Building Cross-System Implementation Centers

DECEMBER 2015

A Roadmap for State and Local Child- and Family- Serving Agencies in Developing Centers of Excellence (COE)

Supported by The Annie E. Casey Foundation
Acknowledgments

In January 2014, the Annie E. Casey Foundation asked The Institute for Innovation & Implementation at the University of Maryland School of Social Work (The Institute) and the Center for Innovative Practices at Case Western Reserve University to establish and facilitate a learning community comprised of select Centers of Excellence (COEs), national implementation experts, and federal, state, and local policymakers. The primary focus of the learning community was to understand better the context of how and why COEs have been established, develop an agreed upon definition of a COE, identify the core functions of a COE, and outline the key decision points when developing a COE. The COE learning community also provided critical information on available pathways and necessary conditions to initiate COE development, financing strategies for start-up and sustainment of COEs, and strategies to maintain the usefulness and effectiveness of COEs in their pursuit of creating effective system development on behalf of state and local governments. Funding to support the COE Learning Community, including the March 2014 meeting and the development of this document, was provided by the Annie E. Casey Foundation.

The authors wish to acknowledge the contributions of the ten COEs who participated in the COE Learning Community and thank them for their input and expertise:

• Center for Effective Practice, Child Health and Development Institute of Connecticut
• EPISCenter, Penn State University
• Evidence Based Practice Institute, University of Washington School of Medicine
• PerformCare
• New Jersey Department of Children and Families, Children’s System of Care
• The Center for Effective Interventions, University of Denver School of Social Work (formerly at Metropolitan State University of Denver)
• The Center for Innovative Practice, Case Western Reserve University
• The Georgia Center of Excellence in Child and Adolescent Behavioral Health, Georgia State University
• The Institute for Innovation & Implementation, University of Maryland School of Social Work
• The Texas Institute for Excellence in Mental Health, University of Texas
• Youth and Family Training Institute, University of Pittsburgh

Suggested citation:


For additional information, please visit The Institute for Innovation & Implementation: http://theinstitute.umaryland.edu.

This research was funded by the Annie E. Casey Foundation. We are grateful for the support but acknowledge that the findings and conclusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the Foundation.
Building Cross-System Implementation Centers
A Roadmap for State and Local Child Serving Agencies in developing Centers of Excellence (COE)

Over the past decade, state and local governments have strived to make evidence-based practices (EBPs) and promising/research-informed practices and frameworks more available to children, youth and families, in part to increase the likelihood that the services provided are effective and a good use of public funds. At the same time, they have looked for ways to systematically support the implementation and ongoing quality and effectiveness of these interventions. Funders and providers also have recognized a need to identify cost-saving measures, demonstrate that services are high quality and effective, and create connections across public and private child- and family-serving agencies (i.e., child welfare, juvenile justice, behavioral health, education).

The result has been the development of cross-system implementation centers, often referred to as Centers of Excellence (COE), across the nation.

**Definition of a Child, Youth & Family Center of Excellence (COE)**

A COE supports service array development through implementation technical assistance, creative financing options, training, coaching, education, continuous quality improvement monitoring, and outcomes evaluation.

A COE connects providers, state agencies, local jurisdictions, and purveyors to ensure that effective implementation leads to improved outcomes and builds on existing systems reform efforts.

*Compiled by the COE Learning Community*

**What are Centers of Excellence?**

A COE is an organized center or partnership that supports state and/or local child- and family-serving agencies in designing, implementing, and sustaining services, practices, and frameworks that have been shown to be effective with particular populations of children, youth, young adults, or families. COEs work with provider organizations, families and youth, policy makers, researchers, and others, and they work across and within systems. COEs bring knowledge in particular subject areas as well as cross-system expertise to meet the needs of a state or community. This work is done with direction from and on behalf of a state or local child- and family-serving agency and is a complement to a state or local government’s ongoing efforts in these areas. COEs do not take the place of government agencies or direct service provider organizations.

As discussed in detail below, COEs can play multiple roles depending on the priorities of the State or local community. Most COEs serve as a specialized type of intermediary purveyor organization (IPO) for one or more EBP or promising practice. This means that the COE supports, conducts, and/or oversees organizational and community readiness, initial and ongoing implementation activities, quality and outcome monitoring, and sustainability and “scaling up” efforts for the particular EBP or promising practice. COEs also are cross-system conveners, providing decision-makers and stakeholders with information to assist with policy making, investment strategies, social marketing efforts, service array design, and implementation and sustainability.

COEs can be structured and financed in a variety of ways. However, as cross-system implementation centers, a COE should be able to provide core functions for the state or local community: policy and financing development, analysis, and technical assistance; workforce development; EBP/promising practice implementation support; research, evaluation, and data linking; and partnership engagement and collaboration. Most COEs are housed within universities or non-profit organizations, although some are a consortium of partners, as discussed below.
Why has the number of COEs been growing?

In recent years, states and communities have been under pressure to select and implement interventions and service delivery models that are shown to be effective with children, youth, young adults, and families across the public child- and family-serving systems. This has policy makers, researchers, and advocates examining ways to build and sustain broad service arrays and supports to improve outcomes across shared populations. One result has been that states and local governments have increased the availability of EBPs.

However, many funders are realizing that they will not achieve their goals just by funding more EBPs. Research has demonstrated that good clinical outcomes for children and families cannot be obtained simply by making EBPs and promising practices available: good outcomes are critically dependent on the quality of implementation, how well providers deliver the practices, the level of stakeholder involvement, and buy-in at the community level (Blasé & Fixsen, 2013; Durlak, 2013; IOM and NRC, 2014). Additionally, when states and local governments fail to provide adequate supports to ensure that the practices are being implemented as intended—including with regard to fidelity and outcomes—the end result may be outcomes that are no better than routine services or practice as usual (Bruns et al., 2014; Rhoades, Bumbarger & Moore, 2012).

As a result, many funders are recognizing a need for assistance with assessing needs of populations, selecting interventions to best meet those needs, and developing creative and sustainable financing plans, as well as managing the implementation and scaling up of EBPs. COEs have developed out of this need, and they work to bridge the gaps across science, policy, and practice in an effort to improve outcomes for children, youth, young adults and families.
Why do States make the decision to establish a COE?

When states have developed COEs, it is most often because of three, interrelated factors: a need for implementation infrastructure, existence of specific relationships, and availability of funding. Although specific conditions surrounding the creation of COEs vary, they are most successful when there is a demonstrated need and when there are enthusiastic and influential allies who recognize the need for and potential added value of a state-level infrastructure. These allies and champions must be willing and able to identify viable funding mechanisms to support the COE.

The three most common reasons states/localities have developed COEs are:

1. Significant system development or reform efforts are occurring.
   This happens most frequently due to proposed or pending legislation or as a result of a lawsuit. These developments can create an opportunity to consider how a centralizing organization can be used to support the reform initiative. With new initiatives come needs assessments, stakeholder convenings, data analysis, policy analysis and development, and more. These functions could be done separately and independently, but a COE can provide a level of consistency to achieve the desired (and sometimes required) outcomes.

   **Example:** The University of Washington’s Children’s Evidence Based Practice Institute, a COE in existence since the early 1990s, aligned well with a 2007 legislative mandate to create an Evidence Based Practice Center of Excellence. A number of initiatives at UW, such as ongoing legislative focus on EBPs, the inclusion of Wraparound into the Institute, and the connection to Washington State’s Children’s Administration, all contributed to the current infrastructure.

2. State or locality is applying (or planning to apply) for federal or state grants that would significantly impact the local system of care.
   Large grants often call for complex stakeholder gatherings that include consumers, providers, system leaders, government representatives, and researchers, among others. These representatives typically are asked to play a continuing role to ensure there are checks and balances as the project unfolds. Serving as an “honest broker,” a COE can focus on project details and strategies to help participants convene and meaningfully engage, regardless of perspectives or interests. A neutral facilitator can integrate diverse perspectives and focus on driving shared outcomes.

   **Example:** Texas’s decision to create the Texas Institute for Mental Health was shaped in part by a federal Transformation grant and System of Care grant with convergent goals. The origins of the Institute grew from a subgroup of the Transformation grant. As Texas moved forward on a System of Care grant, the idea of a COE took firmer shape and was embedded in that initiative.

3. State or locality places a high value on the identification and implementation of EBPs.
   In this instance, the State or local government is implementing multiple EBPs and seeks an intermediate purveyor. While EBPs are distinct, they also share similar requirements in such areas as quality assurance, data collection, training, fidelity monitoring, dissemination, and implementation. Engaging a single entity as the purveyor of a range of EBPs provided by a community/State or region can be a cost- and programmatically effective strategy.

   **Example:** The EPIS Center at Penn State University also plays the role of intermediary purveyor to an extensive list of EBPs selected by counties throughout Pennsylvania and funded by the Pennsylvania Commission on Crime and Delinquency. The EPIS Center is one of the first COEs to develop a web-based continuous quality improvement (CQI) system that allows EBPs to collect, store, analyze, and communicate data. This CQI system provides State policymakers and funders with more accurate and reliable data on the implementation of EBPs and their impact on children, youth, and families.
What are the core functions of a COE? What do COEs do?

As more COEs are established, their core functions and capacities are emerging and becoming defined. Similar to effective implementation of EBPs or system change efforts, a COE requires ongoing resources committed to training, coaching, data collection, evaluation, and quality assurance feedback mechanisms; subject matter expertise; policy and financing support; and partnership engagement and collaboration. Experience at both the systems and clinical reform levels clearly demonstrate that without support for the innovation or change, practice drifts back to business as usual. COEs, as a specialized type of IPO, are mission driven and focused on “bringing knowledge and practice in real-world settings” as well as “play[ing] a critical role not only implementing model programs, but also in developing the necessary capacity for systems change” (Franks & Bory, 2015, p.54). The COEs participating in the 2014 learning community (see Acknowledgments) considered themselves to be IPOs, although many articulated roles that went beyond those of most IPOs.

Learning community participants identified five core functions for any COE:

- Implementation Support for EBPs/Promising Practices/Service Delivery Models
- Research, Evaluation, and Data Linking Capacity
- Partnership Engagement and Collaboration
- Workforce Development Activities (including training and coaching)
- Policy and Finance Expertise

It is important to note that none of the COEs participating in the learning community had all the core functions fully established or even initially implemented at the time of their development. Most COEs were developed based on expertise they held in one or more of the core function areas, with expertise added as needed by the State throughout their development. In the sections that follow, each of COE core functions is described and specific examples are provided. Although these functions are depicted as discrete activities, they are interrelated. To be effective, COEs must promote fluidity, communication, and connections across functions and personnel.

Implementation Support

In recent years, policymakers and researchers have become more aware of the complexities associated with identifying, selecting, and implementing EBPs and promising practices to improve service arrays. As a result, states have looked to COEs to support implementation (see http://nirn.fpg.unc.edu/ for additional information). States and communities are more likely to be successful and achieve the intended outcomes from the EBPs and promising practices they are supporting when they pay careful attention to planning and sustainability from the beginning of the implementation process (Durlak, 2013).

The initial stage of implementation includes utilizing data to identify specific needs of the populations of focus; identifying potential interventions, services, and practice models; selecting the most appropriate interventions that meet the identified needs of populations; conducting readiness assessments; developing implementation plans; convening stakeholders; and ensuring ongoing implementation support. States often partner with a COE to help stakeholders understand the fit between specific EBPs and promising practices and the outcomes they want to achieve on behalf of particular populations of children, youth, young adults, and families.
COEs review, synthesize, and distill research evidence related to identified EBPs and promising practices and highlight potential areas of concern (e.g., the intervention is designed for young children and not for older youth, or the intervention has been demonstrated to be effective to improve family cohesion but not necessarily to address substance using behaviors in youth). In such situations, COEs may solicit information from the child- and family-serving agencies as well as family and youth organizations to determine if a proposed intervention addresses a particular service gap and would be a good fit culturally with the children and families it is intended to support.

The National Implementation Research Network (NIRN) defines purveyor as “an individual or group of individuals representing a program or practice who actively work with implementation sites to implement that practice or program with fidelity and good effect.” An intermediate purveyor is an entity that works with the implementation site and the purveyor and provides many of the functions of the purveyor, typically to maximize efficiencies.

Implementation of EBPs and promising practices is a resource-intensive activity, requiring significant time and dedicated funding. Implementation science focuses on the drivers of implementation, which fall under the categories of leadership (technical and adaptive), organization (systems-level intervention, facilitative administration, and decision support data systems), and competency (training, coaching, and supervising) (Fixsen, Blasé, Naoom, & Wallace, 2009). Much of the research literature focuses on organizational capacity as it affects quality, delivery, results, and sustainability of implementation, which includes organizational resources, expertise, staff funding, and time.

Accordingly, COEs work with the State or local government to consider the following questions before implementing an EBP, promising practice, or service delivery model: 1) How well does it fit with the organizational culture and climate? 2) Is it aligned with the population of focus and population needs? 3) What is the state of community readiness? 4) Does it complement existing programs/practices? 5) Is there organizational capacity to implement the program/practice? and 6) What are potential funding mechanisms to sustain the program/practice?

As noted above, COEs often serve as a purveyor or intermediate purveyor of one or more EBPs or promising practices (see definition box). In some instances, a COE will develop this capacity at the request of the state. The COE may also provide technical assistance to the state and providers to obtain necessary support from the existing purveyors or intermediate purveyors. The experiences of purveyors and developers in implementing EBPs and promising practices in similar settings can offer insight and strategies to implement proposed practices efficiently and effectively. COEs may also translate data, provide education on EBPs, facilitate the acquisition of training, develop implementation plans, and design and manage continuous quality improvement (CQI) mechanisms, including data collection, reporting, and fidelity and outcomes monitoring.
Research, Evaluation & Data Linking

As Hoagwood (2014) noted, nearly all state authorities demand data to inform program practice, planning, and policy. States require research, evaluation, and data linking support from their COE to continuously monitor the fidelity of implemented EBPs and promising practices, to determine if expected outcomes are being achieved, to assess the long-term impact of interventions on individuals and communities, and to drive needed policy and programming changes.

In addition to using administrative data, COEs utilize interviews, surveys, and focus groups of youth, young adults, and families to obtain input into service array and benefit designs, implementation processes, and outcome studies. The voices of families and youth are critical in all systems, and COEs utilize their expertise to provide insight into what works. Many COEs also utilize data management systems to ensure that data are available in real time, which are further connected back to fidelity, satisfaction, and outcomes. These data management systems may be developed by the state or the COE, or they may be provided by the purveyor of a particular EBP or promising practice. COEs often synthesize data from multiple information systems and sources to provide the state/local government, purveyor, or provider with a comprehensive picture of implementation, fidelity, and quality.

As discussed above, quality is a driving force behind many systems reform initiatives today. Many states and communities utilize a “plan-do-study-act” model (see https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle and http://nirn.fpg.unc.edu/learn-implementation/improvement-cycles). The CQI process, which incorporates measuring, monitoring, and evaluating, is key to effective implementation of EBPs and promising practices. CQI data should include service utilization, fidelity, satisfaction, and client outcomes data, as well as information on the quality of workforce training and certification. COEs synthesize the data related to EBPs or other interventions for quality improvement purposes. For example, some COEs use a form of Results-Based Accountability (Friedman, 2009; see http://resultsaccountability.com/) to report on the data, outlining how much was done (e.g., how many youth were served, for how many visits, etc.), how well it was done (satisfaction and fidelity data), and if anyone is better off than they were before the intervention (clinical and functional outcomes data, cost-effectiveness data).

Public child- and family-serving agencies—including child welfare, juvenile justice, education, Medicaid, and behavioral health— have information systems designed to meet their specific needs. Barriers to sharing information across systems include issues related to trust, turf, technical challenges, and time (Data Quality Campaign, 2012). To support
program management, decision-making, and research and evaluation, COEs can provide the capacity to link and analyze data across agencies. A COE also can support cross-system information sharing by operating and maintaining a data linking system and infrastructure, which can “allow for the bridging of disparate agency administrative data in a timely manner that can be used to get meaningful and actionable information.” This system can also be used for research and evaluation purposes (Shaw, Kolivoski & Farrell, in press).

Many of the states participating in the 2014 COE learning community found that the capacity to link data across agencies strengthened efforts to monitor and improve outcomes. States are under pressure to use their limited resources wisely and often are expected to demonstrate that the interventions are effective. Rigorous evaluation designs take time to implement but provide an incredibly rich source of data and information to states and the field at large. COEs support states by providing sophisticated data linking and analysis and conducting quasi-experimental and experimental evaluations.

**Partnership Engagement & Collaboration**

COEs support state partners in their efforts to develop and enhance partnerships and coalitions, shared visions, and opportunities to work on common goals. This includes supporting relationships with family-run organizations, youth and young adult organizations, advocacy organizations, provider groups, and local and state agencies. One aspect of this work is to encourage the development of local implementation teams, which are groups of individuals responsible for operationalizing a specific practice or program with a prescribed intent (Blasé & Fixsen, 2013). Local implementation teams mirror state implementation teams, which have a significant role in developing and implementing CQI plans.

COEs help states ensure that families, youth, and young adults are engaged throughout all aspects of the child- and family-serving system. This includes making sure they are part of the development of their own service plans and assessments; are part of the quality management process, including assisting with the collection of satisfaction and fidelity data; and are members of state and local implementation teams. COEs often contract with family-run and young adult-run organizations (e.g., national or local chapters of foster care alumni organizations, Youth MOVE National, FREDLA, NAMI) to make connections between these organizations and state agencies. This ensures that the membership of committees and implementation teams is representative of the populations being served by the EBP or intervention.

Developing and sustaining a comprehensive and effective service array is only helpful to the extent that families, providers, and other relevant stakeholders know the benefits associated with particular services and EBPs and where and how to access them (Stoul & Friedman, 2011). COEs play a role in the social marketing of system initiatives, helping states and local communities to disseminate information. COEs also highlight efforts to overcome pervasive stigma associated with behavioral health disorders; new studies and news articles that address issues pertinent to the state, children, and families; and conference, webinar, and training opportunities. Such work is done online through websites and social media (e.g., Facebook, Twitter) as well as through document development.
Capacity Building and Workforce Development

Workforce development (i.e., increasing the capability and expertise of the individuals serving children, youth, young adults and families) includes training, coaching, and local capacity building for the successful implementation and sustainability of EBPs, promising practices, and other service delivery models. Occurring at state and local levels, workforce development activities can range from general information sharing to intensive coaching on specific interventions.

Ongoing training, technical assistance, and coaching are necessary for providers of selected EBPs and other interventions (Stroul & Friedman, 2011). Workforce development should build practitioner knowledge of the history, theory, philosophy, and rationale for the EBP or practice model; promote understanding of components of the intervention and demonstration of practice elements; and encourage behavior rehearsal to practice the skills and receive feedback on the practice (Dailey, Morris & Hoge, 2014; SAMHSA, 2013).

States and localities contract with COEs to provide conferences and training for their workforce. This can include small group training, which might be required for a particular EBP or promising practice, as well as one-time training or a training series on such topics as trauma-informed care or implementation of new legislation. Some COEs offer continuing education units for participants, which can help the state or locality ensure widespread participation. COEs support states and localities by disseminating information and providing training in a manner that is responsive to adult learning styles.

This may include:
- Having in-person training events;
- Hosting and recording short and engaging webinars and podcasts;
- Making online training modules available; and
- Enabling individuals to be certified in certain assessment tools or specific content.

COEs also work with EBP and promising practice purveyors to provide training, coaching, and even supervision (depending on the EBP), supporting models to be implemented with fidelity. This relationship will appear different depending on whether the COE is functioning as an IPO and is positioned by the purveyor and the state or local agency to hire the EBP expert and provide training. If this is not the structure, a COE may facilitate the process of arranging for provider staff to attend trainings. If a COE is the purveyor of the intervention, it will have a larger role in developing the training and certification processes, including the re-certification and ongoing training efforts.

Full preparation for systems change efforts should include training agencies (state and local) and providers on effective implementation and strategies used to support agency/system priorities. Organizations with pre-existing knowledge and skills, as well as mechanisms to incorporate new knowledge, are likely to fare better than organizations that do not have this already in place (Aarons, Hurlburt & Horwitz, 2011). Some states also partner with their COE to hold large training institutes that include the child- and family-serving workforce, as well as family members, youth, young adults, advocates, and policy makers. COEs may facilitate attendance of state and local agency staff at national conferences by paying registration fees and assisting with travel logistics.

Finally, COEs housed within a university (the majority of COEs in the learning community) have a particular responsibility regarding workforce development. COEs are positioned to support and shape graduate student training programs and post-graduate continuing education and certificate programs to ensure that the information provided is current and in keeping with national and local best practices. University-based COEs may teach courses, shape curricula, provide guest lectures, and otherwise promote opportunities to ensure that the graduating workforce is equipped to meet the needs of State and local agencies. COEs can develop opportunities for graduate students to learn about the importance of EBPs, linking assessment data to effective planning and service provision, and the skills and knowledge of specific EBPs. COEs can also provide graduate students with training opportunities that reinforce EBP knowledge and skills.
Policy & Finance

The role that a COE plays in policy development and analysis depends on internal and external pressures on the funding agency in terms of time, personnel, and funding, as well as on the depth of subject matter expertise within the agency. Additionally, state and local policy, regulations, laws (including procurement), and infrastructure all impact the flexibility of government agencies and, therefore, their capacity to engage in particular issues or to delve deeply into a topic area or project.

States and localities often ask their COE to research best practices, with an eye toward the “fit” within their state or community, and analyze policy, financing, and system structures relative to best practices. In this realm, COEs play a supporting role by providing necessary information and context for informed decision-making. Similarly, COEs often facilitate strategic planning activities to weave best practices, data, and contextual information into the process, enabling agencies to engage fully without having to provide staff support.

COEs must have the capacity to develop high-quality documents that meet the state or local government’s needs with regard to purpose and audience. State agencies have required functions that typically make it more difficult to carve out time to write documents, plans, and reports. Document development includes activities ranging from drafting white papers and requests for proposals to preparing Medicaid State Plan amendments and regulations. It can also include creating one-pagers, infographics, PowerPoint summaries, and brochures. At times, a COE will take a lead role in developing a grant application for federal, state, or private funding. When developing these materials, a COE works in concert with the state or local government, functioning as an extension of the agency. As such, these documents must be consistent with the values, expectations, and understanding of the state agency.

COEs also provide policy support to the state in smaller, but no less important, ways. States often call upon their COE to provide a rapid response to questions posed by legislators, budget analysts, citizens, or other individuals. These responses often require data, information on national best practices, or an update about a current initiative. COEs are able to craft prompt and comprehensive responses for the states.

In some states, COEs support their funders by assuming project management roles for grants and initiatives. The degree to which a COE performs this function depends on the capacity of the state agency in terms of resources (human and financial) and the ease at which the agency is able to move in and out of particular roles and engage in specific activities. For example, even when states have funding from a grant, it can be difficult to hire the necessary staff to support a project. In such situations, the COE provides a vehicle through which the state and COE collaboratively manage resources.

Fiscal policy support is one specific area of policy analysis of particular benefit to states. Interagency or cross-systems initiatives, EBP implementation, and systems reform often require innovative and sustainable funding. Many states have requested support from their COE to review Medicaid and other federal financing mechanisms and to conduct fund maps to identify where funds are not being maximized or areas of duplication. This work often coincides with document development, resulting in the preparation of Medicaid State Plan Amendments, grant applications, and other proposals. In recent years, states have become increasingly interested in various Pay for Success models and are turning to COEs to staff workgroups related to such topics and provide information on the feasibility of these models.
What does it take to establish—and maintain—a COE?

There are no hard and fast rules or guidelines regarding the development of a COE. However, in addition to the various conditions outlined above, there are some key decision points that need to be addressed as states and communities begin determining the “Who, What, When, How, and Why” of their COE. Questions to ask when selecting a COE candidate (see appendix) have been organized around the COE core functions to assist in prioritization and the phased development of particular activities. The ultimate design of a COE should be guided by the outcomes and deliverables it is expected to achieve, even though these may change over time. The starting point for development of a COE is identifying clearly what the expectations are as defined by its creators, supporters, and stakeholders.

The COE will require a scope of work (like a job description for the COE). As systems and services change and evolve, the COE’s scope of work should as well. The 2014 COE Learning Community identified critical capacities that should be part of every COE’s scope of work:

- **Implementation support:** The COE will provide a level of implementation support that includes planning (from installation to sustainability) and facilitation of ongoing implementation teams for particular EBPs, promising practices, or service delivery models or frameworks.
- **Continuous Quality Improvement for Identified Interventions:** The COE will develop and maintain CQI processes for implementation to include data collection, analysis, reporting, and translation of data to drive decision-making.
- **Workforce Development:** The COE will provide training and coaching to providers of identified EBPs and promising practices and develop local training and coaching capacity to the extent possible.
- **Technical Assistance:** The COE should provide technical assistance to state and local agencies through activities such as EBP identification to meet prioritized needs, document development, strategic financing, policy development, and grant development.

As the initial scope of work is refined, the state or local government will be able to use those criteria along with the considerations below to begin to identify possible organizational candidates to house the COE. Organizational homes for the COE can include academic institutions, government agencies, non-profit organizations, or a consortium of multiple partners. It should be noted that the majority of COEs in the learning community were university based. States often look to organizations with particular expertise and with which they have long-term work experience. In certain scenarios, the source for start-up funds and existing champions for the COE and the work may determine a COE’s setting. Key informant interviewees indicated that, based on their experience, COEs are most nimble when situated in a university setting versus within a state agency.
Organizational Structure & Financing

The core infrastructure requirements of a COE will vary based upon its mission, funders, organizational home, experience, and expertise. States and localities turn to COEs for coordinated and comprehensive responses, initiatives, and products; therefore, COEs must have specialized infrastructures that reflect the expectations of their funders. Many infrastructure requirements are no different than those of other organizations, but it is important to keep them in mind when considering the development of a COE.

COEs in the learning community had an average of 15 full-time equivalent staff. Typical positions included a director; coaches and trainers and implementation support, evaluation/research, and finance/policy staff. Additionally, business support staff are critical to support grant submissions and administration, contracting, human resources, and legal matters. The business support personnel do not need to be located within the core COE if they are available through a different department or division within a larger organizational home.

COEs require strong leadership. The COE’s leadership team guides the organization and ensures the core functions remain intertwined. Implementation should never be far afield from evaluation, nor should training and technical assistance be completely separate from policy development. A core management team often includes the executive director, one or two key business personnel, and directors of different units (e.g., policy, training and technical assistance, research/evaluation). The leadership team, which may include leaders from funders or other external partners, may be different from a core management/business team that addresses issues of funding, personnel, and infrastructure.

The COE requires physical office space; meeting and training space (either within the organization or easily accessible); routine information technology and equipment (computers, e-mail addresses, website, telephones, printers, etc.); and office materials (office supplies, furniture, etc.). In addition, the COE will need software for webinars, video conferencing, podcasts, or other similar activities, based on the scope of work.

COEs are funded in a number of different ways, and their costs depend on size, scope, and organizational home. Universities and many non-profit and for-profit organizations have federally approved indirect cost rate agreements that set forth the fringe benefit rates and the Facilities and Administrative (F&A) Rate or overhead costs. These costs, along with those for administrative personnel, procurement staff, human resources, and others, are necessary and contribute to the success of a COE. They also add to the overall cost of a COE. Some states may negotiate a cap on the F&A rate with the COE that is lower than the federal rate.

COEs blend and braid their funding together to support the different functions of their work. Public grant funding (federal, state, or local) is a common source of funding for COEs. States often partner with COEs to write grants, which can fund the COEs through project management, policy support, workforce development, and/or research/evaluation aspects of the grant. As part of the fiscal policy support that COEs provide to states, additional mechanisms for funding may be identified, including opportunities to leverage federal entitlement funds through Medicaid or Title IV-E for training activities. COEs also rely on revenue from contracts for technical assistance, training, and evaluation activities; grants and contracts from philanthropic or non-profit organizations; training and consultation fees; and licensing fees from product development.

Key informant interviews underscored the importance of having multiple sources of revenue, which ideally include infrastructure dollars, to ensure sustainability. They also agreed that a diversified funding portfolio that is not over-reliant on grants is essential for long-term sustainability. The interviewees also noted the importance of having enthusiastic and influential allies and champions who recognize the advantages of investing in outcomes and the added value of a state-level infrastructure such as a COE. Additional opportunities for sustainability come through partnerships across COEs, universities, and other organizations and the development of products, tools, and services that can generate licensing fees (e.g., development of a curriculum that can be purchased alongside requisite training).
Conclusion

States and localities have increased responsibility to successfully select and implement EBPs, promising practices, and service delivery models that are shown to be effective with children, youth, young adults, and families across varying populations. As a result, governments have been moved to think differently about how to manage system reform efforts. In recent years, the conversation has shifted away from the “why” of evidence-based and promising practices and high-quality home- and community-based services (although some debate still exists) and is now more focused on the “how.”

Parallel to this increased expectation has been the formal and informal development and growth of COEs across the United States. These COEs have unique developmental histories and vary in size, target area, infrastructure, complexity, and scope. There are differences in how they are funded, organized, and operated. However, they all provide the core functions described in this paper, regardless of their specific mission statements.

These core functions may be more or less prominent in a COE at any given time and may change over time. Ultimately, what a COE delivers should be aligned clearly with the needs of the state or locality and their prioritized outcomes. COEs are an efficient and effective mechanism for connecting partners to achieve more effective, high-quality, accessible, and sustainable services and supports for children, youth, young adults, and families.
References


Appendix: Questions to Ask When Selecting a COE Candidate:

Implementation Support
✓ What level and type of experience will be required to manage larger-scale implementation projects?
✓ Is it an expectation that the COE will have expertise in implementation science? With specific EBPs/promising practices?

Research, Evaluation & Data Linking
✓ What is the scope and depth of evaluation and research expected from the COE?
✓ Are there other entities (private or academic) that play a role with data collection or evaluation?
  How would the COE be expected to work with those entities?
✓ Will the COE be able to generate original research and evaluation projects?

Partnership Engagement & Collaboration
✓ Does the COE have expertise across child- and family-serving systems?
✓ Does the COE have staff members who have worked within provider organizations and State or local government?
✓ What relationships does the COE have with family members/family organizations and youth, young adults, and youth-run organizations?
✓ What, if any, resources will the COE have to incentivize collaboration?

Workforce Development & Capacity-Building
✓ Will the COE be expected to convene large conferences and training events?
✓ If so, what is the COE’s role in developing the agenda and securing trainers and presenters?
✓ Will the COE be expected to develop and maintain online curricula, training modules, and/or certification programs?
✓ If university based, at what level will the COE participate in decision-making regarding curriculum development and field placements at the graduate and post-graduate levels?
✓ What other entities provide workforce development support to the funders? Will the COE be expected to work with them? If so, how?

Policy & Finance
✓ What are the primary areas of focus for the first 2-4 years of the COE’s establishment?
✓ What level of technical expertise is needed for the COE’s policy role (e.g., crafting rules and guidelines, drafting legislative language, interpreting state and federal rules, writing documents)?
✓ What types of policy activities will the COE conduct with and on behalf of the funder?

Organizational Structure & Financing
✓ What is the expected external role of the COE leader (i.e., will there be a prominent role for this individual as a public face of the State or community)?
✓ What are the State’s expectations regarding ease of contracting with the COE (i.e., should the COE be contracted through an intergovernmental agreement)?
✓ What types of existing organizational settings might be most appropriate?
✓ What technological infrastructure is needed?
✓ Will the COE be responsible for managing and generating resources for its sustainability (e.g., expectation for self-sufficiency through grants, other revenue sources)? Immediately? In the future?