



THE ANNAPOLIS COALITION
ON THE BEHAVIORAL HEALTH WORKFORCE

Innovative Practices in Behavioral Health Workforce Development

Round 5 Final Report

June 1, 2007

A Project of the Annapolis Coalition on the Behavioral Health Workforce

P.O. Box 21739 ♦ Long Beach, California ♦ 90801

Phone: 562-284-1234

www.annapoliscoalition.org

Innovative Practices in Behavioral Health Workforce Development

Table of Contents

	<i>Page</i>
<i>Introduction</i>	3
<i>I. Core Area: Persons in Recovery and Families/ Adult Mental Health</i>	4
Consumer Connections	5
Master's Program in Community Mental Health	7
<i>II. Core Area: Child & Adolescent/ School-Based Mental Health</i>	10
Certificate in Children's Mental Health	11
Master's Program in Community Mental Health	13
Targeted Child Psychiatric Services	16
Trauma Recovery for Youth	19
Wraparound Services Improvement Initiative	21
<i>III. Core Area: Cultural Competency</i>	23
Native American Curriculum	24
<i>IV. Core Area: Leadership</i>	26
Master's Program in Community Mental Health*	27
Student Mentor and Leadership Program	30
Working, Together!	32
<i>V. Core Area: Older Adults</i>	34
Clinical Geropsychology Workforce Expansion Program	35
Graduate Geropsychology Education Program	37
Summer Research Institute in Geriatric Psychiatry	39
<i>VI. Core Area: Rural</i>	41
Alaska Rural Behavioral Health Training Academy	42
Center for Rural Psychology	44
Master's Program in Community Mental Health*	46
<i>VII. Core Area: Substance Use Disorders Treatment/ Persons in Recovery</i>	49
ICED- Individual Career Enhancement and Development	50
Master's Program in Community Mental Health	52
Substance Abuse Studies Training Program	55
<i>Appendix A. Selection Criteria for Innovations</i>	57

Introduction

This project involved the fifth phase of efforts by the Annapolis Coalition on the Behavioral Health Workforce (www.annapoliscoalition.org) to identify innovative workforce practices. The search was organized around eight content areas, which included: (1) persons in recovery and families (adult mental health); (2) child, adolescent, and school-based mental health; (3) cultural competency; (4) leadership; (5) older adults; (6) rural; (7) substance abuse prevention; and (8) substance use disorders treatment. In each content area a senior advisor convened a panel of experts to review nominations for innovative practices in workforce development.

In August 2006, the Annapolis Coalition, with the assistance of senior advisors and panel members, distributed an electronic call for nominations to individuals and organizations across the country. A total of 86 nominations were received and routed to the appropriate expert panel for review. Selection criteria, which were adapted from the Harvard Innovation in Government Award Program (www.innovations.harvard.edu), focused on the significance, novelty, transferability, and effectiveness of the nominated practice (see Appendix A). A total of eight innovations were recognized from this pool as part of the fourth search for innovation. In this fifth phase, the panels were re-engaged to identify and recognize an additional 20 practices designed to strengthen the workforce.

A summary of each innovation is presented below. These reviews contain a general description of the innovation and discuss its significance, novelty, transferability, and effectiveness. Contact information is provided for each innovation since a condition of recognition was agreement by the leaders of these innovative practices to serve as resources, within limits, to others in the field.

**Core Area:
Persons in Recovery and Families/Adult Mental Health**

Consumer Connections **Mental Health Association in New Jersey**

Target Audience: Consumers/Persons in Recovery

Innovation Description:

The *Freedom Commission on Mental Health* calls for "fundamental transformation of how mental health care is delivered in America." A critical component is a well supported, trained and educated consumer provider workforce. Consumer Connections has developed a 102 hour curriculum, combined with a 2000 hour practicum to create the Community Mental Health Associate certification (CMHA) specifically designed for mental health consumers. This certification provides consumers with skills and knowledge equivalent to work at a paraprofessional case management level in peer identified and non peer positions. The CMHA is awarded by the Certification Board, a state recognized certification organization.

For those unable to meet academic requirements, NJ Medicaid recognizes this credential which waives the B.A. requirement for entry level mental health positions, providing a tremendous opportunity to expand consumer employment in mental health. The capacity for consumers to obtain a second certification, Chemical Dependency Associate (CDA), expands a consumer's employability by training them to work with the dually diagnosed clients.

Consumer Connections is designed to meet the individual needs of consumers providing internship programs and ongoing workshops continue past the initial training to increase skills. Monthly Work and Wellness Forums provide mutual support for those employed consumers transitioning to role of consumer provider. The importance of managing the stressors related to working in the mental health field is emphasized. No time limit exists for participation

Consumer Connections provides technical assistance and consultation to mental health providers to deal with workplace issues and stigma surrounding consumer providers becoming part of the workforce.

Significance:

It demonstrates that consumers with proper training, education and support are able to provide services at a wide range of levels within the mental health system beyond "peer" specified roles, up to case management level. Creation of a certification process expands options for employers to utilize consumers in the workforce.

Novelty:

Expansion of the role of consumer providers beyond traditional "peer specialists" into wider opportunities for employment. It makes consumers competitive with the traditional B.A. starting agency positions. Creates a process for ongoing support and training for consumers to maintain and improve individual employability and capacity to remain in the workforce.

Transferability:

There is a standardized curriculum developed with NJ Certification Board and submitted for copyright. This training and operational manual contains standardized content materials, handouts and power point presentations, currently being reviewed for college credit. All presentations receive evaluations as to relevance of materials, fidelity and quality of presentations.

Effectiveness:

Since 1997, over 1,000 consumers have participated in the project. A remarkable 65% of participants have been employed in the mental health systems. Participant evaluations are 90% favorable, with a graduation rate over 85% completion.

The Veterans Administration NJ has chosen our program to train their peer outreach workers.

Contact:

Ray Cortese, Director
Mental Health Association in New Jersey
88 Pompton Avenue
Verona, New Jersey 07044
Phone: 973-571-4100
Fax: 973-857-1777
rcortese@mhanj.org
www.mhanj.org

Master's Program In Community Mental Health
Southern New Hampshire University

Target Audience:

Graduate students/psychiatric residents; Practicing professionals (with or without graduate degrees); Non-degreeed or Bachelor degreeed direct care staff; Consumers/Persons in recovery; Families; Other healthcare or human service providers; Related fields of practice (e.g. child welfare, juvenile justice, corrections, etc.)

Innovation Description:

The Graduate Program in Community Mental Health at SNHU actively recruits consumers and family members as students in the program, uses extensive material from consumers and family members in its curriculum, and involves consumers and family members as professors and guest speakers. Many of the consumers who have graduated from this program have gone on to work as professionals and/or consumer leaders and helped to bridge the divide between consumers, family members and professionals.

As noted by the Annapolis Coalition, many graduate degrees in mental health do not prepare professionals for work in typical community mental health programs with individuals who are the most disabled. In addition, these graduate programs have not necessarily placed a high value on the consumer and family perspective. Further, graduate programs have historically focused on preparing students for work in either mental health or substance use treatment and have not focused on developing professionals who are skilled in providing integrated mental health and substance use treatment for individuals with co-occurring mental health and substance disorders. In contrast, the **Southern New Hampshire University Graduate Program in Community Mental Health (PCMH)** has focused specifically on developing professionals who 1) have the necessary skills, knowledge and competency to work with those children, families and individuals who suffer from the greatest disability and are typically served in community mental health settings, 2) value consumer and family voice, empowerment and recovery, and 3) have expertise in providing integrated mental health and substance use treatment.

The Graduate Program in Community Mental Health offers a highly relevant, competency based, multi-disciplinary approach to workforce development and education, providing certificates and master's degree options, and is uniquely focused on *integrated community mental health and substance abuse services*, with specializations focused on services for *adults or children, youth and families*. The program's innovative curriculum has been offered since 1995 and currently has learning sites in Vermont, New Hampshire, Wisconsin, and Alaska. The PCMH curriculum is based on the innovations and values found in *The Surgeon General's Report on Mental Illness*, *The President's New Freedom Commission Report on Mental Illness*, input from providers and consumers, and is consistent with the work of The Annapolis Coalition.

Significance:

The unique mission of PCMH has always been to increase the preparation, recruitment and retention of staff in the behavioral health workforce, develop leaders in the field, promote improved service outcomes for children and families and adults of all ages, and increase the number of family members and people in recovery working in the field. Since 1995, PCMH has achieved that mission with over 400 graduates nationally, 170 current students at 6 learning sites in 4 states, plus non-degree students completing certificates and coursework. The program

emphasizes content areas such as recovery, evidence-based practices, systems of care, a wraparound approach to supports, and integrated mental health and substance use treatment as its cornerstones.

Novelty:

PCMH has a unique focus on *integrated mental health and substance abuse services* for *children, youth and families* and for *adults*. The program uses a *weekend class format*, making it accessible to working adults. *Students* are primarily current practitioners, as well as consumers and family members who wish to become practitioners. *Faculty* are teaching practitioners and experts in the field. The *flexibility* of the curriculum promotes relevance, innovation and currency.

Transferability:

This program is very transferable. Over the years, it has created local learning sites in different states in which there is a need for graduate programs for the community mental health/behavioral health workforce, including Alaska, Connecticut, Pennsylvania, Maryland, Wisconsin, New Hampshire, and Vermont. The classes are taught by a core set of national faculty who travel to provide on-site instruction of the classes, as well as local professionals, academics, consumers and family member instructors and presenters. As such, PCMH is not bound or restricted to one location or one part of the country, and states that are in need of this type of graduate program can work with Southern New Hampshire University to create a new satellite program in an underserved region.

Effectiveness:

Students bring a dedication and commitment to behavioral health to the program, and report the program's strengths as "curriculum, faculty and weekend format." In addition, alumni surveys have found that the majority of graduates (close to 94%) continue to work in behavioral health, and move into clinical leadership and management roles.

Across the states involved, administrators emphasize that PCMH has been instrumental to the cultivation and development of the behavioral health workforce and services. For example, Mary Jo Meyers, Alumna and Deputy Director of Wraparound Milwaukee writes,

"It has influenced and shaped the present leaders in our local system of care. Many graduates have moved on to be supervisors, program managers, community-based therapists, quality assurance specialists, and trainers utilizing the values and principles taught in the program."

Nick Nichols of Vermont, states:

"we have found consistently that those professionals who have gone through the program are typically the lead innovators and supporters of such key issues as recovery, evidence-based practices, and integrated mental health and substance use treatment."

Contact:

Annamarie Cioffari, Ph.D., Program Director
Southern New Hampshire University

463 Mountain View Drive, Suite 101
Colchester, VT 05446
Phone: (802) 655-7235, x104
Fax: (802) 655-0236
a.cioffari@snhu.edu
<http://www.snhu.edu/pcmh>

**Core Area:
Child & Adolescent / School-Based Mental Health**

Certificate in Children's Mental Health w/emphasis in Systems of Care
Department of Child and Family Studies, University of South Florida Mental
Health Institute

Target Audience: Graduate students/psychiatric residents; Practicing professionals (graduate-degreed); Families; Other healthcare and human service providers (primary care providers; school personnel, etc.)

Innovation Description:

The overarching goal of our workforce development initiative is to address the enormous shortage of qualified, appropriately trained professionals in the children's mental health field by offering educational and professional development opportunities to students and professionals. Beginning fall, 2006, The Department of Child and Family Studies at USF, in collaboration with its partners through the Systems of Care (SOC) Professional Training Consortium, is offering a Graduate Certificate in Children's Mental Health, with an emphasis in Systems of Care, with plans for expansion to a Master's degree in 2008.

This Graduate Certificate Program in Children's Mental Health is designed to provide a rigorous, values-infused and empirically-based education to individuals in the behavioral health care services field to work with agencies and systems that serve children who have mental health needs and their families, at different developmental stages, within the contexts in which they live. The program specifically addresses policy, systemic, and administrative issues related to children's mental health, and is delivered through distance learning methodologies for two primary audiences--graduate students seeking specialized training in Children's Mental Health and professionals in need of retooling to keep pace with the fundamental changes that have taken place in the children's mental health field.

Significance:

This program trains professionals in competencies/skills using distance learning methodologies, delivered 24/7, enhancing accessibility to a broader, more culturally diverse student body than traditional in-class delivery, increasing the number/diversity of mental health providers working with children/families, particularly in rural areas, where recruitment and retention of a qualified workforce is especially problematic.

Novelty:

This is the first-ever distance learning graduate certificate in children's mental health and taught by faculty from ten universities participating in the SOC Training Consortium, recruited because of their expertise/experience. Distance learning delivery, together with the web-based discussion board, extends the certificate's reach beyond the boundaries/resources of any one campus, drawing on the strengths of many.

Transferability:

The SOC Training Consortium has developed a curriculum that not only is accessible by students worldwide, but intended for universities in creating new tracks/certificates/degree programs. Moreover,

the innovative web-based discussion board technology enhances our ability to disseminate best practices more effectively.

Effectiveness:

The effectiveness of the program in changing student knowledge, values, and beliefs relative to a matched control group is being assessed using a survey version of the SOC Practice Review (which has strong psychometrics). In addition, behavioral measures at the practice level are being collected.

Contact:

Carol MacKinnon-Lewis, Ph.D.

Department of Child and Family Studies, University of South Florida Mental Health Institute
13301 Bruce B. Downs Boulevard, MHC 2333

Tampa, FL 33612-3807

Phone: 813-974-2075

Fax: 813-974-6257

cmackinnon@fmhi.usf.edu

<http://rtckids.fmhi.usf.edu/soccurricula/gradcertificate.cfm>

<http://www.outreach.usf.edu/gradcerts/certinfo.asp?ccode=XCH>

<http://rtckids.fmhi.usf.edu/soccurricula/gradcertificate.cfm>

Master's Program In Community Mental Health **Southern New Hampshire University**

Target Audience:

Graduate students/psychiatric residents; Practicing professionals (with or without graduate degrees); Non-degreed or Bachelor degreed direct care staff; Consumers/Persons in recovery; Families; Other healthcare or human service providers; Related fields of practice (e.g. child welfare, juvenile justice, corrections, etc.)

Innovation Description:

The Graduate Program in Community Mental Health at SNHU includes a specialization focused on addressing services and supports for children with emotional disabilities and their families. From the start, the program has emphasized a wraparound and family-centered approach to community services and supports. Recently, the program has added specialized content on early childhood and family mental health, and integrated content on substance use disorders. The curriculum also attends to the importance of culturally appropriate services and the variable needs of the communities served, ranging from very urban settings, like Milwaukee, to rural frontier Alaska. Faculty and alumni are leaders in local and state systems of care.

As noted by the Annapolis Coalition, many graduate degrees in mental health do not prepare professionals for work in typical community mental health programs with individuals who are the most disabled. In addition, these graduate programs have not necessarily placed a high value on the consumer and family perspective. Further, graduate programs have historically focused on preparing students for work in either mental health or substance use treatment and have not focused on developing professionals who are skilled in providing integrated mental health and substance use treatment for individuals with co-occurring mental health and substance disorders. In contrast, the **Southern New Hampshire University Graduate Program in Community Mental Health (PCMH)** has focused specifically on developing professionals who 1) have the necessary skills, knowledge and competency to work with those children, families and individuals who suffer from the greatest disability and are typically served in community mental health settings, 2) value consumer and family voice, empowerment and recovery, and 3) have expertise in providing integrated mental health and substance use treatment.

The Graduate Program in Community Mental Health offers a highly relevant, competency based, multi-disciplinary approach to workforce development and education, providing certificates and master's degree options, and is uniquely focused on *integrated community mental health and substance abuse services*, with specializations focused on services for *adults or children, youth and families*. The program's innovative curriculum has been offered since 1995 and currently has learning sites in Vermont, New Hampshire, Wisconsin, and Alaska. The PCMH curriculum is based on the innovations and values found in *The Surgeon General's Report on Mental Illness*, *The President's New Freedom Commission Report on Mental Illness*, input from providers and consumers, and is consistent with the work of The Annapolis Coalition.

Significance:

The unique mission of PCMH has always been to increase the preparation, recruitment and retention of staff in the behavioral health workforce, develop leaders in the field, promote

improved service outcomes for children and families and adults of all ages, and increase the number of family members and people in recovery working in the field. Since 1995, PCMH has achieved that mission with over 400 graduates nationally, 170 current students at 6 learning sites in 4 states, plus non-degree students completing certificates and coursework. The program emphasizes content areas such as recovery, evidence-based practices, systems of care, a wraparound approach to supports, and integrated mental health and substance use treatment as its cornerstones.

Novelty:

PCMH has a unique focus on *integrated mental health and substance abuse services for children, youth and families* and for *adults*. The program uses a *weekend class format*, making it accessible to working adults. *Students* are primarily current practitioners, as well as consumers and family members who wish to become practitioners. *Faculty* are teaching practitioners and experts in the field. The *flexibility* of the curriculum promotes relevance, innovation and currency.

Transferability:

This program is very transferable. Over the years, it has created local learning sites in different states in which there is a need for graduate programs for the community mental health/behavioral health workforce, including Alaska, Connecticut, Pennsylvania, Maryland, Wisconsin, New Hampshire, and Vermont. The classes are taught by a core set of national faculty who travel to provide on-site instruction of the classes, as well as local professionals, academics, consumers and family member instructors and presenters. As such, PCMH is not bound or restricted to one location or one part of the country, and states that are in need of this type of graduate program can work with Southern New Hampshire University to create a new satellite program in an underserved region.

Effectiveness:

Students bring a dedication and commitment to behavioral health to the program, and report the program's strengths as "curriculum, faculty and weekend format." In addition, alumni surveys have found that the majority of graduates (close to 94%) continue to work in behavioral health, and move into clinical leadership and management roles.

Across the states involved, administrators emphasize that PCMH has been instrumental to the cultivation and development of the behavioral health workforce and services. For example, Mary Jo Meyers, Alumna and Deputy Director of Wraparound Milwaukee writes,

"It has influenced and shaped the present leaders in our local system of care. Many graduates have moved on to be supervisors, program managers, community-based therapists, quality assurance specialists, and trainers utilizing the values and principles taught in the program."

Nick Nichols of Vermont, states:

"we have found consistently that those professionals who have gone through the program are typically the lead innovators and supporters of such key issues as recovery, evidence-based practices, and integrated mental health and substance use treatment."

Contact:

Annamarie Cioffari, Ph.D., Program Director
Southern New Hampshire University
463 Mountain View Drive, Suite 101
Colchester, VT 05446
Phone: (802) 655-7235, x104
Fax: (802) 655-0236
a.cioffari@snhu.edu
<http://www.snhu.edu/pcmh>

Targeted Child Psychiatric Services (TCPS)
Department of Psychiatry, Division of Child & Adolescent Psychiatry,
University of Connecticut Health Care and Medical School

Target Audience: Pediatricians and Primary Care Physicians; Practicing professionals (graduate-degreed); Other healthcare and human service providers (primary care providers; school personnel, etc.)

Innovation Description:

Targeted Child Psychiatry Services (TCPS) was developed as a response to a challenge made by the Director of the New England Region of the Centers for Medicare and Medicaid Services (CMS) for each state to develop innovative programs to facilitate access of children and adolescents with behavioral health disorders from primary care to pediatric mental health specialists for appropriate psychiatric evaluation and psychopharmacological treatment. A primary program goal was to develop and implement an innovative project to facilitate the education of pediatricians and other primary care physicians (PCPs) about the recognition and management of early-onset mental health disorders in children and adolescents who they see in ambulatory primary practice. In the United States there are presently many more pediatric primary care physicians than child and adolescent psychiatrists.

A working group was created to offer a regional New England forum to focus on youth with behavioral health disorders who were on multiple psychiatric medications. In exploring the root cause of this practice it became apparent to this group of clinicians, including both pediatricians and child psychiatrists, that pediatric primary care were often left managing very difficult psychiatric cases out of desperation because access to child psychiatry was poor. TCPS was supported through a one-time grant and was developed as an experiment to see if a non-traditional, non-fee for service collaboration between PCPs and child psychiatry could be used to have a positive impact on the behavioral health treatment of a population not intensively treated or often directly seen by child psychiatry.

TCPS offers real time telephone consultation to participating pediatricians and family practice physicians during working hours through a program on-call beeper, and makes available non-emergent psychiatric evaluation and short-term psychosocial and pharmacological treatment (1-4 mental health visits) when appropriate. To initiate a TCPS referral the PCP calls the program beeper and first discusses the case with the on-call child psychiatrist. This allows a doctor-to-doctor discussion of all cases before they are actually referred for child psychiatric (CP) evaluation, and facilitates problem identification, provides a focus for the child psychiatry evaluation, facilitates triage, begins a team approach to treatment planning, and begins to help educate PCPs about childhood mental health issues and treatment. If the PCP and CP believe a referral is necessary the PCP then completes a standard patient referral form containing the referral question to be addressed and pertinent patient information and faxes it to the TCPS program coordinator. Patient evaluations are mandated to occur within a maximum of 4 weeks of referral. By facilitating a close working relationship and real-time communication with PCPs in the treatment of childhood mental health disorders, the TCPS model effectively extends the workforce focused on child mental health in a geographic region.

A further goal of TCPS is to facilitate PCP continuing education in the recognition of behavioral health disorders, their treatment, and standards of care in pediatric psychopharmacology. This is accomplished through brief telephone and hallway consultations, patient case conferences, and didactic lectures. Frequently, PCPs utilize the program beeper to ask specific questions about pediatric

psychopharmacology. Another consequence of increased communication is that PCPs become better aware of the private practice therapy network in their community.

Significance:

TCPS effectively addresses workforce education and training in the area of pediatric mental health. By actively collaborating, teaching, and communicating with pediatricians and primary care physicians about mental health disorders in pediatric ambulatory care practice, TCPS extends the number of doctors more able to evaluate and treat early onset mental health disorders and facilitates the education, training and competence of pediatricians and other PCPs in the recognition and intervention of childhood onset mental health disorders. As a result, the number of doctors in a specific geographic region more able to successfully evaluate and intervene with these types of disorders is increased. In essence, TCPS functions as a mental health workforce extender for a specific geographic region.

Novelty:

The TCPS model of collaborative PCP-child psychiatric care in the evaluation and treatment of early onset mental health disorders is novel and represents a substantial conceptual departure from business-as-usual. The prevailing model of community child mental health care for the past 120 years has been the child guidance clinic model. In the child guidance model, community primary care providers refer children with mental health needs to a separate, stand-alone mental health facility that generally excludes the PCP from mental health treatment planning. Since the family doctor is integral to the child's medical care, the child guidance model risks fragmenting the child's treatment team. TCPS places the child's PCP squarely in the middle of treatment planning and thus facilitates a team approach to pediatric mental health disorders. The team approach is a standard-of-care in the evaluation and treatment of childhood mental health disorders (*Am Acad Child & Adolesc Psychiatry*). Additionally, TCPS represents a novel approach to diminish the wait time for child psychiatry referral for children in need.

Transferability:

TCPS is highly transferable as it requires a minimum of technological or specialized infrastructure in order to function. A single multi-disciplinary TCPS team is easy to set up in a geographic region (provided child psychiatrists are available).

Effectiveness:

The effectiveness of TCPS has been described (Connor et al., *Clin Pediatr*, 2006;45:423-434) Highlights include the following:

- Over 18 months of operation, 614 potential referrals of new patients were made to TCPS (child psychiatry) from PCPs. Because of the direct beeper support and educational interventions of TCPS clinicians to PCPs in real time, ambulatory pediatricians without direct child psychiatry referral could manage 285 children. Thus 46% of potential child psychiatry referrals could be managed by PCPs with telephone support from TCPS, thus extending the pediatric mental health workforce and diminishing mental health treatment wait times for these children.

Pre-post quasi-experimental research has shown improved symptom severity and diminished daily impairment in children referred to TCPS.

Contact:

Daniel F. Connor, M.D., Division Chief, Child and Adolescent Psychiatry

Department of Psychiatry
University of Connecticut Health Care and Medical School
Department of Psychiatry- MC1410
University of Connecticut Health Care
263 Farmington Avenue
Farmington, CT 06030-1410
Phone: 860-679-4282
Fax: 860-679-1296
connor@psychiatry.uhc.edu

Trauma Recovery for Youth **Catholic Charities, Inc.**

Target Audience: Practicing professionals (graduate degree)

Innovation Description:

Catholic Charities Trauma Recovery for Youth (TRY), The Cares Institute, and the National Center for Child Traumatic Stress Network (NCCTS) teamed up to offer the first Mississippi Learning Collaborative in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT was co-created by Esther Deblinger, Judy Cohen and Anthony Mannarino and is an evidence-based intervention to help children who have experienced trauma. This learning collaborative includes ten sites who work with traumatized children in Mississippi and New Orleans. The goal of the collaborative is for each site to implement TF-CBT within their respective centers.

A learning collaborative is a way to bridge the seventeen year gap between when research determines an intervention is effective to the time when it is common practice. Learning Collaboratives typically have 3 two-day sessions to learn the intervention, separated by three months of an action period during which collaborative members practice the intervention with supervision on shared conference calls. This collaborative marks the first time that supervisors came together prior to the first learning session in order to catalyze institutional buy-in for the challenges of adopting a new intervention.

In August, staff from TRY, CARES, and NCCTS trained 20 supervisors on TF-CBT. In November, an additional 65 therapists from these ten sites will be trained on the model. TRY's participation was made possible through funding from SAMHSA and Baxter International through the Foundation for the MidSouth. The timing and location of this initiative is critical as the sites involved serve areas that were devastated in Hurricane Katrina.

Significance:

The learning collaborative addresses workforce training better than traditional methods. The Institute of Medicine has adopted it because of its proven ability to spread a new practice throughout the field with fidelity. Using learning collaboratives, TRY will ensure that clinicians address the needs of traumatized children and their families competently.

Novelty:

The learning collaborative focuses on implementation, addressing organizational readiness to adopt an intervention. Where traditional training has focused on teaching clinicians a new protocol, the learning collaborative insures proficiency at the supervisory level to monitor fidelity and creates a shared learning environment emphasizing adult learning principles.

Transferability:

Evidence-based treatments are defined as being 1) based on solid conceptual frameworks, 2) supported by research, and 3) easy to learn by the average clinician in the field. TRY is using the learning collaborative model to disseminate evidence-based practices for treating traumatized children and their families to Mississippi clinicians.

Effectiveness:

TF-CBT is considered best practice for traumatized children. SAMHSA, OVC and the Kauffman Report list TF-CBT as efficacious.

Learning Collaboratives have long been effective in the medical field. However, learning collaboratives have just begun to be used in working with traumatized children within the last two years.

Contact:

Kelly Wilson, LCSW
Catholic Charities, Inc.
200 North Congress Street, Suite 100
Phone: 601-326-3745
Fax: 601-960-8493
kelly.wilson@catholiccharitiesjackson.org
christina.bach@catholiccharitiesjackson.org
www.catholiccharitiesjackson.org
www.nctsn.org

Wraparound Services Improvement Initiative **Community Care Behavioral Health Organization**

Target Audience: Practicing professionals (graduate degreed)

Innovation Description:

Community Care, a non-profit Behavioral Health Managed Care Organization supporting nearly one million members in 35 counties across Pennsylvania, has implemented a systems approach to improve the quality of wraparound services for children. These services include a range of primarily individualized behavior management treatment and rehabilitation services provided in community settings and follow the six CASSP* principles of wraparound.

Through the integration of continuous quality improvement principles and learning theory, Community Care has created a comprehensive outreach to better manage resources, improve member outcomes and increase service access for more children.

Outreach elements include:

- Developing wraparound quality performance standards based upon state regulations and enhanced through evidence-based practices. Standards are reviewed and updated every 5 years.
- Sharing the standards and obtaining feedback about the training required to meet standards.
- Delivering the services trainings, each uniquely tailored to the county and the provider's needs. Areas of focus have included: functional analysis, dialectic behavior therapy, treatment planning, structural family therapy, and boundaries for in-home workers.
- Conducting periodic quality reviews at provider sites and requesting corrective action plans.
- Monthly provider meetings to share new information and discuss barriers.
- Continual conversation between Community Care and providers to identify additional training needs and approaches for addressing issues.
- Creating reimbursement incentives such as rate increases for demonstrating success in meeting/exceeding the performance standards.
- Completing compliance audits to assess consistency between treatment being provided and treatment plan.
- Development of outcomes-based research.

This outreach is managed by Community Care's Training Department. Staff psychologists and other experts provide trainings.

*Child and Adolescent Service Systems Program

Significance:

- Supports the delivery of consistent, cutting edge, high quality, recovery- oriented services across multiple counties.
- Uses unique learning principles to reinforce the changes needed in practice to promote improved outcomes.
- Commitment to a true continuous improvement process over eight years, not simply a training program.

Novelty:

- Organized and funded by a managed care organization.
- Provides the opportunity to customize trainings based upon the unique needs identified by the county and providers.
- Provided at no charge to the provider, whether family therapy, functional analysis or dialectic behavior therapy.

Transferability:

- Wraparound model of service continues to gain recognition as a best practice. Aspects of this outreach, such as the performance standards and provider quality review process, could be transferred to support improvements in other wraparound programs.
- The continuous improvement approach has application with other program improvement initiatives.

Effectiveness:

- Training provided to 100 provider organizations.
- Example of success in Allegheny County:
 - Number gaining access to wraparound services increased by 107% between 2000 and 2005. Actual units of service increased by only 42% and the dollars spent increased by 66%.
 - Waiting list for services eliminated.

Contact:

John D. Lee
Community Care Behavioral Health Organization
One Chatham Center, Suite 700
112 Washington Place
Pittsburgh, PA, 15219
Phone: 412-402-7504
Fax: 412-454-8631
leejd@ccbh.com
www.ccbh.com

Core Area: Cultural Competency

Native American Curriculum for State Accredited, Non-Tribal Substance Abuse Programs in South Dakota
Prairielands Addiction Technology Transfer Center

Target Audience: Graduate students/psychiatric residents; Practicing professionals (graduate degreed); Non-degreed or bachelor degreed direct care staff; Consumers/Persons in Recovery; Families

Innovation Description:

The Prairielands ATTC in South Dakota recently completed the *Native American Curriculum for State Accredited, Non-Tribal Substance Abuse Programs in South Dakota*. This curriculum consists of 22 modules that requires approximately 22.5 hours of instructional time that can be completed over a 2.5 days.

The curriculum consists of topical areas that include information about Native American cultural and spiritual values, government policies, treaties, and federal laws, social and political structures of reservations, discrimination issues, traditional family relationships, historical and present day trauma issues, grief, mental health and poverty issues, an introduction to spiritual ceremonies, historical and current alcohol and drug abuse issues, Red Road approaches to treatment and specific counseling strategies for Native American populations.

The primary goal of this initiative is to provide a Native American cultural competency education program for Non-Native counselors, clinical supervisors, administrators and other staff members of non-tribal substance abuse programs in South Dakota. As a result of experiencing this curriculum, Non-Native staff members will become more aware of how Native American cultural and spiritual ways can become a part of the substance continuum of care. Further, staff members, and particularly counselors who complete this curriculum, will have increased rapport with Native American clients. As a consequence, the treatment experiences and outcomes for Native American clients will be enhanced.

This innovative curriculum was based upon data from the Native American Cultural Assessment Survey that was administered to 25 state accredited, non-tribal substance abuse programs in South Dakota. The data from this survey indicated that forty-two percent (42%) of the clients served by the state accredited programs were of Native American ancestries. The data further showed that the staff members of these programs had none, or very little Native American cultural sensitivity training. This discrepancy was addressed with the development and implementation of the *Native American Curriculum for State Accredited, Non-Tribal Substance Abuse Programs in South Dakota*.

Significance:

The State of South Dakota has 9 Native American reservations within its boundaries. Tribal and Indian Health Service substance abuse programs do not have the capacity to meet all of the treatment needs of Native Americans in the state. Therefore, Native American clients are referred to off-reservation, state accredited, non-tribal substance abuse programs for treatment. Over 90 % of the staff members of these non-tribal programs are not Native American. The *Native American Curriculum for State Accredited, Non-Tribal Substance Abuse Programs in South Dakota* provides an opportunity for these staff members to increase their Native American educational competency levels.

Novelty:

The curriculum is truly innovative for no other curriculum of this kind existed in South Dakota. A search of the literature did not identify any other state that has developed such a Native American cultural competency program. This curriculum project is unique in that it has the full support of the State of South Dakota's Division of Alcohol and Drug Agency.

Transferability:

The curriculum consists of three main components: (1) The Modules; (2) A Participants' Resource Book (handouts for each module); and, (3) An Instructor's Guide. The curriculum has the potential to be replicated in other states. Utilizing the structure of this curriculum, other states/entities can develop Native American curriculum content that is reflective of local tribal groups. The curriculum may also have the potential to be used as a model to develop culturally sensitivity training about other ethnic groups.

Effectiveness:

A 25 item knowledge based pre-test is administered prior to the presentation of the curriculum. Following the presentation of the curriculum, a post- knowledge based test is administered.

Past experience with presentation of the curriculum indicated that, on an average, post-test scores were 25 % higher than pre-test scores.

Other evaluation measures indicated that participants were very receptive to this type of training and were glad that they had an opportunity to participate in it.

Contact:

Duane Mackey, EdD
Prairielands Addiction Technology Transfer Center
1207 Westlawn
The University of Iowa
Phone: 319.335.5362
Fax: 319.335.6068
Duane.Mackey@usd.edu
www.pattc.org

Core Area: Leadership

Master's Program In Community Mental Health
Southern New Hampshire University

Target Audience:

Graduate students/psychiatric residents; Practicing professionals (with or without graduate degrees); Non-degreed or Bachelor degreed direct care staff; Consumers/Persons in recovery; Families; Other healthcare or human service providers; Related fields of practice (e.g. child welfare, juvenile justice, corrections, etc.)

Innovation Description:

The Graduate Program in Community Mental Health at SNHU has always emphasized the cultivation of leadership among students and graduates. Originally built upon a set of competencies for management of mental health services, the program offers specific coursework on program evaluation and systems research, community and systems, and policy development and management in behavioral health care. Students are taught to appreciate their role as critical thinkers and change agents. The program prides itself on being exemplary and extremely current in its content, but also recognizes the many changes and dynamic learning yet to occur in the field. Thus, students are encouraged to take a leadership role, no matter where they work in the system or what their level of authority, taking responsibility to examine effectiveness and outcomes, listen to the voices of those they serve, advocate for continuous improvements, and promote real recovery and community integration. Many alumni are effective clinical leaders, managers, and advocates, and several have developed and manage innovative programs.

As noted by the Annapolis Coalition, many graduate degrees in mental health do not prepare professionals for work in typical community mental health programs with individuals who are the most disabled. In addition, these graduate programs have not necessarily placed a high value on the consumer and family perspective. Further, graduate programs have historically focused on preparing students for work in either mental health or substance use treatment and have not focused on developing professionals who are skilled in providing integrated mental health and substance use treatment for individuals with co-occurring mental health and substance disorders. In contrast, the **Southern New Hampshire University Graduate Program in Community Mental Health (PCMH)** has focused specifically on developing professionals who 1) have the necessary skills, knowledge and competency to work with those children, families and individuals who suffer from the greatest disability and are typically served in community mental health settings, 2) value consumer and family voice, empowerment and recovery, and 3) have expertise in providing integrated mental health and substance use treatment.

The Graduate Program in Community Mental Health offers a highly relevant, competency based, multi-disciplinary approach to workforce development and education, providing certificates and master's degree options, and is uniquely focused on *integrated community mental health and substance abuse services*, with specializations focused on services for *adults or children, youth and families*. The program's innovative curriculum has been offered since 1995 and currently has learning sites in Vermont, New Hampshire, Wisconsin, and Alaska. The PCMH curriculum is based on the innovations and values found in *The Surgeon General's Report on Mental Illness*, *The President's New Freedom Commission Report on Mental Illness*, input from providers and consumers, and is consistent with the work of The Annapolis Coalition.

Significance:

The unique mission of PCMH has always been to increase the preparation, recruitment and retention of staff in the behavioral health workforce, develop leaders in the field, promote improved service outcomes for children and families and adults of all ages, and increase the number of family members and people in recovery working in the field. Since 1995, PCMH has achieved that mission with over 400 graduates nationally, 170 current students at 6 learning sites in 4 states, plus non-degree students completing certificates and coursework. The program emphasizes content areas such as recovery, evidence-based practices, systems of care, a wraparound approach to supports, and integrated mental health and substance use treatment as its cornerstones.

Novelty:

PCMH has a unique focus on *integrated mental health and substance abuse services* for *children, youth and families* and for *adults*. The program uses a *weekend class format*, making it accessible to working adults. *Students* are primarily current practitioners, as well as consumers and family members who wish to become practitioners. *Faculty* are teaching practitioners and experts in the field. The *flexibility* of the curriculum promotes relevance, innovation and currency.

Transferability:

This program is very transferable. Over the years, it has created local learning sites in different states in which there is a need for graduate programs for the community mental health/behavioral health workforce, including Alaska, Connecticut, Pennsylvania, Maryland, Wisconsin, New Hampshire, and Vermont. The classes are taught by a core set of national faculty who travel to provide on-site instruction of the classes, as well as local professionals, academics, consumers and family member instructors and presenters. As such, PCMH is not bound or restricted to one location or one part of the country, and states that are in need of this type of graduate program can work with Southern New Hampshire University to create a new satellite program in an underserved region.

Effectiveness:

Students bring a dedication and commitment to behavioral health to the program, and report the program's strengths as "curriculum, faculty and weekend format." In addition, alumni surveys have found that the majority of graduates (close to 94%) continue to work in behavioral health, and move into clinical leadership and management roles.

Across the states involved, administrators emphasize that PCMH has been instrumental to the cultivation and development of the behavioral health workforce and services. For example, Mary Jo Meyers, Alumna and Deputy Director of Wraparound Milwaukee writes,

"It has influenced and shaped the present leaders in our local system of care. Many graduates have moved on to be supervisors, program managers, community-based therapists, quality assurance specialists, and trainers utilizing the values and principles taught in the program."

Nick Nichols of Vermont, states:

“we have found consistently that those professionals who have gone through the program are typically the lead innovators and supporters of such key issues as recovery, evidence-based practices, and integrated mental health and substance use treatment.”

Contact:

Annamarie Cioffari, Ph.D., Program Director
Southern New Hampshire University
463 Mountain View Drive, Suite 101
Colchester, VT 05446
Phone: (802) 655-7235, x104
Fax: (802) 655-0236
a.cioffari@snhu.edu
<http://www.snhu.edu/pcmh>

Student Mentor and Leadership Program **Governor's Institute**

Target Audience: Graduate students/Psychiatric residents; non-degreed or Bachelor-degreed direct care staff in a human services major; psychology, counseling, social work, public health, addiction studies

Innovation Description:

Student Mentor and Leadership Program: This relatively new program is designed to increase diversity in the substance abuse field and build a new cadre of leaders. The purpose of this program is to educate minority students, who are either in their junior or senior year of college or who are in their first year of graduate school in human services, about substance abuse and mental health treatment and prevention, and encourage them to choose careers in the fields. The first year of the program, which has both mentoring and leadership components, included nine students from Historically Black Colleges and Universities, who started in February 2005 and graduated in March 2006. The program focuses on increasing students' knowledge of substance abuse issues, as well as enhancing their leadership skills. Each student is paired with a mentor from the Institute's leadership program as well as other leaders within the state and provided an opportunity to practice his or her leadership skills. Those who graduate from the program receive 64 credits toward their State alcohol and drug certification. Students also receive a \$1500 stipend when they enter the leadership phase.

Significance:

The program exposes students to the substance abuse and mental health field, assist @aid in college completion, increase education of substance abuse in academic institutions, reduce stigma by education awareness and participation and finally promotes careers in addiction treatment and prevention.

Novelty:

The leadership component address concepts of leadership, communication, network building, ethics, and personal and career development through special project assignments and leadership skill-building sessions. The mentoring component pair each student with an experienced Clinician Mentor to help guide him or her, promoting continuous learning, motivation through inspiration and example, and self-efficacy by project assignment.

Each student is assigned to a second mentor known as a Senior Mentor. Senior Mentors consist of clinical supervisors, administrators, policy makers, researchers, trainers and educators in the mental health and substance abuse field. Each student is given an invaluable opportunity to learn from those that are successful in their areas of expertise.

Transferability:

Promoting and developing leadership skills in students in the human services field by addressing specific core competencies within the framework of leadership can be transferred to accommodate any and all students due to changing and implementing various topics that are needed. It can easily be offered by colleges or other state agencies due to the various colleges' interest that the program has gathered along with faculty interest. A manual has been developed to outline the course offering as well as the application and application process. Training programs have been developed but can be easily modified

for any group. A program is being developed by me and my organization for Hispanic students using the same model.

Effectiveness:

Students were contacted after they completed the program and all are attending a graduate program with substance abuse as its main focus or working in the field of substance abuse and substance abuse prevention. A survey of the students was conducted upon graduation. A brief sample of the responses can be viewed on website at www.governorsinstitute.org under the education area.

Contact:

Larry Woodard
Governor's Institute on Alcohol & Substance Abuse, Inc.
1730 Varsity Dr., Suite 105
Raleigh N.C. 27606
Or
PO Box 13374
Raleigh, N.C. 27709
Phone: 919-256-7412
Fax: 919-990-9518
Lwoodard1@mindspring.com
www.governorsinstitute.org

Working, Together!
CODAC Behavioral Health Services of Pima County, Inc.

Target Audience: Practicing professionals (graduate-degreed); Non-degreed or Bachelor-degreed direct care staff

Innovation Description:

In 2001, CODAC undertook a leadership development program. The agency had experienced a significant growth. Existing management processes were not sufficient. The agency engaged the services of a local management consulting firm. Following an initial assessment, a set of common leadership processes and tools were developed and diffused through a two day Core Training program which is now provided to all new managers. CODAC branded the project, **Working, Together!**

The project included a planning methodology built around seven concepts called P4MIR™:

1. Define the **Principles** that will lead to success.
2. **Plan** out a road map for goal attainment.
3. Support the right **People** in the right jobs.
4. Establish **Processes** to ensure quality and consistency.
5. Evaluate performance through **Metrics**.
6. Create **Improvers** to drive accountability and performance.
7. Offer **Rewards** that motivate action

This methodology functions as a common “management language” at CODAC and forms the basis for the planning and implementation of all major projects. It also guides the day to day decision making of all managers.

Out of this methodology grew CODAC’s Performance Coaching process. It is the expectation that all staff will have a monthly coaching session with their supervisor. Coaching sessions are constructed around the coach asking, "How can I help you do your job better," listening/understanding the staff person’s answers in a prescribed, constructive way, and facilitating the exploration of solutions using P4MIR™.

Additional tools developed included a common meeting agenda format, a suggested daily work planning form, and a common planning tool.

Significance:

The program provides managers with a common language, tool set and overall management philosophy. Prior to this program there were no tools beyond the annual performance evaluation form and no common philosophy. Previously, excelling direct service staff were promoted into management and assumed to have the needed skills and knowledge.

Novelty:

The program's use of ongoing coaching, development, and education is a great departure from the business-as-usual model of classroom training and yearly performance reviews. Instead, CODAC's staff has the opportunity to give and receive feedback on a continual basis to improve performance.

Transferability:

All of the **Working Together** training and delivery mechanisms are transferable to other groups. The model is completely documented and manualized including the 16 hour Core Training.

Effectiveness:

Feedback for the training is highly positive. Experienced managers newly employed at CODAC report this is the first agency they have worked for with a clearly articulated and documented management philosophy. 48% of staff responding to a 2005 survey agreed that the coaching sessions had improved communications with their supervisor.

Contact:

W. Mark Clark
CODAC Behavioral Health Services of Pima County, Inc.
127 S. 5th Avenue, Tucson, AZ, 85701
Phone: 520 202-1865
Fax: 520 202-1833
mclark@codac.org
www.codac.org

Core Area: Older Adults

Graduate Geropsychology Education Program
University of Alabama

Target Audience: Graduate students/psychiatric residents

Innovation Description:

The purpose of this project is to train clinical geropsychologists to be culturally competent health service providers and to increase access by older adults to a diverse and competent health profession workforce. The need for this project is evidenced by a number of reports suggesting that there exists a severe shortage of qualified mental and behavioral health professionals to provide services to America's aging population. As interdisciplinary health care becomes the standard for quality services, it is imperative that geropsychologists receive strong training that emphasizes not only the scope of clinical geropsychology, but also draws from the strengths of multiple disciplinary perspectives to improve the quality of care provided to older adults.

The primary methods of this program are:

1. Placing doctoral geropsychology students at interdisciplinary practicum sites. These sites are primary care sites with underserved populations of older adults, where students work in partnership with individuals in fields including medicine, nursing, pharmacy, and law.
2. Delivering an interdisciplinary graduate level course in Health and Aging. This course is team-taught by faculty across disciplines. The benefits of this specialized course include fostering of interdisciplinary planning and learning in students as well as building bridges for partnership among faculty and practitioners.

Significance:

There is a severe shortage of geropsychologists available to meet the healthcare needs of the growing older adult population. As interdisciplinary care becomes the standard, training must address knowledge specific to the treatment of older adults and train students to work in partnership with other health disciplines.

Novelty:

Training that is both specific to treatment of older adults and interdisciplinary provision of services is offered in very few sites. The University of Alabama has offered the only program of this kind for pre-doctoral students.

Transferability:

The curriculum for the Health and Aging course is available. Standardized outcomes measures were used for patient data collection, making this project replicable.

Effectiveness:

The number of people engaged in the course increased over the three years that it was offered. Quantitative and qualitative evaluations returned unanimous support for the continuation of this program.

In placements, students reported diverse experiences that contributed positively to their training. Patient outcomes indicated improvement after treatment.

Contact:

Forrest Scogin, Ph.D.
University of Alabama
Box 870348
Tuscaloosa AL 370487
Phone: 205-348-1924
Fax: 205-348-8648
fscogin@as.ua.edu
<http://psychology.ua.edu>

Clinical Geropsychology Workforce Expansion **University of Colorado at Colorado Springs**

Target Audience: Graduate students/psychiatric residents; Practicing Professionals (graduate degreed); Non-degreed or Bachelor-degreed direct care staff; Other healthcare or human service providers (primary care providers, school personnel, etc.)

Innovation Description:

The University of Colorado at Colorado Springs Gerontology and Psychology Departments have developed a novel cadre of behavioral health training programs in the field of aging. The multi-faceted effort addresses the local and national paucity of psychologists and other professionals specifically trained to work with older adults. These programs directly impact the behavioral health workforce by:

- 1) training practicing psychologists without geriatric training to work with older adults;
- 2) enhancing inter-professional training through outreach programs to train home health care professionals, primary care physicians and staff, and senior service agency professionals to recognize the signs of behavioral health disorders or cognitive impairment; and
- 3) training the next generation of providers with the only Ph.D. program in the nation focused exclusively on geropsychology.

Each behavioral health training program incorporates state-of-the-art technologies with traditional approaches to create dynamic and effective learning experiences that are immediately applicable in a professional environment.

- 1) A national Clinical Geropsychology Conference series trains practicing psychologists to work with elderly clients. This five-year conference series has drawn national and international professionals into behavioral health issues surrounding older adults.
- 2) Home and health care professionals encountering behavioral health issues on a daily basis receive workplace training to recognize behavioral health disorders and cognitive impairments in their elderly clients. They learn where to seek help and how to coordinate referrals for care.
- 3) The Geropsychology Ph.D. program offers unparalleled research and community-based clinical training leading to geropsychologists prepared to address the current and future demands of the nation's aging population.

Significance:

This program significantly develops the workforce by:

- 1) offering existing psychologists a mechanism to extend their knowledge and skills to work with seniors;
- 2) training home health professionals to identify mental health concerns of with their patients;
- 3) training new geropsychologists to develop and implement services specific to older adults.

Novelty:

One institution expands the behavioral health workforce by focusing on three populations: doctoral psychologists, licensed mental health professionals, and allied health professionals. University degree programs, conferences, and internet technology are used to implement post licensure training and training of allied health professionals to serve as gatekeepers to behavioral health services.

Transferability:

The book series and Web-based continuing education enables behavioral health professionals from anywhere in the country to access training materials. The inter-professional behavioral health training is being standardized to meet continuing education unit criteria for nurses, occupational therapists and physical therapists and Web-formatted to increase transferability.

Effectiveness:

The conference series has been lauded by attendees as ‘the best conference they ever attended’ and is growing each year. An initial behavioral health training seminar at a senior service agency has expanded into a series of modules designed for a wide range home and health professionals.

Contact:

Sara Honn Qualls, Ph.D.
University of Colorado at Colorado Springs
1420 Austin Bluffs Parkway
P.O. Box 7150
Colorado Springs, CO 80933-7150
Phone: 719-262-4151
Fax: 719-262-4166
squalls@uccs.edu
Psychology Department site: <http://www.uccs.edu/~psych/>
Clinical Geropsychology Conference Site: <http://www.uccs.edu/~geropsy/>

Summer Research Institute in Geriatric Psychiatry
University of California, San Diego

Target Audience: Practicing professionals (graduate dereed)

Innovation Description:

The Summer Research Institute (SRI) in Geriatric Psychiatry is an annual national-level program for 25 - 30 promising post-residency (M.D. or D.O.) and post-doctoral (Ph.D., Psy.D., or Pharm.D.) fellows and junior faculty persons interested in developing an academic research career in geriatric mental health. The SRI addresses the serious national need for faculty leaders and academic mentors in the high priority area of geriatric mental health.

Reports of the Institute of Medicine (Careers in Clinical Research, 1994 and Crossing the Quality Chasm, 2001) have addressed the need to draw a greater number of physicians, psychologists, and other health care professionals into research careers. The SRI focuses on the tools needed to begin, maintain, and succeed on an academic career path. There is a heavy emphasis on career mentoring and experiential learning. Since 1995, the SRI has had more than 300 participants, about half women, and a quarter members of ethnic minority groups. Following their participation in the SRI, over 70% have stayed in full-time academic careers over a follow-up period of up to 8 years and more than 60% have obtained competitive grants as Principal Investigator. These include nearly 200 federal grants including NIH, VA and SAMSHA awards (career development awards, RO1s, and small grants), and nearly 100 non-federal peer-reviewed grants, mainly from the NARSAD, AFAR, and Alzheimer's Association. Almost all of the trainees have had multiple first-author peer-reviewed publications, and most have received academic promotions. The SRI now serves as a model for programs in other biomedical research disciplines.

Significance:

The SRI has provided training to over 300 investigators thus exponentially expanding the field's workforce. The trainees have remained actively engaged in the field as researchers, clinicians and teachers. SRI participants constitute a critical mass of people who serve older adults with mental illness in a variety of ways.

Novelty:

The SRI departs from traditional training in that it focuses on practical "real world" issues. The program places a heavy focus on individual feedback and mentoring. One of the critical elements of the program's success is the formation of meaningful mentoring relationships as well as development of a peer network.

Transferability:

The SRI has proven to be a transferable training program. For example, the SRI has been replicated in child psychiatry, suicide research and minority mental health. The SRI is being considered as a model by the National Institute on Complementary and Alternative Medicine to increase its research workforce.

Effectiveness:

70% of participants have remained in geriatric mental health. They have received 300 peer-reviewed grants. Trainee satisfaction with this program is remarkable - 100% would recommend it to others. Senior researchers in the field donate one week of their time annually to serve as faculty for the program.

Contact:

Barry D. Lebowitz, Ph.D.
University of California, San Diego
9500 Gilman Drive
Phone: 858-534-8963
Fax: 858-552-7404
blebowitz@ucsd.edu
<http://sri.ucsd.edu>

Core Area: Rural

Alaska Rural Behavioral Health Training Academy

Target Audience: Practicing professionals (graduate-degreed); Non-degreed or Bachelor-degreed direct care staff

Innovation Description:

The Alaska Rural Behavioral Health Training Academy's (ARBHTA) mission is "Working together to ensure an effective behavioral health workforce for rural Alaska." Our goal is to meet the ongoing continuing education and professional development needs of individuals who provide behavioral health services to individuals, families and communities in rural Alaska. This goal includes a plan to ensure that: our training is accessible to providers, utilizes evidence-based teaching methods that ensure transferability of competencies, assists providers to become culturally competent, and meets the continuing education requirements of regulatory entities for licensure. A long term goal is to ensure retention of a highly skilled behavioral health workforce serving rural Alaska.

ARBHTA has developed the concept of Training Institutes as our primary training modality. Training Institutes are self-contained modules that include: (1) Specialty content, (2) Cultural issues, (3) Rural ethics, and (4) Self care for the providers/vicarious trauma. Specialty content areas of institutes developed to date include: (1) Child Assessment & Treatment of Trauma, (2) Assessment & Treatment of Dual Diagnosis Adults, and (3) Clinical Supervision using Tele-Health. Training Institutes are delivered over a three month period of time and include: pre-audio (phone) session, three-day intensive face-to-face session, small group audio mentoring sessions, and audio wrap up. Training Institutes are delivered by instructor teams comprised of content experts, rural experts, and indigenous elders. Institutes are limited to 20 participants to ensure individualized learning and adequate resources for mentoring. Participants develop a personalized action plan for implementation of skills.

Significance:

Training Institutes specifically meet the needs of rural providers serving largely indigenous populations by providing training that is customized to the rural and cross-cultural settings in which services are provided. Our strong emphasis on self care for the provider addresses workforce retention issues as well as the competence of providers.

Novelty:

Unique aspects of Training Institutes include: cohort model of learning, a blended delivery format with audio & intensive face-to-face sessions over three months, development of action plans by participants for implementation of new learning, follow up mentoring by instructors, & centrality of indigenous elders as part of the instructor teams.

Transferability:

Our model for delivering continuing education can be shared and adapted by other continuing education providers. Content of the curriculum can be changed as needed by other centers, while the pedagogical concepts of the institute can be transferred. The ARBHTA could develop guidelines highlighting the essentials of the training method.

Effectiveness:

Participant satisfaction in year one was overwhelmingly positive. In follow up surveys participants reported success in implementation of both content skills learned as well as in self care plans. The follow up phone mentoring small group concept has led to some participants continuing their own informal statewide support network.

Contact:

Catherine Koverola, Ph.D. Director
University of Alaska Fairbanks
P.O. Box 756480
Fairbanks Alaska 99775
Phone: 907-474-2614
Fax: 907-474-5781
c.koverola@uaf.edu
www.uaf.edu/arbhta/

Center for Rural Psychology

Target Audience: Graduate students/psychiatric residents

Innovation Description:

The Center for Rural Psychology trains mental health professionals in the essential skills, knowledge and competencies for practice in rural settings. Founder Michael Mangis, has trained graduate students in psychology at Wheaton College since 1989. He noticed that many students entering the graduate program came from rural areas and/or planned to practice in rural areas. After years of graduate school, however, most students ended up practicing in the urban and suburban settings where they received their education and clinical training.

He established the Center for Rural Psychology to mentor and train students who desire to practice in rural communities. At its training clinic, Heartland Counseling, CRP accepts Master's and Doctoral practicum students, predoctoral interns and postdoctoral residents. Heartland Counseling is located in Elburn, Illinois, an "exurb" or rural community on the edge of the suburbs of Chicago. Elburn, like many rural communities, is in transition as the suburbs spread out from the city. Elburn provides an excellent training ground for students who want to know the unique stressors rural communities face. From Elburn, Heartland reaches out to rural communities in north-central Illinois.

The Center for Rural Psychology trains practicum students in a practice model quite different from the typical suburban training clinic. The Center for Rural Psychology is a member of the Chicago Area Christian Training Consortium, an APA-approved predoctoral internship that focuses on training students for service to underserved populations.

Significance:

More than half of US counties have no mental health professionals, and all of these counties are rural. More than 85% of 1,669 Federally designated mental health professional shortage areas are rural. Rural America needs mental health professionals trained in the unique competencies for practice in rural areas.

Novelty:

Rural models of mental health practice require different skills than urban or suburban practice. CRP trains its students in the day-to-day operation of a small clinic in a rural community. They learn all aspects of practice, from marketing and billing to fund-raising and grant writing. This training differs significantly from normal practicum experiences.

Transferability:

CRP has designed all of its practice management as modules to be transferred with students to any rural community where they might practice. Likewise, Heartland's training model could be adopted by other institutions through consultation with Heartland staff.

Effectiveness:

The effectiveness of the training at the Center for Rural Psychology is best demonstrated by our success in placing students in rural mental health. After receiving CRP training, students have gone on to work in rural Alaska, Nebraska, Illinois, Iowa, North Dakota, Arkansas and Mississippi.

Contact:

Michael Mangis
Center for Rural Psychology
106 W. Pierce St., Elburn, IL 60119
Phone: 630-365-0899
Fax: 630-365-9150
mmangis@ruralpsych.org
www.ruralpsych.org, <http://ruralpsych.org/>

Master's Program In Community Mental Health Southern New Hampshire University

Target Audience:

Graduate students/psychiatric residents; Practicing professionals (with or without graduate degrees); Non-degreed or Bachelor degreed direct care staff; Consumers/Persons in recovery; Families; Other healthcare or human service providers; Related fields of practice (e.g. child welfare, juvenile justice, corrections, etc.)

Innovation Description:

The Graduate Program in Community Mental Health at SNHU is unique in the quality and structure of its delivery. The Weekend Format and the development of local learning communities, make the program accessible to students in more remote areas, and the program has been offered in states that serve very rural populations, notably in Alaska, Wisconsin, Vermont, and New Hampshire. The curriculum and instructors pay particular attention to addressing the needs and concerns of those living in rural areas and contrasting that with the services and concerns of those living in more populated and urban areas. The diversity of the geographic locations of learning sites, the demographics of their surrounding communities, and the membership of those communities, means that instructors have to be ready to teach to a multiplicity of issues. This involves attention to the cultural appropriateness of services in those regions as well, including services for Native Alaskans, Native Americans, refugee populations such as the Hmong in Central Wisconsin, and issues of poverty and isolation present among many rural residents in need of supports and services.

As noted by the Annapolis Coalition, many graduate degrees in mental health do not prepare professionals for work in typical community mental health programs with individuals who are the most disabled. In addition, these graduate programs have not necessarily placed a high value on the consumer and family perspective. Further, graduate programs have historically focused on preparing students for work in either mental health or substance use treatment and have not focused on developing professionals who are skilled in providing integrated mental health and substance use treatment for individuals with co-occurring mental health and substance disorders. In contrast, the **Southern New Hampshire University Graduate Program in Community Mental Health (PCMH)** has focused specifically on developing professionals who 1) have the necessary skills, knowledge and competency to work with those children, families and individuals who suffer from the greatest disability and are typically served in community mental health settings, 2) value consumer and family voice, empowerment and recovery, and 3) have expertise in providing integrated mental health and substance use treatment.

The Graduate Program in Community Mental Health offers a highly relevant, competency based, multi-disciplinary approach to workforce development and education, providing certificates and master's degree options, and is uniquely focused on *integrated community mental health and substance abuse services*, with specializations focused on services for *adults or children, youth and families*. The program's innovative curriculum has been offered since 1995 and currently has learning sites in Vermont, New Hampshire, Wisconsin, and Alaska. The PCMH curriculum is based on the innovations and values found in *The Surgeon General's Report on Mental Illness*, *The President's New Freedom Commission Report on Mental Illness*, input from providers and consumers, and is consistent with the work of The Annapolis Coalition.

Significance:

The unique mission of PCMH has always been to increase the preparation, recruitment and retention of staff in the behavioral health workforce, develop leaders in the field, promote improved service outcomes for children and families and adults of all ages, and increase the number of family members and people in recovery working in the field. Since 1995, PCMH has achieved that mission with over 400 graduates nationally, 170 current students at 6 learning sites in 4 states, plus non-degree students completing certificates and coursework. The program emphasizes content areas such as recovery, evidence-based practices, systems of care, a wraparound approach to supports, and integrated mental health and substance use treatment as its cornerstones.

Novelty:

PCMH has a unique focus on *integrated mental health and substance abuse services* for *children, youth and families* and for *adults*. The program uses a *weekend class format*, making it accessible to working adults. *Students* are primarily current practitioners, as well as consumers and family members who wish to become practitioners. *Faculty* are teaching practitioners and experts in the field. The *flexibility* of the curriculum promotes relevance, innovation and currency.

Transferability:

This program is very transferable. Over the years, it has created local learning sites in different states in which there is a need for graduate programs for the community mental health/behavioral health workforce, including Alaska, Connecticut, Pennsylvania, Maryland, Wisconsin, New Hampshire, and Vermont. The classes are taught by a core set of national faculty who travel to provide on-site instruction of the classes, as well as local professionals, academics, consumers and family member instructors and presenters. As such, PCMH is not bound or restricted to one location or one part of the country, and states that are in need of this type of graduate program can work with Southern New Hampshire University to create a new satellite program in an underserved region.

Effectiveness:

Students bring a dedication and commitment to behavioral health to the program, and report the program's strengths as "curriculum, faculty and weekend format." In addition, alumni surveys have found that the majority of graduates (close to 94%) continue to work in behavioral health, and move into clinical leadership and management roles.

Across the states involved, administrators emphasize that PCMH has been instrumental to the cultivation and development of the behavioral health workforce and services. For example, Mary Jo Meyers, Alumna and Deputy Director of Wraparound Milwaukee writes,

"It has influenced and shaped the present leaders in our local system of care. Many graduates have moved on to be supervisors, program managers, community-based therapists, quality assurance specialists, and trainers utilizing the values and principles taught in the program."

Nick Nichols of Vermont, states:

“we have found consistently that those professionals who have gone through the program are typically the lead innovators and supporters of such key issues as recovery, evidence-based practices, and integrated mental health and substance use treatment.”

Contact:

Annamarie Cioffari, Ph.D., Program Director
Southern New Hampshire University
463 Mountain View Drive, Suite 101
Colchester, VT 05446
Phone: (802) 655-7235, x104
Fax: (802) 655-0236
a.cioffari@snhu.edu
<http://www.snhu.edu/pcmh>

Core Area: Substance Use Disorders Treatment / Persons in Recovery

ICED – Individual Career Enhancement and Development
Operation PAR, Inc.

Target Audience: Non-degreed or Bachelor-degreed direct care staff; Other healthcare or human service providers (primary care providers, school personnel, etc.)

Innovation Description:

Operation PAR, Inc., one of the most comprehensive behavioral healthcare providers in West Central Florida, which serves more than 13,000 individuals a year, was facing a critical need to improve its employee retention and professional opportunities within the agency. As a result, ***ICED – Individual Career Enhancement and Development*** was developed and implemented for the Professional and Para-professional direct service employees of Operation PAR, Inc. Simply put, ***ICED*** encourages staff to take charge of their own careers with respect to education, credentialing, career path, responsibility and ultimately, compensation. The ultimate goal of the program is better client care via better prepared service providers. ***ICED*** is a partnership between the company and its direct service staff, in which providers are given the all of the resources necessary to “enhance their professional careers.” Specifically, these resources include educational and professional opportunities with reimbursement, access to a myriad of development opportunities, a career development plan, timetables for success and monetary incentives. Additionally, each participant is fully aware of positions that are and will be available to them as well as the compensation for those positions. All of this is based upon the career goals set and articulated by the staff member. The Human Resources Department and direct supervisors monitor the progress of each staff member as they execute their individualized plan. Supervisors are also rewarded upon a staff member receiving a credential or a degree.

Significance:

ICED addresses workforce training and education because it encourages and rewards staff for increasing their educational and professional status. ***ICED*** goes a long way towards enhancing the daily work experience of staff in that supervisors are directly involved with their personal and professional growth...ultimately this leads to better retention.

Novelty:

Historically, professional growth has not been prioritized and was viewed as the employee’s responsibility. Under ***ICED***, individual employee growth is a partnership between the employee and employer. The employee is fully versed in the opportunities available and what those opportunities will mean in terms of their career path and compensation.

Transferability:

Conceptually, ***ICED*** is very simple and may be replicated easily. Career paths in a given industry must be identified and connected to educational, experiential, and any other credentialing requirements needed to achieve a certain level. The company must then commit to making the resources available to achieve these levels. The company must also commit to partnering with each employee to help achieve their career goals.

Effectiveness:

The *ICED* initiative is relatively new. Therefore, there is little quantitative data. However, Operation PAR has seen a substantial increase in staff enrollment in graduate and undergraduate programs along with corresponding increases in tuition reimbursement requests. Additionally, Operation PAR is experiencing more staff beginning the Substance Abuse credentialing process.

Contact:

Rich Neubert
Operation PAR, Inc.
6720 54th Avenue North
St. Petersburg FL 33709
Phone: 727-549-6172 X223
Fax: 727-545-7561
rneubert@operpar.org
www.operationpar.org

Master's Program In Community Mental Health
Southern New Hampshire University

Target Audience:

Graduate students/psychiatric residents; Practicing professionals (with or without graduate degrees); Non-degreed or Bachelor degreed direct care staff; Consumers/Persons in recovery; Families; Other healthcare or human service providers; Related fields of practice (e.g. child welfare, juvenile justice, corrections, etc.)

Innovation Description:

The Graduate Program in Community Mental Health at SNHU has a unique emphasis on integrated community mental health and substance abuse issues pertaining to adults and to children, youth and families. The curriculum includes content on integrated assessment, community support and rehabilitation services, recovery, empowerment, community integration, 12-step recovery, harm reduction models, motivational strategies, stages of change-based interventions, the physiology of addictions and psychopharmacology, and the needs of youth and families. The curriculum also contains coursework focused on program evaluation, policy, advocacy, integrated mental health and substance abuse services administration, systemic change, and professional ethics. The personal experience of people in recovery is valued, and people in recovery are welcomed as students and teachers.

As noted by the Annapolis Coalition, many graduate degrees in mental health do not prepare professionals for work in typical community mental health programs with individuals who are the most disabled. In addition, these graduate programs have not necessarily placed a high value on the consumer and family perspective. Further, graduate programs have historically focused on preparing students for work in either mental health or substance use treatment and have not focused on developing professionals who are skilled in providing integrated mental health and substance use treatment for individuals with co-occurring mental health and substance disorders. In contrast, the **Southern New Hampshire University Graduate Program in Community Mental Health (PCMH)** has focused specifically on developing professionals who 1) have the necessary skills, knowledge and competency to work with those children, families and individuals who suffer from the greatest disability and are typically served in community mental health settings, 2) value consumer and family voice, empowerment and recovery, and 3) have expertise in providing integrated mental health and substance use treatment.

The Graduate Program in Community Mental Health offers a highly relevant, competency based, multi-disciplinary approach to workforce development and education, providing certificates and master's degree options, and is uniquely focused on *integrated community mental health and substance abuse services*, with specializations focused on services for *adults or children, youth and families*. The program's innovative curriculum has been offered since 1995 and currently has learning sites in Vermont, New Hampshire, Wisconsin, and Alaska. The PCMH curriculum is based on the innovations and values found in *The Surgeon General's Report on Mental Illness*, *The President's New Freedom Commission Report on Mental Illness*, input from providers and consumers, and is consistent with the work of The Annapolis Coalition.

Significance:

The unique mission of PCMH has always been to increase the preparation, recruitment and retention of staff in the behavioral health workforce, develop leaders in the field, promote improved service outcomes for children and families and adults of all ages, and increase the number of family members and people in recovery working in the field. Since 1995, PCMH has achieved that mission with over 400 graduates nationally, 170 current students at 6 learning sites in 4 states, plus non-degree students completing certificates and coursework. The program emphasizes content areas such as recovery, evidence-based practices, systems of care, a wraparound approach to supports, and integrated mental health and substance use treatment as its cornerstones.

Novelty:

PCMH has a unique focus on *integrated mental health and substance abuse services* for *children, youth and families* and for *adults*. The program uses a *weekend class format*, making it accessible to working adults. *Students* are primarily current practitioners, as well as consumers and family members who wish to become practitioners. *Faculty* are teaching practitioners and experts in the field. The *flexibility* of the curriculum promotes relevance, innovation and currency.

Transferability:

This program is very transferable. Over the years, it has created local learning sites in different states in which there is a need for graduate programs for the community mental health/behavioral health workforce, including Alaska, Connecticut, Pennsylvania, Maryland, Wisconsin, New Hampshire, and Vermont. The classes are taught by a core set of national faculty who travel to provide on-site instruction of the classes, as well as local professionals, academics, consumers and family member instructors and presenters. As such, PCMH is not bound or restricted to one location or one part of the country, and states that are in need of this type of graduate program can work with Southern New Hampshire University to create a new satellite program in an underserved region.

Effectiveness:

Students bring a dedication and commitment to behavioral health to the program, and report the program's strengths as "curriculum, faculty and weekend format." In addition, alumni surveys have found that the majority of graduates (close to 94%) continue to work in behavioral health, and move into clinical leadership and management roles.

Across the states involved, administrators emphasize that PCMH has been instrumental to the cultivation and development of the behavioral health workforce and services. For example, Mary Jo Meyers, Alumna and Deputy Director of Wraparound Milwaukee writes,

"It has influenced and shaped the present leaders in our local system of care. Many graduates have moved on to be supervisors, program managers, community-based therapists, quality assurance specialists, and trainers utilizing the values and principles taught in the program."

Nick Nichols of Vermont, states:

“we have found consistently that those professionals who have gone through the program are typically the lead innovators and supporters of such key issues as recovery, evidence-based practices, and integrated mental health and substance use treatment.”

Contact:

Annamarie Cioffari, Ph.D., Program Director
Southern New Hampshire University
463 Mountain View Drive, Suite 101
Colchester, VT 05446
Phone: (802) 655-7235, x104
Fax: (802) 655-0236
a.cioffari@snhu.edu
<http://www.snhu.edu/pcmh>

Substance Abuse Studies Training Program
University of New Mexico Division of Continuing Education

Target Audience: Practicing Professionals (graduate degreed); Non-degreed or Bachelor-degreed direct care staff; Students interested in becoming licensed addictions counselors in New Mexico

Innovation Description:

The University of New Mexico (UNM) Division of Continuing Education Substance Abuse Studies Training Program (SASTP) is specifically designed to recruit, train, and prepare Substance Abuse Counselors for licensure, as well as provide continuing education in the most successful evidence-based treatment practices for those already in related professions. The curriculum results from a partnership between higher education's academic credit programs, and workforce development efforts through non-credit programs.

The program is divided into two tracks and designed for two different target populations. The first recruits individuals that are new to the field and are considering a career as a Substance Abuse Counselor. The second is designed to enhance and improve the skills of existing professionals or those that have related experience. Both tracks help prepare students as effective counselors through evidence-based treatment approaches and help them prepare for the licensure in the state of New Mexico. Both tracks are offered on the weekends to allow for participants to meet their weekday employment obligations. Additional flexibility is present in the credit options students have available. Courses may be taken either for academic credit or for CEUs, depending on the needs of the student.

The curriculum for both tracks represents a distillation of the most current research based approaches. This is made possible through a partnership with the University of New Mexico Department of Psychology, and the work of Dr. William Miller and Dr. Jane Ellen Smith. Dr. Miller is well recognized in the field and is a Distinguished Professor of Psychology and Psychiatry. Dr. Smith oversaw the selection of experts in the addictions field to develop the course curriculum. Dr. Smith also assisted in the selection of instructors who have a Master's degree, a PhD or MD and expertise in the field.

Significance:

This program illustrates that collaborative efforts are not only effective at recruiting and training individuals for licensure, but also for providing the pipeline to get the most current information related to effective treatment to those who need it most – those working directly with clients.

Novelty:

The timely delivery of evidence-based treatment approaches to those entering or practicing in the field is somewhat unusual and serves to raise the quality of treatment in New Mexico. Providing flexible options for students in terms of scheduling and credit options allows students to use the classes either for their undergraduate education or toward certification or recertification as needed.

Transferability:

Partnerships between higher education and workforce development provide avenues for proven methods to be implemented on a broader scale. Standardized curriculum is developed by experts in the field and ensures that new counselors receive the same quality information, handouts and exercises. The

partnership is “win win” with higher education providing opportunities for employment to their instructors, and the workforce benefiting from their expertise.

Effectiveness:

Training satisfaction is measured through post-course reaction forms. 2005-2006 student evaluations of courses averaged 4.56 on a 5 point scale; instructors evaluations averaged 4.66 on a 5 point scale. In addition, the program supports those methods proven to be effective through research.

Contact:

Marcia Stevenson
University of New Mexico Division of Continuing Education
1634 University Blvd. NE
Albuquerque NM 87102
Phone: (505) 277-6025
Fax: (505) 277-2854
sastp@unm.edu
dce.unm.edu



APPENDIX A
SELECTION CRITERIA FOR INNOVATIONS
In Behavioral Health Workforce Development¹

- Its **significance**: the degree to which the program successfully addresses an important element of behavioral health workforce education, training, recruitment or retention. For example:
 - To what degree does the innovation address a workforce issue or problem that is of national import and scope?
 - To what degree does the innovation directly impact the behavioral health workforce or consumers and their families?
 - To what degree has the innovation improved the relevance of training and education to the rapidly changing practice environment?
 - To what extent does the innovation address needs or issues identified in recent reports issued by the U.S. Surgeon General, the Institute of Medicine, the President’s New Freedom Commission, or SAMHSA and its Centers?
- Its **novelty**: the degree to which the innovation demonstrates a significant departure from business-as-usual. For example:
 - Does the program represent a fundamental change in the approach to educating students, providers, or persons in recovery and their families?
 - Does the program incorporate new recruitment and retention strategies?
 - Does the program change the core process by which education or training occurs?
 - Does the program introduce a new resource or technology?
- Its **transferability**: the degree to which the innovation, or aspects of it, shows promise of inspiring successful replication by educational institutions, service delivery systems, or other groups.
 - To what extent is the innovation packaged and readily accessible to others?
 - To what extent can this innovation be replicated by others?
 - To what extent can this innovation serve as a model that others will seek to replicate?
 - To what extent are the components, concepts, principles or insights of this innovation transferable to other disciplines or fields?
- Its **effectiveness**: the degree to which the innovation has demonstrated its utility by achieving tangible results. For example:
 - Has the innovation been formally evaluated or researched and found to be effective using either qualitative or quantitative methods?
 - Has an independent evaluation been conducted (e.g., by persons other than those who developed the innovation)?
 - Is there evidence of “satisfaction” with the innovation among consumers and families, students, or providers?

v.7.26.06

¹These criteria were adapted from those used by the John F. Kennedy School at Harvard University in selecting the Innovation in Government Award recipients, www.innovations.harvard.edu.