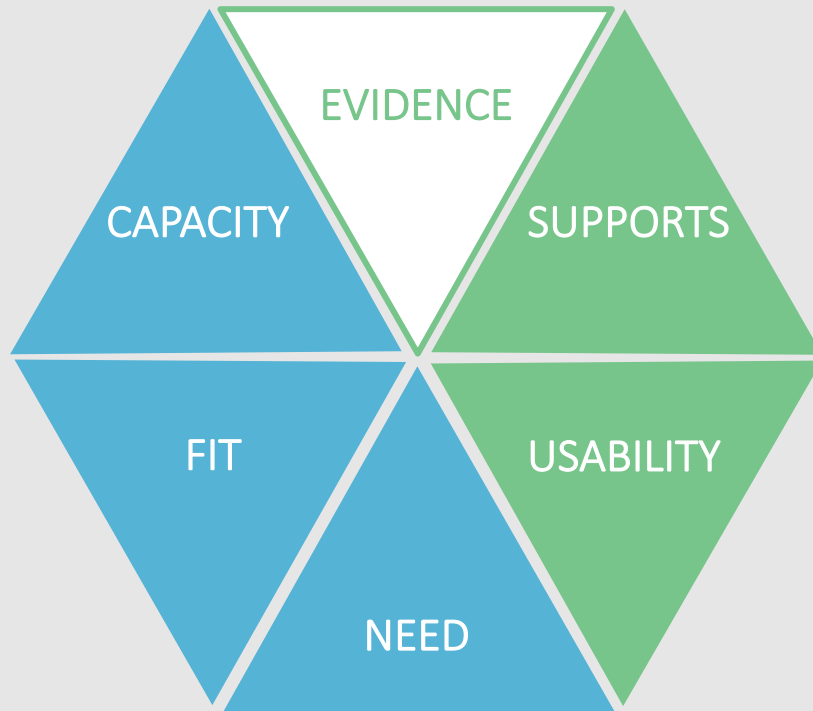
## Program Indicators



### EVIDENCE

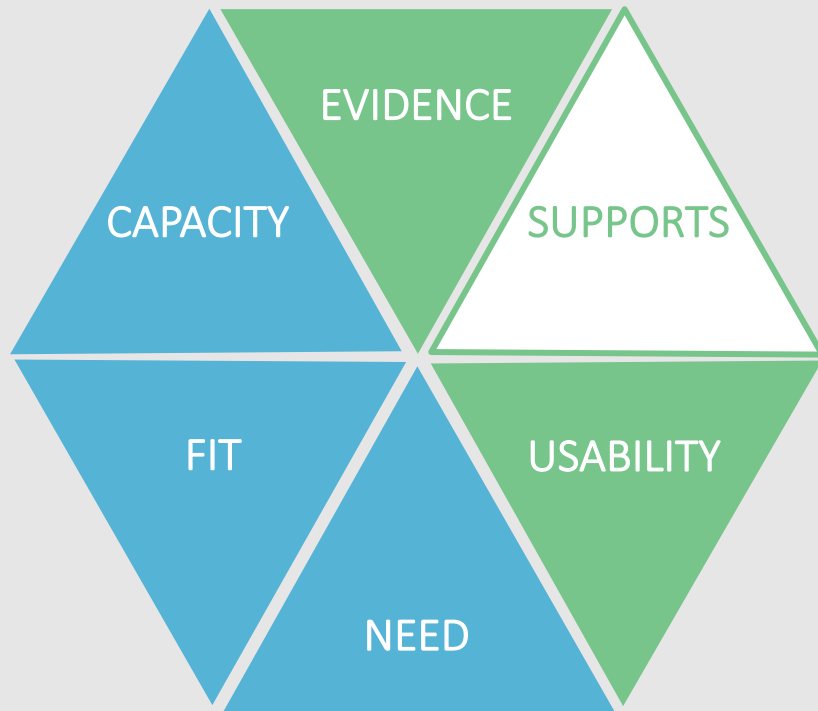
- Strength of evidence—for whom in what conditions:
  - Number of studies
  - Population similarities
  - Diverse cultural groups
  - Efficacy or Effectiveness
- Outcomes – Is it worth it?
- Fidelity data
- Cost – effectiveness data

## Program Indicators



5 – High Evidence	The program or practice has documented evidence of effectiveness based on at least two rigorous, external research studies with control groups, and has demonstrated sustained effects at least one year post treatment
4 - Evidence	The program or practice has demonstrated effectiveness with one rigorous research study with a control group
3 – Some Evidence	The program or practice shows some evidence of effectiveness through less rigorous research studies that include comparison groups
2 – Minimal Evidence	The program or practice is guided by a well-developed theory of change or logic model, including clear inclusion and exclusion criteria for the target population, but has not demonstrated effectiveness through a research study
1 – No Evidence	The program or practice does not have a well-developed logic model or theory of change and has not demonstrated effectiveness through a research study

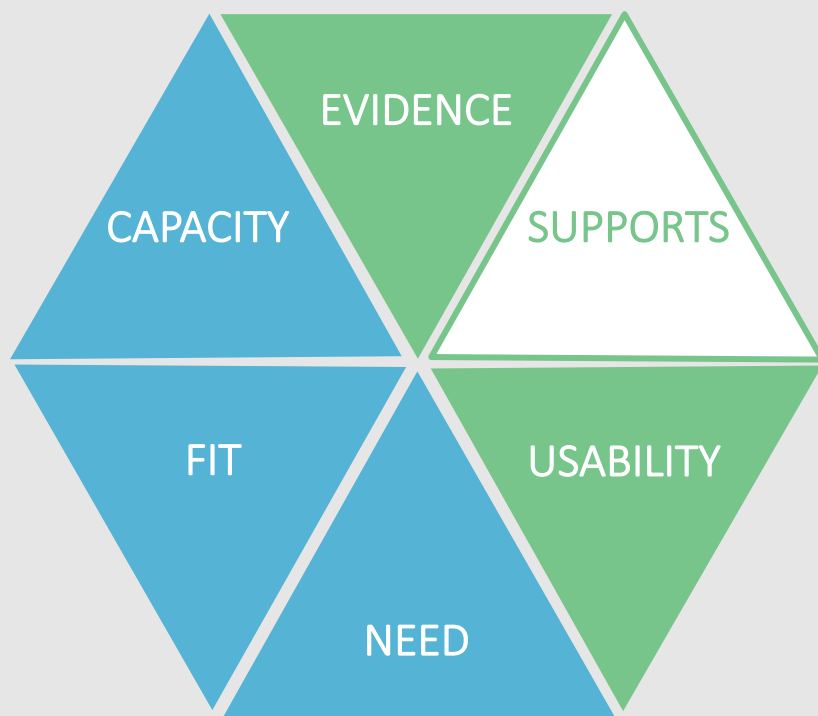
## Program Indicators



### SUPPORTS

- Expert assistance
- Staffing
- Training
- Coaching & Supervision
- Racial equity impact assessment
- Data Systems
- Technology Supports (IT)
- Administration & System

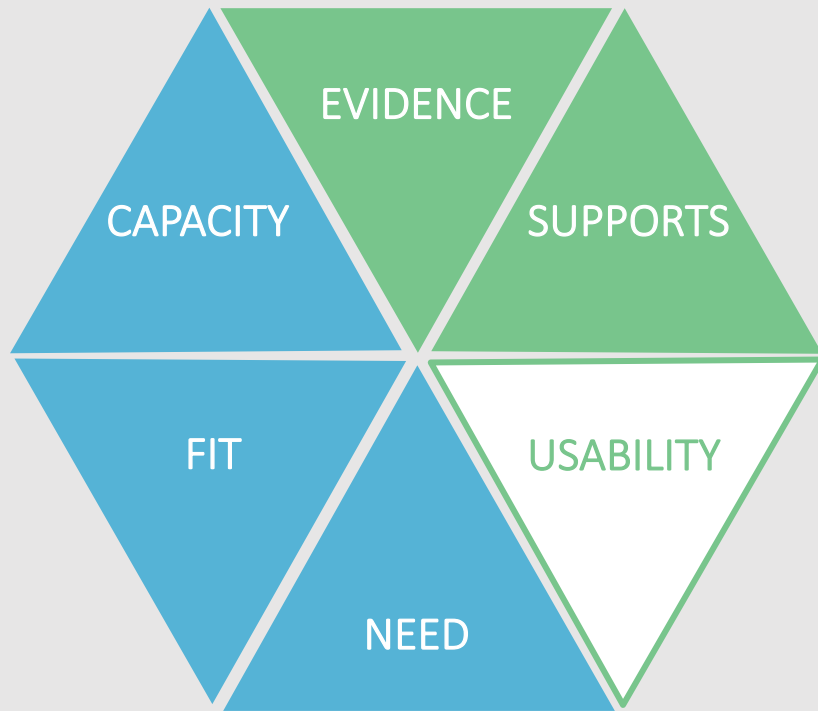
# Program Indicators



5 – Well Supported	Comprehensive resources are available from an expert (a program developer or intermediary) to support implementation, including resources for building the competency of staff (staff selection, training, coaching, fidelity) and organizational practice (data system and data use support, policies and procedures, stakeholder and partner engagement.)
4 - Supported	Some resources are available to support implementation, including limited resources to support staff competency (e.g., training and coaching) and limited resources to support organizational changes (e.g., data systems)
3 – Somewhat Supported	Some resources are available to support competency development or organizational development but not both
2 – Minimally Supported	Limited resources are available beyond a curriculum or one time training
1 – Not Supported	Few to no resources to support implementation



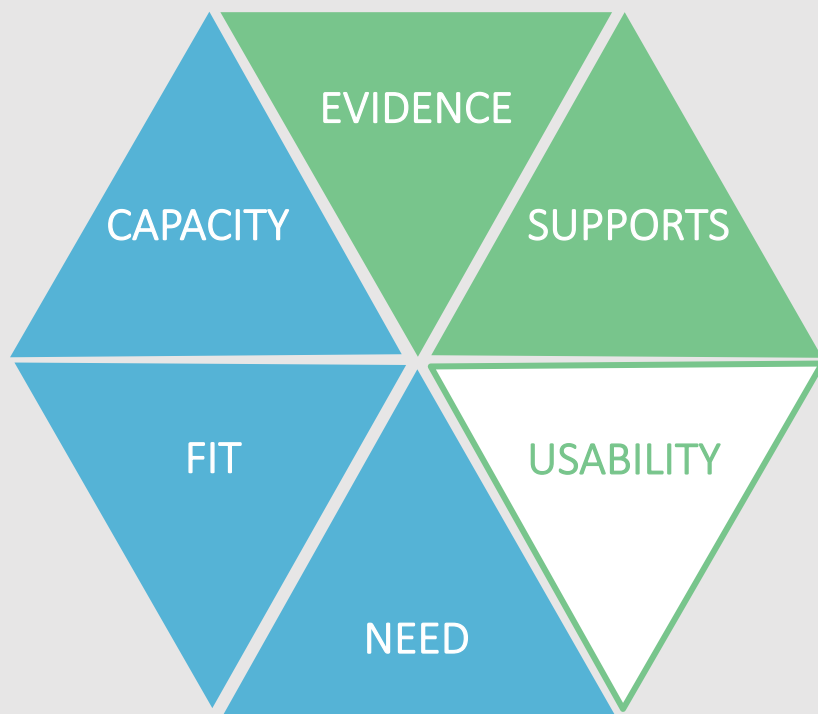
## Program Indicators



### **USABILITY**

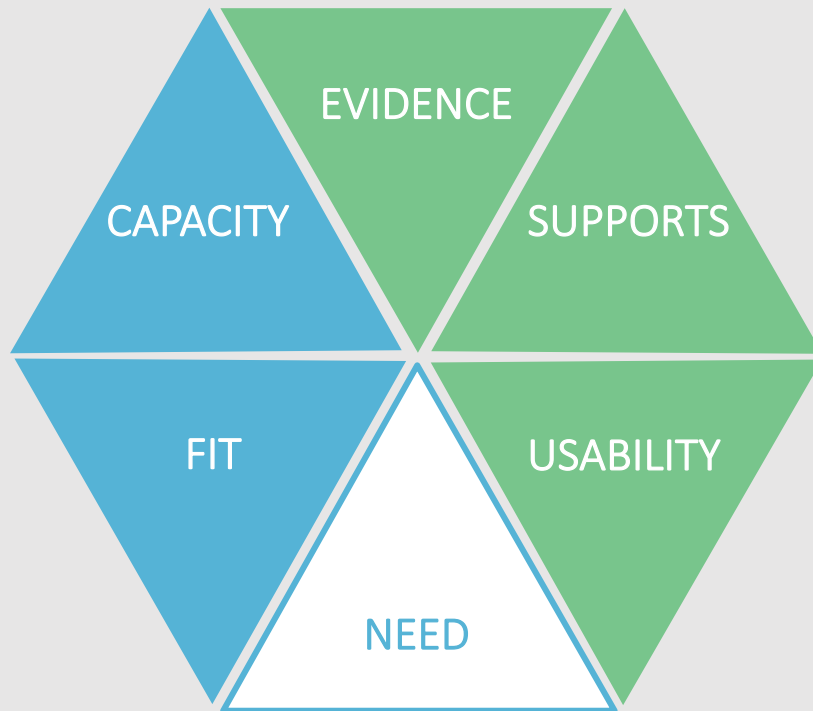
- Well-defined program
- Mature sites to observe
- Several replications
- Adaptations for context

# Program Indicators



<b>5 – Highly Usable</b>	The program or practice has operationalized principles and values, core components that are measurable and observable, and a validated fidelity assessment; modifiable components are identified to support contextualization for new settings or populations
<b>4 - Usable</b>	The program or practice has operationalized principles and values and core components that are measurable and observable, has tools and resources to monitor fidelity, but does not have a validated fidelity measure; modifiable components are identified to support contextualization for new settings or populations
<b>3 – Somewhat Usable</b>	The program or practice has operationalized principles and values and core components that are measurable and observable but does not have a fidelity assessment; modifiable components are not identified
<b>2 – Minimally Usable</b>	The program or practice has identified principles and values and core components; however, the principles and core components are not defined in measurable or observable terms; modifiable components are not identified
<b>1 – Not Usable</b>	The program or practice does not identify principles and values or core components

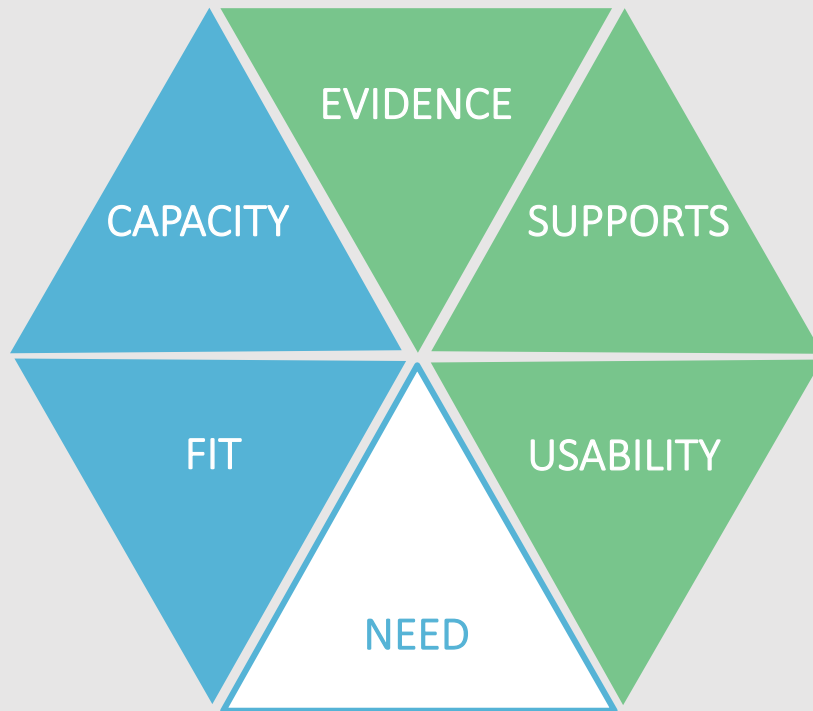
## Implementation Site Indicators



### NEED

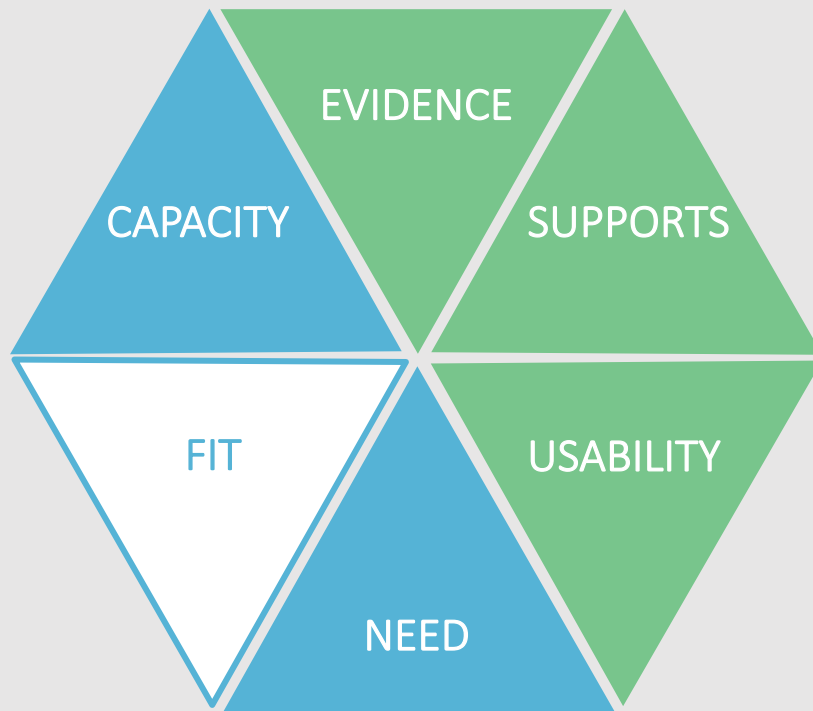
- Target population identified
- Disaggregated data indicating population needs
- Parent & community perceptions of need
- Addresses service or system gaps

# Implementation Site Indicators



<b>5 – Strongly Meets Need</b>	The program or practice has demonstrated meeting need for identified population through rigorous research (e.g., experimental design) with comparable population; disaggregated data have been analyzed to demonstrate program or practice meets need of specific subpopulations
<b>4 – Meets Need</b>	The program or practice has demonstrated meeting need for identified population through rigorous research (e.g., experimental design) with comparable population; disaggregated data have not been analyzed for specific subpopulation
<b>3 – Somewhat Meets Need</b>	The program or practice has demonstrated meeting need for identified population through less rigorous research design (e.g., quasi-experimental, pre-post) with comparable population; disaggregated data have not been analyzed for specific subpopulation
<b>2 – Minimally Meets Need</b>	The program or practice has demonstrated meeting need for identified population through practice experience; disaggregated data have not been analyzed for specific subpopulation
<b>1 – Does Not Meet Need</b>	The program or practice has not demonstrated meeting need for identified population

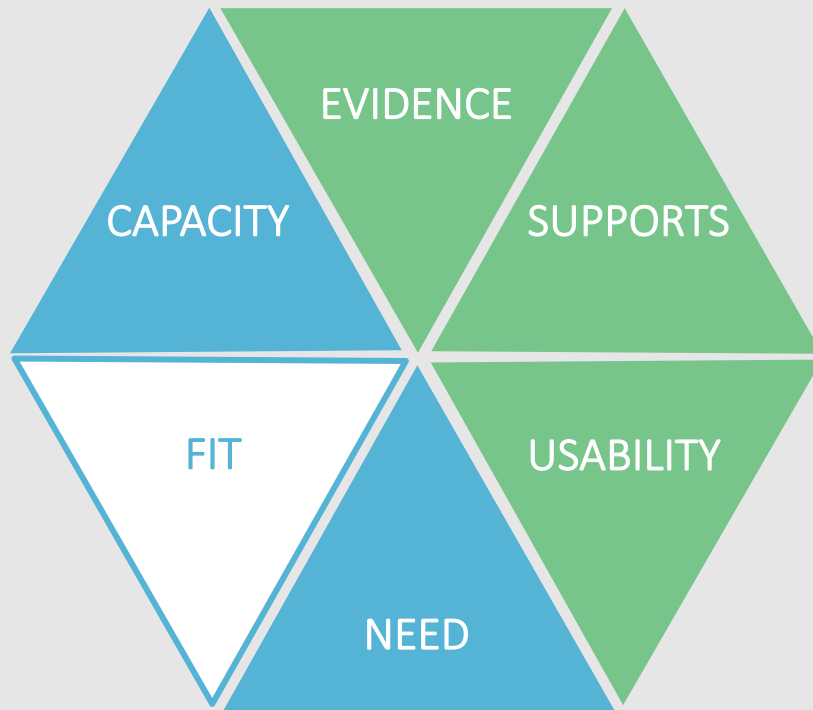
## Implementation Site Indicators



### **FIT**

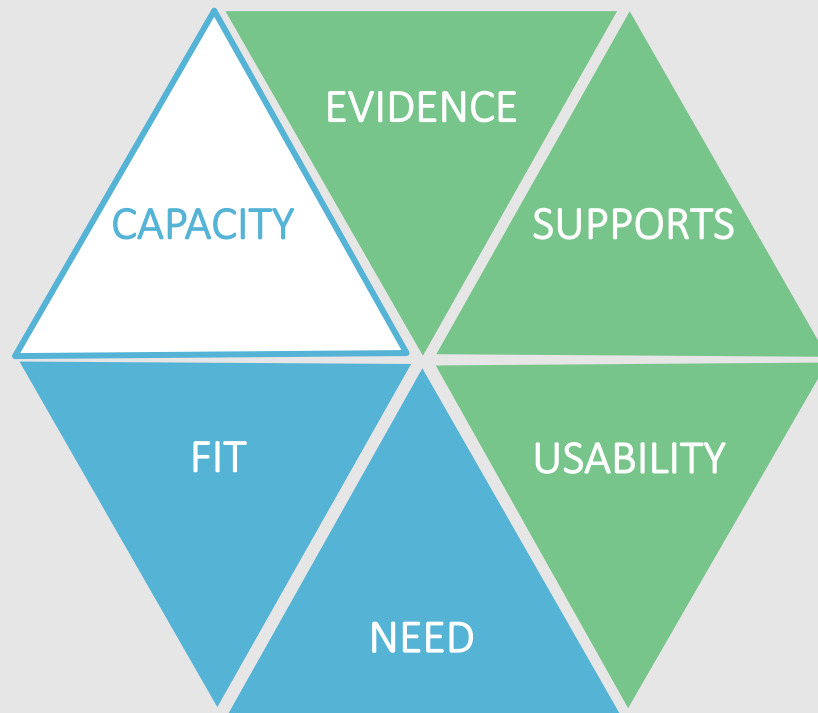
- Alignment with community, regional, state priorities
- Fit with family and community values, culture and history
- Impact on other interventions & initiatives
- Alignment with organizational structure

# Implementation Site Indicators



5 – Strong Fit	The program or practice fits with the priorities of the implementing site; community values, including the values of culturally and linguistically specific populations; and other existing initiatives
4 – Fit	The program or practice fits with the priorities of the implementing site and community values; however, the values of culturally and linguistically specific population have not been assessed for fit
3 – Somewhat Fit	The program or practice fits with the priorities of the implementing site, but it is unclear whether it aligns with community values and other existing initiatives
2 – Minimal Fit	The program or practice fits with some of the priorities of the implementing site, but it is unclear whether it aligns with community values and other existing initiatives
1 – No Fit	The program or practice does not fit with the priorities of the implementing site or community values

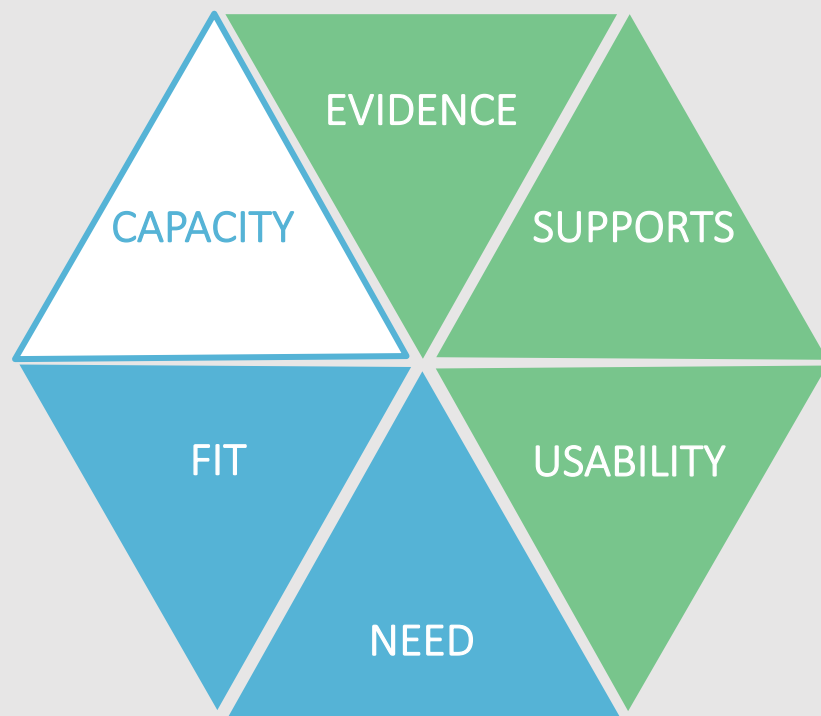
## Implementation Site Indicators



### **CAPACITY**

- Staff meet minimum qualifications
- Able to sustain staffing, coaching, training, data systems, performance assessment, and administration
  - Financially
  - Structurally
  - Cultural responsiveness capacity
- Buy-in process operationalized
  - Practitioners
  - Families

# Implementation Site Indicators



5 – Strong Capacity	The implementing site adopting this program or practice has all of the capacity necessary, including a qualified workforce, financial supports, technology supports, and administrative supports required to implement and sustain the program or practice with integrity
4 – Adequate Capacity	The implementing site adopting this program or practice has most of the capacity necessary, including a qualified workforce, financial supports, technology supports, and administrative supports required to implement and sustain the program or practice with integrity
3 – Some Capacity	The implementing site adopting this program or practice has some of the capacity necessary, including a qualified workforce, financial supports, technology supports, and administrative supports required to implement and sustain the program or practice with integrity
2 – Minimal Capacity	The implementing site adopting this program or practice has minimal capacity necessary, including a qualified workforce, financial supports, technology supports, and administrative supports required to implement and sustain the program or practice with integrity
1 – No Capacity	The implementing site adopting this program or practice does not have the capacity necessary, including a qualified workforce, financial supports, technology supports, and administrative supports required to implement and sustain the program or practice with integrity



# Related Tools and Resources

# Initiative Inventory

Tool to gather information on current initiatives and implementation efforts

Team Members: _____					Date: _____		
Name of Initiative	Leadership of Initiative (Team and/or Coordinator Name(s) and Department)	Expected Outcome	Target population	Start and End Date	Financial Commitment and Source of Funding (federal, state, grant, or other)	Relation to Organization Priorities & Strategic Plan	Evidence of Outcomes  What has happened thus far?

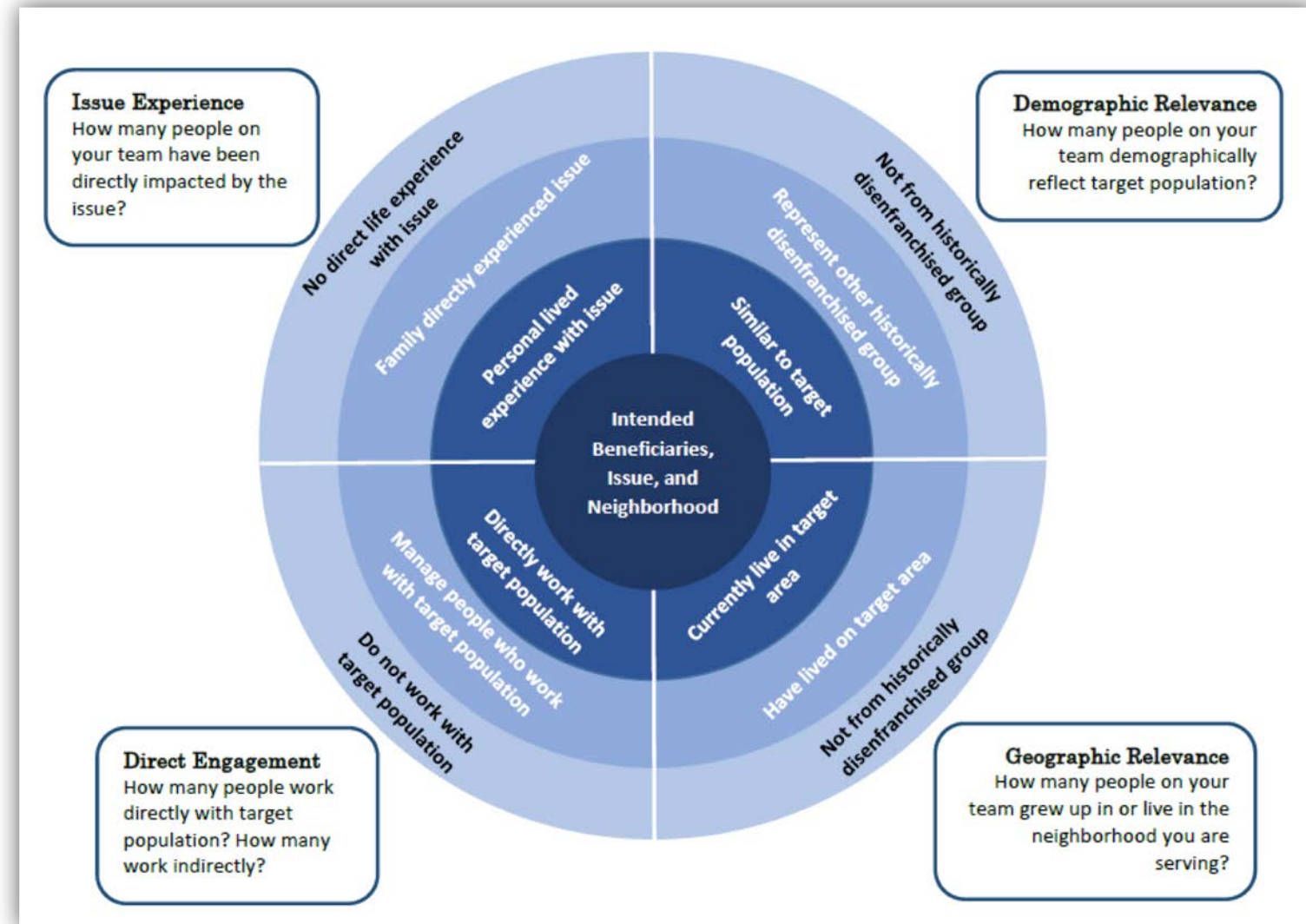
# Developer Interview Guide

Guide to gather information from developers on resources and supports available for implementation of a practice or program

Interview Questions	Prompts (use only if necessary)
<p><i>We are going to start by asking about staffing. Our understanding is that your program has identified the following requirements for staffing [insert program staffing requirements noted in documents reviewed].</i></p> <ol style="list-style-type: none"><li>1. Can you provide any additional information about staffing requirements?</li><li>2. Considering these roles, what challenges have sites experienced around recruiting, selecting, and/or retaining the right staff?</li></ol>	<p><i>What other roles are necessary to support implementation?</i></p> <p><i>What skills and competencies are most challenging to train or coach?</i></p> <p><i>How should sites select the right people for these roles?</i></p> <p><i>What support does the program provide to sites to select the right people?</i></p> <p><i>What additional support is needed?</i></p>
<ol style="list-style-type: none"><li>3. What support do staff using the program need to be competent and successful in their roles?</li></ol>	<p><i>What training is needed? What training is currently available?</i></p> <p><i>What coaching is needed? What coaching is currently available?</i></p> <p><i>What support does the program provide to sites to build staff competency?</i></p> <p><i>What additional support is needed?</i></p>
<ol style="list-style-type: none"><li>4. How do you know if a site is successful in implementing the program as intended?</li></ol>	<p><i>What is currently measured or tracked in order to understand</i></p>

# Stakeholder Engagement Guide

Ensures representative stakeholders are engaged on the implementation team



# Root Cause Analysis

Process for defining and describing the problem, and differentiating between causal factors and root cause

**Problem Statement:**

Children in our community are not ready for kindergarten.

*Why?*

Not all children in the community are going to high-quality preschool.

*Why?*

There are not enough high-quality preschools in our community.

*Why?*

Preschool staff need additional training and education to provide high-quality preschool education.

*Why?*

Professional development opportunities are not available for preschool staff.

*Why?*

**Root Cause:**

The community college does not offer training and professional development opportunities for staff.



# Using the Hexagon Tool to Assess Implementation Potential for Early Intervention Approaches

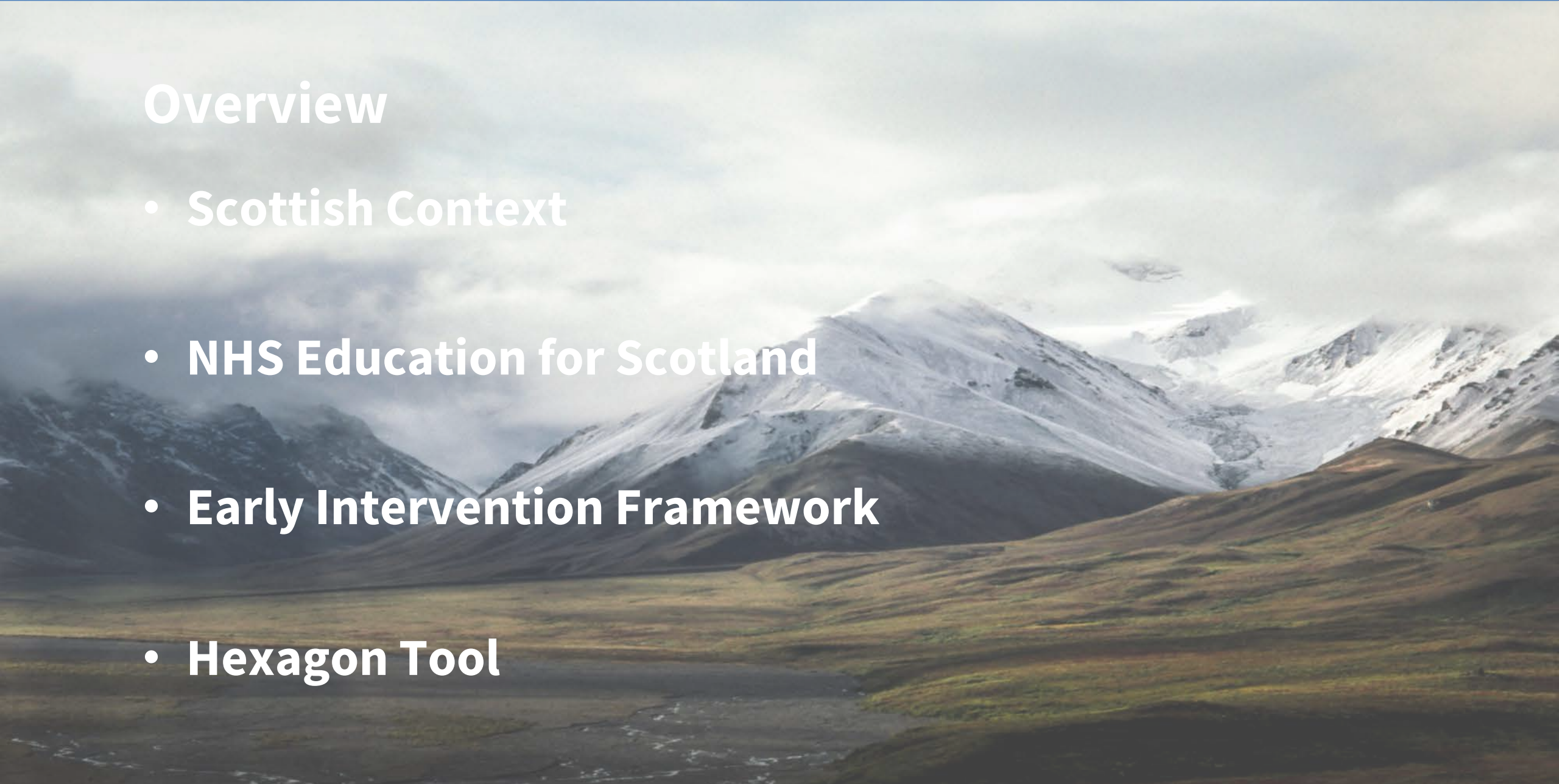
Judy Thomson, Director of Psychology, NHS Education for Scotland  
Dr Marita Brack, Head of Programme, NHS Education for Scotland





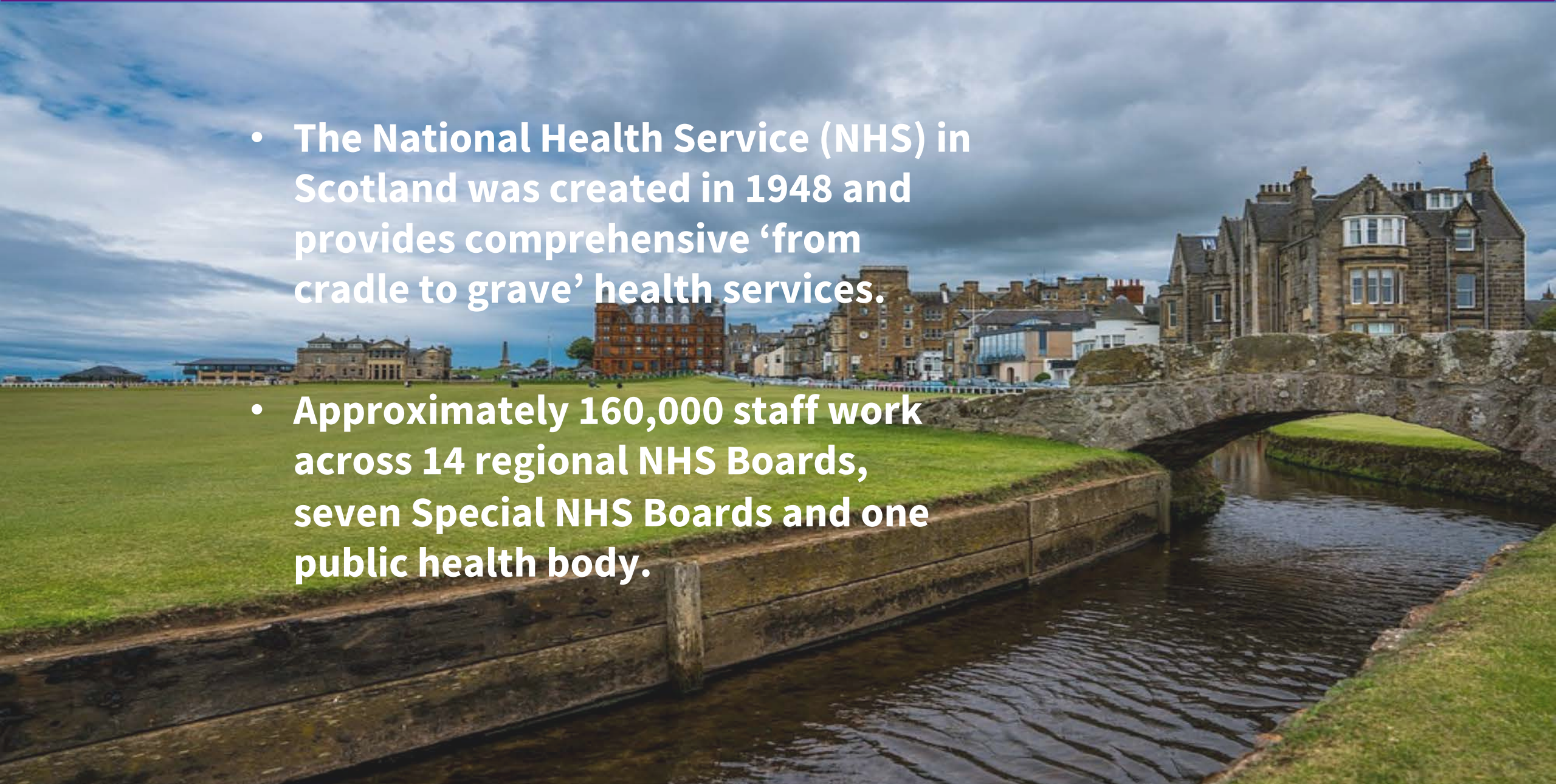
# Overview

- Scottish Context
- NHS Education for Scotland
- Early Intervention Framework
- Hexagon Tool





- **The National Health Service (NHS) in Scotland was created in 1948 and provides comprehensive ‘from cradle to grave’ health services.**
- **Approximately 160,000 staff work across 14 regional NHS Boards, seven Special NHS Boards and one public health body.**



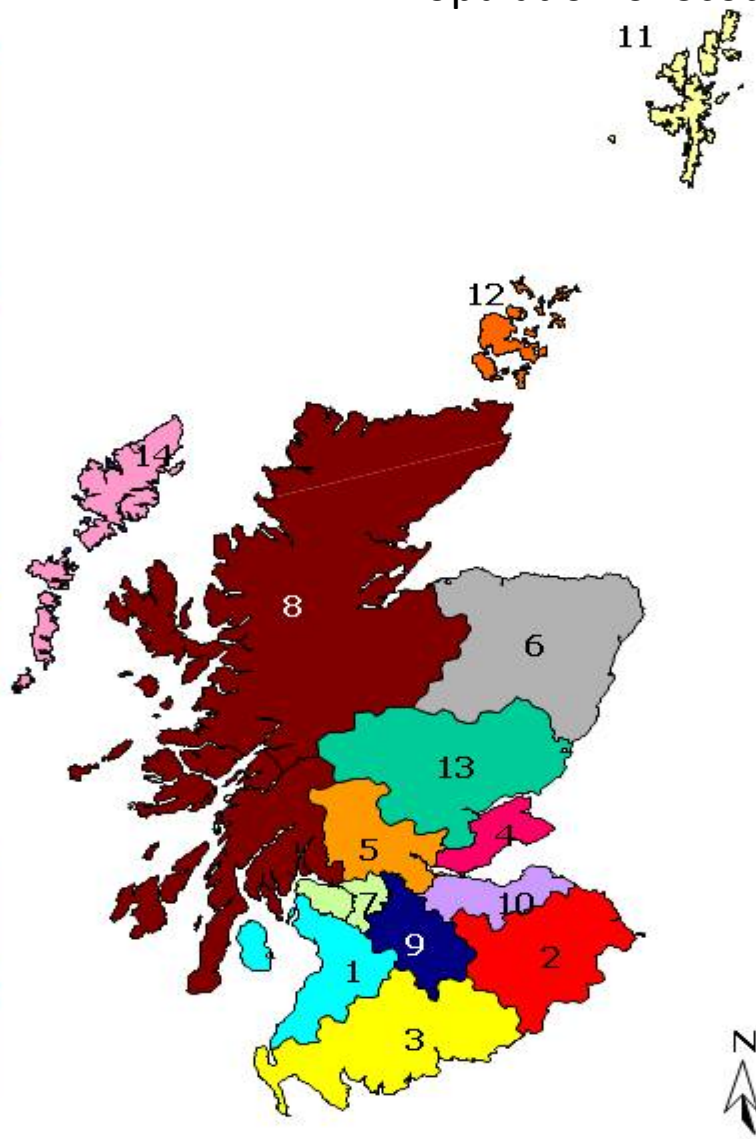




# Scotland Health Boards

Population of Scotland 2018 – 5,424,800

- 1. NHS Ayrshire & Arran
- 2. NHS Borders
- 3. NHS Dumfries & Galloway
- 4. NHS Fife
- 5. NHS Forth Valley
- 6. NHS Grampian
- 7. NHS Greater Glasgow & Clyde
- 8. NHS Highland



- 9. NHS Lanarkshire
- 10. NHS Lothian
- 11. NHS Shetland
- 12. NHS Orkney
- 13. NHS Tayside
- 14. NHS western isles
- 15. Golden Jubilee National Hospital





NHS EDUCATION FOR SCOTLAND

# STRATEGY 2019-2024



A skilled and sustainable workforce

for a healthier Scotland

[CLICK HERE](#)







## VISION AND MISSION

In developing this strategy, we used intelligence from regions as they built their plans with national boards, territorial boards and health and social care organisations. Maintaining a sustainable workforce is an increasing challenge and, as the people and workforce organisation for NHS Scotland, we have refocussed our vision and mission on improving the training and employment journey.

### OUR VISION

▦▦ A skilled and sustainable workforce for a healthier Scotland ▦▦



### OUR MISSION

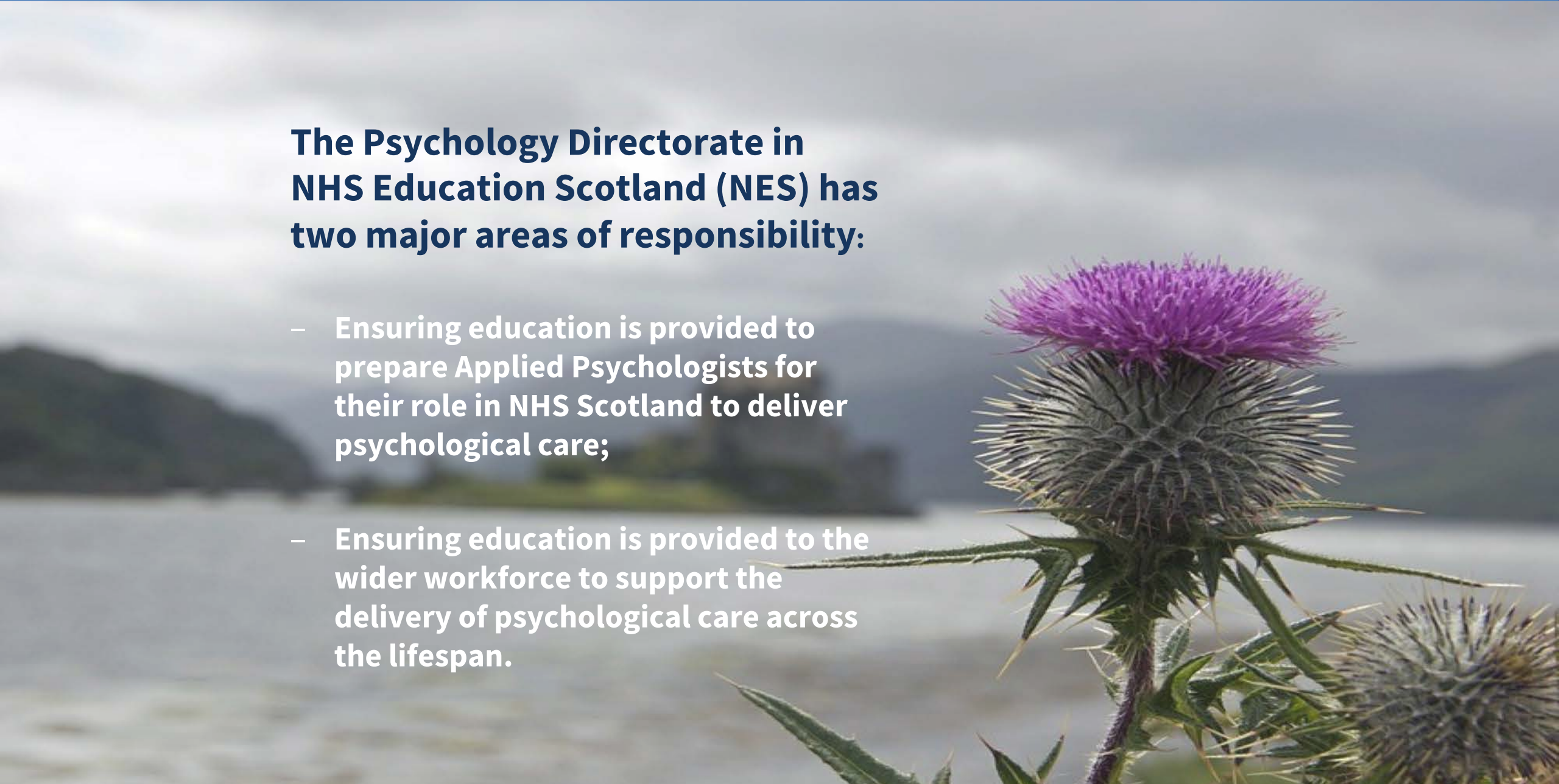
▦▦ Enabling excellence in health and care through education, workforce development and support ▦▦





**The Psychology Directorate in NHS Education Scotland (NES) has two major areas of responsibility:**

- Ensuring education is provided to prepare Applied Psychologists for their role in NHS Scotland to deliver psychological care;
- Ensuring education is provided to the wider workforce to support the delivery of psychological care across the lifespan.



# Scottish Government Funded Workforce Development Programme

## Improving Access to CAHMS and Psychological Therapies

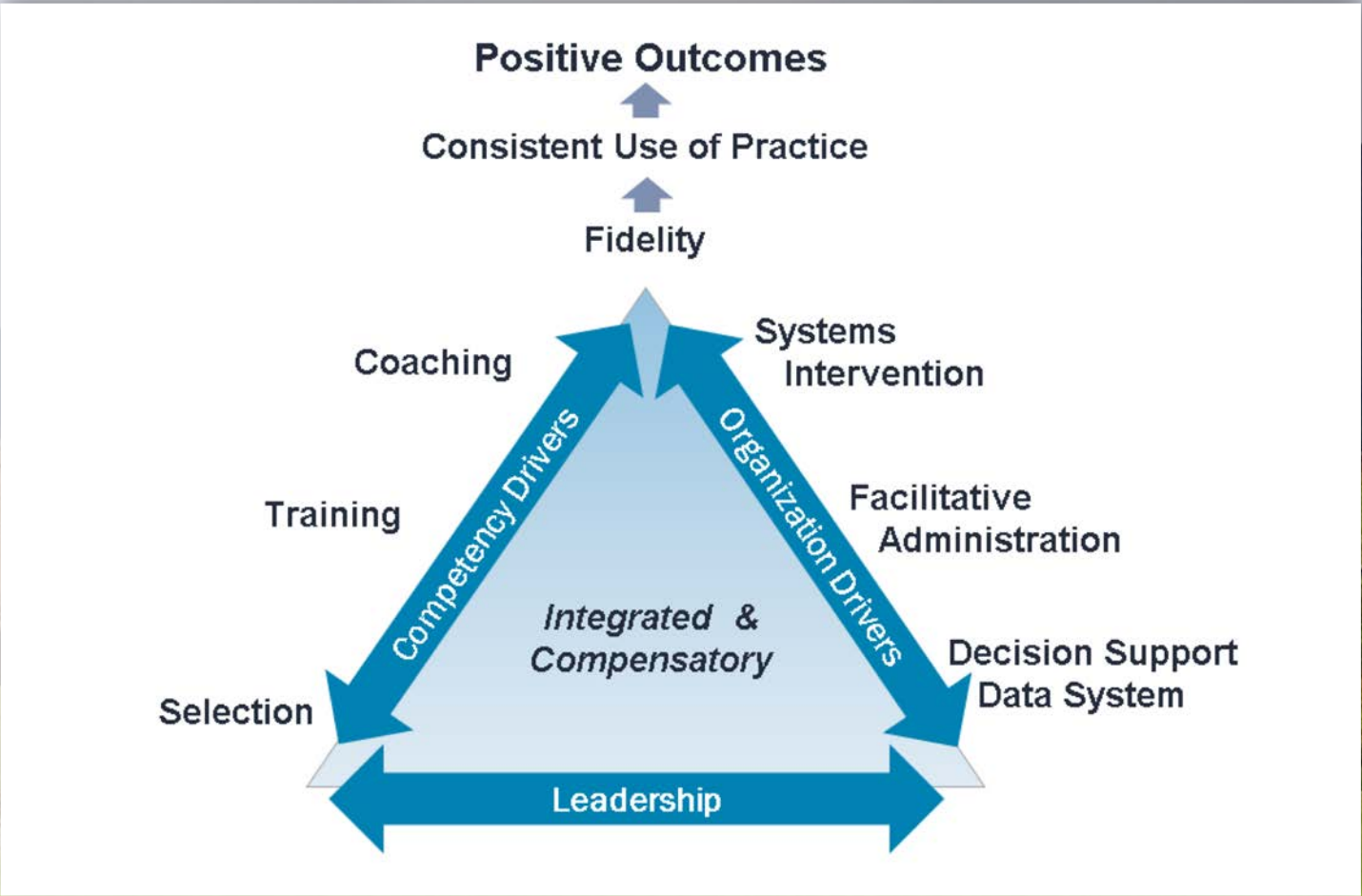
- In March 2016, NES was awarded funding to deliver a four-year workforce development programme to enhance training of the mental health workforce to deliver evidence-based therapies in support of the Local Delivery Plan (LDP) Access Standards for CAMHS and Psychological Therapies





Therapy/Intervention Training	Specialist Areas
Cognitive Behavioural Therapy Family Therapy Family-based Treatment Inter-personal Therapy Motivational Interviewing Behavioural Activation Mindfulness Psychodynamic approaches Multisystemic Therapy	Children and Families Infant Mental Health Parenting CAMHS Early Interventions Perinatal Trauma  Adult and Older Adult Forensic Alcohol and Substance Misuse Suicide Prevention Psychosis Autism Learning Disability





Mental Health Strategy:  
2017-2027



**Background**

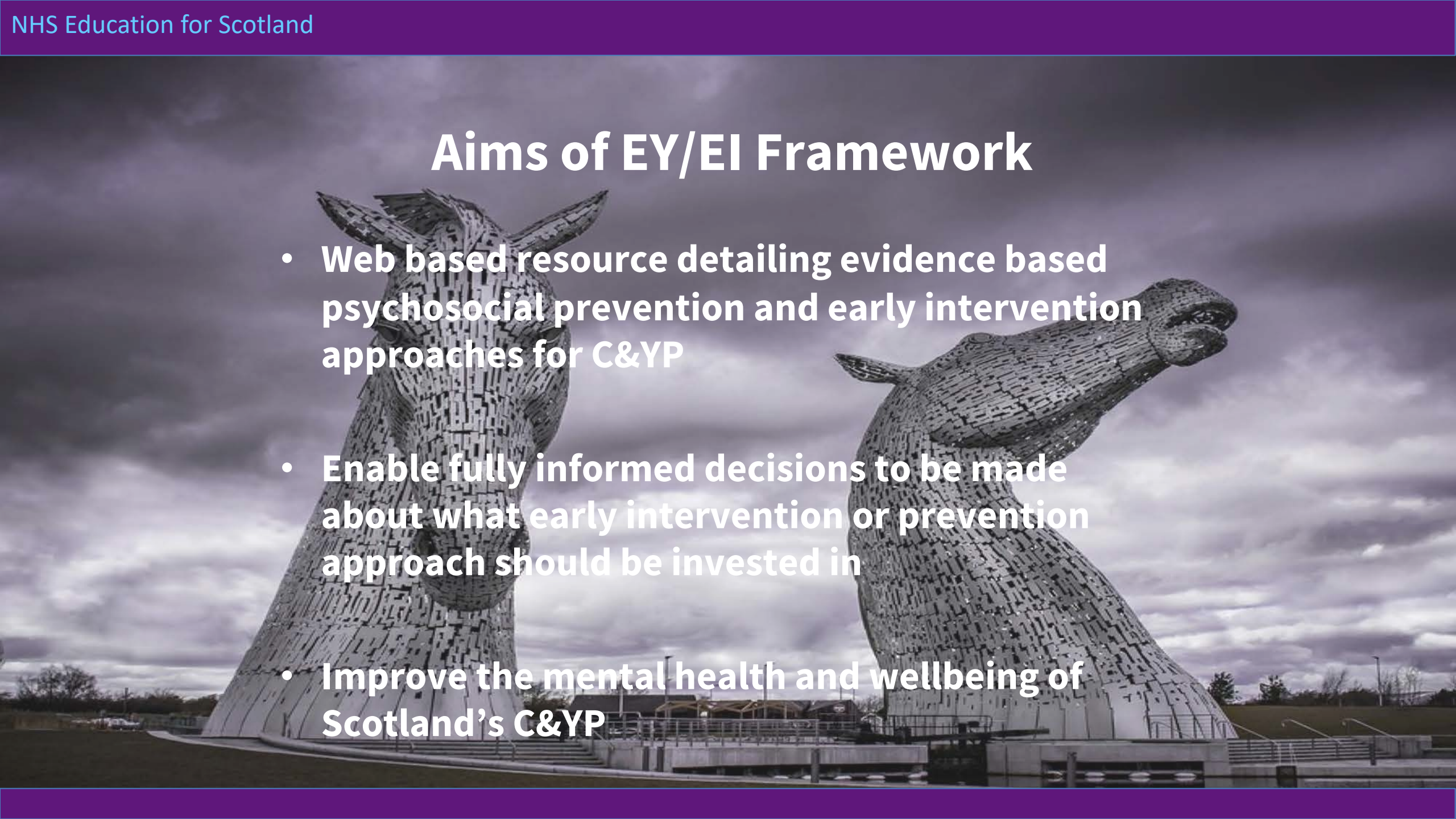
**Mental Health Strategy - Action 3**

***Commission the development of a Matrix of evidence-based interventions to improve the mental health and wellbeing of children and young people.***



# Aims of EY/EI Framework

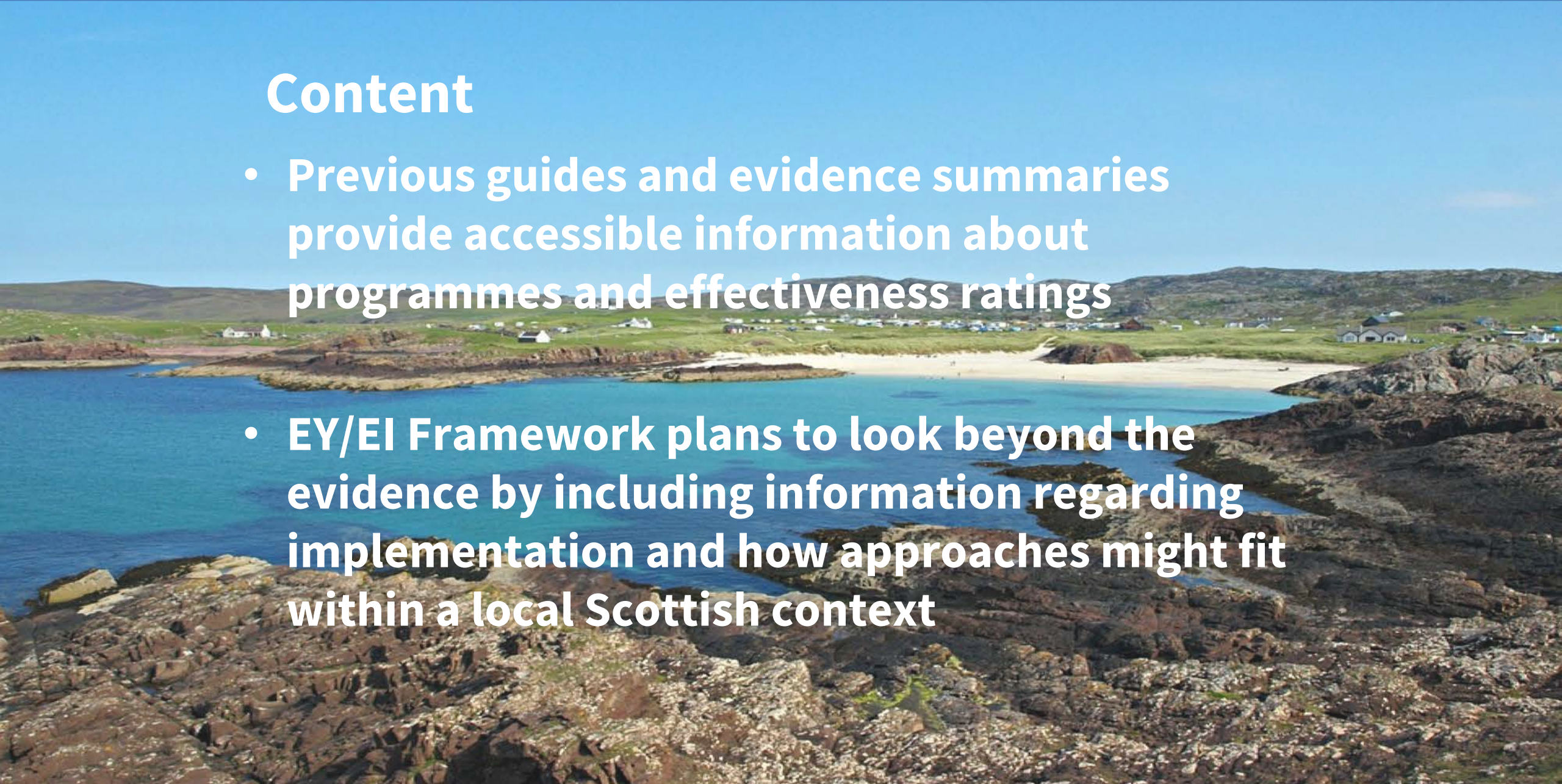
- **Web based resource detailing evidence based psychosocial prevention and early intervention approaches for C&YP**
- **Enable fully informed decisions to be made about what early intervention or prevention approach should be invested in**
- **Improve the mental health and wellbeing of Scotland's C&YP**





# Content

- Previous guides and evidence summaries provide accessible information about programmes and effectiveness ratings
- EY/EI Framework plans to look beyond the evidence by including information regarding implementation and how approaches might fit within a local Scottish context





## Scope

- Which discrete interventions have demonstrated impact on mental health and wellbeing of C&YP?
- In what contexts have these interventions demonstrated impact and how relevant are those contexts?
- For whom have interventions demonstrated a significant impact?
- What supports are needed to successfully implement the intervention in a new setting or context?



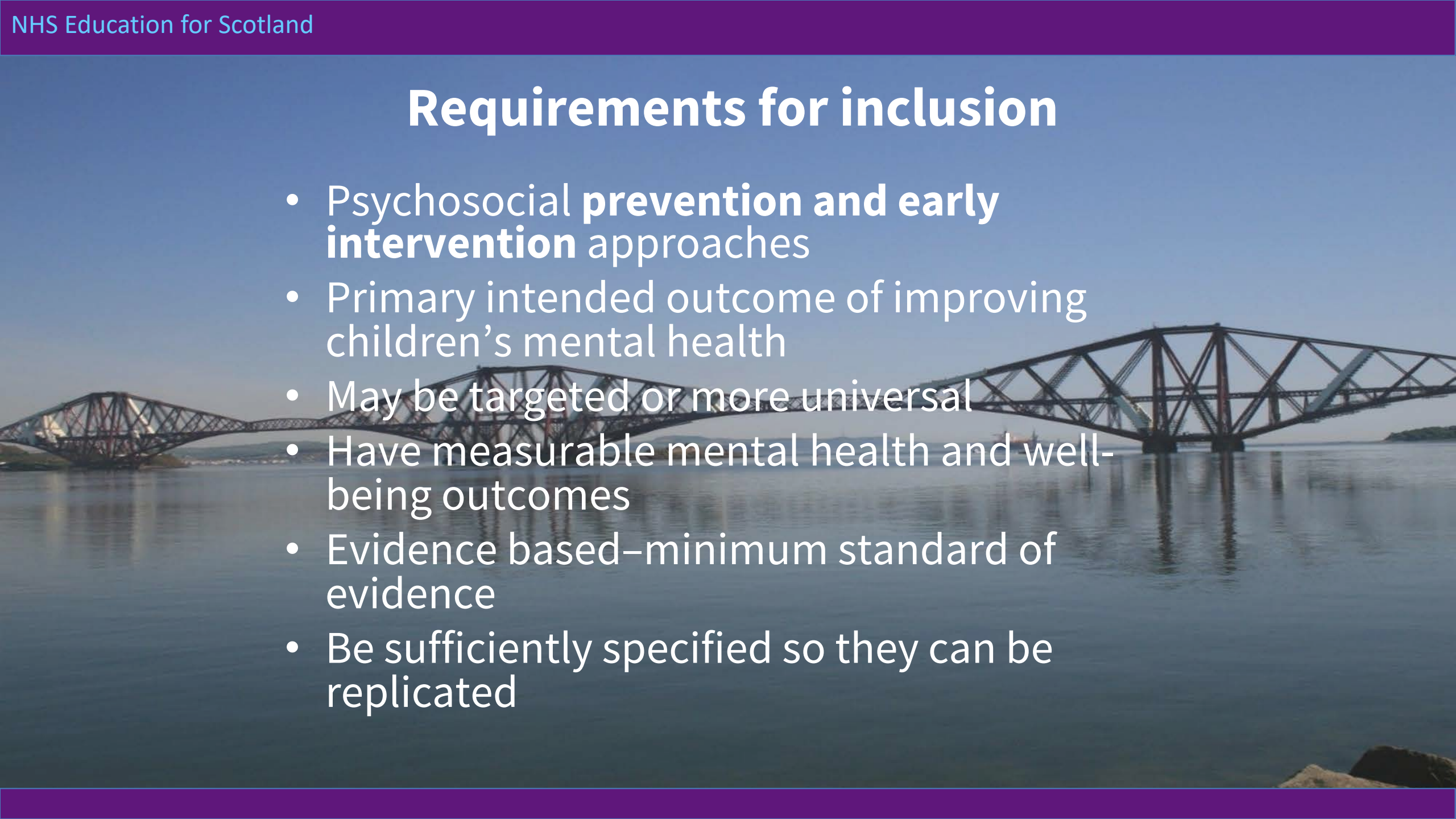
# Focus

**The Early Intervention Framework will be:**

- Applicable to children, young people and families from the antenatal period until age 18**
- Sub-clinical in focus**
- Centred around needs rather than diagnoses**
- Inclusive of interventions and approaches for use by multisector workforce**
- Inclusive of the familial context**

# Requirements for inclusion

- Psychosocial **prevention and early intervention** approaches
- Primary intended outcome of improving children's mental health
- May be targeted or more universal
- Have measurable mental health and well-being outcomes
- Evidence based–minimum standard of evidence
- Be sufficiently specified so they can be replicated





# Content

**The resource will capture:**

- **core components of the approach**
- **effectiveness and supporting evidence**
- **implementation requirements and supports available**
- **help establish whether the approach fits with the needs, values, priorities and resources of a specific local context**
- **Architecture of the resource will be the NIRN Hexagon Tool**



# Current Reporting Structure

- Executive Team
  - Responsibility for oversight, decision-making and moving the work forward
- Design Team
  - Input on the content, implementation and improvement of Framework
- Advisory Team
  - provide diverse perspectives on the usability and relevance of the Framework
- Proposed merging of Design Team and Advisory Group going forward



# Scoring

- All dimensions will be scored on a 1-5 rating scale
- Programme related indicators: pre-scored
- Implementation related indicators: scored by services
- Guidance and prompts related to the implementation indicators will be provided
- Face to face and online training on how to use the resource is also being planned



# Digital Prototype Progress:

- A Digital Prototype has been developed and work on populating the content of the resource is underway
- Undertaken in stages, focusing on antenatal and 0-36 months during the first phase of development
- Resource to be completed by 2020
- Collaboration with multi-agency stakeholders across Scotland



# Early Intervention Framework

Search...

Q

All Early Intervention Framework

Learn Home > Early Intervention Framework

Early Intervention Framework	
About the Framework	
Hexagon Tool	➔
Underlying principles	
Programmes	➔

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Welcome to the Early Intervention Framework site. Here you will find information about the Framework, the Hexagon discussion and analysis tool and how to use it, the principles of these methods, and programmes to be analysed using the tool.

## Mental Health Strategy - Action 3

*Commission the development of a Matrix of evidence-based interventions to improve the mental health and wellbeing of children and young people.*

- Outline evidence based psychosocial prevention and early intervention approaches
- Enable informed investment decisions about early intervention or prevention approaches
  - core components of the approach
  - effectiveness and supporting evidence
  - Implementation requirements and supports available
  - help establish whether the approach fits with the needs, values, priorities and resources of a specific local context
- Improve the mental health and wellbeing of Scotland's C&YP

## Early Intervention Framework



About the framework



Hexagon tool



Underlying principles



Programmes

Feedback / Help





# Strengths of using the Hexagon Tool

- Fits with the aims of the EIF- to embed implementation science factors into decision making process
- Moves focus beyond evidence
- Allows detailing of wider strengths and weaknesses of interventions
- Allows discrimination between and comparison of interventions
- Very positively received by stakeholders
- Accessible tool



# Challenges of using the Hexagon Tool

- Apparent simplicity masks the sophistication of the tool
- Stakeholders still defaulting toward focus on evidence dimension
- Significant amount of work involved in populating all dimensions
- Work to be done around education and training to ensure engagement with the three organisational dimensions
- Developing a digital resource to support this





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# Discussion



## Think-Pair-Share

- How do you currently select models to implement in your work?
- In what ways can you strengthen your selection process to improve fit and feasibility?