
**Objective:** Integrated, evidence-based treatment for co-occurring severe mental illness and substance use disorder (co-occurring disorders) reduces substance use, hospitalization, homelessness, incarceration, and treatment costs and promotes individuals’ recovery, independent living, and employment. This report describes and characterizes early uptake of New York State’s Web-based training and distance implementation supports to promote statewide dissemination of integrated, evidence-based co-occurring disorders services. **Methods:** Thirty-five half-hour online modules provide training on integrated evidence-based co-occurring disorders treatment. Distance supports for implementation include monthly webinars, phone calls, and virtual learning communities. The authors calculated the proportion of programs with one or more practitioners who accessed the Web-based resources and the cumulative number of modules completed as an indicator of the reach of the Web-based approach to scaling up an innovation. They also calculated the number and proportion of staff per program who accessed the Web-based resources as an indicator of critical mass that may be needed for sustainability. **Results:** Of 369 programs participating in the initiative, 232 (63%) had at least one staff member accessing the online modules; 30% of programs had one-third or more of their staff accessing the online modules, and total attendance at webinars was close to 700. Staff who started taking the training averaged a little more than 6 modules, with 8,862 modules completed across staff to date. **Conclusions:** Early uptake of the New York State initiative suggests that distance learning and supports may be a feasible vehicle to train practitioners in large treatment delivery systems.


Wellness Self-Management (WSM) is a recovery-oriented, curriculum-based practice designed to help adults with serious mental health problems make informed decisions and take action to manage symptoms and improve their quality of life. WSM is an adaptation of the illness management and recovery program, a nationally recognized best practice. WSM uses comprehensive personal workbooks for group facilitators and consumers and employs a structured and easy-to-implement group facilitation framework. Currently, more than 100 adult mental health agencies are implementing WSM in New York State. The authors describe the development and key features of WSM and an initiative to promote widespread adoption and sustainability.

The New York State Office of Mental Health (OMH), which is a partner in the RAISE (Recovery After Initial Schizophrenia Episode) Connection program, is scaling up services for individuals with first-episode psychosis (FEP) and must estimate the number of specialized treatment teams needed across the state. This column describes a modeling tool that allows users to input various estimates for relevant variables and see the impact on projections for number of FEP teams needed and the costs of those teams. The interactive, Excel-based tool can be adapted for other treatment settings and programs.


This column describes the Center for Practice Innovations (CPI), which was created in 2007 by the New York State Office of Mental Health and the Department of Psychiatry at Columbia University. CPI uses innovative approaches to build stakeholder collaborations, develop and maintain practitioners’ expertise, and build agency infrastructures that support implementing and sustaining evidence-based practices. CPI’s five core initiatives provide training in co-occurring mental and substance use disorders, assertive community treatment, supported employment and education, wellness self-management, and treatment of first-episode psychosis. Central to CPI’s activities are award-winning training modules, statewide learning collaboratives, and use of a learning management system.
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<tr>
<th>Covell NH, Foster FP, Margolies PJ, Lopez LO, Dixon LB. Using Distance Technologies to Facilitate a Learning Collaborative to Implement Stagewise Treatment. Psychiatr Serv. 2015; 66: 645-648</th>
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<td>Objective: This report describes experiences and outcomes of an online learning collaborative focused on implementation of stagewise treatment. Methods: Eleven participating programs convened online monthly for a year. Between meetings, program staff created an implementation plan and programs collected performance indicator data, including assessment of staff knowledge of integrated treatment for people with co-occurring disorders, whether a person’s current stage of treatment was documented in his or her chart, and whether the treatments were appropriate for the stage of treatment. Descriptive statistics were used to characterize performance indicators and feedback. Wilcoxon matched-pairs signed-rank test examined changes in performance indicators over time. Results: Program staff generally demonstrated significant improvements in performance indicators over time and rated the distance learning collaborative favorably. Conclusions: Distance learning collaboratives can be structured to provide opportunities for program staff to interact and learn from one another and to implement and sustain changes.</td>
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<td>This column focuses on use of learning collaboratives by the Center for Practice Innovations to help programs implement the evidence-based individual placement and support model of supported employment in New York State. These learning collaboratives use fidelity and performance indicator data to drive the development of program-specific individualized quality improvement plans. As of 2014, 59 (69%) of 86 eligible programs have joined the initiative. Programs are achieving employment outcomes for consumers on par with national benchmarks, along with improved fidelity.</td>
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<td>Topic: This column describes how public partners can help incentivize participation in training. Specifically, a state mental health agency and its implementation center applied financial and non-financial incentives to encourage participation in training and implementation supports.</td>
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<td>Scant evidence exists in the literature for best practices in training assertive community treatment (ACT) teams to deliver highly effective services to consumers. This column describes a blended training curriculum, which includes both face-to-face and distance learning strategies, developed by the ACT Training Institute in New York State to meet the ongoing training needs of teams across New York State. Data on training uptake, which has steadily increased over time, are reported.</td>
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<td>Bello I, Lee R, Malinovsky I, Watkins L, Nossel I, Smith T, Ngo H, Birnbaum M, Marino L, Sederer LI, Radigan M. OnTrackNY: The Development of a Coordinated Specialty Care Program for Individuals Experiencing Early Psychosis. Psychiatric Services. 2017 Mar 22;68(4):318-20.</td>
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<td>Margolies, P.J., Humensky, J.L., Chiang, I., Covell, N.H., Broadway-Wilson, K., Gregory, R., Jewell, T.C., Scannevin, G., Baker, S., and Dixon, L.B. (2017). Is there a role for fidelity self-assessment in the Individual Placement and Support model of supported employment? Psychiatric Services, 68, 975-978.</td>
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The investigators describe a New York State initiative to increase flow through assertive community treatment (ACT) while encouraging transition to less intensive services. This initiative began as ACT approached full capacity and as evidence emerged that participants can sustain recovery post-ACT. Comparison of performance indicators over time showed that time in ACT decreased, turnover rate increased, and the percentage of ACT participants who met treatment objectives rose. Also, post-ACT rates of ambulatory behavioral health follow-up increased while rates of psychiatric inpatient hospitalization decreased. Monitoring utilization of services while demonstrating positive outcomes has become increasingly critical as states shift to managed health care.

This letter examines the rates of receiving SSA disability benefits among participants in OnTrackNY. At admission, 2.5% (17/679) of clients were receiving SSA disability benefits. Kaplan-Meier estimates projected that 18.3% (95%CI: 13.92 - 23.9) of clients followed for 2 years obtained disability benefits. In bivariate Cox regression analyses, individuals with lower (worse) MIRECC GAF occupational and social functioning scores had significantly greater risk of disability enrollment than individuals with higher scores (hazard ratio of 0.97 and 0.98, respectively; p < 0.01 for both). Age, gender, race, ethnicity, and MIRECC GAF symptom scores were not significantly associated with disability enrollment. In multivariate analysis, lower occupational functioning was found to be associated with greater risk of disability (hazard ratio = 0.98, p < 0.05).

Improved dissemination is critical to implementation of evidence-based practice in community behavioral healthcare settings. Web-based training modalities are a promising strategy for dissemination of evidence-based practice in community behavioral health settings. Initial and sustained engagement of these modalities in large, multidisciplinary community provider samples is not well understood. This study evaluates comparative engagement and user preferences by provider type in a web-based training platform for in a large, multidisciplinary community sample of behavioral health staff in New York State. Workforce make-up among platform registrants was compared to the general NYS behavioral health workforce. Training completion by functional job type was compared to characterize user engagement and preferences. Frequently completed modules were classified by credit and requirement incentives. High initial training engagement across professional role was demonstrated, with significant differences in initial and sustained engagement by professional role. The most frequently completed modules across functional job types contained credit or requirement incentives. The analysis demonstrated that high engagement of a web-based training in a multidisciplinary provider audience can be achieved without tailoring content to specific professional roles. Overlap between frequently completed modules and incentives suggest a role for incentives in promoting engagement of web-based training. These findings further the understanding of strategies to promote large-scale dissemination of evidence-based practice in community behavioral healthcare settings.


**Objectives**
The Wellness Self-Management (WSM) is an adaptation and expansion of Illness Management and Recovery (IMR), an internationally recognized best practice. In order to validate the Italian version of WSM our goals included the translation from English to Italian of the WSM workbook and the implementation of an abbreviated WSM program in an Italian day hospital setting. Methods: In a randomized controlled trial 14 patients with a diagnosis of severe mental illness were recruited and randomly assigned to two groups. Seven individuals received an abbreviated version of WSM, while the controls received Treatment as Usual. Groups did not differ for age, education, cognitive functioning and symptomatology. All patients received weekly planned treatment in the day hospital setting. After treatment, group differences on change scores were tested using ANOVA.

**Results**
Compared to controls, at immediate post-intervention, WSM participants reported significant improvement in processing speed, psychopathology, neurocognitive and personal resources and real-life functioning.

**Conclusions**
These results offer promising preliminary evidence that the use of an abbreviated Italian translation of the WSM workbook provides an effective complement to current mental health treatment.


Objective: A growing literature across a number of practices, including the individual placement and support (IPS) approach to supported employment, demonstrates that high fidelity implementation increases the chances of achieving desired outcomes. This study examined the relationship between self-reported IPS fidelity and employment outcomes and whether this relationship is maintained over time.

Methods: 78 outpatient programs in (redacted) provided self-reported fidelity and employment outcome data. Pearson correlations were used to determine the relationship between fidelity scores and competitive employment rates. A mixed-effects model examined the relationship between repeated fidelity and employment measures over time.

Results: A significant positive relationship between IPS self-reported fidelity and employment was found. The relationship between fidelity and employment was sustained through time (up to one year).

Conclusions: IPS fidelity self-assessed by program sites is shown to be associated with higher employment rates, which are sustained over time.


Background: Implementation science lacks a systematic approach to the development of learning strategies for online training in evidence-based practices (EBPs) that takes the context of real-world practice into account. The field of instructional design offers ecologically valid and systematic processes to develop learning strategies for workforce development and performance support.

Objective: This report describes the application of an instructional design framework—Analyze, Design, Develop, Implement, and Evaluate (ADDIE) model—in the development and evaluation of e-learning modules as one strategy among a multifaceted approach to the implementation of individual placement and support (IPS), a model of supported employment for community behavioral health treatment programs, in New York State.

Methods: We applied quantitative and qualitative methods to develop and evaluate three IPS e-learning modules. Throughout the ADDIE process, we conducted formative and summative evaluations and identified determinants of implementation using the Consolidated Framework for Implementation Research (CFIR). Formative evaluations consisted of qualitative feedback received from recipients and providers during early pilot work. The summative evaluation consisted of levels 1 and 2 (reaction to the training, self-reported knowledge, and practice change) quantitative and qualitative data and was guided by the Kirkpatrick...
model for training evaluation.

**Results:** Formative evaluation with key stakeholders identified a range of learning needs that informed the development of a pilot training program in IPS. Feedback on this pilot training program informed the design document of three e-learning modules on IPS: *Introduction to IPS, IPS Job development, and Using the IPS Employment Resource Book*. Each module was developed iteratively and provided an assessment of learning needs that informed successive modules. All modules were disseminated and evaluated through a learning management system. Summative evaluation revealed that learners rated the modules positively, and self-report of knowledge acquisition was high (mean range: 4.4–4.6 out of 5). About half of learners indicated that they would change their practice after watching the modules (range: 48–51%). All learners who completed the level 1 evaluation demonstrated 80% or better mastery of knowledge on the level 2 evaluation embedded in each module. The CFIR was used to identify implementation barriers and facilitators among the evaluation data which facilitated planning for subsequent implementation support activities in the IPS initiative.

**Conclusion:** Instructional design approaches such as ADDIE may offer implementation scientists and practitioners a flexible and systematic approach for the development of e-learning modules as a single component or one strategy in a multifaceted approach for training in EBPs.

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<td><strong>Objective:</strong> This study prospectively evaluated outcomes of OnTrackNY, a statewide coordinated specialty care (CSC) program for treatment of early psychosis in community settings, as well as predictors of outcomes. <strong>Methods:</strong> The sample included 325 individuals ages 16–30 with recent-onset nonaffective psychosis who were enrolled in OnTrackNY and who had at least one three month Follow-up. Clinicians provided data at baseline and quarterly up to one year. Domains assessed included demographic and clinical characteristics, social and occupational functioning, medications, suicidality and violence, hospitalization, and time to intervention. Primary outcomes included the symptoms, occupational functioning, and social functioning scales of the Global Assessment of Functioning (GAF), as adapted by the U.S. Department of Veterans Affairs Mental Illness Research, Education and Clinical Center; education and employment status; and psychiatric hospitalization rate. <strong>Results:</strong> Education and employment rates increased from 40% to 80% by six months, hospitalization rates decreased from 70% to 10% by three months, and improvement in GAF scores continued for 12 months. Female gender, non-Hispanic white race-ethnicity, and more education at baseline predicted better education and employment status at follow-up. <strong>Conclusions:</strong> Individuals with early psychosis receiving CSC achieved significant improvements in education and employment and experienced a decrease in</td>
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hospitalization rate. Demographic variables and baseline education predicted education and employment outcomes. CSC teams should make particular effort to support the occupational goals of individuals at increased risk of not engaging in work or school, including male participants and participants from racial and ethnic minority groups.


**Aim:** Individuals with serious mental illnesses have a small increased risk of engaging in violence or legal involvement compared to the general population. This seems to be particularly true for young adults experiencing early stages of psychosis. This study analysed the prevalence of and risk factors for reports of violence and legal involvement in a sample of young adults receiving Coordinated Specialty Care for early non-affective psychosis. **Methods:** A total of 373 young adults (ages 16-30) within 2 years of the onset of non-affective psychosis were enrolled in 10 Coordinated Specialty Care sites in New York State from October 2013 to August 2016. Baseline violent ideation or behaviour and legal involvement was described and predictors identified. **Results:** Approximately one-quarter of individuals had either recent violent ideation or behavior at baseline (n = 90, 24.6%); nearly one-tenth of the sample reported recent legal involvement (n = 33, 9.0%). Individuals with violent ideation or behaviour had lower levels of education and were less likely to be working. Those with recent legal involvement were more likely to be male and more likely to have substance use (alcohol, cannabis and other drugs). **Conclusions:** The overall rate of recent violent ideation or behaviour is similar to other studies; up to one-third of individuals experiencing a first-episode of psychosis (FEP) report violence. Recent legal involvement was strongly associated with substance use. This study presents insight into violence and legal involvement among individuals with FEP and indicates the need for further research.

Professional organizations and government guidelines recommend cultural competence training for providers, but the lack of a standardized cultural assessment has hindered research. Studies with the DSM-5 Cultural Formulation Interview (CFI) suggest that active learning during training improves perceptions of the CFI’s usefulness as a cultural competence tool. This column reports demographic characteristics and evaluation scores among 423 providers who completed an online CFI training module developed through the New York State Office of Mental Health. Both the module, which uses the principle of active learning, and the CFI were associated with strong favorability ratings.


**Aim:** Consistent evidence shows that early interventions for individuals with psychosis lead to improvements in symptoms, social functioning and treatment satisfaction. These results, combined with the allocation of specific funds for early psychosis services, have contributed to the emergence and dissemination of coordinated specialty care for early psychosis in the United States. Despite the rapid growth of such services across the country over the last 5 years, implementation processes are not yet well understood. We employ the RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) framework to describe processes, achievements and challenges of an early psychosis program called OnTrackNY that has been implemented in New York State.

**Methods:** OnTrackNY is a coordinated specialty care program that delivers early intervention services that include both medications and psychosocial interventions to youths experiencing a first episode of non-affective psychosis. By drawing on outcome and care process data that are collected quarterly from all OnTrackNY sites, we describe the status of each RE-AIM dimension regarding OnTrackNY implementation followed by an evaluation of both achievements and shortcomings.

**Results:** In general terms, OnTrackNY has shown to be a scalable and sustainable model for addressing early psychosis, reaching and providing recovery-oriented services to a large population in need.

**Conclusion:** Despite its advancements, a series of limitations pose challenges to the implementation and maintenance of the model including, but not to, the lack of incentives for coordination of services, the fragmentation of child and adult services, and concerns about financial sustainability.
As coordinated specialty care for first-episode psychosis is implemented nationally, questions arise regarding financial sustainability. To address this, New York State undertook a time study in which 13 coordinated specialty care sites reported all activities provided to 75 randomly selected Medicaid clients with first-episode psychosis over a 2-week period. The average estimated cost was $1,375 per client per month, yet under optimal billing conditions, estimated revenues were only $662 per client per month, or 48% of the costs. These results underscore the need for continued subsidies and novel payment schemes for coordinated specialty care.