

# 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 EBPs 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.

2

## technical assistance centers:

Effective Care,  
Efficient Practice

—**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.

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

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

**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.

### 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

1

## SYSTEM CHANGES & CHALLENGES

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 EBP's, measuring and meeting quality standards, and developing models for primary and behavioral healthcare integration.

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

- Bello I, et al. (2016). OnTrackNY: The Development of a Coordinated Specialty Care Program for Individuals Experiencing Early Psychosis. *Psychiatr Serv*. [Epub ahead of print].
- Carpinello SE, Rosenberg L, Stone J, Schwager M, Felton CJ (2002). Best Practices: New York state's campaign to implement evidence-based practices for people with serious mental disorders. *Psychiatr Serv*, 53(2):153-5.
- Evans ME, et al. (1994). Development and evaluation of treatment foster care and family-centered intensive case management in New York, *J Emot Behav Dis*, 2(4): 228-239.
- Evans, ME, Huz S, McNulty T, Banks SM (1996). Child, Family, and System Outcomes of Intensive Case Management in New York State, *Psychiatric Quarterly*, 67(4): 273-29.
- Felton C, Stasney P, Shern DI, et al (1995). Consumers as peer specialists on intensive case management teams: impact on client outcomes. *Psych Serv*, 46:1037-1044.
- Finnerty, MT. et al. (2009). The state health authority yardstick (SHAY). *Comm Men Health J*, 45(3): 228-236
- Gabel S, Radigan M, Wang R, Sederer LI. (2011). Health monitoring and promotion among youths with psychiatric disorders: program development and initial findings. *Psychiatr Serv*, 62(11):1331-7.
- Hoagwood K, Olin S & Cleek A (2013). Beyond context to the skyline: Thinking in 3D. *Adm Policy Ment Health*, 40(1), 23-28.
- Hoagwood K, Olin S & Horwitz S (2015). Special issue overview: Optimizing mixed methods for implementation research in large systems. *Adm Policy Ment Health*, 42(5), 505-507.
- Hoagwood KE, et al. (2014). Scaling up evidence-based practices for children and families in NYS: Toward evidence-based policies on implementation for state mental health systems. *J Clin Child Adol Psych*, 43(2): 145-57.
- Hoagwood K, et al (2017). Implementing Evidence-Based Psychotherapies for Children and Adolescents within Complex Mental Health Systems. In Weisz J & Kazdin AE (eds). *Evidence-Based Psychotherapies for Children and Adolescents*, Third Edition. Guilford Press: NY, NY.
- Hogan MF, et al. (2010). Making room for mental health in the medical home. *Prev. Chronic Dis*,7(6): A132.
- McHugh RK & Barlow DH (2010). The dissemination and implementation of evidence-based psychological treatments: a review of current efforts. *Am Psychol.*, 65(2): 73-84.
- Nadeem E, et al. (2014). From experience to experiment: Using state systems as laboratories for implementation of evidence-based practices for children. In R. Beidas & P. Kendall (Eds.) *Dissemination and Implementation of Evidence-Based Practices in Child and Adolescent Mental Health*. New York, NY: Oxford University Press.
- Radigan, M., Wang, R., Calderwood, C. et al. (2016). Achieving Wellness: Monitoring the Success and Challenges of the Youth Health Indicator Program for Youth Treated in Outpatient Psychiatric Settings. *Psychiatr Q*, [Epub ahead of print].

## **Quality Measures Development**

- Finnerty M, et al. (2014). Best Practices: MEDNET: A Multistate Policy Maker-Researcher Collaboration to Improve Prescribing Practices, *Psychiatric Services*, 65 (11):1297-1299.
- Gallo KP, et al. (2016). Parent Burden in Accessing Outpatient Psychiatric Services for Adolescent Depression in a Large State System, *Psychiatric Services*, [Epub ahead of print].
- Hoagwood KE, et al. (2016). Use of pooled state administrative data for mental health services research: Lessons from the field. *Adm Policy Ment Health*, 43: 67-78.
- Olin SS, et al., (2014). Developing quality indicators for family support services in community team-based mental health care. *Adm Policy Ment Health*, 41(1): 7-20.
- Olin SC, et al. (2016). Access to care for youth in a state mental health system: A simulated patient approach. *J Am Acad Child Adolesc Psychiatry*, 55(5): 392-399.
- Stein BD, et al. (2014). The Effects of Prior Authorization Policies on Medicaid-Enrolled Children's Use of Antipsychotic Medications: Evidence from Two Mid-Atlantic States. *Journal of Child and Adolescent Psychopharmacology*, 24(7): 374-381.
- Zima, B. T. (2016). Measuring access to care: An innovative, practical, and partnered approach. *J Am Acad Child Adolesc Psychiatry*: 55(5): 355-356. [Editorial].

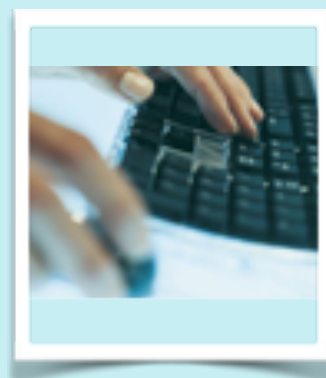
## **Integration of primary and behavioral healthcare:**

- Acri MC, et al. (2016). A model of integrated health care in a poverty-impacted community in New York City: Importance of early detection and addressing potential barriers to intervention implementation. *Soc Work Health Care*, 55(4): 314-327.
- Breslau J, et al (2017). Enrollment of Specialty Mental Health Clinics in a State Medicaid Program to Promote General Medical Services. *Psychiatr Serv*, 68(1): 63-69.
- Gabel, S. (2010). The Integration of Mental Health into Pediatric Practice: Pediatricians and Child and Adolescent Psychiatrists Working Together in New Models of Care. *The Journal of Pediatrics*, 157 (5): 848-851.
- Gadomski AM et al. (2014). Encouraging and sustaining integration of child mental health into primary care: Interviews with primary care providers participating in project TEACH (CAPES and CAP PC) in NY. *General Hospital Psychiatry*, 36(6): 555-562.
- Kerker BD et al. (2015). Detection and treatment of mental health issues by pediatric PCPs in New York State: An evaluation of project TEACH. *Psychiatric Services*, 66(4): 430-433.

## **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.



## 2

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**

- Chor KH et al. (2014). Adoption of clinical and business trainings by child mental health clinics in NYS. *Psych Services*, 65(12): 1439-1444.
- Olin SC, et al. (2015). Multilevel predictors of clinic adoption of state-supported trainings in children's services. *Psychiatric Services*, 66(5): 484-490.
- 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**

- Nadeem E et al. (2016). Using a theory-guided learning collaborative model to improve implementation of EBPs in a state children's mental health system: A pilot study. *Adm Pol Ment Health*, 43(6):978-990.
- Nadeem E, Gleacher A & Beidas R. (2013). Consultation as an implementation strategy for evidence-based practices across multiple contexts: Unpacking the black box. *Adm Pol Ment Health*, 40(6):439-450.
- Nadeem, E. et al. (2013). The role of consultation calls for clinic supervisors in supporting large-scale dissemination of evidence-based treatments for children. *Adm Pol Ment Health*, 40(6): 530-53.
- Stephens TN et al. (2014). A learning collaborative supporting the implementation of an evidence-informed program (4Rs & 2Ss) for children with conduct difficulties and their families. *J Evid Bas Soc Work*, 11(5): 511-523.

### **Strategies for Better Engaging Families in Mental Health Services**

- Jensen, PS & Hoagwood KE [Eds] (2008). *Improving Children's Mental Health through Parent Empowerment: A Guide to Assisting Families*. New York, NY: Oxford University Press.
- McKay M & Bannon W (2004). Evidence update: Engaging families in child mental health services. *Child & Adolescent Psychiatric Clinics of North America*, 40: 1-17.
- McKay M, et al. (2004). Integrating evidence-based engagement interventions into 'real world' child mental health settings. *J of Brief Treatment and Crisis Intervention*, 4: 177-186.
- McKay MM et al. (2011). A collaboratively designed child mental health service model: Multiple family groups for urban children with conduct difficulties. *Res Soc Work Pract*, 21(6): 664-674.

## 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.





3

## WORKFORCE DEVELOPMENT

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**

- Bickman L, et al. (2016). Implementing a measurement feedback system: A tale of two sites. *Adm Policy Ment Health*, 43(3): 410-25.
- Gleacher AA, et al. (2011). Statewide CBT training for clinicians and supervisors treating youth: The New York State evidence based treatment dissemination center. *Journal of Emotional and Behavioral Disorders*, 19(3): 182-192.
- Gleacher AA, et al. (2016). Implementing a measurement feedback system in community mental health clinics: A case study of multilevel barriers and facilitators. *Adm Pol Ment Health*, 43(3): 426-440.
- Olin SS et al. (2016). What predicts clinician dropout from state-sponsored Managing and Adapting Practice training. *Adm Pol Ment Health*, 43(6): 945-956.
- Finnerty M et al (2014). Best Practices: MEDNET: a multistate policy maker-researcher collaboration to improve prescribing practices. *Psychiatr Serv*, 65(11):1297-9.
- Leckman-Westin E., et al. (2014). Validation of a claims-based antipsychotic polypharmacy measure. *Pharmacoepidemiol Drug Saf*, 23(6):628-35.

### **Family Support Services and Training of Paraprofessionals– Family Peer Advocates**

- Acri M, et al. (2014). Innovations in the identification and referral of mothers at risk for depression: Development of a peer-to-peer model. *J Child Fam Stud*, 23(5): 837-843.
- Cavaleri MA, et al. (2011). Family Support in Prevention Programs for Children at Risk for Emotional/ Behavioral Problems. *Clinical Child and Family Psychology Review*, 14(4): 399- 412.
- Glisson C et al. (2014). The organizational social context of mental health Medicaid waiver programs with family support services: Implications for research and practice. *Adm Pol Ment Health*, 41(1): 32-42.
- Gopalan G, et al. (2015). Multiple family groups for children with disruptive behavior disorders: Child outcomes at 6-month follow-up. *Journal of Child and Family Studies*, 24(9), 2721-2733.
- Gopalan G et al. (2014). Statewide implementation of the 4 Rs and 2 Ss for strengthening families. *Journal of Evidence-based Social Work*, 11(1-2), 84-96.
- Kealey EM et al., (2015). Multifamily Group Psychoeducation in New York State: Implementation and Fidelity Outcomes. *Psychiatr Serv*, 66(11), 1194-9.
- Hoagwood KE, et al. (2008). Family advocacy, support and education in children's mental health: results of a national survey. *Adm Pol Ment Health*, 35(1-2):73-83.
- Kutash K et al. (2014). Quality indicators for multidisciplinary team functioning in community based children's mental health services. *Adm Pol Ment Health*, 41(1): 55-68.
- Olin SS, et al. (2010). The Application of Behavior Change Theory to Family-Based Services: Improving Parent Empowerment in Children's Mental Health, *Journal of Child & Family Studies*, 19(4):462-470.
- Olin SS, et al. (2010). Impact of Empowerment Training on the Professional Work of Family Peer Advocates, *Children & Youth Services Review*, 32(10):1426-1429.

- Olin SS et al. (2014). Quality indicators for family support services and their relationship to organizational social context. *Adm Pol Ment Health*, 41(1): 43-54.
- Radigan M., Wang R. (2013). Relationships between youth and caregiver strengths and mental health outcomes in community based public mental health services. *Community Ment Health J.*, 49: 499-506.
- Radigan M, Wang R, Chen Y, Xiang J. (2014). Youth and caregiver access to peer advocates and satisfaction with mental health services. *Community Ment Health J*, 50(8), 915-21.
- Rodriguez J et al (2011). The development and evaluation of a parent empowerment program for family peer advocates. *J Child Fam Stud*, 20(4): 397-405
- Romanelli LH, et al. (2009). Best practices for mental health in child welfare: parent support and youth empowerment guidelines. *Child Welfare*, 88(1):189-212.
- Wisdom JP, et al. (2010). What family support specialists do: examining service delivery. *Adm Policy in Ment Health*, 41(1):21-31.
- Wisdom JP, et al. (2011). Family Peer Advocates: A Pilot Study of the Content and Process of Service Provision. *Journal of Child and Family Studies*, 20(6): 833-843.

### **Statewide Technical Assistance/Training Models & Tools**

- CATS Consortium. (2007) Implementing CBT for traumatized children and adolescents after September 11: Lessons learned from the child and adolescent trauma treatments and services (CATS) Project. *Journal of Clinical Child & Adolescent Psychology*, 36(4): 581-592.
- CATS Consortium. (2010). Implementation of CBT for youth affected by the World Trade Center disaster: Matching need to treatment intensity and reducing trauma symptoms. *J of Traumatic Stress*, 23(6): 699-707.
- Felton CJ. (2002). Project Liberty: a public health response to New Yorkers' mental health needs arising from the World Trade Center terrorist attacks. *J Urban Health*, 79:429-33.
- Gleacher AA, Nadeem E, Moy AJ, Whited AL, Albano AM, Radigan M, Wang R, Chassman J, Myrhol-Clarke B, Hoagwood KE (2011). Statewide CBT Training for Clinicians and Supervisors Treating Youth: The New York State Evidence Based Treatment Dissemination Center. *J Emot Behav Disord*, 19(3): 182-192.
- Rodriguez J. et al. (2013). Engagement in trauma-specific CBT for youth post-9/11. *Journal of Emotional and Behavioral Disorders*, 21(1), 53-65.

## **WHAT DOES THIS MEAN FOR NYS' CHILDREN AND FAMILIES?**

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



**Principal Investigators:**  
Kimberly Hoagwood, PhD  
Mary McKay, PhD