The New York State Office of Mental Health

State-Academic Research Partnerships to Promote Evidence-Based Children’s Mental Healthcare

Toward the Implementation of more Effective and Efficient Evidence-Based Care. Nationally, 1 in 5 children has a diagnosable mental health disorder, and in NYS, an estimated 264,000 children and youth (ages 9 to 17) have serious emotional disturbance (SED). For nearly two decades in NYS, we have focused on delivering evidence-based care that improves outcomes for these children and families. Since 2002, when we received one (of eight) initial national evidence-based practice (EBP) Demonstration Grant awards from SAMHSA, we have collaborated with academic research partners to refine the implementation of EBP’s into routine mental health care in NYS’ child mental health system. These research partnerships, in combination with our premier research institutes, NKI and RFMH, are essential to closing the gap between what we know works—and the care children and families receive.

Research Partnerships: Closing the Gap Between Research and Practice. These unique state-academic partnerships, like those we have with New York University’s (NYU) McSilver Institute for Poverty and Policy Research, and NYU’s IDEAS Center, allow us to sharply focus on the problems facing our children’s mental health system today, and quickly mount research studies to address these issues. Importantly, findings from these studies, conducted in OMH clinics, can quickly be translated back into practice, closing what is usually a 17-year gap between the generation of evidence and the implementation of EBPs back into practice. During the last five years, we have collaborated with NYU’s McSilver Institute for Poverty and Policy Research to implement EBP rollouts in OMH clinics, and with NYU’s IDEAS Center to analyze clinic adoption of these EBPs. These partnerships provide OMH with vital data for guiding policy and practice to improve the effectiveness and efficiency of EBP rollouts.

—The EBTDC
The Evidence-Based Treatment Dissemination Center (EBTDC) provides clinical training and consultation to child mental health professionals.

—The CTAC/MTAC
Founded originally as the Children’s Technical Assistance Center, this child-and adult-serving technical assistance Center provides business and clinical training to all OMH programs.
OMH FOCUS:

1. SYSTEM CHANGES & CHALLENGES
   Assessing and realigning the service system

2. IMPLEMENTATION STRATEGIES
   Innovative approaches to EBP implementation

3. WORKFORCE DEVELOPMENT
   Tailored training to strengthen our workforce

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**NYU’s McSilver Institute for Poverty and Policy Research, The IDEAS Center & CTAC/MTAC:**

State-Academic Research Partnerships: Closing the Research-Practice Gap

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**About the CTAC/MTAC.** The Community Technical Assistance Center of New York (CTAC) and Managed Care Technical Assistance Center (MCTAC) are a training, consultation, and educational resource center serving all NYS’ behavioral health agencies. Together, the Centers help agencies strengthen their clinical and business infrastructure through training opportunities focused on implementing evidence-based practices and addressing the challenges associated with the recent changes in regulations, financing, and overall healthcare reforms, including the transition to managed behavioral healthcare.

**Effective Care, Efficient Practices.** Our research collaboration with NYU’s IDEAS Center focuses on evaluating strategies for EBP implementation. For example, IDEAS researchers have studied CTAC efforts to rollout quality improvements (QI) and evidence-based practices to better understand ‘who, when, what, how, and why’ clinics adopt CTAC offerings; data is being collected, analyzed, and fed back into operations to develop strategies to more efficiently rollout EBP’s and tailor workforce trainings.

“Our research collaborations serve 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.”

Donna Bradbury, OMH Associate Commissioner,
Division of Integrated Services for Children & Families

**The Focus of our Work.** We continue working collaboratively with our research partners to focus on several critical issues facing the kids’ mental health system today:

1. assessing and re-aligning our service delivery system to meet the health care system’s changes & challenges, including the transition to managed behavioral healthcare;
2. developing innovative implementation strategies for more efficient and effective EBP adoption;
3. strengthening our workforce via targeted training programs for professionals and para-professionals.
Prompted by escalating costs and lack of improvements in health status, the healthcare system has changed rapidly during the last decade. Legislative action, including the mental health parity and the Affordable Care Act, as well as NYS-level changes, have charted a course toward evidence-based, personalized, quality-driven care, as well as a move toward the integration of primary and behavioral healthcare and managed care. We continue our focus on the most effective and efficient methods for scaling up EBPs, measuring and meeting quality standards, and developing models for primary and behavioral healthcare integration.

**Evidence-based, personalized, quality-driven mental healthcare:**

Quality Measures Development


Integration of primary and behavioral healthcare:


WHAT DOES THIS MEAN FOR NYS’ CHILDREN AND FAMILIES?

Our research shows that for NYS’ kids and families:

- State-academic research partnerships, though complex, often result in the delivery of more evidence-based, personalized, higher-quality healthcare;
- What gets measured gets improved; our efforts to develop quality measures are making a difference (e.g. psychotropic prescribing);
- Integrated primary care and mental healthcare models can increase access to care for NYS’ children and families.
Implementation Strategies

As state children’s mental health dollars decline and children’s mental health budgets continue to be underfunded (5:1 vs. adult system), we are developing more effective and efficient strategies to deliver evidence-based care. We have worked to better understand the overall barriers or facilitators to the adoption of innovative and evidence-based practices in our clinics. We are also studying the use of implementation strategies, such as learning collaboratives and supervisory consultation, to promote EBP adoption in clinics, and the use of family peer advocates to better engage families in mental health services.

Assessing the Adoption of Innovative and Evidence-Based Practices

- Palinkas LA et al. (2015). Influence of organizational role, consensus and innovation status on perceived facilitators and barriers to adoption of innovative and evidence-based practices in state-supported mental health clinics. Imp Science, 10(Suppl 1), A41

Learning Collaboratives & Organizational Interventions & Supervisory Consultation


Strategies for Better Engaging Families in Mental Health Services


WHAT DOES THIS MEAN FOR NYS’ CHILDREN AND FAMILIES?

Research shows we can provide better outcomes for NYS’ kids and families by:

- Tailoring EBP training to clinician/clinic characteristics to improve EBP uptake;
- Using learning collaboratives/supervisory consultation to improve EBP uptake;
- Using family support principles to better engage families in mental healthcare.
As mental health providers remain scarce nationwide, we are focused on developing better training opportunities for our existing workforce, as well as expanding it to include paraprofessionals—family peer advocates—to extend and improve service delivery. We have also studied the use of a measurement feedback system to assess the care we provide, and have rolled out a decision support system, Managing and Adapting Practice (MAP) to assist our behavioral health care providers in selecting a treatment plan better tailored to each child and family. Evidence includes:

**Measurement Feedback & Decision Support Systems: Assess and Tailor Treatment**


**Family Support Services and Training of Paraprofessionals—Family Peer Advocates**

Our research partnerships have documented that:

- Measurement feedback and decision support systems can improve care;
- Family support services and family peer advocates can improve the outcomes of children with mental health disorders and have the potential for integration into a variety of care settings;
- Recent statewide training and technical assistance efforts have improved training opportunities for behavioral health and primary care providers, and potentially the quality of care.
A State-Academic Research Partnership

OMH has partnered with the McSilver Institute for Poverty and Policy Research and the IDEAS Center at New York University, Department of Child and Adolescent Psychiatry over the last decade to rollout and evaluate the implementation of evidence-based practice and innovative treatment models to improve the lives of children with mental disorders and their families.

New York State Office of Mental Health State-Academic Research Partnerships

Conducting policy-relevant, real-world research in OMH clinics

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