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Interagency Collaborative Team model for capacity building to scale-up evidence-based practice

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ABSTRACT

Background: System-wide scale up of evidence-based practice (EBP) is a complex process. Yet, few strategic approaches exist to support EBP implementation and sustainment across a service system. Building on the Exploration, Preparation, Implementation, and Sustainment (EPIS) implementation framework, we developed and are testing the Interagency Collaborative Team (ICT) process model to implement an evidence-based child neglect intervention (i.e., SafeCare®) within a large children's service system. The ICT model emphasizes the role of local agency collaborations in creating structural supports for successful implementation.
Methods: We describe the ICT model and present preliminary qualitative results from the use of the implementation model in one large scale EBP implementation. Qualitative interviews were conducted to assess challenges in building system, organization, and home visitor collaboration and capacity to implement the EBP. Data collection and analysis centered on EBP implementation issues, as well as the experiences of home visitors under the ICT model.
Results: Six notable issues relating to implementation process emerged from participant interviews, including: (a) initial commitment and collaboration among stakeholders, (b) leadership, (c) communication, (d) practice fit with local context, (e) ongoing negotiation and problem solving, and (f) early successes. These issues highlight strengths and areas for development in the ICT model.
Conclusions: Use of the ICT model led to sustained and widespread use of SafeCare in one large county. Although some aspects of the implementation model may benefit from enhancement, qualitative findings suggest that the ICT process generates strong structural supports for implementation and creates conditions in which tensions between EBP structure and local contextual variations can be resolved in ways that support the expansion and maintenance of an EBP while preserving potential for public health benefit.

1. Introduction

Introduction of evidence-based practices (EBPs) can lead to substantial public health benefits. However, the implementation process can shape whether intended outcomes are actually achieved (Aarons & Palinkas, 2007; Allen, Brownson, Duggan, Stamatakis, & Erwin, 2012; Crea, Crampton, Abramson-Madden, & Usher, 2008; Fixsen, Naoon, Blase, Friedman, & Wallace, 2005; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Palinkas & Aarons, 2009). Well-established practice models, implemented poorly or not sustained, will fail to achieve intended goals despite research evidence supporting their clinical effectiveness (Backer, 2000; Bond, Drake, McHugo, Rapp, & Whitley, 2009). Thus, an effective implementation approach is often as important as the practice to be utilized.

Several conceptual models describe factors that can influence implementation effectiveness. Some models emphasize structural features hypothesized to be core components of effective implementation (Aarons, Hurlburt, & Horwitz, 2011; Damschroder et al., 2009; Feldstein & Glasgow, 2008; Greenhalgh et al., 2004; Mendel, Meredith, Schoenbaum, Sherbourne, & Wells, 2008). Other models emphasize implementation processes, outlining key steps (and their timing) hypothesized to contribute to successful implementation of service innovations (Glisson & Schoenwald, 2005; Sosna & Marsenich, 2006; Stetler, McQueen, Demakis, & Mittman, 2008). Structural and process implementation models are often conceptually aligned. For example, both types of models address the central importance of issues such as

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strong and effective leadership to support change initiatives, establishing a strong fit between change efforts and organizational and service system culture and values, creating methods for ensuring quality program delivery (i.e., fidelity), and clarifying/addressing financial supports for a change initiative.

This paper describes the Interagency Collaborative Team (ICT) implementation process model. The ICT model provides an approach to support successful roll-out of human service innovations in large geographic areas, particularly change efforts involving EBPs. It is directly relevant to improving outcomes of service enhancements in child and family service systems. The ICT model is designed to enable organizations to work together in ways that generate the structural and process supports associated with successful implementation and sustainment of innovations. We discuss some core areas of difference and similarity between the ICT model and other implementation strategies, connecting core features to one structural implementation framework, the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework (Aarons et al., 2011). Qualitative data from the scale-up of an EBP in one large county illustrate areas of strength and some limitations in the ICT model and provide perspective on other process models of EBP implementation.

1.1. Interagency Collaborative Team (ICT) model in the EPIS Framework

Like a number of implementation frameworks, the EPIS framework summarizes variables that can positively or negatively affect the implementation of an evidence-based practice. The EPIS framework is unusual in identifying key variables thought to particularly affect implementation efforts during each of four major implementation stages in public sector child welfare and mental health settings. For example, some key variables identified as influencing the preparation and early implementation stages of a quality improvement effort include strength of the leadership supporting change (Aarons, 2006; Edmondson, 2004; Klein, Conn, & Sorra, 2001), the degree of fit of an innovation with the service system context (Klein & Sorra, 1996), clarity of financial support for proposed changes (Aarons, Wells, Zagursky, Fettes, & Palinkas, 2009; Frambach & Schillewaert, 2002), level of involvement of practice developers in the implementation process (Aarons et al., 2011), and the presence of cross-organizational knowledge of and commitment to the new practice (Glisson & Schoenwald, 2005; Sosna & Marsenich, 2006).

The ICT implementation process model outlines steps designed to lead directly to the kinds of key implementation supports described in the EPIS framework. The model takes its name from the fact that it emphasizes the key role of collaboration among stakeholders and staff members at the system level, from multiple partnering organizations, and of developing or utilizing a local "seed" team to embody and support promotion and maintenance of expertise and ongoing fidelity in the practice to be implemented. Inter-agency collaboration and willingness to share expertise is central to multiple steps in the implementation process and across organizational levels. Conceptually, the ICT model has much in common with other implementation process models (Chamberlain, Price, Reid, & Landsverk, 2008; Glisson & Schoenwald, 2005; Sosna & Marsenich, 2006), which describe logically ordered sets of activities designed to create a context in which EBP implementation occurs effectively and intended public health benefits are realized.

1.1.1. ICT processes and action steps

Fig. 1 provides a graphical representation of key implementation processes included in the ICT model, with the stages of the EPIS framework listed temporally down the left side of the figure. In the ICT model, a process is considered to be a goal-driven domain of focus that extends over a period of time within the longer implementation effort. For example, the initial EBP education and stakeholder development and alignment processes involve an initial phase of identifying community-based stakeholders with interests in a particular practice change effort, and discussions and education efforts designed to lead to joint selection of and commitment to a common practice change initiative. The practice fit assessment process involves a careful analysis by key stakeholders at system and organizational levels of EBPs under consideration to identify aspects of practices that fit with existing policies, contracting, and service routines and those where modifications might be required. Brief descriptions of each ICT process are provided at the bottom of Fig. 1.

Specific ICT model action steps are listed in Table 1 that animate the processes shown in Fig. 1. Their contributions to each implementation process are noted in the figure. For example, the Initial EBP Education process occurs as part of ICT action steps A (convening of stakeholders) and B (soliciting expertise). Education about the EBP becomes an intense process focus that occurs in the context of meetings among interested stakeholders, supplemented by expertise about the EBP solicited from appropriate sources. Sources may be multiple, including EBP developers, other users of the EBP, researchers having familiarity with the practice, and/or materials available from sources such as journals or intermediary organizations that summarize information about EBPs. Structural supports designed to arise from the ICT processes are represented as planks beneath the model processes that generate them. We represent the ICT model in this manner because it is best conceptualized as a series of major actions that address core implementation processes. Specific action steps animate these processes and give rise to or strengthen key structural supports viewed as creating an environment that can sustain an innovative practice as it is scaled up.

1.1.2. ICT initial steps: exploration/adoption decision

The ICT model initially revolves around a service system and multi-agency commitment to invest in the long-term viability of an EBP-centered quality improvement initiative, with an ultimate goal to improve selected client level outcomes. Partnering agencies may include a range of stakeholder organizations, but particularly involve funding, administration, and service delivery organizations *from the outset*. During an initial exploration phase, stakeholders convene and meet to discuss need for a practice change effort that involves investment by multiple individuals and organizations. Although no specified leader is required to initiate such meetings, it is expected that one local or regional organization will often take responsibility for convening and leading such discussions. For example, a health and human service administration may convene discussions around maltreatment prevention, reduction in delinquency, or some other practice change effort. Within an ICT model-guided implementation, convening of stakeholders should include efforts to identify those stakeholders with substantial interests in the identified substantive area (e.g., child neglect).

A second important step in the process of exploring a possible practice change involves concentrated efforts to obtain wide-ranging factual information about the costs, benefits, and tradeoffs associated with specific practice changes. Outside expertise is identified and sought to help answer questions and reduce uncertainty about the change effort under discussion. The joint process of participating in education about possible practice change efforts and discussing the advantages and disadvantages of various options is aimed at developing a shared commitment and direction among stakeholders at an inter-agency level to a jointly supported EBP implementation.

1.1.3. Interagency seed team development: preparation and implementation

Once a specific EBP is selected as the focal point for a broad practice change effort, stakeholders in the ICT process initiate implementation of the EBP by creating a formative interagency collaborative "seed" team (or ICST), which may consist of employees from several different local organizations that form a core unit of expertise in the selected service model. A seed team intentionally involves multiple organizations in the maintenance of innovation expertise to build broader investment in, commitment to, and communication about an innovation among invested stakeholders and subsequently trained practitioners. The seed team becomes a repository of local expertise for an EBP. It is designed to serve as the ongoing support structure for continued EBP training,