

Appendix 1

Key states' efforts to roll out evidence-based practices and quality improvement initiatives in children's mental health

	California	Colorado	Hawaii	Michigan	New York	Ohio	Oklahoma
Authority	California State Department of Mental health (1, 2)	State and local administrators (1, 3, 4)	Hawaii Department of Health (1, 5)	State Department of Community Health (1, 6-8)	New York State Office of Mental Health (1, 5, 9)	Ohio Department of Mental Health (10, 11)	Department of Human Services (12, 13)
Year(s) active	2006-Present	2000-Present	1999-Present	1998-Present	2006-Present	2007-Present	2003-2007
Setting	Partnering with non-profit agencies and community-based organizations in the public mental health system. Community Development Teams (CDTs) have been formed. This model involves provision of information, incentives, training, consultation, and technical assistance in implementing evidence-based practices.	The Center for Effective Interventions (CEI), an academic entity, collaborates with local, state forces, and provider agencies to promote the development of evidence-based practices.	The Empirical Basis to Services Task Force of the Child and Adolescent Mental Health Division and the University of Hawaii provide statewide trainings in treatments targeting specific need areas.	University evaluators and community providers have formed a partnership to promote statewide continuous improvement through data and outcome monitoring across providers, practitioners, and families.	Through a state-academic partnership, the Evidence-Based Treatment Dissemination Center (EBTDC) serves as a coordinating center for improving assessment, training clinicians on evidence-based practices, incentivizing the use of evidence-based practices, and identifying community advocates.	Consumer advocacy groups, local mental health boards, private research entities, and a provider trade association have formed 7 Coordinating Centers of Excellence (CCOE), which provide technical assistance in promoting the adoption and implementation of evidence-based practices throughout the state.	Oklahoma State Children Services System collaborated with a network of non-profit organizations to conduct a statewide randomized effectiveness trial of an evidence-based intervention to reduce child neglect.
Financial investment	N/A	N/A	N/A	\$106,108 in 2009-2011	\$62 million (in 2006 dollars) through the Achieving the Promise (ATP) for New York's Children and Families Initiative	N/A	N/A

Trainings offered	- Aggression Replacement Training (ART) - Depression Treatment Quality Improvement (DTQI) - Functional Family Therapy (FFT) - Incredible Years - Multidimensional Family Therapy (MDFT) - Multidimensional Treatment Foster Care (MTFC) - Multisystemic Therapy (MST) - Trauma-focused Cognitive Behavioral Therapy (TF-CBT) - Wraparound	- FFT - MST - MTFC	- Common practice elements of evidence-based treatment procedures - FFT - MST - MTFC - System of Care	- Empirically driven decision-making regarding implementations of CBT for Depression and Parent Management Training	- CBT for Depression - CBT for Parent Training and Disruptive Behavior Disorders - CBT for Trauma - FFT	- Cluster-based planning (a research-based consumer classification scheme) - Integrated Dual Disorder Treatment (IDDT) - Ohio Medication Algorithms (OMAP) - MST	- SafeCare
Adoption outcome							
# Target adopter (denominator)	N/A	N/A	N/A	N/A	357 child-serving, state-licensed outpatient clinics in New York State.	50 mental health board areas and 13 systems of care in Ohio.	N/A
# Adopter (numerator)	In 2006, multi-phasic adoption occurred with at least 4 sites and at most 10 sites in each evidence-based practices statewide.	To date, 30 MST teams in 20 agencies in Colorado, New Mexico, Arizona, and Oklahoma have been implemented.	Since 1996, 7 regional Family Guidance Centers (FCGs) have been established to facilitate access to services, continuity of care, and support to families.	To date, 56 community mental health service providers have volunteered to participate in the "Level of Functioning Project," which monitors treatment outcomes using the Child and Adolescent	In 2008-2011, 186 child-serving, state-licensed outpatient clinics participated in EBTD training.	To date, 30 mental health board areas have consulted with at least one of Ohio's seven CCOEs. In 2001-2005, of the 13 systems of care, eight adopted MST and five declined.	In six state regions, over 153 home-based service providers participated in the statewide trial.

				Functional Assessment Scale (CAFAS) for youths aged 6 to 18.			
# Training adopted	N/A	N/A	N/A	N/A	In 2008-2011, 26 training events and on average 9 consultation calls per consultant per year were offered.	N/A	N/A
Key findings	N/A	N/A	N/A	N/A	N/A	Adoption decision was a function of pre-adoption planning, perception of adequate financial resources, motivations to participate in collaborative decision-making, and presence of entrepreneurial leadership. De-adoption was predicted by a lack of financial resources, staffing issues, organization's beliefs, expectations, and assimilation of an innovation within the organization.	N/A

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10. Carstens CA, Panzano PC, Massatti R, et al: A naturalistic study of MST dissemination in 13 Ohio communities. *Journal of Behavioral Health Services & Research* 36:344-360, 2009
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12. Aarons GA, Sommerfeld DH, Hecht DB, et al: The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: Evidence for a protective effect. *Journal of Consulting and Clinical Psychology* 77:270-280, 2009
13. Chaffin M, Hecht D, Bard D, et al: A statewide trial of the SafeCare home-based services model with parents in Child Protective Services. *Pediatrics* 129:509-515, 2012

Appendix 2

Organization of CTAC trainings (September 2011-August 2013) by number, type, and intensity^a

Type	Intensity	Description	Duration
Business/ Organizational Improvement Practices (12 trainings)	Webinar	1. <i>Basic Tools to Get on the Road to Financial Planning</i> <ul style="list-style-type: none"> To teach clinics basic information about developing an effective business model by using practical tools to assess current clinic performance 	1 hour
	Webinar	2. <i>Financial Modeling Tools: Setting Benchmark for Fiscal Viability</i> <ul style="list-style-type: none"> To present a user-friendly financial benchmarking tool to help organizations identify critical financial and performance variables, understand how they interact, and determine their impact on the bottom line. 	1 hour
	Webinar	3. <i>Integrating Services Delivery with your Financial Model: Understanding the Impact</i> <ul style="list-style-type: none"> To address the unique challenges of designing the service mix for children and families, by demonstrating tools that help clinics determine how different staffing operational models play into the services offered and the clientele that clinics are equipped to serve. 	1 hour
	Webinar	4. <i>Managing your Workload: A Therapist Self-Management Tool for Productivity Demands</i> <ul style="list-style-type: none"> To help clinicians and supervisors to manage productivity and workload, visits, and treatment, by using a self-monitoring tool 	1 hour
	Webinar	5. <i>Uncovering the Elements: Quality Assurance, Corporate Compliance, and Risk Management</i> <ul style="list-style-type: none"> To highlight the components of an effective corporate compliance program and regulations and guidelines to consider when implementing or assessing compliance procedures and structures. 	1 hour
	Webinar	6. <i>Staff Performance Reporting & Monitoring: Coaching for Success</i> <ul style="list-style-type: none"> To provide coaching strategies for supervisors to help clinicians meet productivity benchmarks while maintaining quality care and staff morale. 	1 hour
	Webinar	7. <i>Business Webinar: Open Access</i> <ul style="list-style-type: none"> To help clinics increase consumer-centeredness, case completion, capacity, productivity, and reduce no-shows. 	1 hour
	Webinar	8. <i>Business Webinar: Collaborative Documentation</i> <ul style="list-style-type: none"> To help clinicians use an effective tool to complete real-time assessments and treatment plans in group and individual sessions. 	1 hour

Clinical Evidence-informed Practices (18 trainings)	Webinar	9. <i>Business Webinar: Centralized Scheduling</i> <ul style="list-style-type: none"> To help clinicians meet appointment standards. 	1 hour
	In-person training	10. <i>Successfully Meeting the Challenges of a Changing Behavioral Health System</i> <ul style="list-style-type: none"> To focus on open access, centralized scheduling, and concurrent documentation. 	1 day
	Learning collaborative	11. <i>Business Efficiencies and Effectiveness Project (BEEP)</i> <ul style="list-style-type: none"> To help clinics assess and identify opportunities to redesign their financial structures and practice process flows, to improve their financial and operational viability, and to increase existing service capacity. 	18 months
	Learning collaborative	12. <i>Business Effectiveness Assessment Module (BEAM)</i> <ul style="list-style-type: none"> To help clinics conduct an-depth financial self-assessment through a series of learning modules. 	6 months
	Webinar	1. <i>Working with Children Suffering from Trauma – Trauma Assessment</i> <ul style="list-style-type: none"> To focus on the complex effects of traumatic experiences on child development and available tools to assess children for trauma in order to inform treatment interventions. 	1 hour
	Webinar	2. <i>Motivational Interviewing in Children’s Services</i> <ul style="list-style-type: none"> To focus on the principles of motivational interview for children’s services and tips and strategies for practitioners to keep in mind when utilizing this technique. 	1 hour
	Webinar	3. <i>Working with Children Suffering from Trauma – Trauma Treatment</i> <ul style="list-style-type: none"> To address the complexity of traumatic experiences and techniques to help clients with those experiences. 	1 hour
	Webinar	4. <i>Motivational Interviewing in Children’s Services, Part II</i> <ul style="list-style-type: none"> To focus on technical aspects of working with persons who are not ready to change, as well as the subtler aspects of decisional balancing, reflective listening, managing ambivalence, clarifying values, and developing discrepancy. 	1 hour
	Webinar	5. <i>Autism Spectrum Disorders and Mental Health Outpatient Settings</i> <ul style="list-style-type: none"> To highlight the limitations and means for overcoming barriers associated with outpatient therapy for individuals with Autism Spectrum Disorders, and to present practice guidelines, treatment planning, monitoring, parent education, and group-based therapies. 	1 hour
Webinar	6. <i>Disaster Trauma in Outpatient Settings</i> <ul style="list-style-type: none"> To assist clinics with the identification of trauma service recipients, the preparation to respond to disaster survivors, and the strategies to help staff reduce 	1 hour	

	stress.	
Webinar	7. <i>Introduction to Cognitive Behavior Therapy (CBT)</i> <ul style="list-style-type: none"> To focus on the core concepts and common elements of CBT in mental health work with children and families. 	1 hour
Webinar	8. <i>Secondary Trauma and Compassion Fatigue</i> <ul style="list-style-type: none"> To focus on the impact of stress on the body, mind and spirit post-disaster, the subtle differences between Compassion Fatigue and Secondary or Vicarious Traumatization, and new tools that support self-care. 	1 hour
Webinar	9. <i>Family Focused Engagement in Child Mental Health Services</i> <ul style="list-style-type: none"> To present the history of family partnership and the importance of parent partners in modeling effective advocacy, collaborative skills, and bridging clinicians and families. 	1 hour
Webinar	10. <i>Parent Partnership</i> <ul style="list-style-type: none"> To educate mental health professionals about the barriers families face in accessing mental health services, while teaching evidence-based engagement interventions to address these barriers. 	1 hour
Webinar	11. <i>CPT Coding Changes, in Partnership with the Coalition of Behavioral Health Agencies</i> <ul style="list-style-type: none"> To discuss changes in CPT codes and the use of Evaluation and Management (E&M) codes for billing behavioral health services. 	1 hour
Webinar	12. <i>Child Development and the Brain: Promoting Resilience and Joy</i> <ul style="list-style-type: none"> To provide an overview of executive functions and to discuss activities that can improve the executive functions of children in different environments. 	1 hour
Webinar	13. <i>Peers in Clinic: Improving Quality and Outcomes</i> <ul style="list-style-type: none"> To present real-world examples of peer support services in clinical settings in New York and to discuss implementation issues. 	1 hour
Webinar	14. <i>Suicide Prevention: Recognize the Signs – Take Actions to Save a Life</i> <ul style="list-style-type: none"> To educate mental health professionals about the risk factors, protective factors, warning signs, and best practices in suicide prevention. 	1 hour
In-person training	15. <i>4Rs and 2Ss (Group Model) Open Training</i> <ul style="list-style-type: none"> To provide a training session on the 4Rs and 2Ss for Strengthening Families Program, a curriculum-based practice designed to strengthen families, decrease child behavioral problems, and increase engagement in care using a multiple 	1 day

		family group model.	
	Learning collaborative	16. <i>4Rs and 2Ss (Group Model) – Rules, Roles and Responsibilities, Respectful Communication, Relationships, Stress, and Social Support</i> <ul style="list-style-type: none"> • A curriculum-based practice available in English or Spanish designed to strengthen families, decrease child behavioral problems, increase engagement in care, and focus on evidence-informed parts of family life that have been empirically linked to youth conduct difficulties. 	12 months
	Learning collaborative	17. <i>4Rs and 2Ss (Individual Model) – Rules, Roles and Responsibilities, Respectful Communication, Relationships, Stress, and Social Support</i> <ul style="list-style-type: none"> • A curriculum-based practice available in English or Spanish designed to strengthen individual families, decrease child behavioral problems, increase engagement in care, and focus on evidence-informed parts of family life that have been empirically linked to youth conduct difficulties. 	6 months
	Learning collaborative	18. <i>Practitioner Education and Decision Support (PEDS)</i> <ul style="list-style-type: none"> • To help clinics meet the challenges of the changing behavioral healthcare system (accountability, outcome measurement) by offering clinics access to and trainings on decision support tools that promote effective practices and monitor outcomes. 	12 months
Hybrid (3 trainings)	Webinar	1. <i>Outcome Measurement: Clinical Support Tools</i> <ul style="list-style-type: none"> • To target clinic directors, supervisors, and clinicians on the what, why, and how of outcome measures for use by all levels of staff. 	1 hour
	Webinar	2. <i>Outcome Measurement: Clinical Support Tools, Part II</i> <ul style="list-style-type: none"> • To offer more in-depth information around assessing client-specific factors, helping clinic management to understand best practices and to use outcome measurement tools. 	1 hour
	In-person training	3. <i>Training Intervention for the Engagement of Families (TIES)</i> <ul style="list-style-type: none"> • A comprehensive training program designed to educate mental health professionals about the range of barriers families face in accessing mental health services and to provide skills and resources to overcome those barriers. 	1 day

^a For more information, contact www.ctacny.com.