The National Center for Child Traumatic Stress (NCCTS)

Learning Collaborative Model Key Elements Checklist

The NCCTS Learning Collaborative Model for the Adoption and Implementation of an Evidence-Based Treatment (NCCTS Learning Collaborative or LC) has been applied in more than fifty Collaboratives across the country as a means to train, implement, and sustain evidence-based treatments (EBTs) in community settings. This document outlines the key elements we believe lead to the effective facilitation of NCCTS Learning Collaboratives.

Adapted from the Breakthrough Series Collaborative methodology (developed by the Institute for Healthcare Improvement and Associates in Process Improvement), the NCCTS Learning Collaborative Model incorporates tenets of improvement science and organizational readiness; however, it differs from the IHI model in that a strong focus is placed on training and enhanced clinical competence in a specific EBT. An NCCTS Learning Collaborative requires a commitment to teaching and coaching participants in these three competencies: 1) clinical competence, 2) implementation competence; and 3) improvements & progress monitoring. Based on the research literature, our evaluations, and our extensive experience, we recommend that agencies leading Learning Collaboratives strive to include all of the key elements described in this document in order to replicate our successful dissemination and adoption of EBTs into community settings.

This checklist is intended to provide guidance to Collaborative Project Leads[1] as they implement the LC model. It is not intended to be an assessment tool nor a how-to guide to facilitating a Learning Collaborative. This description of key elements serves two purposes: a) to provide information about all of the key elements to agencies considering dissemination of an EBT via an NCCTS Learning Collaborative; and b) as a 'to-do' list of sorts to guide Collaborative Project Leads along the way as they apply the model. This list may serve as a helpful tool in facilitating an LC in much the same way that a checklist of key components of a clinical intervention can be a helpful tool for Clinicians. The tools by themselves, however, are not sufficient to implement an LC or competently deliver an intervention. More detailed instructions and coaching around how to implement the NCCTS LC Model can be found in the TOOLCIT online curriculum, and/or through consultation with the NCCTS Training and Implementation Team.

[1] Collaborative Project Leads, or CPLs, are the dedicated Collaborative Project Staff team members who organize and facilitate Learning Collaboratives. See the key element entitled "Dedicated Project Staff" for a description of their responsibilities.

Key Elements

Intervention Characteristics (for LCs focused on implementing a specific intervention)

- ☐ The intervention selected for the Learning Collaborative (LC) is empirically based. [2]
- ☐ Treatment materials and clinical manuals for the intervention, including baseline assessment measures and treatment fidelity standards, have been finalized and are ready for participant use.
- ☐ Through real-world applications of the intervention, improvement and implementation strategies in the adoption of this intervention into community practice have been developed, tested and are available to LC participants.
- ☐ Requirements have been clearly defined and articulated for becoming an endorsed provider of the intervention and for training others in the intervention (whenever possible and available by model developers).
- ☐ The intervention addresses an unmet need within the geographic areas to be served by the LC and/or address a gap in treatment for the target population.

Dedicated Project Staff (Collaborative Project Leads)

- ☐ The Collaborative Project Lead team consists of individuals who are responsible for the following activities and tasks, specific to the Collaborative:
- ☐ **Curriculum Development and Management**
  - ☐ Project management
  - ☐ Meeting facilitation
  - ☐ Material development
  - ☐ Coaching on implementation and improvement
  - ☐ Agenda design
- ☐ **Logistics**
  - ☐ Scheduling
  - ☐ Coordination

[2] A test of efficacy, above and beyond clinician judgment, exists and can be cited in the literature: Miller, W. R., Zweben, J., & Johnson, W. R. (2005). Evidence-based Treatment: Why, what, where, when, and how? *Journal of Substance Abuse Treatment, 29*(4), 267-276. doi: 0.1016/j.jsat.2005.08.003

Key Elements

Dedicated, Continuing Faculty

- ☐ Faculty composition mirrors that of participating teams. Faculty consists of a minimum of the following distinct members:
  - ☐ One Clinical Faculty, with developer endorsed expertise in the intervention's training and use in a service delivery setting. (Note: for best training outcomes, having more than one Clinical Faculty member is recommended in order to perform role plays, adequately monitor/observe participant behavioral rehearsals, and conduct fidelity monitoring of participant cases).
  - ☐ One Supervisor Faculty
  - ☐ One Senior Leader Faculty
- ☐ Faculty attend all Learning Collaborative meetings (including orientation, if provided), participate on planning calls, facilitate regular conference calls, and partner with the Collaborative Project Leads to develop agendas for their monthly calls and Learning Session activities.

Model for Improvement

- ☐ LCs apply the Model for Improvement to support and accelerate the overall implementation and uptake of the EBT by participating teams. The Model for Improvement consists of these three questions:
  - ☐ **Key question #1:** "What are we trying to accomplish?" Learning Collaboratives utilize a Collaborative Change Framework to address this question. The Collaborative Change Framework (CCF) specifies the overall goals of the collaborative and describes what organizations must do in order for agency teams to implement the EBT.
  - ☐ **Key question #2:** "How will we know a change is an improvement?" Learning Collaboratives rely upon Monthly Metrics to address this question. Monthly Metrics help teams gauge whether their efforts are resulting in progress toward the Collaborative Goals.
  - ☐ **Key question #3:** "What changes can we test that will result in improvement?" Learning Collaboratives promote the use of PDSA cycles to test strategies that support the overall implementation of the EBP. (Plan-Do-Study-Act (PDSA) cycles consist of testing small changes and studying the results.)
- ☐ The Model for Improvement provides the foundation for the data collection that includes agency, clinician, and client level-data (including metrics, fidelity monitoring and outcomes). The Collaborative Leadership Team and participants understand and agree to collect and report on these data throughout the Collaborative.

Key Elements

Learning Collaborative Structure & Team Composition

- ☐ A minimum of 5 teams (or 25 participants) are selected to be a part of the Learning Collaborative. The maximum number of teams depends on the EBT and the number of Clinical Faculty able to facilitate clinical calls (i.e., a maximum of 12 teams for three Clinical Faculty members)
- ☐ All participating teams include at least two Clinicians, one Supervisor, and one Senior Leader, all of whom are dedicated and continuous for the entire duration of the LC. (Note: The Senior Leader must be a high-level agency administrator who has the authority to make decisions and changes about resources (e.g., budget, staffing) and practices at their agency relevant to implementing and sustaining the intervention.)
- ☐ The Learning Collaborative helps participating teams work toward the overarching goal of implementation and sustainability of the intervention, with fidelity, by doing targeted work within each of three distinct affinity groups:
  - ☐ **Clinical Focus:** Clinicians whose focus is primarily on clinical training and skill-building
  - ☐ **Supervisory Focus**: Supervisory level staff members who participate in the clinical training but who also focus on supervision of clinicians in the EBT and collaboration with Senior Leaders around effective implementation
  - ☐ **Implementation Focus:** Senior Leaders focus on the organizational structures and clinical practices/processes that are needed to support the implementation and sustainability of the EBT.

Duration and Flow of Learning Collaborative

- ☐ There is a Launch Phase prior to Learning Session 1, during which time the teams prepare to begin delivering the intervention soon after LS1.
- ☐ There is a minimum of three face-to-face Learning Sessions, each of which lasts between 1.5 and 2 days.
- ☐ Each Learning Session emphasizes opportunities for active learning, hands-on skill-building, and cross-team sharing.
- ☐ Clinicians, Supervisors, and Senior Leaders attend a set number of meetings in their distinct affinity groups during the Launch Phase and each Learning Session in order to gain theoretical knowledge, learn new strategies, and apply new tools.
- ☐ Time is dedicated during each Learning Session for team meetings, led by their Senior Leader, in order to support teams in their efforts to bring together and share content from their separate affinity groups.
- ☐ The overall Learning Collaborative, from the development of the CCF through all three Learning Sessions to the completion of the third Action Period, takes place over a period of time between 1 and 1.5 years.

Key Elements

Collaborative Community of Learners

- ☐ The Collaborative Project Leads actively encourage participating team members to seek out the wisdom and expertise of their colleagues from other teams in the LC, as well as Faculty.
- ☐ The Faculty and Collaborative Project Leads provide opportunities, including structured activities that encourage Collaborative participants to share successes and challenges across teams, as well as to share tools, strategies, and resources—both at Learning Sessions and during Action Periods.
- ☐ Early adopters of the intervention are identified and encouraged to take on leadership roles within the Collaborative.

Clinical Training within an Implementation Framework

- ☐ Clinical participants (including Clinicians and Supervisors) are expected to begin seeing clients in the new intervention after the first Learning Session. In this way, they will be able to take advantage of the consultation and peer support provided by the LC to address clinical questions and problem-solve challenges that will arise as they begin implementing the new EBT.
- ☐ Clinical participants receive a high level of access to coaching and consultation from expert Faculty in order to increase fidelity to the model.
- ☐ This intensive clinical training is comparable in duration and scope to the training received by non-LC Clinicians who receive training on the same intervention.
- ☐ The Clinical Faculty provides intensive clinical coaching during the Learning Sessions; this coaching is reinforced during at least monthly consultation calls or more frequently as determined by the EBT's Training Guidelines.
- ☐ Clinical Faculty train participants to use a clinical assessment and outcomes orientation in their approach for using the EBT (e.g., selecting the right assessment tool, using outcome measures to drive treatment, utilizing skills in conducting assessments, sharing assessment results with families).
- ☐ Clinical participants are expected to use the intervention with an active caseload of clients during Action Periods, applying the skills that they learn. The minimum number of cases that clinical participants are expected to identify, treat, and complete during each phase of the LC is clearly outlined to all participants at the beginning of the LC.

Engagement of Agency Leadership

- ☐ Senior Leaders meet in a separate track for a significant, dedicated amount of time during each Learning Session, where they focus intensively on organizational readiness, capacity for implementation, spread, and sustainability issues.

Key Elements
☐ Senior Leaders utilize the Collaborative Change Framework as the guiding document for their work in the Collaborative.
Sustainability Planning
☐ By the end of the LC, selected members of each participating team will have the ability to train additional staff members, within their agency only, in order to improve the likelihood that the intervention will continue if team members leave the agency. ☐ If EBT developer endorsed training guidelines do not allow the above, alternatives to how to grow as well as maintain fidelity- trained staff must be addressed.
☐ Collaborative Project Leads and Faculty work with teams to develop and document a plan for sustaining the intervention that takes into consideration each of the Collaborative goals.
Learning Collaborative Evaluation
☐ The CPLs develop an evaluation plan to measure participating agency teams' progress toward the Collaborative goals throughout the Collaborative.
☐ The evaluation includes opportunities for participants to provide systematic feedback (through questionnaires, focus groups, etc.) about key components of the LC (utility of consultation calls, activities at each of the learning sessions) during and at the end of the collaborative.

Burroughs, J., Amaya-Jackson, L., Ebert, L., Agosti, J., Ake, G., & Goetz, K. (2013). *The National Center for Child Traumatic Stress (NCCTS) Learning Collaborative Model Key Elements Checklist.* Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress and Duke University Evidence-Based Practice Implementation Center.