



Substance Use Disorders
Center of Excellence

Implementation Readiness Checklist



We know that there are practice models that demonstrate effectiveness in the treatment of a wide range of substance use and mental health disorders. What we must better understand is the profound role facilitators and implementation barriers play in how successfully those practices are delivered in real-world treatment settings — and whether they're adopted at all.

The concept of “implementation science” has taken on a more prevalent role in our thinking about the delivery of known, effective treatment options. Implementation readiness is a cornerstone consideration therein, helping organizations and systems of care identify key variables that can influence an implementation initiative and its likelihood of sustained success.

Why Now?

Motivation to build or begin a program or service can be driven by any number of factors. Identification of unmet needs of those being served, an opportunity to enhance our impact on outcomes, acting on feedback or input from our staff or community stakeholders and aligning service delivery with the priorities of health authorities and funders are just a few of the drivers that inform organizational change efforts.

Why now? What is to be gained from installing this practice for the organization/program?

What specific problem, challenge or unmet need does this implementation initiative solve?

Organizational Priorities



Serving the community and interfacing with many different stakeholders and partners can involve an array of potentially competing interests and organizational priorities. Even the highest-quality, most successful programs are not immune to becoming less than optimally effective when staff members have too much on their plate at any point in time. Strategic opportunities must be managed carefully alongside routine program management to ensure quality performance during periods of growth and expansion or implementation of other large-scale endeavors.

What other initiatives or organizational priorities is the organization undertaking presently?

Are we at risk of oversaturating our staff and leadership and, in so doing, lessening their collective ability to consistently perform their roles at a high level?

Fiscal Health & Stability



The challenges of operating service delivery programs to meet the needs of the community can be daunting and expensive. It is important to recognize that in periods where an organization may be struggling to manage the demands of their budget and associated expenses, creating projects with significant new costs (including the cost of staff time needed for planning, training and supervision) may adversely affect the organization's ability to thrive while maintaining peak effectiveness.

Can we financially afford to be undertaking an organizational change initiative at this time?

Is available funding for this effort sufficient to cover the cost of implementation?

Are there incentives sufficient to justify long term sustainability?

Are expectations for staff performance aligned with the realities of delivering the service (i.e., productivity)? Are we prepared for the costs associated with implementing and sustaining a new approach to care?

Supervision



Perhaps no other variable plays a greater role in predicting the success or failure of an implementation initiative than the clinical and programmatic supervision of service delivery. Workforce development needs have become more critical than ever before. The knowledge, skills, values, beliefs and attitudes that staff cultivate relative to their roles and tasks can make or break the impact of any given treatment model or clinical approach. Training, while essential, is less likely to contribute to practice behavior change than quality supervision. Ensuring that high-quality, consistent and “in vivo” supervision is available to address and inform professional development can make or break project implementation.

Do we have the level and quality of supervision necessary to ensure adequate oversight of the professional development needs of our staff?

Do our supervisors have “doable” jobs?

Is the supervisor proficient in the model being implemented?

If not, is there a plan to facilitate that?

Buy-In



Endorsement of the direction that the organization is taking by every level within that organization informs the likelihood of successful adoption and delivery of any particular treatment model or approach. From the highest levels of the organization (e.g., the board of directors, CEO, COO, CFO, medical director and clinical director) to those working on the front lines of service delivery in the community, decision-making must reflect a shared understanding of the priorities assigned to this initiative.

Does our senior leadership understand the initiative and communicate that it is a priority?

Do the staff delivering the service(s) understand why they're being asked to do so in the ways prescribed by the model or process which is being implemented?

Is there consensus among organizational decision makers to install this practice/approach with commitment to troubleshooting and problem-solving as it is installed?

Staff Engagement & Retention



The reality of any organization relative to their workforce is recruitment and retention of high-quality professionals. As the current behavioral health workforce is evolving, so must an organization that relies on that workforce to fulfill its mission. It is important to distinguish whether our organization's turnover is consistent with regional and national standards, or whether rates of turnover are excessive and may reflect the presence or absence of variables which contribute to higher-than-average rates of staff turnover.

Is our turnover rate “typical” for the market we are working within?

To what might we attribute better or poorer performance with regard to staff recruitment and retention in our organization?



Champions



Both the literature on implementation science as well as the experiences of technical assistance organizations are replete with acknowledgement of the essential role of an internal (to the organization) Champion(s). These individuals facilitate high-performing service delivery for the model or framework being implemented through visible leadership, active “cheerleading,” serving as a “point person” for community stakeholders and providing a voice for the project both inside and outside of the implementing organization

Who are the identified champions of the initiative?

Was this role identified on their behalf by senior leadership, or did the Champion(s) self-identify as wanting to lead this project?

Identified Practice Models



Many evidence-informed practice models are characterized by a fidelity measure, framework or other characteristics that reflect adherence to practice standards and the design of that treatment approach. Faithfulness to these standards and elements of the model that correlate with the evidence for the outcomes of any given treatment modality is an essential element of adoption and delivery of services according to the model/ approach that has been selected.

A thorough understanding of the model's theory of change, including core components and "essential ingredients," is essential for informing adoption or adaptation strategies of the model. Additionally, anticipating required program structure and clinical philosophy, along with the requisite skills, knowledge, beliefs and attitudes of practitioners, allows organizational decision-makers the best opportunity to identify quality improvement strategies and optimal implementation process monitoring.

Have we reviewed each of the model components and what is required of all staff roles with respect to this model?

Does the leadership team have sufficient command of the core model components that they could explain them to staff or stakeholders if asked?

Having reviewed the model components, are there any that seem particularly daunting or even "impossible" given organizational resources and circumstances otherwise?

If so, have we discussed this proactively with the health authority, funder and technical assistance provider(s)?

Lessons Learned



Every organization has its own unique lessons learned from previous efforts to install new policy, procedures or programming. Bringing operations into consistent and routine practice, be it direct care delivery or some other protocol entirely, renders hands-on reminders of “do’s and don’ts.” It equips a service provider with a roadmap of known successes to replicate and equally well-known traps to avoid.

What are your organization’s “lessons learned” concerning successful and/or unsuccessful implementation or organizational change initiatives?

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