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Translating Evidence-Based Policy to Practice: A Multilevel Partnership Using the Interactive Systems Framework

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Despite increases in federal allocations, little is known about how to ensure successful implementation of evidence-based programs. This descriptive case study using the Interactive Systems Framework for Dissemination and Implementation illustrates the Prevention Support System (PSS) implemented for one federal evidence-based policy initiative. Exploring perspectives of intermediary organizations, the article describes the impetus for promoting evidence-based programming, multilevel systemic change, and the collaborations to develop strategic partnerships between national and state entities. Two early adopters, Kansas and Nebraska, illustrate the general capacity-building technical assistance activities conducted to build a multilevel PSS. The article concludes with outcomes, lessons learned, and recommendations for building stronger implementation capacity.

IMPLICATIONS FOR PRACTICE

- Implementing evidence-based policy and programs requires a multilevel systems approach that engages funders and implementers at each level in active policy-to-practice feedback loops that support high-quality service delivery.

- Proactive, flexible, and responsive technical assistance is a critical element for supporting implementation of evidence-based and evidence-informed programs.

There is widespread acceptance that using evidence-based or evidence-informed (EB/EI) practices promote efficient and effective funding with the assumption that there is an increased chance that such programs will produce their desired result.[1] Policymakers and funders have prioritized investments that rely upon rigorous research and evidence of success to guide program planning and implementation (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004; Baron & Haskins, 2011). Since 2010, more than $4 billion in federal funding has been dedicated through legislation and appropriations for federal EB policy initiatives such as the Maternal, Infant and Early Childhood Home Visiting (MIECHV) and Teen Pregnancy Prevention programs (Haskins & Baron, 2011). A majority of the funding must be allocated for EB programs that were rigorously evaluated and meet high evidentiary criteria aligned with federal standards for quality research (Health Resources Services Administration, 2010; Office of Adolescent Health, 2010). The Office of Management and Budget's (OMB's) memo regarding evidence and

evaluation within the 2014 budget outlined the administration's push for more EB initiatives to be implemented across federal programs (OMB, 2012).

Despite these federal policy directions, a significant gap remains between the mandate for and the capacity of states and local programs to implement and sustain EB programs. A growing literature on implementation science focuses on the factors associated with successful and unsuccessful implementation of EB programs (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005) and consistently demonstrates that the quality of implementation and fidelity to the original EB model can moderate the outcomes of EB programs (Durlak & DuPre, 2008; Fixsen et al., 2005). Other frameworks specify the key factors in high-quality implementation (Meyers, Durlak, & Wandersman, 2012), such as the capacity of service providers and local agencies implementing these EB programs, the related infrastructure, and systems needed to create optimal conditions for success (Saul et al., 2008; Wandersman et al., 2008). Here, capacity is defined as the "skills, motivation, knowledge, and attitudes that underlie actions and tasks" at the individual, organizational, and community levels (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008, p. 182). While these frameworks examine key factors in depth, they do not address the transition from research to real-world implementation. Literature on capacity building for effective implementation is in its infancy.

To address the gap in the literature, this descriptive case study considers a real-world federal EB/EI policy implementation using the Interactive Systems Framework for Dissemination and Implementation (ISF) from the Centers for Disease Control and Prevention (CDC) as the organizing theory. Of

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[1] For a glossary of acronyms used throughout the article, please see the Appendix.

FIGURE 1. *CBCAP Interactive Systems Framework*
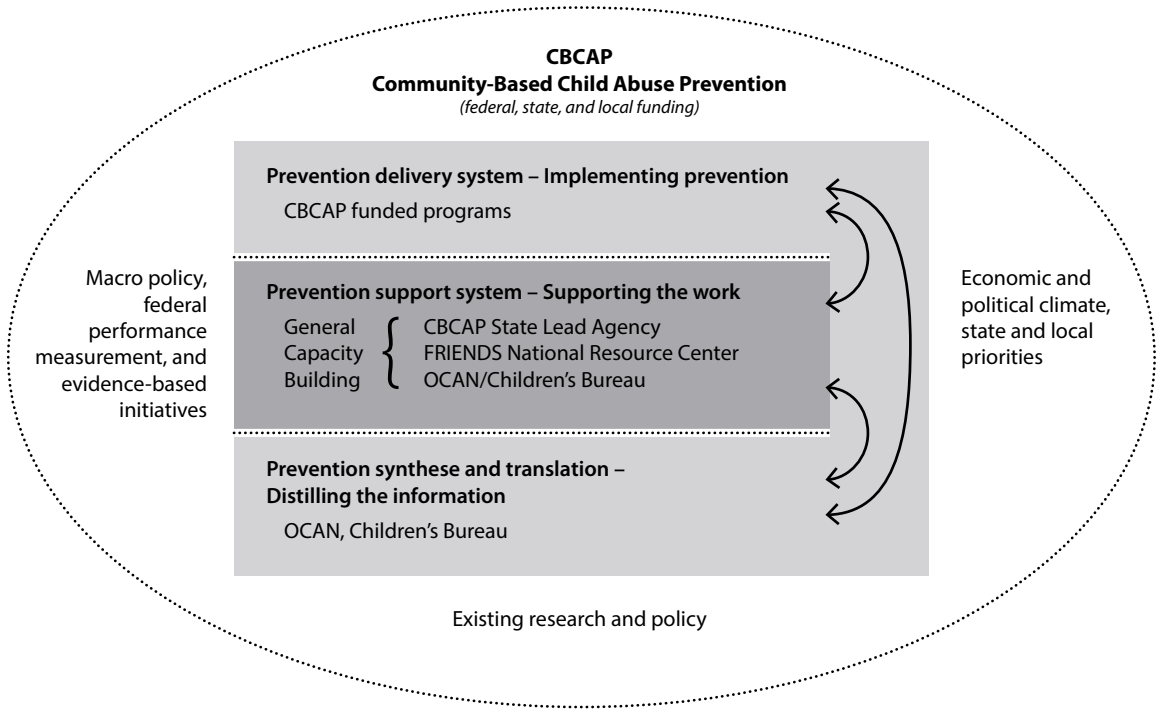
Note. Adapted with permission from "Moving Knowledge into Action: Developing the Rapid Synthesis and Translation Process with the Interactive Systems Framework," by S. Thigpen, R. W. Puddy, H. H. Singer, & D. M. Hall, 2012, *American Journal of Community Psychology, 50*, p. 286. Copyright 2012 by the Society for Community Research and Action: The Division of Community Psychology of the American Psychological Association.

particular interest to actual implementation is the support structure underlying any transition from research into everyday use. This case study focuses on the middle element of the framework, the Prevention Support System (PSS).

Theoretical Framework

Interactive Systems Framework

The CDC's ISF provides a useful theory for understanding the multilevel systems pathways from the dissemination and translation of research and policy to the actual implementation of EB programs (Wandersman et al., 2008). This framework specifically addresses the transition from research and controlled environments to real-world implementation. The ISF includes three distinct but interrelated systems: Prevention Synthesis and Translation; Prevention Support System (PSS); and Prevention Delivery (Wandersman et al., 2008). Across these systems, stakeholders include policymakers, funders, technical assistance providers, implementing agencies (including staff from all levels), community partners, and the families receiving the services. The ISF recognizes that each stakeholder

has priorities, perspectives, and actions that hinder or accelerate implementation. Within this constellation of actors, PSS intermediaries between policymakers, funders, and frontline implementers play an important role as translators for policy and provide technical assistance needed to serve families successfully (Emshoff, 2008; Franks, 2010; Thigpen, Puddy, Singer, & Hall, 2012).

This case study specifically addresses the middle element of the framework: the PSS (see Figure 1). This element describes support structures that are needed for full delivery and implementation of research-based initiatives—or, to be clear, the PSS created to support the Prevention Delivery System (PDS) for the Prevention Synthesis and Translation System. As the piece that enables the other two elements to thrive, the PSS is an essential component of the transition to real-world implementation. Within the context of EB/EI programs, the PSS is the foundation needed for the PDS. The three levels of the nested system of this descriptive case study—federal funder, technical support provider, and state grantee—are examined in the next sections.

Federal Funder: CBCAP and Support for States

Title II of the Child Abuse Prevention and Treatment Act is known as the Community-Based Child Abuse Prevention Program (CBCAP) and is managed by the Office on Child Abuse and Neglect (OCAN) at the Children's Bureau, U.S. Department of Health and Human Services. Each year, $42 million are distributed through CBCAP to fund state lead agencies, designated by the governor, to implement programs and activities to prevent child abuse and neglect (Children's Bureau, 2012a). In 2004, OMB was just starting to encourage federal agencies to move toward EB programs (OMB, 2008). CBCAP was one of the early federal grant programs to include a performance measure requiring that grant funds be increasingly allocated toward EB/EI programs (Children's Bureau, 2006). OCAN leveraged the OMB directive to move the field toward EB practices and was committed to grounding the effort in grantee and practice perspectives through partnerships with key stakeholders.

The Federal Prevention Support System

Many community-based prevention programs were new to understanding what EB programs were, and most were limited in their general and innovation-specific capacity to implement them (Family Resource Information, Education and Network Development Services National Resource Center [FRIENDS], 2004). As the funder and backbone of the national PSS, OCAN recognized the importance of building grantees' general capacity through collaboration and coordination and established the CBCAP Outcomes Workgroup with representatives from the state lead agencies, FRIENDS, and federal partners from the Office of Planning, Research, and Evaluation at the Administration for Children and Families, U.S. Department of Health and Human Services, and the Division of Violence Prevention at the CDC. The workgroup's infrastructure efforts focused on articulating the vision, developing an overarching conceptual framework for the program, and identifying grantee technical assistance needs (Children's Bureau, 2007). The workgroup agreed that the goals of these efforts were to (a) promote more efficient use of CBCAP funding by investing in programs and practices with evidence to produce positive outcomes; (b) promote critical thinking across the state lead agencies and their funded programs to be more informed funders, consumers, and community partners; and (c) underscore the importance of a culture of continuous quality improvement by promoting ongoing evaluation and quality assurance activities (Children's Bureau, 2007). It was anticipated that the outcomes approach would result in an increase in the number of effective programs implemented, thereby maximizing the use of CBCAP funds.

Ultimately, EB/EI programs were defined along a continuum of evidence as *emerging, promising, supported,* and *well-supported.* A detailed guidance document was developed for states and included the definitions, sample reporting templates, and other EB program resources to help states meet performance measurement requirements (Children's Bureau, 2007). The workgroup believed that states needed to have multiple EB/EI options to meet the needs of their vulnerable populations and to build general capacity to implement a variety of programs with fidelity. One major result was a recommendation for a performance measure to track funding for EB/EI programs. Another main component, as stated previously, was examining technical assistance needs.

Technical Assistance Provider: FRIENDS Prevention Support System

Wanderman, Chien, and Katz (2012) outlined components of an EB system for prevention support, including tools, training, technical assistance, and quality assurance or quality improvement efforts. The Children's Bureau funds national resource centers and other organizations to build this type of capacity for grantees through training, technical assistance, research, and consultation (Children's Bureau, 2012b). One such national resource center, FRIENDS, offers knowledge and expertise in the implementation of child maltreatment prevention and family support programs. In January 2007, FRIENDS partnered with the National Implementation Research Network (NIRN) to develop technical assistance strategies that would increase buy-in and understanding of the new EB/EI initiative by state lead agencies and enhance the knowledge base of FRIENDS staff and partners on implementation science. Using surveys and various meetings with state lead agencies and OCAN staff, FRIENDS and NIRN assessed states' capacity for change, contextual strengths and challenges, and informational needs that could be addressed through training and technical assistance. This process revealed a wide range of readiness and receptivity at the state, community, and provider levels, as well as considerable variability in the degree of autonomy that could influence their adoption of EB/EI programs and practices. Other themes were rural and tribal community needs, parent involvement and education, challenges related to the role of state lead agencies, fidelity and evaluation issues, infrastructure requirements, and implementing the initiative without stifling innovation. A range of technical assistance tools and strategies were developed to meet those needs.

A Discussion Tool to Integrate EB/EI Programs in CBCAP

Because of the myriad of decisions that had to be made, the state lead agencies wanted a blueprint to identify and implement appropriate EB/EI programs. A number of complex factors and competing priorities influenced the state lead agencies' ability to do their work, such as community context and capacity to implement EB/EI programs, and had to be considered. FRIENDS formed a workgroup of state lead agencies to develop a guide tailored to states' needs. *Integrating Evidence-Based Practices Into CBCAP Programs: A Tool for Critical Discussions* addresses four general capacity-building topics: (a) implementing with fidelity, (b) implementing with adaptation, (c) implementing new programs, and (d) strengthening existing programs (FRIENDS, 2008). Other related topics include assessing agency capacity to implement identified programs or activities, engaging in continuous quality improvement, and developing logic models and data systems (Meyers, Durlak, et al., 2012; Meyers, Katz, et al., 2012).

Intensive Technical Assistance

FRIENDS and federal staff also recognized that some states would need more intensive, one-on-one, general capacity-building technical assistance and began an exploratory process to determine how intensive technical assistance (ITA) could strengthen state lead agencies' capacity to lead their EB/EI work. The method included the development of logic models, leadership support, consultation with national organizations on other models of ITA, a literature review, and strategic planning to design a formalized ITA process. The ITA was designed to foster an ongoing relationship between the technical assistance provider and the service recipient to reach an agreed-upon outcome (Fixsen, Blase, Horner, & Sugai, 2009) and to facilitate a bidirectional approach to address the intersection between research and practice (Thigpen et al., 2012; Wandersman et al., 2008), resulting in significant policy, practice, program, or systems changes within organizations and communities. Such ITA work included identifying readiness for change among multiple stakeholders, identifying the stage of implementation, and charting movement toward expected outcomes.

State Grantees: Kansas and Nebraska Prevention Support Systems

Kansas and Nebraska were early adopters of EB/EI programming and explored distinct pathways to multilevel capacity building and systems change. The two states demonstrate many of the struggles and triumphs of implementation of EB/EI programming. Kansas was a founding member of the CBCAP Outcomes Workgroup, and Nebraska received ITA to support infrastructure building efforts. Both states have been committed to their state and local capacity-building roles. Kansas used structural mechanisms within their grant-making processes such as standardized measurements, request for proposals (RFP), and self-assessment and quality improvement tools. Nebraska used a multifaceted approach that included state partnership development and community collaboration development, utilizing common goals to move in the direction of enhanced EB/EI programming.

Kansas PSS

The Kansas Children's Cabinet and Trust Fund (hereinafter, the Cabinet) is the state lead agency for CBCAP and was established in 1999 to make recommendations to policymakers on ways to improve the lives of Kansas children. The Cabinet distributes CBCAP funds to communities through a RFP process. Prior to 2007, potential grantees provided a rationale for activities proposed, but there was no systematic assessment of the level of evidence supporting the activities. Nor were the agencies' readiness and capacity to implement with fidelity considered.

Prior to the CBCAP mandate to increase EB programs, Kansas used a network of community-based programs with an early childhood systems approach. The goals and objectives of early childhood and child welfare initiatives were aligned to provide an integrated framework for maltreatment prevention. Substantial changes in the annual reporting mechanism were needed to capture baseline EB funding for reporting requirements. The Cabinet and evaluation staff from the Institute for Educational Research and Public Service at the University of Kansas participated in FRIENDS technical assistance on implementation science, the national performance measures, and EB/EI programming. The shift toward EB/EI programming requires a transformational approach that is more than program selection. Staff from the CBCAP state infrastructure, technical assistance providers, evaluation groups, and community partners became more cognizant of general capacity factors to support implementation drivers such as community readiness for the EB/EI program, qualified staff, adequate funding, agency buy-in, and training.

In addition to technical assistance, the Cabinet relied heavily on the PSS and guidance provided by OCAN. In 2008, the Cabinet developed a Web-based self-rating tool for grantees to describe how their program meets the key levels of evidence requirements. Evaluation staff rated the programs on their level of evidence based on the grantee's responses. Grantees had to meet all of the requirements to be rated at a

certain level from emerging to well-supported. Technical assistance was provided to grantees to increase their knowledge of EB/EI programs and to assist with evaluation and selection of EB/EI programs for use in local communities.

Nebraska PSS

In Nebraska, the state lead agency, the Nebraska Children and Families Foundation (Nebraska Children), was part of a large-scale, statewide, systemic change effort happening at the same time the CBCAP EB program performance measurement requirements were rolled out. Nebraska Children has a primary role to build grantee capacity and promote EB/EI practices at the community and state levels through a Collective Impact approach (Kania & Kramer, 2011). The tenets of a Collective Impact initiative are centralized infrastructure, dedicated staff, a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among participants (Kania & Kramer, 2011). This approach, therefore, complemented the goals for a state-level PSS (Duffy et al., 2012).

Nebraska Children piloted the ITA process from FRIENDS and invested private and public funding (including CBCAP funds) for infrastructure building at the state and local levels. The ITA supported the development of a peer review network and outcome accountability process, two statewide trainings on outcome accountability and protective factors for EB programming, and continuous quality improvement training. Results included a new vocabulary to define practices, the introduction of the implementation science framework, and five communities of practice selected for their high needs and readiness for a Collective Impact approach to promote EB/EI practices.

Nebraska used a Web-based system to document the process and collaboration. Consultants and staff worked with grantees to better understand capacity needs of the PSS, while accommodating unique community dynamics. Data are currently being reviewed to determine progress toward outcomes and to develop systems-level improvement plans.

Outcomes

Kansas and Nebraska experienced successes in increasing the use of EB/EI practices in prevention efforts with the help of the multilevel PSS. In both cases, implementation of EB/EI programs involved a series of stages, ranging from fear and trepidation to acceptance. For example, in Kansas there was initial fear that the new performance measure would lead to less funding in rural areas with limited capacity to implement well-supported programs. The Cabinet stressed the expectation was not that all programs be rated as well-supported, but rather all programs should, at a minimum, be on the continuum and be able to articulate a theory of change. The rating tool and technical assistance provided specific activities and offered grantees information on research and evaluation elements. Also, the requirements and focus on programs with proven success emboldened community-based programs to make difficult decisions about funding priorities and gave the state lead agencies the language and support to discontinue programs that could not articulate a theory of change and had no evidence of effectiveness.

FIGURE 2. *Percentage of CBCAP funding for evidence-based and evidence-informed programs.*

**CBCAP Annual Reports
Performance Data on EB/EI Programs**

Year	Percentage
2005	29
2006	34
2007	37
2008	44
2009	49
2010	55
2011	63
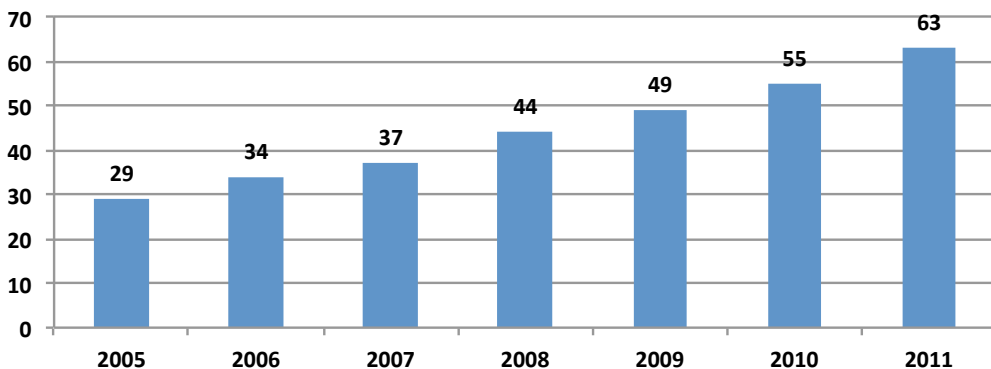
National and State Capacity-Building Efforts

In this case study, OCAN has worked with grantees to report performance data to OMB regarding the percentage of funds for EB/EI programs as part of their required CBCAP annual program report. This new requirement began in 2005 and OCAN proposed an initial annual national target of a 3% increase in funding for programs with some level of evidence. Figure 2 shows aggregate data from the 2005 to 2011 CBCAP annual program reports from the state lead agencies. Each year, almost all of the grantees were able to submit this data.[2] It is important to note that all performance data were self-reported by grantees and no effort was made to validate the data submitted. Nevertheless, the data reported from at least 49 states depicts a steady increase in the percent of funding for programs on the EB/EI continuum over the last seven years (OCAN, 2012). When examined by level of evidence from 2005 to 2010, the percentage of well-supported programs tripled, the percentage of supported programs more than doubled, and the percentage of promising programs also increased (OCAN, 2012). Data suggest that states collectively made changes in funding decisions resulting in a positive increase for funding of EB/EI programs over time. Examining the lowest level of the nested PSS, gains in EB/EI funding also occurred in Kansas and Nebraska. In Kansas, the Cabinet funded nearly 50% more supported and well-supported programs in 2009 than in 2008 and made this shift while still investing in emerging and promising practices (Cabinet, 2012). During the same time period, Nebraska's funding for supported programs quadrupled while they continued funding emerging and promising programs (Nebraska Children, 2012). In 2010, Nebraska collaborated with MIECHV, the new federal EB program funding source for home visiting, due in large part because of their increased capacity for supporting EB practice implementation.

Recommendations

Although more work is ahead, the experience at the national and state levels demonstrates that it is possible to build capacity for high-quality implementation. Data confirm that CBCAP funding for EB/EI programs has steadily increased. Whether these increases can be sustained remains to be seen. The importance of examining the fidelity and quality of the implementation is also another challenge ahead. These experiences with promoting a collaborative and pragmatic approach to supporting programs at multiple levels point to a number of recommenda-

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[2] From 2005 to 2011, at least 49 of the 52 reporting entities (the 50 states, Washington, DC, and Puerto Rico) reported data for the CBCAP EBP performance measure.

tions for policy and infrastructure, technical assistance, and program practice.

Policy and Infrastructure

Policy is a key lever for transformational change. As an example of the PSS's interconnectedness across levels, states began to incorporate the OCAN federal guidance for EB/EI programs into their own RFPs for prevention funding. In the first year following the new requirements, more than a dozen states included language in their RFPs from the CBCAP guidance. OCAN articulated several philosophical principles in their approach with grantees, shared during grantee meetings, webinars, conference calls, and FRIENDS technical assistance. Clearly, communicating the vision and expectations for programs is essential.

The significance of building a meaningful parallel process with linkages, partnerships, and connections across all levels of the system cannot be overstated. Critical elements were a relationship-based approach; facilitative leadership; and bidirectional policy and practice feedback loops to share information from funders, policymakers, program staff, and community stakeholders. This was evident in OCAN's role to set priorities and develop guidance using a collaborative planning process. Kansas and Nebraska state lead agencies brought together their funded programs and other stakeholders to identify shared goals across levels. Federal and state funding, training, and technical assistance supporting these multilevel structures are vital.

This effort underscored the need for strong intermediary—called *backbone*—PSS organizations. Kania and Kramer (2011) wrote, "The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly" (p. 40). CBCAP state lead agencies can and do function as backbone organizations that bring together the PSS partners for shared outcomes.

Implementing high-quality EB/EI programs requires a strong infrastructure system. In addition to programmatic costs, state lead agencies report on infrastructure costs such as outreach and marketing, training, fidelity assessment, supervision, and management of the program. These estimated infrastructure costs range from 1% to 30% of the program funds, which can be substantial but is critical for ensuring high-quality implementation (OCAN, 2012).

It is important to recognize that some well-supported programs may not be the best fit for a community or be problem-free. The Kansas experience showed that some communities did not have the level of funding, resourc-

es, or staffing needed to implement well-supported programs effectively. Programs that are not the right fit for the community and organizational culture may be less likely to be sustained over the long term (Rogers, 2003). In Kansas, one urban grantee found that the selected well-supported program was not culturally relevant for the families served and thus required work with the program developer to adapt the model for the population. One rural grantee, implementing the same program, continues to face issues with sustainability, particularly related to training costs associated with staff turnover. Conversely, moving from an emerging to a supported or well-supported program can be costly. Grantees with innovative and emerging programs may not have the financial resources to evaluate their programs rigorously and thus will be reliant on other entities to conduct the efficacy research needed.

Technical Assistance

Flexibility, responsiveness, and reliability are critical ingredients for this kind of technical assistance. When implementing systems change, feedback from everyone impacted is essential for success (Chambers, 2012). Concerns and challenges must be identified throughout exploration, installation, and initial implementation stages. The participatory- and utilization-focused approach used by FRIENDS fostered grantee receptivity and honesty about technical assistance needs and agency capacity.

A comprehensive technical assistance approach must also include training on how to use data for continuous improvement and should help agencies identify common data elements across programs for reporting, assessing large-scale outcomes, and developing improvement plans. For example, Kansas developed a data system to summarize performance data reliably and facilitate data-driven decision making. Likewise, Nebraska uses state and community data to inform outcome priorities and uses the Collective Impact framework to track shared outcome successes across programs.

Program Practice

Organizations must honestly assess their internal capacity to implement a particular program. Capacity assessment tools such as the discussion tool generated by ideas from the CBCAP Outcomes Workgroup and FRIENDS address the need for capacity and feasibility assessment for quality implementation (Fixsen et al., 2005). The fit between the organization and the program selected may be one of the most important elements for achieving desired outcomes (Meyers, Katz, et al., 2012).

Finally, experiential and contextual evidence, often referred to as intuitive or tacit knowledge, must be part of the decision-making equation (Puddy

& Wilkins, 2011; Schorr & Farrow, 2011). Context must be considered to meet the needs of culturally diverse populations and communities and, in some cases, may require modifications to the original program designs. Model developers, technical assistance providers, and others are working with communities, practitioners, and evaluators to consider how meaningful adaptations can be made; how effective practices can be maintained; and perhaps, ultimately, how significant variations in the original model design can be implemented, studied, and supported by a new body of evidence.

The subjects in this case study worked together in a planning process known as *collaborative rationality* to improve EB policy implementation and capacity building. Innes and Booher (2010) described this type of planning process as one in which "problems are treated as puzzles as participants work jointly to put the pieces together to create a shared picture of the future and a strategy for getting there" (p. 9). The subjects have learned that active engagement of key stakeholders at all levels is vital for building and sustaining national, state, and local capacity for high-quality implementation. There must be ongoing opportunities for feedback and input from stakeholders to ensure that EB/EI programs are truly meeting needs and are leading to positive outcomes. The path forward for building capacity to implement EB/EI programs in CBCAP was paved by facilitative leadership and a continuous quality improvement model that required multilevel productive partnerships and a collaborative planning approach. Using this as the foundation, the programs' successes are evident in the documented growth in acceptance, ownership, funding, and implementation of EB/EI programs within CBCAP. There is still more work ahead, but the national and state participants in this evidence-based and evidence-informed policy initiative have certainly learned a lot along the way.

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APPENDIX. *Acronyms Glossary*

CBCAP	Community-Based Child Abuse Prevention Program
CDC	Centers for Disease Control and Prevention
EB/EI, EB	Evidence-based/ Evidence-informed
FRIENDS	Family Resource Information, Education and Network Development Services
ISF	Interactive Systems Framework for Dissemination and Implementation
ITA	Intensive technical assistance
MIECHV	Maternal, Infant and Early Childhood Home Visiting Program
NIRN	National Implementation Research Network
OCAN	Office on Child Abuse and Neglect
OMB	Office of Management and Budget
PDS	Prevention Delivery System
PSS	Prevention Support System
RFP	Request for proposals