

Report of Ohio Site Visit: Coordinating Centers of Excellence
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Introduction

The NASMHPD Research Institute (NRI) Center for Mental Health Quality and Accountability's recent survey of the states regarding their strategies for implementation and disseminating evidence-based practices (EBP) found that one of the most productive areas of collaboration has been the partnerships developed between states and universities in transporting evidence-based interventions into the field (NASMHPD Research Institute, 2005). A review of the literature on dissemination theory supports this finding by suggesting that public-academic collaborations provide the infrastructure for research and information/technology transfer needed for training professionals in EBPs, for monitoring fidelity and effectiveness of the interventions as they are disseminated, and for developing adaptations that may be needed for local populations (Stirman, Crits-Christoph, & DeRubeis, 2004).

Results of NRI's EBP survey showed that many states are working with their major universities and private colleges to support the implementation of EBPs. These collaborations take many forms:

- California has relationships with UC Davis, Berkley, San Francisco, and Los Angeles on various projects to develop, implement, and evaluate EBPs.
- Oklahoma partners with the University of Oklahoma to provide training for some of its 18 assertive community treatment sites (ACT). One of the sites is housed at the University's Tulsa College of Medicine where the Dean of the college procured an endowment for a chair for the program.
- Pennsylvania collaborates with four major universities to provide training institutes.
- Hawaii's Center for Evidence-Based Practices is a collaboration between the state and university departments of psychology, social work, medicine, psychiatry to train professionals in line with EBPs.
- The state of New Jersey is collaborating with the Center of Excellence in Psychiatry at the University of Medicine and Dentistry to develop and implement an Illness Management and Recovery pilot project in six community agencies and two state hospitals.
- New York has a unique arrangement with five Schools of Social Work to develop curriculum for EBPs and to place interns in agencies providing EBPs, and another initiative with NY schools and universities to train school-based clinicians in the use of EBPs.
- The State of Connecticut has relationships with Yale, the University of Connecticut, and nearby Dartmouth and has created a Center of Excellence for promoting EBPs in children's mental health.
- Ohio has gained much recognition for instituting "Coordinating Centers of Excellence" (CCOEs), each with a distinct focus. Some specialize in EBPs for various populations, including adults with mental illness and developmental disabilities, or persons with substance abuse and mental illness. Others focus on training professionals in specific EBPs such as supported employment, illness management and recovery, medication algorithms, and services for jail diversion. Two specialize in meeting children's needs

through disseminating technology on multisystemic therapy, diversion from juvenile justice, and mental health services in schools.

The purpose of the site visit was to follow-up these survey results by gathering more detailed information about Ohio's Coordinating Centers of Excellence so that other states can learn from their experience. The site visit was conducted on May 9, 2005 and was organized around an existing meeting of the CCOEs that was scheduled to occur in Columbus, Ohio.

The Coordinating Centers of Excellence comprise one set of strategies used by the Ohio Department of Mental Health (ODMH) to promote best practice approaches in the state and to facilitate transformation of the mental health system in Ohio. CCOEs are partnerships between the ODMH and the individual CCOEs to provide training, technical assistance, consultation, and research. Funding comes through the Block Grant, federal or foundation grants, and in some cases client fees.

In the introduction to the meeting the Commissioner pointed out that in some ways Ohio is a paradox. They have made many gains in terms of their alignment with other sectors and collaboration, despite the system fragmentation. Their tremendous optimism, commitment, and energy carry them forward. However, there are forces working against them in the erosion in the workforce, productivity, and in Medicaid. With a relatively stable ODMH budget, they have been able to support EBPs in the midst of many other new demands. Now the challenge is to find the strategies and tactics for sustaining EBPs.

Goals, Activities, Structure, and Impact of CCOEs

In Spring 2005, the Ohio Department of Mental Health released a new brochure titled *Tools for Transformation: A Guide to Ohio's Coordinating Centers of Excellence and Networks*. This attractive document, available in hard copy and in a pdf file, describes the purpose and activities of the following 10 CCOEs and 4 other collaborative structures designed to promote the use of best practices. The following information was derived from this brochure, topics discussed in the meeting, and other materials received on the site visit.

Integrated Dual Disorder Treatment/SAMI CCOE - The Ohio SAMI CCOE was initiated in 2001 to help mental health and substance abuse agencies throughout the State of Ohio develop and enhance services to persons with co-occurring mental health and substance use disorders by supporting the implementation of the New Hampshire-Dartmouth Integrated Dual Disorder Treatment (IDDT) model. The CCOE provides program and clinical consultation, training and education, research, and evaluation. It is a partnership between the Mandel School of Applied Social Sciences and the Department of Psychiatry, CASE School of Medicine, Case Western Reserve University in collaboration with the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services.

The goals and objectives of the Center evolved over a year towards clinical, education, and research/evaluation. Its impact on practice has been to change the culture towards more proactive fidelity and outcomes-based thinking. The role of supervisors has been enhanced. New challenges are faced by higher education and communities in responding to a workforce demand resulting from the number of EBP projects increasing from 9 at the start to 35. Another positive impact on the state and the community has been the development of peer networks.

Supported Employment/SAMI CCOE - ODMH was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant in October 2003 to disseminate Supported Employment through the SAMI CCOE. The CCOE helps organizations implement the Supported Employment model, maintain fidelity to the model, and develop collaborations within their communities through program and clinical consultation, training and education, research, and evaluation. The SAMI CCOE is also a partnership between the Mandel School of Applied Social Sciences and the Department of Psychiatry, CASE School of Medicine, and Case Western Reserve University in collaboration with the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services.

Cluster-Based Planning Alliance CCOE - The Cluster-Based Planning Alliance CCOE is a joint initiative of Synthesis, Inc. and the Ohio Council of Behavioral Healthcare Providers. The CCOE provides Alliance agencies with training in cluster assessment, service planning and recovery planning, outcomes management, and utilization of outcomes data. The CCOE analyzes prevalence, utilization, billing and outcomes data, and provides individualized reports with comparative data to allow agencies to improve service and organizational planning, resource management, and quality improvement efforts. The CCOE also provides more in-depth “experts training” and holds an annual user’s group to encourage the sharing of best practices.

From notes of the CCOE director, the Alliance is organized as a service provided to a collaborative. The Alliance is a community of practice that has made a commitment to the use and continued development of Cluster-based Planning technology. Funding comes from ODMH and the Alliance member agencies. Three to four FTE’s are dedicated to the project along with contracted consultant/trainers as needed. The major impact of the CCOE has been on advancing the practices of assessment, service planning, and using outcome data for service and recovery planning. The technology of cluster-based planning promotes better understanding of the challenges, problems, and issues confronted by individuals with similar profiles. Cluster-based information has allowed agencies to reorganize services to better meet their clients’ needs and to match needs to evidence-based practices. Consumers have benefited by receiving more focused treatment approaches. There is a trend for agencies to view the information from a public-health perspective and to utilize the information in recovery-oriented planning. For some organizations the new data coming from cluster-based planning may present some frustration when they are unable to respond to the information by making the indicated changes. Future planned strategies of the CCOE include continuing Experts Training, continued development of the eight planning clusters, continued development of agencies’ capacity to use the information, and dissemination of the technology to other community and state groups.

Mental Illness/Mental Retardation, Developmental Disabilities CCOE - The Mental Illness/Mental Retardation, Developmental Disabilities (MI/MRDD) CCOE was initiated in January, 2004 to promote services to individuals (children and adults) with MI/MRDD through multi-disciplinary training and consultation to clinicians and community programs across Ohio. The CCOE provides:

1. Regional trainings for service providers about clinical best practices for individuals with dual diagnoses
2. Mini-grants to local systems to increase service capacity and foster collaboration at local levels across the state
3. Consultative services for clinicians and programs treating individuals with dual diagnosis.

The CCOE also promotes research efforts and identification of funding sources to expand systemic and clinical best practices for individuals with dual diagnosis living in Ohio.

Structurally the CCOE has relationships with multiple universities in the state and four administrative team leaders for each of four regions. Four areas of expertise include education, assessment and consultation, research, and community development. They have organized pre-service training in social work and psychiatry, and rotations in dual diagnosis. The mini grants foster cross-systems training in mental health/developmental disabilities. Future plans are to increase training and to promote consistency in regional consultation.

Criminal Justice CCOE - For communities interested in developing jail diversion programs, the CCOE provides technical assistance in the following areas:

1. Assists in identifying and convening key stakeholders to begin a successful collaboration
2. Provides assistance in planning and implementation of the Crisis Intervention Teams (CIT) with local law enforcement departments
3. Informs communities about available training and cross training programs for law enforcement, court, jail and mental health professionals
4. Provides individualized community consultation and technical assistance
5. Provides information to communities regarding other model diversion programs

With a staff of three mental health personnel, a police liaison, and a professor they are promoting their products and convening stakeholders to discuss issues and strategies. For example they had a large conference to stimulate dialogue. The impact thus far is on developing partnerships with law enforcement, an advanced criminal justice structure, and programs with champions in several areas of the state.

Illness Management and Recovery CCOE - The IMR CCOE was initiated in 2002 to disseminate the IMR model to service members and policy makers throughout Ohio. The CCOE provides education, training, consultation and ongoing support to mental health agencies adopting the Illness Management and Recovery Model. Individuals with mental illness are included in all phases of implementation. In addition, the CCOE develops and disseminates curricula based on IMR principles to university training programs for psychiatrists and psychologists.

Center for Learning Excellence CCOE - The Center for Learning Excellence (CLEX) was formed in August 2000 to support initiatives that promote the use of best practices in areas that impact student learning, including education, mental health, substance abuse, delinquency and violence prevention, and family supports and engagement. Initiatives supported by the CLEX include:

1. The Alternative Education Challenge Grant program, which promotes evidence-based practices in alternative education programs for children at risk for school failure and related problems
2. The Mental Health Network for School Success, which supports school-based mental health services and provides training and technical assistance to school districts to meet the mental health needs of children and adolescents
3. The Ohio Partnership for Success Initiative, which promotes a county-wide, cross-system approach to prevent and respond effectively to child and adolescent problem behavior

The overall mission is to enable all children to have prevention and early intervention services and to build capacity across schools. The super structure for enacting their strategies is a network of partnerships with local school districts and counties to stimulate local investment. In trying to develop networks their intent is to create learning communities. At the school level strategies include developing a distance learning program in children's mental health and trying to improve quality through coaching and technical assistance. Their intended impact on practice is to change the way existing school personnel and school-based mental health counselors work.

Center for Innovative Practices (CIP) CCOE - The Center for Innovative Practices was established in 2001 to identify and promote the use of specific behavioral health evidence-based practices for youth and their families. The CCOE's mission includes the following elements:

1. Identify and promote the use of specific evidence-based practices for youth and their families (e.g., Multisystemic Therapy)
2. Develop partnerships and affiliations to implement strategies
3. Increase public awareness of and access to EBPs
4. Assist communities with adopting and sustaining EBPs through consultation, training, and supervision
5. Participate in state and local program and policy discussions and recommendations.

The CCOE's strategies include promoting best practices such as the wraparound approach, mental health services for juvenile offenders, and the ABC (Access to Better Care) program. They are also piloting an integrated co-occurring treatment program. Their intended impact is to increase the availability of best practices for children in the state. They work with providers to focus on evidence-based thinking as the "fertilizer" to achieve desired outcomes.

Ohio Medication Algorithm Project (OMAP) CCOE - OMAP is a quality improvement initiative that translates the latest available knowledge about medications into daily practice and promotes optimal recovery. The central focus of OMAP is to optimize the benefits of medication through on-going dialogue between consumers and their physicians about medication, side effects, and quality of life issues. The CCOE promotes best medication practice guidelines and provides a consumer education program about medications and recovery.

Consolidated Culturalogical Assessment Tools (C-CAT) CCOE - The C-CAT is a set of measurement instruments that allows systems and organizations to assess their cultural competence from the perspective of stakeholders and consumers. The C-CAT instruments were initially completed in October 2001, and the C-CAT CCOE was developed in July 2003 to:

1. Provide training on the C-CAT assessment and implementation process
2. Implement marketing strategies focusing on diverse constituent groups
3. Coordinate a C-CAT Users Group to establish best practices
4. Disseminate information about the quality improvement application of the CCAT assessment process
5. Conduct research to validate and refine the C-CAT Toolkit

The ultimate strategy of the CCOE is to build the cultural competence of mental health organizations and systems. Strategies include statewide marketing (The instruments are available at <http://www.ccattoolkit.org/C-CAT.shtml>), developing a "Training of Trainers" program, convening training and conferences, and developing cultural competence benchmarks and quality improvement strategies.

Factors Influencing the Use of Best Practices

ODMH Medical Director, Dr. Svendsen, presented the results of an earlier meeting attended by the CCOESs, networks, and other stakeholder groups that focused on identifying factors that promote success in promoting best practices and strategies for facilitating implementation. The groups was building on the information learned by the Innovation, Diffusion, and Adoption Research Project (IDARP). “Success” factors included: top management support during all phases of implementation, fidelity/performance monitoring that leads to improved outcomes, CCOE assistance in developing the monitoring system, and staff commitment. Success factors that were reported to be lacking the most in practice were: training and technical assistance, performance monitoring, and resources. Practical solutions suggested to close the gaps included:

- Increase performance monitoring activities at all phase of implementation. CCOEs can frame these activities in more positive ways as coaching and mentoring.
- CCOEs can help agencies adopt a systematic data-based approach to decision-making.
- More widely publicize information about CCOEs and Networks
- Enhance training and technical assistance
- Communicate knowledge about factors related to implementation success/IDARP results
- Communicate evidence supporting best practices and EBPs
- Plan and prepare for future resource needs
- Assess and promote an organizational culture that supports innovation
- Keep outcomes consumer focused

Accountability

The observed impacts that the CCOEs are exerting on practice, consumers, agencies, and communities were noted above. The level of accountability of CCOE's is increasing. The need has surfaced to identify outcomes of their services and to collect data to support decision-making, planning, and their responsiveness to their customers. Centers have been developing various methods for evaluating their services and products, such as conducting customer surveys across all services and products including training, consultation, conferences, fidelity reviews, etc. The state is now formalizing these activities through the Block Grants. For example, the new fiscal year 2006 Block Grant application has items addressing: how the centers will facilitate transformation goals, prior and anticipated impacts of the center, measurable objectives, and a plan for carrying out quality improvement or performance improvement activities to enhance their programs.

Conclusion

The site visit to Ohio was limited to only one day and there was not a great deal of time to get detailed information from each center. However, the site visit gave us a chance to look deeper at the operations and impacts of the CCOEs. Several resources were identified that would be helpful for other states interested in learning about the Ohio Coordinating Centers of Excellence approach. For example, the *Tools for Transformation* booklet is an excellent resource to learn the focus and activities of various centers. Contact information is contained in the brochure to follow up for more information. Site visits to specific centers could be arranged to allow other state mental health agencies to find out how strategies used by the CCOEs could be translated into action in their states. The report Dr. Svendsen shared summarizing results of the meeting to

discuss ways of promoting EBP implementation was filled with specific examples of strategies that CCOES can use to challenge barriers and close the gaps. Most of the CCOEs already have websites for disseminating information regarding their services and products.

References

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