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**Great Lakes ATTC – MOUD implementation collaborative Example**

**MHTTC D&I PROJECT TEMPLATE (for Intensive TA Projects)**

**The purpose of this template is to track the course and outcome of intensive TA projects.**

* We will summarize information from forms completed across the Network to inform us about how intensive TA projects are being conducted, and shed light on how we might better use implementation science findings to guide our work.
* Our intention is not to compare Centers to each other. We want to learn how we are all developing TA services and how we can improve as a Network.

**Instructions for completion:**

* #4 Implementation Strategy
  + Format refers to whether the strategy was conducted in person, virtually, via email, phone, or other communication.
  + Full Dose refers to the total number of sessions or units of the strategy.
  + Frequency refers to how often the strategy was set to occur.
* #5 Implementation Process – Complete for the unit of analysis that makes the most sense for your project, likely the number of individual participants and/or the number of organizations, or both.
  + b) How many participants were enrolled at the start of the project?
  + c) How many participants completed the first implementation strategy? To understand whether people or organizations dropped out before the project started.
  + d) and e) – How many participants completed about 50%/80% of the total number of planned implementation activities? To understand where there was drop off or drop out.
* #6 - Implementation/Sustainment Impact
  + a) Reach refers to the number of consumers who received the EBP. Ideally you might also know the number who were eligible to receive the EBP to calculate a percent.
  + c) Adoption refers to the number of providers who started using the EBP. Ideally you would also know the total number of providers to calculate a percent.

**Instructions for piloting:**

* Please complete this template for 2 projects (if possible) that your Center has completed, not projects that are just beginning or are mid-way. We don’t expect this to take a lot of time or that you will go out and collect new information.
* Return the completed forms to Heather Gotham, [gothamh@stanford.edu](mailto:gothamh@stanford.edu) by Wednesday, Feb 26th.
* On the last page, note any questions or comments that you have about the form or the process of completing it.
* Not everyone will be able to answer all of the questions, or have measured all of the outcomes. That’s fine – again, we want to start by getting a sense of our work as we are conducting it now.

**MHTTC D&I PROJECT TEMPLATE (for Intensive TA Projects)**

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|  | **Center:** Great Lakes ATTC **Person Completing Form:** Todd Molfenter  **Dates of Project: Template Completed At (Pre or Post):** Post  **Title of Project:** MOUD implementation collaborative | | | | |
| **1** | **Evidence-Based Intervention/Program/Service Being Implemented (*WHAT)***: Medications for opioid use disorders | | | | |
| **2** | **Target Audience (*WHO*)**:  a) Specify type of organization(s): 4 FQHCs in WI  b) Specify disciplines and job titles of participants: Executive Director, Clinical Leadership, and Clinicians.  c) Specify audience relationship to one another (Check all that apply):  \_\_\_ Multiple individuals across organizations  \_\_\_ Multiple individuals within an organization  \_x\_\_ Teams across organizations | | | | |
| **3** | **Contextual/determinant Considerations** (What are the barriers or facilitators that your participants face?):  a) System factors--external to the organization (e.g., financing; mandates, community, culture): HRSA grant for MAT implementation was a driver for a couple of the organizations.  b) Organizational factors—internal to the organization (e.g., leadership; readiness): Did open enrollment and state’s FQHC association assisted with recruitment.  c) Individual clinician factors (e.g., alignment with existing practice; complexity): Worked with prescribers to build MAT prescribing confidence and clinical staff to reduce stigma towards the AODA population.  d) How were these considerations ascertained? | | | | |
| **4** | **Implementation Strategy (*HOW*)** (Use strategies from attached checklist; add or delete rows if needed)**:** | | | | |
| **Type** | | **Format** | **Planned # of Units** | **Frequency** |
| Multi-individual, team or organization meeting (virtual or in person) | | In person | 2 | Begin and end |
| Interactive assistance - coaching | | Phone | 5 | Monthly |
| Interactive assistance – coaching (as needed) | | Email | 5 | Monthly |
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| **5** | **Implementation Process:**    a) How were participants recruited: Open solicitation through state provider association and state behavioral health authority.  b) # enrolled: \_4 organizations\_\_\_\_  c) # (%) initiating implementation strategy (individuals, teams or organizations):\_4 / 100%\_\_\_  d) # (%) completing 50% of implementation strategy activities:\_100%\_\_\_\_    e) # (%) completing 80% or more of implementation strategy activities: 100%\_\_\_\_\_ | | | | |
| **6** | **Implementation/Sustainment Impact (*WHY*):** | | | | |
| **Outcome** | **How are you measuring the outcome? What were the results?** | | | |
| a) Reach (#/% of consumers) | Organizations measured MAT use. MAT use increased by an average of 10/month for the four organizations. Two organizations began new programs. | | | |
| b) Effectiveness of Intervention/Program/Services (w/consumers) | No universal measures for this. But some of the organizations will report on this. | | | |
| c) Adoption (#/% of providers) | 100% | | | |
| d) Implementation Fidelity/ Adherence/Quality | Not measured | | | |
| e) Maintenance/Sustainment | Organizations will continue to measure MAT use to assure sustainment occurs. | | | |
| f) Cost | Not measured | | | |
| **7** | **Other relevant issues?** | | | | |
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**Determine which best describe the implementation strategies used in your project. They may be discrete, multicomponent, or both. Check them off here, and then fill them in under #4 above.**

**DISCRETE STRATEGY CHECKLIST (check all that apply)**

Evaluative and iterative strategies (e.g., Assess for readiness; Identify barriers and facilitators; Audit and feedback)

Interactive assistance (e.g., Facilitation; Technical assistance; Coaching; Clinical Supervision; Mentoring)

Adapting and tailoring strategies (e.g., Based on barriers or facilitators; Stage of readiness; Characteristics of the Intervention; Baseline performance)

Develop stakeholder relationships (e.g., Identify and prepare champions; Inform local opinion leaders; Build coalitions)

Train/educate stakeholders (e.g., Conduct ongoing training; Develop educational materials; Learning Collaborative; Practice Improvement Collaborative)

Support deliverers of the intervention/program/service (e.g. Reminders; Resource sharing agreements; Role revision)

Engage consumers (e.g., Involve consumers and family members; Use mass media or public service announcements)

Use financial strategies (e.g., Access new funding [time-limited grant or 3rd party insurance]; Provide incentives/allowance; Develop disincentives)

Change infrastructure (e.g., Policy mandates; Alter physical environment)

**MULTICOMPONENT STRATEGY CHECKLIST**

Learning collaboratives/Practice Improvement collaboratives

Check components used:

Multi-individual, team or organization meeting (virtual or in person)

Didactic presentations by experts

Common quality measures collected and shared

Participant presentations

PDSA rapid cycle change tactics

NIATx

Check components used:

Walk-thru patient perspective

Engage executive sponsor (internal leader)

Engage champion

Organize change team

PDSA rapid cycle change tactics

Multi-individual, team or organization meeting (virtual or in person)

Coaching

Implementation Facilitation

Check components used:

Assess readiness and existing process

Outcome data audit and feedback

Planning

Coaching

Organize implementation team

A3/LEAN/Six Sigma/QI/Process Improvement

Check components used:

Organize a change team

Define SMART goal

Identify key drivers/levers/barriers

PDSA

Measure changes/outcomes