

*Establishing mental health as a cornerstone of overall health*

**10**

**TOWARD BEST PRACTICES**

**Top Ten**

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**Mental Health Research Findings**

**Volume 5  
2009**

**Ohio**

**Department of  
Mental Health**

**Office of Research and Evaluation**

**May 2009**

## **Mission**

Our mission is the promotion and establishment of mental health as a cornerstone of health and wellness for individuals, families and communities throughout Ohio.

## **Vision**

We envision a sustainable system of care where recovery is expected for people with mental illness and all Ohioans can access quality treatment and supports that are responsive to their cultures, preferences and values.

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## Department of Mental Health

Ted Strickland, Governor • Sandra Stephenson, Director

April 17, 2009

Dear Colleagues:

It is my distinct pleasure to communicate with you regarding this fifth edition of "Top Ten Mental Health Research Findings," with a focus on implementation of Evidence-Based Practices from the Innovation Diffusion and Adoption Research Project (IDARP). I came to the Department with a deep appreciation of the work accomplished across our great state to move behavioral health research to practice. In my previous position as a director of a large, urban community mental healthcare organization, I was gratified to have the opportunity to work with Ohio's Coordinating Centers of Excellence in the challenging process of implementation of Evidence-Based Practices. I often stated that we had so very much opportunity in Ohio to support consumers' recovery processes through selection and implementation of these practices and that we needed to challenge ourselves to be involved and to embrace change processes.

The ODMH staff and I are committed to continuing and strengthening our support of the Centers of Excellence. Research accomplished through IDARP is significant in this support. I ask that providers, boards, consumers and family members carefully review the information presented in this "Top Ten" edition, and commit to required work to assure that Evidence-Based Practices are available and accessible in all communities across our state. The information in this publication can serve as a road map to understanding "the right stuff" of successful adoption and implementation of these practices.

I know that so very many of you participated in interviews as the researchers involved in this project gathered information that led to findings presented in this publication. Thank you for your willingness to give your and your staff members' time to share your experiences and thoughts, and to be involved!

A handwritten signature in black ink, appearing to read "Sandra Stephenson".

Sandra Stephenson, MSW, MA  
Director



## Department of Mental Health

Ted Strickland, Governor • Sandra Stephenson, Director

April 17, 2009

Dear Colleagues:

All of the findings in this booklet have come from our Innovation Diffusion and Adoption Research Project (IDARP). You will find a short description of the research on the next page.

We are very aware that it is difficult for busy service providers and administrators to find the time to read long research reports, particularly in these challenging times of financial crisis. A number of years ago we developed this very short format to give readers a sense of the major findings of a study. The IDARP findings have very important implications for improving services and outcomes for consumers, and we hope that you will be interested in reading more. After the discussion of each of the results, you will find a citation to a publication that will give you more information about the methodology of the study and the wide range of results we have found. If you do not have these documents, please get in touch with us and will send them to you.

We hope that you will be able to use these findings, even in these troubled times, to contemplate adopting an evidence-based practice, either now or in the future, or to enhance your changes of successfully sustaining a practice you are already implementing.

We would very much like to talk with you about your questions or hear about your experience in using the research results.

Sincerely,

A handwritten signature in black ink, appearing to read "Dee Roth".

Dee Roth, M.A.

Chief, Office of Program Evaluation and Research, retired April 2009  
(renamed Office of Research and Evaluation in May 2009)

# Overview

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The IDARP research has been studying the processes by which mental health provider organizations consider, adopt, implement and sustain or fail to sustain evidence-based or other innovative practices. The IDARP research focuses on two broad questions:

1. What factors and processes influence the adoption of evidence-based and other innovations by mental health provider organizations?
2. What factors and processes contribute to the longer-term assimilation and outcomes of these innovations by adopting organizations?

Information was gathered from 71 organizations that have adopted or considered adopting one of four evidence-based practices (EBPs) and from the ODMH Coordinating Centers of Excellence (CCOEs) disseminating the practices (Multi-Systemic Therapy for youth, Cluster-Based Planning, Integrated Dual-Disorder Treatment for individuals with mental illness and substance abuse, and the Ohio Medication Algorithms Project). Of the 71 organizations, 19 adopted two or more EBPs, for a total of 91 projects that were studied.

Key decision-makers, implementers and community collaboratives participated in extensive interviews and completed surveys that elicited information about perceptions of the adoption process, strategies and tactics used to plan and implement the EBP, the EBP itself, characteristics of the organizations, outcomes of the practice, relationship with the CCOE and several environment-level variables. Data were also gathered about the projects from CCOEs, that is, the organizations which provided training and technical assistance about EBPs and served as state-wide purveyors of these practices. The data gathering process was longitudinal; it followed organizations' progression through the stages of initiation, decision, adoption, implementation and long-term success, failure or de-adoption of the practice. Data were gathered at four time points, covering a period of six years.

# 1

## Organizations that decide to adopt evidence-based practices (EBPs) think implementation involves less risk than organizations choosing not to adopt.

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The decision to adopt EBPs is a decision made in consideration of risk. The perceived risk of implementing is a telling indicator: organizations are more likely to adopt EBPs when they perceive the risk as low. The perceived risk of implementing is lower among organizations that believe they have the capacity to deal with challenges that arise during implementation.

Contrary to popular views that early adopters of innovations are willing to take enormous risks, data from the IDARP study offer the novel idea that early adopters act because they see the risks associated with adopting as **lower** than their non-adopter counterparts, partly because the risks are seen as more manageable. Findings also indicate that organizations' perceptions of the risks associated with adoption can be influenced by the amount and sources of information they have about the practice.

### **Decision Implications:**

The risk of adopting an EBP is in the eye of the beholder. In other words, the relative benefits of adopting an EBP cannot be judged in the abstract; they need to be evaluated with regard to particular organizations and contextual conditions. However, views about risk can be changed as a result of exposure to certain sources and types of information. Efforts must be made to expose potential adopters of EBPs to available scientific evidence and to current adopters who are seeing favorable results and with whom potential adopters can identify. Attention also must be given to managing and monitoring early field testing of EBPs to increase the odds that effective approaches can be developed for diagnosing and dealing with barriers and obstacles that arise in real-world settings.

### **Sources:**

Panzano, P. & Roth, D. (2006). The decision to adopt evidence-based and other innovative mental health practices: risky business? *Psychiatric Services*, 57 (8), 1153-1161.

Panzano, P.C. (2006). Heard it through the grapevine? IDARP Bulletins: No. 1, <http://mentalhealth.ohio.gov/what-we-do/plan-and-implement/innovation-diffusion-and-adoption.shtml>

## 2

### **Agencies that sustained EBPs tended to have a better fit with the EBP from the outset than did de-adopters.**

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The IDARP study offers rare insights about the differences between organizations that sustain the adoption of EBPs and organizations that do not (i.e., de-adopters). Whereas most studies of implementation rely on retrospective accounts of success, data from the IDARP study were gathered in real time.

Sustainers of EBPs presented an early profile that suggests that the EBP was a better fit in the first place:

- Sustainers got more support from external stakeholders to adopt the EBP and got more support from internal stakeholders to keep implementing.
- Sustainers reported a better fit of the EBP with their organization's mission, values, and operations than did de-adopters.
- Staff at sustainer organizations had more positive attitudes and existing know-how about the EBP.
- Sustainers reported more resources available to support implementation than did de-adopters.

These early differences were born out in reasons given by de-adopters for halting implementation: inadequate resources, difficulties coordinating implementation with other agencies and systems, negative staff attitudes, and lack of fit of the EBP to organizational goals and operations.

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## **Implications:**

A variety of factors, many of which are predictable early on, can ultimately thwart organizations' efforts to sustain the implementation of an EBP. At the outset, potential adopters of EBPs need to carefully consider the likelihood of getting support from external and internal stakeholders, the extent to which the EBP fits the organization's mission and operational capabilities, the availability of dedicated resources, both in the short and long term, and the attitudes and likely contributions of key staff.

Even so, circumstances often change once implementation gets underway. . . and the best-laid projections may go awry. For that reason, the key factors that distinguish sustainers from de-adopters of EBPs should be monitored as part of the implementation effort. With sound intelligence systems in place, the odds of taking timely, corrective action aimed at sustaining implementation will increase, and resources invested in implementation will be more likely to turn into payoffs rather sunk costs.

### **Sources:**

Seffrin, B., Panzano, P.C., and Roth, D. (2008). What gets noticed: how barrier and facilitator perceptions relate to the adoption and implementation of innovative mental health practices. Community Mental Health Journal, 44, 475-484.

Massatti, R.R., Sweeney, H.A., Panzano, P.C., and Roth, D. (2008). The de-adoption of innovative health practices (IMHP): why organizations choose not to sustain an IMHP. Administration and Policy in Mental Health Services Research, 35(1-2), 50-65.

Panzano, P., Roth, D., Crane-Ross, D., et al. (2005). The innovation diffusion and adoption research project (IDARP): moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system. In D. Roth & W. Lutz (Eds.), New Research in Mental Health, 16 (pp. 78-89). Columbus, Ohio: Ohio Department of Mental Health.

# 3

## A mental health provider agency's initial perceptions about the EBP can affect the extent to which the practice is successfully implemented.

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Implementation experts have identified three key phases of the innovation adoption process. The Initiation or Exploration Phase begins when an agency becomes aware of a need, problem, or opportunity that warrants action. This awareness motivates a search for solutions, such as EBPs. At the end of the Initiation Phase, the organization evaluates potential solutions to determine if they are well-suited to the organizational needs.

Information gathered during the first round of interviews with study participants pertained to the Initiation Phase during which agencies were engaged in exploring the possibility of implementing an EBP. In organizations where EBPs ultimately were adopted, decision-makers and staff tended to say:

- Agency staff, at the onset, had high expectations about the benefits of implementing the EBP, such as improved consumer outcomes.
- Agency staff initially perceived that the advantages of implementing the EBP outweighed the disadvantages.
- Decision-makers and staff believed that the benefits of the EBP would be apparent. Agency staff thought the CCOE could be trusted, (e.g., CCOE staff did not have any hidden agendas or motives).

These initial views held by decision makers and staff were **positively related** to key measures of implementation success measured about one year later. In fact, analyses suggest that initiation effects also are significantly and substantially linked to reported outcomes measured three and four years later.

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## **Decision Implications:**

Thorough consideration should be given by decision-makers and staff to the following:

- During the Initiation or Exploration phase, organizations should gather as much information as possible about how an EBP pertains to unmet needs, priorities and interests of key stakeholders.
- Organizations should make special efforts to talk with other organizations that have adopted the EBP and consider it to be successful, in order to benefit from their experience.

### **Source:**

Panzano, P., Roth, D., Crane-Ross, D., et al. (2005). The innovation diffusion and adoption research project (IDARP): moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system. In D. Roth & W. Lutz (Eds.), New Research in Mental Health, 16 (pp. 78-89). Columbus, Ohio: Ohio Department of Mental Health.

# 4

## How the adoption decision is made can have enduring effects on outcomes.

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After the Initiation Phase is completed, management must make a decision about whether or not to adopt a particular innovation. The decision is likely to take the interests of some or many of the organization's stakeholders into account and can be arrived at in many different ways. In agencies where EBPs were adopted, the decision-makers and staff often had the following perceptions about the adoption decision-making process:

- The decision to adopt was objective.
- Decision makers had access to good information in arriving at the decision.
- Departments internal to the adopting agency had a say in the decision.
- The agency was highly committed to moving forward with the implementation.

Views that decision makers and staff had about various attributes of the decision-making process were positively related to key measures of implementation success measured about one year later.

### **Decision Implications:**

Thorough consideration should be given by decision-makers and staff to the following:

- Rely on factual, high-quality, and comprehensive information when making the decision.
- Include staff who may be assigned to implementation team and/or experienced staff who have implemented innovative practices in the decision process.
- Build leadership support for the decision.
- Involve other stakeholders whose support is important to successful implementation.

### **Source:**

Panzano, P., Roth, D., Crane-Ross, D., et al. (2005). The innovation diffusion and adoption research project (IDARP): moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system. In D. Roth & W. Lutz (Eds.), *New Research in Mental Health*, 16 (pp. 78-89). Columbus, Ohio: Ohio Department of Mental Health.

# 5

## When the success of an EBP depends on collaboration of a network of organizations, an “entrepreneurial leader” is necessary to shepherd the process.

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The design of the EBP and contextual factors (e.g., clients served, funding issues) dictate that some EBPs be implemented by a network of collaborating organizations. In these situations, an “entrepreneurial leader” must emerge and take on the following important boundary-spanning roles that evolve:

- Identifying and assembling key parties with a stake in the implementation of the EBP
- Coordinating communication among the entities supporting or carrying out implementation
- Working to build trust among stakeholders
- Managing both conflict among stakeholders and stakeholder expectations
- Facilitating an ongoing, collaborative, decision-making process
- Championing the EBP to the members of the community and the network

### **Implications for Leadership and Collaboration:**

Support the emergence of leadership that spans organizations and systems. Regardless of their organizational affiliation, successful “entrepreneurial leaders” share a passion about working for the greater good of the community as a whole. Their passion, which spans traditional organizational and system boundaries, needs to be encouraged and reinforced.

Create incentives for collaboration. There’s a fundamental need for policy incentives that support cross-system collaboration between human service organizations in situations in which successful implementation of an EBP depends upon inter-organizational collaboration.

#### **Source:**

Carstens, C., Panzano, P.C., Massatti, R., Roth, D., and Sweeney, H.A. (2008). A naturalistic study of MST in 13 Ohio communities. [Journal of Behavioral Health Services and Research.](#)

# 6

## Top managers need to support the implementation team's efforts on an ongoing basis for the EBP to succeed.

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IDARP findings indicate that the support of top management in the exciting initial stages of EBP implementation is not related to successful implementation of the practice in the long term. Rather, top management support is needed throughout the long, ongoing implementation process and beyond, for the practice to be sustained in the organization and for it to produce positive outcomes. The implementation teams that had the most positive results were those in agencies which had top managers who were involved and supportive of the EBP throughout the process. In agencies where EBPs were successfully maintained, top managers supported and lent assistance to the implementation team in a variety of ways:

- Aligning the organization's infrastructure to facilitate the implementation process
- Coordinating communication among staff of the agency, staff of other agencies, and stakeholders during the implementation process
- Rewarding staff for their accomplishments
- Allocating necessary resources (money, time, etc.) through the process
- Being a visible cheerleader on behalf of the practice

### **Implementation Implications:**

When developing its strategy for implementing an EBP, the agency should include an explicit plan about how top management will be informed about the project's progress and will be active in the process. As part of the plan, top managers should convene periodic meetings with managers, consumers and staff to discuss the project's status, any obstacles being encountered, etc. In addition, the agency should allocate a portion of top managers' time to the process of implementation of the EBP. This allocation of time will be visible support for the project and will ensure top management involvement on a continuing basis.

#### **Source:**

Panzano, P., Roth, D., Crane-Ross, D., et al. (2005). The innovation diffusion and adoption research project (IDARP): moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system. In D. Roth & W. Lutz (Eds.), New Research in Mental Health, 16 (pp. 78-89). Columbus, Ohio: Ohio Department of Mental Health.

# 7

## Agencies that continually monitor performance throughout the implementation process have a far greater chance of successfully maintaining the EBP.

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According to IDARP findings, positive outcomes are strongly related to the extent to which an agency actively watches what is happening as the EBP is being implemented. Performance monitoring through process evaluation is an important problem-identification method, which helps to spot challenges to the implementation process before they get out of control. A good performance monitoring process gives an agency the advantage of being able to develop corrective actions at the early stage of the problems that arise, rather than at later stages when they are more protracted.

IDARP findings indicated that performance monitoring is strongly related to implementation effectiveness, that is, delivering the practice correctly and with fidelity. If the practice is implemented effectively, this in turn is linked to innovation effectiveness, i.e., better outcomes for consumers who receive the practice.

Agencies monitored performance in a variety of ways, including:

- Regularly scheduled meetings among top managers and the team
- In-house evaluation and monitoring systems
- CCOE technical assistance and reports
- Fidelity reviews

### **Implementation Implications:**

At the onset of EBP implementation, agencies should put an ongoing monitoring process in place. This process should identify key milestones, data needed to measure milestones, methods to assess the milestones, and red flags to signal that the plan needs revision.

When an agency is in the process of developing its monitoring strategies, its staff may want to seek input from the CCOE and other agencies that implemented the EBP. Staff from the CCOE and implementing agencies can offer helpful suggestions as to what milestones should be measured, information needed to evaluate progress, good sources of data, and efficient ways to gather data. Staff from other implementing agencies can also share positive and negative experiences about how they were able to create a learning environment.

#### **Source:**

Panzano, P., Roth, D., Crane-Ross, D., et al. (2005). The innovation diffusion and adoption research project (IDARP): moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system. In D. Roth & W. Lutz (Eds.), *New Research in Mental Health*, 16 (pp. 78-89). Columbus, Ohio: Ohio Department of Mental Health.

# 8

## Organizations that implement EBPs as designed tend to get better results than those that don't.

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A growing body of evidence from various fields suggests innovations often fail not because they are inherently ineffective but because they are not implemented with fidelity. In other words, implementation failure rather than innovation failure often explains why desired outcomes are not achieved. Furthermore, experts suggest that a “replication strategy” may offer the best bet for benefiting the work that went into developing proven practices in the first place.

The IDARP study predicted and found support for the idea that fidelity is important. Organizations that reported the most positive outcomes also indicated that EBPs were implemented as designed:

- A strong positive correlation was found between fidelity and outcomes at each of the three data collections periods.
- The effects of fidelity on outcomes persisted and implementation accounted for outcomes measured two or three years later.
- Fidelity of implementation also accounted for plans to persist with implementing an EBP and the sustained use of this practice.

Also, IDARP findings suggest that the many efforts organizations undertake to support the implementation of EBPs (e.g., training and technical assistance to staff, performance monitoring) have an impact on outcomes because they support high-fidelity implementation.

### Implementation Implications:

Without fidelity information, it is not possible to determine whether failure to achieve desired outcomes is attributable to implementation failure, innovation failure or a little of both. Funding entities and policymakers interested in promoting the adoption of EBPs need information about **both** fidelity and outcomes in order to make sound decisions about future investments.

Paying attention to fidelity and outcomes also is key to adapting EBPs to different contexts and/or populations. This information helps to verify that the underlying principles and mechanisms that account for the successes of the original EBP are preserved during its adaptation.

#### Source:

Panzano, P., Roth, D., Crane-Ross, D., et al. (2005). The innovation diffusion and adoption research project (IDARP): moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system. In D. Roth & W. Lutz (Eds.), *New Research in Mental Health*, 16 (pp. 78-89). Columbus, Ohio: Ohio Department of Mental Health.

# 9

## As EBP implementation efforts swing into full gear, there's an increased awareness of barriers to implementation.

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Informants from organizations considering or going forward with the adoption of an EBP talked about factors that supported (i.e., facilitators) and impeded (i.e., barriers) adoption. Facilitators and barriers they mentioned fell into five major categories:

- The fit of the EBP
- The broader system(s)
- Funding for implementation
- Staffing-up for implementation
- The role of a training, education and technical assistance center (e.g., Coordinating Center of Excellence).

Organizations that ultimately decided to adopt EBPs began to mention barriers with greater frequency as implementation got fully underway.

### **Implementation Implications:**

No one every claimed that the implementation of EBPs would be easy. Things worth doing rarely are. However, efforts to implement EBPs can be made easier as a result of the lessons learned by experienced implementers such as:

1. Both facilitators and barriers exist in implementing EBPs but there should be a predictable and noticeable increase in the attention paid to overcoming barriers as organizations work toward assimilating EBPs into day-to-day business practice.
2. Forewarned is forearmed. It is important to have realistic and informed expectations about the challenges involved in implementing EBPs, in order to be prepared to deal with those challenges.
3. Informed expectations can be developed by learning from the experiences of previous adopters.

#### **Source:**

Seffrin, B., Panzano, P.C., and Roth, D. (2008). What gets noticed: how barrier and facilitator perceptions relate to the adoption and implementation of innovative mental health practices. Community Mental Health Journal, 44, 475-484.

# 10

## The daunting number of factors that implement the success of efforts to implement EBPs offer a multitude of opportunities for increasing the odds of success.

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Behavior and its outcomes are determined by a multitude of interacting factors which are embedded in the context and history of the actors. These ideas apply equally as well to organizations' efforts to implement EBPs as they do to parents' efforts to raise children. So, it's important to look at a variety of factors in order to understand what accounts for the success of efforts to implement EBPs.

IDARP researchers examined a host of explanatory factors. Information gathered over six years from many organizations engaged in implementing EBPs provide strong support for the idea that factors at multiple levels explain success. Explanatory factors were found in a number of areas: the internal and external environment; the nature of inter-organizational relationships; the initiation, decision, and implementation effort, and features of the EBP. A broad definition of implementation success was used which considered:

- Implementation effectiveness (the fidelity with which the EBP is implemented)
- Innovation effectiveness (positive impacts of the EBP on clients, staff, the organization)
- Sustainability (the extent to which progress has been made and plans are in place to persist with implementing the EBP)

### Implementation Implications:

Due to the multitude of factors that can impact the success of EBP implementation efforts, it's understandable that one might come to the **erroneous** conclusion that implementation success is beyond their control. Findings from the IDARP study combined with principles from relevant systems theories suggest otherwise. While the list of factors that contribute to implementation success may be daunting to consider, these factors also offer a multitude of points, both prior to and after the adoption decision has been made, for taking action to increase the odds of success.

#### Source:

Panzano, P., Roth, D., Crane-Ross, D., et al. (2005). The innovation diffusion and adoption research project (IDARP): moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system. In D. Roth & W. Lutz (Eds.), New Research in Mental Health, 16 (pp. 78-89). Columbus, Ohio: Ohio Department of Mental Health.

**More information about IDARP is available in the following sources:**

1. Carstens, C., Panzano, P.C., Massatti, R.R., Roth, D., and Sweeney, H.A. (2008). "A naturalistic study of MST dissemination in 13 Ohio communities." The Journal of Behavioral Health Services and Research.
2. Seffrin, B.A., Panzano, P.C., and Roth, D. (2008). "What gets noticed: How barrier and facilitator perceptions relate to the adoption and implementation of innovative mental health practices." Community Mental Health Journal, 44, pp. 475-484.
3. Massatti, R.R., Sweeney, H.A., Panzano, P.C., and Roth, D. (2007). "The de-adoption of innovative mental health practices (IMHP): Why organizations choose not to sustain an IMHP?" Administration and Policy in Mental Health and Mental Health Services Research, Vol. 35, pp. 50-65.
4. Panzano, P.C., Roth, D., Sweeney, H.A., Massatti, R., Carstens, C., Seffrin, B., and Bunt, E. (2007). "The innovation diffusion and adoption research project (IDARP): A process overview and a preview of qualitative data from interviews." In D. Roth & W. J. Lutz (Eds.), New Research in Mental Health, Vol. 17 (pp. 78-89). Columbus, OH: Ohio Department of Mental Health.
5. Roth, D., Panzano, P.C., Sweeney, H.A., Seffrin, B., Massatti, R., and Carstens, C. (2006, October). "On the road with IDARP: A tour guide's view of implementation science." Paper presented at Research Results Briefing: Knowledge to Transform Mental Health Services in Ohio, Columbus.
6. Panzano, P and Roth, D. (2006). "The decision to adopt evidence-based and other innovative mental health practices. Risky business?" Psychiatric Services, Vol. 57, pp. 1153-1161.
7. Panzano, P.C., Roth, D., Crane-Ross, D., Massatti, R., Carstens, C., Seffrin, B., and Chaney-Jones, S. (2005). "The innovation diffusion and adoption research project (IDARP): Moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system." In D. Roth & W.J. Lutz (Eds.), New Research in Mental Health, Vol. 16 (pp. 78-89). Columbus, OH: Ohio Department of Mental Health.
8. Roth, D., Panzano, P.C., Crane-Ross, D. Massatti, R., and Carstens, C. (2002). "The innovation diffusion and adoption research project (IDARP): Moving from the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system." In D. Roth(Ed.), New Research in Mental Health, Vol. 15 (pp. 149-156). Columbus, OH: Ohio Department of Mental Health.
9. IDARP Bulletin Series. Columbus, OH: Ohio Department of Mental Health. Retrieved from the ODMH Office of Research and Evaluation Web site page on IDARP.

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Published electronically August 2009

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