

concepts will be introduced, along with a description of how these conceptual models facilitate application of roll-out and sustainment of complex evidence-based interventions. Conceptual frameworks that contributed to intervention selection and facilitation of STAR-VA implementation, including the Consolidated Framework for Implementation Research (CFIR) and Knowledge Reservoirs (KR) framework, and their application in health care practice, will be discussed. The CFIR Expert Recommendation for Implementing Change (ERIC) Mapping Tool will be introduced as useful to identify strategies that address barriers to sustaining implementation. Attendees will be provided with resources to support implementation and sustainment efforts.

BARRIERS TO SUSTAINED IMPLEMENTATION OF STAR-VA AND STRATEGIES TO OVERCOME THEM

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STAR-VA is an evidence-based, interdisciplinary program helping CLC teams effectively manage DBD. We conducted interviews with 42 key informants involved with STAR-VA implementation in 20 CLCs, guided by a sustainment framework, to understand facilitators and barriers to sustained implementation. We used directed content analysis to identify barriers and mapped them to the CFIR-ERIC Mapping Tool to identify associated implementation strategies. We identified six barriers: 1) staffing issues, 2) lack of written policies, 3) staff buy-in, 4) limited leadership support, 5) exclusion of STAR-VA criteria in performance evaluations, and 6) service line silos. We identified six strategies to overcome these barriers, three strategies most frequently mapped to reported barriers to STAR-VA sustainment: 1) assessing local CLC readiness, facilitators and addressable barriers; 2) identifying and preparing new champions; and 3) altering incentive/allowance structures. The identified strategies can be packaged to further integrate STAR-VA into usual CLC care processes to optimize program sustainability.

LISTENING TO CLINICAL TEAMS: DEVELOPING STRATEGIES TO SUPPORT SUSTAINED STAR-VA IMPLEMENTATION

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Feedback obtained from program evaluations and interviews with CLC team members who participated in

STAR-VA helped to inform the development of sustained implementation strategies guided by the CFIR-ERIC Mapping Tool. A CLC readiness assessment was developed to guide selection of new champions and assess for local team readiness to implement STAR-VA. Virtual training materials were developed along with a champion training checklist to prepare additional champions and support team training. We identified key implementation steps and optional strategies to support sustained implementation, developed a sustained implementation guide, associated sustained implementation checklist, and sustainability toolkit. We are piloting a regional community of practice model, encouraging development of and building on relationship networks to promote use of program tools, collaborative problem-solving, feedback, and a shared vision for implementation. We will discuss the importance of tailored strategies for integrating new practices into usual care.

SUPPORT FROM THE TOP: DIVERSE LEADERSHIP PARTNERS FOR SUSTAINED STAR-VA IMPLEMENTATION

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The STAR-VA program was an initiative out of what is now called the VA Office of Mental Health and Suicide Prevention, partnering with the national Offices of Geriatrics and Extended Care and Nursing Services. Ongoing collaboration with these national, as well as regional and medical-center-level leaders, has been critical for informing program implementation and dissemination strategies. We will discuss several key partnered strategies, including (1) linking STAR-VA to national CLC systematic quality improvement efforts; (2) engaging national inter-office program leaders in decisions about outreach to and inclusion of facilities in STAR-VA training and implementation; (3) training local STAR-VA champions on strategies for engaging local leadership support; (4) briefing leaders across the system with program updates; and (5) using national VA data to inform STAR-VA sustained implementation. Discussion will address challenges and opportunities for engaging leadership stakeholders in facilitating sustained implementation of evidence-based programs.

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Loneliness and Isolation

CHANGES IN MODES OF SOCIAL CONTACT AND THEIR LINKS WITH MENTAL HEALTH DURING THE COVID-19 PANDEMIC

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