# U.S. Department of Health and Human Services
# Health Resources and Services Administration

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's
**Webinar**
*"Setting the Stage: Active Implementation Frameworks to Integrate the Science
and Practice of Implementation"*

March 27, 2012
3:00pm Eastern, 2:00pm Central, 1:00pm Mountain, 12:00pm Pacific

Panelists:
Nancy Gagliano, LCSW
Allison Metz, PhD
Laura Louison, MSW, MSPH

Facilitator:
Holly Wilcher, MS

Operator:  Good day and welcome to the ZERO TO THREE Setting the Stage: Active Implementation

Frameworks to Integrate the Science and Process Implementation Webinar. Today's conference

is being recorded.

At this time, I'd like to turn the conference over to Kelly Clair. Please go ahead.

Kelly Clair:  Hello everyone. My name is Kelly Clair. I'm with iLinc and I will be available today for any

technical questions you may have during the Webinar.

A couple of housekeeping items, there is a hand raise status at the top. We will not be using that

for today's conference.

We will tell you in a minute how to get your questions over to the leaders of the session today. So

please utilize that.

At this time, I would like to turn it over to Maria. Maria, if you'd like to go ahead.

Maria Gehl:  Thank you, Kelly. And thank you all for joining us today for Setting the Stage: Active Implementation Framework to Integrate the Science and Practice of Implementation.

Today we will hear from three presenters. The first Nancy Gagliano is the Director of Home Visiting at Thrive by Five Washington.

Nancy's expertise focuses on implementation, capacity building and ongoing evaluation for continuous quality improvement of evidence based home visiting programs.

Prior to this position, Nancy was the Director of Programs and Evaluation for the Counsel for Children and Families overseeing the EBHV portfolio in Washington.

Nancy has presented at several national conferences and events on evidence-based home visiting implementation.

Our second speaker, Allison Metz is a Developmental Psychologist, Associate Director of the National Implementation Research Network and scientist at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill.

Dr. Metz specializes in the effective implementation and scaling up of evidence-based and evidence-informed programs and strategies in early childhood, early care and education and child welfare settings.

She has expertise in the areas of organizational and systems change, implementation science, capacity building, training and technical assistance and coaching.

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Finally we will hear from Laura Louison, the North Carolina Maternal, Infant, and Early Childhood Home Visiting Program Director with the North Carolina Division of Public Health.

Ms. Louison is responsible for the implementation of the MIECHV Home Visiting Program.

Additionally she works with public and private stakeholders in guiding the implementation of Nurse-Family Partnership in North Carolina.

Prior to this position, she provided quality improvement coaching to mental health organizations and coordinated a resource and referral project focused on perinatal substance abuse.

And I will be your fearless facilitator today. And I am Maria Gehl, a Technical Assistance Specialist from the Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center which is a mouthful so we prefer to call it the TACC and we are hosting this Webinar today.

As many of you know the TACC is quite new and funded by HRSA. TACC operates from ZERO TO THREE and in partnership with Chapin Hall, AMCHP, and WRMA.

We're funded by HRSA to provide many levels of TA support to make the grantees including Webinars like this and very soon you'll be receiving a save-the-date with information about additional Webinars planned for the fiscal year.

Before we get started on the presentation today, I'd like to do a little housekeeping. I want to let you all know that you will be muted for the duration of the call however you're welcome to chat any questions you have at any time during the Webinar.

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You may also wait to chat your questions at the end of the presentation during the question and answer time.

Today, we're going to do our best to answer all of your content related questions during Q&A. And now, I want to thank you all for being here and turn it over to Monique who will provide a welcome on behalf of HRSA. Monique?

Monique Fountain Hanna:  Good afternoon to some and good morning to others. Thank you for joining us for today's presentation on Setting the Stage: Active Implementation Frameworks to Integrate the Science and Practice of Implementation.

My name is Monique Fountain Hanna. I'm the Regional Project Officer for the Region 3 MIECHV and Early Childhood Comprehensive System Grant.

On behalf of my HRSA colleagues, and the nine other HRSA regional offices, as well as our HRSA central office staff, it is my pleasure to welcome all of our states, territories and our various partners to today's discussion on implementation science.

As I was reflecting on today's discussion topic and specifically on the title of setting the stage I was reminded of a well-known quote from William Shakespeare which states that all the world's a stage and all the men and women merely players.

They have their exits and their entrances and one man in its time plays many parts, his acts being seven ages at first to the infant mewling and puking in the nurse's arms.

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As you might surmise by my picture on this screen I'm all too familiar with the first stage as Shakespeare's so eloquently describes it as the first of seven stages of life and that being the one of an infant mewling and puking in the nurse's arms.

On this screen is a picture of my daughter (Janelle) who just turned 4 months of old and unfortunately suffers from gastric reflux so not only does she mewl but she definitely pukes and she does so quite frequently.

Today you'll have the opportunity to hear from presenters about the science and actual practice of home visiting implementation and the necessary building blocks to ensure that your home visiting programs are producing the sort of outcomes that the evidence based models that you've chosen to implement are designed to produce.

I hope that you'll keep in mind imagery the Shakespeare painted of the crying puking child but that you envision that child in arms of a skilled, loving, empathic, culturally competent home visitor who is implementing the chosen model with fidelity.

Again thank you and on behalf of your HRSA team welcome. Maria, I'll turn it back over to you.

Maria Gehl:  Thank you Monique and thank you for that lovely reminder of why we're all here today and what a beautiful reminder on the screen also.

Right now, I'm going to quickly go over the learning objectives for today. What you'll be listening to is going to help you identify implementation prerequisites, examine key activities in each of the stages of implementation process, describe critical components of the implementation infrastructure.

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And we're also going to explore effective methods to problem solve and improve processes and practices, identify structures and functions needed to support wide scale use of effective practices.

And we're also going to discuss two state's approaches to utilize in the implementation science framework including getting started and lessons learned.

So today we're going to tell you a story. And actually it's a story you all know and have been living over this past year.

Just about this time last year you were all more or less in Kansas. A few of you were literally in Kansas but all of you were focused on home visiting activities in your state and excited about the upcoming opportunities for expansion.

And then the tornado hit. This are quickly followed by the competitive grant applications then the fiscal year '11 application and then a focus on the benchmark plans.

It's really been quite a tornado. Right now I suspect some of you are still feeling a little like you're in the tornado and maybe some of you are feeling like you've recently landed in an unfamiliar place.

Our presenters today are going to tell you about their journeys through the tornado and towards quality implementation.

Our first presenter, Nancy Gagliano is going to tell us about getting started. Then Allison Metz from NIRN is going to describe some frameworks and tools that can help you ensure quality and protection from the poppy fields, the flying monkeys, even the wicked witch.

And our last presenter, Laura Louison is going to share how North Carolina has begun to travel the yellow brick road.

So now I will turn it over to a woman with a fantastic pair of ruby slippers, Nancy.

Nancy Gagliano:  Thanks Maria. Did you say ruby slippers? Thanks for remembering my affinity for a great pair shares.

Hello everyone. My name is Nancy Gagliano and I'm the Director of Home Visiting at Thrive by Five Washington.

I want to tell you a story first and it's a real life story on how the world of science and practice can - collided here in Washington.

Once upon a time there was a girl minding her own business implementing a community based prevention program in Washington State.

This prevention program was awarded one of five grants in Washington with community based child abuse prevention funding. And many of you know that that's the CBCAP funding.

The lead organization for CBCAP dollars in Washington is the Counsel for Children and Families or CCF and what CCF does with the CBCAP dollars is awarded grants for two community based programs and these grants are for three years.

But what's interesting about the CCF CBCAP funding is CCF doesn't just give programs the money. No, it's not that simple.

There are all these crazy things that programs have to do under the heading of continuous quality improvement or building capacity for quality program development.

Now the reality was the people running this prevention program in Washington that was awarded the CCF funding had no idea what CQI was, what building capacity for program development was. They were just thrilled they got the funding.

So they got the award, signed the grant agreements and the girl attended the CCF orientation. She was given a big notebook at the orientation with tabs and tabs of all the things the program she was running had to do over the three years to be successful or, you know, in reality to keep the funding.

And the nice CCS staff went over each tab at the orientation. And the tab said things like creating a logic model, quarterly reporting, site visits, written year end reporting requirements and the feedback and coaching that would be provided each step of the way by the CCF staff and consultants to move that program forward.

In reality what the girl remembered most from the full day of orientation was the lunch and afternoon snack.

The girl left the orientation with the heavy notebook in her hand and promptly placed it on her office bookshelf.

As the days passed after the orientation the girl and her team kept doing what they were doing before they got the grant award. They were serving families.

When the first quarter report - when the first quarter came to end the girl wrote the first quarterly report, emailed it to CCF and forgot about it.

After about a week the girl got a phone call from the director at CCF. The CCF director asked - actually they kind of demanded that the girl and her boss come to the CCF office in Seattle that same week.

There were concerns about what the program said they were going to do on the application and what they were actually doing. The girl hung up the phone and burst into tears.

The details about the specifics of what wasn't happening are not so important for this story.

The reality was the prevention program the girl was running was supposed to serve a certain number of families in year one and they were nowhere near that goal by the end of the first quarter.

At the mandatory meetings, the CCF director asked the girl and her boss to develop a three month outreach corrective action strategy to get more families to engage in the services.

The girl was to have weekly check in with the CCF director to let him know how they were doing on their recruitment and would have the opportunity to brainstorm and make adjustments to their strategy to keep things moving along.

And then came the zinger, that there wasn't an improvement by the next quarter report well then the CCF director said the prevention program may not be the right match for the funding.

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All the girl remembered from that meeting was that the director of CCF was dead serious and at the same time very kind. She grew up that day.

So let me fast forward to eight years later in this story. That prevention program that the girl is managing is up and running and serving over 500 parents a year.

In no scientific terms what that girl and her team and that boss and that agency learned was to get great there had to be a plan for what you were going to do, action taken to put that plan in motion, someone that takes a real interest in what you're doing, checks in regularly, brainstorms about course corrections frequently and adjustments have to be made.

Oh and it helps if this someone has some connection to the dollars.

So this program in Washington ultimately helped more and more families for sure. But the way they got to the end point was by building their own internal capacity and implementation but no one was calling it that back then.

Oh and that girl by the way if you haven't figured this out yet became the director of Programs and Evaluations for CCF and is now the director of Home Visiting Enterprise and that girl is me.

I wanted to tell you this story because the implementation is such a process and that it is a process of learning course corrections and it takes time.

Next slide, okay so now let's get back to the bigger ruby slippers of Washington state's state at home visiting.

And as you can see from this slide and I'm sure in your state as well is communities in Washington have been delivering evidence based, research based and promising home visiting services to families for many, many years.

And from this slide you can see that there are multiple funders supporting this work. So like I mentioned, the counsel for children and families, Thrive by Five Washington, United Way, federal funding streams.

But what I'm really going to talk to you about is the home visiting services account. It's one of the funding mechanisms.

Next slide, okay there are - the right slide thanks.

In 2010 Washington state and the private sector started investing together. There was the creation of the Home Visiting Services Account.

The revenues in the HVSA consist of appropriations by the legislature and all other private and public sources deposited into the account. So the HVSA is a funding mechanism.

Washington State Department of Early Learning, DEL contracts with the nongovernmental private public partnership Thrive by Five Washington to administer programs funded through the HVSA.

So what's important to note is that the HVSA requires that we expend funds from this matching account to fund home visiting services but also to develop, administer and maintain the infrastructure for training evaluation and quality improvement to support these home visiting programs.

So as you can see there's been the development at the policy level for quality implementation here in Washington.

Next slide, okay so I'm going to tell you a little bit more about Thrive's role in the HVSA. So Thrive by Five Washington raises a private match for the Home Visiting Services account.

So we do fund development. We administer the grants awarded. And Thrive by Five Washington is also the implementation hub for the HVSA grantees.

And really the implementation hub is a way to centralize the technical assistance for quality implementation.

And so who makes up that implementation hub team we have two staff here at Thrive. We have model consultations, state leaves for the models that we're supporting. We have implementation specialist consultants and as well as a rural specialist consultant.

Next slide please. And like the initial story, although on a much larger scale getting the HVSA Home Visiting program up and running and producing the promise model outcome has presented multiple challenges.

And like this slide shows this feels more like walking on hot stones then fancy ruby slippers. There are definitely implementation challenges at the program level. There are also implementation challenges managing expectations of funders.

And finally there are sustainability challenges. So just in terms about the program level I'm sure you're all aware of these as well.

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Programs understanding of fidelity to the model has been a challenge as well as a programs ability to implement with fidelity data management challenges, et cetera.

I think in terms of the funders we can all understand that all funders want results and they wanted them yesterday.

So setting and maintaining realistic expectations is also a challenge and certainly how do we tell the complex messy work and progress story of building out home visiting.

And finally there are sustainability challenges. We all know about the recession and certainly the challenge of not having a permanent funding stream so the ramping up and ramping down of dollars.

So as you can see the challenges in the HVSA implementation are some very complex details to manage.

Next slide, so as - I really like this slide. So implementing evidence based home visiting programs does not define the evidence based model, getting some training, delivery services and presto all the outcomes are achieved as promised.

Next slide, so I'm going to just briefly share some wisdom that we've learned along the way and what we have done.

The first thing we had to do in trying to understand all these challenges was we had to assess the situation before we could understand where help was needed. And we did this into ways.

For each one was around logic models and the other is around capacity assessment.

So for each and every HVSA grantee we worked with the program to create real program logic models. That is not taking the evidence based home visiting logic model and assuming that programs were actually following that to a T.

But we worked with each program and have developed and have developed and have the programs tell their story of what they're actually doing.

So the logic model was a tool to be used to discover what was actually in place in different communities.

The second thing we did we engage in capacity assessments for each and every program to implement with fidelity.

And we used the friend's discussion tool to assess each program's understanding of some key indicators for implementing with fidelity.

So again we did not assume that it was a given that programs were able to follow the science from the evidence based model.

We intentionally set out on understanding how each program was prepared to implement with fidelity through an assessment process.

Next slide, I'm - okay one second. I'm a little bit lost on my slides. One second, sorry.

Okay at the same time we also have engaged in an evaluation relationship with Washington State University Area Health Education Center.

And WSU has been conducting a participatory evaluation of the HVSA portfolio. And what's funny is the lead evaluator, Chris Blodgett, kept raising this question to, you know, our team over the years, have you read the implementation research, a synthesis of the literature out of the University of Florida?

Next slide, and it's not that we ignored the question from Chris but we were so busy assessing and acquiring information and really the reality was what we were struggling with was what do we do first? There were so many different needs at the program, the model and the system level.

Next slide, and we kept hearing that same question from Chris Blodgett did you read the implementation science synthesis. And I'm not kidding you said this probably 1000 times.

And as the slide indicates we put that off for some time and we were really just reacting and scrambling.

So in a second you're going to see on your screen a question we'd like you to answer. And our question for you is have you read the implementation research of synthesis of the literature?

Please take a few seconds to indicate your correct response. And don't feel bad if you haven't.

So (Holly)? Okay so I'm seeing the results right now and I'm seeing 21% had indeed read the research literature and 59% haven't quite gotten to that yet.

And I, you know, I honestly have to tell you that it really came down to -- the next slide please -- we did finally read the literature.

And it really at that point really opened our eyes to how we could possibly begin to organize all these different challenges. So but it wasn't that long ago. So I want to admit that fully.

And that's, you know, that's basically where we are right now. It's really helped - begin to help us get organized. Maria? I'm going to hand it back over to Maria.

Maria Gehl:  Thank you Nancy. That's a great real world example and a reminder of the complexity of the implementation and also some great examples of why we need implementation frameworks.

And now we'll hear someone who is going to speak more deeply about these frameworks. I'm going to turn it over to Allison Metz from NIRN.

Allison Metz:  Hi everybody. It's nice to be with you this afternoon. I was telling Nancy yesterday when I was hearing her talk about the story about being asked many times had she read the implementation research synthesis that I too was asked that question several years ago as I was doing quite a bit of work around replicating evidence based models at the time it was in child welfare.

And when I finally read the synthesis it was so groundbreaking for me in being able to provide a framework for the kind of really, really challenging work that we're all doing in the field.

And I liked it so much that I ended up going to work for the National Implementation Research Network a few years ago who is responsible for writing that synthesis. So it definitely had a big part in my professional life as well.

So I am today talking about the use of active implementation frameworks and how you can really use them to improve implementation so that we improve outcomes for children and families.

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I always like to start off with a quote. I think this is a great quote for today's Webinar.

It's - it is one thing to say with the prophet Amos let justice roll down like mighty waters and quite another to work out the irrigation system.

When I think about this quote I also think about Nancy's slide when she talked about how, you know, it's not just about purchasing an evidence-based model, doing some training and presto we have some outcomes that are good.

I think all of us in this work now that that irrigation system is actually quite challenging at times.

And so really for many of us this challenge is experienced in the way that we hope to bridge the gap between our best understanding of what works and then getting those ideas out in the practice setting so that we can improve outcomes for children and families.

And so this idea around the research to practice gap are sometimes referred to as the science and service gap.

For us it's really this idea that we need a delivery pathway between research and practice. And implementation is that delivery pathway.

And implementation is defined as a specified set of activities designed to put into practice a program of known dimension.

Feedback pieces really important to kind of take a moment to think about because implementations science is something that's, you know, really part of our ongoing dialogue.

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But really the science of implementation is in service to a very well defined program. So whether you're working with an evidence based model or a adapting one or something that perhaps more in the promising practice category it's very important that that intervention or approach is well defined, that you clearly understand the core components of the program so that you can use the implementation strategies that we're going to talk about in a few minutes.

And so we think why are we focused on implementation? We say it's because children and families cannot benefit from intervention they do not experience.

And while that kind of seems like a dah statement it's actually a really powerful one because many times, you know, that translation of research to practice is hard.

And so if we don't focus on implementation, you know, children and families aren't getting those interventions or many times when we tried to implement we have trouble doing so with good fidelity and we have trouble sustaining interventions over time especially with fidelity to continue to get those good outcomes.

And so we don't have children and families experiencing the intervention in the highest quality way so that they're really not achieving the best outcomes that they could achieve.

So it's really important to think about implementation is that missing link between research and practice that allows us to achieve those outcomes.

This next slide really - and I'm sorry about the lack of animation here on this slide, the quote would have kind of slide in a bit later, but really what this is talking about is that it's really only the

combination of effective intervention and effective implementation strategies where we'll achieve those actual benefits to children and families.

And this quote's very powerful and it's actually from the juvenile justice field, very applicable to all the work that you do in different areas of human services and education.

A researcher Mark Lipsey had done a meta analysis a few years ago which basically means he just looked across a wide range of juvenile offender intervention and interventions that have found to be effective.

And what he found was that in some analyses the quality with which the intervention is implemented has been strongly related to recidivism effects as the type of program so much so that a well implemented intervention of an inherently less efficacious take can outperform a more efficacious intervention that is poorly implemented.

And so what that means is that you can have an intervention that is inherently better than another intervention.

But the intervention that's implemented the best can really outperform an intervention that may even be at face value the better intervention.

And so we're not here saying like let's implement less efficacious interventions of course but really it shows how powerful implementation is and the concept of high fidelity.

Because if you can have interventions that aren't even as good but they're outperforming ones that are better because they're implemented well it does show you how critical good implementation is.

And also when I read that quote what I think about is wow, you know, how powerful outcomes can be if we have not only the most efficacious intervention but the best implementation of that efficacious intervention.

That's where we really start to see socially meaningful impacts for children and families. And so when I read that quote that's kind of where I go and I think it reminds me how important it is that we really focus on high quality implementation.

So Nancy had mentioned this implementation research and synthesis of the literature. And it looked as if about maybe 1/4 of you have reviewed this before.

I just put this slide up there to show where some of this information is coming from. At the time the synthesis was based on several things one of which was a review of the literature of actually 750 journal articles where implementation was tested in some way.

It was across a wide range of fields, you know, including education and mental health, child welfare, even cancer prevention in other areas and what we found was from that research that successful implementation on a useful scale really required the active use of four frameworks.

The first is the use of implementation core component for best practices of implementation which we call implementation drivers.

The next is the purposeful matching of critical implementation activities to the stage of the process.

The next is the use of expert implementation support. We'll talk about that in terms of implementation teams. But there is other ways that you can achieve that kind of support and then a focus on continuous and purposeful improvement. So in the next slide I'll talk about each of these frameworks briefly.

And since we've done that synthesis several years ago we've actually looked at at this point I think it's about 2600 journal articles and continued to kind of code them to see if we can affirm our findings.

And indeed we have been able to and been using these frameworks out in the field for several years and I think are continuing to learn even more about how to apply them and how to kind of really get the high quality implementation.

Let's first talk about implementation drivers. These are defined as the common features of successful supports to help make full and effective use of a wide variety of innovations.

So this really has to do with what were those supports that seemed to be in place when we looked across the literature and we saw interventions that were implemented well and had good effects and they were replicated?

What did we see that seem to be common across them regardless of the intervention itself or the curriculum that was being implemented?

What from an implementation lens seemed to be the important things that were kind of holding the infrastructure in place and allowing that intervention to thrive in whatever system it was being placed into?

And for us it originally fell onto two categories. Across the left side of the triangle you see competency drivers. Along the right side of the triangle you see organization drivers.

At the base of the triangle is leadership strategies. That actually is not part of the initial synthesis. It's some work that we've added later and it's based on the work of Ron Heifetz in the Cambridge Leadership Institute.

I'm not going to talk really too much about that today. I'm going to focus on and the right side of the triangle.

So on the left side the competency drivers are related to how it is we developed, improved, and sustained our ability to implement a new intervention with good effect.

So this is really at a practice level how do we select staff, train them, coach them and assess their performance?

On the right side of the triangle those drivers are related to how we create the hospitable organization and systems environments that really allow the intervention to thrive.

And they include data systems, facilitated administrations which really just has to do with what kind of management procedures and policies are we putting in place at our agencies to ensure that practitioners can do their work and do it well.

And systems intervention has to do with ensuring that we have resources we need financial, human, service resources including external partnership to allow again the intervention to thrive in the current system.

And so when we look across at these drivers what you're really seeing is the infrastructure that's needed to support effective implementation of home visiting approaches and improve outcomes for children and families.

And we may look at these and say to ourselves well these are kind of common activities that everyone already conducts.

So everyone selects staff, and everyone trained staff and those people do some sort of coaching or supervision with staff.

And most people have data systems, and management, policies, and partnerships. And so what's so different about this?

Well when you think about this framework through an implementation lens it actually takes on a bit of a different life form. And I give you some examples.

So when we think about the selection of staff for us when we think about that through an implementation lens we're really emphasizing the development of prerequisites that go beyond general educational and experience criteria and really help us describe what are the unteachables, what really represents the key staff characteristics that would allow them to implement a new service well?

And so just to give an example, you know, if you're implementing an approach that really involves good engagement strategies of families, perhaps an empowerment approach with families, these are some of the guiding principles, you know, it might be challenging to hire someone that perhaps said, you know, I can't wait to kind of roll up my sleeves and do this work and help to fix these families or help them to fix the situation.

And you might say to yourself okay that's a value system that might not mesh with our guiding principles to our intervention.

And while we might be able to orientate this person it could take a long time. And it might be something we'd consider an unteachable or untrainable.

And so when we do selection work we have best practices associated with that where we do things like behavior rehearsals and we do very interactive interview processes.

And I worked a lot of agencies that have installed those best practices around selection that really do not take that much additional resources or time to select that way.

And folks really just say how much it changes the way that they hire staff and they're kind of starting point for their interventions.

If you look across on the right side of the triangle just to give another example around how this might look different, you think of decision support data systems. And while many of us, you know, or pretty much everyone who does this work has some sort of data system it's speaking about how is it that we collect data at relevant and actionable levels and build it into practice routines and really institutionalize the approach of using data to drive decision making and continuous improvement.

That is very, very hard to do. For the most part I think data is collected but folks don't exactly know what to do with it or data collected for compliance purposes or monitoring purposes rather than improvement purposes.

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When I was introduced I said that I had done quite a bit of work in child welfare. And that's, you know, certainly a field as education and many other fields that I've worked in that's compliance driven.

And so to kind of break that paradigm and to move into a new one where we're actually using data and not kind of infidelity and the concept of measuring performance assessment not as really a (got you) moment but is a how can we help do this better moment. It's really a paradigm shift.

And so those are just a couple examples of how when we use the best practices associated with each of these drivers think about them through an implementation lens.

They take on a whole new meaning and they really create that infrastructure to effectively and sustainably implement new interventions over time.

So this chart is one that actually is an example that comes from the field of education but I thought was just really applicable to the conversation today.

It's looking across different districts across the country that were implementing a variety of comprehensive school reforms.

And it started out with good intention that every teacher would be trained and every teacher would be continually supported in a way that they do their work.

Years one through three in the studies that were done fewer than 50% of teachers actually receive training and fewer than 25% of those teachers received ongoing support.

But they didn't really receive that mentoring and coaching that was so critical for them to translate what they learned in training and to generalize it to a real practice setting.

So when you look at outcomes in years four to five fewer than 10% of the schools use this DSR, the comprehensive reform as intended and a vast majority of students do not benefit.

I think this is a story that we know a lot and it goes back to that first quote, you know, that children and families cannot benefit from services they do not experience.

I think this really represents that, that we sent out with those good intentions and in the end in this study, you know, the vast majority of kids did not receive those reforms and did not benefit.

When you think about the drivers triangle you think to yourself okay there was some failings there. You know, you think okay, so training on the competency side didn't have ((inaudible)) or didn't have an effective lead and it didn't reach all the teachers it should have.

And an ongoing coaching in the fields moving up the triangle didn't happen. And so, you know, as you continue about the triangle you could say to yourself so it would make sense that we wouldn't really have fidelity to the model if the training and coaching, you know, weren't put in place. But it's more than that if you really think about the drivers in an integrated way.

You look on the right side of the triangle and you think to yourself well what could have gone wrong on that side of the triangle in terms of why was training not provided to everyone in a timely way?

Why was coaching not going on in a meaningful way for all these teachers so that they could generalize these fragile skills into the classroom?

Well, you know, you could say to yourself think about that facilitative administration driver that I said was really about management, and policies, and procedures, and kind of processes that are put in place for administrators and leaders to ensure that practitioners can do their work.

So where is the failings on that side of the triangle? So, you know, were there not leave times set up so that teachers can actually go get the training that they needed?

You know, was there not policies put in place that supported ongoing coaching, or I might look at the systems intervention driver and say, you know, was this an external resource issue or a partnership issue why these things didn't happen, or am I caught on the bottom of that right side of the triangle and say how are we using data during those five years?

When did we - when could we have figured out what could have been a critical decision point for us to see hey, actually teachers aren't getting what they need and we don't have fidelity to these models and we're not getting good outcomes?

So how was data driving continuous improvement during those five years? So I think it's a good example to show how the drivers are really quite integrated.

So if you see the training's not happening your mind kind of moves all around the triangle to kind of see what's not happening at a systems level to support that.

So I'm going to - and next we're going to see in a moment on your screen you're going to have a question that asks you in your experience in implementing home visiting programs have you paid more attention to certain implementation drivers than others?

So, you know, has it been you focus more maybe on competency drivers are more on organizational drivers or maybe you focus on many of them but have not focused enough on the data piece or things like that?

I'd be curious to see your answer to this question. And if you would like to have a comment about it feel free to put that comment in your public chat in the lower left of your corner and just to provide some context for your answers.

Okay so it looks in the results that more of you are saying that you have paid attention to certain drivers more than others.

So it's looking like more of you are saying you definitely have not, you know, devoted an equal amount of time to all around that triangle.

And, you know, so that's an important thing, you know, to think about. Some people are kind of writing it down the public chat that they've paid more or less attention to certain drivers some examples to do with the data and decision making drivers, the training driver.

And I think that this is a really good thought because it's that full infrastructure the really allows us to kind of contain and sustain that intervention so we can confidently use it over time. And so for kind of missing pieces on the triangle it does cause some challenges for us.

This quotes says all organizations and systems are designed intentionally, unwittingly to achieve precisely the results that they get.

And really what this means is that we are set up to get the outcomes that we're currently achieving. And so it is this idea about, you know, practice change cannot happen without accompanying system change.

So when we think about what it takes we need to develop, improve and maintain that competency. Those are competency drivers.

Develop improve and sustain hospitable organization and systems environments, the organization drivers and then use those appropriate leaders of strategy which we did not really talk too much about today.

And really this is so important because when we think what typically happens when you start a new innovation and, you know, when you're thinking about your evidence based home visiting model many times what happens is as that model enters your current system, your current system is pretty powerful and we kind of call that the status quo.

And many times what we see happen is that system really pushes down on the new model and it's at some point that model changes to a combination system.

And you look over time and you look back and you say to yourself boy when we first conceived this two or three years ago I didn't think it would turn out this way.

And it's because your system really push down on the new innovation you were trying and that new innovation ended up being modified to accommodate the system.

But really what we want to happen is the other box, the one with the red writing where it says that the existing system is changed to support the effectiveness of the innovation.

So it's not that the innovation that has to change to accommodate the status quo but the status quo has changed to accommodate the innovation.

You're making those changes at organizational system levels to ensure that that the new intervention that your trying out has a fighting chance.

And so this is really about this kind of idea about the right side of the triangle really being in service to that left side of the triangle.

The second framework that we found in looking through the literature is that implementation really happens in discernible stages.

Now is it a completely linear process. That's really not so this graphic's a bit misguided in that sense. But it's easiest way I think to present the information.

You know, many times we move from one piece of an implementation stage where we have to move backwards at some point to where some of the stages are overlapping and we're kind of working between two stages at one time.

But for sure what we do know that there are key activities and key components that need to happen during each stage of implementation and that we don't really get the - it's not really okay to skip any of these stages should I say.

So exploration that's really when we're assessing the needs of our target population, we're examining the fit and the feasibility of implementing certain program models in our community,

involving stakeholders, operationalizing models more fully if we need to and making a decision to move forward or not.

Really the hallmark of exploration is making a decision about whether it's desirable and feasible to move forward.

And really what I'm thinking about with the drivers during exploration is I'm thinking about what would it take to install all of them?

So if I'm thinking about a certain model I'm wondering how feasible it is for my community to implement that model I'm thinking about selection, training and coaching practices.

I'm thinking about what data systems would need to look like. I'm thinking about what policies I might need to put in place.

So I'm kind of moving up and down that triangle during exploration as part of my feasibility assessment.

Installation this is, you know, a stage of implementation that's often overlooked. Many times we do an exploration work and then jump right into delivering services.

Installation is really that gap period between making a decision to move forward and actually serving families.

And during this period, new services are not yet delivered but you're developing the implementation supports that are making those necessary structural instrumental changes to move forward.

So thinking about it you're really installing the drivers right now. You're putting the training plan in place. You're getting your data system up and running.

Initial implementation is when you actually initiate service delivery. You're doing a rapid cycle problem solving by, you know, breaking that paradigm down and using data to drive decision making and not just for compliance purposes.

And then over the course of two to four years your finally move to full implementation where you have skillful, scrutinized practices.

Your system and organizational changes are institutionalized. And it's really now that it would be appropriate to measure child and family level outcomes.

So in a moment you're going to have a question appear on the screen we are just kind of curious what stage do you feel that you're currently in when it comes to implementation exploration, installation, initial implementation or full implementation, could get the results here in just a moment.

So it sounds like a lot of you are kind of in that initial implementation stage. About 1/4 of you, about another 18% or so are in installation.

So many of you are in those kind of middle stages. So that's actually very interesting as we talk about this and really a chance to think about on your infrastructure and ways to strengthen that. We'll move back to the presentation.

So in the final two framework -- this is the third framework -- is really about that organized expert support.

And, you know, for the most part we work in paradigms as well around letting it happen and helping it happen when it comes to translating research to practice.

What that means is we just hope that people will read information and can do something with it or helping it happen might mean that we do have some training manuals or some other kinds of tip sheets provided.

But in both those cases recipients of the information are accountable for actually putting things in practice where making it happen means that we're actively building on those expert teams, the kind of supports that are necessary, building the capacity to have effective implementation in your community or county or state.

And we call those implementation teams other - they can be internal in your state. They can involve external consulting.

You can have purveyors or program developers. So if you're working with evidence based models they typically come with program developers attached that can help do some of this work.

So that's really the kind of a making it happen strategy that we're really looking at implementation teams. And again they can look a little bit different. But they - what they really do is they provide an accountable structure to move through the stages of implementation.

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The scope of your initiative really determines what you're teeming structure looks like. So it can look pretty different in different states I've worked in, those teeming structures in the terms of memberships and roles and how many teams there are look different.

But the focus is really on buying and readiness, installing and sustaining the drivers. So this - these are groups of folks that are fluent and understand the concept of implementation science and the infrastructure needed to do the work.

And they're really monitoring whether not all the pieces of the puzzle are in place. They're thinking about fidelity and looking at whether that's correlated with outcomes. They're doing that good faith based work, looking at systems alignment and problem solving.

The last framework is on improvement cycles. And this slide really talks about how new practices do not fare well in existing organizational structures and systems, kind of going back to that idea there we're talking about that many times the innovation has changed, you know, based on the system rather than the opposite happening.

And really what we know is that people, organizations, and systems cannot change everything at once. We can't stop and retool. We need to keep serving families even as we're trying out new things.

And many times outcomes are predictable and we don't know what to do at every step of the way which is why it's so important that we have as part of our culture, a learning culture and learning communities where we're, you know, incorporating very traditional PDSA cycles which I'm sure many of you are familiar with the idea that we plan, we decide, what we want to do we do it, we study and we look at the results of what we're doing either at a process level or an outcome level.

And then we ask, we make adjustments based on those results to improve how we're doing things and then we do that cycle over and over again.

And one of the many, many different kinds of PDSA cycles, you know, I mentioned rapid cycle problem solving, you know, things like that are considered PDSA cycles.

And your implementation teams are really actively doing those PDSA cycles when they get together.

But kind of a larger PDSA cycle I just wanted to bring to our attention is this idea of policy practice feedback loops because I think we're really good at one part of this feedback loop which is that policy, good policy enables good practice.

But really there's many times barriers experience implementation that happen at a practice level that could really only be solved at a higher level in the system including a policy level.

So how is it that a state can institutionalize its policy practice feedback loop that works in several states where we've been able to do this work and be able to get at least on a quarterly basis practitioner level experiences set up to leadership teams that feel accountable on that state administrative level to get back to counties and practice levels to provide feedback and recommendations and things that they're doing to make those system level changes that are necessary to facilitate good implementation.

So it can be done. And it's something that I've seen done well. And it's very important for sustainable implementation.

So in summary it's really about the purposeful selection of an effective and feasible home visiting model.

You want to conceptualize the change process where you're using stage based activities to guide the process.

You're focused on those drivers to build your infrastructure. Your work is never done and you always looking at those improvement processes. And you really invest in that development of organized expert support. Thank you.

Maria Gehl:  Thank you so much Allison. That was great. And as I was listening I really felt and saw a lot of the aspects of the MIECHV program knowing what states are doing around some of those driver areas.

And I also thought it was interesting in the stages of implementation where states are probably feeling possibly with different sites they're in different stages. And so the complexity of what they're having to attend to is really something.

Now we're going to move on to our final presenter Laura Louison from North Carolina.

Laura Louison:  Thanks Maria. Hi everyone. My name's Laura. I am going to talk about North Carolina's efforts over the past two years to use the frameworks that Allison just talked about to structure the implementation in our home visiting activities operating out of the State Division of Public Health.

And I want to say that I really appreciated Nancy talking a little bit about how they felt like they kept coming back to the implementation synthesis and coming back to the document and felt a little bit like they were sort of bumbling around before having that guidance framework.

That's true for us as well. I think we have been very lucky over the past year. And I really want to thank Allison. We worked so closely with them and Allison's colleagues at NIRN.

And that has been incredibly helpful for us in providing a structure for everything about implementation (win).

But that doesn't mean that we've got it down even close to perfect yet. And this is very much still a work in progress for us.

Very briefly, home visiting in North Carolina pre-MIECHV I think what's very similar to what Allison just said - I'm sorry what Nancy described in Washington State we had a network of home visiting models across our state with varying funders, expectations, infrastructure, scaffolding, varying levels of model fidelity.

And North Carolina similar to Washington made a commitment on the kind of the public and private funders to think about using funds collectively to support effective implementation in evidence based models.

And that includes not just funding the models themselves but also funding some of what we call the scaffolding or the infrastructure to support them.

So that was true for our funding of North Family Partnerships in North Carolina prior to MIECHV and really laid the groundwork for us as we moved into the MIECHV era and the tornado in thinking about what we saw as being necessary or important to really be able to support evidence based practices in that field.

So like all the states North Carolina was very excited by the federal funds that were made available through the Affordable Care Act for home visiting.

And like all the states we had to move very quickly to create our state plan in response to ((inaudible)) and move forward.

So I'm going to talk a little bit about our implementation of the MIECHV funds around the implementation stages that Allison laid out just now.

And I'm thinking through sort of what our implementation has looked like at varying points.

And I'm going to talk about it from both the state level, so what we've done at the state in order to support implementation and with respect to the framework and then also at the local level because we tend to see that they are truly a parallel process and inexplicably linked.

So it's isn't enough for us to support good implementation of evidence based practice at the local level. We have to sort of practice what we preach at the state level and be a facilitated administration ourselves and that has had its challenges as ((inaudible)) I think because ((inaudible)) situations in North Carolina.

So starting with the exploration and sustainability phase because of the tight timeline with which you're all very familiar so ((inaudible)) we didn't have as much time to spend in this space as we might have liked.

But we did our best to work at both the state and local levels being - doing some expiration work around thinking about (between need) we need and models so insuring that we were having truth

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- collecting evidence-based on (living) models that really met the needs of our state and more importantly the specific communities within our state.

At the state level this looks like having conversations with our stakeholders around where home visiting fit within our state's comprehensive early childhood system.

And so one of the things that our work with NIRN has really illuminated for us is the fact that we can do grants management or we can do program implementation.

And grants management is often our default strategy where we, you know, sort of check boxes and ensure that we keep and maintain our funding stream and do our best to monitor what the activities are in that grant.

Whereas program implementation is thinking about the broadest scope of our work and how that fits into a larger system.

And so as part of our pre-((inaudible)) state plan we really try to have some of those conversations and think through where some of the things fit in ((inaudible)).

At the local level we tried to support that same work happening in communities. But we I think like many other states put an RFA process for our MIECHV grantees.

And so we had a two stage RFA process that we worked very closely with our NIRN consultants on through - have it - and it was unusual for us. It was different than how we typically do RFAs.

We did a first round of the RFA that was a paper application we had to, you know, submitted budgets and submitted proposals.

And we worked with NIRN to embed questions in those applications that were related to their capacity and readiness of applicants to successfully implement or expand their home visiting programs.

So those questions got some of the organizational drivers that you saw, some of the implementation drivers that often talked about. They talked about community and stakeholder support.

They talked about those experience implementing evidence-based practices. And that was very helpful for us in our selection.

You know, we had folks who had done a lot of implementing the DPs and we had folks who could only identify (WIC)s as an evidence based practice that they had a history of successful implementation. And which is wonderful it doesn't - it's not quite the same thing as what we're talking about here.

We then did a second round of our RFA process with our top candidates. And we did site visits, local site visits where we not only did our typical maybe what we might do in a monitoring site visit or we met with agency staff and administrators.

But we also did a part two of each site visit where we met with community stakeholders and groups to have a sense of what community by in looked like, what are the visiting programs - how will be integrated in the larger community.

And we ended up with funding seven sites. We funded four nurse family partnership sites, three Helping Families America sites, and we have a really nice mix of rural and urban sites as well as

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brand new start up sites and expanding sites that had a history of successful implementation prior to MIECHV.

So it's a very nice group of folks with diverse experiences. And obviously these programs operate in collaboration with many other home visiting programs in our state.

So I'm going to talk about our next phase which is the installation phase. And this is the phase that Allison talked about where you have an opportunity to almost pause between selecting your model and implementing it and make sure that you have all of the resources aligned that you need to support implementation and that you have created implementation teams.

I'm going to talk about this - how this played out both at the state and local the local level. And the pictures you see on the left is Oz the Emerald City. And kind of imagine that as the government ((inaudible)) historically. And on the right is my ((inaudible)) and you can think about that of the local ((inaudible)).

In thinking about our installation phase at the state level we have faced a number of challenges.

And in some ways we ended up moving into implementation with our sites, funding our sites and moving forward and supporting them without ever having really completed what we would have liked to during our installation phase.

And we operate within a bureaucracy in the Division of Public Health that was probably very familiar to many of you.

And that bureaucracy is not always as flexible and responsive as we want it to be. I really appreciated Allison talking about several of the assistance teams and how we need teams to come from our innovations up and often it comes in other directions.

And so we have faced roadblocks in our efforts to sort of implement the frameworks and best practices that we know about implementation at the state level.

And there's been roadblocks in terms of HR and having a full implementation team being able to hire the folks we need and contracting and those (changes). And so this has been an ongoing challenge for us. And we see our picture of the - I think it's gatekeeper of Emerald City up in the right corner.

And that's because we've got lots of gatekeepers in state government that we work with.

And so we are - this is an ongoing process for us in an effort to figure out how the Division of Public Health, how a state agency ((inaudible)) should be a facilitated administration that supports effective practices at the local level and can be responsive in that policy to practice feedback loops. So we continue to work on that.

I'm going to talk a little bit more about how we supported our sites at the local level and move through that installation phase and into implementation because all of our sites are currently implementing and serving families or about to serve families in the next week or so.

We did some work with sites prior to initiating our contracts that during the implementation phase that we did a number of things in those site visits to prepare sites for what we kept describing as this isn't business as usual.

We're not just going to do your monitoring and go away. But we really are going to be where Nancy talked about in the beginning about an ongoing constant supportive presence to your sites. And at least we hope they perceive it that way.

So we had them work with sites in those site visits in establishing mutual expectations in terms of reference.

And it's developing and sort of putting into policy communication mechanisms to ensure we have a policy to practice ((inaudible)) for that site.

But we've actually seen that play out really nicely that sites to engage the challenges around referrals and care management in that phase.

And with the support of the National Implementation Research Network we've also focused on training and are creating mechanisms for folks to share lessons learned throughout the installation phase around selection of staff and around data system building and around putting policies and practices in place that tends to support ongoing live processes.

So we've done that through one on one TA. We've done that, you know, Webinar with our folks very similar to what you saw today on implementation so that everyone had a common language and we've done a lot of work to (be a) common language and an implementation.

We've done a lot of focus work with sites on sharing lessons learned as they got their programs ready to go in the installation stage particularly around inflection, hiring and behavioral peripherals. And that was very interesting for ((inaudible)). And people felt like that was very beneficial.

One of the challenges we've had -- and this is where we're going to get some feedback from you all -- is one of the challenges we've had has been in making this information relevant and interesting to front line staff.

And so we made a commitment in the beginning that we wanted this not just to be information that we were disseminating for administrators and supervisors but that we wanted to get home visitors engaged as well.

And so we have ((inaudible)) is engaging some of our home visitors in this implementation science and making it interesting for them.

So in just a second you will see a screen appear with a question. And we'd like you to mark your answer to the following question.

And the question is is this implementation science relevant to home visitors so thinking about front line staff who actually do the work in the home? Your options are yes, no, or not sure.

And if you select that please let us know in the public chat box on the bottom on the inside of your screen how you think home visitors can use this information to inform their practice or how you perhaps have done some work in making this (salient) relevant information from visitors?

And we'll pause for the results to come up. It seems like the majority of folks think that yes it is relevant.

And not just certainly what we think as well I'd be curious if you had any thoughts or feedback if you could share them in the chat.

I can tell you that one of the things that has resonated with home visitors is learning some of the QI tools, in particular the PDSA cycle.

We did some training with home visitors at a three day grantee meeting around practicing the PDSA cycle and put in place a accountability mechanism for them so that we would check in with them to see about where they were in their (commitment cycle).

So that information in particular having something concrete and actionable that's helped ((inaudible)) home visitors.

And I'm also just going to talk very briefly about I see that we had a kind of in the public chat it talks about home visitors feeling included and so that they think their ownership and understand what they're doing.

And that's a completely different sector that we ((inaudible)) system. We wanted the - I think this information can be very empowering for home visiting staff because it can trace their working context.

I think often we think about success or failure of intervention just happening sort of discreetly at the individual level.

So why couldn't this home visitor make this work or how come this relationship was a failure when often there are, I think what we see in implementation times is there are so many reasons that things are perhaps not able to be successful that are outside the scope of an individual's practice.

So I agree. I think this information is really relevant and interesting for home visitors. But it is a challenge for us to make it not feel overwhelming, particularly those are coming on and being trained. And it's also important for us to make it, you know, connected to their work.

One of the - our challenges has been working with a four county rural implementation project -- that's one of our mission grantees -- where there are a history with healthcare professional shortages and also a history of collaboration and public health projects.

But that's not in our experience implementing evidence-based projects and not as much experience working with a program that requires model fidelity.

This is a fact we've had a lot of very focused TA raised with the four counties. And so we've brought people together with the host organization who is the actual, the recipient of our funding to do the same kind of work that at the state level we're doing with our sites we're having these four counties do the vetting.

So and that's establishing terms of reference and communication goals and establishing an implementation team at the local level just doesn't just include folks from the grantee organization but includes folks from all four counties.

So everyone who's on an implementation team represents a stakeholder group. And that's really important to us because this is not a project that could just be isolated in its host organization.

I think this is a - these four counties I think at last count had close to 20 possible referral partners that were just providing communal care.

So we needed to have really comprehensive buy in from those folks in order to make this work. And so this has been an ongoing learning experience for us about how to support a group I guess with so many different stakeholders, so many different partners how to support that in an effective implementation and linking them to each other.

So Maria I'm going to turn it back over to you I think and...

Maria Gehl: Yes, thank you Laura. That was another great presentation and I think had a lot of relevant information as well as some concrete ideas for folks on getting started and working with sites.

So at this time we're going to move into the question and answer portion of our time together. And we have received a few questions.

If you have additional questions please type it into the chat box in the bottom left-hand corner and we're going to take questions in the order they've been received.

So the first question that I received is asking the presenters if they could - if they had ideas about how to help policymakers and funders understand the importance of funding this kind of work and also if there were any ideas about, you know, why the models are not paying for this specifically? And that wasn't directed to anyone in specific.

Allison Metz: I think answer Laura might be a better person to answer the question but I'll - this is Allison. I'll just chime in really quickly which is I think in terms of getting, you know, policymakers to understand how important this kind of work is I think a lot of it does have to do with data and with what current outcomes look like.

And there's still a lot of information around the gap between getting evidence into practice and maintaining fidelity and getting good outcomes. There's cost issues associated with that.

So there can be some really compelling kind of research and, you know, economic evidence as to why implementation science, you know, can be so important. And what was the second part of the question Maria?

Maria Gehl: The second part...

Allison Metz: So the yes the program developer piece. They need - they have this kind of mantra at NIRN which is that not all purveyors are created equal which is the idea that, you know, purveyors and program developers do offer very different things.

And some do just provide training. And so for us they would not fall in the category of a purveyor if that's all they provide.

A lot of the purveyors for evidence based models provide much more than that. They do provide fidelity and monitoring and support around data systems and, you know, support around thinking through systems barriers and other things like that. A lot of them are in the form of learning collaboratives that provide that so one of the things that we talked about is being a very good consumer of the evidence and consumer program developers.

And so kind of going back to the triangle the infrastructure pieces, you know, many times when we're kind of energy link purveyors, you know, we - we're kind of moving up and down the triangle have a sense of what do they help us install beyond just, you know, initial training?

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And if they can't help us install certain things we have to then look internally and see whether we would have the capacity to implement that ourselves or to develop the things that we would need to develop.

So but a lot of good purveyors do provide anticipatory guidance related to the right side of the triangle and kind of go beyond just the competency piece. But again I'll let Laura and Nancy offer their perspectives.

Laura Louison:  This is Laura. I think one of the challenges we've had is where we work with purveyors who don't offer that, that we have wrestled as a state with what it means for us and to develop that system for ourselves whether that's sort of what's the resources and time that it takes to develop that kind of structure and scaffolding or not.

And I don't know that we've reached an answer on that. I mean I think we seem to be more or less successful depending on models.

Nancy Gagliano:  This is Nancy. I want to just echo what you were just saying. I think that we in Washington I think that that's the question were, you know, struggling with now in terms of just our funders too is trying to explain if a community is interested in implementing a certain model and there isn't the support embedded in the model that the investment has to come from the state in order to move that model along.

And we are doing some, you know, very preliminary work right now with some of the national models to address some of these concerns. It's a really good question though.

Maria Gehl:  Thank you all. And I'm going to go to the next question which I think may have partially been answered. It came in during the presentation.

And the question is does systems intervention include advocating for policy and procedure change at the state level or is this only looking at the organizational level?

And that came in before that policy practice feedback loop slide. But I think and I know Allison you had a few things to say about that but I don't know if you want to maybe give a concrete example of how that is working and also Laura and Nancy could maybe speak to how that might look in their states?

Allison Metz:  Yes so the answer is yes, for the systems intervention it does include advocating at the policy level.

Many times the things that fall kind of more in the organizational management level I kind of put into the facilitative administration driver.

So I would think of that kind of advocacy work is really falling into the systems driver.

And for sure a lot of that has to do, you know, with work that I've done, you know, advocating with your state legislature and getting things put into statute that need to be or getting things codified and extra funding for that.

And so those are the kinds of things that sometimes are your longer term strategies. You know, many times the quick wins associated at the systems level have to do with simply getting buy in for kind of certain activities or kind of getting key partnerships on board.

And some of the actual changes that might need to be made with the state legislature or it's that kind of advocacy work is sometimes the things that take a bit longer.

So for sure one of the things I like to do with all the drivers is to identify the quick wins and the things that will take a little bit longer because we put infrastructure in place that's going to add this little piece.

One of the things that I've learned over the years is getting at least one or two quick wins for every driver is so critical for momentum.

Maria Gehl:  Great. You know I'm looking at the clock here and we only have about two minutes left. And respect for everyone's time I think we're going to move towards a wrap up.

We did have a couple other questions that came in that are great. And I want you all to know that the implementation science framework conversation will continue in a variety of ways so your questions that you sent in won't be lost and we look forward to having more discussion about this in the future through our technical assistance coordinating center.

But right now I want to say thank you so much to all of our presenters and to all of you for joining us.

And before I send you off on your own journeys towards the Emerald City, the wizard, and all the answers to your home visiting questions we do have one very important request.

You will be receiving a feedback form from Africa Queen within the next 24 hours. And I know that all of you realize how important add a collection is.

So we would truly appreciate you taking a few minutes to complete the form and give us feedback regarding your experience during the Webinar today.

And I am looking at the clock and it looks like we're just one minute to go so thank you all again for joining us and we look forward to sharing more discussion on our upcoming Webinars. Bye for now.

Operator: And that does conclude our conference for today. Thank you for your participation.

END