


**Building Cross System Implementation Centers-
Centers of Excellence**

University of Maryland School of Social Work
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Case Western Reserve University
With support from the Annie E. Casey Foundation



Description

- A COE supports service array development through implementation technical assistance, creative financing options, training, coaching, education, continuous quality improvement monitoring, and outcomes evaluation.
- A COE connects providers, state agencies, local jurisdictions, and purveyors to ensure that effective implementation leads to improved outcomes and builds on existing systems reform efforts.
- Most COEs serve as a specialized type of **Intermediary Purveyor Organization**

* Compiled by the COE Learning Community with the support of the Annie E. Casey Foundation

2

Impetus for COE Development

- ✓ Increasing expectation from stakeholders to select and implement EBPs
- ✓ EBPs necessary but not sufficient for improvement
- ✓ Vehicles for quality implementation needed
- ✓ Bridge building among science, policy and practice
- “When state and local governments fail to provide adequate supports to ensure that the practices are being implemented as intended...the end result may be outcomes that are no better than routine service or practice as usual.” Bruns et.al., 2014; Rhoades, Bumbarger & Morre, 2012)

3

Top 3 Reasons for COE Development at State Level

1. Significant system development or reforms efforts are underway
2. State or locality is applying (or planning to apply) for federal or state grants that would significantly impact the local system of care
3. State or locality places a high value on the identification and implementation of EBPs

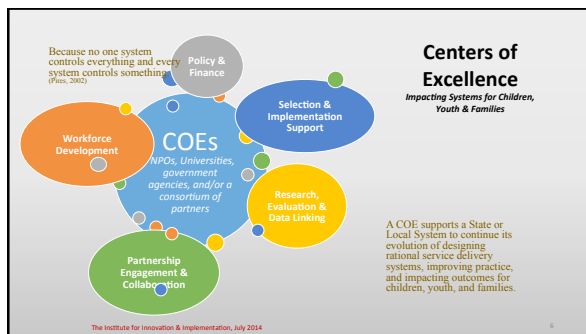
* from key informant interviews with state and local COE leaders

4

What's Inside the COE Black Box?



- Education on System Reform, EBPs & Implementation
- Technical Assistance to States/localities on system design, EBP implementation and selection of effective practices...
- Continuous quality assurance (i.e., fidelity & outcomes monitoring)
- Policy Development
- Grant Writing
- Research and evaluation related to systems design & EBP Implementation
- Facilitate or directly advocate for the implementation of EBPs / promising practices
- Teach students in practitioner preparation programs about EBPs / promising practices



5

Policy & Finance

- Grant writing
- Strategic planning
- Systems design
- Financing approaches
- Agency policy writing
- Regulations & Medicaid Amendments



7

Selection & Implementation Support

- Capacity Assessments
- Service Array Development
- Implementation Planning
- CQI Development & Facilitation



8

Research, Evaluation & Data Linking

- CQI design, data collection, analysis & reporting
- Agency data linking (*longitudinal outcomes monitoring*)
- Implementation research and evaluation



9

Partnership Engagement & Collaboration

- System collaboration & connections
- Development of Community Partnership Tables
- Implementation Teams
- EBP Collaboratives



10

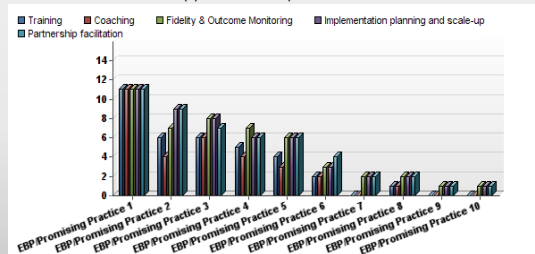
Workforce Development

- EBP Training and Coaching (in-house or contractual)
- Course Development
- Post graduate education opportunities
- Field Placement & Practicum linkages



11

How COEs Support EBP Implementation

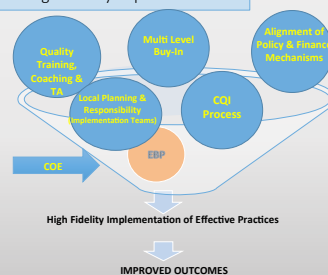


Building Blocks for COEs

- Adequate infrastructure
- Credibility and track record of successful collaboration
- Strong leadership
- Multiple funding sources
- Expert staff
- Expertise in designated areas of focus
- Knowledgeable about funding strategies
- Allies and Champions

13

Building Capacity for High Fidelity Implementation



14

What COEs Are Learning

- Join a COE Learning Collaborative
- Be guided by a well articulated plan
- Target and grow your expertise
- Let the data speak
- Engage the relevant stakeholders
- Cultivate relationships at multiple levels (state, legislative, families, local, systems...)
- Ability to adapt to systems level change
- Define deliverables



• * COE Director Key Informant Interview Data

15

One State's Journey

- Center for Innovative Practices



16

In the Beginning...

- Created by the state Department of Mental Health in 2000
- A part of a state-wide MH initiative to promote best practices
- Several **Centers of Excellences** created (COE)
- CIP specifically for MST
- Only COE focused on youth and families



17

Historical & Local Context

- "Evidence based practices" a relatively new concept for most community providers
- Many agencies implementing "home based" services based on a number of various models
- Medicaid reimbursement did not recognize "home based" services...providers had to cobble billing together
- Handful of agencies were implementing MST prior to CIP



18

Local Context

- COE initiative did not provide direct funding to providers
- State funds supported MST Expert, Director and administrative functions, NP license
- Almost all existing MST sites migrated from MST Services to CIP...eventually all did
- CIP now supports all Ohio standard MST teams

19

Partners and Collaborators

- Designated 'home' for CIP was at county level mental health authority who was already an MST Champion
- Selection of Director stemmed from ongoing professional relationship at local and state levels
- First MST Consultant from Ohio who was supervising an existing team
- Subsequent Consultants (3) from MST provider agencies



20

Availability of Funding

- Initial start up dollars from state for 2 staff
- Engaged with MST teams already in Ohio
- Promoted the dissemination of MST teams
- Revenue from consultation contracts
- First wave of Network Partners
- Diverse funding sources now



21

CIP Initiatives: Growth Over Time

- Multisystemic Therapy
- Intensive Home Based Treatment-IHBT
- Integrated Co-Occurring Treatment
- Co-Occurring Disorders (MH/SA) in youth
- Behavioral Health and Juvenile Justice
- Functional Family Therapy
- Resilience
- Evaluation and research technical assistance
- Consultation and planning



22

CIP Role

- Commiserate
- Irritate
- Motivate
- Advocate
- Evaluate



23

Evolution of CIP

THEN

- State funded
- Single 'product'-MST
- Programmatically focused
- Ohio focus only
- Mental Health focus

NOW

- Multiple funding sources
- Multiple products: MST, Intensive Home Based Treatment, FFT, Integrated Co-occurring Treatment, Hi-Fidelity WA, Resilience, wide range of trainings
- Increased role in policy and reform efforts
- Multi- state presence
- Increased focus on Juvenile Justice and Child Welfare

24

Evolution of Mission and Vision

The essential mission remained consistent:

- Focus on evidence based/research supported practices
- Focus on strength based home & community based services
- Supporting stakeholders with implementation of practices
- Providing technical assistance and training
- Advocacy

What has changed is the expanded reach and scope



25

Partnerships

- Ohio Department of Mental Health and Addiction Services
- Ohio Department of Youth Services
- Ohio Department of Medicaid
- Ohio Department of Job and Family Services
- County level systems organizations (CW, JJ, BH)
- County level providers
- State level organizations: NAMI, Public Children's Services Association, Council of BH Providers, Association of Child Caring Agencies
- University of Maryland
- National Technical Assistance Center-SAMHSA
- Child and Family EBP Consortium

26

Take - Aways

- State level vision was genesis for CIP
- MST provided a stable platform from which to start and learn
- NP provided a vital network of colleagues
- Expertise in one practice led to others
- Learned Implementation Science 'on the ground'
- Diversified fairly early on
- While overall funding is currently 'stable' it is ALWAYS in flux



27

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- **Building Cross-System Implementation Centers**
DECEMBER 2015

A Roadmap for State and Local Child- and Family- Serving Agencies in Developing Centers of Excellence (COE)

- <https://theinstitute.umaryland.edu/newsletter/articles/bcsic.pdf>

28

Contact Information

- Patrick J. Kanary, Senior Research Associate, Center for Innovative Practices, the Begun Center for Violence Prevention
- Mandel School for Applied Social Sciences, Case Western Reserve University
Patrick.kanary@case.edu
- Michelle Zabel, MSS
- Assistant Dean & Director, The Institute for Innovation & Implementation
- PI & Director, The Technical Assistance Network for Children's Behavioral Health
- University of Maryland School of Social Work
<http://theinstitute.umaryland.edu>

29

Thanks to

- Jennifer Mettrick, MHS, MS
- Director of Implementation Services, The Institute for Innovation and Implementation
- Implementation Consultant, National Center for Evidence-Based Practice in Child Welfare University of Maryland School of Social Work
- Jessie Watrous, Senior Associate, Annie E. Casey Foundation
- Members of the COE Learning Community

30