

## **Society for Implementation Research Collaboration Guidance on System-Wide Implementation Infrastructure**

### Background

During the 2017 SIRC conference, a group of participants met to discuss their shared interest in forming a SIRC Policy Interest Group. Since that time, the group met regularly to 1) share information about each other's work, and as a result 2) identify common themes and interests in order to develop group goals. Through sharing, the group identified a common challenge: lack of infrastructure for the implementation of prevention and treatment interventions.

The SIRC Policy/Funder Sub-Network of Expertise (NoE) explored ways it might shape this idea into a SIRC initiative. Implementation infrastructure is a common goal across the Intermediary, Provider and Policy/Funder Sub-Networks. The SIRC Practitioner Network of Expertise brought the idea to the conference planners, and then developed a preconference session for the SIRC 2019 Conference.

### SIRC Preconference Session

Our goal for the preconference workshop was to determine if there was interest among the SIRC membership to develop practical, applied implementation infrastructure guidance.

### Learning objectives for workshop

1. Describe what is meant by system-wide infrastructure to implement evidence-based behavioral health prevention or treatment interventions.
2. Describe 3 examples of concerted efforts to develop and sustain system-wide implementation infrastructure for evidence-based behavioral health interventions.
3. Describe a strategy that has been used to facilitate efforts to develop and sustain system-wide implementation infrastructure for evidence-based behavioral health interventions.
4. Identify a common challenge faced when attempting to develop and sustain system-wide implementation infrastructure for evidence-based behavioral health interventions.

The three-hour workshop consisted of the introduction of three team-based efforts to develop and sustain system-wide implementation infrastructure (practitioner-researcher teams), followed by a discussion on defining what is meant by infrastructure from varying points of view. These teams then presented on their work to create comprehensive systems for prevention and/or treatment interventions for youth and adults (community-wide, state-wide, or region-wide system) with good sustainability (be able to share lessons learned for an up-and-running system). The last hour of discussion was devoted to discussion about the presentations, how to develop a process and the next steps for creating the guidance document, and request for workshop attendee interest and preferences for participation in a project focused on the development of implementation infrastructure guidance.

| Project                                                                                                                                                        | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Presenters                                                                                                                                                                                                                                                                                                                        |
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| An examination of mental health and addictions policy implementation efforts and the structures that support them in New Zealand, Canada (Ontario), and Sweden | Bullock and colleagues explored how the jurisdictions in this comparative case study created or harnessed existing infrastructure in order to support the implementation of key policy priorities at-scale. They began by sharing findings from the research suggesting that despite differences in the structural and organizational characteristics of the infrastructure in each jurisdiction, and the unique political and health and social system arrangements in which they are embedded, there was convergence around the implementation strategies employed, with a few key exceptions. They addressed issues at the policy system, delivery system, other support system, public awareness, engaging people with lived experience and performance assessment and monitoring.                                                                                                                       | Heather Bullock, MSc. PhD<br>McMaster University<br><br>Alexia Jaouich, PhD<br>Director of Implementation and Innovation<br>Centre for Addiction and Mental Health<br>Toronto, Ontario, Canada<br><br>Purnima Sundar, PhD<br>Director of Knowledge Mobilization<br>Ontario Centre of Excellence for Child and Youth Mental Health |
| EPIC                                                                                                                                                           | In 2013, the Philadelphia Department of Behavioral Health & Intellectual Disability Services (DBHIDS) launched the Evidence-Based Practice and Innovation Center (EPIC) to advance system-wide strategies that support the implementation, sustainability, and accessibility of behavioral health EBPs in Philadelphia's behavioral health system. EPIC has been effective at creating a centralized framework for key EBP activities significantly focused across the Medicaid provider network of Philadelphia under the managed care arm known as Community Behavioral Health (CBH). EPIC has focused significant resources on funding EBP training and implementation initiatives with EBP experts, matching provider agencies to the training initiatives for initial implementation and sustainability support.                                                                                        | Carrie Comeau, LCSW<br>Acting Director, Evidence Based Practice and Innovation Center<br>Community Behavioral Health<br>Philadelphia, PA<br><br>Amberlee Venti, M.A., BCDMT, LPC<br>Evidence-Based Practice Implementation Specialist<br>Evidence Based Practice Innovation Center<br>Community Behavioral Health                 |
| Communities That Care (CTC)                                                                                                                                    | Communities That Care (CTC) is an evidence-based "operating system" that takes communities through a prevention system transformation consisting of a well-defined and structured five-stage process to prevent adolescent problem behaviors and promote positive youth development. CTC communities form a broad-based coalition of key leaders; assess community readiness for prevention and conduct key leader training in prevention science; collect local data on risk and protective factors; identify three to five specific risk and protective factors to focus on, and then seek evidence-based programs and strategies to address those priorities. After two to three years of implementing the strategies, the communities re-assess their risk and protective factors to measure impact and identify new emerging priorities. An example of a region-level CTC implementation was described. | Blair Brooke-Weiss, MSPH<br>Communities That Care Specialist<br>Center for Communities That Care<br>University of Washington<br><br>Gery Shelafoe<br>Regional SUD Prevention Coordinator<br>NorthCare Network                                                                                                                     |

Each of the teams were comprised of both researchers and practitioners, and each presentation focused on practitioners' central and active roles in the projects. The goal of the symposium was to lead with examples of implementation systems and then engage the audience in how the SIRC membership, organized through the NoEs, might develop guidance on implementation infrastructure development based on each NoEs particular interests and foci. The researcher/practitioner teams presented on the following aspects of their systems and the challenges and successes they encountered along the way:

1. Background on how they got started
2. Identification of which interventions to implement
  - a. Needs assessments
  - b. Community monitoring
3. Capacity building
  - a. Funding
  - b. Infrastructure mechanisms and processes for implementation
  - c. Work force
4. Training, technical assistance
  - a. Intervention-specific

- b. General capacity, including implementation
- 5. Ongoing support and continuous quality improvement
  - a. Coaching and supervision
  - b. Organizational, community, and "outer context" support
- 6. Evaluation
- 7. Sustainability

Post-conference discussion

The main points that came from the workshop discussion with the audience is that one single guidance document did not make sense. Instead, it was suggested that SIRC could put together a series of guidance documents through the NoEs led by the NoE steering committee. Interested SIRC members could be invited to participate in the project through the various NoEs based on their background, level of interest and preference for participation. It was noted that efforts should be made to complement and enrich existing (and not duplicate) guidance existing from National Academy of Sciences (NAS) and Society for Prevention Research (SPR) that also focus on implementation infrastructure. This led to enlisting the expertise of – Drs. Will Aldridge and Brittany Cooper – who participated in the development of NAS and SPR implementation infrastructure-related documents, respectively. The steering committee remains open to additional members whose expertise can benefit the Infrastructure Project.

Guidance on System-Wide Implementation Infrastructure Steering Committee (as of January 2021)

| Name                | Affiliation                                                                      |
|---------------------|----------------------------------------------------------------------------------|
| Will Aldridge       | Frank Porter Graham Child Development Institute, University of North Carolina    |
| Caryn Blitz         | Administration for Children & Families, US Department of Health & Human Services |
| Kate Comtois        | Department of Psychiatry & Behavioral Sciences, University of Washington         |
| Brittany Cooper     | Department of Human Development, Washington State University                     |
| Doyanne Darnell     | Department of Psychiatry & Behavioral Sciences, University of Washington         |
| Dan Edwards         | Evidence-Based Associates (EBA)                                                  |
| Madeline Larson     | Department of Psychology, University of Minnesota - Twin Cities                  |
| Maria Monroe-DeVita | Department of Psychiatry & Behavioral Sciences, University of Washington         |
| Sapana Patel        | New York State Psychiatric Institute, Columbia University                        |

Project Structure

Post conference, the Steering Committee (SC) met in November 2019 to determine frequency of meetings and other logistics and to begin preliminary discussions on how to organize the Infrastructure Project. The SC continued to meet until March 2020, went on hiatus during the worst of the COVID-19 pandemic, and resumed meetings in May 2020.

Major ideas discussed during the meetings included the following:

- Engage the SIRC membership in the Infrastructure Project through a series of webinars that focus on 1) the background and structure of the SIRC Infrastructure Project and how SIRC members can get involved; and 2) other implementation infrastructure efforts (e.g., NAS and SPR) and the unique niche that the SIRC products will fill.
- Develop a number of practitioner-focused products, including a website, roadmap, different kinds of documents (e.g., a practice series), and online tools.
- Use a Delphi survey and method to generate and decide on product ideas.
- Enlist feedback from SIRC researchers and external practitioner organizations.
- Ensure products reflect a balance for prevention and treatment interventions and for different ages and populations.

Project Process

The Implementation Infrastructure Project will be organized by the Practitioner NoE Steering Committee, whose members are a subset of a Core Group (who will play a more active role and attend the in-person meeting) and who are part of the full Practitioner NoE. SIRC researchers and external practitioner organizations will provide commentary and feedback on initial ideas and final products.

