The Innovation Diffusion and Adoption Research Project (IDARP):

A Process Overview and a Preview of Qualitative Data from Interviews

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Introduction

"What circumstances led to your initial thinking about this evidence – based practice?" "Given your experience implementing this practice, what do you think should have been done differently if you could turn back the clock to the time when you first got involved with this practice? These are just two of the many questions posed during interviews with decision makers, champions, implementers and others regarding their experiences with the evidence-based and other innovative mental health practices examined in the Innovation Diffusion and Adoption Research Project (IDARP).

The IDARP study was conceived soon after the initiation of the Ohio Department of Mental Health's (ODMH) Quality Agenda. The agenda dictates that action be taken in three arenas: consumer outcomes, quality improvement, and evidence-based practices (EBPs). ODMH hopes to improve quality of care by facilitating the adoption and assimilation of EBPs and other innovative mental health practices (IMHPs) by service providers within the state.

Coordinating Centers of Excellence (CCOE) were established as key structural mechanisms for facilitating the uptake of EBPS within the system. Initially, CCOEs were designed to serve as statewide champions and technical experts for a single IMHP. Within the last couple of years, some CCOEs have expanded their missions to represent multiple practices.

IDARP is a longitudinal study that systematically examines the decisions and actions of organizations that interacted with CCOEs regarding the potential adoption of one of four IMHPs: cluster

– based planning (CBP); multi-systemic therapy (MST); the Ohio medication algorithms (OMAP)and integrated dual diagnosis treatment (IDDT). Drawing on an extensive research base (Panzano, Roth, Crane-Ross, et al., 2004; Panzano and Roth, 2006), IDARP addresses two broad questions: What factors influence the adoption of innovations by behavioral healthcare provider organizations? What factors and processes influence the longer-term outcomes of IMHPs in organizations?

Four models were proposed to address the two major research questions. These models provided roadmaps for the specific variables to be measured and the methods for doing so (i.e., interviews, surveys, archival data records). One model posits a risk-based framework for understanding the decision to adopt an IMHP (e.g., Panzano and Roth, 2006). The other three models propose distinct but complementary frameworks for explaining the extent to which efforts to implement IMHP are successful (e.g., Panzano, Roth, Crane-Ross et al, 2004). Analyses of survey data lend support to the four models. However, a rich and largely untapped cache of qualitative information gathered during face-to-face interviews is now available and is expected to further inform our understanding of the decision and implementation processes.

A shift in focus to data gathered from face-to-face interviews

The IDARP study is exceptional due to its longitudinal design and because it involves both quantitative and qualitative data gathering components. Data gathered from surveys were augmented with qualitative information gathered during face-to-face interviews with key informants (e.g., Kumar, Stern, and Anderson, 1993) who had intimate knowledge about the decision – making and/or implementation processes pertaining to the four IMHPs studied. Although this qualitative information is costly to gather and analyze, its value is high. It can be used to triangulate findings from surveys and also provides important insights about patterns of findings that would otherwise go undiscovered. Consequently, substantial resources were invested in the interview component of the research.

But, in contrast to the findings already presented from survey data, relatively few findings from interviews have been reported to-date. This is because the process of coding qualitative information from interview transcripts is much more labor intensive than the process of entering survey responses into a

database. Interviews must be transcribed, verified and edited. Content codes also need to be developed a priori (and subsequently refined) to capture the essence of segments of text within transcribed interviews. Researchers must be adequately trained as coders and exhaustive efforts need to be made to insure coding consistency both within and between coders. In addition, rules need to be established for resolving coding inconsistencies and decisions need to made about how to synthesize information gathered from several interviews into an internally – consistent and comprehensive project story.

We now are positioned to report qualitative findings from interviews – both independent of and in conjunction with survey data. The last of the third-round of IDARP interviews was conducted in November 2005 and the coding of qualitative data from all three rounds of interviews was completed in the spring of 2006. In fact, several papers are about to be submitted for publication or published based on these qualitative data. One of these papers focuses on patterns of reported barriers and facilitators reported from first round interviews (Seffrin et al, 2006). A second manuscript examines the inter-organizational dynamics linked to the decision to adopt MST (Carstens et al, 2006. A third brief report uses data from third round interviews to explore what organizations would do differently with regard to implementing IMHPS given the benefit of hindsight (Massatti, 2006). Finally, a fourth contrasts the experiences of projects in which implementation has been sustained with a match paired of projects that have stopped implementing (e.g., Sweeney et al, 2006).

In contrast to these three manuscripts which examine specific questions pertaining to the adoption and implementation of IMHPs, the primary goals of this paper are to describe the structure of the qualitative dataset and to introduce some methodological issues pertaining to its development. Accordingly, the paper has three objectives the first two of which pertain to methods whereas the third relates to results. The first aim of the paper is to describe the structure of IDARP interview protocols and to summarize the codes and coding processes used to capture information contained in interview transcripts. The second objective is to summarize the process used to convert codes linked to interview transcripts that reside in Atlas TI, a qualitative data analyses program, to data modules and to introduce

some conceptual and methodological issues that were considered in this process. Finally, the participating individuals and projects will be described along with a sample of findings.

Methods

IDARP involved three rounds of data gathering separated in time by about one year. Following accepted practice for this type of research (e.g., Kumar, Stern and Anderson, 1993: Meyer and Goes, 1988, Nutt, 1999), key informants provided critical information about the decision and implementation processes and outcomes. Typically, between two and five key informants provided information about the projects that were the focus of the study during face-to-face interviews and also on post-interview surveys (e.g., Panzano, Roth, Crane-Ross, 2004). Active projects, defined as those for which a) the adoption decision was pending or b) a decision to adopt was recently made, or c) implementation was underway, were contacted at each of the three data gathering rounds in order to get updates about progress. For some projects, in the course of initial or follow-up contacts, we learned that the project was no longer active: either a decision had been made not to adopt the practice or a decision had been made to stop implementing a practice that had been underway. These projects were considered to be inactive. Even so, we conducted exit interviews and administered follow-up surveys that allowed us to complete our records about what had transpired in the interim between the prior contact and the final contact.

Interview Protocols and Process

Questions addressed during interviews and also on surveys either pertained to the decision-making process and outcomes, the implementation process and outcomes, or both depending on the status of developments. With regard to interviews, although specific questions varied based on whether the project was active or inactive, protocols shared a common structure. First, they included several pre-interview questions designed to verify the decision status of the project (i.e., will never adopt, will not adopt now but may in the future, still considering whether to adopt, recently decided to adopt, implementing, discontinued implementing, Panzano and Roth, 2006). It was important to verify decision status at the time of the interview to insure that the most appropriate versions of the interview and follow-up survey were administered and for subsequent data analyses.

Interview protocols shared a common sequence of questioning. First in the sequence were questions pertaining to the interviewee (e.g., formal title, project role, management level, tenure, highest degree earned). These biographical questions were followed by a series of open-ended, probing questions aimed at prompting interviewees to tell the story of the organization's introduction to the particular IMHP and, if applicable, to describe the adoption decision process and outcome and the organization's experience with implementation to-date.

The open-ended portion of the protocols was adapted most directly from the work of Paul C. Nutt (e.g., 2004). Questions were geared to eliciting information about developments that primarily occurred prior to the formal adoption decision. Specifically, we were interested in understanding how the actual structure of the organizational decision-making/planning process compared to a specific five stage by three – step prescriptive framework which research and theory suggest is related to the long-term success of implementation efforts among adopter organizations (e.g., Nutt). In addition, we hoped to classify other aspects of the decision process (e.g., nature of constituency building efforts) that research suggests are likely to have a bearing on success.

A set of structured or semi-structured questions followed the open-ended portion of the interview. Structured questions were adopted or adapted from the work of a variety of scholars who have studied implementation and/or innovation processes in organizations with the intent of understanding factors associated with the successful assimilation of innovations by organizations (e.g., Dutton and Duncan, 1987; Hickson, et al, 1986; Klein, Con, and Sorra, 2001; Nutt, 1992; Van de Ven, Angle and Poole, 2000; Yin, 1978). However, specific sets of structured questions varied substantially across version of the protocol depending on decision status (e.g., still considering adopting, never will adopt, engaged in implementation).

Interviews typically were conducted with multiple informants associated with participating IMHP projects. Interviews were carried out by trained teams that included a lead-interviewer and a scribe each of whom had a copy of the appropriate interview protocol close at hand. After getting permission from the interviewee, the scribe typically used a laptop computer for recording responses to interview questions.

For a given interview round, the team typically interviewed all interviewees connected to a particular project on the same day.

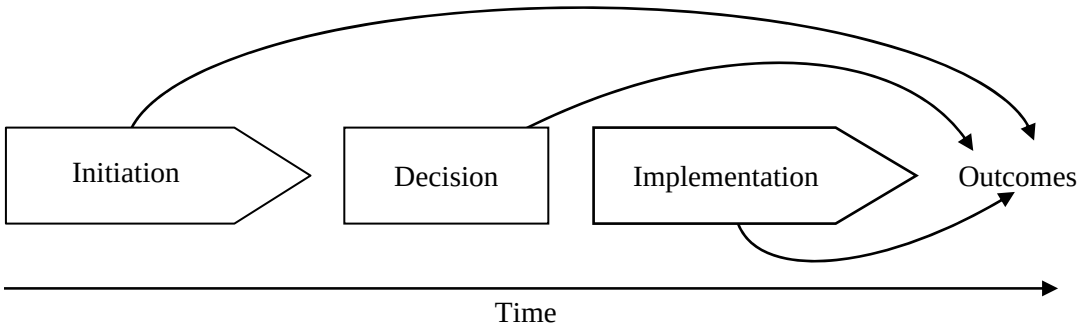
Within one or two business days, the complete set of interview transcriptions was sent by the scribe to the lead-interviewer for review and editing. The process of refining individual transcripts within the set continued until both members of the team were satisfied with the written account of the interview. Final interview transcripts then were saved as electronic text-only files and bundled together in an electronic folder labeled by project name and contact point.

Coding Interview Transcripts

Electronic text files for each interview were then imported into the Atlas TI qualitative software package for coding by trained coders. The research team developed a priori lists of codes that were made available for use within the Atlas software. Many of these codes tended to be relevant to all projects regardless of decision status (e.g., barrier and facilitator codes) but others typically were not. (e.g., implementation outcome codes).

Codes included in the Atlas software for use by coders have a basis in the three models of implementation success that guided the overall study. For instance, one of those models, the cross phase model (Panzano, Roth, Crane-Ross et al, 2004) which is shown below (see Figure 1), conveys the important idea that aspects of each of the three key phases of the innovation adoption process (e.g., Rogers, 1995) are important to consider due to their likely impact on implementation success. In fact, research suggests that factors connected to each component of this model are related to implementation outcomes.

.Figure 1: Cross-phase model of implementation success



Accordingly, there are qualitative codes that are inked to the initiation, decision, and implementation phases of the model and also to outcomes. For example, codes that deal with a) the planning process are linked to the initiation phase, b) decision status are associated with the decision phase, c) post kick-off evaluation activities pertain to the implementation phase and d) implementation outcomes clearly deal with the outcome portion of the model. In addition, some codes such as barrier and facilitators are relevant to all components of the cross-phase model.

Approximately one-hundred and fifty individual codes made available in Atlas for use by trained coders pertained to the following broader categories:

- Informant characteristics (e.g., project role, authority, expertise domain(s))
- Decision status (e.g., non-adopter, implementer)
- Planning process features (e.g., constituency building strategy, planning model)
- Type of barriers encountered (e.g., money, system, CCOE, staff, other) crossed with timing of barrier (e.g., pre-decision, post-kickoff, anticipated)
- Type of facilitators encountered (e.g., money, system, CCOE, staff, other) crossed with timing of facilitator (e.g., pre-decision, post-kickoff, anticipated)
- Costs (actual and anticipated)
- Benefits (actual and anticipated)
- Fidelity (e.g., high versus low)
- Assimilation (e.g., strong versus weak)
- Evidence of reinvention
- Post - kickoff program evaluation activities (e.g., process, outcome)
- Goal setting activities
- Post- kickoff outcomes (i.e., positive, negative) crossed with expected versus unexpected)

Coders used specific codes (e.g., financial barrier) within these broader categories to classify segments of text that appeared in interview transcripts. Often, more than one code was attached to a single segment of text. For example, the codes "barrier-money" and "post-kickoff" were applied to the phrase: "We expect to run into financial problems (i.e., barrier- money) after we actually begin implementing this practice (i.e., post-kickoff).

Categorizing coded variables into modules

To facilitate data analyses including the task of merging interview data with survey data, codes were structured into five modules: demographic, decision status, project planning, barrier and facilitator, and kick-off. Conceptual issues related to level of analysis (Rousseau, 1985; Klein, Dansereau, Hall, 1984) and project phase were considered in constructing these modules. For example, the demographic module was structured at the individual level of analysis because it includes variables that are conceptually attached to a person (e.g., project role). In contrast, the other four modules are constructed at the project level.

Compared to the coded variables included in the decision status, barrier and facilitator, and kickoff modules which are reasonably self-explanatory, coded variables included in the project planning module require more explanation. For that reason, a brief account of the logic underlying the coded variables in that module is presented below. Please see Nutt (e.g., 1992, 2004) for a much more thorough account of the planning morphology that underlies this module.

The project planning module deals with events that occur primarily during the initiation phase (see Figure 1). Variable codes pertain to decision making and planning efforts that typically precede the decision to adopt a practice. Many pertain to a prescriptive project planning framework developed by Nutt (e.g., 1992, 2004) and which is a synthesis of planning models from varied disciplines ranging from engineering to healthcare. Accordingly, the module includes coded variables that deal with overall strategy, five decision making/planning stages (i.e., formulation, concept development, detailing, evaluation, and implementation) and the extent to which these stages are carried out comprehensively (i.e., extent to which the search, analysis and synthesis steps were carried out at each stage).

It's important to note that the meaning of the decision making/planning stage variables which are included in the project planning module often depart from common usage. For example, the evaluation stage does not deal with program evaluation activities. Instead, because the evaluation stage occurs during the initiation phase (see Figure 1), it is focused on pre-implementation evaluation activities (e.g., pilot studies, simulations, expert opinion) directed toward estimating the feasibility and likely impact that an IMHP is likely to have if implemented. Similarly, within the context of the project planning module, coded variables associated with the implementation stage deal with activities related to constituency building. For example, variables pertain to strategies employed to build support among key stakeholders who can ultimately impact the success of subsequent implementation efforts.

Nutt (e.g., 1992) asserts that the most appropriate planning model to employ for a prospective project depends on the outcomes an organization is interested in achieving should the focal product or service be adopted (e.g., quality, innovativeness, acceptability). However, in general, planning efforts that are more comprehensive and traverse the full range of stages in the framework (i.e.., formulation, conceptualization, detailing, evaluation, implementation/constituency building) and involve all component steps (search, synthesis, analysis) are expected to meet with the broadest definition of success.

Reliability

Consensus and consistency were the goals of the coding process. Consequently, a great deal of effort was devoted to establishing agreement among raters in the codes they attached to segments of text. In fact, several strategies were employed to maximize the reliability and validity of codes attached to transcripts. A coding dictionary, written coding guidelines and other supporting material were provided to team members. IDARP researchers also participated in preliminary and ongoing coder training sessions. For example, three, one-day training sessions separated by practice sessions were conducted by Paul Nutt of the Ohio State University about the application of planning process and strategy codes on the basis of his empirical work examining over four-hundred planning efforts and their outcomes (e.g., Nutt, 2004). Team members also participated in additional training sessions to review and discuss the meaning and use of a priori codes and new codes. In addition, coding practice sessions and work sessions were

conducted by the senior researcher in charge of developing the qualitative database for the study. These meetings provided a forum for team members to further modify and refine codes, to continue to work on building inter-rater coding consistency, to discuss and reconcile difficult cases, and to get updated coding assignments. Further, all coded transcripts from second-round interviews were formally reviewed for consistency by two members of the research team (i.e., one member whose dissertation work was based on IDARP data and also by the senior researcher in charge of developing the qualitative database). Finally, all coded transcripts from the third round of interviews were reviewed for consistency by that same senior researcher. Consequently, in contrast to the typical approach of establishing acceptable levels of inter-coder consistency during coder training sessions and checking levels of agreement for a sample of cases thereafter, in order to maximize reliability and validity, every IDARP interview transcript was coded by at least two trained coders. When discrepancies were discovered, they were reconciled either by the senior qualitative researcher, as a result of discussion among coders, or most often, through a combination of both of those processes. Consequently, we are confident that coding consistency is uniformly high across interview transcripts.

Exporting codes from Atlas to SPSS

After coding was completed for all the interviews in a project's electronic folder for a particular interview round, data then were further prepared for export from Atlas to the Statistical Package for the Social Sciences more commonly known as SPSS. Because each project at each time period was identified in Atlas as a separate 'Hermeneutic Unit' HU), these individual project HUs were subsequently merged together to create four composite IMHP-level HUs, for Time 1 interviews (i.e., Time 1 CBP HU; Time 1 MST HU; Time 1 OMAP HU, and Time 1 IDDT HU). Separate IMHP-level HUs were also created for second and third round interviews.

It is important to note that when codes attached to a particular interview transcript are exported from Atlas to SPSS, the resulting SPSS file is a "mention level" file. That is, each record or line of data in the SPSS file (that is created as a result of the export) is associated with a single coded phrase from the focal interview. In addition, in the resulting SPSS file, there is a one-to-one correspondence between the

SPSS variable list and the code list residing in Atlas T1. Further, unless special formatting is created in Atlas, by default, the variables exported from Atlas to SPSS are treated as dichotomous: those SPSS variables that apply to that phrase receive a value of "1"; the codes that do not apply receive a value of "0." These binary/dichotomous variables can be converted to scaled variables, if appropriate, either by writing syntax in SPSS or within Atlas by formatting the coding list in a way that produces scaled variables upon export to SPSS.

For example, the quotation: "the money piece is what will be really hard" would appear as a single record in a larger SPSS data file that includes additional records for each coded segment of text from the single interview from which that quotation came. Let's assume that two codes (i.e., "post adoption decision barrier" and "money barrier") were attached to that specific quotation within the Atlas database. If so, when codes from that interview are exported to SPSS to create a data file for that interview, one record within that file will pertain to the quotation: "the money piece is what will be really hard." Further, within that record, two variables will have a value of "1" (i.e., "post adoption decision barrier" and "money barrier") and all variables in the SPSS variable list will have values of zeros.

These mention/quotation-level records which contain series of zeros and ones attached to coded phrases can then be aggregated by summing (or using an alternative aggregation strategy) across records to create a single record that captures the sum total of codes affiliated with a single interview. Codes attached to a single interview, in turn, can be further aggregated to create project level and IMHP-level files assuming of course, that project, IMHP and subject identification codes have been assigned in Atlas to each interview transcript.

Once coding consistency (i.e., reliability) has been established and once Atlas data files have been prepared for export to SPSS, the actual process of exporting the data from Atlas to SPSS is a simple, two-step process. That process involves selecting "export to SPSS job" in the "extras" drop-down menu in Atlas, and then running the resulting SPSS syntax generated by Atlas.

Results

The Demographic Module

Table 1 provides counts of projects and interviewees by IMHP and interview round. The conduct of one or more first-round interviews was the metaphorical gateway by which a project got added to the list of focal projects examined in IDARP.

Insert Table 1 about here

Consequently, all 91 projects represented during round-one interviews were discussed by at least one of the 207 informants involved in interviews during round one. About two thirds of those projects (n = 61) participated in the second round of interviews roughly one year later. A little over 80% of those round two interviews (n = 51) were represented during round three interviews. A decision not to adopt or a decision to discontinue with implementation accounted for the reduction in the number of projects represented over time.

The 207 round one interviewees involved individuals with a range of formal authority including: top executives (40%), first line supervisors (44%) and line staff (16%). The majority had masters degrees (62%) followed by MDs (12%), and PhDs and bachelors degrees (10% each). Their self-reported expertise was: mental health (55%), mental health and substance abuse (26%) followed by substance abuse (7%) and other (12%) Furthermore, they described their role as: decision maker (33%), IMHP champion (16%), implementer (35%) or other (16%). This information can be contrasted with informant profiles from round two and three interviews.

The planning process module

The planning model alluded to by project informants was mapped against Nutt's (1992) five-stage by three-step planning morphology. Table 2 displays the mean planning process comprehensiveness scores (scores range from 1 to 6 for each stage) across planning stage for several subcategories of active and inactive projects. Please note that scores are based on round-one interview data only.

Space limitations restrict the extent to which the data in Table 2 can be explored in detail. Suffice it to say that, generally speaking, comprehensiveness scores get stronger as we move from the first

category of 'non-adopter never' projects to the adopter and implementer groups (see final column total of row means in Table 2). The pattern of total comprehensiveness scores shown in Table 2 is not particularly surprising given that organizations are likely to invest more time and effort into the planning process (e.g., constituency building activities reflected in the comprehensiveness score for implementation) as it becomes more likely that an IMHP will be adopted. However, in that regard, these data may be seen as validating decision stage.

A potentially interesting pattern did emerge for the de-adopter group: their total planning comprehensiveness score (13.00) is noticeably lower than scores for adopters (18.00) and implementers (17.95) particularly with regard to the concept development, evaluation and implementation stages. These differences suggest that de-adopters may have invested less time in a) conceptualizing the problem they hoped to address by implementing the IMHP (i.e., concept development), b) evaluating the feasibility of implementing the IMHP (i.e., evaluation) and c) constituency – building activities (i.e., implementation) which are key to longer term success. However, a much more in-depth analysis of planning process data is required in order to understand the nature and possible impacts of differences in planning approaches across project (Nutt, 1994).

The barrier and facilitator module

Barriers and facilitators were mentioned by interviewees throughout the course of all interview rounds and initially were coded into five content domains: money, system, CCOE, staff and other. In addition, as noted earlier, barrier and facilitator codes were crossed with a time variable (i.e., pre-decision, post decision, and post kickoff) when the interview transcript conveyed enough information to do so (e.g., Roth, Panzano, Seffrin et al, 2006).

Data from the round one and round two barrier and facilitator modules were merged in order to examine possible changes in references made to barriers and facilitators over time. Table 3 reports the average number of times different barriers and facilitators were mentioned during round one versus round two interviews but only for the forty (40) projects that were classified as implementers at both points of

contact. The final two columns of the table display composite means based on references made to all barriers and to all facilitators, respectively.

A series of paired, t-tests were conducted to examine whether or not changes occurred in the number of references made to barriers and facilitators between round one and round two interviews by those forty implementer projects. However, because there were no a priori hypotheses regarding expected direction of change in barrier and facilitator mentions, 2-tailed tests of significance were employed.

Overall, findings suggest that the total number of references made to the presence of barriers remained quite stable over time (mean = 22.6 versus 20.7t = 0.89, df = 39, 2-tailed p = NS). More specifically, as noted in in Table 3, a significant change was seen in the number of references made about only one of the five barrier categories, namely money. That is, a significant reduction was observed in the number of references made to financial barriers between round one (mean = 5.20) and round two (mean = 2.48) (t = 4.47, df = 39, 2-tailedf p < .000)

In contrast, substantial change was observed in the number of references made over time to the presence of implementation facilitators. Overall, facilitators tended to be mentioned less frequently during round two interviews (mean = 20.35) than they had been during round one interviews. (mean = 32.13; t = 3.7, df = 39, 2-tailed p < .001). In addition, as shown in Table 3, there were significant reductions in the number of references made to four of the five facilitators with staff facilitators being the exception to that rule. Specifically, fewer references were made between round one and round two to a) CCOE facilitators (mean = 5.35 vs 3.30; t = 2.67, df = 39, 2-tailed p < .01), b) financial facilitators (mean = 3.85 vs 1.22; t = 4.47, df = 39, 2-tailed p < .000), c) other facilitators (mean = 10.98 vs 5.78; t = 4.08, 2-tailed p < .000), and d) system facilitators (mean = 6.3 vs 3.6; t = 2.57, 2-tailed p < .014). In other words, for the forty projects classified as implementers at both round one and round two, references made to barriers remained relatively stable but references to facilitators decreased.

Clearly, these findings from the round one and round two barrier and facilitator modules are only the tip of the iceberg when it comes to possible analyses that can be conducted related to barriers and facilitators. As mentioned earlier, Seffrin and colleagues (2006) already have taken an in-depth and

fascinating look at these data based on round one interviews, only. Future analyses will focus on longitudinal data and also on merging these data with data from surveys. For example, we might examine whether plans to persist as reported on surveys are related to changes in barrier and facilitator ratios over time.

The kickoff module

In contrast to the planning module which includes information about the planning activities that occur prior to implementing an IMHP, variables included in the kickoff module pertain to developments reported by interviewees that either have occurred or are expected to occur after implementation has gotten underway (i.e., post-kickoff). As noted earlier, variables in the module deal with post - kickoff program evaluation activities (e.g., process, outcome evaluation) and also to implementation goals and outcomes.

Table 4 displays a sample of information from second round interviews captured in the round one kickoff module. Specifically, it conveys the number of references made to traditional program evaluation activities that are either in place or planned and which are aimed at evaluating the actual impact of the IMHP being implemented. References made to program evaluation are seen as positive because they imply that implementation-enhancing performance monitoring activities are underway or planned (e.g., Klein and Sorra,1996; Panzano, Roth, Crane-Ross et al 2004).

The data reported in Table 4 suggest that program evaluation is on the agenda of organizations engaged in implementing the IMHPs studied in IDARP. These references made to program evaluation activities, at a minimum, convey an awareness of the need to systematically evaluate the impacts of IMHP on clients and agency performance. However, differences were observed across IMHP in the typical number of references made to program evaluation activities ($F(3, 57) = 3.6$, $p < 05$). In fact, post hoc tests revealed that significantly more references to program evaluation typically were made by informants linked to MST projects (28.5) than by those linked to CBP (15.6) or OMAP (8.1) projects. In addition, more references to program evaluation activities were typically made by IDDT project informants (21.3) compared to OMAP project informants (8.1). One potential implication of these findings is that the

salience of program evaluation activities may vary across IMHP such that it is particularly salient within MST and IDDT projects.

Next steps

Previously reported findings from IDARP which are primarily based on survey data lend support to the explanatory power of the four models that guide the research. These finding have implications for influencing the decision to adopt IMHPs (e.g., Panzano and Roth, 2006) and for facilitating successful implementation among those organizations that decide to adopt (e.g., Panzano, Roth, Crane-Ross, et al, 2004). As we begin merging interview-based qualitative data with survey data, we expect to gain additional important insights into specific actions that might be taken at the organization, system and project levels to increase the likelihood that implementation of IMHPs within the Ohio Mental Health System will meet with greater success in the future.

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Table 1. Projects and Interviewees by Innovative Mental Health Practice and Interview Round

	Innovative Mental Health Practice (IMHP)									
	Clustering		Multi-systemic therapy		OMAP		IDDT		Total	
Round	Projects	Interviewees[1]	Projects	Interviewees[1]	Projects	Interviewees[1]	Projects	Interviewees[a]	Projects	Interviewees[1]
First contact	23	42	17	45	15	33	36	87	91	207
Second contact	11	24	10	31	12	20	28	58	61	133
Third contact	10	25	7	21	9	11	25	54	51	111

[a] Interviewees = project informants; in several cases, one individual served as an informant about multiple projects

Table 2. Project Decision Status by Comprehensiveness of Planning Process Stages Reported at Time 1

	Planning Process Stage Comprehensiveness Scores (range: 1 – 6)					
	Formulation	Concept Development	Detailing	Evaluation	Implementation	Total of Row Means (range: 3 – 18)
Project Decision Status	Mean *(SD)*	Mean *(SD)*	Mean *(SD)*	Mean *(SD)*	Mean *(SD)*	Sum of row means
Non-adopter: never (*n* = 6)	3.33 (2.73)	1.00 (2.46)	1.17 (2.40)	1.00 (2.45)	1.50 (1.97)	8.00
Non-adopter: possible (*n* = 11)	3.73 (1.95)	0.82 (1.76)	2.27 (2.49)	0.82 (1.83)	2.64 (2.77)	10.24
Still considering (*n* = 11)	4.55 (2.54)	3.09 (2.84)	1.45 (2.34)	0.18 (0.40)	2.73 (2.87)	12.00
Adopter (*n* = 9)	5.11 (1.76)	3.67 (2.18)	3.33 (2.00)	1.56 (2.60)	4.33 (1.80)	18.00
Implementer (*n* = 46)	4.91 (1.99)	2.17 (2.60)	4.87 (1.97)	1.15 (2.19)	4.85 (1.75)	17.95
De-adopter (*n* = 6)	4.50 (2.51)	1.17 (2.40)	4.83 (2.40)	0	3.50 (2.51)	13.00

Table 3

Table 3. Mean Number of References Made to Barriers and Facilitators During Round One and Round Interviews Pertaining to Those Forty (40) Projects Classified as Implementers During Both Time Periods

	Mean number of references made about sub-categories of barriers and facilitators during round one (T1) and round two (T2) interviews (n = 40 projects)											
	CCOE		Money		Other		Staff		System		Total references	
IMHP	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
Barriers	1.40	1.80	5.20	2.48**	5.45	5.20	6.32	7.65	4.25	3.57	22.6	20.7
Facilitators	5.35	3.30**	3.85	1.22**	10.98	5.78**	5.65	6.42	6.30	3.60**	32.13	20.35**

** 2-tailed paired *t*-test is significant at $p < .01$ regarding difference in references made to specific barriers and facilitators between T1 and T2

Table 4. Mean Number of References Made to Implementation – Related Program Evaluation Activities by Interviewees During Round Two Interviews

Innovative Mental Health Practice	Mean references made to outcome evaluation[a]	Mean references made to process evaluation[b]	Mean references made to evaluating the impact of implementing the IMHP[c]	Mean total references made about program evaluation [d]
Cluster – based planning (n = 11)	2.9	5.0	7.7	8.2
Multi-systemic therapy (n = 10)	8.0	6.7	13.8	28.5
Ohio Medication algorithms (n = 12)	2.2	1.9	4.1	15.6
Integrated dual diagnosis treatment (n = 28)	3.7	8.3	12.4	21.2

[a] One – way ANOVA suggests significant differences across practice: F (3,45) = 3.7, $p < .05$
[b] One – way ANOVA suggests significant differences across practice: F (3,45) = 5.0, $p < .01$
[c] One – way ANOVA suggests significant differences across practice: F (3,45) = 3.7, $p < .05$
[d] One – way ANOVA suggests significant differences across practice: F (3,57) = 3.6, $p < .05$