The Stages of Implementation **Completion for Evidence-Based Practice: Increasing the Chance** of Successful Program Start-up and **Decreasing Wasted** Resources

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Funded by: NIMH R01MH076158, R01MH076158-05S1, Children's Bureau, W.T. Grant Foundation, K23DA021603

## Background

- Implementation of EBP entails extensive planning, training, and quality assurance
- Involves a complex set of interactions between developers, system leaders, front line staff, and consumers
- Suggested that it takes an agency a minimum of 2 years to complete implementation (Fixen & Blasé, 2009)
- Little is known about which methods and interactions are most important for successful implementation

### Stages of Implementation

Recursive process of well defined stages or steps (Blasé et al., 2010) Not necessarily linear Developer or purveyor assists programs in navigating through the stages to ensure the elements are delivered as intended



Importance of Better Understanding Stages

- Unknown what stages are necessary for successful implementation
- Unknown what rate of progression is necessary for success
- Unknown if there are key implementation activities needed across EBPs
- Assist purveyors in providing feedback to programs to increase likelihood of success

Measuring Stages of Implementation



Stages of Implementation Completion (Chamberlain, Brown, & Saldana) Developed as part of an ongoing MTFC implementation trial to fill the gap in the lack of measures available

### Current Measurement Gap

• Measure of Implementation Process Rate of Implementation Implementation Activities Patterns of Implementation Behavior Measure of Implementation Outcomes Implementation Milestones (e.g. program start-up)



## MTFC Implementation

EBP for youth who otherwise would be in congregate care

- Youth placed in well supported foster homes
- Backed by multiple randomized clinical trials
- Currently being implemented in over 100 sites domestically and internationally

### MTFC Implementation Trial

- 40 counties in California (plus LA) and 12 counties in Ohio
- Randomized to 2 implementation conditions (CDT or IND)
- Randomized to cohorts for start time
  Total of 53 sites participating





### **MTFC-SIC Basics**

- 8 Stages from Engagement-Competency
- Developed through an iterative process
- Designed to target the general process and steps of implementation
- Involves assessment of implementation behavior of different levels of agents
- Designed to assess implementation activities specific to MTFC
- o Both Duration and Proportion driven

#### Stages of Implementation Completion (SIC)

#### 8 Stages:

- 1. Engagement
- 2. Consideration of Feasibility
- 3. Readiness Planning
- 4. Staff Hired and Trained
- 5. Adherence Monitoring Established
- 6. Services and Consultation begin
- 7. Ongoing Services, Consultation, Fidelity Monitoring, Feedback
- 8. Competency (certification)

Involvement: System Leader System Leader, Agency System, Agency Agency, Practitioner Practitioner, Client Practitioner, Client Practitioner, Client

System Leader, Agency, Practitioner, Client

#### To Proceed or Not to Proceed: Predicting Implementation Success

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## First 3 Stages (System Leaders)

- Engagement
  - \* Date site informed program available
  - \* Date interest indicated
- Consideration of Feasibility
  - \* Date of first contact for pre-implementation planning
  - \* Date first in-person meeting held
  - \* Date feasibility questionnaire completed
  - \* Date of initial feasibility assessment
- Readiness Planning
  - \* Date of cost/funding plan review
  - \* Date of staff sequence, time-line, hire plan review
  - \* Date of foster parent recruitment review
  - \* Date of referral criteria review
  - \* Date of communication plan review
  - \* Date of second in-person meeting held
  - \* Date written implementation plan complete

### Primary Questions

Does behavior in the first 3 stages successfully predict program start-up?
 \* TIME taken in completing these activities
 \* PROPORTION of activities fully completed

#### • Does the SIC have predictive validity?



#### Variables



Amount of time between first and last activity completed within a Stage

Proportion

Stage Duration

- Proportion of activities completed within each stage
- Implementation Milestones
  - e.g., program startup, certification

## Analytic Strategy

Agglomerative hierarchical clustering method

 proportion cluster
 duration cluster

 Cox proportional hazard survival model

 time to event outcome = days to first placement

Note: Duration categorized as (1) 0-31 days, (2) 32-365 days, (3) greater than 365 days, or (4) missing

# Proportion



#### 3 Distinct Clusters

- \* 25 Sites high proportion (mean = 79%, SD = 11%)
- \* 23 Sites low proportion (mean = 43%, SD = 8%)
- \* 5 Sites minimal proportion (mean 18%, SD 3%)

# Duration



3 Distinct Clusters
\* 26 Sites fast (mean = 54.5 days)
\* 20 Sites slow (mean = 316.7 days)
\* 7 Sites non completers

#### **Prediction of Program Success**

Cluster 1: High Proportion-Relatively Fast 23 Sites Mean Proportion Completed = 80.5% Mean Duration = 116.7 days Cluster 2: Low Proportion-Relatively Slow 22 Sites Mean Proportion Completed = 44.5%18 did not complete Stage 3 **Cluster 3: Non-Completers** 8 Sites Few activities and non-completion of Stages 2 or 3

#### Outcome

Sites that both took longer to complete each stage and completed fewer activities had significantly lower hazard of having their first placement within the study period

HR = 0.092, p < 0.001

#### The Stages of Implementation Completion: Measurement Properties and Uses

Lisa Saldana, PhD Patricia Chamberlain, PhD Jason Chapman, PhD Wei Wang, PhD Center for Research to Practice Center for Research to Practice Medical University of South Carolina University of South Florida Challenges for Evaluation of Measurement Properties

- Duration cannot be evaluated for internal consistency with typical methods
- Missing data
  - for activities, no completion is not the same as typical missing data
  - uninitiated stages (right censored data) are due to ineligibility not missingness
- Activities nested within Stages, nested within Sites

### Evaluation of Measurement Properties

- IRT-based Rasch models to address challenges
- Proportion: dichotomous Rasch and Many-Facet Rasch models
- Duration: Poisson Rasch and Many-Facet Rasch models
- Probability of an activity being completed is a function of
  - (a) the difficulty of the activity
  - (b) the implementation level (adherence) of the site

## Distributions and Targeting

• Modeling Provides Scores for: Activities (least to most difficult) Sites (least to most adherent) Supported Validity Scores matched expert consensus about both activities and sites • Strong heterogeneity found Activities and sites covered wide distribution (≈ 4 logits)

O NO evidence of floor or ceiling effects

## Reliability

Rasch Reliability Statistic: Separation
 2-3 different levels of activities found
 2 different levels of sites (those that need intervention and those that do not)

Activity Reliability (Proportion) = .78
Site Reliability (Proportion) = .50
Activity Reliability (Duration) = .79
Site Reliability (Duration) = .63

If look at the overall scale and not nesting then reliabilities increase

## Fit and Misfit

Proportion did not show any significant misfit for activities or site
 Duration indicated 4 "noisy" activities and 4

"noisy" sites (Outfit Mean Square > 2.0)

\* checked against expert knowledge:
(a) Misfitting activities were mandatory
(b) Misfitting sites were known to be sporadic in implementation efforts

Utility: Implementation Trial Saldana, Chamberlain, Wang, & Brown (2011)

 SIC yielded 3 distinct clusters of sites based on Pre-Implementation Behavior (Stages 1-3) Cluster 1: High Proportion-Relatively Fast (23 Sites) Cluster 2: Low Proportion-Relatively Slow (22 Sites) Cluster 3: Non-Completers (8 Sites)

Sites that both took longer to complete each stage and completed fewer activities had significantly lower hazard of successful program start-up during the study period
 HR = 0.090, p < 0.001</li>
 (Cox Proportional Hazard Survival Model)

## Utility: Replication

- 75 most recently implemented real-world teams
- SIC completed retrospectively by naïve coder
- Found that Expanded sites did not complete the implementation process as thoroughly as newly adopting sites
- Limit to 35 newly adopting sites

#### Utility: Real-World Sites

Sites were successfully clustered

 Failed Sites spent significantly longer in preimplementation than successful sites

 Sites that took longer to complete Stages 1-3 significantly lower hazard of successful program start-up

> HR = 26.50, p < 0.002 (Cox Proportional Hazard Survival Model)

#### Discussion

 SIC is a promising tool to fill the measurement gap in implementation science

 SIC operates as intended and can distinguish varying implementation behavior

Successfully measures both Stages and Sites

 Successfully replicated outcomes for realworld sites

Optimize Potential to be adapted for other EBPs

## Limitations

Only evaluated for a single EBP

- \* Initial adaptation underway for other EBPs in children's mental health
- Unknown if it would accurately assess implementation in other service sectors
  - \* Study proposed to examine this potential
- SIC scores are a proxy for implementation behavior
  - Mixed methods design proposed to understand this further

# THE COST OF IMPLEMENTING NEW STRATEGIES (COINS)

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MTFC Implementation Study NIMH R01MH076158, R01MH076158-05S1, Children's Bureau, W.T. Grant, NIDA Saldana also is supported by R25 MH080916-01A2, K23DA021603

#### The Importance of Cost in Implementation

- When communities weigh the value of implementing EBPs, they must consider the cost of implementation over and above the cost of the intervention.
- Need to consider what implementation steps are necessary for success and the resources necessary to complete them.
- Varying costs might be associated with different implementation strategies.

#### Costs are Understudied in Implementation Science

- Leading theories and frameworks note importance of cost considerations (Proctor et al., 2011; Damschroder et al., 2009)
- Vast time and resources are unaccounted for by not measuring implementation processes (Liu et al, 2009)
- No standardized measures or strategies currently exist to measure implementation costs



#### Value of Developing Standardized Costing Strategy

#### **Decision makers:**

- Viability of adopting new EBPs
- Implementation method best suited for community
- Reduce over/under estimation of resources needed
- Better informed of varying costs over time for planning

#### Researchers:

- Economic evaluations of implementation trials
- Increased understanding of how to decrease implementation costs in order to increase uptake

## Implementation Strategies

#### Individual Implementation (IND)

- Work individually with purveyor
- Complete standard implementation process

#### **Community Development Teams (CDT)**

- Work together in groups with CDT facilitator versed in local knowledge as well as EBP
- Maintain ongoing contact for support and problem-solving

 Both Conditions received standard clinical consultation and QA procedures

# **COINS: Measurement** of Implementation Costs

- Used the Stages of Implementation Completion (SIC) a tool to measure implementation processes
- Considered direct and indirect costs
- Assessment of actual receipts (e.g., travel)
- Assessment of clinical staff salaries
- Assessment of hours
- Assessment of fixed EBP fees







## **Fee Structure by Phases**

#### MTFC Program Cost and Sites Progression between Conditions

				IND Condition		CDT Con	CDT Condition	
	Stages	Activities	Description	Costs	Stage Survival	Cost	Stage Survival	
VITATION	Stage 1	1_1 1_2	Date of Interest Indicated Date Agreed to Consider Implementation					
	Stage 2	2_1 2_2 2_3	Date of 1st County Response to 1st Planning Cont Date Feasibility Assessment/CDT Meeting #1 Held Date MTFC Feasibility Qnaire Completed	\$1,500 (fix	ed) vs \$*	1,200 (travel & lo	odging)	
No.	Stage 3	3_1	Date of Cost Calculator / Funding Plan Review					
PRE-IMPLEI		3_2 3_3 3_4 3_5 3_6	Date of Staff Sequence, Timeline, Hire Plan Review Date of FP Recruitment Review Date of Referral Criteria & Liaison Review Date of Communication Plan Review Date Stakeholder's Meeting / CDT Meeting # 2 Held	\$2,500 (fixe	ed) vs \$1	,200 (travel & lo	dging)	
		3_/	Date Written Implementation Plan Completed	/			-	
ONTATION	Stage 4	4_1 4_2	Date Mine Service Flowder Selected Date Agency Checklist / Qnaire Completed Date 1st MTFC Staff Hired	\$18,205 a month (5)	\$0 vs	\$7,500 (fixed)	>	
		4_3 4_4 4_5 4_6	Date Clinical Training Held (CDT Meeting #3) Date Foster Parent Training held (CDT meeting #4) Date Site Consultant Assigned to Site	\$6,950 (F), \$5,250 (T&L) \$5,630 (F)	36%	\$6,950 (F), \$5,250 (T&L) \$5,630 (F)	40%	
E,	Stage 5	5_1	Date PDR Training Held	\$3,600 (F)		\$3,600 (F)		
		5_2	Date of 1st "Developer"/Program Admin Call		36%		40%	
6	Stage 6	6_1 6_2 6_3 6_4	Date of 1st Placement Date of 1st Consult Call Date of 1st Clinical Meeting Video Review Date of 1st Foster Parent Meeting Video Review	\$2,200 a month (5) \$1,500 a month (F)	32%	\$2,200 a month (S) \$1,500 a month (F)	40%	
IENT & MODEL ERENCE	Stage 7	7_1 7_2 7_3 7_4 7_5	Date Site Visit #1 Date Site Visit #2 Date Site Visit #3 Date Implementation Review #1 Date Implementation Review #2	\$2,640 (F) \$2,640 (F) \$2,640 (F) \$1,020 (F) \$1,020 (F)	16%	\$2,640 (F) \$2,640 (F) \$2,640 (F) \$1,020 (F) \$1,020 (F)	32%	
ADH	Stage 8	7_6 7_7 8_1	Date Implementation Review #3 Date Program Assessment #1 Date of Certification Application	\$1,020 (F) \$1,840 (F)		\$1,020 (F) \$1,840 (F)		
1		8_2	Date Certified	\$2,050 (F)	4%	\$2,050 (F)	12%	

Note. MTFC Fee (F), CDT Fee (CF), Staff/Foster Parent Cost (S), Travel and Lodging (T&L)

Represents the proportion of sites within that stage, there are still active sites in stages 6-8, thus the proportions for stages 7 and 8 could increase.

			ND Condition	CD	T Condition				
Stages	Description	Costs	County Hours Site Hours	Cost	County Hours Site Ho				
Stage 1	in an								
- 225	1_1 Date of Interest Indicated								
8 8	1_2 Date Agreed to Consider Implementation		2 hrs		2 hrs				
Stage 2									
	2_1 Date of 1st County Response to 1st Planning Contact			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	2_2 Date Feasibility Assessment/CDT Meeting #1 Held	< 3	System Leader hr	s vs. 6 System L	eader hrs				
anonna	2_3 Date MTFC Feasibility Qnaire Completed								
Stage 3	age 3								
	3_1 Date of Cost Calculator / Funding Plan Review								
	3_2 Date of Staff Sequence, Timeline, Hire Plan Neview	00 0	Sustain Load him	a DC Custom I	and here				
	3_3 Date of Performed Criteria & Linizan Review	23 3	system Lead nrs	vs. 36 System L	lead nrs				
	3. 5 Date of Communication Plan Review	( 181	Site hrs	118.5 Site hr	S				
	3 S Date of Communication Plan New ew	101	ono mo	110.0 010 11					
	3_0 Date Stakeholder's Meeting 7 CDT Meeting #2 Held								
	3_7 Date Writer Implementation Han Completed				E hu E h				
There a	3_8 Date MILEC Service Provider Selected		31159		onrs on				
Stage 4	4 1 Date Agency Checklist / Opaire Completed								
	A 2 Data Set MTEC Staff Liead	610 105 <sup>0</sup> a month	15 bcs	\$10 LOG <sup>d</sup> a month	16 h				
	4 3 Date Escher Franzisco Trained	arbito amondi	12/15	313,536 a monut	104				
	A A Data Clinical Trajoing Held (CDT Meeting #2)	\$6 050°8 \$5 750 <sup>b</sup>	1 weak	\$6 050 <sup>8</sup> 8 \$5 750 <sup>6</sup>	1 100				
	4 5 Date Contex Preset Training held (CDT meeting #3)	50,000 B 000,000	1 Week	\$5,550 <b>2</b> 55,250	1 de				
	4 6 Date Site Cook Itant Assaged to Site	\$5,650	1089	35,650	1 00				
Stage 5									
10000000000	5 1 Date PDR Training Held	\$3.600 <sup>8</sup>	2 days	\$3.600*	Z da				
	5 2 Date of 1st "Developer"/Program Admin Call	2010	1 hr/month		2 hrs/m				
Stage 6									
10000	6 1 Date of 1st Placement	\$2,200 <sup>d</sup> a month		\$2,200 <sup>d</sup> a month					
	6. 2 Date of 1st Consult Call	\$1.500° a month	1 br/week	\$1.500° a month	1 br/w				
	6 3 Date of 1st Clinical Meeting Video Review	paper amona	2 hrs/week	01,000 0110101	2 hrs/w				
	6 4 Date of 1st Foster Parent Meeting Video Review		2 hrs/week		2 hrs/w				
Stage 7									
S .	7 1 Date Site Visit #1	\$2,640*	2-3 days	\$2,640°	2-3 d				
	7 2 Date Site Visit #2	\$2,640*	2-3 days	\$2,640"	2-3 d				
	7 3 Date Site Visit #3	\$2.640 <sup>3</sup>	2-3 davs	\$2.640 <sup>°</sup>	2-3 da				
	7 4 Date implementation Review #1	\$1.020*		\$1.020 <sup>8</sup>					
	7.5 Date Implementation Review #2	\$1.0203		\$1.0208					
	7.6 Data Implementation Review #2	\$1,020		\$1.020					
	7 7 Date Drogram Accessment #1	\$1,020 \$1.040 <sup>8</sup>	2.4	\$1,020 \$1,040 <sup>5</sup>	2.45				
Store 9	/_/ value Program Assessment#1	51,840	5-4 NES	\$1,840	3-4 h				
Stages	8 1 Date of Certification Application		40.80 brs		40-80				
	9 2 Data Cartified	\$2.0508	10.001113	\$2.050 <sup>9</sup>	HU-00				
			7	44,000					

# **Cost Analysis**



Failure Cost of Program Rollout Prior to Staffing a Site								
							Active Sites	
	Total Cost of	Percentage of the	Total Cost of	Percentage of the	Total Cost of	Percentage of the	Ratio	
	Failures prior to	Population Failing	Failures prior to	Population Failing	Failures prior to	Population Failing	Entering	
Condition	Stage 2	Prior to Stage 2	Stage 3	Prior to Stage 3	Stage 4	Prior to Stage 4	Stage 4	
CDT	\$0	4%	\$1,563	36%	\$14,433	60%	10/25	
IND	\$0	4%	\$22,500	64%	\$22,500	64%	9/25	

Direct costs associated with the failed sites

- Does not account for the time associated with System Leader involvement in pre-implementation.
- Every site that hired and trained staff through SIC Stages 4 & 5 place a youth in Stage 6.

## **Sunk Cost by Condition**

	A	В	С	(A+B)/C
	Failed	Successful	Number of	Average
	Sites' Cost	Sites' Sunk	Placing Sites	Sunk Cost
		Cost		
CDT	<mark>\$14,433</mark>	\$1,362,531	10	<mark>\$137,696</mark>
IND	\$22,500	<mark>\$1,285,410</mark>	9	\$145,323

Sunk Costs are defined as start-up costs

#### **Sunk Cost to Placement**



## Average Youth Cost by Condition

	i i i i i i i i i i i i i i i i i i i	А	В	A/B	
	Average	Total Site	Total	Average	Average
	Sunk	Cost	Youth	Youth	Youth
	Cost	Beyond	Placed	Cost	Placement
		Placement			Duration
CDT	\$137,696	\$7,277,618	<mark>152</mark>	<mark>\$47,879</mark>	176 days
IND	\$145,323	\$3,342,070	59	\$56,645	161 days

Average youth cost includes fees for services, staff, foster parents, building expense, insurance, taxes, equipment and utilities.

- Difference not a function of youth placement duration
- Average CONDITION cost includes Total Site cost from Stage 6a onward + Youth costs
- The average youth cost does NOT include the average sunk cost because we do not want this to skew figures based on program start-up

#### Average Placement and Youth Cost Across Sites within Condition

Condition	Sites	Average Site's Placement*	Average Site's Youth Cost **
CDT	10	15.2	\$47,567
IND	9	6.56	\$85,287

\* T-Test of the Mean Difference, t(17)= 2.9198

\*\* T-Test of the Mean Difference, t(17)= -2.7437

## **Average Youth Cost**



# Conclusions: COINS Costing Strategy

- The SIC is a promising tool for defining implementation costs
- Allows for measurement of both direct and indirect resource allocation
- Illustrates balance of person hours versus up front dollars
- Allows for measurement of Duration (time) of implementation activities which affects costs
- Successfully distinguishes resource allocation between implementation strategies



# Conclusions: Implementation Costs

- This study considers implementation costs over and above standard MTFC costs
- To determine implementation costs, decision makers need to consider:

Sunk Cost: Start-up cost prior to program start-up

Fixed Cost: Costs incurred regardless of having a youth in placement (cost of doing business)

Variable Cost: (Marginal) Costs of service dependent on the volume of clients served. Typically discussed figures, revolving around the question of, "How much would it cost to serve one more youth."

Following program start-up, the focus changes to marginal costs in order to maximize site profit (cost minimization per client)



- How many of the items are universal? What's missing?
- Can the Stages represent EBPs generally?
- Is there value in having a standardized measure of implementation?
- Can the value be bolstered with cost mapping?

## Thank You

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