

Appendix B UW ALACRITY Center DDBT Intake

Welcome to the DDBT Intake Rubric!

PROJECT DESCRIPTION

The following questions are intended to be used with UWAC projects (R01, R34, R03) and other projects applying the DDBT framework to specify which DDBT methods and data elements will be included. If you are unsure on how to answer any of these questions, it's okay – please answer based on your understanding, leave comments in this document, and we will work through them in the Methods Core Intake meeting.

0. Have there been major changes to the project objective, plan, or timeline since proposal submission? (e.g., adding or removing an aim).

No

Yes - Please describe major changes in 1-3 sentences:

1. *What* are you redesigning in this project? Just tell us what it is being called in this project (for example, 'CBT;' 'Tool to Facilitate Communication between Patients and Providers' 'Collaborative Care; 'Redesigned Training for a School Sanitation Program,' etc.):

2. Is the team redesigning the “thing” (the intervention or clinical Intervention [C/I]) or “how to do the thing” (an implementation strategy [IS])?

We are redesigning the “thing” (the intervention or C/I)

We are redesigning “how to do the thing” (an implementation strategy)

We are redesigning both the “thing” itself and “how to do the thing”

We are not sure

3. *Which part(s)* of it does the redesign team anticipate redesigning in this project?

4. *Why* is that part (or those parts) being redesigned? Please describe briefly:

5. For what setting will you be redesigning?

Please be very specific in terms ‘*where*,’ as this includes geographical location (state, city, urban/rural, etc.), organization/system (e.g., a healthcare system, a university, K-12 schools, federally qualified health centers, etc.) and context settings within that organization (e.g., primary care clinics, social service facility, outpatient ambulatory care ward, grade levels in a school, etc.).

At a minimum, we’re looking for this level of specificity: ‘rural primary care clinics in Washington, Idaho, and California that operate under the Kaiser Permanente healthcare banner.’

6. For which population and/or setting was this clinical intervention (CI) or implementation strategy (IS) originally designed?

7. Please describe the population in detail, listing both direct (also known as primary) users and potential indirect (also known as secondary) users. If you are designing for a new population or setting, provide a brief summary of the difference between your target population or setting and the intended population or setting.

Direct users: People who interact with the intervention or implementation strategy you are designing or redesigning. Also known as primary users.

Indirect users: People affected by the intervention or implementation strategy, but who do not directly use it.

For example, if a clinician uses the system you are redesigning in their interactions with a patient, the clinician would be the direct user and the patient would be the indirect user.

- 8. Do you have local buy-in from this community (i.e., prior to the initiation of work)? If yes, please describe. If not, please describe your plan.**
- 9. Will any material(s) need to be translated to another language for the redesign work? If yes, please state which languages and plan for translating materials.**

DISCOVER

The Discover phase gathers information about the context (e.g., work settings, organizational climate), individuals (e.g., needs, experiences), and information about the CI/IS itself (e.g., usability issues). Even if you enter the Discover phase with a particular re-design solution in mind, those solutions must be continually reassessed with user input. Please answer the following questions to help Methods Core understand your methodological procedures during this phase.

- 10. What is the redesign team trying to understand in the DISCOVER phase? Please briefly describe.**
- 11. What methods will be used to gather this information?**
- 12. Required Center measures for Discover phase:**

Measure	Respondent	Required for your project?	Construct
User Responsiveness Scale	Participants	All projects	Engagement

Appropriateness of Intervention Measure	Participants	All projects	Appropriateness
CI/IS Usability Scale	Participants	All projects	Usability
Usability Issues Survey	Project Teams	All projects	Usability Issues
Adoption & Reach	Project Teams	All projects	Adoption and Reach
Revised Goodness of Fit Interview	Participants	R01; R34 only	Appropriateness
DDBT Cost and Fidelity Measure	Project Teams	R01; R34 only	DDBT Fidelity
TTURC Satisfaction Subscale	Project Teams	R01; R34 only	Team collaboration
Modified Ladder of Participation	Project Teams	R01; R34 only	Community participation

DESIGN/BUILD

The Design/Build phase of the DDBT framework is an iterative process of co-designing solutions and refining them to improve usability.

13. Who are the members of your redesign team? What is their role in the co-design process (e.g., provide primary user feedback during testing, design expert, implementation scientist)?

14. What methods are you planning to use during Design/Build?

15. Required Center Measures for Design/Build:

Measure	Respondent	Required for your project?	Construct
User Responsiveness Scale	Participants	All projects	Engagement
Appropriateness of Intervention Measure	Participants	All projects	Appropriateness

CI/IS Usability Scale	Participants	All projects	Usability
Usability Issues Survey	Project Teams	All projects	Usability Issues
FRAME(-IS)	Project Teams	All projects	Adaptations
Revised Goodness of Fit Interview	Participants	R01; R34 (maybe)	Appropriateness
DDBT Cost and Fidelity Measure	Project Teams	R01; R34 only	DDBT Fidelity
TTURC Satisfaction Subscale	Project Teams	R01; R34 only	Team collaboration
Modified Ladder of Participation	Project Teams	R01; R34 only	Community participation

TEST

The Test phase is focused on evaluating the feasibility, acceptability, and usability of the redesigned clinical intervention (CI) or implementation strategy (IS) when implemented in a target setting. Most projects also evaluate behavioral implementation outcomes such as adoption and fidelity. We are also required by NIMH to collect clinical outcome measures (see Required measures).

16. What are your hypotheses for the test phase?

17. Which users will participate in the TEST phase?

18. What methods will this team use during the TEST phase?

19. Required Center Test measures:

Measure	Respondent	Required for your project?	Construct
User Responsiveness Scale	Participants	All projects	Engagement
Appropriateness of Intervention Measure	Participants	All projects	Appropriateness

CI/IS Usability Scale	Participants	All projects	Usability
Usability Issues Survey	Project Teams	All projects	Usability Issues
FRAME(-IS)	Project Teams	All projects	Adaptations
Reactive Modifications	Participants	All projects	Modifications
Adoption & Reach	Project teams	All projects	Adoption and Reach
Neuro-QoL (Youth & Adult)	Participants	All projects	Clinical Outcome
Top Problems (Youth & Adults)	Participants	All projects	Clinical Outcome
Revised Goodness of Fit Interview	Participants	R01; R34 (maybe)	Appropriateness
DDBT Cost and Fidelity Measure	Project Teams	R01; R34 only	DDBT Fidelity
TTURC Satisfaction Subscale	Project Teams	R01; R34 only	Team collaboration
Modified Ladder of Participation	Project Teams	R01; R34 only	Community participation
Research Burden	Participants	R01; R34 only	Research Burden
PHQ-9 (Adults)*	Participants	R01; R34 only	Sponsor Requirement
GAD-7 (Adults)*	Participants	R01; R34 only	Sponsor Requirement
WHODAS 2.0 (Adults)*	Participants	R01; R34 only	Sponsor Requirement
DSM Cross-Cutting (Youth & Adults)*	Participants	R01; R34 only	Sponsor Requirement
RCADS-25 (Youth)*	Participants	R01; R34 only	Sponsor Requirement

SUPPORTS

20. We would like to plan for your needs. What of the following needs for ALACRITY Methods Core resources do you anticipate needing for your project? Check all that apply.

- Developing a detailed analytic plan
- HCD/DDBT framework or methods consultation (e.g., needs assessment, prototyping, usability testing)

- Qualitative methods consultation (e.g., planning interview or observation protocols, data analysis)
- Quantitative methods consultation (e.g., designing, conducting, or interpreting statistical analyses)
- Mixed Methods consultation
- Consultation on sample size and power for quantitative method
- Consultation on sampling strategies, sample size, and saturation for qualitative methods
- Training/support on qualitative data collection and analysis
- Training/support on quantitative data collection and analysis
- Others need/s not covered above, please describe:

For all checked boxes, please provide a short description of what sort of assistance you would anticipate needing and in which phase (Discover, Design/Build, and/or Test) you anticipate needing it in: