## IDDT READINESS CHECKLIST

The Readiness Checklist is used as a consultation tool to help identify a program's readiness for implementation of the Integrated Dual Disorder Treatment model. The items included in the checklist are intended to provide a fairly comprehensive assessment of readiness for key components required at varying levels and among several stakeholder groups for successful implementation. A continuum of change readiness acknowledges that different strategies and emphasis are relevant for the technical assistance needed to begin working with a program and its many stakeholders.

SAMI CCOE	 ] [	
Interviewers:	Site Personnel:	Affiliation (agency, board, etc.
· · · · · · · · · · · · · · · · · · ·	ect to implement this (these) l	` *
What steps have	already been taken in prepar	ring for this EBP implementation?
0		

		•	ntage do you think	•	_	y ımplem	enting th	e EBP?
			ome=3 Slight=2		· ·			
		recent change	n:					
_		•	change effort:					
	O							
	0		change effort go? _					
	0	What helped	effect the change?					
	0	What impede	d efforts to change	?				
	0		ers & families inv		-	•		auging
	0	O Was the mental health authority involved in motivating or impler change?				_	_	
	0	What role did	practitioners play	in the	change?			
	Do pra	actitioners curr	ently collect consu	mer ou	itcome data?	Y	N	
	0	What outcom	es are collected?					
		<ul> <li>Refere</li> </ul>	ence SAMHSA NO	OMs				
		•	Abstinence	Y	N			
		•	Hospitalization	Y	N			
		•	Arrests	Y	N			
		•	Housing status	Y	N			
		•	Employment	Y	N			
		•	Others?	Y	N			
	Do Pro	ogram Leaders	get regular, timely	repor	ts on consume	er outcom	es? Y	N

Do you anticipate or have you already noted any unintended consequence EBP initiative?						_
	0	Existing Body Membership of at least Willingness to develop Ability to develop (soo Does this EBP solve a workplace?	cial capital) problem that	is currently in sharp focu	as at your	_
	0	Is there a consensus no	ow to move to	wards implementing the	EBP?	
Ver	y weak	moderately weak	neutral	moderately strong	very strong	
	1	2	3	4	5	
No 🗆	0 0	y/Regional Board Philosophical Financial Health Champion Current Needs Assessr	ment			
Ver	y weak	moderately weak	neutral	moderately strong	very strong	
	1	2	3	4	5	
No	Agenc	<u>v</u> ard Support ■ Philosophical ■ Financial Health				
Ver	y weak	moderately weak	neutral	moderately strong	very strong	
No	1	2	3	4	5	

Top L	eadership
0	Philosophy
0	Flexibility
0	Commitment to training
0	To what extent are the methods & techniques of the EBP consistent with the
	general mode of providing services at your agency?
	Very=4 Somewhat=3 Mildly=2 not consistent=1
	Please explain:
_	Chamaian
0	Champion  Is there a clear leader/champion behind the EBP implementation?
	Who? Please explain?
	who: I lease explain:
0	How committed are the staff in your workplace to implementing the EBP?
	Very=4 Somewhat=3 Mildly=2 not comitted=1
	very-4 Somewhat-3 Whidry-2 not confitted-1
	Please explain:
0	How easy will it be to implement the EBP?
	Very=4 Somewhat easy=3 Mildly difficult=2 Very hard=1
	Please explain:
0	What is the likelihood that this EBP will be implemented within 9 months at
	your agency?
	Completely=5 Almost completely=4 Moderate=3 almost not at all=2 not=1
	• Please explain:

	moderately strong very strong
1 2 3 4	4 5

Notes:

- o Current Dual Disorder Programs
  - Structure
    - Silo vs. team based
    - Serial vs. parallel

Type of setting: Rural

• New team vs. current team

0	How many clinical sites does your organization have?						
0	How many consumers does your entire organization serve each year?						
0	Geographic setting (for main site):						
	• Address:						
	■ Type of setting: Rural Suburban Small City Urban						
0	Geographic setting (for implementing site):						
	• Address:						
	■ Type of setting: Rural Suburban Small City Urban						
0	Geographic setting (for implementing site, if more than one site):						
	Address:						
	■ Type of setting: Rural Suburban Small City Urban						
0	Geographic setting (for implementing site, if more than one site):						
	Address:						

Very weak	moderately weak	neutral	moderately strong	very strong
1	2	3	4	5

Suburban

Small City

Urban

Notes:

	Funding potential (for discrete program/as needed)						
	How flexible are the resources for the SMI program? Who has budgetary control?						
	To what degree do funding mechanisms support this EBP?						
	5=not at all 4=slight 3=moderate 2=great 1=very great						
	O How serious a barrier does this create to implementation at your site?						
	5= extremely serious 4= very serious 3= moderately serious						
	2=slightly serious 1=not at all serious						
Vei	ry weak moderately weak neutral moderately strong very strong						
	1 2 3 4 5						
No	otes:						
0	Personnel & Staffing Issues						
	• How long did the person before them have the job?						
	<ul> <li>Do they carry a direct service caseload? Y - # N</li> </ul>						
	<ul> <li>Psychiatry</li> <li>Housing</li> <li>Employment specialist</li> <li>Do treatment teams function in a multidisciplinary fashion?</li> <li>Y</li> <li>N</li> </ul> Comments:						
•	Are there paid consumers &/or family members on the staff?						
-	Consumers family members neither						

Comme	nts:			
-	have paid peer suppor	_		
	_	s to organizat	ions such as unions?	Y N
Comments				
	ll you handle eligibilit	=	er program participation	for the EBP?
	How many consumers benetration goal?		ning to serve with this EB —	3P? What is your
Very weak	moderately weak	neutral	moderately strong	very strong
1	2	3	4	5
	Collaborative Potential			
Very weak	moderately weak	neutral	moderately strong	very strong
1	2	3	4	5
Notes:				
0 (	Consumer Involvemen	t		
Very weak	moderately weak	neutral	moderately strong	very strong
1	2	3	4	5
Notes:				
0 (	Cultural Competence			
Very weak	moderately weak	neutral	moderately strong	very strong
1	2	3	4	5

Notes:

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## o Population of SMI/SUD (Awareness of need)

Very weak	moderately weak	neutral	moderately strong	very strong	
1	2	3	4	5	

Notes:

What are the strategies that could be used to help improve the success of the implementation of the EBP?

## **OVERALL READINESS**

Very weak	moderately weak	neutral	moderately strong	very strong
1	2	3	4	5

Notes:

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02.10.06