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| Handout: Implementation Stages  Example Empathy Interview Protocol & Results Summary |  |
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| The following example of an empathy interview protocol and results summary was co-created between implementation support practitioners and staff of an intermediate agency, funded by a state agency to support the adoption, implementation, and evaluation of evidence based practices for children’s behavioral health.  The purpose of the empathy interviews were for both implementation support practitioners and the intermediate agency to learn more about leaders and staff’s experience in the work to date to address children and youth’s behavioral health and to inform their implementation planning. A total of ten interviews were conducted by the implementation support practitioners and then summarized into key takeaways and themes. The summary was shared with the intermediate agency, the state leadership team (governance committee), as well as those who participated in the interview process. | |

### Example Interview Protocol

**Introductions:**

Welcome

* Thank you for agreeing to do this interview. My name is [enter name] and I’m a [enter title] with [enter organization].
* The purpose of this interview is for our group to learn more about your experiences with the Governance committee and the work to date to address children and youth’s behavioral health as well as inform our Transformation Zone process.
* The interview will last about 45-60 minutes.

Ground rules

* Participation in the interview is voluntary
* Everything you share will be confidential – in other words, nothing you share will be attributable to you.
* All findings will be shared in aggregate form and will not include any individual statements.
* If at any time during our conversation you have any questions, please let me know.
* Also, it’s our hope to record the session so we can refer back to it at a later time. Is that okay? I’ll ask you again after I start recording.

Questions:

1. Tell me about how your work specifically intersects with the work of the Governance committee for children and youth behavioral health.

* 1. What perspective or view do you bring to the Governance committee?

1. How do all of the different players within the Governance Committee work together? Tell us about what missions and goals you share and don't share?

* 1. Tell me about the level of trust among members? What do you value in these working relationships?

1. In what ways has the Governance committee and *Center* worked directly with local communities and other non-governmental partners?

3.1. Tell me about a time when (or example) you have been part of (seen/heard of) where different players or organizations have worked together seamlessly to provide services. What worked well? What were the challenges?

* 1. How do you define local community-driven decision making? How comfortable have you been with community-driven decision making? Things like what clinical areas to target, what type of EBP to implement, etc.

1. When you’ve participated in or observed state partners working closely with community partners, what gaps have you experienced or observed that prevented success?

* 1. Tell me about a time where engaging community members and other partners has not worked well.

* 1. Who is missing from these conversations that would be important to hear from?

1. What is your hope and aspirations for how this project, Transformation Zone, will result in good outcomes for children and families?

* 1. What would you do again from past similar initiatives? What would you do differently?

Before wrapping up, what is something that is important to know that has not already been asked?

Thank you so much for your time. We will be sharing a summary of our learnings after we complete all interviews.

*If not all questions are covered, and the participant seems willing/interested to do so:* Would you like to schedule a follow-up meeting to continue this discussion?

### Example Summary of Empathy Interview Results

**Empathy Interview Key Takeaways**

**Envisioning the Future of Work in Children’s Behavioral Health**

Committee members want to see:

* Systemic change where systems, structures, and supports are aligned to allow evidence-based practices (EBPs) to be implemented well and replicated
* Coordination and integration of youth behavioral health services at the state and local level
* Community buy-in for doing implementation well and having the necessary structures and supports in place for the work
* Opportunities to provide or support education, such as organized training, for a variety of audiences including community groups, people who will utilize and benefit from services, referral sources, service providers, and legislators

**Community Work and Community-Driven Decision Making**

Committee members agree that meaningful community involvement is necessary for change to happen and improved outcomes in children’s behavioral health to occur. Committee members:

* Acknowledge that strategies for community involvement have not consistently been implemented across state agencies
* Have varying levels of personal experience in, comfort with, and knowledge of employing strategies that center the perspectives of community members/those with lived experiences
* Have some concerns about the ability to provide sufficient and the “right” kind of support to community members once involved in the work (i.e. enough time, resources, and available staff with decision-making authority)
* Want more clarity and alignment with each other around what community-driven decision making and community involvement could look like for this work and how this group could prioritize it

**Role(s) of and Within the Governance Committee**

Committee members see this group and its members as:

* A cross-agency/departmental collection of caretakers and stewards of the work
* A space to collaborate, synchronize, and problem-solve together
* An opportunity to become more informed of each others' work and the priorities of different agencies/departments
* An avenue to advocate for the work and communicate out to others about it

Needs expressed by and for this group include:

* Clarity and alignment among all group members of behavioral health definitions and language
* Clarity and alignment on the committee’s locus of control (i.e. what the committee has or should have authority and decision-making power over)

**Working Relationships of Governance Committee**

* Some agencies/departments have worked more closely with each other in the past than others
* Each agency/department has their own expertise, but also their own priorities and agendas. Some members wonder what happens if and when competing priorities arise between agencies represented on the committee?
* Some agencies are lesser known to committee members than others, which may impede ability to move forward with the work
* Members on the committee have varying levels of authority for decision-making within their agencies, and expressed needing a process to engage their agency leadership in this work
* Funding structures and sources create siloes and restrictions for moving the work forward and coordinating across departments
* Political influence in the state (e.g. change and turnover in governorship/administration every four years; length of time for General Assembly to approve funding for initiatives, etc.) can create interruptions in the flow and progress of some initiatives
* Coordination across departments feels challenging (e.g. coordination of services, and communication across teams), including scheduling of meetings
* Various issues with access and workforce are at play across the state, which create barriers to fully implementing some EBPs