Change and Implementation in Practice

Capacity Building
CENTER FOR STATES

Intervention Selection and Design/Adaptation

Improving child welfare outcomes requires effective solutions that address agencies' specific problems.[1] For teams leading a change process, deciding what to implement is a critical step in achieving their goals.

Brief Contents

After exploring a problem and developing a theory of change, teams research solutions—including possible interventions that can achieve desired outcomes. An intervention may be a child welfare practice or technique, a multipart program, a policy change, or a combination of all of these. Choosing an appropriate solution requires critical thinking about whether an existing intervention is a "good fit" and holds promise or if something new is needed.

This brief can help child welfare agency leaders, managers, and teams select, adapt, or design an intervention to address an identified problem. The brief begins with background information and definitions and then describes a two-part, step-by-step process for deciding what to implement and how to clearly define the selected intervention.

Change and Implementation in Practice Series

Child welfare agencies continually undertake efforts to implement new programs and practices to produce better outcomes for children, youth, and families. Effectively implementing new approaches and achieving sustainable change can be challenging. The Capacity Building Center for States (the Center) has developed the **Change and Implementation in Practice** series to support agencies in applying a structured approach to implementation and overcoming common challenges.

Briefs in this series provide user-friendly guidance on implementation concepts to strengthen child welfare systems' ability to implement change. These "how to" guides explain key steps in the Child Welfare Capacity Building Collaborative's (the Collaborative's) Change and Implementation Process, a synthesis of several implementation and continuous quality improvement frameworks and tools (Collaborative, 2015). The Change and Implementation Process describes overlapping phases and steps that guide organizations from problem exploration through sustainable implementation. While the briefs align with the Collaborative's process, they can be used with similar implementation frameworks.

This brief discusses selecting and adapting or designing an intervention. Before beginning this phase, your agency should have:

- A clearly identified and researched problem
- A team to guide the change and implementation process
- An analysis of the root cause(s) of the problem
- A theory of change that reflects a clear pathway from the problem to a desired outcome

If your team has not achieved these milestones yet, review the other briefs in this series related to problem exploration, teaming, and theory of change, available at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

[1] This series uses the word "problem" to refer to what needs to change to meet agency priorities. Problems may reflect identified needs or opportunities to improve agency functioning or outcomes.

Key Considerations and Definitions

Selecting and adapting or designing an intervention is a complex effort. Teams guiding change and implementation processes in child welfare often face common challenges, including:

- **Complex and adaptive problems.** Some agency problems are straightforward (technical in nature) and can be solved with clear policy, procedure, or practice changes; other complex problems (adaptive in nature) may not be as clear and may require changes in values and other aspects of the organizational culture in order for behaviors to change. Adaptive problems typically require innovation and adjustments in multiple areas inside and outside of an organization, which can take time (Heifetz, & Linsky, 2002).
- **Limited supply of evidence-supported "off-the-shelf" solutions.** Ideally, agencies would be able to implement an intervention that already has been proven effective for a similar situation and population. Such interventions, however, are often not available to child welfare agencies.
- **Interventions that are not well defined.** In some agencies, routine practice can become accepted despite the absence of well-defined core components and a common set of observable behaviors. Whether positive outcomes are being achieved or not, it can be unclear what the intervention is. In such "black box" cases, replication and evaluation are near impossible.
- **Promising solutions that don't fit agency goals, context, or capacity.** After hearing about a successful program in another agency, teams may want to bring it to their own. Yet, success relies not only on the intervention itself but also on the fit between the intervention and the agency's needs, its setting, the population served, and the agency's ability to implement it effectively.
- **Time pressures and competing timelines.** Agencies often face time pressures to implement changes and make improvements. Such pressure may come from internal stakeholders (e.g., political leadership), federal processes (e.g., Child and Family Services Reviews and Program Improvement Plans), other external monitoring (e.g., consent decrees), or public scrutiny. Often agencies must coordinate multiple improvement efforts, some with competing timelines.

While it might be tempting to rush in to resolve a problem, in the long run, careful and deliberate processes to get to the best solution can save agencies from wasting limited time and resources on interventions that don't result in better outcomes or are not sustainable. Agencies increase their chances of success through comprehensive research on well-defined interventions, coupled with consideration of their evidence of effectiveness, fit with the agency and target population, and feasibility. Research and analysis inform decisions about whether agencies should replicate an existing intervention, adapt an intervention to better align with the agency context or target population, or design a new one.

Definitions of Key Terms

- **Problem** – what needs to change to meet agency priorities. Problems may reflect identified needs or opportunities for building on successes to improve agency functioning or outcomes.
- **Intervention** – any specific practice, service, policy, strategy, program, practice model, or combination that is clearly defined, operationalized, and distinguishable.
- **Operationalize** – define an intervention or component so that it can be observed, measured, and/or assessed.
- **Implementation** – a specified set of activities designed to put into practice an activity, program, or intervention.
- **Evidence-supported intervention (ESI)** – a well-defined program, practice, policy, or other strategy that has shown the potential, through rigorous evaluation, to improve outcomes for children and families.
- **Evidence-based practice (EBP)** – integration of the best available research evidence with clinical and child welfare expertise in a manner consistent with the child's, family's, and community's values.
- **Core components** – the essential building blocks and related activities of an intervention believed to lead to positive outcomes (sometimes referred to as "essential functions").
- **Core activity** – an observable action that staff perform as part of a core component.
- **Fidelity** – the degree to which programs are implemented as intended by program developers and core components are maintained.
- **Replicate** – copy or reproduce an intervention in the same way as the original.
- **Adapt** – make changes to an intervention from its original form to respond to the needs of the population being served or the agency's context.
- **Design** – develop a new intervention and specify its core components and necessary features to achieve desired outcomes.
- **Practice profile** – a description of how an intervention works in everyday practice.

What Is an Intervention?

An intervention is a "specific practice, service, policy, strategy, program, practice model, or combination [of these] that is clearly defined, operationalized, and distinguishable from alternatives" (Framework Workgroup, 2014, p. 5).

An intervention can reflect a single strategy or include multiple elements. Practices refer to particular approaches or techniques within child welfare service delivery (e.g., family engagement, assessment, service planning). Programs generally have multiple parts and a defined set of services or curriculum that, when implemented as a whole, have had positive results (e.g., home visitation program, parent training program, Multidimensional Family Therapy).

What Is a Well-Defined (Usable/Transferable) Intervention?

For an intervention to be "usable" or "transferable" from another organization and successfully implemented in a child welfare agency, it must be well defined. This means that there is enough information and guidance for individuals to understand it, implement it, and observe it.

The National Implementation Research Network (NIRN) recommends four criteria for ensuring that an intervention is usable or transferable (Van Dyke & Metz, 2014):

- **A clear description** of the intervention, including its underlying philosophy, values, and principles, and the intended target population
- **Core components (essential functions)** that define the essence of the program and represent the key building blocks leading to positive outcomes
- **Operational definitions** of the core components that include specific actions and behaviors required to carry out the intervention
- **Practical performance assessment** to enable monitoring of the intervention

Together, these criteria contribute to making an intervention "operationalized."

A key part of being well defined is having clearly designated **core components**. Core components are the essential building blocks, principles, and related activities or "active ingredients" that produce the desired outcomes. In short, core components are what make the intervention work (Blase & Fixsen, 2013). Ideally, core components are clearly articulated by program developers and supported by research. When core components are clearly defined, it is easier for agencies to implement, adapt, scale up, monitor, and measure the intervention's success (Blase & Fixsen, 2013).

For more information on usable interventions and core components, see:
- NIRN's "Usable Innovation Overview," available at https://implementation.fpg.unc.edu/wp-content/uploads/Usable-Innovations-Overview.pdf

What Do We Mean by "Evidence-Based Practice" and "Evidence-Supported Interventions"?

Over the past two decades, the child welfare field and related human services have increasingly emphasized the importance of using research evidence to inform choices about how to effectively address child and family needs. This trend reflects calls by funders to invest where resources have the greatest likelihood of succeeding. Also supporting the trend is a small, yet growing, base of research and evaluation studies that have tested models related to various child and family issues.

Use of terms like "evidence-supported intervention" and "evidence-based practice" and their definitions can vary greatly. Different registries and directories (see appendix A for examples) have their own definitions and categories.

In this series of briefs, the term **evidence-supported interventions (ESIs)** describes "well-defined policies, programs, and services that have shown the potential, through rigorous evaluation, to improve outcomes for children and families" (Framework Workgroup, 2014, p. 7). ESIs fall along a continuum of evidence of effectiveness, often categorized as "well supported," "supported," or "promising" (or similar designations) depending on the level of research evidence. When closely replicated (repeated) with similar populations, ESIs are expected to produce similar outcomes.

The Centers for Disease Control and Prevention (CDC) presents a continuum of research evidence that looks at two interrelated aspects (Puddy & Wilkins, 2011):

- Effectiveness—i.e., does the intervention produce desired outcomes for a target population?
- Strength of research evidence—i.e., how rigorous is the evaluation? How confident are researchers that the intervention is producing the desired outcome?

An intervention will have stronger research evidence with a more rigorous research design. More rigorous research includes experimental studies that compare randomly assigned participants to another group (the control) that did not participate or a quasi-experimental study that compares more than one group without random assignment. Repeated studies in multiple settings will also strengthen the level of evidence. A "well-supported" intervention will rate highly on both effectiveness and strength of research evidence. At the other end of the continuum are interventions that are "harmful" or "unsupported."

While research evidence is critical, other considerations—including the experience of child welfare workers and the values of the families they serve—are also essential to effectiveness. Additional definitions build on the foundation of research evidence while also honoring clinical expertise and values (Walsh, Rolls Reutz, & Williams, 2015).

In light of that, this series uses the term **evidence-based practice (EBP)** to refer to intervening with a child or family in a manner that integrates and takes into account:

- Best available research evidence
- Clinical and child welfare practice expertise
- Values, culture, and preferences of family and community members[2]

When a previously tested ESI is successfully implemented as intended in a child welfare setting and found to be consistent with child welfare practice and target population values, it is then considered EBP (Framework Workgroup, 2014).

Sources and strategies for searching for ESIs—and their limitations in child welfare—are described further in the section "Research Possible Intervention Options" and appendix A.

For more information on EBP and ESIs, see:

- The California Evidence-Based Clearinghouse for Child Welfare's (CEBC's) "Understanding Evidence-Based Practices," available at http://www.cebc4cw.org/files/CEBCUnderstandingEvidence-BasedPractices.pdf
- CDC's *Understanding Evidence, Part 1: Best Available Research Evidence – A Guide to the Continuum of Evidence of Effectiveness*, available at https://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf
- Child Welfare Information Gateway's (Information Gateway's) Evidence-Based Practice webpage, available at https://www.childwelfare.gov/topics/preventing/evidence/

What Is Fit and Feasibility?

While it is valuable for interventions to be well defined and supported by evidence, those factors are not sufficient for implementation success. Agencies also must consider fit and feasibility.

Fit refers to the "the match between the strategies, procedures, or elements of an intervention and the values, needs, skills, and resources of those who implement and experience the intervention" (Horner, Blitz, & Ross, 2014, p. 1).

Assessment of fit requires looking at a potential intervention in light of its compatibility with the agency and system context, the community, and the populations served (Metz & Albers, 2014). An ESI that has been successful in one agency may not align with another agency's priorities, operating structure, contracting arrangements, or worker norms. Additionally, the intervention may not be appropriate for the community's demographics or the target population's values.

[2] This definition of EBP draws from one introduced by the Institute of Medicine's Committee on Quality of Health Care in America (2001, p. 147) based on the work of Sackett, Straus, Richardson, Rosenberg, and Haynes (2000), and later adapted by the American Psychological Association (2005) and a Child Welfare Research and Evaluation Workgroup (Framework Workgroup, 2014). It is similar to the definition used by CEBC (Walsh et al., 2015).

Feasibility refers to whether an agency has the capacity, or could build the capacity, to implement and sustain an intervention. Feasibility may require looking at various aspects of organizational capacity, including the financial or staff resources available to plan and implement the intervention, infrastructure to support service delivery, needed knowledge and skills, agency culture, and system partnerships.

As part of the selection process, teams must understand how interventions align with their child welfare system and identify needed changes and supports (discussed in more detail below in "Assess Fit With System, Agency, and Community Context").

For more information on fit, see:

- The Office of the Assistant Secretary for Planning and Evaluation (ASPE) issue brief titled "The Importance of Contextual Fit When Implementing Evidence-Based Interventions," available at https://aspe.hhs.gov/pdf-report/importance-contextual-fit-when-implementing-evidence-based-programs

What Are Fidelity, Replication, Adaptation, and Design?

Four additional concepts are central to intervention selection, adaption, and design:

- **Fidelity** – the degree to which interventions are implemented as intended by their developers and core components are maintained.
- **Replication** – copying or reproducing an intervention in the same way as it was originally designed.
- **Adaptation** – making changes to an intervention from its original form to respond to the needs of the population being served or the agency's context.
- **Design** – developing a new intervention, including specifying its core components and the necessary features and structures, to achieve desired outcomes.

Ideally, agencies will find an ESI or well-defined intervention that they can replicate with no or few adjustments. In the real world, however, adaptation is often needed. Such changes may be required to adapt a program to a new target population in a different age group (e.g., shifting a parenting program for adults to a program appropriate for teen parents) or racial/cultural background (e.g., adapting a practice to be more relevant to an American Indian tribe), or to fit the agency's context (e.g., attempting to replicate a public agency program in a highly privatized delivery system).

In other instances, agencies may opt to design a new intervention. Typically, this will reflect circumstances where no evidence-supported or well-defined interventions meet agencies' needs, target population, and circumstances, and nothing appears close enough to adapt. While a new design has the advantage of being fully customized, it requires significant time and capacity.

Design involves specifying core components and defining key features in sufficient detail so that they can be understood, distinguished from current practice, and implemented. During a design process, agencies are encouraged to draw from available evidence or known strategies where possible, but they may combine or structure them in a different way. In some instances, a mix of adaptation and design may be most appropriate. In other instances, neither adaptation nor new design is necessary, but instead agencies engage in efforts to better define an existing practice. (These considerations are discussed in more detail under "Decide to Replicate or Adapt an Existing Intervention or Design a New One.")

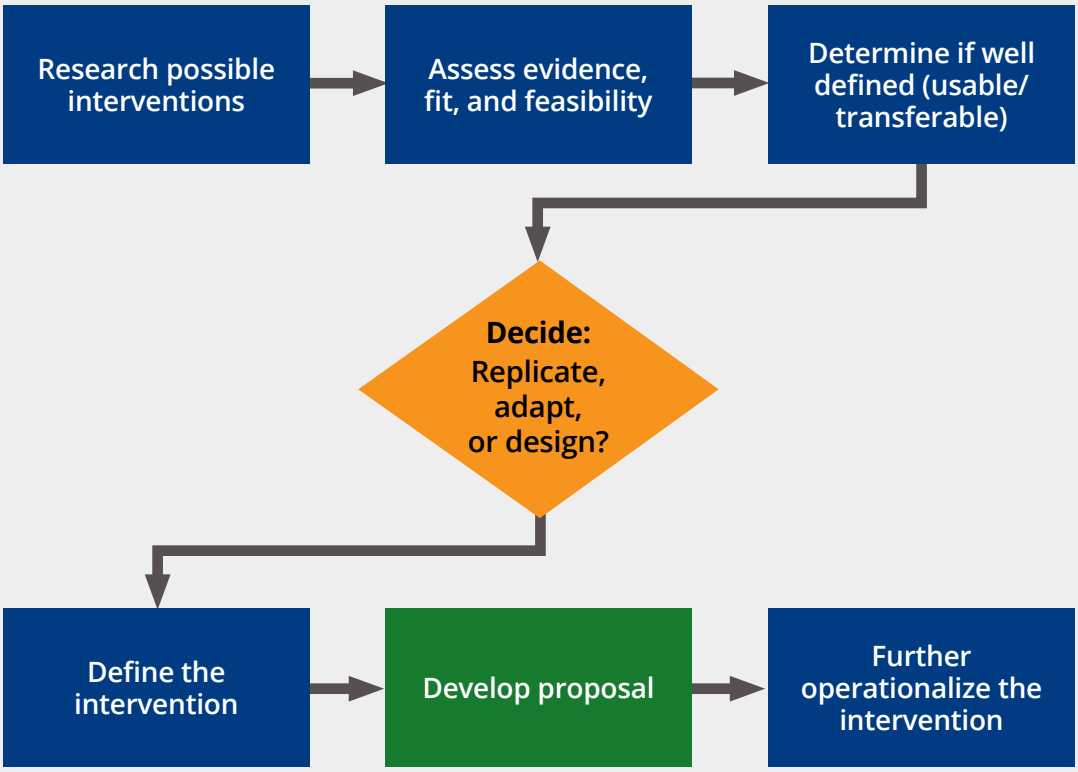
How to Select and Adapt or Design an Intervention

The following essential functions[3] (tasks) are necessary for selecting and adapting or designing an intervention.

- The selection process
  1. Research possible intervention options
  2. Assess evidence, fit, and feasibility of possible interventions
  3. Determine whether interventions are well defined (usable/transferable)
  4. Decide to replicate or adapt an existing intervention or design a new one
- A well-defined intervention
  5. Define the intervention
  6. Develop a proposal
  7. Further define and operationalize the intervention

Exhibit 1 illustrates these functions. While the functions are presented as distinct steps that occur in a linear fashion, in practice, some steps may overlap, and teams may need to loop back and forth between functions as more information is gathered and assessed.

Exhibit 1. Essential Functions for Selecting and Adapting or Designing an Intervention



To complete these functions, teams may consider whether they need to adjust team membership from earlier work on exploring the problem and creating a theory of change. Teams may also find it helpful to assign subgroups to different tasks (e.g., conduct research on possible options, develop a proposal) and then bring recommendations back for discussion with the full team or steering committee.

The following sections describe each essential function in two parts:

- Part 1: The Selection Process
- Part 2: A Well-Defined Intervention

[3] In this series, essential functions are tasks that lead to achieving key milestones in a change and implementation process.

Part 1:
The Selection Process

The first four essential functions represent the steps needed to reach the decision to replicate, adapt, or design an intervention.

1. Research Possible Intervention Options

To select the best possible intervention for the identified problem, teams should begin by reflecting on:

- Root cause(s) of their identified problem[4]
- The theory of change for addressing the problem[5]
- Target population affected by the problem
- Desired outcomes

These considerations are important context for researching and identifying the right solution to address the problem or need.

Questions to Consider

- What sources are available to support identification of potential interventions?
- Are there easy-to-identify interventions that align with the theory of change and desired outcomes?
- Are there ESIs to consider?
- If research and evaluation findings are not readily available, what other evidence exists?
- Who are experts on these types of interventions that may be able to provide advice?
- What information have experts shared about possible interventions?

Teams (or designated subteams) should identify an array of possible solutions from different sources (see exhibit 2). Solutions may include interventions implemented at other child welfare agencies, partner organizations, or similar systems, or they may include programs or practices already in place in their own agency that appear promising. While, ideally, selected interventions will be well defined and well supported by evidence, such interventions may not be available, and so teams should cast a wide net to explore possible options.

Teams can research options through searches of online clearinghouses and directories, review of available literature, and consultation with experts and individuals with experience with relevant interventions. In addition, teams should talk with peers and tap the knowledge of others in their child welfare system and community.

Exhibit 2. Intervention Research Overview

Look for. . .	Find information from. . .
◆ ESIs	◆ EBP/ESI directories and clearinghouses
◆ Common elements in multiple ESIs	◆ Information Gateway and Capacity Building Centers
◆ Well-defined interventions	◆ Studies, reports, articles
◆ Promising practices	◆ Online sources
	◆ Program developers and experts
	◆ Peers

Search for ESIs

A starting point in the selection process is conducting research on defined interventions with a strong grounding in research and practice. Teams can initially search for interventions by gathering information from online clearinghouses and directories with information on ESIs. See appendix A for a list of possible clearinghouses and directories to use.

Each clearinghouse and directory may differ in focus, terminology, criteria for inclusion, and level of detail of information. While some sources focus specifically on child welfare (e.g., CEBC, http://www.cebc4cw.org/) or a subtopic within child welfare (e.g., Home Visiting Evidence of Effectiveness, https://homvee.acf.hhs.gov/), other sources address programs from related systems that may be relevant to the problem and target population of

[4] For more information on identifying a root cause, read "Change and Implementation in Practice: Problem Exploration" at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/problem-exploration/

[5] For more information on developing a theory of change, read "Change and Implementation in Practice: Theory of Change" at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/theory-of-change/

teams (e.g., Center for the Study and Prevention of Violence's Blueprints for Healthy Youth Development, http://www.blueprintsprograms.com). Teams should pay attention to the inclusion criteria and classifications. In addition, some directories and reports also include valuable information on benefit-cost analyses (see, for example, http://www.casey.org/media/Title-IV_E-Waiver-Interventions-Research-Brief.pdf).

Consider Common Elements Across ESIs

While looking for ESIs, teams also may seek information on common elements or "active ingredients" of interventions that respond to the identified problem. Increasingly, researchers and practitioners have begun looking at common elements shared across multiple ESIs to distill shared strategies, techniques, or activities (Barth, Kolivoski, Lindsey, Lee, & Collins, 2013; Chorpita, Becker, & Daleiden, 2007). These elements are sometimes referred to as "kernels" when related to specific influential behaviors (Embry & Biglan, 2008). Rather than choosing a formalized intervention in its entirety with an existing manual or protocol, teams can use these common elements or kernels as basic building blocks in adapting or creating new interventions (Chorpita et al., 2007).

Example: Common Elements

Researchers have identified the following common elements in these child welfare service areas:

- Parent training programs—time out, positive reinforcement, and psychoeducation (Chorpita et al., 2007)
- Family engagement in mental health services—education about services, goal setting, and appointment reminders (Barth et al., 2013)
- In-home services—family-centered case planning, comprehensive assessments of family strengths and needs, quality worker-family relationships, and availability of concrete services (National Resource Center for In-Home Services, 2014)

Identifying common elements can be useful to gain a sense of best practices and to be able to customize interventions to target populations (Chorpita et al., 2007). Common elements also offer advantages in that they are teachable in easily digestible pieces as compared with more complicated manuals available for full interventions (Barth et al., 2013). Nevertheless, the evidence for the effectiveness of individual common elements and their impact is limited (CEBC, n.d.). In addition, common element analyses rely on the existence of multiple ESIs related to a problem area, which is often not available in child welfare.

Conduct a Literature Review

In addition to looking for ESIs and common elements across them, teams should review additional literature on promising programs and practices related to their problem area and needs. In particular, teams may look for well-defined interventions that may not have been rigorously evaluated.

Given that many areas within child welfare still do not have ESIs or well-defined interventions applicable to specific target populations, agencies often have to gather and assess additional information on promising practices. These approaches draw from less-rigorous research and practice knowledge to guide new program designs that build from solid theory. For example, while there may be limited ESIs for children in long-term foster care, agencies designing interventions to promote permanency can draw from a strong body of literature that points to the importance of preserving relationships and addressing trauma.

To conduct a comprehensive literature review, teams can find program descriptions, research summaries, grant and evaluation reports, and journal articles through:

- Information Gateway's library at https://www.childwelfare.gov/library/ (or email info@childwelfare.gov for assistance with a customized search)
- Center for States information requests (email capacityinfo@icfi.com)
- Academic databases and search engines (e.g., Google Scholar, Academic Search, PsycINFO)
- Local university libraries

Contact Program Developers, Experts, and Other Jurisdictions

Teams can learn a lot about possible interventions by talking with program developers, program experts (e.g., technical assistance providers or evaluators), and agency leaders or managers with experience in implementing a selected intervention or component. Their experiences and lessons learned can provide insight into the following:

- Benefits and challenges of a possible intervention
- Appropriateness for different populations
- Replication history and considerations
- Core components
- Recommended implementation supports
- Costs
- Other considerations

To identify possible contacts, teams can conduct searches online on the websites noted above, ask questions in peer networks, or contact the Center for States. (Find contact information for your State Liaison at https://capacity.childwelfare.gov/map/, or email capacityinfo@icfi.com.)

For a tool with interview questions, access the "Innovation Developer Interview Tool" in the *Guide to Developing, Implementing, and Assessing an Innovation, Volume 2* (pp. 37–42), available at https://www.acf.hhs.gov/sites/default/files/documents/cb/guide_vol2_exploration.pdf

2. Assess Evidence, Fit, and Feasibility of Possible Interventions

As teams (or subteams) identify possible interventions through research, they need to think critically about whether identified interventions will work in their specific agency for their specific purposes.

Assess Alignment With the Theory of Change

While considering the research, teams should return to their theories of change to examine how possible interventions might address identified root cause(s) and how intervention components or common elements fit with the theory of change's causal links. When referring back to a theory of change, teams should look at the conditions and actions identified as necessary for the changes to unfold (e.g., a policy change, resource allocation, removal of barriers).

Examine Evidence of Effectiveness and Appropriateness for the Target Population

Teams should examine the evidence of effectiveness for each option and, in particular, consider how each intervention will address the target population's identified needs. Teams may start by reviewing criteria for inclusion on a clearinghouse or directory that lists an intervention (if there is one) and continue by reviewing available evaluation studies, final reports, and related materials. In addition, teams should look at whether the intervention has been replicated successfully at least once with similar results.

Teams should consider whether evidence exists that the intervention has been successfully implemented with the specific population affected by the agency's identified problem. If an intervention has demonstrated outcomes with a different group, then adaptation before implementation with the new population

Questions to Consider

For each intervention:

- Does the intervention address the root cause(s) of the problem and align with the theory of change?
- Are there research and evaluation findings linking the intervention to outcomes of interest? What are the strengths and limitations of the research?
- Is there support based on practice experience?
- How will the intervention address the target population's needs?
- Does research support that the intervention will be effective and culturally appropriate for the current target population?
- Do the intervention goals align with agency values, guiding principles, and priorities?
- Is the intervention feasible given the agency/system context?
- What supports or changes might be needed?
- Does the agency have the capacity to implement the intervention? Can the agency build the capacity to implement it?

may be necessary. Drawing from research and practice expertise, teams should consider the intervention's relevance and appropriateness and develop a sound rationale for why the intervention is expected to have positive outcomes for their target population. As noted earlier, many interventions in child welfare will not have had rigorous evaluations. In those cases, teams may need to consider practice evidence and develop a research-based theory.

When looking at research findings and practice evidence, teams should consult with experienced evaluators, researchers, or subject matter experts (either from the agency, a university, or other partners) that can help explain relevant research, identify possible limitations, and develop research-based theories.

Assess Fit With System, Agency, and Community Context

The next part of assessment focuses on "fit." Teams explore whether the intervention is compatible given the agency's context (see exhibit 3). For example, a team might consider, does the intervention reflect the community-based and family-centered values described in the agency's practice model? Will an intervention that was effective in a state with few private contractors work in a highly privatized system? Will a program successful in an urban setting fit in a rural area? To improve fit and feasibility, changes may be needed in the intervention (e.g., adaptations to services) or in the child welfare agency/system (e.g., hiring and training of new staff) (Supplee & Metz, 2015).

Exhibit 3. Context Considerations

When exploring a potential intervention used in another organization, teams may find that similarities and differences in the following areas may impact fit:

- State or agency values and priorities
- Agency practice models and ongoing initiatives
- Agency structures (e.g., state or county administered)
- Contracting arrangements
- Staff skills, qualifications, and credentials
- Worker norms and beliefs
- Community demographics and languages
- Target population values, customs, and preferences
- Geographic setting (e.g., urban or rural)
- Other contextual factors

Because there is limited understanding of how program outcomes might vary by specific populations, settings, or other factors, teams often need to rely on the best information available and their best judgments to assess fit in the local context (Supplee & Metz, 2015). Program experts and local stakeholders can play a vital role in discussing these considerations.

Cultural relevance is one important piece of assessing the "contextual fit." The intervention should match the values and preferences of those who will implement and support the intervention (e.g., caseworkers) as well as those who will receive and benefit from it (i.e., the target population) (Horner et al., 2014). This may require discussions with key stakeholders—including representatives of groups who might deliver, support, or receive the intervention—to explore whether intervention strategies, procedures, and intended outcomes are consistent with their values. Diverse stakeholders should be included on the team, and more may be consulted, as needed, for discussions on cultural relevance.

Assess Feasibility and Agency Capacity

In exploring various options, teams should assess whether each potential intervention appears feasible (doable). Teams may consider feasibility in light of existing or potential agency capacity in the following dimensions:

- Resources (e.g., funding, available staff with appropriate qualifications, technology)
- Infrastructure (e.g., policies, internal systems)
- Knowledge and skills (e.g., related competencies)
- Culture and climate (e.g., leadership commitment, agency values, norms)
- Engagement and partnership (e.g., internal and external organizational relationships)

At this point, teams assess the above factors in terms of general compatibility and feasibility—i.e., does it seem reasonable? While an agency may not have full capacity at this time to implement an identified program, it may be able to build capacity later through resource reallocation, recruitment and selection of new staff, and/or training and coaching of existing staff.[6]

Several tools can support teams in assessing evidence, readiness, fit, and feasibility:

- Permanency Innovations Initiative Training and Technical Assistance Project's (PII-TTAP's) "Innovation Assessment and Selection Tool" in the *Guide to Developing, Implementing, and Assessing an Innovation: Volume 2* (pp. 43–50), available at https://www.acf.hhs.gov/sites/default/files/documents/cb/guide_vol2_exploration.pdf
- NIRN's "The Hexagon Tool: Exploring Context," available at https://implementation.fpg.unc.edu/resource/the-hexagon-an-exploration-tool/
- CEBC's "Selection Guide Worksheet," appendix E7 in Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems, available at http://www.cebc4cw.org/files/ImplementationGuide-Apr2015-onlinelinked.pdf

3. Determine Whether Interventions Are Well Defined (Usable/Transferable)

While reviewing and assessing each possible intervention, teams will want to pay close attention to whether each option is clearly and sufficiently defined. Teams should collect and review available materials that support implementation, such as practice profiles, program manuals, training manuals, fidelity criteria, performance assessment methods, and other resources. Teams must consider if there is enough information and guidance available for a selected intervention so that they may explain it, teach it to staff, fully implement it, and monitor to see if it is working as intended.

Teams should think about:

- Is it clear what the intervention is? Can the intervention be easily explained to others?
- Is the intervention usable? Does it have:
  - A clear description?
  - Core components?
  - Operational definitions?
  - Performance assessment (fidelity process)?
- If the program will be adopted from another source, is it easily transferable? Is there enough information to replicate?
- If the intervention is untested, can it be evaluated?

Questions to Consider

For each possible intervention:

- What materials are available to support implementation (e.g., practice profiles or training manuals)?
- What are the underlying philosophies, values, and principles?
- Are there clearly defined core components (essential functions)?
- Are the core components operationalized? Can they be taught to workers? Is there a practice profile?
- Are there established methods and instruments for measuring fidelity and performance?

The following tool and related training can help teams explore whether an intervention is usable/transferable:

- NIRN's "Usable Intervention Criteria," available at http://static1.squarespace.com/static/545cdfcce4b0a64725b9f65a/t/553a9e8ce4b03939abed1645/1429905036097/NIRN_WayForward_Intervention+Criteria.pdf
- NIRN's "Usable Innovation Overview," available at https://implementation.fpg.unc.edu/wp-content/uploads/Usable-Innovations-Overview.pdf

[6] See also the Change and Implementation in Practice resources on readiness and intervention planning and capacity building at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

Example: Intervention Selection in Practice in Illinois

After thorough exploration and analysis, the Illinois Department of Children and Family Services selected a trauma-focused intervention to support the goal of reducing long-term foster care. As a Children's Bureau (CB)-funded PII grantee, the state child welfare agency collaborated with university-based researchers, private agencies, and policy organizations to select, implement, and evaluate an ESI that fit local needs and objectives.

The selection of Trauma Affect Regulation: Guide for Education and Therapy© (TARGET©) as the agency's intervention model reflected implementation science principles and consideration of the following factors (Illinois Department of Children and Family Services, 2016):

- **Relevance to target population needs.** Through quantitative and qualitative research, the Illinois PII team identified risk factors for long-term foster care—including age, previous placement instability, and mental health issues and trauma symptoms. Building from this research, the team selected as its target population youth, ages 11–16, who had been in foster care for 2 years or more and were experiencing mental health or trauma symptoms and/or placement changes. A strength of the TARGET model was that it had empirical support for effectiveness among adolescents with complex trauma (Ford & Hawke, 2012; Marrow, Knudsen, Olafson, & Bucher, 2012).
- **Alignment with the project's theory of change.** Illinois' theory of change suggested that educating youth, their biological parents, and foster parents about trauma and coping strategies would lead to improvements in healthy functioning. These improvements were expected to stabilize placements and promote relationships, which, in turn, were expected to improve permanency. The TARGET model fit the theory of change and addressed three barriers to permanency: (1) youth's needs to control their emotions and reduce the severity of trauma symptoms; (2) foster parents' knowledge and skills to respond to the needs and behaviors of youth in their care; and (3) biological parents' skills in regulating their emotions and behaviors so that they could engage in services and address underlying issues.
- **Fit with agency culture and values.** Both Illinois' practice model and the TARGET model emphasized family-centered, trauma-informed, and strengths-based values.
- **Theoretical grounding for adaptation.** While TARGET was not developed for or evaluated on improving permanency outcomes in child welfare, research suggested that using the intervention in a family therapy model with biological and foster parents could support increased reunification and legal permanency.

Following selection, the Illinois PII team worked closely with the model developers to adapt and implement the TARGET model. Previously, TARGET had been used primarily in group settings among youth involved in the juvenile justice system. The team modified several aspects to effectively fit youth in home-based foster care settings and integrate engagement practices with youth and parents.

For more information on the Illinois PII project, see https://www.acf.hhs.gov/cb/resource/pii-il-trauma

Adapted from Illinois Department of Children and Family Services (2016)

4. Decide to Replicate or Adapt an Existing Intervention or Design a New One

Based on the research, analyses, and considerations from the first three functions above, teams now need to make a decision. The decision can be broken down into several considerations:

- Is there an existing intervention that appears appropriate? If so, can it be replicated with no or minor changes?
- Is there an existing intervention that appears appropriate with adaptations to fit the target population, setting, and circumstances OR with further definition and clarity?
- If no existing interventions can be replicated or adapted, is there a need to design a new one?

To inform the decision, teams should explore the continuum of fit (see exhibit 4) and reflect on earlier research and analyses, think carefully about adaptation or design, consult with key stakeholders about possible interventions, and reach a consensus. Sometimes a subteam will do the initial research and bring it back to the larger implementation team or steering committee for discussion and decision-making.

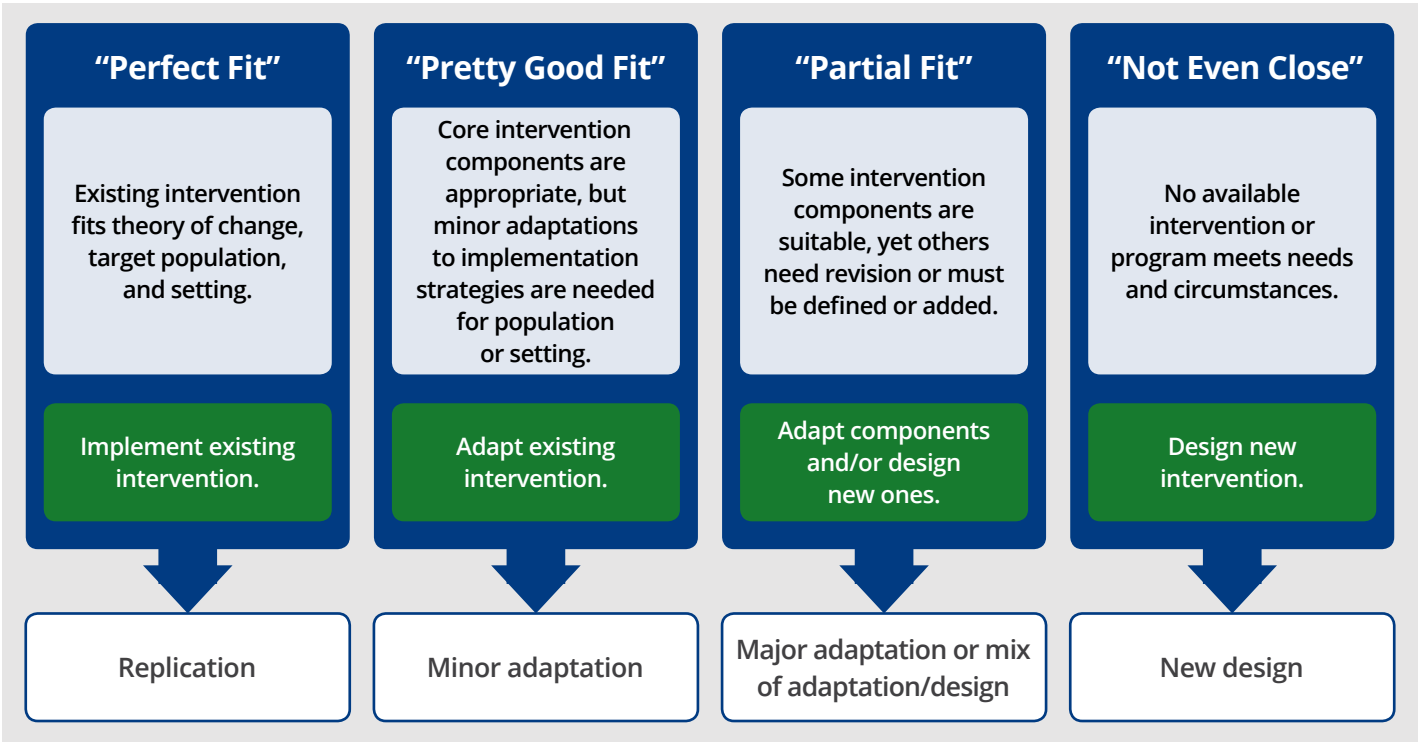
Questions to Consider

- Which existing intervention will best address the identified problem or need?
- Does the intervention need to be further defined, developed, or adapted to be culturally responsive and/or successfully implemented?
- If adaptable interventions are not available, is a new intervention needed?
- Have stakeholders provided input?
- Have team members come to consensus about the best intervention?

Think About the Continuum of Fit

Exhibit 4 highlights a continuum of fit—from one extreme of finding an intervention that is a "perfect fit" to the other of finding nothing that is even close. Ideally, teams will find an evidence-based or well-defined intervention that addresses their problem and is a good fit for their agency (column 1); unfortunately, that may be very hard to find. Often agencies will need to adapt an existing intervention for their particular agency setting, context, and target population (columns 2 and 3). This may involve adapting some components or a mix of adapting some components and designing new ones. Or, agencies may need to further define and operationalize an appropriate, yet unproven, intervention. If teams cannot identify an appropriate intervention to implement "as is" or adapt, they may need to design a new one (column 4).

Exhibit 4. Continuum of Fit



Reflect on Research and Analyses

As discussed earlier, teams should explore several aspects of each intervention option. These same considerations inform the ultimate selection decision and are summarized in exhibit 5.

Exhibit 5. Considerations for Intervention Selection

Key Questions	Related Consideration
Does the intervention address the agency's identified problem and theory of change?	◆ If the intervention does not address the problem and theory of change, teams should look for another intervention.
Is there evidence that the intervention will work?	◆ Where possible, teams should prioritize ESIs with strong evidence of positive outcomes for their target population from rigorous research. ◆ While there may not be rigorous prior evaluations, there should be support that the intervention will make a meaningful difference. That is, there should be some research support, practice evidence, and/or strong theoretical backing.
Is the intervention well defined? Is it usable/transferable?	◆ Consider whether the intervention already has the following: ◆◆ A clear definition ◆◆ Identified core components ◆◆ Operational definitions ◆◆ Practical performance assessment (fidelity process) ◆ If the intervention is not well defined but can be, teams will need to do further work to define and operationalize before implementation. (See functions 5 and 7 below.)
Does the intervention fit the agency and population?	◆ Consider whether adaptation is needed to: ◆◆ Improve the accessibility and relevance of the intervention to the target population ◆◆ Accommodate differences in organizational structure or service delivery ◆ If so, can the above be achieved through adaptation, without changing the core components? ◆ If adaptation of core components is necessary, is it doable without compromising the intervention's integrity and effectiveness?
Is the intervention feasible for the agency to implement?	◆ If it seems reasonable that the agency can build capacity to implement, then teams may consider the intervention; if it does not seem realistic to build sufficient capacity, then teams should look for another intervention.
Is a new intervention necessary?	◆ Consider whether the agency has time and resources to devote to development and design of a new intervention.

Proceed Cautiously With Adaptation

Agencies sometimes make changes to an intervention from its original form to respond to the needs of the population being served or agency context. To the extent possible, teams should make every effort to maintain the integrity of the core components while adapting. This is particularly important in the case of a proven ESI. Changing core components can result in interventions that do not produce desired outcomes.

As shown in exhibit 6, teams may have several good reasons for adapting an intervention. These include addressing a population's distinct risk and protective factors in prevention services or improving the intervention's relevance and appeal to better engage the target population (e.g., incorporating parents' preferred communication styles or including familiar toys in children's treatment activities). However, teams must weigh the benefits of adaptation against the risks of reducing the intervention's effectiveness. Be mindful that adaptation may not be necessary. Consider whether the justification for adaptation might reflect bias or stereotypes rather than actual or meaningful differences between populations or context. Teams are encouraged to use data where possible to support their rationale for adaptation, and to integrate evaluation into the change process to build the evidence base for the adapted intervention.

Exhibit 6. Potential Reasons to Adapt an Evidence-Based Intervention

- To implement the intervention with a different target population, including populations who differ by:
  - Race, ethnicity, or culture
  - Language
  - Age
  - Gender, gender identity, or sexual orientation
  - Urban or rural setting
  - Child welfare involvement
  - Risk and protective factors
- To accommodate differences in organizational structure or service delivery, for example:
  - Public or privatized child welfare system
  - Caseworker role (e.g., case management versus direct service delivery)
- To integrate an intervention with existing programs, practices, or services
- To revise materials or activities that:
  - Lack relevance for target population or setting
  - Need translation
  - Are outdated

The first step in a proposed cultural adaptation is to gather information to determine whether it is justified and, if so, which intervention components or activities may need to be adapted (Barrera, Castro, Strycker, & Toobert, 2013). This may include reviewing existing literature, looking at outcome studies for different subgroups, and conducting interviews or focus groups with members of the target population. Subsequent steps may include identifying proposed adaptations, gaining feedback on the proposed adaptations and making refinements, and testing the adaptations (Barrera et al., 2013). Where possible, teams should make adaptations of ESIs in partnership with program developers or researchers so that the underlying theory base is not weakened (Blase & Fixsen, 2013).

In addition, keep in mind that adaptation may involve changing the program or practice to fit the agency/system and target population, or it may involve adapting the agency's service delivery system to support the intervention. An agency may need to make changes to a practice model, established infrastructure, or training system to set a foundation for effective implementation of a new program.

For more information on adaptation, see:

- PII-TTAP's Guide to Developing, Implementing, and Assessing an Innovation, "Section 6: Develop or Adapt the Innovation," available from https://www.acf.hhs.gov/sites/default/files/documents/cb/guide_vol3_installation.pdf
- CEBC's Cultural Resources webpage, available at http://www.cebc4cw.org/home/cultural-resources/

Example: Cultural Adaptation in Practice

To improve acceptability among Mexican-American families, a group of clinicians and researchers (McCabe, Yeh, Garland, Lau, & Chavez, 2005) identified cultural adaptations for Parent Child Interaction Therapy (PCIT), an ESI with demonstrated effectiveness for young children with behavioral problems.

The modified version, called Guiando a Niños Activos (Guiding Active Children), was based on a three-step process:

- Collecting information from clinical and empirical literature and interviews and focus groups with Mexican-American parents and therapists. This research explored such issues as attitudes toward treatment and related expectations.
- Developing proposed modifications based on the research. These modifications included:
  - Reframing treatment as an educational/skill-building intervention to respond to data that seeking mental health services may carry a stigma in the Mexican-American community
  - Enhancing engagement protocols for immediate and extended family members to increase the likelihood of ongoing support
  - Allowing flexibility for certain practices to be described in terms that resonate with diverse parenting perspectives (e.g., describing "time out" space as either "a punishment chair" or "a thinking chair")
  - Translating and simplifying handouts and using more visual cues to accommodate individuals with lower education levels
- Reviewing proposed modifications with a group of researchers with expertise in the adaptation of mental health treatments, a panel of Mexican-American therapists that work clinically with Mexican-American families, and the creator of PCIT.

These adaptations left the core components intact while tailoring the intervention to improve acceptability and engagement of the target population.

Source: McCabe, Yeh, Garland, Lau, and Chavez (2005)

Considerations for a New Design

In some cases, when there are no appropriate ESIs or well-defined interventions, teams may need to design a new intervention. While designing a new intervention is an opportunity to customize an intervention to agency needs and add to the evidence base, it can demand a substantial amount of time and resources. Time and resources will be required not only for designing and developing the intervention, but also for testing, making adjustments, and designing and implementing appropriate evaluations of implementation and outcomes. As such, teams working on shorter timelines may want to adapt existing programs and practices when possible.

Designing a new intervention does not necessarily mean starting from a blank slate. While full interventions or structured programs with established manuals may not be available, teams often can select and combine existing intervention components, or known practices that have a strong research backing, into a comprehensive intervention strategy. Selected components should fit with the team's theory of change, and research should support their use alone or in conjunction with other components. (See also information in function 7A below.)

Consult With Key Stakeholders About Possible Interventions

As with other decisions in the change and implementation process, it is important that teams consult with key stakeholders about possible interventions under consideration. Be sure to include stakeholder representatives from:

- Groups who will be service recipients and/or a target population (e.g., youth for new programs addressing youth transitioning to adulthood or relative caregivers for kinship support programs)
- Groups who will provide, coordinate, or oversee services (e.g., caseworkers, program managers, private contractors, community service providers)
- Groups who may also interact with or be affected by the intervention (e.g., system partners, lawyers and judges, foster parents, community service providers)

Reach Consensus

After considering the available information and input, team members (or agency decision-makers) make a decision about which intervention(s) will likely have the greatest impact and be a good fit for the agency and the target population.

The decision will reflect one of three pathways:

- **Replication of an intervention or minor adaptation.** After research and talking with program developers, teams may identify an ESI or well-defined intervention that they can implement "as is" or with minor adaptations. This may be one of the ESIs from the directories consulted in function 1 (e.g., Nurse Family Partnerships, Parent-Child Interaction Therapy, Motivational Interviewing, or other). This pathway aligns with the first and second columns in the earlier exhibit 4, when teams find an existing intervention that is a "perfect fit" or a "pretty good fit."
- **Adaptation of an intervention with major changes.** Given the limitations of existing ESIs in child welfare, teams often will need to make adaptations to reflect their setting and population. This pathway aligns with the third column in exhibit 4 for interventions that are a "partial fit." This may involve some adaptation and some new design or definition work.
- **Design and development of a new intervention.** After thorough research and careful consideration, if teams cannot identify an existing and appropriate well-defined intervention, they may plan to design a new one. This pathway represents the fourth column in exhibit 4, when other interventions investigated are "not even close" and a new design is needed.

Part 2:
A Well-Defined Intervention

Teams now move from research and selection activities into planning and development. The following essential functions reflect key steps in adaptation and design processes. They also may be necessary when a jurisdiction has decided to extend an existing intervention that is not yet well defined.

5. Define the Intervention

At this point—for replication, adaptation, or design—teams must be able to **define the "it."** This means that teams can explain the intervention and its parts in simple terms so that stakeholders are clear on what the intervention is and what needs to be done to carry it out (PII-TTAP, 2016).

To define the intervention, teams will conduct the subtasks presented in exhibit 7. The initial work is to define and articulate the intervention's purpose, goals, and underlying principles and broadly identify its core components. This information will become central pieces in an intervention proposal for agency leadership and decision-makers (see function 6). The Center recommends that teams do the more indepth and time-consuming definition work of operationalizing core components and developing practice profiles (function 7) after the proposal is approved and teams receive a "green light" to proceed with the intervention. While presented here as two separate sets of activities, in practice, there may be overlap and movement back and forth to refine. These activities will draw from the research conducted earlier to support intervention selection.

Exhibit 7. Defining the Intervention Subtasks

Before the proposal (defining the intervention):

- State the intervention's purpose, goals, and underlying principles.
- Identify core components that align with the theory of change.

After the proposal (further defining and operationalizing the intervention as needed):

- Further operationalize, define components, and specify essential features that make the intervention "work."
- Develop a practice profile with core activities and expected behaviors, if needed.

The first two subtasks are described below.

State the Intervention's Purpose, Goals, and Guiding Principles

A purpose or mission statement should very briefly describe what the intervention does, why, and how. The goals should outline the expected results. The purpose and goals should directly address the team's identified problem and align with the theory of change.

Guiding principles represent the philosophies, norms, and values that will shape the intervention components, related activities, and decisions. A child welfare principle may include, for example, the importance of integrating youth and family voices in program development and delivery. See additional examples in the box on the following page.

Identify Core Components

Core components are the critical building blocks of an intervention (sometimes referred to as "essential functions"). Core components have been shown through research to lead to positive outcomes or are believed to do so based on theory or practice experience. These are the essential mechanisms that make the intervention work (Blase & Fixsen, 2013).

Based on discussions with program experts and review of available program materials, teams should describe each of the intervention's core components that collectively address the identified problem. Often these will be expressed in broad terms (e.g., engagement, assessment, collaboration).

If replicating or adapting an intervention, teams may be able to use or modify the core components and definitions developed by the program designers, while taking into consideration any proprietary restrictions. If designing a new intervention or adding components to an existing one, teams may find that identifying the core components may take some time and group effort. (Find more information in function 7 below.) Identifying the core components will support later tasks of planning the intervention, developing or adapting practice profiles, and developing fidelity measures.

For more information on core components, see:

- ASPE's research brief titled "Core Intervention Components: Identifying and Operationalizing What Makes Programs Work," available at https://aspe.hhs.gov/report/core-intervention-components-identifying-and-operationalizing-what-makes-programs-work

Example: Parents as Teachers' Mission, Goals, Guiding Principles, and Core Components

Mission: Parents as Teachers promotes the optimal early development, learning, and health of children by supporting and engaging their parents and caregivers.

Goals:

- Increase parent knowledge of early childhood development and improve parent practices.
- Provide early detection of developmental delays and health issues.
- Prevent child abuse and neglect.
- Increase children's school readiness and success.

Underlying Values/Guiding Principles:

- The early years of a child's life are critical for optimal development and provide the foundation for success in school and in life.
- Parents are their children's first and most influential teachers.
- Established and emerging research should be the foundation of parent education and family support curricula, training, materials, and services.
- All young children and their families deserve the same opportunities to succeed, regardless of any demographic, geographic, or economic considerations.
- An understanding and appreciation of the history and traditions of diverse cultures is essential in serving families.

Core Components:

- One-on-one personal visits
- Group connections
- Health and developmental screenings for children
- Linkages and connections for families to needed resources

Source: Parents as Teachers. (2018). Evidence-based model [website]. Retrieved from https://parentsasteachers.org/

6. Develop a Proposal

After sufficiently defining the intervention, including its core components, teams should pull together their research, assessments, and recommendations into a formal proposal that clearly explains the proposed intervention, the underlying reasoning for its selection, and plans for moving forward.

Plan as Appropriate

Proposals may reflect plans, as appropriate, for one of three different pathways introduced above:

- **Plan for replication or minor adaptations.** In developing a proposal, teams should present their rationale for selecting the intervention and outline plans for replicating it with fidelity.
- **Plan adaptation with major changes to existing intervention.** In addition to presenting the rationale, teams should identify where and why adaptations are needed. As noted earlier, teams should be cautious when proposing adaptations of an established model so as not to negatively affect its integrity and the likelihood of achieving desired outcomes. Some intervention developers will work with agencies to plan for cultural and contextual modifications. If the developer is unavailable, teams may bring in other specialists to help with planning.
- **Plan the design and development of a new intervention.** Here, teams will begin the planning process for operationalizing core components for the new intervention. Teams are strongly encouraged to build from promising practices and elements, perhaps combining them in new ways, to meet agency needs. Input for the design may come from various sources—frontline workers, parents and youth, researchers, program area experts, and technical assistance providers—and should reflect collaborative thinking among them.

Questions to Consider

If replication or minor adaptation is possible. . .

- Is your setting (or target population) similar to the one where the intervention was implemented before?
- Which core components will remain the same?
- What minor changes to the original intervention are needed (if any)? Why?
- How might changes affect integrity or effectiveness? (If they will, reconsider.)
- Is there available literature supporting replication?
- What steps will the team take to ensure that the program is implemented with fidelity to the original model?

If major adaptation is needed. . .

- How is your setting (or target population) different from the one where the intervention was implemented before?
- Which core components will remain the same?
- What changes to the original intervention are needed? Why?
- How might changes affect integrity or effectiveness? (If they will, reconsider.)
- Is there available literature supporting adaptation?
- What steps will the team take to ensure that program changes are informed by research and practice evidence?
- Is the model developer comfortable with the adaptations suggested?

If new design is needed. . .

- What is unique about this child welfare system/structure, target population, or problem that requires a new approach?
- Can the team borrow pieces of existing interventions to design a more fitting one?
- What are the core components of the new intervention?
- How will the intervention address the target population's needs?
- What evidence and experts can the team draw on to inform intervention design?

Develop a Proposal

Proposals are written plans that support communication and decision-making about the intervention. They provide an overview of what, why, and how. Exhibit 8 presents suggested proposal components.

Exhibit 8. Suggested Proposal Components

Type	Proposal Contents

All proposals (including replication adaptation, or new design)	◆ Desired outcomes
	◆ Target population
	◆ Description of the intervention(s)
	  ◆ Mission, goals, and guiding principles
	  ◆ Core components overview
	◆ Explanation of how intervention(s) will meet target population's needs
	◆ Rationale and research support for selection of the intervention(s)
	◆ Potential facilitators and barriers to successful implementation
	◆ Projected costs (e.g., for program materials and instruments, licensing, training, other)
	◆ Staffing, workload, and other resource considerations
	◆ Fidelity measures (from existing intervention or adapted) or a process for developing them*
	◆ Evaluation and monitoring considerations*
	◆ Theory of change*

Replications and adaptations	◆ Description of implementation in other jurisdictions and lessons learned
Adaptations	◆ Core components of the intervention(s) that will be maintained ◆ Planned adaptations and the rationale for them (including evidence of support from literature and/or potential participants)
New design	◆ General design and development plan ◆ Core components and elements that have been identified, along with research and theory supporting these core components ◆ Process for further defining components, related activities or elements, and overall structure ◆ Projected costs and timeframe for design work

* Items with asterisk are discussed in more detail in other Change and Implementation in Practice briefs.

7. Further Define and Operationalize the Intervention (As Needed)

For the intervention proposal, teams describe interventions and identify core components in broad terms. Implementing an intervention and assessing fidelity will require further definition and operationalization. This may include designing and/or operationalizing core components and developing a practice profile.

This design work may be needed when teams have decided to adapt or add core components to an existing intervention, implement an existing intervention that is not well defined, or design a new intervention. Replication of an existing ESI or a minor adaptation that does not affect core components may not require this work.

7A. Design and Operationalize Core Components

Designing core components requires getting specific about how the core components will work in operation. This creative process requires blending research, practice knowledge and theory, and evaluating and refining content over time (Fraser & Galinsky, 2010).

Core components should meet the following criteria:

- Align with the team's theory of change
- Adhere to the intervention's underlying values, guiding principles, and philosophy
- Be grounded in research and best practice
- Reflect stakeholder input

Steps for Designing Core Components

Ideally, teams should design core components through a collaborative process involving program experts, researchers, practitioners, and members of the target population. Combining the perspectives of these individuals can increase the likelihood that the design will be effective, practical in the agency's setting, and accepted by the target population (Wight, Wimbush, Jepson, & Doi, 2015). In addition, it is useful to bring evaluators into the conceptualization process so that design and evaluation planning can be complementary processes (Framework Workgroup, 2014).

Questions to Consider

- Has the proposed intervention been operationalized (i.e., defined so that it can be put into use)? Are there available practice profiles, manuals, and/or curricula?
- Are the core components for the new intervention well defined?
- What are the core activities for each core component?
- What are the practice indicators (needed behaviors/observable skills) for each core activity?
- What other features or characteristics are needed to make the intervention produce positive outcomes?

Designing core components for a new or adapted intervention includes the following steps:

- **Revisit the team's theory of change.** The theory of change includes a series of causal links that together make up the pathway of change from the root cause(s) of the problem to the long-term outcome. From the theory of change, teams should identify how best to deliver the "change mechanisms," the critical processes that trigger change (Wight et al., 2015). These may include a broad range of strategies related to interactions with the target population, practices, and service delivery.
- **Draw on research and evidence.** Teams should examine the research collected during the search for intervention options and dig deeper into identified best practices, common elements (Chorpita et al., 2007), and/or "kernels" of influential behaviors (Embry & Biglan, 2008) for addressing the problem areas (see discussion under function 1). These can serve as building blocks for new components.
- **Identify each core component and develop an operationalized definition.** A well-defined core component will be observable and measurable. The definition should reflect research and align with the underlying values, principles, and philosophy of the intervention.
- **Identify related core activities.** Core components have associated core activities or elements. These activities are the observable actions that agency staff perform. They help to further define and clarify what the component looks like in everyday practice (e.g., plan a visit, set an agenda).
- **Test and refine the components on a small scale.** Guides to intervention development generally recommend testing the initial design in a practice setting and making adaptations, as needed (Framework Workgroup, 2014; Fraser & Galinsky, 2010; Wight et al., 2015). Testing can help confirm acceptability to the target population and identify structure and delivery issues and potential barriers to implementation[7].

[7] More detailed information on "usability testing"—a technique for testing intervention core components and implementation and making needed adjustments—will be addressed in "Change and Implementation in Practice: Intervention Testing, Piloting, and Staging."

Example: Intervention Design in Practice in Los Angeles

Faced with a void of well-defined ESIs that addressed its target population, a collaborative partnership in Los Angeles (LA) designed the Recognize Intervene Support Empower (RISE) project. In 2010, CB awarded the Los Angeles LGBT Center a PII grant. The grant focused on reducing the time that lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children and youth in LA County spent in foster care, and strengthening their permanent adult connections and lasting emotional support.

When a comprehensive literature review revealed a lack of ESIs to replicate or adapt, the LA LGBT Center worked together with the county child welfare agency and community organizations to design a new solution. The design process reflected implementation science approaches:

- **Starting with a theory of change.** The RISE project team identified two key barriers to permanency for LGBTQ youth: (1) biases that leave families, systems, and organizations unprepared to properly nurture LGBTQ children and youth; and (2) systems of care that lack policies and practices for caring for LGBTQ youth. The team theorized that if LGBTQ youth in foster care and their families were competently identified and appropriately served, they would achieve safe and stable permanency.
- **Using research and evidence to inform the design concept.** The project team conducted a research review that identified risk and protective factors and promising practices closely linked to the target population. Research also included interviews with youth formerly in foster care, focus groups with foster care staff, an expert roundtable, and case record reviews to identify barriers to permanency.
- **Developing a design that addresses needs at multiple levels.** Integrating research and theory, the project team developed a design that includes:
  - Outreach and relationship building (ORB). Focused on the organizational level, ORB emphasizes building competencies of public and private agency staff and foster parents for working with LGBTQ children and youth.
  - Care and Coordination Team (CCT). Focused on the child and family level, CCT features partnerships between RISE staff members and youth, their families, and other natural supports to offer an array of culturally informed services. CCT integrated strategies from two established models: (1) Wraparound Approach; and (2) Family Finding and Family Engagement.
- **Specifying core components.** The RISE program manuals identify core components (essential functions) as follows:
  - ORB: Training on outreach and relationship building for employees and foster parents, coaching on outreach and relationship building for employees, and use of environmental cues of inclusion.
  - CCT: Engagement, collaborative teaming, strengths- and needs-based practice, expansion of family connections, and LGBTQ education and support.

The RISE project team spent 2 years of the grant conducting research, defining and operationalizing its intervention components, and building the program and implementation infrastructure. In the third year, the team tested and refined the design before broader implementation.

Sources: Child Welfare Information Gateway (2016) and PII-TTAP (2014)

For more information, see https://www.acf.hhs.gov/cb/resource/pii-rise

Define What Else Is Necessary to Make the Intervention Work

In addition to identifying core components, when defining and operationalizing an intervention, teams need to identify the other essential features or requirements that "make the intervention work" and produce positive outcomes. These may include, for example:

- Practitioner/service provider knowledge, skills, and educational credentials (e.g., a degree in social work, 2 years' supervised work experience with young children and parents)
- Dosage of services (e.g., number and duration of training)
- Availability of and accessibility to services (e.g., hours of delivery, transportation)

- Setting (e.g., in home, at a community organization, at the child welfare agency)
- Engagement of target population
- Referral and screening processes to identify participants
- Follow-up or aftercare processes following services

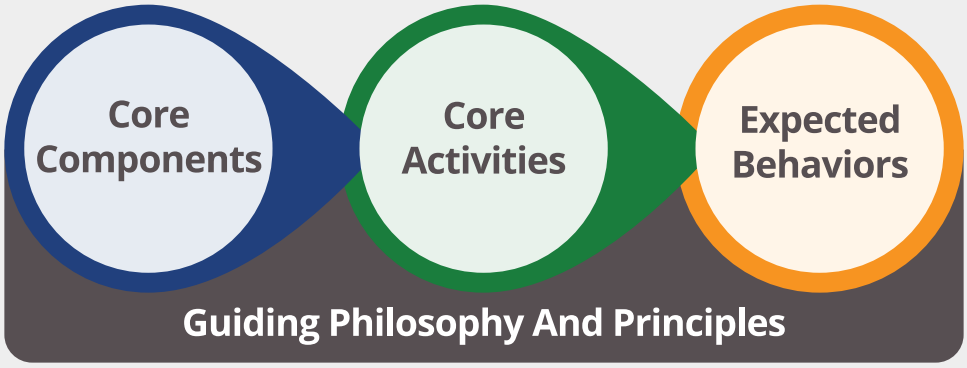
Example: Core Component, Core Activities, Essential Feature

- Core component: Connect families to services.
- Core activities: Explore what types of services would be most useful given a family's needs, assess the existence of culturally appropriate services, address transportation and other barriers to service access, and make referrals to service providers.
- Essential feature: Services are accessible when target population members are available (e.g., evenings and weekends).

7B. Adapt or Create Practice Profiles[8]

A practice profile is a valuable tool for defining the intervention and describing how it works in everyday practice. Practice profiles typically include three major elements, shown in exhibit 9—core components that reflect underlying philosophy and principles, core activities related to the components, and expected behaviors that explain how to carry out the core activities. Practice profile development builds from team work on defining and operationalizing the core components of an intervention.

Exhibit 9. Elements of a Practice Profile



Practice Profile Benefits

Practice profiles make an intervention teachable and doable. Practice profile benefits include (Metz, 2016):

- Providing a fully operational model for consistent implementation of the intervention
- Supporting training plans and coaching strategies for teaching the practices
- Pointing to needed organizational supports to facilitate consistent practice across the agency
- Guiding assessment of fidelity to the model and interpretation of outcomes
- Promoting continuous improvement

If an intervention is well operationalized and expected behaviors are clear (e.g., defined in existing practice profiles, training curricula, program manuals, or other materials), then teams may not need to develop new practice profiles. When adapting a well-defined intervention, teams may be able to transfer or slightly adjust existing practice profiles to their setting. If interventions are not well defined or if they are being newly designed, implementation scientists recommend creating practice profiles to support planning, implementation, and evaluation.

[8] The guidance on developing practice profiles draws largely from the Development, Implementation, and Assessment Toolkit, module 6, a product of PII-TTAP.

Steps to Develop a Practice Profile That Specifies Expected Behaviors

Teams should consider identifying a subgroup to draft practice profiles following the general steps outlined below.

- **Identify core components and core activities.** As described in functions 5 and 7A above, teams identify core components and related core activities that represent observable actions that workers perform.
- **Specify behaviors and staff requirements.** From the core activities, teams will identify practice indicators (behaviors and actions) that describe exactly how workers will perform the core activities during implementation. These reflect observable and measurable behaviors, so someone watching can tell if workers are performing the activity successfully.
- **Review, test, and revise practice profiles.** Following initial development of the practice profiles, teams should vet the profiles with leadership, workers, community members, program representatives, consultants, evaluators, and other key stakeholders. These different stakeholders can provide valuable knowledge and insight that can add to the usefulness of the profiles. Including evaluators in the process can help make a link between the practice profiles and processes for developing fidelity measures.

Example

For a full example of a child welfare practice profile, see:

Ohio Department of Job and Family Services' Ohio Differential Response, available at http://jfs.ohio.gov/PFOF/PDF/Differential-Response-Practice-Profiles.stm

Exhibit 10 presents a sample section of a practice profile. A full practice profile will include all core components, associated core activities for each core component, and specific behaviors reflecting each core activity.

Exhibit 10. Sample Practice Profile Excerpt

Core component: Assess supportive relationships.

Definition: Gather information and explore family relationships and community supports to learn about family members and supportive relationships for children and youth.

Associated core activities:

- **Listen actively.**
- Encourage honest dialogue.
- Ask questions and gather information about parents, siblings, relatives, close family friends, and community supports.
- Explore possible solutions.
- Actively locate resources.

Behavior	Expected	Developmental	Unacceptable
Uses reflective listening techniques	Consistently takes advantage of appropriate opportunities to reflect back to others what they are sharing	Takes advantage of appropriate opportunities to reflect back to others what they are sharing about half of the time	Rarely reflects back to others what they are sharing

(Adapted from PII-TTAP's Development, Implementation, and Assessment Toolkit, "Section 6: Develop or Adapt the Innovation")

Typically, practice profiles present expected behaviors on a continuum from novice to mastery that accounts for different skill levels and provide a developmental lens (Atlantic Coast Child Welfare Implementation Center, 2014). The practice profile may break the behavior descriptions into different levels, such as:

- Expected: The highest level includes behaviors that show staff have required skills and abilities and consistently apply them to a wide range of settings and contexts.
  - Example: "Consistently reflects back to others what they are sharing"

- Developmental: The middle level includes behaviors that show staff have required skills and abilities but that they apply them inconsistently or in a more limited range of contexts.
  - Example: "Reflects back to others what they are sharing about half of the time"
- Unacceptable: The lowest level includes behaviors that show staff have not yet acquired required skills or abilities in any context. Staff may in fact be doing the opposite of what is intended.
  - Example: "Rarely reflects back to others what they are sharing"

The three levels of activities help guide workers and also support coaching and training efforts to improve abilities. Jurisdictions can also use profile information to guide contracted service providers in conducting their work. When staff or service providers are unable to achieve expected behaviors, the practice profiles help teams identify system barriers or other challenges that might be standing in the way.

While practice profiles set a foundation for an intervention, teams also may need to build implementation capacity through policies, guidelines, infrastructure, training, coaching, and other supports.[9] Experience on other projects suggests that creating the practice profiles before developing program manuals is more efficient, as it lays the foundation for the supports in a program manual.

For a tool and additional information on creating practice profiles, see:

- PII-TTAP's Practice Profile Development Tool, available on pp. 12–15 of the Guide to Developing, Implementing, and Assessing an Innovation, Volume 3: Installation. Available from https://www.acf.hhs.gov/sites/default/files/documents/cb/guide_vol3_installation.pdf
- NIRN's "Practice Profiles: A Process for Capturing Evidence and Operationalizing Innovations," written by Metz (2016) and available at http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Metz-WhitePaper-PracticeProfiles.pdf

Considerations on Organizational Capacity

While selecting and planning to adapt or design an intervention, teams will find it useful to keep in mind five dimensions of organizational capacity: organizational resources, infrastructure, knowledge and skills, culture and climate, and engagement and partnership. Some considerations for selecting and adapting or designing an intervention include:

- **Resources:** Does the agency have sufficient fiscal and staff resources in place for planning, implementing, and evaluating the selected intervention(s)? Are there existing program materials and guidelines or will they need to be developed, and what will that require?
- **Infrastructure:** How does the selected intervention fit with the existing child welfare system and agency infrastructure? What potential changes will be needed in organizational policies, protocols, information management systems, and processes to support implementation? Is there a communication plan for the intervention?
- **Knowledge and skills:** Does leadership have knowledge of potential adaptive challenges related to implementing the intervention and skills to address them? Do managers have knowledge and skills to effectively promote and manage change? Does the agency have staff with knowledge and skills needed for the intervention? What are the implications for recruitment, selection, training, and coaching?
- **Culture and climate:** Does the selected intervention align with agency culture? Does agency leadership support the intervention? Is there staff buy-in for the intervention? Can leadership promote a true commitment to the intervention? Can the agency shift old habits to embrace the intervention?
- **Engagement and partnership:** Who are the child welfare system partners and community stakeholders who should be involved in replication, adaptation and/or design, and evaluation of the intervention?

[9] These activities will be addressed in another Change and Implementation in Practice brief on implementation planning and capacity building https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

Teams will consider many of these factors in more depth as they assess readiness and continue planning in later phases of their change and implementation process.

For more information on dimensions of organizational capacity, see the Center for States' online guide at https://capacity.childwelfare.gov/states/focus-areas/cqi/organizational-capacity-guide/

Getting Help

Adapting and designing an intervention can be a complicated and time-consuming process. Teams that do not have experience or skills in this area can seek help by:

- Reaching out to program developers or experts
- Contacting local universities and technical assistance providers for potential assistance
- Exploring opportunities for assistance from the Center for States (find contact information here: https://capacity.childwelfare.gov/states/)

Conclusion

By the end of this phase, teams should have an established path forward for addressing the identified problem or need. As a result of the work completed, teams will have explored possible options and selected one or more interventions that are a good fit for the target population and the jurisdiction's needs. Teams also will have developed a sound proposal for the new intervention. Through selection of a well-defined intervention or through team efforts to adapt, design, and further operationalize an intervention, teams will set the stage for its application. This work will serve as a foundation for the next change and implementation phase of planning, preparing, and implementing.

Key Milestones for Moving Ahead to Plan, Prepare, and Implement the Intervention:

- Identification of possible intervention options and assessment of fit and feasibility (or sufficient justification to consider a single intervention)
- Selection of an intervention that will address the root cause(s) of the identified problem
- Development of a proposal for replication, adaptation, or design of an intervention
- Clear definition of the intervention's core components and related activities
- Specification of staff requirements/behaviors
- Vetting of intervention, including core components, with key stakeholders

Related Resources and Tools

For related resources on intervention selection, adaptation, and design, as well as additional **Change and Implementation in Practice** briefs, visit: https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

Intervention Selection Resources

- Permanency Innovations Initiative Training and Technical Assistance Project. (2016). Section 6: Develop or adapt the intervention. In *Guide to Developing, Implementing, and Assessing an Innovation*. Available from https://www.acf.hhs.gov/sites/default/files/documents/cb/guide_vol3_installation.pdf
- JBS International. (2015). Unit 4: Choosing and developing solutions. In *CQI training academy*. Available through CAPLEARN (registration required) at https://learn.childwelfare.gov/
- California Evidence-Based Clearinghouse for Child Welfare. (2015). *Selecting and implementing evidence-based practices: A guide for child and family serving systems* (2nd ed.). Available from http://www.cebc4cw.org/implementing-programs/
- Child Welfare Information Gateway. (n.d.). Evidence-based practice [webpage]. Retrieved from https://www.childwelfare.gov/topics/management/practice-improvement/evidence/

Intervention Selection Tools

- Permanency Innovations Initiative Training and Technical Assistance Project. (2016). Innovation assessment and selection tool. In *Guide to developing, implementing, and assessing an innovation: Volume 2* (pp. 43–50). Retrieved from https://www.acf.hhs.gov/sites/default/files/documents/cb/guide_vol2_exploration.pdf
- Permanency Innovations Initiative Training and Technical Assistance Project. (2016). Innovations developers or experts interview tool. In *Guide to developing, implementing, and assessing an innovation: Volume 2* (pp. 37–42). Retrieved from https://www.acf.hhs.gov/sites/default/files/documents/cb/guide_vol2_exploration.pdf
- National Implementation Research Network. (2014). *Usable intervention criteria*. Retrieved from http://static1.squarespace.com/static/545cdfcce4b0a64725b9f65a/t/553a9e8ce4b03939abed1645/1429905036097/NIRN_WayForward_Intervention+Criteria.pdf

Adaptation and Design Resources

- Blase, K., & Fixsen, D. (2013). *Core intervention components: Identifying and operationalizing what makes programs work* [Office of the Assistant Secretary for Planning and Evaluation research brief]. Available from https://aspe.hhs.gov/report/core-intervention-components-identifying-and-operationalizing-what-makes-programs-work
- Permanency Innovations Initiative Training and Technical Assistance Project. (2016). Section 6: Develop or adapt the innovation. In Guide to *Developing, Implementing, and Assessing an Innovation*. Available from https://www.acf.hhs.gov/sites/default/files/documents/cb/guide_vol3_installation.pdf
- Framework Workgroup. (2014). *A framework to design, test, spread, and sustain effective practice in child welfare*. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/documents/cb/pii_ttap_framework.pdf See also video 3: https://www.acf.hhs.gov/cb/capacity/program-evaluation/virtual-summit/framework/video3
- Center for Community Health and Development, University of Kansas. (n.d.). Designing community interventions. In *Community tool box*. Retrieved from https://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/design-community-interventions/main

Adaptation and Design Tool

- Permanency Innovations Initiative Training and Technical Assistance Project. (2016). Practice profile development tool, pages 12–15 of *Guide to Developing, Implementing, and Assessing an Innovation, Volume 3: Installation.* Available from https://www.acf.hhs.gov/sites/default/files/documents/cb/guide_vol3_installation.pdf

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Appendix A:
Clearinghouses and Directories With Evidence-Supported Interventions

The following table contains clearinghouses and directories that feature information on evidence-supported interventions and evidence-based practice related to services for children, youth, and families. Inclusion is intended for informational purposes and does not indicate endorsement of the clearinghouse, directory, or the programs referenced by the Capacity Building Center for States or the Children's Bureau. Child welfare agencies should consider their specific needs, target population, and context when selecting an intervention.

Title	Focus Area	Link
California Evidence-Based Clearinghouse for Child Welfare (CEBC)	Child welfare	http://www.cebc4cw.org/
Campbell Collaboration	Social services/programs	https://www.campbellcollaboration.org/
Center for the Study and Prevention of Violence: Blueprints for Healthy Youth Development	Youth development	http://www.blueprintsprograms.com
Child Trends' What Works/LINKS database	Education, life skills, and social/emotional, behavioral, and physical health	http://www.childtrends.org/what-works
Clearinghouse for Labor Evaluation and Research	Employment	https://clear.dol.gov/topic-area
Coalition for Evidence-Based Policy: Top Tier Evidence	Social services/programs	http://www.toptierevidence.org/
Family Resource Information, Education, and Network Development Service (FRIENDS): Matrix of Evidence-Based Practice	Child abuse and neglect prevention	https://www.friendsnrc.org/evidence-based-practice-in-cbcap/evidence-based-practice-directory
Home Visiting Evidence of Effectiveness (HomVEE)	Child welfare home visits	https://homvee.acf.hhs.gov/
Institute of Education Sciences: What Works Clearinghouse	Education	http://ies.ed.gov/ncee/wwc
National Child Traumatic Stress Network, Treatments That Work	Trauma-responsive care	https://www.nctsn.org/treatments-and-practices/treatments-that-work
National Early Childhood Technical Assistance Center	Early childhood development	http://ectacenter.org/topics/evbased/evbased.asp
National Institute of Justice, CrimeSolutions.gov	Crime, child protection, and victimization	https://www.crimesolutions.gov/TopicDetails.aspx?ID=61
National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) Intervention and Program Catalog	Adoption and guardianship	https://qic-ag.org/introduction-qic-ag-intervention-and-program-catalog/
Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide	Juvenile justice and delinquency prevention	https://www.ojjdp.gov/mpg

Title	Focus Area	Link
Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-based Practices Resource Center	Substance use and mental health	https://www.samhsa.gov/ebp-resource-center
U.S. Department of Health and Human Services: Teen Pregnancy Prevention Evidence Review	Teen pregnancy prevention	https://tppevidencereview.youth.gov/
U.S. Department of Health and Human Services: Employment Strategies for Low-Income Adults Evidence Review	Employment	https://www.acf.hhs.gov/opre/project/employment-strategies-low-income-adults-evidence-review-2013-2018
Washington State Institute for Public Policy and the University of Washington: Evidence-Based Practice Institute	Child welfare, mental health, and juvenile justice	http://www.wsipp.wa.gov/ReportFile/1672/Wsipp_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Report.pdf
Youth.Gov Program Directory	Prevention of youth delinquency and other problem behaviors	https://youth.gov/evidence-innovation/program-directory

For additional information on child welfare programs and practices, visit:

- Capacity Building Center for States at https://capacity.childwelfare.gov/states/focus-areas/
- Child Welfare Information Gateway at https://www.childwelfare.gov/topics/
- Children's Bureau, title IV-E waivers, at https://www.acf.hhs.gov/cb/programs/child-welfare-waivers

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