



## **ASSESSING SITE READINESS TO ADOPT RESEARCH-BASED PROGRAMS**

Two primary goals of the Blueprints Initiative are to facilitate the transfer of violence and substance abuse prevention knowledge into useable forms and to foster the adoption of effective prevention practices. Information diffusion on best practices and effective programs alone is not enough to create beneficial and enduring prevention programming. The challenge to prevention scientists and practitioners is to replicate proven programs in an effective manner to achieve the maximum program benefit. Effective implementation can be facilitated up-front through helping sites to determine their readiness to implement a program by taking them through an intensive process of site readiness assessment. This entails preparing sites for implementation and helping them to get off to a good start. The Blueprints Initiative helped communities achieve this goal by conducting its own assessment of whether or not applicants were ready to receive training and technical assistance to replicate one of the Blueprints programs. This site screening process ensured that applicants had taken the following steps:

- Selected model programs that would best address their community's problems.
- Attempted to reduce fear, anxiety and resistance among key participants by creating a shared sense of responsibility for adopting the new innovation.
- Ensured that they had adequate resources to initiate and sustain the new program.
- Developed a well-conceived plan for implementation.
- Understood the importance of implementing with fidelity to the research-based model.

### **The Blueprints Site Assessment Strategies**

Our first step in assessing site readiness was to create an application that required sites to carefully consider and specify their needs, resources, and commitment to the project. Thus, we asked applicants to de-

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*The perspectives of those in the field are included in this newsletter through the presentation of the results of a survey of 101 Center for Substance Abuse Prevention (CSAP) project directors, evaluators, and consultants with a focus on evaluator and practitioner perspectives.*

Morrissey et al., 1997

scribe the ways in which they had prepared key participants for adopting the new innovation, and we required a detailed description of the site's implementation plan. We also screened applicants to ensure that no other overlapping programs were being implemented, as duplicating services would likely result in a waste of resources as well as frustration for those charged with delivering the programs. In this manner, our application process could simultaneously assess and enhance sites' readiness for change.

Following the application process, we conducted site feasibility visits to validate information described in the application, better determine program support, and provide a forum for key participants to become better informed about their chosen program.

These visits were jointly conducted by members of the Blueprints team and program designers (or their representatives), and we required that the majority of participants who would be involved in the replication attend the visit. We found that these

### **News Highlights:**

- **Assessing Site Readiness**
- **New Promising Program (LIFT)**

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visits fostered sites' readiness to adopt new innovations by providing key parties with a deeper understanding of the program elements, decreasing their fear and resistance to the change, and creating a stronger motivation to implement programs with integrity to their design. Moreover, bringing all parties together helped build community and inter-agency support, as well as ensured that all agencies with a stake in the innovation understood the tenets of the program and their roles in the initiative.

**“The CSAP survey indicates that 87% of practitioners and 72% of evaluators believe that community ownership and “buy-in” are crucial in successful prevention programs.”**

The feasibility visits provided us with first-hand information regarding the sites' efforts to assess their own needs and resources required to implement the new program. Thus, we verified that the site would be able to deliver the program to the intended population, and that all parties agreed that the selected program would contribute to a healthier school/community. In addition, we investigated the site's human and financial resources to verify that they were adequate to initiate and sustain the replication. We were espe-

**“The CSAP survey shows that 19% of practitioners and 17% of evaluators feel that insufficient funding was related to program failure.”**

cially interested in ensuring that each site had at least one strong advocate within the organization (i.e., a program champion) who would be able to garner the support, motivation, and resources needed to launch the new program. In general, we found that the most effective and long-lasting champions were self-appointed, had a natural interest in the new initiative, and were able to devote the majority of their time to coordinating the replication effort. In addition to the program champion, we also learned the necessity of hav-

**“The CSAP survey indicates that 20% of evaluators and 13% of practitioners listed collaboration as important to success.”**

ing a strong sense of collective support for the program, not only among those charged with delivering the innovation, but also stakeholders within the community who could provide a base of support, as well as additional financial resources to keep the program alive.

Another key component of our assessment process entailed verification of the site's plan for implementation. During the application process, we strongly recommended that applicants read our

Blueprints books to learn more about the nature of the programs, the content of core components, and potential barriers for success as well as recommendations for how to avoid or overcome these obstacles. We then asked applicants to describe the dosage of the program that would be provided, how

## ***What's New!***

***LIFT (Linking the Interests of Families and Teachers) was added as a Promising program at the last Blueprints Advisory Board Meeting. LIFT is an elementary school-based intervention for the prevention of conduct problems. LIFT includes a combination of classroom instruction on social problem-solving skills, a playground component in which children can earn rewards by exhibiting positive problem-solving skills and suppressing negative behaviors, and parent training conducive to the ongoing practice of good discipline and supervision.***

often elements would be delivered, by whom, to whom, and so on. Unfortunately, we found that sites' implementation plans were sometimes inaccurate or misleading. Thus, we were careful to verify application details at feasibility visits, and we asked key participants for their assessments of stated plans. Reviewing the implementation plans also allowed us to remind applicants of the need to implement the Blueprints programs with integrity and fidelity to the science-based model. Once sites were selected for inclusion into our project, we found it helpful to create a contract between our agency and the applicants which detailed the major requirements of the program and clearly stated each party's responsibilities in fulfilling them. In this manner, all parties understood their roles in the new initiative and how their efforts would help ensure a more successful replication of the model program.

Once an organization or community begins program implementation, they face additional obstacles that can diminish the effectiveness of even the most exemplary prevention programs. These factors will be described in detail in the next Blueprints Newsletter.

Morrissey, Erin, Wandersman, Abraham, Seybolt, Diana, Nation, Maury, Crusto, Cindy and DaVino, Katie (1997). *Toward a Framework For Bridging The Gap Between Science and Practice in Prevention: A Focus on Evaluator and Practitioner Perspectives. Evaluation and Program Planning*, Vol. 20, No. 3, pp. 367-377.

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