

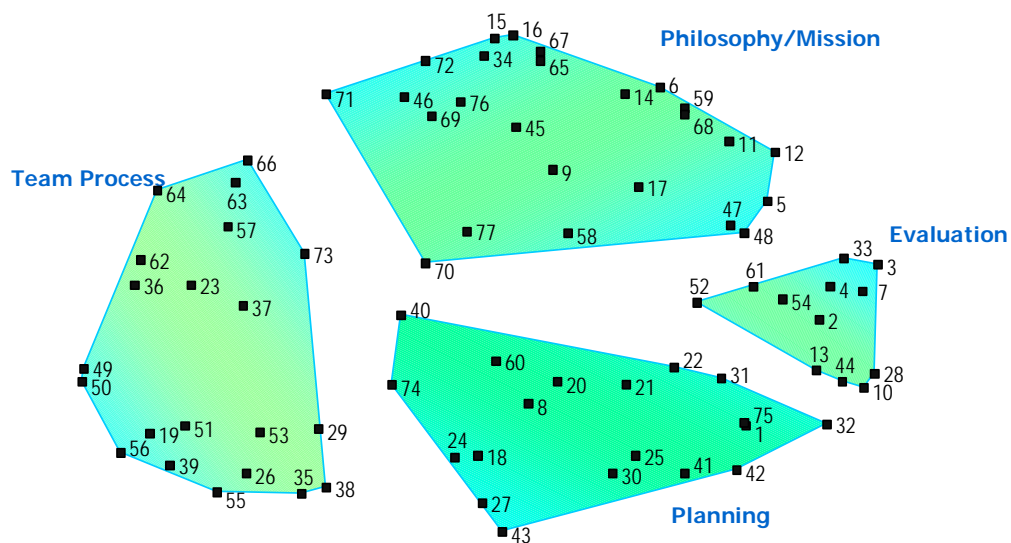
Implementation in the Real World – Taking Programs and Practices to Scale

Concept Mapping Report

Conducted November 18-19, 2004

National Implementation Research Network
Louis de la Parte Florida Mental Health Institute
Department of Child and Family Studies
University of South Florida

Example of a Concept Map: Four Cluster Solution



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Our thanks to our colleagues at FMHI for their coaching on concept mapping preparation and report writing and for allowing us to use their excellent format for the report as a template. Thanks to Sharon Hodges, Lodi Lipien and Mario Hernandez.

Department of Child and Family Studies
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Implementation Factors Concept Mapping Report For November 2004 Meeting of Implementers

Introduction

This document reports on a concept mapping process conducted with a group of key individuals whose diverse experience and expertise allowed them to provide critical insight into factors that influence or impact the implementation of evidence-based programs or practices. Concept mapping is a mixed-method research technique that combines group brainstorming with individual responses to collect and analyze information from participants. For this project, concept mapping was used to identify factors that influence implementation at the practice, program or system level when new programs and practices are being implemented.

This concept mapping process was conducted as part of a series of activities and meetings designed to operationalize effective strategies related to implementation of evidence-based programs and practices. Funding for this project was provided by a grant from the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services to the University of South Florida, Louis de la Parte Florida Mental Health Institute. The results of this project will be used to inform mental health system transformation efforts, create frameworks for effective implementation, generate research agendas and develop implementation technical assistance services.

Background

For some time now, a number of practitioners and researchers have been actively developing, evaluating, and replicating evidence-based programs and practices. However, the factors involved in successful replication and implementation of model programs in new settings are not as well understood as the processes used to develop and evaluate the interventions. At this point, implementation strategies are not well grounded in scientific evidence.

The goals of the meeting were to develop greater knowledge of the practical issues involved in transferring knowledge from research to actual service settings. Given the current emphasis on evidence-based practices and programs at the state and federal

level and the government's focus on transforming human services in the United States, knowledgeable participants were invited to help identify the issues faced by those attempting to implement evidence-based practices and programs.

This meeting created a unique opportunity to confer with colleagues who share the common goal of implementation of evidence-based programs but who are working across diverse service domains (e.g. education, prevention, adult mental health, children's mental health, juvenile justice, aging). The diversity of domains facilitated a focus on common implementation factors that were not dependent on program or practice content.

Concept mapping was undertaken as a tool for understanding the 'real world' factors that influence implementation efforts. The overall goal of the concept mapping process was to have knowledgeable participants define the factors and influences that impact implementation initiatives. Additional goals were to have the participants consider the relative importance of such factors, the feasibility of the original program developers being helpful with respect to such factors, and the degree to which the implementation issues were dependent on changes in state or federal policy (e.g. funding, regulations, policies, workforce issues, collaboration).

Concept Mapping Method

Overview

Concept mapping is a process that allows a group of stakeholders to express their ideas on a certain topic and then look at all of these ideas as they relate to one another. This process results in visual maps that illustrate:

- The group's ideas
- How the ideas are related to one another
- How the ideas can be organized or clustered into general concepts
- How concepts are rated by the group in terms of relative importance and challenges of implementation.

Participants

There were 14 participants who contributed to the full concept mapping process. Twelve of the participants were currently involved in program or practice implementation efforts across 12 different evidence-based programs or practices. The services included individual and group therapy, services for older persons, adult mental health and supported employment programs, children's school-based mental health, school-based substance abuse prevention, early intervention, child welfare

services and services to youth involved in the juvenile justice system. In addition, a cultural competence expert knowledgeable about evidence-based program development and implementation and representing the National Alliance of Multicultural Behavioral Health Associations participated along with a representative from a family advocacy group, the Federation of Families for Children's Mental Health.

Process

Concept mapping begins with a structured brainstorming process in which participants are given a focus statement and guided to generate statements in response to the prompt. The focus statement was:

“Thinking at the practice, agency, and system level, one specific factor that influences or impacts implementation of a new program or practice is...”

One hundred and twenty-four statements were generated as a result of the round-robin brainstorming session.

Following the brainstorming, each participant was provided with a complete set of the statements and asked to sort the statements into piles in a “way that makes sense” to them. After the individuals created their piles of statements, they named each pile according to the type of statements included in that pile.

In addition to sorting the statements, each participant was given a list of all 124 statements and asked to rate them from 1 to 5 in terms of importance, feasibility and dependency dimensions. Each 5-point scale was structured with 1 being “Not at all” and 5 being “Extremely” with each point in between labeled. The three rating questions were phrased as follows:

1. How important is this factor to implementation?
2. How feasible is it for program developers to impact this factor as they help sites implement an evidence-based program or practice?
3. To what degree is implementation of this factor dependent on change in state or federal policy (e.g. funding, regulations, policies, workforce issues, collaboration)?

The analysis of these data was conducted using the Concept System software package (Concept Systems, Inc.), which makes use of key multivariate statistical techniques including multidimensional scaling and cluster analysis. This analysis was used to

create a conceptual map of statements generated by the participants. On this map, statements perceived to be similar to one another based on the group's sorting are positioned close to each other and statements perceived to be dissimilar are located farther apart. Similar statements are grouped together in non-overlapping categories called clusters based on their proximity to one another.

The initial results of the concept mapping analysis are included in this report. A debriefing with concept mapping participants will be scheduled for early January.

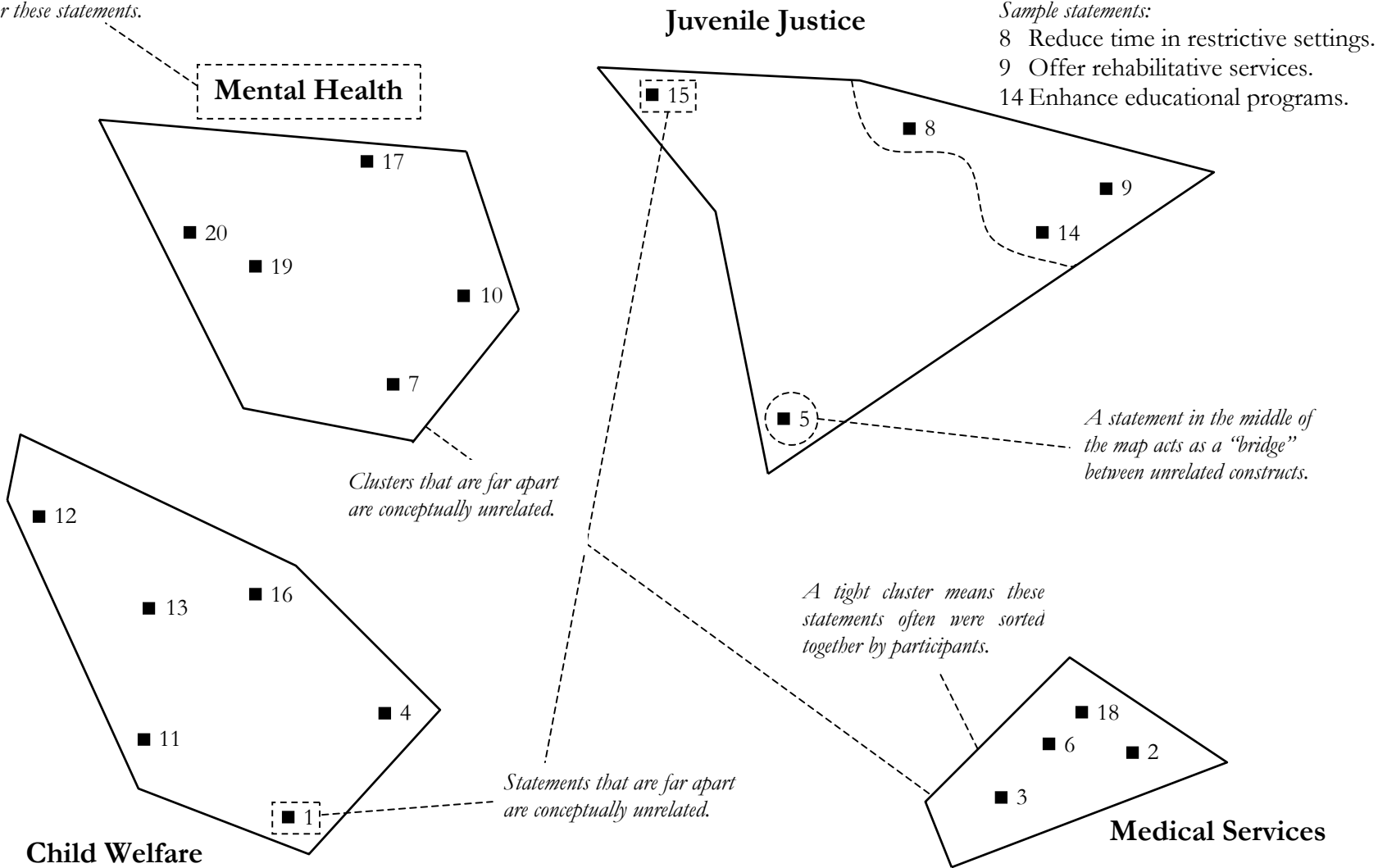
How to Read a Concept Map

Looking at concept map data for the first time can be perplexing. The guidelines that follow are intended to provide an overview of how the maps and supporting data can be read and interpreted. Two tools are provided as aids in understanding concept map data. These are:

- **Sample Map:** This map illustrates and explains the main features of a map. It does not include real data, so the clusters and statements used are simply for illustration and have no relation to the Implementation in the Real World concept mapping process.
- **Detailed Guidelines for Interpreting Concept Map Data:** This is a point-by-point explanation of the major components of concept map analysis. It will provide a more detailed description of the individual components of concept mapping results.

Sample Point and Cluster Concept Map

Cluster labels, generated from individual sorts, suggest a theme for these statements.



Detailed Guidelines for Interpreting Concept Map Data

Points and Clusters:

- The location of points on a map is important in relation to other points. That is, points closer together are more conceptually similar.
- The distances between points is important, but placement at top, bottom, left, right is meaningless (you can flip the map in any direction).
- The relationship of clusters to one another is similar to the relationship of points. That is, clusters that are closer together are more conceptually similar.
- In finding the themes of a map, it is helpful to consider how the clusters relate conceptually to one another.
- The size of a cluster does not indicate importance. A small dense cluster indicates that statements were grouped together often.
- When ideas on a map are distinct, the points may be clustered tightly together and away from other clusters on the map.
- A large cluster often indicates an idea that is broad or that the cluster bridges two related ideas.
- If a large cluster bridges two related ideas, the cluster will sit between the clusters it bridges.
- Clusters in the middle of a map are usually bridging clusters, meaning they include ideas that are linked to multiple regions on the map. This may also indicate that the ideas in a cluster have multiple interpretations.
- Clusters that are conceptually clear end up on the edges of the map because the participants often sorted the statements in them together and sorted them with other statements less often.
- The stress value of the point map is a measure of how well the multidimensional scaling solution maps the original data. The value should range from .10 to .35, and lower values indicate a better fit.

Point and Cluster Ratings:

- Cluster maps show the way in which statements are clustered together and labeled.
- Cluster Rating Maps show the average importance, feasibility, and dependence ratings for each cluster across all of the raters.
- The average cluster rating for relative importance, feasibility, and dependence is calculated as an average of the average statement ratings for statements in those clusters (see page 12 for cluster averages).
- This process of averaging the averages often results in a narrow range of means across a cluster-rating map.

- Although one point in a cluster may have a very high rating (see pages 21-30 for the averages of individual statements by cluster), the cluster average will be low if other items in that cluster are rated low.
- Cluster titles are generated from an analysis of participants' sort pile labels based on centroid computations.

Outcome Pattern Match Using Ladder Graphs

- Outcome pattern matches, also represented on the ladder graphs (p. 13-14), is a cross rating analysis that compares average participant ratings on importance to participant ratings on feasibility, and average participant ratings on importance to participant ratings on dependence.
- The rating scale is represented on the vertical lines of the ladder graph. For the pattern match on page 13, the vertical line on the left represents relative importance and the vertical line on the right represents feasibility. For the pattern match on page 14, the vertical line on the left represents relative importance and the vertical line on the right represents dependence.
- For the importance and feasibility pattern match, the ladder graphs illustrate the rating scale from 3 to 5 rather than the full 1-5 rating, because of the narrow range of cluster averages (all averages fell between 3 and 5). This prevents all of the cluster values from being bunched at the top of the graph and results in a more legible figure.
- For the importance and dependence pattern match, the ladder graphs illustrate the rating scale from 2 to 5 rather than the full 1-5 rating (all averages fell between 2 and 5).
- The intersections of the horizontal (cross) lines with the vertical lines indicate average participant ratings on relative importance and feasibility of implementation on page 13, and the relative importance and dependence of implementation on page 14.
- The cluster titles appear along the vertical lines and are evenly spaced rather than next to the clusters they represent in order to improve readability.
- If there is complete agreement across ratings, the cross lines will be completely horizontal.
- The “r” value indicates correlation between the two ratings. +1.0 indicates perfectly positive correlation; -1.0 indicates perfectly negative correlation; 0 indicates no correlation.

Consensus Pattern Match:

- The rating scale is represented on the vertical lines of the ladder graph. Each of the vertical lines represents a subgroup of participants.
- The intersections of the cross lines with the vertical lines indicates the rating of that subgroup.
- The cluster titles appear along the vertical lines and are evenly spaced rather than next to the clusters they represent in order to improve readability.
- If there is complete agreement in ratings between subgroups, the cross lines will be completely horizontal.
- The “r” value indicates correlation between the two subgroups. +1.0 indicates perfectly positive correlation (ratings are very similar to one another); -1.0 indicates perfectly negative correlation (ratings are very dissimilar to one another); 0 indicates no correlation (ratings do not relate well to one another).

Results

The documents contained in this report represent the initial analysis of the results of the concept mapping process on implementation factors. Although individual readers may find these results interesting and informative, the in-depth interpretation of these results and their relationship to our understanding of the factors involved in implementation of an evidence-based program or practice is best developed through feedback with concept mapping participants. This is because the individuals who participated in the process and other stakeholders are best able to anchor these results in context and provide feedback on their understanding of the meaning. For this reason, the concept mapping results are presented below without a discussion of their specific meaning.

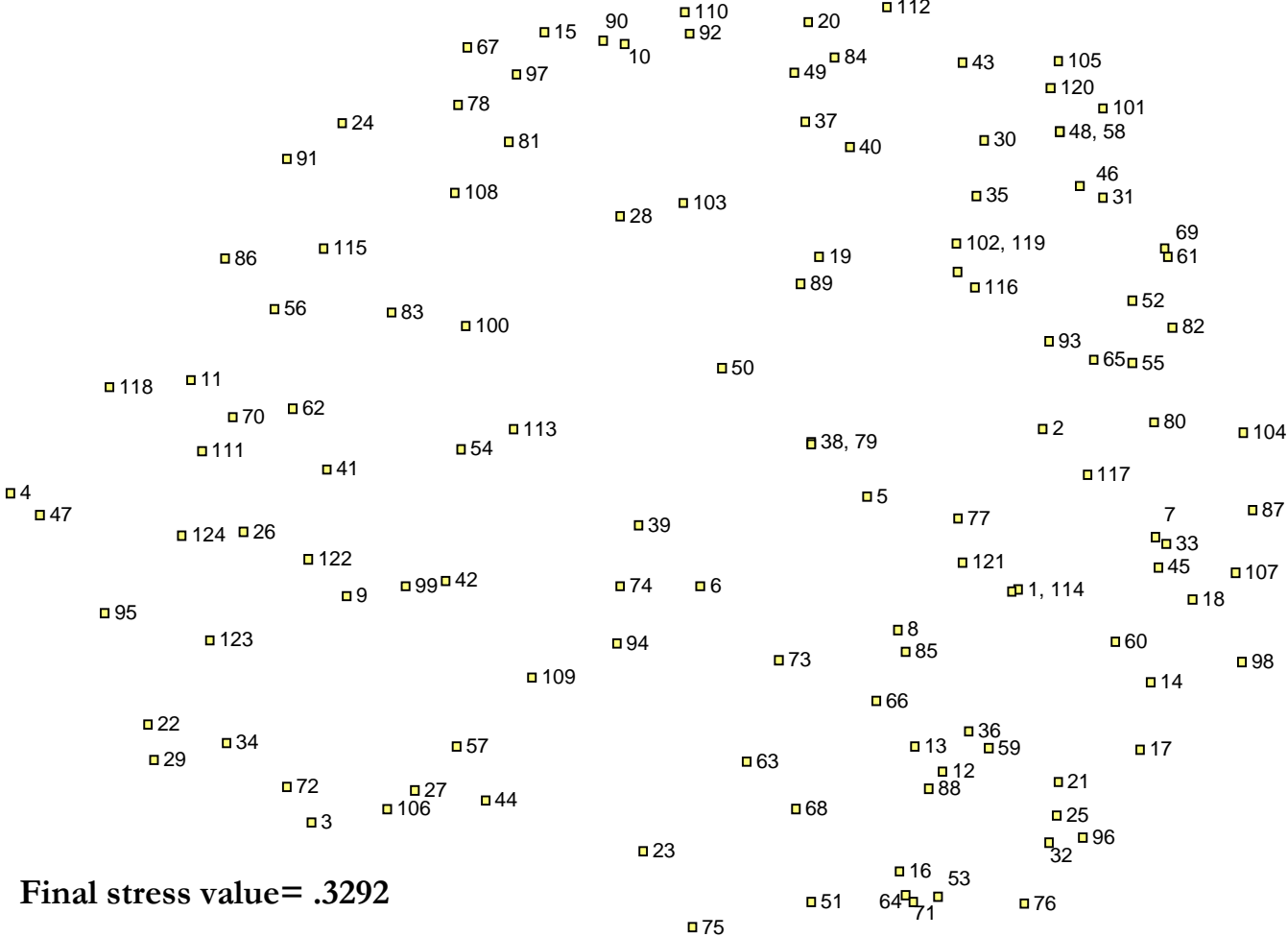
The results of the concept mapping analysis for the Implementer’s meeting are shown on the following pages and include:

- **Point Map:** This map displays each of the brainstormed statements in relation to one another. Each statement is represented as a numbered point, and the points are numbered in the order in which they were generated. Using a numerical algorithm, multidimensional scaling is used to place the points on the map in relation to one another based on how participants sorted the items into stacks.

- **Ten Cluster Analysis**

- ✓ **Cluster Map:** This map groups statements into 10 clusters of related items using hierarchical cluster analysis. The clusters contain all of the statement points included on the point map. The points retain the positions they had on the point map, but are grouped together on the basis of how participants sorted the statements in relation to one another.
- ✓ **Ten-Cluster Outcome Pattern Matches:** These two ladder graphs provide a comparison between participant ratings of the importance, feasibility, and dependence of the statements that comprise the ten clusters.
- ✓ **Ten Most Important:** This list shows the ten statements, relative to other statements identified by the group, that participants thought were most important to implementation of an evidence-based program or practice.
- ✓ **Ten Most Feasible:** This list shows the ten statements that participants thought were most feasible for the original program developer to impact.
- ✓ **Ten Most Dependent:** This list shows the ten statements that participants thought were most dependent on change in state or federal policy.

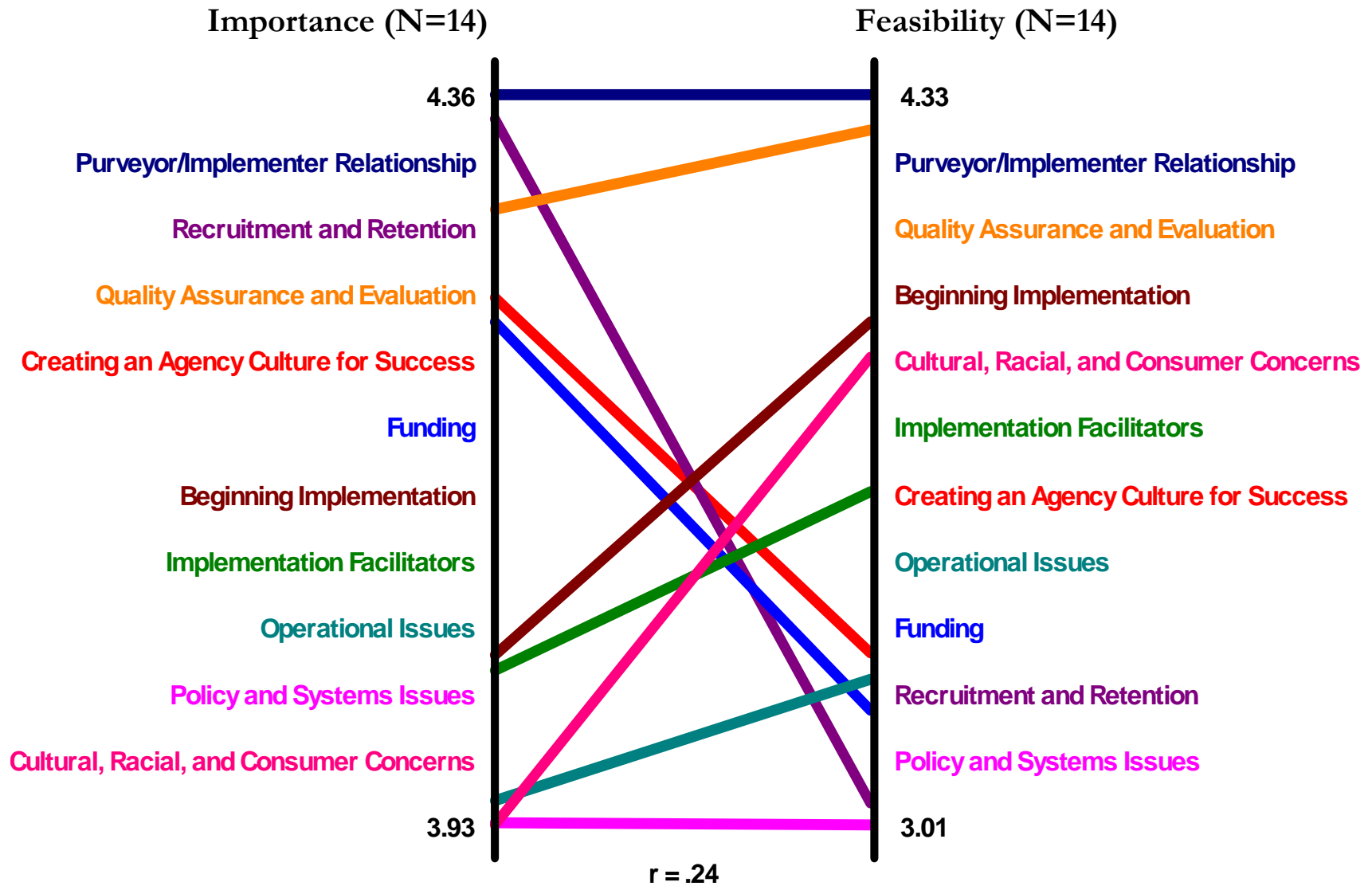
Point Map



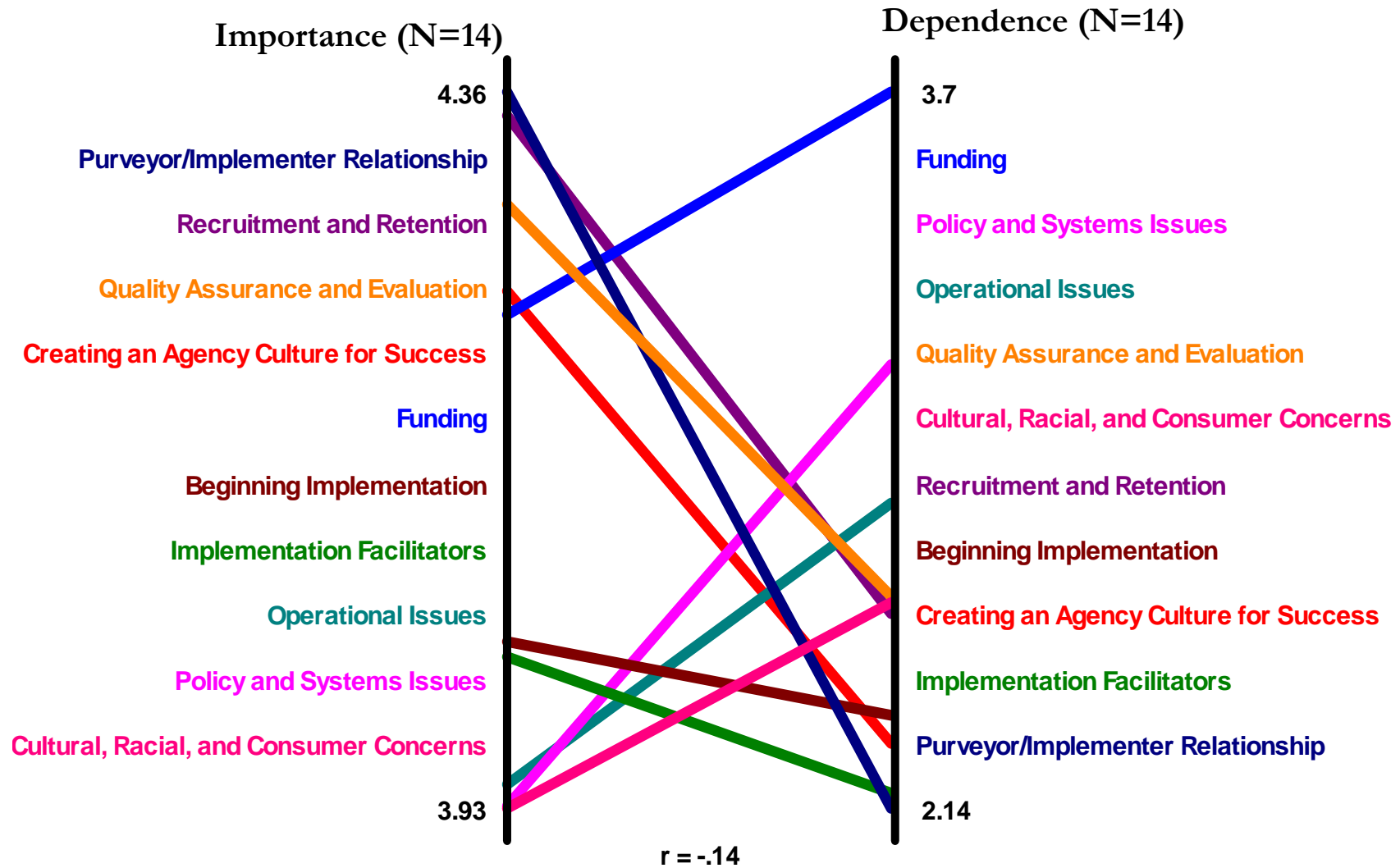
Average Importance, Feasibility, and Dependence Ratings by Cluster

Cluster	Importance	Feasibility	Dependence
Purveyor/Implementer Relationship	4.36	4.33	2.14
Recruitment and Retention of Staff	4.35	3.05	2.57
Quality Assurance and Evaluation	4.29	4.27	2.60
Creating an Agency Culture for Success	4.24	3.32	2.29
Funding Issues	4.23	3.21	3.70
Beginning Implementation	4.03	3.92	2.35
Implementation Facilitators	4.02	3.61	2.17
Operational Issues	3.94	3.27	2.81
Policy and Systems Issues	3.93	3.01	3.11
Cultural/Racial/Consumer Concerns	3.93	3.86	2.59

Ten-Cluster Outcome Pattern Match: Relative Importance and Feasibility



Ten-Cluster Outcome Pattern Match: Relative Importance and Dependence



Ten Most Important Implementation Factors

#	Statement	Cluster	Importance Rating	(Feasibility Rating)	(Dependence Rating)
2	Initial Staff Training	Beginning Implementation	4.93	4.57	2.43
1	Major stakeholder and leadership buy-in and support of the new model	Creating an Agency Culture for Success	4.86	3.79	3.14
32	The commitment of staff to the program model	Recruitment and Retention	4.86	3.71	2.07
37	The availability of ongoing training and technical assistance	Purveyor/Implementer Relationship	4.79	4.71	3.14
13	Support from the agency	Creating an Agency Culture for Success	4.71	3.07	3.00
71	Qualified staff interested in doing this kind of work	Recruitment and Retention	4.71	3.00	2.50
34	Adequate funding to support implementation as well as ongoing operation of the program after implementation	Funding	4.71	3.29	4.79
43	Support from the developer in terms of ongoing training, evaluation, and constructive feedback	Purveyor/Implementer Relationship	4.64	4.71	2.36

49	Evidence-based interventions that can be taught, modeled, evaluated, and replicated	Purveyor/Implementer Relationship	4.64	4.71	2.64
46	Forging a collaborative bond between the purveyor and implementers	Purveyor/Implementer Relationship	4.64	4.57	2.29

Statements 2, 37, 43, 46, and 49 were the only items rated among the most important and most feasible. Statement 34 was the only items rated most important and most dependent.

Ten Most Feasible Implementation Factors

#	Statement	Cluster	Feasibility Rating	(Importance Rating)	(Dependence Rating)
98	Practitioner understanding of the active ingredients/ “the why” of the program	Creating an Agency Culture for Success	4.79	4.43	1.93
37	The availability of ongoing training and technical assistance	Purveyor/Implementer Relationship	4.71	4.79	3.14
43	Support from the developer in terms of ongoing training, evaluation, and constructive feedback	Purveyor/Implementer Relationship	4.71	4.64	2.36
49	Evidence-based interventions that can be taught, modeled, evaluated, and replicated	Purveyor/Implementer Relationship	4.71	4.64	2.64
97	That fidelity needs to be emphasized	Quality Assurance and Evaluation	4.64	4.57	2.07
2	Initial staff training	Beginning Implementation	4.57	4.93	2.43

67	Setting up a system to collect process and outcome data to feed back into systems for quality improvement and implementation monitoring	Quality Assurance and Implementation	4.57	4.57	3.00
46	Forging a collaborative bond between the purveyor and the implementers	Purveyor/Implementer Relationship	4.57	4.64	2.29
20	Clear information from the start about fidelity	Purveyor/Implementer Relationship	4.57	4.50	1.64
84	A link between the evaluation of fidelity and training	Purveyor/Implementer Relationship	4.57	4.43	2.29

Statements 2, 37, 43, 46, and 49 were the only items rated in the top ten among the most important and most feasible.

Ten Most Dependent Implementation Factors

#	Statement	Cluster	Dependence Rating	(Importance Rating)	(Feasibility Rating)
34	Adequate funding to support implementation as well as ongoing operation of the program after implementation	Funding	4.79	4.71	3.29
47	Regulations at the county, state, federal, or agency level	Policy and Systems Issues	4.71	4.29	2.93
3	Money to ensure the program is successful	Funding	4.64	4.64	3.07
95	State aid for programs that are struggling rather than imposing sanctions	Policy and Systems Issues	4.64	4.0	2.86
75	To provide adequate and competitive compensation for staff to increase their longevity in their position which ultimately leads to better program outcomes	Recruitment and Retention of Staff	4.36	4.21	2.64
22	Flexibility of funding	Funding	4.29	4.14	2.86
29	Funding methods that embrace quality of services versus quantity of services	Funding	4.21	4.64	3.29

72	Financial strain while the program is getting of the ground	Funding	4.14	4.43	3.00
4	Modification of state statutes to support interventions of the program	Policy and Systems Issues	3.86	3.29	2.36
39	The amount of required paperwork	Operational Issues	3.79	3.36	2.93

Statement 34 was the only item rated in the top ten for most important and most dependent.

Statements by Cluster and Average Importance, Feasibility, and Dependence Ratings (10-Cluster Solution)

Cluster: Creating an Agency Culture for Success	Importance	Feasibility	Dependence
1. Major stakeholder and leadership buy-in and support of the new model	4.86	3.79	3.14
5. A culture of learning is needed in the program and in the system	4.14	3.50	2.36
7. Willingness and ability to change	4.14	3.21	2.86
8. Stakeholder alignment with the values of the program	4.36	2.93	2.93
12. Good agency support links with colleagues with open minds	3.93	2.71	1.93
13. Support from the agency	4.71	3.07	3.00
14. Matching the model values to the practitioner's values	4.50	3.50	1.93
17. Work expectations that are reasonable	4.29	3.21	2.71
18. Whether the program or practice is on mission for the agency	4.07	2.93	2.00
33. To identify naysayers and positively supervise and train them on the model	4.14	3.21	1.64
36. The program manager's ability to advocate for the program both within the agency and outside the agency	4.50	3.57	2.00
45. Motivation for change	4.43	3.79	3.07
59. Motivation of the agency to make the program work	4.64	3.00	2.79
60. Administrative acknowledgement of efforts	3.64	2.36	1.57
66. The program manager's ability to operate effectively within the current system	4.21	2.71	2.29

73. Adaptation of the agency's culture in order to deliver the practice	3.62	2.46	2.08
77. The degree of disruption of the new program in relation to current operations	3.57	2.14	2.29
85. Bosses and agencies' understanding of the importance of fidelity to the model	4.36	3.79	2.14
87. Sensitivity to agency's limitations	3.86	3.57	1.86
98. Practitioner understanding of the active ingredients/ "the why" of the program	4.43	4.79	1.93
104. Willingness of staff and purveyor to make it work at the agency	4.43	3.93	2.00
107. Implementation with newly hired staff is different than implementation with current staff	3.57	3.21	2.00
114. Buy in from staff, consumers and referral sources	4.57	3.71	2.43
117. A sense of humor	4.64	3.93	2.29
121. That open communication is fostered among stakeholders and implementers	4.43	4.00	1.93
	<i>Average</i>	4.24	3.32
			2.29

Cluster: Recruitment and Retention of Staff	Importance	Feasibility	Dependence
16. Hiring staff with a predetermined set of criteria to maximize the likelihood of good outcomes	4.43	3.07	2.00
21. Positive relationships between management and staff providers	4.36	2.71	1.71

23. Adequate agency commitment to human resources and funding	4.57	2.79	3.57
25. Staff participant agreement on goals	4.57	3.71	1.86
32. The commitment of staff to the program model	4.86	3.71	2.07
51. Staff turnover	4.36	2.86	3.00
53. A recruitment and retention plan	3.93	3.07	2.50
63. Board or advisory board support	3.79	2.50	2.21
64. Identification of key skills of staff and service providers to be used in selection processes	4.36	3.21	1.71
68. Dedicated focus of sufficient human resources	4.36	3.14	3.14
71. Qualified staff interested in doing this kind of work	4.71	3.00	2.50
75. To provide adequate and competitive compensation for staff to increase their longevity in their position which ultimately leads to better program outcomes	4.21	2.64	4.36
76. Adequate supervision and incentives to stay	4.29	2.79	3.29
88. To celebrate success	4.29	3.57	2.00
96. Creating an environment that is supportive of individual needs of staff to create a healthy working environment	4.14	2.93	2.57
<i>Average Rating:</i>	4.35	3.05	2.57

Cluster: Funding Issues	Importance	Feasibility	Dependence
3. Money to ensure the program is successful	4.64	3.07	4.64
22. Flexibility of funding	4.14	2.86	4.29
27. Community support	4.29	3.21	2.14
29. Funding methods that embrace quality of services versus quantity of services	4.64	3.29	4.21
34. Adequate funding to support implementation as well as ongoing operation of the program after implementation	4.71	3.29	4.79
44. Educating outside community resources about the model's expectations	3.79	3.50	2.14
57. Assurances of sustainability	4.29	3.36	3.79
72. Financial strain while program is getting off the ground	4.43	3.00	4.14
106. To have adequate funding for technical support and IT professionals taking feedback from implementers so that innovative technological solutions can be created (e.g. scheduling)	4.00	3.29	3.64
109. The use of technology	3.86	3.64	3.14
123. To align billing and billing codes with evidence-based practices	3.71	2.86	3.79
<i>Average Rating:</i>	4.23	3.21	3.70

Cluster: Operational Issues	Importance	Feasibility	Dependence
6. Vying with other programs for time with the targeted audience	3.00	2.50	1.79
9. Helping to support and create strong family and consumer involvement	4.43	3.21	2.07
39. The amount of required paperwork	3.36	2.93	3.79
42. Referral sources for clients to the program	4.14	3.07	2.36
54. Institutionalized racism	4.07	3.21	3.43
74. A system that supports and encourages collaboration	4.29	3.64	2.50
94. Provider's understanding of and respect for consumer's needs	4.29	3.64	2.36
99. Computer and technical assistance	4.00	3.64	3.07
113. Assistance with setting an initial budget that is accurate and adequate for initial implementation	4.21	4.14	2.93
122. Reimbursement requirements and duplicate paperwork	3.64	2.71	3.79
<i>Average Rating:</i>	3.94	3.27	2.81

Cluster: Policy and Systems Issues	Importance	Feasibility	Dependence
4. Modification of state statutes to support interventions of the program	3.29	2.36	3.86
11. Program alignment with the values of the community	4.15	3.15	2.38
26. System level planning of referrals and discharges	4.07	3.29	2.50

41. Cultural/racial/linguistic differences between staff and people served	4.43	3.57	2.79
47. Regulations at the county, state, federal, or agency level	4.29	2.93	4.71
62. The quality of the screening of referrals including client commitment to participate	4.00	3.29	1.86
70. The local community context with its needs and strengths	3.79	2.43	2.36
95. State aid for programs that are struggling rather than imposing sanctions	4.00	2.86	4.64
111. Making referrals for consumers whose needs can't be met by the implementer is a component	3.79	2.64	2.21
118. Supportive and collaborative with referring agencies that allow for flow of information in the HIPAA climate	4.00	3.07	3.57
124. To educate accrediting bodies about the new methods of treatment and documentation	3.43	3.50	3.29
<i>Average</i>	3.93	3.01	3.11

Cluster: Beginning Implementation	Importance	Feasibility	Dependence
2. Initial staff training	4.93	4.57	2.43
52. The right set of tools (e.g. readiness assessments, decision-making trees)	3.93	4.21	2.00
55. Starting small	3.93	3.86	2.57
61. Facilitate regular offsite leadership meetings to address the	3.50	3.07	2.00

challenges and barriers which arise during implementation and beyond			
65. Having a realistic timeline for implementation	4.50	4.29	2.93
69. That success is shared and improvements needed are addressed throughout the program	4.21	3.57	2.71
80. The understanding and application of appropriate learning theories (i.e. early childhood, adolescent and adult)	3.36	3.43	1.64
82. Building from strengths and learning from mistakes	4.07	3.85	2.07
93. Preparation for controversies and common questions that arise	4.00	4.14	1.86
102. To identify areas in which the smallest effort will create the greatest amount of change/impact on program goals	3.79	3.93	2.14
116. That legal or liability issues are addressed prior to implementation	4.29	3.93	3.50
119. Research in your hands so you can promote evidence-based practice and buy-in	3.86	4.21	2.29
<i>Average Rating:</i>	4.03	3.92	2.35

Cluster: Implementation Facilitators	Importance	Feasibility	Dependence
19. Focused training that targets the key philosophy and mission	4.57	4.14	1.93
28. Geographical location and differences from the original program	3.50	3.21	2.00
38. Identifying champions at all system levels	3.64	2.64	1.86
50. Recognizing that implementation covers areas that the evidence based intervention does not cover (e.g. marketing)	3.64	3.36	1.86
79. The ability to respond to stakeholder and funder questions and concerns	4.00	3.64	3.64

about cost			
89. To move from theory to practice	4.57	4.36	2.14
103. Agenda driven team meetings which reinforce evidence-based practices and fidelity within case reviews	4.21	3.93	1.79
<i>Average Rating:</i>	4.02	3.61	2.17

Cluster: Purveyor/Implementer Relationship	Importance	Feasibility	Dependence
20. Clear information from the start about fidelity	4.50	4.57	1.64
30. A way to connect and problem solve with other implementers	3.86	4.14	1.79
31. Clarifying for implementers the communication loops for accessing resources about implementation	3.93	4.21	1.64
35. Understanding the degrees of freedom for adapting the model without losing the effectiveness	4.50	4.21	2.21
37. The availability of ongoing training and technical assistance	4.79	4.71	3.14
40. That interventions are directly aligned with goals of the program	4.50	3.93	2.00
43. Support from the developer in terms of ongoing training, evaluation, and constructive feedback	4.64	4.71	2.36
46. Forging a collaborative bond between the purveyor and the implementers	4.64	4.57	2.29
48. To be sure the purveyor understands the practice and agency at the ground level (e.g. context, daily operations, racial mix of clients)	4.21	3.93	2.00
49. Evidence based interventions that can be taught, modeled, evaluated,	4.64	4.71	2.64

and replicated			
58. Having a purveyor know what reasonable goals (e.g. utilization, number of units operational) are and help implementer set them	4.21	4.00	2.43
84. A link between the evaluation of fidelity and training	4.43	4.57	2.29
101. Effective protocols for communication with the purveyors	4.36	4.50	2.07
105. Purveyors and implementers are partners	4.43	4.43	1.86
112. The ability of the purveyor to anticipate and have the capacity to respond to cultural/linguistic/racial adaptations identified by implementers	4.36	4.00	2.43
120. The purveyor's ability to assess how normal the implementer's experience is at different stages (e.g. expectations)	3.79	4.14	1.50
<i>Average Rating:</i>	4.36	4.33	2.14

Cluster: Quality Assurance and Evaluation	Importance	Feasibility	Dependence
10. Data driven	4.36	4.29	3.21
15. An evaluative tool that not only allows for course correction but leads to it	4.00	4.07	1.93
67. Setting up a system to collect process and outcome data to feed back into systems for quality improvement and implementation monitoring	4.57	4.57	3.00
78. Research instruments that are tailored to meet the unique needs of the population served	4.07	4.21	2.86
81. Implementing the appropriate program that produces the desired	4.50	4.36	2.79

outcomes			
90. Initial outcomes	4.14	4.00	2.64
92. Quality control and fidelity monitoring that is strength based and corrective rather than punitive	4.29	4.14	2.50
97. That fidelity needs to be emphasized	4.57	4.64	2.07
110. Establishing benchmarks for administrative review to track implementation progress	4.14	4.14	2.43
<i>Average Rating:</i>	4.29	4.27	2.60

Cluster: Cultural/Racial/Consumer Concerns	Importance	Feasibility	Dependence
24. Development of culturally competent standards and a way to measure their effectiveness	4.36	4.36	3.43
56. Cultural/racial/linguistic competence of the program	4.57	4.07	3.00
83. That needs assessments are used for the population served by the program	4.00	3.79	2.07
86. Cultural differences from the original program to other replication sites	4.00	4.00	2.07
91. To take consumers input through entire implementation process and use it	4.00	3.79	2.14
100. The pressure and expectation that the program will work for every child	3.29	3.86	2.57
108. Inadvertent barriers created by evaluation protocols/requirements (e.g. informed consent, confidentiality, public embarrassment)	3.50	3.07	3.36
115. To be aware of whom the program may exclude (consumers)	3.71	3.93	2.07
<i>Average Rating:</i>	3.93	3.86	2.59

Statements in Numerical Order	Importance	Feasibility	Dependence
1. Major stakeholder and leadership buy-in and support of the new model	4.86	3.79	3.14
2. Initial staff training	4.93	4.57	2.43
3. Money to ensure the program is successful	4.64	3.07	4.64
4. Modification of state statutes to support interventions of the program	3.29	2.36	3.86
5. A culture of learning is needed in the program and in the system	4.14	3.50	2.36
6. Vying with other programs for time with the targeted audience	3.00	2.50	1.79
7. Willingness and ability to change	4.14	3.21	2.86
8. Stakeholder alignment with the values of the program	4.36	2.93	2.93
9. Helping to support and create strong family and consumer involvement	4.43	3.21	2.07
10. Data driven	4.36	4.29	3.21
11. Program alignment with the values of the community	4.15	3.15	2.38
12. Good agency support links with colleagues with open minds	3.93	2.71	1.93
13. Support from the agency	4.71	3.07	3.00
14. Matching the model values to the practitioner's values	4.50	3.50	1.93
15. An evaluative tool that not only allows for course correction but leads to it	4.00	4.07	1.93
16. Hiring staff with a predetermined set of criteria to maximize the likelihood of good outcomes	4.43	3.07	2.00
17. Work expectations that are reasonable	4.29	3.21	2.71
18. Whether the program or practice is on mission for the agency	4.07	2.93	2.00
19. Focused training that targets the key philosophy and mission	4.57	4.14	1.93
20. Clear information from the start about fidelity	4.50	4.57	1.64
21. Positive relationships between management and staff providers	4.36	2.71	1.71
22. Flexibility of funding	4.14	2.86	4.29
23. Adequate agency commitment to human resources and funding	4.57	2.79	3.57
24. Development of culturally competent standards and a way to measure their effectiveness	4.36	4.36	3.43
25. Staff participant agreement on goals	4.57	3.71	1.86

26.	System level planning of referrals and discharges	4.07	3.29	2.50
27.	Community support	4.29	3.21	2.14
28.	Geographical location and differences from the original program	3.50	3.21	2.00
29.	Funding methods that embrace quality of services versus quantity of services	4.64	3.29	4.21
30.	A way to connect and problem solve with other implementers	3.86	4.14	1.79
31.	Clarifying for implementers the communication loops for accessing resources about implementation	3.93	4.21	1.64
32.	The commitment of staff to the program model	4.86	3.71	2.07
33.	To identify naysayers and positively supervise and train them on the model	4.14	3.21	1.64
34.	Adequate funding to support implementation as well as ongoing operation of the program after implementation	4.71	3.29	4.79
35.	Understanding the degrees of freedom for adapting the model without losing the effectiveness	4.50	4.21	2.21
36.	The program managers ability to advocate for the program both within the agency and outside the agency	4.50	3.57	2.00
37.	The availability of ongoing training and technical assistance	4.79	4.71	3.14
38.	Identifying champions at all system levels	3.64	2.64	1.86
39.	The amount of required paperwork	3.36	2.93	3.79
40.	That interventions are directly aligned with goals of the program	4.50	3.93	2.00
41.	Cultural/racial/linguistic differences between staff and people served	4.43	3.57	2.79
42.	Referral sources for clients to the program	4.14	3.07	2.36
43.	Support from the developer in terms of ongoing training, evaluation, and constructive feedback	4.64	4.71	2.36
44.	Educating outside community resources about the model's expectations	3.79	3.50	2.14
45.	Motivation for change	4.43	3.79	3.07
46.	Forging a collaborative bond between the purveyor and the implementers	4.64	4.57	2.29
47.	Regulations at the county, state, federal, or agency level	4.29	2.93	4.71
48.	To be sure the purveyor understands the practice and agency at the	4.21	3.93	2.00

	ground level (e.g. context, daily operations, racial mix of clients)			
49.	Evidence based interventions that can be taught, modeled, evaluated, and replicated	4.64	4.71	2.64
50.	Recognizing that implementation covers areas that the evidence based intervention does not cover (e.g. marketing)	3.64	3.36	1.86
51.	Staff turnover	4.36	2.86	3.00
52.	The right set of tools (e.g. readiness assessments, decision-making trees)	3.93	4.21	2.00
53.	A recruitment and retention plan	3.93	3.07	2.50
54.	Institutionalized racism	4.07	3.21	3.43
55.	Starting small	3.93	3.86	2.57
56.	Cultural/racial/linguistic competence of the program	4.57	4.07	3.00
57.	Assurances of sustainability	4.29	3.36	3.79
58.	Having a purveyor know what reasonable goals (e.g. utilization, number of units operational) are and help implementer set them	4.21	4.00	2.43
59.	Motivation of the agency to make the program work	4.64	3.00	2.79
60.	Administrative acknowledgement of efforts	3.64	2.36	1.57
61.	Facilitate regular offsite leadership meetings to address the challenges and barriers which arise during implementation and beyond	3.50	3.07	2.00
62.	The quality of the screening of referrals including client commitment to participate	4.00	3.29	1.86
63.	Board or advisory board support	3.79	2.50	2.21
64.	Identification of key skills of staff and service providers to be used in selection processes	4.36	3.21	1.71
65.	Having a realistic timeline for implementation	4.50	4.29	2.93
66.	The program manager's ability to operate effectively within the current system	4.21	2.71	2.29
67.	Setting up a system to collect process and outcome data to feed back into systems for quality improvement and implementation monitoring	4.57	4.57	3.00
68.	Dedicated focus of sufficient human resources	4.36	3.14	3.14
69.	That success is shared and improvements needed are addressed	4.21	3.57	2.71

	throughout the program			
70.	The local community context with its needs and strengths	3.79	2.43	2.36
71.	Qualified staff interested in doing this kind of work	4.71	3.00	2.50
72.	Financial strain while program is getting off the ground	4.43	3.00	4.14
73.	Adaptation of the agency's culture in order to deliver the practice	3.62	2.46	2.08
74.	A system that supports and encourages collaboration	4.29	3.64	2.50
75.	To provide adequate and competitive compensation for staff to increase their longevity in their position which ultimately leads to better program outcomes	4.21	2.64	4.36
76.	Adequate supervision and incentives to stay	4.29	2.79	3.29
77.	The degree of disruption of the new program in relation to current operations	3.57	2.14	2.29
78.	Research instruments that are tailored to meet the unique needs of the population served	4.07	4.21	2.86
79.	The ability to respond to stakeholder and funder questions and concerns about cost	4.00	3.64	3.64
80.	The understanding and application of appropriate learning theories (i.e. early childhood, adolescent and adult)	3.36	3.43	1.64
81.	Implementing the appropriate program that produces the desired outcomes	4.50	4.36	2.79
82.	Building from strengths and learning from mistakes	4.07	3.85	2.07
83.	That needs assessments are used for the population served by the program	4.00	3.79	2.07
84.	A link between the evaluation of fidelity and training	4.43	4.57	2.29
85.	Bosses and agencies' understanding of the importance of fidelity to the model	4.36	3.79	2.14
86.	Cultural differences from the original program to other replication sites	4.00	4.00	2.07
87.	Sensitivity to agency's limitations	3.86	3.57	1.86
88.	To celebrate success	4.29	3.57	2.00
89.	To move from theory to practice	4.57	4.36	2.14
90.	Initial outcomes	4.14	4.00	2.64

91.	To take consumers input through entire implementation process and use it	4.00	3.79	2.14
92.	Quality control and fidelity monitoring that is strength based and corrective rather than punitive	4.29	4.14	2.50
93.	Preparation for controversies and common questions that arise	4.00	4.14	1.86
94.	Provider's understanding of and respect for consumer's needs	4.29	3.64	2.36
95.	State aid for programs that are struggling rather than imposing sanctions	4.00	2.86	4.64
96.	Creating an environment that is supportive of individual needs of staff to create a healthy working environment	4.14	2.93	2.57
97.	That fidelity needs to be emphasized	4.57	4.64	2.07
98.	Practitioner understanding of the active ingredients/ "the why" of the program	4.43	4.79	1.93
99.	Computer and technical assistance	4.00	3.64	3.07
100.	The pressure and expectation that the program will work for every child	3.29	3.86	2.57
101.	Effective protocols for communication with the purveyors	4.36	4.50	2.07
102.	To identify areas in which the smallest effort will create the greatest amount of change/impact on program goals	3.79	3.93	2.14
103.	Agenda driven team meetings which reinforce evidence-based practices and fidelity within case reviews	4.21	3.93	1.79
104.	Willingness of staff and purveyor to make it work at the agency	4.43	3.93	2.00
105.	Purveyors and implementers are partners	4.43	4.43	1.86
106.	To have adequate funding for technical support and IT professionals taking feedback from implementers so that innovative technological solutions can be created (e.g. scheduling)	4.00	3.29	3.64
107.	Implementation with newly hired staff is different than implementation with current staff	3.57	3.21	2.00
108.	Inadvertent barriers created by evaluation protocols/requirements (e.g. informed consent, confidentiality, public embarrassment)	3.50	3.07	3.36
109.	The use of technology	3.86	3.64	3.14

110.	Establishing benchmarks for administrative review to track implementation progress	4.14	4.14	2.43
111.	Making referrals for consumers whose needs can't be met by the implementer is a component	3.79	2.64	2.21
112.	The ability of the purveyor to anticipate and have the capacity to respond to cultural/linguistic/racial adaptations identified by implementers	4.36	4.00	2.43
113.	Assistance with setting an initial budget that is accurate and adequate for initial implementation	4.21	4.14	2.93
114.	Buy in from staff, consumers and referral sources	4.57	3.71	2.43
115.	To be aware of whom the program may exclude (consumers)	3.71	3.93	2.07
116.	That legal or liability issues are addressed prior to implementation	4.29	3.93	3.50
117.	A sense of humor	4.64	3.93	2.29
118.	Supportive and collaborative with referring agencies that allow for flow of information in the HIPAA climate	4.00	3.07	3.57
119.	Research in your hands so you can promote evidence-based practice and buy-in	3.86	4.21	2.29
120.	The purveyor's ability to assess how normal the implementer's experience is at different stages (e.g. expectations)	3.79	4.14	1.50
121.	That open communication is fostered among stakeholders and implementers	4.43	4.00	1.93
122.	Reimbursement requirements and duplicate paperwork	3.64	2.71	3.79
123.	To align billing and billing codes with evidence-based practices	3.71	2.86	3.79
124.	To educate accrediting bodies about the new methods of treatment and documentation	3.43	3.50	3.29

Works Cited

Concept Systems, Inc. (2002). The Concept System (Version 1.75) [Computer Software]. Ithaca, NY: Trochim.