IDEAS-CTAC Partnership: Sharing the ‘Research to Practice Road’ to Improve Delivery of Evidence-Based Care in the State

The Community Technical Assistance Center (CTAC) is a technical assistance and training center funded by the New York State Office of Mental Health (OMH), and is co-directed by Mary McKay, PhD and Kimberly Hoagwood, PhD. It is critical to note here the juxtaposition of the names of these two long-time colleagues and friends; that their names set beside one another is important, as it represents one of the only state-academic collaborative efforts in the nation to improve the state-level implementation and dissemination of evidence-based mental healthcare.

Dr. Hoagwood, who holds a dual appointment with OMH and New York University (NYU), and Dr. McKay, who directs the McSilver Institute for Poverty Policy and Research at NYU, are combining their over 8 decades of experience -- in improving family engagement in services and developing federal and state policies that insure the delivery of evidence-based mental health care -- to lead the CTAC team.

In this unique collaboration, IDEAS researchers are studying CTAC efforts to rollout quality improvements (QI) and evidence-based practices to better understand ‘who, when, what, how, and why’ clinics adopt CTAC offerings.

This data is being collected, analyzed, and fed back into CTAC operations to ultimately develop strategies to more efficiently implement costly evidence-based mental health care rollouts in New York State.

The Director’s Corner

#Big Data. Big Difference.

Big data. We’ve all heard of it, but why does it matter to children and families seeking mental health services? In what is called the ‘third paradigm shift,’ behavioral health services are being integrated into a healthcare system that will be organized around evidence, outcomes, and accountability.

Improving access to and the quality of services will increasingly depend on having valid and reliable data on which to base decisions about the type, dose, and duration of services.

Over a decade ago, OMH began its effort to provide evidence-based, quality care in all child-serving clinics. In 2011, OMH funded a training and technical assistance center accessible to all child clinics; in 2013, services were expanded to include adult-serving and substance abuse clinics. The goal of the Community Technical Assistance Center (CTAC): to help clinics provide effective and efficient care in an ever-changing healthcare environment.

At the IDEAS Center, we are delving into this rich and growing dataset on clinics' adoption of CTAC trainings, and, importantly, the contexts in which these clinics operate. In one of our biggest state-academic partnerships to date, we are carefully analyzing these real-time data to develop strategies for more efficiently and effectively rolling out evidence-based services.

Understanding the factors affecting implementation of evidence-based practices can improve care system-wide for children and families who count on that care, and it can lower costs for New York State.

Kimberly Hoagwood, PhD
IDEAS and CTAC Collaboration: Improving EBP Implementation to Clinics

NYS Efforts to Improve the Quality of Mental Health Care
With the creation of CTAC in 2011, the New York State Office of Mental Health (OMH) rounds out a near deacade-long effort to improve the quality of mental healthcare services in New York state. The goal of CTAC is two-pronged: (1) to provide training, support, and quality improvement strategies for clinical and business needs; and (2) to help clinics develop strong business and financial models to ensure sustainability.

In 2011, CTAC offered training to approximately 350 child-serving outpatient clinics in the state. In 2014, CTAC expanded its work to include adult-serving clinics and those treating substance abuse disorders, doubling the number of CTAC clinics served to more than 800 statewide.

Training is offered on business improvement practices (e.g. financial planning) and clinical evidence-informed practices (e.g. The 4R’s and 2 S’s Program), and hybrids of the two. The trainings vary in intensity, from less-intensive (e.g. 1-hour webinars), to more intensive in-person trainings (e.g. full-day), to high-intensity year-long learning collaboratives (LC).

This broad-based approach to improving both business and clinical functions comes at a crucial time as clinics are required to transform their operations to meet the new realities of the healthcare system today. In NYS, mental healthcare clinics must move quickly during this next year from a fee-for-service model to a value-based system of care model emphasizing outcomes and accountability.

A Unique Collaboration
According to a National Association of State Mental Health Program Directors (NASMHPD) report, very few states have research centers dedicated to analyzing and improving the uptake of evidence-based care by clinics. At CTAC’s inception in 2011, the IDEAS research team, comprised of Drs. Serene Olin, Sarah Horwitz, Jamie Weaver, and Brian Chor, identified measures for predicting innovation adoption, and a data collection system designed to capture the multi-level factors that influence clinics’ ‘adoption’ of CTAC’s quality improvement initiatives and evidence-based care trainings.

CTAC data collected includes a multitude of information from federal, state, and local data sources, such as clinics’ geographic location (e.g. urban/rural), their affiliation (e.g. hospital/non-hospital), and total clinical full-time employees; Olin et al in press).

With this rich dataset available for analysis, IDEAS research group has planned three separate but related studies of clinics’ adoption of CTAC offerings, including:

- **Study #1: Number and Type of Trainings Adopted**
- **Study #2: Predicting Clinic Adoption of Business or Clinical Trainings in NYS**
- **Study #3: Qualitative Interviews on Adoption of Innovations**

CTAC and IDEAS Center Collaboration: Improving Implementation & Dissemination of EBPs to NYS Clinics

STUDY OF CTAC EBP IMPLEMENTATION AND DISSEMINATION RESEARCH PROVIDING TRAINING & TA ON ORGANIZATIONAL & BUSINESS PRACTICES AND EBP CLINICAL CARE

Aims of Adoption Studies
- to expand knowledge of clinic adoption by characterizing uptake of CTAC trainings
- to understand multi-level factors and characteristics that are facilitators or barriers to adoption
- to design strategies to improve the effectiveness and efficiency of state rollouts of EBPs

Study #1: Adoption Patterns
In the first study of this dataset, IDEAS researchers characterized clinics’ adoption of CTAC training in four ways: (1) by number, (2) type and (3) intensity of trainings clinics participated in; in a fourth measure, clinics were grouped by the highest intensity of training accessed by the adopter groups. Researchers found that of the 346 clinics, just over ¾ (77%) had accessed at least one training, while 23% accessed none.

Of those clinics accessing trainings, the mean number of trainings accessed was 4.8; the median was 5,
The Adoption of Innovations Study:  
‘Big Data’ Potential to Improve State Rollouts of QI’s & Evidence-Based Mental Health

with clinic and business trainings equally preferred. Lessons learned from this data show that increasing the sheer number of trainings is unlikely to improve uptake (median = 5 trainings).

Data also showed that clinic intensity of use and access of trainings were associated with adoption preference (e.g. webinar > in-person > learning collaborative uptake) and that clinics that adopted the high-intensity LC’s were likely to have sampled a webinar first.

This data helps to provide a roadmap for future CTAC rollouts in regards to the the provision of the types and intensity of trainings that clinics prefer.

Study #2: Predicting Clinic Adoption Patterns
In a second study, IDEAS researchers analyzed a variety of factors (e.g. agency fiscal health, clinic size, client case-mix) based on the theoretical framework of adoption (Wisdom et al. 2014) to assess their effect on clinical participation in business or clinical trainings offered by CTAC.

Business Training Uptake
In an analysis of clinic participation in business trainings, clinics affiliated with larger, more efficiently-run agencies, and those who contracted out more clinical services, were less likely to participate in any business practice training.

In addition, among clinics with fewer clinical FTEs, those affiliated with hospitals were less likely to participate in business trainings, and those with more FTEs that were hospital-affiliated were more likely to participate.

Clinical Training Uptake
In an analysis of participation in clinical trainings, researchers found that clinics with a higher clinical staff capacity that served more youth were more likely to access any clinical training. Among those participating in clinical trainings, those serving a larger proportion of youth had greater odds of being high clinical training adopters.

“The IDEAS-CTAC collaboration serves as a model for other states, nationwide, to use big data to improve the rollout of evidence-based mental healthcare trainings to agencies and clinics.”

Kimberly Hoagwood, PhD IDEAS Center Director

CTAC-Related Publications:


In another collaborative project with the New York State Office of Mental Health (OMH), IDEAS researchers are analyzing the use of a learning collaborative (LC) strategy to roll-out the Managing and Adapting Practice (MAP) decision support tool to NYS clinics serving children and their families.

The MAP tool helps clinicians in the selection, adaptation, conceptualization and construction of treatments – based on the latest scientific findings – to match particular child characteristics. Developed by Drs. Bruce Chorpita and Eric Daleiden, MAP has been implemented in various locales across the country, including Los Angeles County.

The goal of the MAP implementation in NYS is to increase the skills and knowledge of the workforce, improve clinical outcomes, and enhance accountability.

**MAP Implementation, Take 1**

MAP was first implemented in NYS child-serving mental health clinics in the Spring 2013 by Dr. Alissa Gleacher. In partnership with OMH, IDEAS researchers, led by Drs. Nadeem, Horwitz, and Olin in collaboration with Dr. Gleacher agreed to study whether the use of a learning collaborative (vs. training-as-usual) improves the uptake of the MAP tool in daily clinic practice.

In the first round of MAP implementation in 2013, researchers learned important lessons for future rollouts: a year-long LC consultation period is too much of a time commitment for clinics, and most clinics need more support implementing the MAP decision support tool.

Specific needs that arose from the first round of MAP implementation included:

1. the need for better assessment of clinicians’ computer skills, prior to MAP training and use;
2. the need for a template for the dashboards; the perception of the complexity of the initial dashboard decreased patient-clinician time.

Other lessons learned: the complexity of cases prevented engagement in treatment, and most clinicians needed more supervision on the use of MAP.

“Much like the analysis of CTAC data (see pg. 2), we are evaluating why clinics participated in, and more importantly, dropped out of the MAP; this will help us to better understand how to most efficiently and effectively train clinicians on new evidence-based practices.”

Alissa Gleacher, PhD
Project Director,
The Evidence-Based Treatment Dissemination Center (EBTDC)

Below is a sample MAP ‘dashboard’ used to help track treatment progress and history.

**MAP Implementation, Take 2**

Taking forward the lessons learned in the initial roll-out, Dr. Gleacher amended the second MAP training iteration with modifications across all areas of the training and consultation process. The second phase of MAP training began in October 2014.

The training and consultation period has been decreased to 4 months. Within this time period, participants receive a pre-training curriculum aimed at increasing their computer literacy especially with Microsoft Excel.

The initial MAP training has also been modified to include more in-person training, followed by a mid-project in-person check-in. Consultation will also occur in smaller 3-5 person groups, with a focus on in-vivo coaching of supervisors by consultants to increase the generalization of MAP techniques to actual clinic settings.

“No matter how wonderful the treatments are, we can never help all our children in all the ways they need. What we found works better for MAP implementation – pre-training, face-to-face check-ins with clinicians and a smaller, more personalized approach to coaching -- these will all help improve the efficiency and effectiveness of the training, saving state training money, and providing clinicians with another tool to provide the best care possible to children and families in the state.”

Alissa Gleacher, PhD
EBTDC Project Director
IDEAS Collaborates with NYU Department of Pediatrics and Psychiatry to Improve the Family Care Experience in Pediatric Intensive Care Unit

IDEAS researchers are collaborating with The Department of Pediatrics, the Sala Institute for Child and Family Centered Care and The Department of Child and Adolescent Psychiatry on the Partnering Through Crisis Project. The goal of the project is to reduce crisis events and improve the overall family care experience in the Pediatric Intensive Care Unit (PICU) at Bellevue Hospital.

In the past year, the PICU had experienced increased non-medical crises. These crisis episodes were related to challenges in identifying and addressing family psychosocial issues and their care experience. Addressing these crises is important because research suggests that the patient experience (preferences, values, etc.) is linked to outcomes: better patient experience also means better patient outcomes.

Assessing the Patient Care Experience in the PICU

IDEAS faculty are providing expertise in several areas, including the development of family-centered care protocols, the implementation of tools to improve care delivery (i.e. the reduction of adverse events related to communication and coordination), and assessing and improving the work environment (e.g., workplace practices, staff attitudes).

“In our literature review, we found that family-centered care has not been well-studied in pediatric crisis settings; the little research done indicates that ironically, in this setting, social and emotional support to parents is the least-provided component of care.”

Kaitlin Gallo, PhD, Co-Investigator

IDEAS researchers — Serene Olin, Lizzie Glaeser, Michele Pollock, Kaitlin Gallo, Priscilla Shorter — conducted focus groups in Fall of 2014 with PICU staff to assess the provision of care. The focus groups sought staff perspectives on challenges encountered in working with families, parent roles, their experience interacting with families and staff, and importantly, the management of challenging situations.

What Works, What Doesn’t: Facilitators & Barriers to Care

Focus group data showed that importantly, there were 16 facilitators centered around several major themes, with the staff citing the climate of the unit as the biggest facilitator of family-centered care, frequently citing a high-level of cohesion and trust among staff. Differences in opinions across disciplines were related to staff efficacy and care coordination.

PICU staff revealed several barriers to the provision of family-centered care; the most frequently cited barriers across disciplines were associated with challenges in working with families, in care coordination, inconsistent care among PICU staff within the unit and with outside services, and workflow/logistics, and perceptions of their role with families (e.g. conflicting feelings, especially towards families labeled as ‘difficult’).

“What we know about the research to practice gap is this: to improve care, we must take a 360 degree perspective about what influences the care experience, including patients and their families, as well as clinical staff and administrative leadership. Training our lens on this broader perspective helps to more fully understand the barriers and facilitators, and potentially create more effective strategies for improving family-centered care”

Serene Olin, PhD, Co-Investigator
IDEAS Research Utilizes Mixed Methods for Studying and Improving Implementation and Dissemination of Evidence-Based Practices in New York State

IDEAS researchers are dedicated to advancing the science of mixed methods research, and meet each year with other children’s mental health services researchers. The collaborative partnership includes faculty from The Center for Prevention Implementation Methodology (CePIM-Chicago, H. Brown, Director), Chapin Hall at the University of Chicago (F. Wulczyn, Senior Research Fellow), and The Implementation Methods Research Group (IMRG, San Diego, J. Landsverk, Director). The group meets yearly to share ideas.

The Center began their work in this area in 2012 with the IDEAS Center co-sponsorship of the conference, “Mixed Methods in Dissemination and Implementation,” held at the National Institutes of Health in 2012. The video of this conference is available at: http://obssr.od.nih.gov/scientific_areas/methodology/mixed_methods_workshop2012/index.html.

IDEAS faculty continue to build on their work in mixed methods, contributing to a special issue of Administration and Policy in Mental Health and Mental Health Services Research, called Optimizing Mixed Methods for State Implementation Research, which was recently published online (December 2014).

IDEAS faculty co-wrote many of the papers in this special issue on improving the use of mixed methods in children’s mental health services research.

Increasingly, there has been more work in mixed methods because neither quantitative nor qualitative data alone helps close the gap between what we know works, and getting it into practice.

Mixed methods helps to better understand factors impeding or improving the dissemination of evidence-based practice.

“At the IDEAS Center, we are utilizing mixed methods techniques in several of our studies, including our CTAC Adoption Study and Project TEACH; mixed methods help us assess and address the processes affecting NYS’ implementation and dissemination of evidence-based interventions.”

IDEAS Director, Kimberly Hoagwood, PhD

Special Issue: Optimizing Mixed Methods for State Implementation Research

Articles in this special issue include an introduction (Hoagwood, Olin & Horwitz) and six papers:


New to The IDEAS Center: A Warm Welcome!

Christina Morales, Emma Whitmyre, and Nicole Shapiro Wang join the IDEAS Center

We are excited to announce new additions to our staff during summer and fall of 2014. Welcome to Christina Morales, Program Coordinator, Nicole Shapiro Wang, Senior Research Coordinator, and Emma Whitmyre, Research Assistant!

Christina Morales

Christina Morales joined the IDEAS Center staff early this summer as an administrative assistant, and was recently promoted to Program Coordinator. She carries out all administrative duties for the IDEAS team, including managing financial, research, and publications projects. Christina is a 2013 graduate of the Macaulay Honors College at Hunter College, and previously worked at NYU College of Dentistry as an administrative assistant and editor in the International Programs department.

Emma Whitmyre

Emma Whitmyre graduated in May 2014 from NYU (BA, Psychology, minors in Child & Adolescent Mental Health and Music). Emma has worked on various mental health projects at the Eating and Weight Disorders Program at Mount Sinai Hospital and is particularly interested in how depression impacts different populations. She will be working on a project to develop a model for maternal depression care, and will also be involved in the Managing and Adapting Practice learning collaborative project.

Nicole Shapiro Wang

Nicole Shapiro Wang joined IDEAS this fall from the University of San Diego. Nicole has a Master’s Degree in Applied Child Development from Tufts University, and has experience in school, mental health, and healthcare settings, both conducting research and providing direct services to children and families. Nicole works as a Senior Research Coordinator for the IDEAS Center, where she will be working on the MAP learning collaborative and Family-to-Family projects.

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<td>Horwitz, S.M., Leibovitz, A., Lilo, E., Jo, B., DeBattista, A., St. John, N., Shaw, R.J.</td>
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<td>Selected Publications &amp; Presentations (2014-15)</td>
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<td>Gopalan, G., Franco, L.M., Dean-Assael, K., McGuire-Schwartz, M., Chacko, A., McKay, M.</td>
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## Selected Publications & Presentations (2014-15)

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Selected Publications & Presentations (2014-15)


**Publications – 2015**


**IDEAS Presentations**

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