

LEARNING COLLABORATIVES

WHAT



Learning Collaboratives assemble groups of organizations, teams, or providers with the goal of implementing a new intervention and/or improving outcomes.

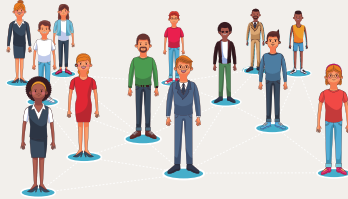
Participant **activities may include:**

- Shared learning and problem-solving
- Expert topical didactics
- Collecting and reporting on common metrics
- Conducting rapid change cycles

WHO

INTENDED FOR

Multidisciplinary teams composed of service providers and leaders from multiple sites who perceive common benefits to a peer-to-peer expert-facilitated organizational change endeavor.



CONDUCTED BY

Expert purveyors in:

1. process improvement, implementation support, or technical assistance;
2. presentations on didactic information and pragmatic experience;
3. engaging systems leaders who might provide time, funding, logistical support, and assistance with data information systems across teams or organizations

HOW

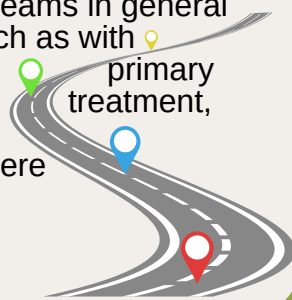
Scheduled interactions of a predetermined frequency and duration, typically monthly or quarterly meetings for 18-24 months. Duration may vary based on complexity of the topic, available time and funding, and requisites for common metrics. **Meetings occur through varied modalities of interaction** (in person, videoconference, phone, text, virtual communication platforms, email).

In-person meetings may be optimal for **building trusting relationships** and creating a sense of community, virtual collaboratives are increasingly common, especially among organizations dispersed geographically. Between-meeting activities including emails, listservs, conference calls, facilitation, and didactic webinars are typical.



WHERE

Often used for complex interventions supported by multidisciplinary teams in general and behavioral healthcare - such as with integrated behavioral health in primary care, medications for addiction treatment, or assertive community treatment for persons with severe mental illnesses.



CONSIDERATIONS

Variants such as **learning networks or learning communities may be deployed** when the evidence for the innovation is less robust, resources limited, or provider motivation and time more variable. Input from diverse partners to review language access, translation of materials, and attention to cultural adaptations should all be considered.



MORE INFORMATION

Key citation:

- [Learning Collaboratives: A Strategy for Quality Improvement & Implementation in Behavioral Health](#)

Illustrative application:

- [The IPS Supported Employment Learning Collaborative](#)