## APPENDIX A

# Transformation Granted States and Evidence-Based Practices

Compiled February 2007

### Transformation Granted States and Evidence-Based Practices February 2007

State	Priorities	Evaluation	EBP Work Plan	Evidence-Based Practices
Connecticut i,ii,iii	Has transformation plan in place based on recommendations made from gathering data from various sources described under evaluation.	Connecticut Citizens Phone Survey (prevalence of mental health symptoms, severity, seeking help, consumer satisfaction, recommendations for transformation, N= 557)	It is stated in the Mental Health Plan that it will support services that are recovery and resilience oriented, culturally responsive and evidenced based.	Individual work groups are exploring evidence-based practices based on the scope of the work group. For example one group is focused on suicide prevention in schools and is examining EBP in this area.
	The State used the New Freedom Commission goals and a template adapted from the Ohio Department of Mental Health Needs Assessment and Inventory of Resources to organize the information they had gathered in order to prioritize recommendation for transformation work. Recommendations include:  1. Expand upon suicide prevention guidelines by the Department of Education. 2. Develop, implement and provide incentives to programs to adopt a	Dept. of Mental Health and Addiction Services Agency Recovery Self-Assessment (assesses if provider meets criteria important to a recovery-oriented system, distributed to directors of DMHAS funded agencies, N=114)  Elements of Recovery Facilitating System (measuring the progress of local systems as they shift toward recovery in line with transformation goals and public policies)  Department of Children and Families: Mental Health Transformation Survey	Evidence-based practices are cited in the plan as:  in the juvenile and State entities that serve children and youth  criminal and justice systems continue to adopt evidence-based practices and early interventions that eliminate racial, ethnic and gender disparities  (The Department of Correction provides comprehensive health care to the offender population that meets a community standard of care, and includes medical, mental	

State	Priorities	Evaluation	EBP Work Plan	Evidence-Based Practices
Hawaii iv,v	Transformation work is in the beginning stages. Transformation grant was given by SAMSHA September 2006.  AMHD Guiding Principles: The following guiding principles apply to persons with SPMI who also have: • Co-occurring medical conditions • Substance use disorders • Homelessness • Mental retardation • Involuntary civil or penal commitment status.  1.Informed Self Directed Recovery is the foundation on which all mental health services are provided.  2.All mental health services are based on the individual's needs, strengths and desires.  3.Empathic and hope instilling	During FY 2006, in addition to the Center for Mental Health Services (CMHS) National Outcome Measures and the State Selected Outcome Measures (Consumer Survey including MHSIP items), the AMHD and CAMHD activities and initiatives will focus on continuing to transform the mental health system of care consistent with the President's New Freedom Commission goals.	As a step toward further improvement of treatment of services, CAMHD convened the Task Force for Empirical Basis to Services in 1999. In August 2002, the Task Force became a standing committee known as the CAMHD Evidence Based Services Committee (EBS Committee)  The overarching goals continue to be to broaden and update the summary of scientific information regarding effective interventions for youth with behavioral and emotional needs used to guide decisions about care.  The EBS Committee publishes reports on effective, evidence based interventions on a biennial basis. These reports are made available to the public on the Department of Health	Specific EBP's regarding AMHD and CAMHD can be found on the state's website and under the Evidence-Based Services Committee  Examples include:     Illness management: Recovery Family psycho-education     Assertive community treatment Integrated services for adults with co-occuring mental illness and substance abuse Medication management Supported employment
	relationships are an essential		website.	

4.The major goal of services is a safe and decent place to live, meaningful relationships and activities.	http://www.hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html	
5.Consumers are an integral component of the service system design throughout AMHD.		
6.Everyone is mindful, respectfully inquires, and makes adjustments to behave in a culturally informed, sensitive and responsive manner.		
7. Services are provided that is in the least restrictive, most integrated community settings, which are warm, welcoming, and respectful of consumers.		
8.Service standards are based on professional, national standards and Evidence Based Practices.		
9. Significant others are involved and supported to maintain relationships that are critical for healthy community living.		
CAMHD		
The seven priority areas that are currently guiding CAMHD and its provider agencies in our		

	agencies in our service to Hawaii's children and youth and their families are:  • Decrease stigma and increase access to care • Implement and monitor effectiveness of a comprehensive resource management program • Implement a publicly accountable performance management program • Implement and monitor a comprehensive practice development program • Implement and monitor a strategic personnel management plan • Implement and monitor a strategic financial plan • Implement and monitor a			
	strategic information technology program			
State	Priorities	Evaluation	EBP Work Plan	<b>Evidence-Based Practices</b>
Maryland vi,vii	A transformation work group (TWG) was formed as part of the MHS SIG. It includes various state agencies as well as consumer and family member groups.  The Mental Hygiene Administration has collaborative working	It appears that evaluation work is being conducted regarding the integration of evidence-based practices. The extent of this needs further exploration.	Maryland partially funded the National Wraparound Initiative and adopted the NWI practice model for Maryland.  Maryland has a nationally recognized model of jail-based mental health services, which, in several programs, includes trauma treatment. Effort are	The Mental Hygiene Administration (MHA) is launching an initiative that promotes evidence based practices (EBP) to improve the quality of services provided to individuals with mental illness. Evidence-Based Practices (EBPs) represent those standardized clinical or rehabilitative interventions for which clear, consistent research data derived from
	relationships and service		underway to establish Medicaid	controlled research experiments

	projects that have been developed with other TWG organizations. Cross-agency efforts are common in Maryland and will be enhanced by the MHS SIG.		benefits within 24-48 hours of release and expedite the availability of necessary medications.  Through partnership with Maryland Department of Education, Division of Rehabilitative Services, and the University of Maryland, 10 mental health vocational programs have received training in the evidence- based practice, "Supported Employment" with additional planned for 2007.	demonstrate that employing such an approach improves the outcomes for recipients of the service intervention.  Over the past several years MHA, through University of Maryland Evidence Based Practice Center, has been providing technical assistance and consultation to programs in implementing EBPs. At this time, MHA is planning to develop new rates for programs implementing EBP in the areas of Supported Employment, Family Psychoeducation, and Assertive Community Treatment (ACT).  Over the next year MHA is planning to implement additional EBPs and provide rate incentives to agencies.
State	Priorities	Evaluation	EBP Work Plan	Evidence-Based Practices
Missouri viii	Missouri was awarded a SAMHSA Mental Health Grant in October of 2006.  The primary focus of the first year is the development of a Comprehensive State Mental Health Plan by the Transformation Leadership Workgroup.			Dividence Buseu I Iucites
	This workgroup, established by			

	Governor Matt Blunt and includes senior leaders from the departments of Mental Health, Social Services, Health and Senior Services, Corrections, Public Safety, and Elementary and Secondary Education, along with mental health consumers, family.			
State	Priorities	Evaluation	EBP Work Plan	Evidence-Based Practices
New Mexico ix,x,xi	A plan specifically addressing	According to the 2006	The initial focus of the 2004	Both the 2004 and 2006
	the "transformation" of the mental health system was not found.  What follows is taken from the 2004 and 2006 reports titled Comprehensive and Strategic Health Plan  Principles of the 2004 New Mexico Comprehensive Strategic Plan include:  To support the development of a system of health services that balances needs, quality, safety and available resources.	Comprehensive and Strategic Health Plan  Completion of the provider capacity survey, report, and training.  Complete consumer / family satisfaction surveys for FY 06.  Evaluation process underway including process, system performance and customer/family outcomes.	Comprehensive and Strategic Health Plan was on prevention and early intervention. Four health status indicators were to be the focus statewide:  Childhood immunizations Obesity Teen pregnancy Youth suicide  According to the 2006 Comprehensive and Strategic Health Plan:  The Consortium for BH Training	Comprehensive and Strategic Health Plans minimally addressed specific evidence-based practices. Below are two specific practices mentioned in the 2006 report:  Implement Functional Family Therapy statewide for at-risk child welfare and juvenile justice adolescents.  Train providers in Eye Movement Desensitization and Reprocessing, a therapeutic intervention recommended for Post Traumatic Stress by the Veterans Administration and the

	<del>,</del>	<del>-</del>	
To promote consumer choice		and Research (CBHTR) kicked off with new Department of	Department of Defense.
within the constraints of funding.		Higher Education to address	
within the constraints of funding.		workforce and evidence-based	
To involve communities and		practices development and	
providers in the design and		Dissemination.	
coordination of New Mexico's			
health care delivery system.		Plan to identify matching funds	
		and include increased evidence-	
To support community-based and		based and promising practices	
home-based services.		in the Medicaid state plan.	
To promote culturally engage isto		•	
To promote culturally appropriate services.		Plan to increase provider	
Scrvices.		capacity to deliver evidence-	
To provide a venue for health care		based practices and new	
providers in order to address the		changes to Medicaid state plan.	
holistic needs of clients in an			
integrated manner.			
To encourage individuals to make			
responsible choices for their own health and health care.			
nearth and nearth care.			
Highlighted updates from the 2006			
report include:			
Creation of 34 additional school-			
based health centers with BH			
components			
Housing plan beginning, with			
emphasis on adults with serious			
mental illness and youth in			
transition to adulthood			
Primary care and BH interface to			

address pharmacy and psychiatric consultation based on acuity rather than diagnosis,		
especially for rural areas		
Provide intensive services/supports for children/ adolescents with behavioral health needs in custody or at-risk of out-of home placement.		
Implement Functional Family Therapy statewide for at-risk child welfare and juvenile justice adolescents.		
Increase services for persons with behavioral health needs leaving jails or prisons, including youth leaving the juvenile justice system.		
Explore and implement inclusion of traditional healers and culturally specific healing practices in service definitions.		
Work with State and local military and veteran's organizations to develop programs and services that address suicide-related issues for veterans and their families.		

	Develop a state-wide pool of therapists that are specifically trained to treat veterans with Post Traumatic Stress Disorder associated with service in war zones and the related challenges facing their families.			
State	Priorities	Evaluation	EBP Work Plan	<b>Evidence-Based Practices</b>
Ohio xii,xiii,xiv	The State of Ohio used the	Coordinated Centers of	9 Coordinated Centers of	Examples of evidenced-based
	goals stated in The President's	Excellence are grounded in	Excellence Include:	practices include:
	New Freedom Commission on	ongoing research and evaluation.		
	Mental Health as the basis for	Refer to individual centers for	Treatment/SAMI CCOE	Sequential Intercept Model:
	their transformation plan. State-	specifics on evaluation.		Working with the National GAINS
	of-the-art mental health		Supported Employment/SE	Center, the CJ/CCOE has been
	practices are a key element of		CCOE	elaborating a model to encourage
	transformation. The ODMH		Cl. D. I.D.	communities to approach jail
	Office of Clinical Best		Cluster-Based Planning	diversion systematically, at multiple
	Practices promotes recovery		Alliance CCOE	levels. The Sequential Intercept
	and resiliency through		Mental Illness/Mental	Model proposes that there are a
	workforce development			number of "points of interception" or
	activities focusing on the accelerated adoption of		Retardation, Developmental Disability CCOE	opportunities where an intervention can be made with a person with
	evidence-based mental health		Disability CCOE	mental illness that will keep that
	services. Initiatives supported		Criminal Justice CCOE	individual from entering or going
	by the office improve the		Cilimiai Justice CCOE	"deeper" into the criminal justice
	capacity of the community		Center for Learning Excellence	system. Conceptually, more people
	mental health workforce to use		CCOE	will be intercepted at each level than
	the best available approaches to			at the subsequent level. Screening
	support good mental health.		Center for Innovative Practices	tool: Brief Mental Health Screen
	The office partners with		CCOE	(BJMHS).
	colleges, universities, and other			

stakeholders in Ohio's public Wellness Management and Supported Employment (SE) is an mental health system to reach Recovery CCOE evidence-based practice that helps this goal. Included in these people with severe symptoms of partnerships are the Consolidated Culturalogical mental illness identify, acquire, and Coordinating Centers of maintain competitive employment in Assessment Tools CCOE Excellence (CCOEs), which their communities. SE is assertive teach and train practicing about helping people find the job mental health professionals they want as soon as they express the about effective approaches; the desire to work. Residency and Traineeship Programs, which expose New Hampshire-Dartmouth individuals entering the Integrated Dual Disorder Treatment workforce to evidence-based (IDDT) practices in public mental health; and other programs of vital importance to mental The Cluster-Based Planning Alliance health in Ohio, such as the Tobacco Dependence Project. The Sequential Intercept Mode The selection of CCOE's was Multisystemic Therapy (MST) based on two criteria: 1) level Illness Management and Recovery of evidence suggesting that the (IMR) Program and the Consumer practice is effective; 2) the level Education component of the Ohio of salience, the extent to which Medication Algorithm Project the issues and populations (OMAP) addressed by the practice are priorities for the public mental Consolidated Culturalogical health system and the state as a Assessment Tools (C-CAT) whole. **Assertive Community Treatment** Ohio.s Networks and CCOEs serve as expert resources providing technical assistance and consultation to improve

	quality by promoting Best Clinical Practices. These practices integrate the desires and values of consumers, the knowledge and skills of the practitioners, and the best research evidence that links a particular intervention with a desired outcome. Mental health agencies can support the transformation of mental health care in Ohio by committing to recovery and resilience, adopting Best Clinical Mental Health Practices, measuring their effectiveness through Consumer-focused Outcomes, and using proven Quality Improvement tools and techniques.			
State	Priorities	Evaluation	EBP Work Plan	Evidence-Based Practices
Oklahoma xv,xvi,xvii	Oklahomans understand that having good mental health and being free from addictions is essential to overall health.  • Suicide prevention strategies  • Intersect with primary care  • Continuity between levels of care  Care is consumer and family	An initial Needs Assessment - Resource Inventory was conducted and informed the final goals for transformation.  Focus groups were conducted with mental health consumers and family members, CMHC staff and management, substance abuse service providers, and substance abuse clients and family members.	The Innovation Center was developed and hosted by the Oklahoma Department of Mental Health and Substance Abuse Services to provide strategic resources to enhance and sustain transformation.  The Innovation Center is a specialty technical assistance center. Primary clients for the	The Innovation Center website does not list out particular EBP's. It does provide a link to the SAMSHA evidence-based practices website.  The 2006 Oklahoma Substance Abuse and Mental Health Services: Comprehensive Plan highlights various practices that have or will be implemented Statewide. Some of these include:

driven  • Recovery support specialist capacity • Consumers & families as trainers • Expand understanding and decrease stigma within other systems  Disparities in services are	The Innovation Center website provides links to SAMSHA and the Human Service Research Institute.	Center are the staff of partnering agencies and communities committed to change in order to improve services for consumers.  The 3 main areas of focus listed under the Innovation Center website include:  Evidence-based practices as	All Certified Community Mental Health Centers (CMHC) must provide either Clubhouse or a general psychosocial rehabilitation (PSR) program for adults.  Programs of Assertive Community Treatment (PACT)  Wraparound services
eliminated  • Employment for consumers from minority populations  • One-stop access to services  • Linkages with public schools  Early screening, assessment,		defined and listed by SAMHSA Reducing stigma Mental health in schools	
and referral to services are common place  • Holistic and integrated assessment tools and techniques • Transitions services for older youth  Excellent care is delivered and research is accelerated			
Evidence based practice training in educational institutions     Trauma training for			

	emergency, law enforcement, and clergy • Science-based knowledge for prescribers of medication  Technology is used to access care and information • Consumer access to technology • JOIN and Oklahoma 2-1- 1 • Interagency agreements to better utilize technology & information sharing • Technology			
	(telemedicine, teleconferencing, etc.)			
State	Priorities	Evaluation	EBP Work Plan	<b>Evidence-Based Practices</b>
Texas xviii,xix,xx	Texas was awarded the Mental Health Transformation grant in 2006. It has provided the resources and brought together	An assessment was carried out with the goals of the original grant application at the forefront, which included a preliminary assessment	With a public health approach, Texas will make the following a priority of all agencies.	
	the state's leadership and stakeholders to provide guidance and direction to unite these fragmented activities,	of needs and had the broad support of the Governor and the Transformation Working Group (TWG) agencies and consumers.	Focus on prevention and early intervention and adopt a family based approach.	
	develop and implement new initiatives, and take the state behavioral health system to a higher, significant level of	This expanded assessment allowed for further exploration of agency, consumer, and community needs and resources	Implement national outcome measures and focus on how cultural issues impact disparities in access and	

transformation.

#### Priorities include:

- Consumer and family member voice
- Public health approach
- Returning vets
- Early intervention
- Crisis services
- Recovery orientation

for behavioral health transformation as well as to maximize consumer voice and participation in the process. The assessment will attempt to collectively present information for a more comprehensive view of the needs and resources that exist in the state and will be used to inform development of the comprehensive mental health plan.

The assessment included:

- Data gathered and presented in the original application.
- Data gathered from consumers at town halls, public forums, via letter and email, and published documents.
- Data gathered from TWG agencies through interviews and review of historical documents.
- Statistical data gathered from agencies and reports.

Questions asked of consumers included:

- 1) What is working well in the system?
- 2) What is not working well?
- 3) What changes would you recommend?

Questions asked of TWG agencies included:

1) What are your agency priorities?

outcome.

Expand the use of cutting edge technology.

Demonstrate successful integration of physical and behavioral health.

Seek public/private partnerships.

Work to develop and maintain shared transformation agenda with stakeholders at both the state and local levels.

Texas will approach this by:

Developing and supporting local behavioral health collaboratives.

Using cutting edge technology to change work processes across agencies.

Improvement of the system will be targeted to the IOM Quality Chasm principles:

- Apply evidence to health care delivery
- Use information

 <u> </u>		
2) What are your needs for behavioral	technology	
health?	<ul> <li>Align payment policies</li> </ul>	
3) What are your areas of interest in	with quality	
behavioral health transformation?	improvement	
	<ul><li>Prepare the workforce</li></ul>	
The evaluation of the Texas	• Frepare the workforce	
Mental Health Transformation		
project is to be carried out by the		
Center for Health and Social		
Policy at the LBJ School of Public		
Affairs, The University of Texas.		
Titulis, The Oniversity of Texas.		
The manage of the analysis is		
The purpose of the evaluation is		
to inform the transformation		
process as it evolves.		
Evaluation tools include:		
Government Performance Results		
Act (GPRA) measures		
SAMHSA'S National Outcomes		
Measures (NOM'S).		
Some of the features of the initial		
conceptual design include:		
• A focus on business processes,		
including the internal workflow of		
agencies, the relationships among		
agencies, information flow, and		
the roles of consumers and		
family members		
• Consumers and family member		
experiences		
<ul> <li>Outcome indicators related to</li> </ul>		

State	Priorities	plan strategies • Measures related to infrastructural components of transformation, including those related to organizational culture.  Evaluation	EBP Work Plan	Evidence-Based Practices
Washington xxi,xxii,xxiii	Year one of the Transformation Grant has been devoted to developing a shared understanding and common agenda for transformation. It is our vision that all people in the state of Washington who experience mental health challenges will lead productive and fulfilling lives, free of stigma, in a safe and least restrictive environment. We have engaged in a broad public process to develop a roadmap for achieving this vision. We are ready for change.  The Transformation effort relies on the participation of consumers, families, and youth including their membership in the Transformation Work Group (TWG), in outreach, education and training, policy formation, evaluation and public education	The evaluation process will be consumer and family driven.  A transformed mental health system centers on development of an infrastructure that allows consumers, family members and other stakeholders to monitor progress, evaluate outcomes, and assess the need for mid-course corrections.  The principle components of the evaluation process include:  1. Development and Implementation of Government Performance and Results Act (GPRA) measures 2. Collection and reporting of SAMHSA's National Outcome Measures across all agencies engaged in the transformation 3. Implementation of a Theory of Change evaluation to assess the overall impact of the Initiative on achieving the six original goals of the President's New Freedom Commission and two goals on	Providers, some consumers, researchers, and policymakers in the mental health and social service community in Washington State have been involved for some time in a passionate discussion about evidence-based practices. This debate is not theoretical; it has emerged as the DSHS Juvenile Rehabilitation Administration, Mental Health Division and Children's Administration move to require/facilitate the adoption of evidence-based practices. The discussion revolves around a number of issues which in many ways echo similar discussions within the research community.	Mental health providers in Washington State have been working for years to "train up" to the programs state policy-makers want to fund – as well as those programs their own review of the literature suggests are most effective. However, their training budgets are limited, so there are lags in their ability. Below are a list of evidence-based practices that some part of the mental health systems is now mandating.  Aggression Replacement Therapy Assertive Community Treatment Dialectical Behavior Therapy Elderly Depression Screening & Treatment Family Psychoeducation Functional Family Therapy Illness Self-Management & Recovery Integrated Co-Occurring Disorders Medication Management Multi-Systemic Treatment

campaigns. This approach of bringing consumers, family members and youth into the transformation effort as full partners ensures the transformation process will result in a comprehensive, culturally competent, fully integrated, consumer-, family-and youth-centered system committed to continuous improvement.

Washington's MHTP has been built on the foundation of the President's New Freedom Commission Report. However, what is emerging in Washington State is unique to the needs of the consumers, family members and youth of Washington. The MHTP is building the infrastructure to support an on-going process of planning, action, learning and innovation that will result in measurable improvements in the lives of both young and old throughout the State.

The Transformation Work Group was charged with developing the Transformation Plan. To accomplish this, the employment and housing added by Washington State's Transformation Work Group.

The primary responsibility for the evaluation will remain with the Transformation Grant staff, who will coordinate the work with the primary contractors for this project:

- DSHS, Division of Research and Data Analysis
- DSHS Division of Mental Health Research Division
- The University of Washington, Division of Justice and Health Policy
- The Cecil G. Sheps Center for Health Services Research, University of North Carolina-Chapel Hill

In 2006, the WA Mental Health Division (MHD) contracted with the University of Washington Institute for Mental Illness Research and Training (WIMIRT) to conduct a statewide survey of mental health providers. The goal of the survey was to collect information about the utilization of Evidence-Based Practices (EBPs) in Washington State. Of Parent Training Trauma-Focused Cognitive Behavior Therapy Wraparound

TWG established an ambitious	150 eligible mental health	
Year 1 work plan first	facilities, 67 completed the	
identifying seven areas for	survey, yielding a 45% response	
analysis, focusing on target	rate.	
populations:		
1. Children/Youth and		
Parents/Families		
2. Adult Consumers and Families		
3. Older Adult Consumers and		
Families		
4. Youth Transitioning into		
Adulthood		
5. Homeless Population		
6. Criminal Justice-Juveniles and		
Adults		
7. Co-Occurring Disorders (Dual		
Diagnoses)		
Subcommittees were developed		
to examine these seven areas		
and to recommend key		
outcomes for further		
exploration and development.		

<sup>&</sup>lt;sup>i</sup> Dailey, W.F. Chinman, M.J., Davidson, L., Garner, L., et al. (2000). How are we doing? A statewide survey of community adjustment among people with serious mental illness receiving intensive outpatient services. *Community Mental Health Journal*, 36, (4), pp. 363.382.

ii A comprehensive mental health plan for the state of Connecticut (2006). Retrieved on January 3, 2007 from www.dmhs.state.ct.us/transformation/MHTfinal report.pdf.

iii Personal communication with Cheryl Stockford, State of Connecticut Mental Health Transformation on January 23, 2007.

<sup>&</sup>lt;sup>iv</sup> Statewide comprehensive integrated service plan including the community mental health services block grant application FY 2006. Retrieved on January 12, 2007 from www.amhd.org/images/StatePlan2005.pdf

<sup>&</sup>lt;sup>v</sup> Hawaii Child and Adolescent Mental Health Division website retrieved on January 12, 2007 from www.hawaii.gov/health/mental-health/camhd/index.html

vi Maryland Department of Health and Mental Hygiene website retrieved on January 12, 2007 from www.dhmd.state.md.us/mha/mhanew.html

vii Mental Health Transformation Trends, Sept-Oct. 2006, Vol. 1. Retrieved on January 12, 2007 from www.samhsa.gov/Matrix/MH\_transformation\_trends.aspx viii Missouri Department of Mental Health, Office of Transformation website retrieved on January 23, 2007 from www.dmh.missouri.gov/transformation/transformation.htm

ix New Mexico Department of Health website retrieved on January 12, 2007 from http://www.health.state.nm.us/index.html

<sup>&</sup>lt;sup>x</sup> New Mexico Comprehensive Strategic Health Plan (2006). The Department of Health and the New Mexico Health Policy Commission.

xi New Mexico Comprehensive Strategic Health Plan (2004). The Department of Health and the New Mexico Health Policy Commission.

xii Tools for transformation: A guide to Ohio's Coordinating Centers of Excellence and Networks (2005). Ohio Department of Mental Health, Office of the Medical Director Program and Policy Development.

xiii Ohio Department of Mental Health website retrieved on January 12, 2007 from http://www.mh.state.oh.us/

xiv Personal communication with Dee Roth, Office of Program and Evaluation, Ohio Department of Mental Health on January 23, 2007.

xv Oklahoma Department of Mental Health and Substance Abuse Services website retrieved on January 12, 2007 from http://www.odmhsas.org/

xvi The Innovation Center: Transformation For A Healthy Oklahoma website retrieved on January 12, 2007 from http://www.okinnovationcenter.org/

xvii Oklahoma Substance Abuse and Mental Health Services: Comprehensive Plan (2006). Supported in part by a grant from the Substance Abuse and Mental Health Services Administration (SM-05-009) Cooperative Agreements for Mental Health Transformation Grants (John Hudgens, Principal Investigator).

xviii Voices Transforming Texas: Texas Assessment of Mental Health Needs and Resources, Executive Summary (2006). Texas Transformation Working Group, Funded by the Substance Abuse and Mental Health Services Administration.

xix Speck, N., Texas Health Institute. Mental Health Transformation in Texas. A presentation given to the Texas Rural Health Association on August 15, 2006 in Austin, Texas.

xx Comprehensive Mental Health Plan for the State of Texas (2006). Mental Health Transformation State Incentive Grant, Project Director, Vijay Ganju retrieved on January 31, 2006 from http://www.mhtransformation.org/documents/RevCompPlan 101106.pdf

xxi The Voices: 2006 Washington State Mental Health Resource and Needs Assessment Study. DSHS|RDA Report Number 3.31

xxii The Plan: 2006 Washington Mental Health Transformation Plan, Phase I. Project Director Kenneth Stark retrieved on January 31, 2006 from http://mhtransformation.wa.gov/pdf/mhtg/CMHP\_WithAppendix.pdf

xxiii Voss, W. & McBride, D. (2006). Evidence-Based Practices Used by Washington State Mental Health Providers. Report prepared for The Washington State Mental Health Division.

### APPENDIX B

## Evidence Based Practices Selection Criteria and Definitions

Part 1a: Matrix of Practices by Administration Types and Rating

Sources

Part 1b: Rating Systems Definition

Part 1c: References

Part 2: Evidence Based Practices Inclusion Criteria

Part 3: Evidence Based Practices Definitions

Part 1a: Matrix of Practices by Administration Types and Rating Sources

		COD Practices nning to be Imp								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22 24	1 22 26	::29	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,2</sup>	CA <sup>23,20</sup>	DOC <sup>26</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Practices 1-2-3 Magic <sup>9</sup>						X				( 11 )			Level 2			С	
ABC Model for Foster Parents <sup>7</sup> Abuse Focused CBT <sup>9</sup>						X						Promising	Level 2			C C	
Across Ages <sup>19,22</sup>						X	Best				Model		Level 2			C	
Aggression Replacement Training <sup>7,9</sup>	X	X	X									Level 1	Level 1			С	
All Stars <sup>22</sup>						X					Model					С	
AL Juvenile Court Liasons <sup>7</sup>						X						Model					
Al's Pals:Kids Making Healthy Choices <sup>22</sup>						X					Model					С	
American Indian Life Skills Development <sup>22</sup>						X					Effective					С	
Anger Coping Therapy/Anger Coping Self-Instruction Training <sup>7,9</sup>						X						Level 2	Level 2			С	
Anger Focused CBT <sup>9</sup>						X							Level 2			TBD	
Anger Management for Substance Abuse and Mental Health Clients <sup>13,29</sup>						X								EBP	EBP	A	
APIC Model (An Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders) <sup>19</sup>						X	Best									A	

		COD Practices								Rat	ing Systems	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 18 23 25	23 24	23 26	28	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT		Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Applied Behavior Analysis <sup>7,9</sup>						X					3	Level 1	Level 1			С	
Asian Youth Alliance 19,22						X	Not Rated				Promising					С	
Assertive Community Treatment(ACT/PACT) <sup>3,7,19,27,29</sup>		X					Best	EBP	EBP			Evidence Based	Level 3		EBP	В	X
Assisted Recovery from Trauma and Substances (ARTS) <sup>19</sup>						X	Not Rated									A	
Auditory Integration Training <sup>7,9</sup>						X						Level 3	Level 4			С	
Be A Star <sup>22</sup>						X					Promising					С	
Behavioral Activation <sup>7</sup>						X						Effective				A	
Behavioral Couples Therapy for Alcoholism and Drug Abuse <sup>30</sup>						X				EBP						A	
Behavioral Family Intervention (BHI) <sup>9</sup>						X							Level 3			С	
Behavioral Monitoring and Reinforcement Program <sup>22</sup>						X					Promising					С	
Behavioral Parent Training <sup>7,9</sup>						X						Level 2	Level 1			С	
Behavioral Therapy for Anxiety <sup>29</sup>						X									EBP		
Behavioral Tailoring <sup>7</sup>						X						Effective				A	
Behavioral Treatment of Panic Disorder <sup>29</sup>						X									EBP		

		COD Practices								Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	200	Don't			S	AMHSA		T-Grant	Cilliulens	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>25,2</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Practices										(2007)	Trograms						
Behavioral Treatment for Substance Abuse in Schizophrenia <sup>7,19,29</sup>						X	Not Rated					Effective			EBP	A	X
Bernalillo County Juvenile Detention Center <sup>7</sup>						X						Model					
Beyond the Baby Blues <sup>7</sup>						X						Emerging				С	
Big Brothers/Big Sisters of America <sup>22</sup>						X					Effective					С	
Bilingual/Bicultural Counseling and Support Services <sup>22</sup>						X					Promising					С	
Blue Bay Healing Center <sup>19</sup>						X	Promising									С	
Boston Juvenile Court Clinic <sup>7</sup>						X						Model					
Boys and Girls Club: North Cheyenne Smart Moves Program <sup>19</sup>						X	Promising									С	
Brain Power <sup>22</sup>						X					Promising					С	
Brief Psychodynamic Psychotherapy for Depression <sup>19,29</sup>						X	Promising								EBP	A	
Brief Strategic Family Therapy <sup>9,13,19,22</sup>						X	Not Rated				Model		Level 1	EBP		С	X
Build Respect Stop Bullying <sup>30</sup>						X				EBP							
California Infant-Parent Program						X						Evidence Based				С	
CASA Start <sup>9,22</sup>						X				_	Model		Level 4			С	

		COD Practices nning to be Imp							Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 18 23 25	23 24	1 23 26		Don't		S	AMHSA		T-Grant	Cilliaren s	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>25,20</sup>	DOC <sup>2</sup> °	Know	WIMIRT	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Practices									(2007)	1 Tograms			, ,			
Center for Older Adults and Their Families <sup>19</sup>						X	Promising								A	
Child and Family Focused CBT <sup>9</sup>						X						Level 2			С	
Child Development Project <sup>22</sup>						X				Model					С	
Child/Infant - Parent Psychotherapy <sup>7</sup>						X					Evidence Based				С	
Children of Divorce Intervention Program (CODIP) <sup>22</sup>						X				Effective					С	
Children in the Middle <sup>22,30</sup>						X			EBP	Model					С	
Circle of Security <sup>7,9</sup>		X									Promising	Level 4			С	
Clinician Based Psychoeducational Intervention for Families <sup>30</sup>						X			EBP						В	
Clubhouse ( e.g., Fountain House Model) <sup>7</sup>		X									Evidence Based				A	
Clubhouse-based Transitional Employment Services (TES) <sup>7</sup>						X					Evidence Based				A	
Cognitive-Behavioral Social Skills Training <sup>22</sup>						X			EBP						TBD	
Cognitive Behavior Therapies <sup>7,9,19,22,29,30</sup>	X	X	X				Promising				Evidence Based	Level 1		EBP	В	X
Cognitive Processing Therapy (CPT) <sup>9</sup>						X						Level 3			С	

		COD Practices								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 10 22 25	22.24	22.24	200	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,22</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT		Toolkit	NREPP	Model	EBPEP Task Group	EBP Expert Panel	Institute	WSIPP	A= Adult B= Both	
Practices								DIG	TOOIRI	(2007)	Programs			(ADAI)			
Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) <sup>22</sup>	X										Promising					С	
Cognitive Therapy for Depression <sup>19,29</sup>						X	Not Rated								EBP	В	
Colorado Crisis Intervention Team <sup>7</sup>						X						Model				TBD	
Colorado Youth Leadership Project <sup>22</sup>						X					Promising					С	
Community Contacts for the Widowed <sup>19</sup>						X	Promising									A	
Community Reinforcement Approach to Substance Abuse Treatment <sup>19</sup>						X	Promising									A	
Comprehensive Assessment Reporting Evaluation (CARE)19						X	Promising									A	
Concurrent Treatment of PTSD and Cocaine Dependence <sup>19</sup>						X	Not Rated									A	
Contingency Management (co-occurring) <sup>7,9,13</sup>	X											Evidence Based	Level 3	EBP		A	X
Cook County Juvenile Court Clinic <sup>7</sup>						X						Model				С	
Coping Cat <sup>30</sup>						X				EBP			_			TBD	
Coping Power <sup>22</sup>						X					Effective					С	
Co-treatment Oriented Courts <sup>7</sup>						X						Emerging				В	

		COD Practices								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	DAGA 12	10,18,23,25	TD 4 23,24	4 C A 23,26	5 DOC 28	Don't	WW AID T		S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse	Walde	C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JKA	CA	рос	Know	WIMIKI	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Creating Lasting Family Connections <sup>19,22</sup>						X	Best				Model					С	
Crisis Intervention for People with Severe Mental Illness <sup>29</sup>						X									EBP		
Crisis Intervention Team (CIT) <sup>7</sup>		X										Evidence Based				В	
Critical Time Intervention <sup>30</sup>						X				EBP							
Cultural Enhancement Through Storytelling <sup>19</sup>						X	Best									С	
Dando Fuerza a la Familia <sup>19,22</sup>						X	Not Rated				Promising					С	
Dare to Be You <sup>19,22,30</sup>						X	Best			EBP	Model					С	X
Daughters of Tradition <sup>19</sup>						X	Promising									С	
Delores Mission Women's Cooperative <sup>19</sup>						X	Not Rated									A	
Dementia Care Project in Boarding Homes <sup>19</sup>						X	Promising									A	
Diagnostic and Assessment Units <sup>7</sup>						X						Model				С	
Diagnostic Classification System of Mental Disorders or Infancy and Early Childhood (DC:0-3) <sup>7,19</sup>						X	Promising					Promising				С	

		COD Practices uning to be Imp								Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 18 23 25	23 24	23.26	29	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Dialectical Behavioral Therapy <sup>7,9,13,19,30</sup>	х	X	X				Not Rated			EBP		Evidence- Based	Level 2	ЕВР	EBP	В	х
Domestic Violence Pilot Projects <sup>19</sup>						X	Promising									С	
Dreamcatcher Meditation <sup>19</sup>						X	Promising									С	
Dual Focus Schema Therapy <sup>19</sup>						X	Not Rated									A	
Early Childhood Mental Health Consultation <sup>7</sup>						X						Promising & Emerging				С	
Early Head Start <sup>7</sup>						X						Promising				С	
Early Intervention Foster Care program <sup>7</sup>						X						Evidence Based				С	
East Texas Experiential Learning Center <sup>22</sup>						X					Effective					С	
Effects of Clazapine on Substance Use in Schizophrenia <sup>29</sup>															EBP		
Elder Substance Abuse Outreach Program <sup>19</sup>						X	Promising									A	
Elder Wrap-Around Team <sup>7,19</sup>						X	Promising					Emerging				A	

		COD Practices							Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10.19.22.25	22.24	22.2		Don't		s	SAMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices									(2007)	Trograms						
Electroconvusive Therapy for Schizophrenia <sup>29</sup>						X								EBP		
Emerson David Family Development Center <sup>19</sup>						X	Not Rated								С	
Expanded Community Services (ECS) <sup>7</sup>						X					Emerging				A	
Exposure with Response Prevention <sup>7,19</sup>						X	Not Rated				Effective				A	
Eye Movement Desensitization & Reprocessing (EMDR) <sup>7,9</sup>		X									Level 2/Effective	Level 2			В	
Faith Based Prevention Model <sup>19</sup>						X	Not Rated								A	
Families and Schools Together (FAST) <sup>7,19</sup>						X	Best				Level 2				С	
Families That Care - Guiding Good Choices <sup>19,22</sup>						X	Best			Model					С	
Family Caregiver Counseling Service <sup>19</sup>		X					Promising								С	
Family Development Research Project <sup>22</sup>						X				Effective					С	
Family Effectiveness Training <sup>9,19</sup>						X	Best					Level 4			С	
Family Focused Child Centered Treatment (FTI) <sup>7,9</sup>						X					Level 2	Level 2			С	
Family Group Conferences <sup>7</sup>						X					Level 1				С	

	MH/COD Practices Currently Implemented or Planning to be Implemented in Washington										Rating Systems/Level of Support											
	12	10 18 23 25	23 24	23 26	5 21	» Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child						
Practices	DASA	MHD <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both						
Family Health Promotion <sup>22</sup>						X					Promising					С						
Family Integrated Transitions <sup>7,9</sup>		X	X	X								Evidence Based	Level 2			С						
Family Intervention for Dual Disorders <sup>19,29</sup>						X	Not Rated								EBP	С						
Family Intervention Resources Services Team (FIRST) <sup>7</sup>						X						Model				С						
Family Intervention Specialists <sup>7</sup>						X						Model				С						
Family Matters <sup>22,30</sup>						X				EBP	Model					С						
Family Psychoeducation <sup>3,7,27</sup>		X						EBP	EBP			Effective				С	X					
Family Support Services (PACE) Program <sup>19</sup>						X	Not Rated									С						
Family Therapy (anorexia only) <sup>7,9</sup>						X						Level 2	Level 2			С						
Family Treatment/ Dependency Court <sup>7</sup>						X						Promising				С						
FAN (Family Advocacy Network) Club <sup>22</sup>						X					Effective					С						
Fast Track Project <sup>19</sup>						X	Promising									С						
Focus on Families <sup>22</sup>						X					Promising					С						
Foster parents mentoring birth parents <sup>7</sup>						X						Emerging				С						
Friendly PEERsuasion <sup>22</sup>						X					Effective					C						

		COD Practices						Child or Adult	Endorsed by 3 or more sources								
	12	10 10 22 25	22.24	22.24	200	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,22</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Functional Communication Training <sup>7,9</sup>						X						Level 3	Level 4			С	
Functional Family Parole <sup>7</sup>			X									Promising				В	
Functional Family Therapy <sup>7,9,19,27</sup>	X	X	X	X			Best	EBP				Evidence Based	Level 1			С	X
Gatekeeper program <sup>7,19,22</sup>						X	Best				Promising	Promising				A	X
GentleCare Prosthetic Life Care System <sup>19</sup>						X	Promising									A	
Geriatric Mental Health Outreach Program <sup>19</sup>						X	Promising									A	
Geriatric Mental Health Specialty Training <sup>7</sup>		X										Emerging				A	
Geriatric Regional Assessment Team (GRAT) <sup>7,19</sup>		X					Promising					Emerging				A	
Get Real About Violence <sup>22</sup>						X					Promising					С	
Good Behavior Game <sup>22</sup>						X					Effective					С	
Great Body Shop <sup>22</sup>						X					Promising					С	
Greater Access to EAPS (GATE) <sup>22</sup>						X					Effective					A	
Group Counseling Theory <sup>19</sup>						X	Promising									В	
Guiding Good Choices <sup>9</sup>						X							Level 4			С	
Hamilton County Individualized Disposition Docket <sup>7</sup>						X						Model					
Head Start <sup>9</sup>						X							Level 1			С	

	MH/( Plai			Child or Adult	Endorsed by 3 or more sources											
	12	10 18 23 25	22.24	22.2	25	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse	C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,20</sup>	DOC <sup>26</sup>	Know	WIMIRT		Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	A= Adult B= Both	
Practices Healing Lodge of the Seven										(2007)	Trograms			, ,		
Healing Lodge of the Seven Nations <sup>19</sup>						X	Promising								С	
Helping the Non-Compliant Child <sup>22</sup>						X					Effective				С	
Home Instruction Training for Pre-School Youngsters <sup>9</sup>						X							Level 1		С	
Home Visiting Family Support Program <sup>7</sup>						X						Promising			С	
Home-Based Behavioral Systems Family Therapy <sup>22</sup>						X					Effective				С	
Houston Parent-Child Development Program <sup>22</sup>						X					Effective				С	
I Can Problem Solve <sup>9,22</sup>						X					Promising		Level 2		С	
Illinois Mental Health Juvenile Justice Initiative <sup>7</sup>						X						Model				
Illness Self-Management/Illness Management & Recovery <sup>3,7,,27</sup>		X						EBP	EBP			Effective			A	Х
Improving Children's Mental Health through Parent and Community Empowerment <sup>7</sup>						X						Emerging			С	
Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) <sup>7,19</sup>						X	Promising					Evidence Based			A	

		COD Practices						Child or Adult	Endorsed by 3 or more sources								
	12	10 19 22 25	22.24	1 22.24	25	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA	DOC-	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
In the Company of Their Peers: Geriatric Peer Counseling <sup>19</sup>						X	Promising									A	
Incredible Years <sup>7,9</sup>		X										Evidence Based	Level 1			С	
Indiana Family Project <sup>7</sup>						X						Model				С	
Individual Placement and Support (IPS) <sup>7,22</sup>						X					Effective	Evidence Based				A	
Ingersoll Gender Center <sup>19</sup>						X	Promising									A	
Integrated Dual Disorders Treatment <sup>3,9,13,19,27,29</sup>	X	X					Not Rated	EBP	EBP			Effective		EBP	EBP	A	X
Integrated Group Therapy <sup>7</sup>						X						Evidence Based				A	
Integrated Group Treatment for Bipolar and Substance Use Disorders <sup>19,29</sup>						X	Not Rated								EBP	A	
Integrated Program for Comorbid Schizophrenia & Substance Use <sup>29</sup>						X									EBP		
Integrated Treatment Model <sup>11</sup>			X													С	
Intensive Family Preservation Services <sup>7,9</sup>			X									Level 3	Level 1			С	
Interpersonal Therapy <sup>7,9,19,29</sup>						Х	Promising					Level 1/ Effective	Level 1		EBP	В	X
Interpersonal-Social Rhythm Therapy <sup>7</sup>						X						Effective				A	
Iowa's Elderly Outreach Project (IOP) <sup>19</sup>						X	Promising								_	A	

	MH/COD Practices Currently Implemented or Planning to be Implemented in Washington							Rating Systems/Level of Support										
	12	10 19 22 25	22.24	22.24	: 29	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child		
Practices	DASA <sup>12</sup> MHD <sup>10,18,23,25</sup> JR	JRA <sup>23,23</sup>	CA <sup>23,2</sup>	DOC <sup>20</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Exper Panel	Institute (ADAI)	WSIFF	A= Adult B= Both			
Jail Diversion Programs (e.g., Illinois MH Juvenile Justice Initiative) <sup>7</sup>						X						Model				В		
Job-Loss Recovery Program <sup>22</sup>						X					Promising					A		
K' E' Project <sup>19</sup>						X	Promising									С		
Kaiser Permanente Social Health Maintenance Organization <sup>19</sup>						X	Promising									A		
Kids Intervention with Kids in School <sup>22</sup>						X					Promising					С		
Kimihqitahasultipon Program <sup>19</sup>						X	Promising									С		
King Co Treatment Court <sup>7</sup>						X						Model						
Kit Clark Senior Services <sup>19</sup>						X	Promising									A		
LA-Westside Infant Family Network <sup>7</sup>						X						Promising				С		
Leadership and Resiliency Program <sup>22</sup>						X					Model					С		
Lesbian, Gay, Bisexual, and Transgender - Affirmative/Feminist Therapies						X	Promising									A		
Let Each One Teach One <sup>22</sup>						X					Promising					С		
Life Givers <sup>19</sup>						X	Promising									C		
Life Skills Training <sup>9,19</sup>						X	Promising						Level 4			C		

	MH/C Plai			Rating Systems/Level of Support													
	12	10 19 22 25	22.2	22.24	29	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	IIRT DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Light Therapy for Depression <sup>29</sup>						X									EBP		
Linking the Interests of Families and Teachers (LIFT) <sup>9,22</sup>						X					Promising		Level 2			С	
Lions Quest Skills for Adolescence 22						X					Model					С	
Listening Mothers <sup>7</sup>						X						Emerging				С	
Little Havana Health Program <sup>19</sup>						X	Promising									A	
Los Nino's Bien Educados Parenting Program <sup>9</sup>						X							Level 4			С	
Matrix Model <sup>30</sup>						X				EBP							
Medication Algorithms <sup>7</sup>						X						Evidence Based				A	
Medication Management <sup>27</sup>	X	X						EBP								В	
Medications for specific conditions <sup>7,9,29</sup>						X						Level 1	Level 1		EBP	В	X
Mental Health Court <sup>7</sup>						X						Promising				A	
Mentalization Partial- Hospitalization <sup>7</sup>						X						Effective				A	
Miami-Dade Infant Mental Health Court <sup>7</sup>						X						Promising				С	
Minimal Intervention Approach to Problem Gambling <sup>22</sup>						X					Promising					A	
Minneapolis American Indian Center <sup>19</sup>						X	Promising									С	

		COD Practices								Ra	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 10 22 25	22.24	22.24	26	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,22</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices						**	n			(2007)	1 Tograms			, ,			
Mno Bmaadzid Endaad <sup>19</sup>						X	Promising									С	
Mockingbird Family Model <sup>7</sup>						X						Emerging				С	
Moral Reconation Therapy (MRT) <sup>11,28</sup>			X		X											В	
Motivational Enhancement Therapy (MET) <sup>7,9</sup>	X											Evidence Based	Level 2			В	
Motivational Interviewing (co-occurring) <sup>7,19,29</sup>						X	Not Rated					Effective			EBP	A	X
MOVE <sup>7</sup>						X						Evidence Based				С	
Multidimensional Family Therapy <sup>7,9,13,19,22</sup>	X						Not Rated				Model	Level 2	Level 1	EBP		С	X
Multidimensional Treatment Foster Care <sup>7,9</sup>		X	X	X								Level 1	Level 1			С	
Multi-Family Group Treatment (MFG) <sup>7,9,19,29</sup>		X					Not Rated					Effective	Level 2		EBP	С	X
Multimodal Approaches (Medication & CBT & Parent Training) <sup>7,9</sup>						X						Level 1	Level 1			С	
Multimodal Substance Abuse Prevention <sup>22</sup>						X					Promising					С	
Multisystemic Therapy <sup>7,9,19,22,27</sup>	X	X	X	X			Best	EBP			Model	Evidence Based	Level 1			В	X
Music Therapy for Schizophrenia <sup>29</sup>						X			_						EBP		

		COD Practices								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
		10.10.20.25	22.2	22.24		Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,22</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIFF	A= Adult B= Both	
Practices										(2007)	Frograms			()			
National Federation of Families for Children's Mental Health <sup>7</sup>						X						Promising				TBD	
Native Visions-Wind River <sup>19</sup>						X	Promising									С	
Natural Helpers Program <sup>19</sup>						X	Promising									С	
Network Therapy <sup>30</sup>						X				EBP							
New York Community Mobile Crisis Team <sup>7</sup>						X						Model					
Nurse-Family Partnership <sup>7,9</sup>		X										Evidence Based	Level 1			С	
Nurturing Parenting Programs <sup>9</sup>		X											Level 2			С	
NYS PINS Diversion Program <sup>7</sup>						X						Model					
Older Adult Outreach and Education Service <sup>19</sup>						X	Promising									A	
Olweus Bullying Prevention <sup>22</sup>						X					Model					С	
On Lok Senior Services Program Day Health Center <sup>19</sup>						X	Promising									A	
OSLC Treatment Foster Care <sup>22</sup>						X					Effective					С	
Outcomes-Based Treatment Plan (OBTP) <sup>19</sup>						X	Promising									A	
Over 60 Health Center <sup>19</sup>						X	Promising									A	

		COD Practices								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
		10.10.00.05	22.2			Don't			S	SAMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
<b>.</b>	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices										(====)	8						
Panic Control Treatment <sup>19</sup>						X	Promising									A	
Parent & Teacher Behavior Management (e.g., Barkley curriculum) <sup>9</sup>						X						Level 1				С	
Parent-Child Assistance Program <sup>22</sup>						X					Promising					С	
Parent-Child Interaction Therapy <sup>7,9</sup>		X										Level 1	Level 1			С	
Parent-Infant Psychotherapy <sup>19</sup>						X	Promising									С	
Parenting Partnership <sup>22</sup>						X					Promising					С	
Parenting Through Change <sup>30</sup>						X				EBP							
Parenting Wisely <sup>9,19</sup>						X	Best						Level 1			C	
Parents Anonymous Adult Group <sup>19</sup>						X	Best									A	
Parents as Teachers <sup>7,9</sup>						X						Evidence Based	Level 1			С	
Pathways <sup>7</sup>						X						Evidence Based				С	
PeaceBuilders <sup>22</sup>						X					Promising					С	
Peacemakers <sup>22</sup>						X					Promising					С	
Peer Assistance and Leadership <sup>22</sup>						X					Promising					С	
Peer Coping Skills Training <sup>9</sup>						X							Level 4			С	
Peer Support <sup>7</sup>		X										Promising				A	
Peers Making Peace <sup>22</sup>						X					Promising					С	

	MH/C Plan	COD Practices	Current	ly Impl ed in W	lemente ashingt	d or on				Rat	ing Systems/l	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
		10 18 23 25	23.24	1 ~ . 23 26	i = 0 028	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,2</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Perinatal Care Program <sup>22</sup>						X					Promising					С	
Personal Assistance Services (PAS) <sup>7</sup>						X					Tremming	Emerging				A	
Pharmacotherapy for Anxiety Disorder <sup>29</sup>						X									EBP		
Pharmacotherapy for Depression <sup>29</sup>						X									EBP		
Pharmacotherapy for Post Traumatic Stress Disorder <sup>29</sup>						X									EBP		
Pharmacotherapy for schizophrenia <sup>29</sup>						X									EBP		
Pivotal Response Intervention <sup>9</sup>						X							Level 4			TBD	
Positive Behavioral Interventions and Supports (PBIS) <sup>7</sup>						X						Evidence Based				С	
Positive Parenting Program (PPP) <sup>9</sup>						X							Level 1			С	
Pre-admission Screening and Resident Review (PASRR) <sup>19</sup>						X	Promising									С	
Preparing for the Drug Free Years <sup>19</sup>						X	Best										
Prevention and Relationship Enhancement Program (PREP) <sup>36</sup>	D					X				EBP							

		COD Practices								Rat	ing Systems/	Level of Suppo	ort		Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	. 25	Don't			S	AMHSA		T-Grant	EDD	Alcohol and Drug Abuse	C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	Expert Panel	Institute (ADAI)	A= Adult B= Both	
Practices										(2007)	Trograms			· · ·		
Prevention of Suicide in Primary Care Elderly- Collaborative Trial (PROSPECT) <sup>7,19</sup>						X	Promising					Evidence Based			A	
Preventive Treatment Program <sup>9</sup>						X							Level 4			
PRIDE Program <sup>19</sup>						X	Promising								С	
Primary Care Research in Substance Abuse And Mental Health for Elders (PRISME) <sup>19</sup>						X	Promising								A	
Program for All-Inclusive Care of Elderly <sup>19</sup>						X	Promising								A	
Program to Encourage Active and Rewarding Lives for Seniors (PEARLS) <sup>7,19</sup>						X	Promising					Evidence Based			A	
Project 12-Ways <sup>9</sup>						X							Level 2		С	
Project Achieve <sup>7,22</sup>						X					Model	Level 2			C	
Project Alert <sup>19,22</sup>						X	Best				Model				С	
Project Eagle <sup>19</sup>						X	Promising								C	
Project Link <sup>22</sup>						X					Promising				С	
Project Making Medicine <sup>19</sup>						X	Promising								С	
Project PACE <sup>22</sup>						X					Promising				С	
Project Venture: The National Indian Youth Leadership Project <sup>19,22</sup>						X	Best				Model				С	

		COD Practices								Rat	ing Systems/	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	4 22.26	25	Don't			S	AMHSA		T-Grant	EDD	Alcohol and		C= Child	
	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC28	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	Expert Panel	Drug Abuse Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices										(2007)	Trograms			, , ,			
Prolonged Exposure Therapy <sup>9,22</sup>						X					Model		Level 2			В	
Promoting Alternative Thinking Strategies (PATH) <sup>7,19</sup>		X					Best					Level 2				С	
Promoting First Relationships (PFR) <sup>7</sup>						X						Promising				TBD	
Promoting Maternal Mental Health in Pregnancy <sup>7</sup>						X						Promising				A	
Protecting You, Protecting Me						X					Model					С	
Psychogeriatric Assessment and Treatment in City Housing (PATCH) <sup>19</sup>						X	Best									A	
Psychological Treatment of Post-Traumatic Stress Disorder <sup>29</sup>						X									EBP		
PTSD Stress-Management Therapy <sup>29</sup>						X									EBP		
Pueblo Zuni Recovery Center <sup>19</sup>						X	Promising									С	
Purdue Brief Family Therapy <sup>7,9</sup>						X						Level 2	Level 2			С	
Reconnecting Youth 22						X					Model					С	
Residential Student Assistance Program (RSAP) 22						X					Model					С	

		COD Practices uning to be Imp								Rat	ing Systems/	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
		10 10 22 25	22.24	22.24	200	Don't			S	AMHSA		T-Grant	Children's	Alcohol and		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Drug Abuse Institute (ADAI)	WSIPP	A= Adult B= Both	
Resolving Conflict Creatively Program (RCCP) <sup>22</sup>						X					Effective					С	
Resources for Enhancing Alzheimer's Caregiver Health (REACH) <sup>19</sup>						X	Best									A	
Respite Care <sup>7</sup>						X						Promising				TBD	
Responding in Peaceful and Positive Ways <sup>22</sup>						X					Model					С	
Rural Educational Achievement Project <sup>22</sup>						X					Effective					С	
Rural Elderly Outreach Project (REOP) <sup>19</sup>						X	Promising									A	
Sacred Child Project 19						X	Promising									C	
Safe Children: Schools and Families Educating Children <sup>22</sup>						X					Model					С	
Safe Dates <sup>22,30</sup>						X				EBP	Model						
San Franscisco General Hospital: Consultation/Laison Program <sup>19</sup>						X	Not Rated									A	
Santa Clara, CA Court for the Individualized Treatment of Adolescents <sup>7</sup>						X						Model					
Say It Straight <sup>22</sup>						X					Promising					С	

		COD Practices								Rat	ing Systems/	Level of Supp	ort		Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.26	25	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse	C= Child	
P. 4	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC28	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	A= Adult B= Both	
Practices School Transitional Environmental Program (STEP)9						X				(====)	8		Level 2		С	
School Violence Prevention Demonstration Program <sup>22</sup>						X					Effective				С	
Second Step <sup>9,22,30</sup>						X				EBP	Model		Level 2		С	X
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse 13,19,30						X	Promising			EBP				EBP	A	X
Sembrando Salud <sup>22</sup>						X					Effective				С	
Senior Companion Program <sup>19</sup>						X	Best								A	
Senior Services' Caregiver Outreach and Support Program <sup>15</sup>	)					X	Promising								A	
Sequenced Treatment Alternatives to Reduce Depression <sup>7</sup>						X						Evidence Based			A	
SISTERS <sup>22</sup>						X					Promising				С	
Skills Training/Social Skills Training <sup>7,9</sup>						X						Level 1/ Effective	Level 1		В	
Skills, Opportunities, and Recognition (SOAR) <sup>22</sup>						X					Effective				С	

		COD Practices							Rat	ing Systems/	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	20	Don't		S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC28	Know	WIMIRT	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Social Adjustment Program for Southeast Asians <sup>19</sup>						X	Not Rated								A	
Social Competence Promotion Program for Young Adolescents (SCPP-YA) <sup>22</sup>						X				Effective					С	
Sons of Tradition <sup>19</sup>						X	Promising								С	
SOS: Signs of Suicide <sup>22</sup>						X				Promising					С	
Southeast Alaska Regional Health Consortium <sup>19</sup>						X	Promising								В	
Southern Ute Spirit Youth Services Program <sup>19</sup>						X	Promising								С	
Speak Up When You're Down <sup>7</sup>						X					Promising				TBD	
Specialized Help for Alzheimer's in a Residential Environment (SHARE) <sup>19</sup>						X	Promising								A	
STEEP model <sup>7</sup>						X					Evidence Based				С	
Storytelling for Empowerment <sup>19,22</sup>						X	Promising								С	
Strengthening Families Program (SFP) <sup>9,19,22</sup>		X					Best			Model		Level 1			С	X
Strengthening Hawaii Families <sup>19,22</sup>						X	Not Rated			Promising					С	
Strengthening Multiethnic Families and Communities (SMFC) <sup>19</sup>						X	Best								В	

		COD Practices uning to be Imp								Rat	ing Systems/l	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 10 22 25	22.24	22.24	26	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC28	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Strengthening the Bonds of Chicano Youth & Families <sup>22</sup>						X					Promising					С	
Stress Inoculation Training <sup>7</sup>						X						Effective				TBD	
Students Managing Anger & Resolution Together (SMARTteam) 22,30						X				EBP	Model					С	
Supported Education <sup>7</sup>						X						Promising				A	
Supported Employment <sup>3,7,27,29</sup>		X						EBP	EBP			Effective			EBP	A	X
Supported Housing <sup>7,27</sup>		X						EBP				Emerging				A	
Supportive Expressive Psychotherapy <sup>13</sup>						X								EBP		A	
Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) <sup>19</sup>						X	Not Rated									A	
Talk Safe <sup>19</sup>						X	Promising									A	
Targeted Parent Assistance <sup>7</sup>						X						Emerging				С	
TARGET-T <sup>7</sup>						X						Evidence Based				С	
Teaching Students To Be Peacemakes <sup>22</sup>						X					Model					С	
Teenage Health Teaching Modules <sup>22</sup>						X					Promising					С	
Texas Special Needs Diversionary Program <sup>7</sup>						X						Model				С	

		COD Practices								Rat	ing Systems/	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	. 20	Don't			s	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices										(2007)	1 Tograms			` ′			
The Eden Alternative <sup>19</sup>						X	Promising									A	
The Historical Trauma & Unresolved Grief Intervention (HTUG) <sup>9</sup>						X							Level 4			В	
The Multi-faceted primary Care Intervention <sup>19</sup>						X	Promising									A	
The SHARE Model <sup>19</sup>						X	Promising									A	
The TAMAR Project <sup>7,19</sup>						X	Not Rated					Evidence Based				A	
The Village <sup>19</sup>						X	Not Rated									TBD	
Therapeutic Foster Care <sup>7,27</sup>		X						EBP				Level 1				С	
Tinkham Alternative High School <sup>22</sup>						X					Promising					С	
Token Economies <sup>7</sup>						X						Effective				TBD	
Tool Good For Violence 22						X					Model					С	
Transcend <sup>19</sup>						X	Not Rated									A	
Trauma Focused Integrative Eclectic Therapy <sup>7,9</sup>						X						Level 3	Level 4			TBD	
Trauma Focused Play Therapy <sup>7,9,22</sup>						X					Model	Level 3	Level 4			С	X
Trauma Recovery and Empowerment Model (TREM) <sup>30</sup>						X				EBP							
Treating Tobacco Use and Dependence <sup>13</sup>						X								EBP		A	

		COD Practices								Rat	ing Systems/I	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.26	26	Don't			s	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>25,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices Turtle Mountain Safe Communities Program <sup>19</sup>						X	Promising			(2007)	1108141111					С	
Twelve Feathers Program <sup>19</sup>						X	Promising									С	
UCLA Family Development Project <sup>7</sup>						X						Emerging				С	
United American Indian Involvement <sup>19</sup>						X	Promising									A	
United States Air Force Suicide Prevention Program <sup>30</sup>						X				EBP							
Urban Women Against Substance Abuse (UWASA) <sup>22</sup>						X					Promising					A	
Welcome Baby <sup>7</sup>						X						Emerging				C	
Wellness Recovery Action Plan (WRAP) <sup>7</sup>		X										Promising				A	
With Eagle's Wings <sup>19</sup>						X	Best									C	
Woodrock Youth Development Program <sup>22</sup>						X					Promising					С	
Wraparound Services/Wraparound Process <sup>7,19</sup>		X					Promising					Promising				В	
Yale Child Study Center Parents First Program <sup>7</sup>						X						Promising				С	
Young Parents Project <sup>7</sup>						X						Evidence Based				С	
Youth Care Model <sup>7</sup>						X						Emerging				C	
Youth Relationships Project <sup>9</sup>						X							Level 2			С	
Zuni Life Skills Curriculum <sup>19</sup>						X	Promising									С	

## Part 1b: Rating Systems Definition

## WIMIRT<sup>19</sup>

The WIMIRT Best and Promising Practices Report included two definitions\*

- 1. <u>Best Practices</u> are strategies and programs that are deemed research-based by scientists and researchers through a number of organizations including NIMH, NIDA, American Psychological Association, National Association of Social Workers, CSAP, NCAP, OJJDP, and DOE.
- 2. <u>Promising Practices</u> are programs that seem effective, but do not have enough outcome data or have not been sufficiently evaluated to be deemed a best practice. Ideally, these programs or strategies have some quantitative data showing positive outcomes over a period, but do not have enough research or replication to support generalized outcomes.

\*Note: If a rating was not specified for a particular practice, "Not Rated" was entered.

# **SAMHSA**<sup>3,22,27,30</sup>

SAMHSA has at least 4 initiatives to disseminate and/or collect information about EBP utilization:

- 1. <u>DIG</u> Every State has to report data on 10 practices as a requirement of the SAMHSA Data Infrastructure Grant (DIG). They are ACT, Supported Employment, Supported Housing, Family Psychoeducation, Medication Management, Therapeutic Foster Care, MST, FFT, Integrated Dual Disorders Treatment & Illness Management & Recovery. The DIG identifies all of these practices as EBPs.
- 2. <u>Toolkits</u>- SAMHSA has created toolkits for five mental health practices, all of which are identified as EBPs: Illness Management & recovery, Family Psychoeducation, Integrated Dual Disorder, Treatment, ACT, & Supported Employment.
- 3. Model Programs- the National Registry of Evidence Based Programs and Practices (NREPP) has three definitions of evidence based programs\*:
- A. Promising = Programs in this category have been implemented and sufficiently evaluated. The programs have shown positive outcomes, but do not have the consistently positive findings required for an Effective Program status.
- B. Effective = Programs in this category have been implemented, evaluated, and show consistently positive outcomes. The developers of these programs have not yet agreed to work with SAMHSA to disseminate their programs on an extensive basis.
- C. Model = Programs in this category are well-implemented and well-evaluated. These programs have been reviewed by the National Registry of Evidence-based Programs and Practices (NREPP) and have agreed to provide quality materials, training, and technical assistance for nationwide implementation.
- 4. NREPP SAMHSA revised NREPP in 2007 (formerly called Model Programs). To be considered, the practice had to meet the following conditions:
  - A. demonstrate one or more positive outcomes ( $p \le .05$ ) in mental health and/or substance use behavior among individuals, communities, or populations;
  - B. Intervention results have been published in a peer-reviewed publication or documented in a comprehensive evaluation report; AND
- C. documentation (e.g., manuals, process guides, tools, training materials) of the intervention and its proper implementation is available to the public to facilitate dissemination.

\*Note: Practices that were judged to be exclusively Alcohol and/or Drug treaments were excluded.

# TG ECBPEP Task Group<sup>7</sup>

The Evidence/Consensus-Based/Promising/Emerging Practices (ECPEP) Task Group report presented 4 different rating systems.\*

- 1. Evidence-Based=Most support; Promising=less support; Emerging=Least Support
- 2. Level 1=Best Support; Level 2=Good/Moderate Support; Level 3=Promising Practice
- 3. The Juvenile Justice section presented Model programs (e.g., Texas Special Needs Diversionary Program)
- 4. Effective= Most Support; Promising=less support; Emerging= Least Support

\*Note: When possible, the highest rating was chosen.

# **Children's EBP Expert Panel<sup>9</sup>**

The Children's EBP Expert Panel rated each practice from 1 to 5, depending on the problem area: Level 1= best empirical support, Level 2= good or moderate support, Level 3= moderate support for other populations or conditions, level 4= innovative practices, and Level 5= practices having known risks. Only practices between 1-4 were included in this document (a rating of 5 was a practice with known risks). If the practice was given more than one level assignment, the highest was entered.

## **Alcohol and Drug Abuse Institute (ADAI)**<sup>13</sup>

All the practices on the ADAI database are identified as Evidence-Based Practices (EBPs) and meet the following criteria:

- 1. they are supported by research, often through randomized controlled trials and quasi-experimental studies.
- 2. they result in meaningful outcomes
- 3. they are standardized (e.g., thorough instructions).
- 4. they have been studied in more than one setting (i.e. replicated).
- 5. they can be monitored with fidelity.

Only practices that were applicable to co-occurring MH/SA populations were included in the current document.

# Washington State Institute for Public Policy (WSIPP)<sup>29</sup>

Practices that met the following criteria were included in the meta-analyses; 1) studies had to have a control or comparison group;

2) enough information to calculate effect sizes; 3) the analysis had to include treatment drop-outs, not just treatment completers

#### Part 1c: References

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- <sup>[2]</sup> New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America. Final Report. (2003). DHHS Pub. No SMA-03-3832. Rockville, MD.
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- <sup>[7]</sup>Evidence/Consensus Based/Promising/Emerging practices (ECBPEP) Supplemental Report to the Transformation Work Group (2006). Retrieved from http://www.mhtransformation.wa.gov/MHTG/strategies.shtml
- <sup>[8]</sup> Roberts, A.R & Yeager, K. (2004). Systematic reviews of evidence-based studies and practice-based research: How to search for, develop, and use them. In Roberts, A.R. & Yeager, K.R. (Eds.). Evidence-Based Practice Manual: Research and Outcome Measures in Health and Human Services. (pp.3-14). Oxford: Oxford University Press.
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Part 2: Evidence Based Practices Inclusion Criteria

	Score3 Number of EBP (3) Selections	Score2 Number of "Promising" (2) Selections	Score1 Number of "Emerging" (1)	Total_Count Total Number of Endorsements	Numeric_Score Total Score	Washington Currently offered in Washington State
Aggression Replacement Training7,9	2.00	.00	.00	2.00	6.00	1
Assertive Community Treatment(ACT/PACT)3,7,19,27, 29	5.00	.00	1.00	6.00	16.00	1
Behavioral Treatment for Substance Abuse in Schizophrenia7,19,29	2.00	.00	1.00	3.00	7.00	0
Brief Strategic Family Therapy9,13,19,22	3.00	.00	1.00	4.00	10.00	0
Cognitive Behavior Therapies7,9,19,22,29,30	3.00	1.00	.00	4.00	11.00	1
Contingency Management (co-occurring)7,9,13	2.00	.00	1.00	3.00	7.00	1
Dare to Be You19,22,30	3.00	.00	.00	3.00	9.00	0
Dialectical Behavioral Therapy7,9,13,19,30	4.00	1.00	1.00	6.00	15.00	1
Eye Movement Desensitization & Reprocessing (EMDR)7,9	1.00	1.00	.00	2.00	5.00	1
Family Integrated Transitions7,9	1.00	1.00	.00	2.00	5.00	1
Family Psychoeducation3,7,27	3.00	.00	.00	3.00	9.00	1
Functional Family Therapy7,9,19,27	4.00	.00	.00	4.00	12.00	1
Gatekeeper program7,19,22	1.00	2.00	.00	3.00	7.00	0
Illness Self-Management/Illness Management & Recovery3,7,,27	3.00	.00	.00	3.00	9.00	1
Incredible Years7,9	2.00	.00	.00	2.00	6.00	1
Integrated Dual Disorders Treatment3,9,13,19,27,29	5.00	.00	1.00	6.00	16.00	1
Interpersonal Therapy7,9,19,29	3.00	1.00	.00	4.00	11.00	0

	Score3 Number of EBP (3) Selections	Score2 Number of "Promising" (2) Selections	Score1 Number of "Emerging" (1) Selections	Total_Count Total Number of Endorsements	Numeric_Score Total Score	Washington Currently offered in Washington State
Medications for specific conditions7,9,29	3.00	.00	.00	3.00	9.00	0
Motivational Enhancement Therapy (MET)7,9	1.00	1.00	.00	2.00	5.00	1
Motivational Interviewing (co- occurring)7,19,29	2.00	.00	1.00	3.00	7.00	0
Multi-Family Group Treatment (MFG)7,9,19,29	2.00	1.00	1.00	4.00	9.00	1
Multidimensional Family Therapy7,9,13,19,22	3.00	1.00	1.00	5.00	12.00	1
Multidimensional Treatment Foster Care7,9	2.00	.00	.00	2.00	6.00	1
Multisystemic Therapy7,9,19,22,27	5.00	.00	.00	5.00	15.00	1
Nurse-Family Partnership7,9	2.00	.00	.00	2.00	6.00	1
Parent-Child Interaction Therapy7,9	2.00	.00	.00	2.00	6.00	1
Promoting Alternative Thinking Strategies (PATH)7,19	1.00	1.00	.00	2.00	5.00	1
Second Step9,22,30	2.00	1.00	.00	3.00	8.00	0
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse13,19,30	2.00	1.00	.00	3.00	8.00	0
Strengthening Families Program (SFP)9,19,22	3.00	.00	.00	3.00	9.00	1
Supported Employment3,7,27,29	4.00	.00	.00	4.00	12.00	1
Therapeutic Foster Care7,27	2.00	.00	.00	2.00	6.00	1

#### Part 3: Evidence Based Practices Definitions

#### **Aggression Replacement Training**<sup>1</sup>

An intervention designed for aggressive adolescents and children. Its component procedures are: 1) Skill Streaming- which teaches a curriculum of prosocial, interpersonal skills (i.e. what to do instead of aggression); 2) Anger Control Training - to teach youth what not to do if provoked; and 3) Moral Reasoning Training - to promote values that respect the rights of others, and help youths want to use the interpersonal and anger management skills taught.

#### **Assertive Community Treatment (ACT or PACT)**<sup>2,9</sup>

A multi-disciplinary team based approach to the provision of treatment, rehabilitation and support services. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. Key aspects are low caseloads, 24 hour service availability, and the availability of the services in a range of settings.

## **Brief Strategic Family Therapy**<sup>3,4</sup>

A family-based intervention aimed at preventing and treating child and adolescent (ages 8-17) behavior problems, particularly substance use and its associated problems such as antisocial/aggressive behavior. BSFT uses the therapeutic techniques of: 1) Joining – forming a therapeutic alliance with all family members; 2) Diagnosis – identifying interactional patterns that encourage problematic youth behavior; and 3) Restructuring – changing family interactions that are related to the problematic behavior.

#### Cognitive Behavior Therapy (CBT) 5

A form of psychotherapy focusing on decreasing symptoms and improving quality of life by changing a person's thoughts and behaviors. The treatment involves a collaborative agreement on treatment goals which the patient tracks each week, learning and practicing new skills and ways of thinking in the treatment session and practicing via homework assignments throughout the week. Many EBP's on this list are based on CBT. For this survey, only rate this if CBT is used in your site separate from another EBP in this list.

#### **Contingency Management (CM)**<sup>5</sup>

A broad group of behavioral interventions that structure the client's environment in such a way as to encourage change. CM includes setting specific, objective goals, the systematic reinforcement of desired behaviors, and specific, objective consequences for not meeting these goals.

# Dare to Be You<sup>6</sup> Error! Bookmark not defined.

DARE To Be You (DTBY) is a multilevel prevention program that serves high-risk families with children 2 to 5 years old. Program objectives focus on children's developmental attainments and aspects of parenting that contribute to youth resilience to later substance abuse, including parental self-efficacy, effective child rearing, social support, and problem-solving skills.

#### **Dialectical Behavioral Therapy (DBT)** <sup>7</sup>

DBT is cognitive-behavioral therapy for individuals exhibiting self-injurious behaviors, such as self-cutting, suicidal thoughts, urges to suicide, and suicide attempts. Standard DBT is provided via four modes of treatment: weekly individual therapy, weekly skills training, phone coaching as needed, and a weekly therapist consultation team.

# Eye Movement Desensitization & Reprocessing $(EMDR)^{8Error!\,Bookmark\,not\,defined.}$

Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. EMDR uses a three pronged protocol: (1) the past events that have laid the groundwork for dysfunction are processed, forging new associative links with adaptive information; (2) the current circumstances that elicit distress are targeted, and internal and external triggers are desensitized; (3) imaginal templates of future events are incorporated, to assist the client in acquiring the skills needed for adaptive functioning.

#### Family Integrated Transitions<sup>9</sup>

The Family Integrated Transitions (FIT) program provides integrated individual and family services to juvenile offenders who have mental health and chemical dependency disorders during their transition from incarceration back into the community. FIT is based on components of three programs: multisystemic therapy (MST), dialectical behavior therapy (DBT), and motivational enhancement therapy (MET).

# $\textbf{Family Psychoeducation}^{\textbf{Error! Bookmark not defined.} 10}$

Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Core characteristics of family Psycho Education programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

#### Functional Family Therapy (FFT)<sup>10</sup>

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. Treatment occurs in phases where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and their family. The phases are engagement, motivation, assessment, behavior change, and generalization.

#### Gatekeeper Program<sup>3</sup>

The Gatekeeper Program is a community-wide system of proactive case finding to identify at-risk older adults who remain invisible to the service delivery systems created to serve them. Gatekeepers are non-traditional referral sources that come into contact with older adults through their everyday work activities.

## Illness Self-Management/Illness Management & Recovery<sup>10</sup>

Illness Self-Management is a broad set of rehabilitation methods aimed at teaching individuals with a mental illness, strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Services include a specific curriculum that can include mental illness facts, recovery strategies, using medications, stress management and coping skills. It is critical that a specific curriculum is being used for these components to be counted for reporting.

# Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) $^3$

With this model primary care patients have up to 12 months of access to a depression care manager who is supervised by a psychiatrist and primary care liaison. The care manager provides medication support and/or counseling and depression management in collaboration with the primary care physician.

#### Incredible Years<sup>11</sup>

Incredible Years features three comprehensive, multifaceted, developmentally based curricula for parents, teachers, and children. The program is designed to promote emotional and social competence and to prevent, reduce, and treat aggressive, defiant, oppositional, and impulsive behaviors in young children 2 to 8 years old.

#### **Integrated Dual Diagnosis Treatment**<sup>10</sup>

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion.

#### Interpersonal Therapy<sup>3,12</sup>

Interpersonal therapy (IPT) is a time-limited (12-16 weeks) treatment that suggests that a client's interpersonal relationships may play a significant role in the onset and maintenance of depressive symptoms. Problem areas addressed in IPT are the client's difficulty in interpersonal functioning, unresolved grief, role transitions, and interpersonal deficits.

#### **Medications for specific conditions**

Pharmacotherapy for a variety of psychiatric conditions including depression, bipolar disorder, anxiety, and schizophrenia.

#### **Motivational Enhancement Therapy (MET)** <sup>13</sup>

MET is based on principles of cognitive and social psychology whereby the counselor seeks to develop a discrepancy in the client's perceptions between current behavior and significant personal goals. As applied to drug abuse, MET seeks to alter the harmful use of drugs. The intervention is typically brief, limited to two to four sessions that each last 1 hour. MET differs from Motivational Interviewing (see below).

#### **Motivational Interviewing**<sup>14</sup>

Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Motivational Interviewing differs MET (see above).

# $\label{eq:multidimensional} \textbf{Multidimensional Family Therapy (MDFT)}^{15Error!\,\textbf{Bookmark not defined.}}$

MDFT is a comprehensive and flexible, family-based program designed for substance-abusing adolescents or those at high risk for substance us and other problem behaviors. MDFT interventions target research-derived risk factors and processes that have created and perpetuate substance use and related problems such as conduct disorder and delinquency.

#### **Multidimensional Treatment Foster Care**<sup>16</sup>

The goal of the MTFC program is to decrease problem behavior and to increase developmentally appropriate normative and prosocial behavior in children and adolescents who are in need of out-of-home placement. Youth come to MTFC via referrals from the juvenile justice, foster care, and mental health systems.

# **Multisystemic Therapy (MST)**<sup>10</sup>

Multisystem Therapy is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior. The Multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. The goal is to facilitate change in this natural environment to promote individual change.

#### Nurse-Family Partnership<sup>17</sup>

The program provides first-time, low income mothers with home visitation services from public health nurses. NFP nurses work intensively with mothers to improve maternal, prenatal, and early childhood health and well-being, focusing on therapeutic relationships with the family that are designed to improve family functioning in areas of health, home and neighborhood environment, family and friend support, parental roles and major life events. The nurse remains with the mother through the first 2 years of the target child's life.

#### Parent-Child Interaction Therapy<sup>18</sup>

Parent-Child Interaction Therapy (PCIT) is a treatment for conduct-disordered young children that places an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing negative behavior.

#### **Promoting Alternative Thinking Strategies (PATHS)**<sup>19</sup>

PATHS is comprehensive program for educators and counselors working with elementary school aged children (5-12 years old) to facilitate the development of self-control, emotional awareness, and interpersonal problem-solving skills. PATHS seeks to reduce aggression and behavior problems while simultaneously enhancing emotional development and the educational process in the classroom.

#### Second Step<sup>20</sup>

Second Step is a classroom-based social-skills program for children 4 to 14 years of age that teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. It consists of in-school curricula, parent training, and skill development.

## Seeking Safety: A Psychotherapy for Trauma/PTSD and Substance Abuse<sup>3</sup>

Seeking Safety is a present-focused therapy designed to help people attain safety from PTSD and substance abuse. Key principles include: Safety as the larger goal; working on PTSD and substance at the same time; a focus on ideals to counteract the loss of ideals from the experience of having PTSD and a substance use disorder; and addressing cognitive, behavioral, interpersonal, and case management for client functioning.

#### **Strengthening Families Program (SFP)**<sup>21</sup>

The Strengthening Families Program (SFP) involves elementary school children, 6 to 12 years of age, and their families in 14 family training sessions using family systems and cognitive behavioral approaches to increase resilience and reduce risk factors. It seeks to improve family relationships, parenting skills, and youth's social and life skills.

# Supported Employment<sup>10</sup>

Supported Employment is designed to help consumers with mental illness find and keep competitive employment within their communities. Supported Employment programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along, and everyone who desires to work is offered employment services. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), occur in normalized settings, and utilize multiple employers, and that the search for competitive jobs occurs rapidly after program entry.

#### Therapeutic Foster Care<sup>10</sup>

Children in Therapeutic Foster Care are placed with parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.

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<sup>3</sup> A Literature Review and Resource Guide for Evidence Based Best and Promising Mental Health Practices (2003). Washington Institute for Mental Illness Research and Training retrieved January 9, 2007 at http://www.1.dshs.wa.gov/pdf/hrsa/mh/Bestpracreport.pdf

<sup>4</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved April 30, 2007 at http://modelprograms.samhsa.gov/pdfs/model/Bsft.pdf

<sup>5</sup> Roberts, A.R. & Yeager, K. (2004). <u>Evidence-Based Practice Manual: Research and Outcome Measures in Health and Human Services</u>. Oxford University Press, New York: NY.

<sup>6</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence Based Programs and Practices (NREPP). Retrieved April 30, 2007 at <a href="http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\_ID=79">http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\_ID=79</a>.

<sup>7</sup> Behavioral Tech LLC website. Description retrieved April 30, 2007 at http://www.behavioraltech.com/downloads/dbtFaq Cons.pdf

<sup>8</sup> Eye Movement Desensitization and Reprocessing Institute website. Description retrieved April 30, 2007 at http://www.emdr.com/q&a.htm#q1.

<sup>9</sup> Helping Americas Youth: Family Integrated Transitions. Description retrieved April 27, 2007 from the at http://guide.helpingamericasyouth.gov/programdetail.cfm?id=710

<sup>10</sup> Data Infrastructure Grant (DIG) Guidelines for Reporting Evidence-Based Practices (2006). Retrieved on January 19, 2007 from www.nri-inc.org/SDICC/SDICC06/EBPReportingGuidelinesFinal.doc

<sup>11</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Model Programs. Retrieved on January 31, 2007 from http://modelprograms.samhsa.gov/pdfs/model/IncYears.pdf.

<sup>12</sup> Klerman, G.L., Weissman, M.M., Rounsaville, B.J., & Chevron, E.S. (1984). *Interpersonal psychotherapy of depression*. New York: Basic Books.

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<sup>14</sup> Description retrieved April 30, 2007 from http://www.motivationalinterview.org/clinical/whatismi.html

<sup>15</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved May 2, 2007 from http://modelprograms.samhsa.gov/pdfs/model/multi.pdf

<sup>16</sup> Description retrieved on April 30, 2007 from http://www.mtfc.com/overview.html

<sup>17</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved May 2, 2007 from http://modelprograms.samhsa.gov/pdfs/model/NurseFP.pdf

<sup>18</sup> Description retrieved on April 30, 2007 from http://pcit.phhp.ufl.edu/

<sup>19</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved April 30, 2007 from http://modelprograms.samhsa.gov/pdfs/model/PATHS.pdf
<sup>20</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description

<sup>20</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved May 2, 2007 from http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM ID=80

<sup>21</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved May 2, 2007 from http://modelprograms.samhsa.gov/pdfs/model/StrengthFP.pdf

<sup>&</sup>lt;sup>2</sup> SAMHSA Toolkits, Retrieved February 8, 2007 at

# APPENDIX B

# Evidence Based Practices Selection Criteria and Definitions

Part 1a: Matrix of Practices by Administration Types and Rating

Sources

Part 1b: Rating Systems Definition

Part 1c: References

Part 2: Evidence Based Practices Inclusion Criteria

Part 3: Evidence Based Practices Definitions

Part 1a: Matrix of Practices by Administration Types and Rating Sources

		COD Practices nning to be Imp								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22 24	1 22 26	::29	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,2</sup>	CA <sup>23,20</sup>	DOC <sup>26</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Practices 1-2-3 Magic <sup>9</sup>						X				( 11 )			Level 2			С	
ABC Model for Foster Parents <sup>7</sup> Abuse Focused CBT <sup>9</sup>						X						Promising	Level 2			C C	
Across Ages <sup>19,22</sup>						X	Best				Model		Level 2			C	
Aggression Replacement Training <sup>7,9</sup>	X	X	X									Level 1	Level 1			С	
All Stars <sup>22</sup>						X					Model					С	
AL Juvenile Court Liasons <sup>7</sup>						X						Model					
Al's Pals:Kids Making Healthy Choices <sup>22</sup>						X					Model					С	
American Indian Life Skills Development <sup>22</sup>						X					Effective					С	
Anger Coping Therapy/Anger Coping Self-Instruction Training <sup>7,9</sup>						X						Level 2	Level 2			С	
Anger Focused CBT <sup>9</sup>						X							Level 2			TBD	
Anger Management for Substance Abuse and Mental Health Clients <sup>13,29</sup>						X								EBP	EBP	A	
APIC Model (An Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders) <sup>19</sup>						X	Best									A	

		COD Practices								Rat	ing Systems	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 18 23 25	23 24	23 26	28	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT		Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Applied Behavior Analysis <sup>7,9</sup>						X					3	Level 1	Level 1			С	
Asian Youth Alliance 19,22						X	Not Rated				Promising					С	
Assertive Community Treatment(ACT/PACT) <sup>3,7,19,27,29</sup>		X					Best	EBP	EBP			Evidence Based	Level 3		EBP	В	X
Assisted Recovery from Trauma and Substances (ARTS) <sup>19</sup>						X	Not Rated									A	
Auditory Integration Training <sup>7,9</sup>						X						Level 3	Level 4			С	
Be A Star <sup>22</sup>						X					Promising					С	
Behavioral Activation <sup>7</sup>						X						Effective				A	
Behavioral Couples Therapy for Alcoholism and Drug Abuse <sup>30</sup>						X				EBP						A	
Behavioral Family Intervention (BHI) <sup>9</sup>						X							Level 3			С	
Behavioral Monitoring and Reinforcement Program <sup>22</sup>						X					Promising					С	
Behavioral Parent Training <sup>7,9</sup>						X						Level 2	Level 1			С	
Behavioral Therapy for Anxiety <sup>29</sup>						X									EBP		
Behavioral Tailoring <sup>7</sup>						X						Effective				A	
Behavioral Treatment of Panic Disorder <sup>29</sup>						X									EBP		

		COD Practices								Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	200	Don't			S	AMHSA		T-Grant	Cilliulens	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>25,2</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Practices										(2007)	Trograms						
Behavioral Treatment for Substance Abuse in Schizophrenia <sup>7,19,29</sup>						X	Not Rated					Effective			EBP	A	X
Bernalillo County Juvenile Detention Center <sup>7</sup>						X						Model					
Beyond the Baby Blues <sup>7</sup>						X						Emerging				С	
Big Brothers/Big Sisters of America <sup>22</sup>						X					Effective					С	
Bilingual/Bicultural Counseling and Support Services <sup>22</sup>						X					Promising					С	
Blue Bay Healing Center <sup>19</sup>						X	Promising									С	
Boston Juvenile Court Clinic <sup>7</sup>						X						Model					
Boys and Girls Club: North Cheyenne Smart Moves Program <sup>19</sup>						X	Promising									С	
Brain Power <sup>22</sup>						X					Promising					С	
Brief Psychodynamic Psychotherapy for Depression <sup>19,29</sup>						X	Promising								EBP	A	
Brief Strategic Family Therapy <sup>9,13,19,22</sup>						X	Not Rated				Model		Level 1	EBP		С	X
Build Respect Stop Bullying <sup>30</sup>						X				EBP							
California Infant-Parent Program						X						Evidence Based				С	
CASA Start <sup>9,22</sup>						X				_	Model		Level 4			С	

		COD Practices nning to be Imp							Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 18 23 25	23 24	1 23 26		Don't		S	AMHSA		T-Grant	Cilliaren s	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>25,20</sup>	DOC <sup>2</sup> °	Know	WIMIRT	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Practices									(2007)	1 Tograms			, ,			
Center for Older Adults and Their Families <sup>19</sup>						X	Promising								A	
Child and Family Focused CBT <sup>9</sup>						X						Level 2			С	
Child Development Project <sup>22</sup>						X				Model					С	
Child/Infant - Parent Psychotherapy <sup>7</sup>						X					Evidence Based				С	
Children of Divorce Intervention Program (CODIP) <sup>22</sup>						X				Effective					С	
Children in the Middle <sup>22,30</sup>						X			EBP	Model					С	
Circle of Security <sup>7,9</sup>		X									Promising	Level 4			С	
Clinician Based Psychoeducational Intervention for Families <sup>30</sup>						X			EBP						В	
Clubhouse ( e.g., Fountain House Model) <sup>7</sup>		X									Evidence Based				A	
Clubhouse-based Transitional Employment Services (TES) <sup>7</sup>						X					Evidence Based				A	
Cognitive-Behavioral Social Skills Training <sup>22</sup>						X			EBP						TBD	
Cognitive Behavior Therapies <sup>7,9,19,22,29,30</sup>	X	X	X				Promising				Evidence Based	Level 1		EBP	В	X
Cognitive Processing Therapy (CPT) <sup>9</sup>						X						Level 3			С	

		COD Practices								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 10 22 25	22.24	22.24	200	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,22</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT		Toolkit	NREPP	Model	EBPEP Task Group	EBP Expert Panel	Institute	WSIPP	A= Adult B= Both	
Practices								DIG	TOOIRI	(2007)	Programs			(ADAI)			
Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) <sup>22</sup>	X										Promising					С	
Cognitive Therapy for Depression <sup>19,29</sup>						X	Not Rated								EBP	В	
Colorado Crisis Intervention Team <sup>7</sup>						X						Model				TBD	
Colorado Youth Leadership Project <sup>22</sup>						X					Promising					С	
Community Contacts for the Widowed <sup>19</sup>						X	Promising									A	
Community Reinforcement Approach to Substance Abuse Treatment <sup>19</sup>						X	Promising									A	
Comprehensive Assessment Reporting Evaluation (CARE)19						X	Promising									A	
Concurrent Treatment of PTSD and Cocaine Dependence <sup>19</sup>						X	Not Rated									A	
Contingency Management (co-occurring) <sup>7,9,13</sup>	X											Evidence Based	Level 3	EBP		A	X
Cook County Juvenile Court Clinic <sup>7</sup>						X						Model				С	
Coping Cat <sup>30</sup>						X				EBP			_			TBD	
Coping Power <sup>22</sup>						X					Effective					С	
Co-treatment Oriented Courts <sup>7</sup>						X						Emerging				В	

		COD Practices								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	DAGA 12	10,18,23,25	TD 4 23,24	4 C A 23,26	5 DOC 28	Don't	WW AID T		S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse	Walde	C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JKA	CA	рос	Know	WIMIKI	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Creating Lasting Family Connections <sup>19,22</sup>						X	Best				Model					С	
Crisis Intervention for People with Severe Mental Illness <sup>29</sup>						X									EBP		
Crisis Intervention Team (CIT) <sup>7</sup>		X										Evidence Based				В	
Critical Time Intervention <sup>30</sup>						X				EBP							
Cultural Enhancement Through Storytelling <sup>19</sup>						X	Best									С	
Dando Fuerza a la Familia <sup>19,22</sup>						X	Not Rated				Promising					С	
Dare to Be You <sup>19,22,30</sup>						X	Best			EBP	Model					С	X
Daughters of Tradition <sup>19</sup>						X	Promising									С	
Delores Mission Women's Cooperative <sup>19</sup>						X	Not Rated									A	
Dementia Care Project in Boarding Homes <sup>19</sup>						X	Promising									A	
Diagnostic and Assessment Units <sup>7</sup>						X						Model				С	
Diagnostic Classification System of Mental Disorders or Infancy and Early Childhood (DC:0-3) <sup>7,19</sup>						X	Promising					Promising				С	

		COD Practices uning to be Imp								Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 18 23 25	23 24	23.26	29	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)		A= Adult B= Both	
Dialectical Behavioral Therapy <sup>7,9,13,19,30</sup>	х	X	X				Not Rated			EBP		Evidence- Based	Level 2	ЕВР	EBP	В	х
Domestic Violence Pilot Projects <sup>19</sup>						X	Promising									С	
Dreamcatcher Meditation <sup>19</sup>						X	Promising									С	
Dual Focus Schema Therapy <sup>19</sup>						X	Not Rated									A	
Early Childhood Mental Health Consultation <sup>7</sup>						X						Promising & Emerging				С	
Early Head Start <sup>7</sup>						X						Promising				С	
Early Intervention Foster Care program <sup>7</sup>						X						Evidence Based				С	
East Texas Experiential Learning Center <sup>22</sup>						X					Effective					С	
Effects of Clazapine on Substance Use in Schizophrenia <sup>29</sup>															EBP		
Elder Substance Abuse Outreach Program <sup>19</sup>						X	Promising									A	
Elder Wrap-Around Team <sup>7,19</sup>						X	Promising					Emerging				A	

		COD Practices							Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10.19.22.25	22.24	22.2		Don't		s	SAMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices									(2007)	Trograms						
Electroconvusive Therapy for Schizophrenia <sup>29</sup>						X								EBP		
Emerson David Family Development Center <sup>19</sup>						X	Not Rated								С	
Expanded Community Services (ECS) <sup>7</sup>						X					Emerging				A	
Exposure with Response Prevention <sup>7,19</sup>						X	Not Rated				Effective				A	
Eye Movement Desensitization & Reprocessing (EMDR) <sup>7,9</sup>		X									Level 2/Effective	Level 2			В	
Faith Based Prevention Model <sup>19</sup>						X	Not Rated								A	
Families and Schools Together (FAST) <sup>7,19</sup>						X	Best				Level 2				С	
Families That Care - Guiding Good Choices <sup>19,22</sup>						X	Best			Model					С	
Family Caregiver Counseling Service <sup>19</sup>		X					Promising								С	
Family Development Research Project <sup>22</sup>						X				Effective					С	
Family Effectiveness Training <sup>9,19</sup>						X	Best					Level 4			С	
Family Focused Child Centered Treatment (FTI) <sup>7,9</sup>						X					Level 2	Level 2			С	
Family Group Conferences <sup>7</sup>						X					Level 1				С	

		COD Practices								Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	1	10 18 23 25	23 24	23 26	5 21	Don't			S	SAMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA"	MHD <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Family Health Promotion <sup>22</sup>						Х					Promising					С	
Family Integrated Transitions <sup>7,9</sup>		X	X	X								Evidence Based	Level 2			С	
Family Intervention for Dual Disorders <sup>19,29</sup>						X	Not Rated								EBP	С	
Family Intervention Resources Services Team (FIRST) <sup>7</sup>						X						Model				С	
Family Intervention Specialists <sup>7</sup>						X						Model				С	
Family Matters <sup>22,30</sup>						X				EBP	Model					С	
Family Psychoeducation <sup>3,7,27</sup>		X						EBP	EBP			Effective				С	X
Family Support Services (PACE) Program <sup>19</sup>						X	Not Rated									С	
Family Therapy (anorexia only) <sup>7,9</sup>						X						Level 2	Level 2			С	
Family Treatment/ Dependency Court <sup>7</sup>						X						Promising				С	
FAN (Family Advocacy Network) Club <sup>22</sup>						X					Effective					С	
Fast Track Project <sup>19</sup>						X	Promising									С	
Focus on Families <sup>22</sup>						X					Promising					С	
Foster parents mentoring birth parents <sup>7</sup>						X						Emerging				С	
Friendly PEERsuasion <sup>22</sup>						X					Effective					C	

		COD Practices								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 10 22 25	22.24	22.24	200	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,22</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Functional Communication Training <sup>7,9</sup>						X						Level 3	Level 4			С	
Functional Family Parole <sup>7</sup>			X									Promising				В	
Functional Family Therapy <sup>7,9,19,27</sup>	X	X	X	X			Best	EBP				Evidence Based	Level 1			С	X
Gatekeeper program <sup>7,19,22</sup>						X	Best				Promising	Promising				A	X
GentleCare Prosthetic Life Care System <sup>19</sup>						X	Promising									A	
Geriatric Mental Health Outreach Program <sup>19</sup>						X	Promising									A	
Geriatric Mental Health Specialty Training <sup>7</sup>		X										Emerging				A	
Geriatric Regional Assessment Team (GRAT) <sup>7,19</sup>		X					Promising					Emerging				A	
Get Real About Violence <sup>22</sup>						X					Promising					С	
Good Behavior Game <sup>22</sup>						X					Effective					С	
Great Body Shop <sup>22</sup>						X					Promising					С	
Greater Access to EAPS (GATE) <sup>22</sup>						X					Effective					A	
Group Counseling Theory <sup>19</sup>						X	Promising									В	
Guiding Good Choices <sup>9</sup>						X							Level 4			С	
Hamilton County Individualized Disposition Docket <sup>7</sup>						Х						Model					
Head Start <sup>9</sup>						X							Level 1			С	

		lemente ashingt		Rating Systems/Level of Support									Child or Adult	Endorsed by 3 or more sources			
	DASA <sup>12</sup>	2 <b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	<sup>4</sup> CA <sup>23,26</sup>	<sup>6</sup> <b>DOC</b> <sup>28</sup>	Don't Know	WIMIRT		S	AMHSA		T-Grant EBPEP Task Group	Children's EBP Expert Panel	Alcohol and Drug Abuse Institute (ADAI)	WSIPP	C= Child A= Adult B= Both	
									Toolkit	NREPP (2007)	Model Programs						
Practices Healing Lodge of the Seven										(2007)	Trograms			, ,			
Healing Lodge of the Seven Nations <sup>19</sup>						X	Promising									С	
Helping the Non-Compliant Child <sup>22</sup>						X					Effective					С	
Home Instruction Training for Pre-School Youngsters <sup>9</sup>						X							Level 1			С	
Home Visiting Family Support Program <sup>7</sup>						X						Promising				С	
Home-Based Behavioral Systems Family Therapy <sup>22</sup>						X					Effective					С	
Houston Parent-Child Development Program <sup>22</sup>						X					Effective					С	
I Can Problem Solve <sup>9,22</sup>						X					Promising		Level 2			С	
Illinois Mental Health Juvenile Justice Initiative <sup>7</sup>						X						Model					
Illness Self-Management/Illness Management & Recovery <sup>3,7,,27</sup>		X						EBP	EBP			Effective				A	Х
Improving Children's Mental Health through Parent and Community Empowerment <sup>7</sup>						X						Emerging				С	
Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) <sup>7,19</sup>						X	Promising					Evidence Based				A	

	MH/C Plai		Rating Systems/Level of Support									Child or Adult	Endorsed by 3 or more sources				
Practices	DASA <sup>12</sup>	MHD <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	<sup>4</sup> CA <sup>23,26</sup>	<sup>6</sup> <b>DOC</b> <sup>28</sup>	B Don't Know	WIMIRT	SAMHSA				T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
								DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
In the Company of Their Peers: Geriatric Peer Counseling <sup>19</sup>						X	Promising									A	
Incredible Years <sup>7,9</sup>		X										Evidence Based	Level 1			С	
Indiana Family Project <sup>7</sup>						X						Model				С	
Individual Placement and Support (IPS) <sup>7,22</sup>						X					Effective	Evidence Based				A	
Ingersoll Gender Center <sup>19</sup>						X	Promising									A	
Integrated Dual Disorders Treatment <sup>3,9,13,19,27,29</sup>	X	X					Not Rated	EBP	EBP			Effective		EBP	EBP	A	X
Integrated Group Therapy <sup>7</sup>						X						Evidence Based				A	
Integrated Group Treatment for Bipolar and Substance Use Disorders <sup>19,29</sup>						X	Not Rated								EBP	A	
Integrated Program for Comorbid Schizophrenia & Substance Use <sup>29</sup>						X									EBP		
Integrated Treatment Model <sup>11</sup>			X													С	
Intensive Family Preservation Services <sup>7,9</sup>			X									Level 3	Level 1			С	
Interpersonal Therapy <sup>7,9,19,29</sup>						Х	Promising					Level 1/ Effective	Level 1		EBP	В	X
Interpersonal-Social Rhythm Therapy <sup>7</sup>						X						Effective				A	
Iowa's Elderly Outreach Project (IOP) <sup>19</sup>						X	Promising								_	A	

		COD Practices								Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	: 29	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,23</sup>	CA <sup>23,20</sup>	DOC <sup>26</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIFF	A= Adult B= Both	
Jail Diversion Programs (e.g., Illinois MH Juvenile Justice Initiative) <sup>7</sup>						X						Model				В	
Job-Loss Recovery Program <sup>22</sup>						X					Promising					A	
K' E' Project <sup>19</sup>						X	Promising									С	
Kaiser Permanente Social Health Maintenance Organization <sup>19</sup>						X	Promising									A	
Kids Intervention with Kids in School <sup>22</sup>						X					Promising					С	
Kimihqitahasultipon Program <sup>19</sup>						X	Promising									С	
King Co Treatment Court <sup>7</sup>						X						Model					
Kit Clark Senior Services <sup>19</sup>						X	Promising									A	
LA-Westside Infant Family Network <sup>7</sup>						X						Promising				С	
Leadership and Resiliency Program <sup>22</sup>						X					Model					С	
Lesbian, Gay, Bisexual, and Transgender - Affirmative/Feminist Therapies						X	Promising									A	
Let Each One Teach One <sup>22</sup>						X					Promising				_	С	
Life Givers <sup>19</sup>						X	Promising									C	
Life Skills Training <sup>9,19</sup>						X	Promising						Level 4			C	

		COD Practices								Rat	ing Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	29	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Light Therapy for Depression <sup>29</sup>						X									EBP		
Linking the Interests of Families and Teachers (LIFT) <sup>9,22</sup>						X					Promising		Level 2			С	
Lions Quest Skills for Adolescence <sup>22</sup>						X					Model					С	
Listening Mothers <sup>7</sup>						X						Emerging				С	
Little Havana Health Program <sup>19</sup>						X	Promising									A	
Los Nino's Bien Educados Parenting Program <sup>9</sup>						X							Level 4			С	
Matrix Model <sup>30</sup>						X				EBP							
Medication Algorithms <sup>7</sup>						X						Evidence Based				A	
Medication Management <sup>27</sup>	X	X						EBP								В	
Medications for specific conditions <sup>7,9,29</sup>						X						Level 1	Level 1		EBP	В	X
Mental Health Court <sup>7</sup>						X						Promising				A	
Mentalization Partial- Hospitalization <sup>7</sup>						X						Effective				A	
Miami-Dade Infant Mental Health Court <sup>7</sup>						X						Promising				С	
Minimal Intervention Approach to Problem Gambling <sup>22</sup>						X					Promising					A	
Minneapolis American Indian Center <sup>19</sup>						X	Promising									С	

		COD Practices								Ra	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 10 22 25	22.24	22.24	26	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,22</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices						**	n			(2007)	1 Tograms			, ,			
Mno Bmaadzid Endaad <sup>19</sup>						X	Promising									С	
Mockingbird Family Model <sup>7</sup>						X						Emerging				С	
Moral Reconation Therapy (MRT) <sup>11,28</sup>			X		X											В	
Motivational Enhancement Therapy (MET) <sup>7,9</sup>	X											Evidence Based	Level 2			В	
Motivational Interviewing (co-occurring) <sup>7,19,29</sup>						X	Not Rated					Effective			EBP	A	X
MOVE <sup>7</sup>						X						Evidence Based				С	
Multidimensional Family Therapy <sup>7,9,13,19,22</sup>	X						Not Rated				Model	Level 2	Level 1	EBP		С	X
Multidimensional Treatment Foster Care <sup>7,9</sup>		X	X	X								Level 1	Level 1			С	
Multi-Family Group Treatment (MFG) <sup>7,9,19,29</sup>		X					Not Rated					Effective	Level 2		EBP	С	X
Multimodal Approaches (Medication & CBT & Parent Training) <sup>7,9</sup>						X						Level 1	Level 1			С	
Multimodal Substance Abuse Prevention <sup>22</sup>						X					Promising					С	
Multisystemic Therapy <sup>7,9,19,22,27</sup>	X	X	X	X			Best	EBP			Model	Evidence Based	Level 1			В	X
Music Therapy for Schizophrenia <sup>29</sup>						X									EBP		

		COD Practices								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
		10.10.20.25	22.2	22.24		Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,22</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIFF	A= Adult B= Both	
Practices										(2007)	Frograms			()			
National Federation of Families for Children's Mental Health <sup>7</sup>						X						Promising				TBD	
Native Visions-Wind River <sup>19</sup>						X	Promising									С	
Natural Helpers Program <sup>19</sup>						X	Promising									С	
Network Therapy <sup>30</sup>						X				EBP							
New York Community Mobile Crisis Team <sup>7</sup>						X						Model					
Nurse-Family Partnership <sup>7,9</sup>		X										Evidence Based	Level 1			С	
Nurturing Parenting Programs <sup>9</sup>		X											Level 2			С	
NYS PINS Diversion Program <sup>7</sup>						X						Model					
Older Adult Outreach and Education Service <sup>19</sup>						X	Promising									A	
Olweus Bullying Prevention <sup>22</sup>						X					Model					С	
On Lok Senior Services Program Day Health Center <sup>19</sup>						X	Promising									A	
OSLC Treatment Foster Care <sup>22</sup>						X					Effective					С	
Outcomes-Based Treatment Plan (OBTP) <sup>19</sup>						X	Promising									A	
Over 60 Health Center <sup>19</sup>						X	Promising									A	

		COD Practices								Rat	ting Systems/	Level of Supp	ort			Child or Adult	Endorsed by 3 or more sources
		10.10.00.05	22.2			Don't			S	SAMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
<b>.</b>	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices										(====)	8						
Panic Control Treatment <sup>19</sup>						X	Promising									A	
Parent & Teacher Behavior Management (e.g., Barkley curriculum) <sup>9</sup>						X						Level 1				С	
Parent-Child Assistance Program <sup>22</sup>						X					Promising					С	
Parent-Child Interaction Therapy <sup>7,9</sup>		X										Level 1	Level 1			С	
Parent-Infant Psychotherapy <sup>19</sup>						X	Promising									С	
Parenting Partnership <sup>22</sup>						X					Promising					С	
Parenting Through Change <sup>30</sup>						X				EBP							
Parenting Wisely <sup>9,19</sup>						X	Best						Level 1			C	
Parents Anonymous Adult Group <sup>19</sup>						X	Best									A	
Parents as Teachers <sup>7,9</sup>						X						Evidence Based	Level 1			С	
Pathways <sup>7</sup>						X						Evidence Based				С	
PeaceBuilders <sup>22</sup>						X					Promising					С	
Peacemakers <sup>22</sup>						X					Promising					С	
Peer Assistance and Leadership <sup>22</sup>						X					Promising					С	
Peer Coping Skills Training <sup>9</sup>						X							Level 4			С	
Peer Support <sup>7</sup>		X										Promising				A	
Peers Making Peace <sup>22</sup>						X					Promising					С	

	MH/C Plan	COD Practices	Current	ly Impl ed in W	lemente ashingt	d or on				Rat	ing Systems/	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
		10 18 23 25	23.24	1 ~ . 23 26	i = 0 028	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,2</sup>	CA <sup>23,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Perinatal Care Program <sup>22</sup>						X					Promising					С	
Personal Assistance Services (PAS) <sup>7</sup>						X					Tremming	Emerging				A	
Pharmacotherapy for Anxiety Disorder <sup>29</sup>						X									EBP		
Pharmacotherapy for Depression <sup>29</sup>						X									EBP		
Pharmacotherapy for Post Traumatic Stress Disorder <sup>29</sup>						X									EBP		
Pharmacotherapy for schizophrenia <sup>29</sup>						X									EBP		
Pivotal Response Intervention <sup>9</sup>						X							Level 4			TBD	
Positive Behavioral Interventions and Supports (PBIS) <sup>7</sup>						X						Evidence Based				С	
Positive Parenting Program (PPP) <sup>9</sup>						X							Level 1			С	
Pre-admission Screening and Resident Review (PASRR) <sup>19</sup>						X	Promising									С	
Preparing for the Drug Free Years <sup>19</sup>						X	Best										
Prevention and Relationship Enhancement Program (PREP) <sup>36</sup>	D					X				EBP							

		COD Practices								Rat	ing Systems/	Level of Suppo	ort		Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	. 25	Don't			S	AMHSA		T-Grant	EDD	Alcohol and Drug Abuse	C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	Expert Panel	Institute (ADAI)	A= Adult B= Both	
Practices										(2007)	Trograms			` ′		
Prevention of Suicide in Primary Care Elderly- Collaborative Trial (PROSPECT) <sup>7,19</sup>						X	Promising					Evidence Based			A	
Preventive Treatment Program <sup>9</sup>						X							Level 4			
PRIDE Program <sup>19</sup>						X	Promising								С	
Primary Care Research in Substance Abuse And Mental Health for Elders (PRISME) <sup>19</sup>						X	Promising								A	
Program for All-Inclusive Care of Elderly <sup>19</sup>						X	Promising								A	
Program to Encourage Active and Rewarding Lives for Seniors (PEARLS) <sup>7,19</sup>						X	Promising					Evidence Based			A	
Project 12-Ways <sup>9</sup>						X							Level 2		С	
Project Achieve <sup>7,22</sup>						X					Model	Level 2			C	
Project Alert <sup>19,22</sup>						X	Best				Model				С	
Project Eagle <sup>19</sup>						X	Promising								C	
Project Link <sup>22</sup>						X					Promising				С	
Project Making Medicine <sup>19</sup>						X	Promising								С	
Project PACE <sup>22</sup>						X					Promising				С	
Project Venture: The National Indian Youth Leadership Project <sup>19,22</sup>						X	Best				Model				С	

		COD Practices								Rat	ing Systems/	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	4 22.26	25	Don't			S	AMHSA		T-Grant	EDD	Alcohol and		C= Child	
	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC28	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	Expert Panel	Drug Abuse Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices										(2007)	Trograms			, , ,			
Prolonged Exposure Therapy <sup>9,22</sup>						X					Model		Level 2			В	
Promoting Alternative Thinking Strategies (PATH) <sup>7,19</sup>		X					Best					Level 2				С	
Promoting First Relationships (PFR) <sup>7</sup>						X						Promising				TBD	
Promoting Maternal Mental Health in Pregnancy <sup>7</sup>						X						Promising				A	
Protecting You, Protecting Me						X					Model					С	
Psychogeriatric Assessment and Treatment in City Housing (PATCH) <sup>19</sup>						X	Best									A	
Psychological Treatment of Post-Traumatic Stress Disorder <sup>29</sup>						X									EBP		
PTSD Stress-Management Therapy <sup>29</sup>						X									EBP		
Pueblo Zuni Recovery Center <sup>19</sup>						X	Promising									С	
Purdue Brief Family Therapy <sup>7,9</sup>						X						Level 2	Level 2			С	
Reconnecting Youth 22						X					Model					С	
Residential Student Assistance Program (RSAP) 22						X					Model					С	

		COD Practices uning to be Imp								Rat	ing Systems/	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
		10 10 22 25	22.24	22.24	200	Don't			S	AMHSA		T-Grant	Children's	Alcohol and		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Drug Abuse Institute (ADAI)	WSIPP	A= Adult B= Both	
Resolving Conflict Creatively Program (RCCP) <sup>22</sup>						X					Effective					С	
Resources for Enhancing Alzheimer's Caregiver Health (REACH) <sup>19</sup>						X	Best									A	
Respite Care <sup>7</sup>						X						Promising				TBD	
Responding in Peaceful and Positive Ways <sup>22</sup>						X					Model					С	
Rural Educational Achievement Project <sup>22</sup>						X					Effective					С	
Rural Elderly Outreach Project (REOP) <sup>19</sup>						X	Promising									A	
Sacred Child Project 19						X	Promising									C	
Safe Children: Schools and Families Educating Children <sup>22</sup>						X					Model					С	
Safe Dates <sup>22,30</sup>						X				EBP	Model						
San Franscisco General Hospital: Consultation/Laison Program <sup>19</sup>						X	Not Rated									A	
Santa Clara, CA Court for the Individualized Treatment of Adolescents <sup>7</sup>						X						Model					
Say It Straight <sup>22</sup>						X					Promising					С	

		COD Practices								Rat	ing Systems/	Level of Supp	ort		Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.26	25	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse	C= Child	
P. 4	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC28	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	A= Adult B= Both	
Practices School Transitional Environmental Program (STEP) <sup>9</sup>						X				(====)	8		Level 2		С	
School Violence Prevention Demonstration Program <sup>22</sup>						X					Effective				С	
Second Step <sup>9,22,30</sup>						X				EBP	Model		Level 2		С	X
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse 13,19,30						X	Promising			EBP				EBP	A	X
Sembrando Salud <sup>22</sup>						X					Effective				С	
Senior Companion Program <sup>19</sup>						X	Best								A	
Senior Services' Caregiver Outreach and Support Program <sup>15</sup>	)					X	Promising								A	
Sequenced Treatment Alternatives to Reduce Depression <sup>7</sup>						X						Evidence Based			A	
SISTERS <sup>22</sup>						X					Promising				С	
Skills Training/Social Skills Training <sup>7,9</sup>						X						Level 1/ Effective	Level 1		В	
Skills, Opportunities, and Recognition (SOAR) <sup>22</sup>						X					Effective				С	

		COD Practices							Rat	ing Systems/	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	20	Don't		S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC28	Know	WIMIRT	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Social Adjustment Program for Southeast Asians <sup>19</sup>						X	Not Rated								A	
Social Competence Promotion Program for Young Adolescents (SCPP-YA) <sup>22</sup>						X				Effective					С	
Sons of Tradition <sup>19</sup>						X	Promising								С	
SOS: Signs of Suicide <sup>22</sup>						X				Promising					С	
Southeast Alaska Regional Health Consortium <sup>19</sup>						X	Promising								В	
Southern Ute Spirit Youth Services Program <sup>19</sup>						X	Promising								С	
Speak Up When You're Down <sup>7</sup>						X					Promising				TBD	
Specialized Help for Alzheimer's in a Residential Environment (SHARE) <sup>19</sup>						X	Promising								A	
STEEP model <sup>7</sup>						X					Evidence Based				С	
Storytelling for Empowerment <sup>19,22</sup>						X	Promising								С	
Strengthening Families Program (SFP) <sup>9,19,22</sup>		X					Best			Model		Level 1			С	X
Strengthening Hawaii Families <sup>19,22</sup>						X	Not Rated			Promising					С	
Strengthening Multiethnic Families and Communities (SMFC) <sup>19</sup>						X	Best								В	

		COD Practices uning to be Imp								Rat	ing Systems/l	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 10 22 25	22.24	22.24	26	Don't			S	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
Practices	DASA <sup>12</sup>	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC28	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Strengthening the Bonds of Chicano Youth & Families <sup>22</sup>						X					Promising					С	
Stress Inoculation Training <sup>7</sup>						X						Effective				TBD	
Students Managing Anger & Resolution Together (SMARTteam) 22,30						X				EBP	Model					С	
Supported Education <sup>7</sup>						X						Promising				A	
Supported Employment <sup>3,7,27,29</sup>		X						EBP	EBP			Effective			EBP	A	X
Supported Housing <sup>7,27</sup>		X						EBP				Emerging				A	
Supportive Expressive Psychotherapy <sup>13</sup>						X								EBP		A	
Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) <sup>19</sup>						X	Not Rated									A	
Talk Safe <sup>19</sup>						X	Promising									A	
Targeted Parent Assistance <sup>7</sup>						X						Emerging				С	
TARGET-T <sup>7</sup>						X						Evidence Based				С	
Teaching Students To Be Peacemakes <sup>22</sup>						X					Model					С	
Teenage Health Teaching Modules <sup>22</sup>						X					Promising					С	
Texas Special Needs Diversionary Program <sup>7</sup>						X						Model				С	

		COD Practices								Rat	ing Systems/	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.24	. 20	Don't			s	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>23,26</sup>	DOC <sup>28</sup>	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices										(2007)	1 Tograms			` ′			
The Eden Alternative <sup>19</sup>						X	Promising									A	
The Historical Trauma & Unresolved Grief Intervention (HTUG) <sup>9</sup>						X							Level 4			В	
The Multi-faceted primary Care Intervention <sup>19</sup>						X	Promising									A	
The SHARE Model <sup>19</sup>						X	Promising									A	
The TAMAR Project <sup>7,19</sup>						X	Not Rated					Evidence Based				A	
The Village <sup>19</sup>						X	Not Rated									TBD	
Therapeutic Foster Care <sup>7,27</sup>		X						EBP				Level 1				С	
Tinkham Alternative High School <sup>22</sup>						X					Promising					С	
Token Economies <sup>7</sup>						X						Effective				TBD	
Tool Good For Violence 22						X					Model					С	
Transcend <sup>19</sup>						X	Not Rated									A	
Trauma Focused Integrative Eclectic Therapy <sup>7,9</sup>						X						Level 3	Level 4			TBD	
Trauma Focused Play Therapy <sup>7,9,22</sup>						X					Model	Level 3	Level 4			С	X
Trauma Recovery and Empowerment Model (TREM) <sup>30</sup>						X				EBP							
Treating Tobacco Use and Dependence <sup>13</sup>						X								EBP		A	

		COD Practices								Rat	ing Systems/I	Level of Suppo	ort			Child or Adult	Endorsed by 3 or more sources
	12	10 19 22 25	22.24	22.26	26	Don't			s	AMHSA		T-Grant	Children's	Alcohol and Drug Abuse		C= Child	
	DASA	<b>MHD</b> <sup>10,18,23,25</sup>	JRA <sup>23,24</sup>	CA <sup>25,20</sup>	DOC	Know	WIMIRT	DIG	Toolkit	NREPP (2007)	Model Programs	EBPEP Task Group	EBP Expert Panel	Institute (ADAI)	WSIPP	A= Adult B= Both	
Practices Turtle Mountain Safe Communities Program <sup>19</sup>						X	Promising			(2007)	1108141111					С	
Twelve Feathers Program <sup>19</sup>						X	Promising									С	
UCLA Family Development Project <sup>7</sup>						X						Emerging				С	
United American Indian Involvement <sup>19</sup>						X	Promising									A	
United States Air Force Suicide Prevention Program <sup>30</sup>						X				EBP							
Urban Women Against Substance Abuse (UWASA) <sup>22</sup>						X					Promising					A	
Welcome Baby <sup>7</sup>						X						Emerging				C	
Wellness Recovery Action Plan (WRAP) <sup>7</sup>		X										Promising				A	
With Eagle's Wings <sup>19</sup>						X	Best									C	
Woodrock Youth Development Program <sup>22</sup>						X					Promising					С	
Wraparound Services/Wraparound Process <sup>7,19</sup>		X					Promising					Promising				В	
Yale Child Study Center Parents First Program <sup>7</sup>						X						Promising				С	
Young Parents Project <sup>7</sup>						X						Evidence Based				С	
Youth Care Model <sup>7</sup>						X						Emerging				C	
Youth Relationships Project <sup>9</sup>						X							Level 2			С	
Zuni Life Skills Curriculum <sup>19</sup>						X	Promising									С	

#### Part 1b: Rating Systems Definition

#### WIMIRT<sup>19</sup>

The WIMIRT Best and Promising Practices Report included two definitions\*

- 1. <u>Best Practices</u> are strategies and programs that are deemed research-based by scientists and researchers through a number of organizations including NIMH, NIDA, American Psychological Association, National Association of Social Workers, CSAP, NCAP, OJJDP, and DOE.
- 2. <u>Promising Practices</u> are programs that seem effective, but do not have enough outcome data or have not been sufficiently evaluated to be deemed a best practice. Ideally, these programs or strategies have some quantitative data showing positive outcomes over a period, but do not have enough research or replication to support generalized outcomes.

\*Note: If a rating was not specified for a particular practice, "Not Rated" was entered.

## **SAMHSA**<sup>3,22,27,30</sup>

SAMHSA has at least 4 initiatives to disseminate and/or collect information about EBP utilization:

- 1. <u>DIG</u> Every State has to report data on 10 practices as a requirement of the SAMHSA Data Infrastructure Grant (DIG). They are ACT, Supported Employment, Supported Housing, Family Psychoeducation, Medication Management, Therapeutic Foster Care, MST, FFT, Integrated Dual Disorders Treatment & Illness Management & Recovery. The DIG identifies all of these practices as EBPs.
- 2. <u>Toolkits</u>- SAMHSA has created toolkits for five mental health practices, all of which are identified as EBPs: Illness Management & recovery, Family Psychoeducation, Integrated Dual Disorder, Treatment, ACT, & Supported Employment.
- 3. Model Programs- the National Registry of Evidence Based Programs and Practices (NREPP) has three definitions of evidence based programs\*:
- A. Promising = Programs in this category have been implemented and sufficiently evaluated. The programs have shown positive outcomes, but do not have the consistently positive findings required for an Effective Program status.
- B. Effective = Programs in this category have been implemented, evaluated, and show consistently positive outcomes. The developers of these programs have not yet agreed to work with SAMHSA to disseminate their programs on an extensive basis.
- C. Model = Programs in this category are well-implemented and well-evaluated. These programs have been reviewed by the National Registry of Evidence-based Programs and Practices (NREPP) and have agreed to provide quality materials, training, and technical assistance for nationwide implementation.
- 4. NREPP SAMHSA revised NREPP in 2007 (formerly called Model Programs). To be considered, the practice had to meet the following conditions:
  - A. demonstrate one or more positive outcomes ( $p \le .05$ ) in mental health and/or substance use behavior among individuals, communities, or populations;
  - B. Intervention results have been published in a peer-reviewed publication or documented in a comprehensive evaluation report; AND
- C. documentation (e.g., manuals, process guides, tools, training materials) of the intervention and its proper implementation is available to the public to facilitate dissemination.

\*Note: Practices that were judged to be exclusively Alcohol and/or Drug treaments were excluded.

#### TG ECBPEP Task Group<sup>7</sup>

The Evidence/Consensus-Based/Promising/Emerging Practices (ECPEP) Task Group report presented 4 different rating systems.\*

- 1. Evidence-Based=Most support; Promising=less support; Emerging=Least Support
- 2. Level 1=Best Support; Level 2=Good/Moderate Support; Level 3=Promising Practice
- 3. The Juvenile Justice section presented Model programs (e.g., Texas Special Needs Diversionary Program)
- 4. Effective= Most Support; Promising=less support; Emerging= Least Support

\*Note: When possible, the highest rating was chosen.

#### **Children's EBP Expert Panel<sup>9</sup>**

The Children's EBP Expert Panel rated each practice from 1 to 5, depending on the problem area: Level 1= best empirical support, Level 2= good or moderate support, Level 3= moderate support for other populations or conditions, level 4= innovative practices, and Level 5= practices having known risks. Only practices between 1-4 were included in this document (a rating of 5 was a practice with known risks). If the practice was given more than one level assignment, the highest was entered.

#### **Alcohol and Drug Abuse Institute (ADAI)**<sup>13</sup>

All the practices on the ADAI database are identified as Evidence-Based Practices (EBPs) and meet the following criteria:

- 1. they are supported by research, often through randomized controlled trials and quasi-experimental studies.
- 2. they result in meaningful outcomes
- 3. they are standardized (e.g., thorough instructions).
- 4. they have been studied in more than one setting (i.e. replicated).
- 5. they can be monitored with fidelity.

Only practices that were applicable to co-occurring MH/SA populations were included in the current document.

#### Washington State Institute for Public Policy (WSIPP)<sup>29</sup>

Practices that met the following criteria were included in the meta-analyses; 1) studies had to have a control or comparison group;

2) enough information to calculate effect sizes; 3) the analysis had to include treatment drop-outs, not just treatment completers

#### Part 1c: References

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Part 2: Evidence Based Practices Inclusion Criteria

	Score3 Number of EBP (3) Selections	Score2 Number of "Promising" (2) Selections	Score1 Number of "Emerging" (1)	Total_Count Total Number of Endorsements	Numeric_Score Total Score	Washington Currently offered in Washington State
Aggression Replacement Training7,9	2.00	.00	.00	2.00	6.00	1
Assertive Community Treatment(ACT/PACT)3,7,19,27, 29	5.00	.00	1.00	6.00	16.00	1
Behavioral Treatment for Substance Abuse in Schizophrenia7,19,29	2.00	.00	1.00	3.00	7.00	0
Brief Strategic Family Therapy9,13,19,22	3.00	.00	1.00	4.00	10.00	0
Cognitive Behavior Therapies7,9,19,22,29,30	3.00	1.00	.00	4.00	11.00	1
Contingency Management (co-occurring)7,9,13	2.00	.00	1.00	3.00	7.00	1
Dare to Be You19,22,30	3.00	.00	.00	3.00	9.00	0
Dialectical Behavioral Therapy7,9,13,19,30	4.00	1.00	1.00	6.00	15.00	1
Eye Movement Desensitization & Reprocessing (EMDR)7,9	1.00	1.00	.00	2.00	5.00	1
Family Integrated Transitions7,9	1.00	1.00	.00	2.00	5.00	1
Family Psychoeducation3,7,27	3.00	.00	.00	3.00	9.00	1
Functional Family Therapy7,9,19,27	4.00	.00	.00	4.00	12.00	1
Gatekeeper program7,19,22	1.00	2.00	.00	3.00	7.00	0
Illness Self-Management/Illness Management & Recovery3,7,,27	3.00	.00	.00	3.00	9.00	1
Incredible Years7,9	2.00	.00	.00	2.00	6.00	1
Integrated Dual Disorders Treatment3,9,13,19,27,29	5.00	.00	1.00	6.00	16.00	1
Interpersonal Therapy7,9,19,29	3.00	1.00	.00	4.00	11.00	0

	Score3 Number of EBP (3) Selections	Score2 Number of "Promising" (2) Selections	Score1 Number of "Emerging" (1) Selections	Total_Count Total Number of Endorsements	Numeric_Score Total Score	Washington Currently offered in Washington State
Medications for specific conditions7,9,29	3.00	.00	.00	3.00	9.00	0
Motivational Enhancement Therapy (MET)7,9	1.00	1.00	.00	2.00	5.00	1
Motivational Interviewing (co- occurring)7,19,29	2.00	.00	1.00	3.00	7.00	0
Multi-Family Group Treatment (MFG)7,9,19,29	2.00	1.00	1.00	4.00	9.00	1
Multidimensional Family Therapy7,9,13,19,22	3.00	1.00	1.00	5.00	12.00	1
Multidimensional Treatment Foster Care7,9	2.00	.00	.00	2.00	6.00	1
Multisystemic Therapy7,9,19,22,27	5.00	.00	.00	5.00	15.00	1
Nurse-Family Partnership7,9	2.00	.00	.00	2.00	6.00	1
Parent-Child Interaction Therapy7,9	2.00	.00	.00	2.00	6.00	1
Promoting Alternative Thinking Strategies (PATH)7,19	1.00	1.00	.00	2.00	5.00	1
Second Step9,22,30	2.00	1.00	.00	3.00	8.00	0
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse13,19,30	2.00	1.00	.00	3.00	8.00	0
Strengthening Families Program (SFP)9,19,22	3.00	.00	.00	3.00	9.00	1
Supported Employment3,7,27,29	4.00	.00	.00	4.00	12.00	1
Therapeutic Foster Care7,27	2.00	.00	.00	2.00	6.00	1

#### Part 3: Evidence Based Practices Definitions

#### **Aggression Replacement Training**<sup>1</sup>

An intervention designed for aggressive adolescents and children. Its component procedures are: 1) Skill Streaming- which teaches a curriculum of prosocial, interpersonal skills (i.e. what to do instead of aggression); 2) Anger Control Training - to teach youth what not to do if provoked; and 3) Moral Reasoning Training - to promote values that respect the rights of others, and help youths want to use the interpersonal and anger management skills taught.

#### **Assertive Community Treatment (ACT or PACT)**<sup>2,9</sup>

A multi-disciplinary team based approach to the provision of treatment, rehabilitation and support services. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. Key aspects are low caseloads, 24 hour service availability, and the availability of the services in a range of settings.

#### **Brief Strategic Family Therapy**<sup>3,4</sup>

A family-based intervention aimed at preventing and treating child and adolescent (ages 8-17) behavior problems, particularly substance use and its associated problems such as antisocial/aggressive behavior. BSFT uses the therapeutic techniques of: 1) Joining – forming a therapeutic alliance with all family members; 2) Diagnosis – identifying interactional patterns that encourage problematic youth behavior; and 3) Restructuring – changing family interactions that are related to the problematic behavior.

#### Cognitive Behavior Therapy (CBT) 5

A form of psychotherapy focusing on decreasing symptoms and improving quality of life by changing a person's thoughts and behaviors. The treatment involves a collaborative agreement on treatment goals which the patient tracks each week, learning and practicing new skills and ways of thinking in the treatment session and practicing via homework assignments throughout the week. Many EBP's on this list are based on CBT. For this survey, only rate this if CBT is used in your site separate from another EBP in this list.

#### **Contingency Management (CM)**<sup>5</sup>

A broad group of behavioral interventions that structure the client's environment in such a way as to encourage change. CM includes setting specific, objective goals, the systematic reinforcement of desired behaviors, and specific, objective consequences for not meeting these goals.

## Dare to Be You<sup>6</sup> Error! Bookmark not defined.

DARE To Be You (DTBY) is a multilevel prevention program that serves high-risk families with children 2 to 5 years old. Program objectives focus on children's developmental attainments and aspects of parenting that contribute to youth resilience to later substance abuse, including parental self-efficacy, effective child rearing, social support, and problem-solving skills.

#### **Dialectical Behavioral Therapy (DBT)** <sup>7</sup>

DBT is cognitive-behavioral therapy for individuals exhibiting self-injurious behaviors, such as self-cutting, suicidal thoughts, urges to suicide, and suicide attempts. Standard DBT is provided via four modes of treatment: weekly individual therapy, weekly skills training, phone coaching as needed, and a weekly therapist consultation team.

# Eye Movement Desensitization & Reprocessing $(EMDR)^{8Error!\,Bookmark\,not\,defined.}$

Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. EMDR uses a three pronged protocol: (1) the past events that have laid the groundwork for dysfunction are processed, forging new associative links with adaptive information; (2) the current circumstances that elicit distress are targeted, and internal and external triggers are desensitized; (3) imaginal templates of future events are incorporated, to assist the client in acquiring the skills needed for adaptive functioning.

#### Family Integrated Transitions<sup>9</sup>

The Family Integrated Transitions (FIT) program provides integrated individual and family services to juvenile offenders who have mental health and chemical dependency disorders during their transition from incarceration back into the community. FIT is based on components of three programs: multisystemic therapy (MST), dialectical behavior therapy (DBT), and motivational enhancement therapy (MET).

# $\textbf{Family Psychoeducation}^{\textbf{Error! Bookmark not defined.} 10}$

Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Core characteristics of family Psycho Education programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

#### Functional Family Therapy (FFT)<sup>10</sup>

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. Treatment occurs in phases where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and their family. The phases are engagement, motivation, assessment, behavior change, and generalization.

#### Gatekeeper Program<sup>3</sup>

The Gatekeeper Program is a community-wide system of proactive case finding to identify at-risk older adults who remain invisible to the service delivery systems created to serve them. Gatekeepers are non-traditional referral sources that come into contact with older adults through their everyday work activities.

#### Illness Self-Management/Illness Management & Recovery<sup>10</sup>

Illness Self-Management is a broad set of rehabilitation methods aimed at teaching individuals with a mental illness, strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and re-hospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Services include a specific curriculum that can include mental illness facts, recovery strategies, using medications, stress management and coping skills. It is critical that a specific curriculum is being used for these components to be counted for reporting.

#### Improving Mood: Promoting Access to Collaborative Treatment (IMPACT) $^3$

With this model primary care patients have up to 12 months of access to a depression care manager who is supervised by a psychiatrist and primary care liaison. The care manager provides medication support and/or counseling and depression management in collaboration with the primary care physician.

#### Incredible Years<sup>11</sup>

Incredible Years features three comprehensive, multifaceted, developmentally based curricula for parents, teachers, and children. The program is designed to promote emotional and social competence and to prevent, reduce, and treat aggressive, defiant, oppositional, and impulsive behaviors in young children 2 to 8 years old.

#### **Integrated Dual Diagnosis Treatment**<sup>10</sup>

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion.

#### Interpersonal Therapy<sup>3,12</sup>

Interpersonal therapy (IPT) is a time-limited (12-16 weeks) treatment that suggests that a client's interpersonal relationships may play a significant role in the onset and maintenance of depressive symptoms. Problem areas addressed in IPT are the client's difficulty in interpersonal functioning, unresolved grief, role transitions, and interpersonal deficits.

#### **Medications for specific conditions**

Pharmacotherapy for a variety of psychiatric conditions including depression, bipolar disorder, anxiety, and schizophrenia.

#### **Motivational Enhancement Therapy (MET)** <sup>13</sup>

MET is based on principles of cognitive and social psychology whereby the counselor seeks to develop a discrepancy in the client's perceptions between current behavior and significant personal goals. As applied to drug abuse, MET seeks to alter the harmful use of drugs. The intervention is typically brief, limited to two to four sessions that each last 1 hour. MET differs from Motivational Interviewing (see below).

#### **Motivational Interviewing**<sup>14</sup>

Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Motivational Interviewing differs MET (see above).

# $\label{eq:multidimensional} \textbf{Multidimensional Family Therapy (MDFT)}^{15Error!\,\textbf{Bookmark not defined.}}$

MDFT is a comprehensive and flexible, family-based program designed for substance-abusing adolescents or those at high risk for substance us and other problem behaviors. MDFT interventions target research-derived risk factors and processes that have created and perpetuate substance use and related problems such as conduct disorder and delinquency.

#### **Multidimensional Treatment Foster Care**<sup>16</sup>

The goal of the MTFC program is to decrease problem behavior and to increase developmentally appropriate normative and prosocial behavior in children and adolescents who are in need of out-of-home placement. Youth come to MTFC via referrals from the juvenile justice, foster care, and mental health systems.

#### **Multisystemic Therapy (MST)**<sup>10</sup>

Multisystem Therapy is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior. The Multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. The goal is to facilitate change in this natural environment to promote individual change.

#### Nurse-Family Partnership<sup>17</sup>

The program provides first-time, low income mothers with home visitation services from public health nurses. NFP nurses work intensively with mothers to improve maternal, prenatal, and early childhood health and well-being, focusing on therapeutic relationships with the family that are designed to improve family functioning in areas of health, home and neighborhood environment, family and friend support, parental roles and major life events. The nurse remains with the mother through the first 2 years of the target child's life.

#### Parent-Child Interaction Therapy<sup>18</sup>

Parent-Child Interaction Therapy (PCIT) is a treatment for conduct-disordered young children that places an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing negative behavior.

#### **Promoting Alternative Thinking Strategies (PATHS)**<sup>19</sup>

PATHS is comprehensive program for educators and counselors working with elementary school aged children (5-12 years old) to facilitate the development of self-control, emotional awareness, and interpersonal problem-solving skills. PATHS seeks to reduce aggression and behavior problems while simultaneously enhancing emotional development and the educational process in the classroom.

#### Second Step<sup>20</sup>

Second Step is a classroom-based social-skills program for children 4 to 14 years of age that teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. It consists of in-school curricula, parent training, and skill development.

#### Seeking Safety: A Psychotherapy for Trauma/PTSD and Substance Abuse<sup>3</sup>

Seeking Safety is a present-focused therapy designed to help people attain safety from PTSD and substance abuse. Key principles include: Safety as the larger goal; working on PTSD and substance at the same time; a focus on ideals to counteract the loss of ideals from the experience of having PTSD and a substance use disorder; and addressing cognitive, behavioral, interpersonal, and case management for client functioning.

#### **Strengthening Families Program (SFP)**<sup>21</sup>

The Strengthening Families Program (SFP) involves elementary school children, 6 to 12 years of age, and their families in 14 family training sessions using family systems and cognitive behavioral approaches to increase resilience and reduce risk factors. It seeks to improve family relationships, parenting skills, and youth's social and life skills.

#### Supported Employment<sup>10</sup>

Supported Employment is designed to help consumers with mental illness find and keep competitive employment within their communities. Supported Employment programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along, and everyone who desires to work is offered employment services. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), occur in normalized settings, and utilize multiple employers, and that the search for competitive jobs occurs rapidly after program entry.

#### Therapeutic Foster Care<sup>10</sup>

Children in Therapeutic Foster Care are placed with parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.

#### **REFERENCES**

<sup>1</sup> The United States Center for Aggression Replacement Training website. Description retrieved February 9, 2007 from <a href="http://www.uscart.org">http://www.uscart.org</a> on February 8, 2007.

http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp

<sup>3</sup> A Literature Review and Resource Guide for Evidence Based Best and Promising Mental Health Practices (2003). Washington Institute for Mental Illness Research and Training retrieved January 9, 2007 at http://www.1.dshs.wa.gov/pdf/hrsa/mh/Bestpracreport.pdf

<sup>4</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved April 30, 2007 at http://modelprograms.samhsa.gov/pdfs/model/Bsft.pdf

<sup>5</sup> Roberts, A.R. & Yeager, K. (2004). <u>Evidence-Based Practice Manual: Research and Outcome Measures in Health and Human Services</u>. Oxford University Press, New York: NY.

<sup>6</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Registry of Evidence Based Programs and Practices (NREPP). Retrieved April 30, 2007 at <a href="http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\_ID=79">http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM\_ID=79</a>.

<sup>7</sup> Behavioral Tech LLC website. Description retrieved April 30, 2007 at http://www.behavioraltech.com/downloads/dbtFaq Cons.pdf

<sup>8</sup> Eye Movement Desensitization and Reprocessing Institute website. Description retrieved April 30, 2007 at http://www.emdr.com/q&a.htm#q1.

<sup>9</sup> Helping Americas Youth: Family Integrated Transitions. Description retrieved April 27, 2007 from the at http://guide.helpingamericasyouth.gov/programdetail.cfm?id=710

<sup>10</sup> Data Infrastructure Grant (DIG) Guidelines for Reporting Evidence-Based Practices (2006). Retrieved on January 19, 2007 from www.nri-inc.org/SDICC/SDICC06/EBPReportingGuidelinesFinal.doc

<sup>11</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Model Programs. Retrieved on January 31, 2007 from http://modelprograms.samhsa.gov/pdfs/model/IncYears.pdf.

<sup>12</sup> Klerman, G.L., Weissman, M.M., Rounsaville, B.J., & Chevron, E.S. (1984). *Interpersonal psychotherapy of depression*. New York: Basic Books.

Description retrieved April 30, 2007 from http://www.nida.nih.gov/ADAC/ADAC9.html

<sup>14</sup> Description retrieved April 30, 2007 from http://www.motivationalinterview.org/clinical/whatismi.html

<sup>15</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved May 2, 2007 from http://modelprograms.samhsa.gov/pdfs/model/multi.pdf

<sup>16</sup> Description retrieved on April 30, 2007 from http://www.mtfc.com/overview.html

<sup>17</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved May 2, 2007 from http://modelprograms.samhsa.gov/pdfs/model/NurseFP.pdf

<sup>18</sup> Description retrieved on April 30, 2007 from http://pcit.phhp.ufl.edu/

<sup>19</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved April 30, 2007 from http://modelprograms.samhsa.gov/pdfs/model/PATHS.pdf
<sup>20</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description

<sup>20</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved May 2, 2007 from http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM ID=80

<sup>21</sup> The Substance Abuse and Mental Health Services Administration's (SAMHSA) Model Programs. Description retrieved May 2, 2007 from http://modelprograms.samhsa.gov/pdfs/model/StrengthFP.pdf

<sup>&</sup>lt;sup>2</sup> SAMHSA Toolkits, Retrieved February 8, 2007 at

# APPENDIX C

# **Evidence-Based Practices Survey Instrument**

# **Inventory of Evidence Based Practices** (I-EBP)

June, 2007

Mental Health Transformation Project
Mental Health Division (MHD)

Division of Alcohol and Substance Abuse (DASA)
Juvenile Rehabilitation Administration (JRA)
Children's Administration (CA)

	Provider Agency
	ATTENTION
	VIDE THE AGENCY NAME AND ADDRESS NCY THAT YOU ARE REPRESENTING
Agency Name:	
Address:	
City:	
State:	Zip:

# PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING THE QUESTIONNAIRE

#### INSTRUCTIONS

- The questions in this survey ask about "this agency". By "this agency" we mean the specific agency name and location that you have provided on the front cover. If you have any questions about how the term "this agency" applies to your program, please call 1-253-761-7590.
- Please answer ONLY for the specific agency whose name and location are provided on the front cover.
- Although we prefer that you complete the questionnaire online, you may choose to return it in any one of following three ways:
  - 1. Enter your responses online. To access the survey, enter your agency's unique Login ID at the following web address:

#### http://survey4.spss-asp.com/Survey?I.Project=P4840002A

- 2. Email survey as an attached document to <a href="mertzh@u.washington.edu">mertzh@u.washington.edu</a>
- 3. Mail or fax completed survey to:

The Washington Institute for Mental Illness Research & Training ATTN: EBP PROJECT 9601 Steilacoom Blvd. SW Tacoma, WA 98498-7213 FAX: 253-756-3987

- Please keep a copy for your records.
- If you have any questions, contact:

THE WASHINGTON INSTITUTE FOR MENTAL ILLNESS RESEARCH AND TRAINING (WIMIRT) 1-253-761-7590

# **SECTION A: AGENCY CHARACTERISTICS**

Section A asks about characteristics of individual agencies and should be completed for this agency only.

1. SERVICES PRO	VIDED: Which	of the followi	ng services are off	ered by this age	ncy?	
		MARK AI	LL THAT APPLY			
Intake, assessment, or referral	Chemical Dependency Treatment	Mental Health Treatment	Co-occurring Disorders Treatment	(pl	Other ease specify)	
2. Solo Practic	E: Is this a solo	practice, mea	aning an office wit	h a single practi	itioner or the	rapist?
					MARK ON	E ONLY
					No	Yes
3. Population:	What is the pop	ulation of the s	ervice area for your	agency?		
					MARK ONE	ONLY
1. Population	less than 5,000					
2. Population	between 5,001 an	d 50,000				
3. Population	between 50,001 a	nd 500,000				
4. Population	greater than 500,0	000				

#### **SECTION B: Utilization**

In this next section, there are questions about specific practices being offered by this agency only, that is, the treatment agency or program listed on the front cover.

4. UTILIZATION OF EBPS: In the list below, please indicate which of following evidence based practices\* (EBPs) your agency currently provides. Also indicate whether program fidelity is assessed or monitored (i.e., the practice is being implemented as intended according to established guidelines and/or manuals) for those practices you are currently providing and if so, what fidelity measure or method you are using?

\* Descriptions for the following EBPs are provided in the respective email as an attachment labeled "EBP Definitions"

Check All That	List of Practices	Assess Program Fidelity Yes	Fidelity Measure/Method Used (please specify)
Apply	Aggression Replacement Training		Oseu (please specify)
<del>                                     </del>	Assertive Community Treatment (ACT/PACT)		
<u> </u>	Behavioral Treatment for Substance Abuse in		
Ш	Schizophrenia		
	Brief Strategic Family Therapy		
	Cognitive Behavior Therapies (CBT)		
	Contingency Management (co-occurring)		
	Dare to Be You		
	Dialectical Behavioral Therapy (DBT)		
	Eye Movement Desensitization & Reprocessing (EMDR)		
	Family Integrated Transitions		
	Family Psychoeducation		
	Functional Family Therapy		
	Gatekeeper program		
	Illness Self-Management/Illness Management &		
	Recovery	<u></u>	
	Incredible Years		
	Integrated Dual Disorders Treatment		
	Interpersonal Therapy		
	Medication Management		
	Motivational Enhancement Therapy (MET)		
	Motivational Interviewing		
	Multi-Family Group Treatment (MFG)		
	Multidimensional Family Therapy		
	Multidimensional Treatment Foster Care		
	Multisystemic Therapy		
	Nurse-Family Partnership		
	Parent-Child Interaction Therapy		
	Peer Support		
	Promoting Alternative Thinking Strategies (PATH)		
	Second Step		
	Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse		
	Strengthening Families Program (SFP)		
	Supported Employment		
	Supported Housing		
	Therapeutic Foster Care		
	Other (Specify:		
	Other (Specify:		
	Not applicable, we do not provide any EBPs-Skip to Q.9		

If your agency does not provide any EBPs, please skip to Question 9.

**5.** TRAINING: For the practices your agency currently provides (see question #4), please indicate which mechanisms are used to provide training.

	MARK ALL THAT APPLY											
List of Practices	Internal Staff	Collaboration with Universities	Provider- to- Provider Training	Outside Accreditation	Other (please specify)							
Aggression Replacement Training												
Assertive Community Treatment (ACT/PACT)												
Behavioral Treatment for Substance Abuse in												
Schizophrenia												
Brief Strategic Family Therapy				ᆜ								
Cognitive Behavior Therapies (CBT)			Ш									
Contingency Management (co-occurring)												
Dare to Be You												
Dialectical Behavioral Therapy (DBT)												
Eye Movement Desensitization & Reprocessing (EMDR)												
Family Integrated Transitions												
Family Psychoeducation												
Functional Family Therapy												
Gatekeeper program												
Illness Self-Management/Illness Management &												
Recovery Incredible Years	╂	<del>                                     </del>		<del>                                     </del>								
Integrated Dual Disorders Treatment	╟┈┼	<del>                                     </del>		$\vdash$								
Interpersonal Therapy												
Medication Management	┡			片								
Motivational Enhancement Therapy (MET)	<u> </u>			⊢ ⊢								
Motivational Interviewing												
Multi-Family Group Treatment (MFG)												
Multidimensional Family Therapy												
Multidimensional Treatment Foster Care												
Multisystemic Therapy												
Nurse-Family Partnership												
Parent-Child Interaction Therapy												
Peer Support												
Promoting Alternative Thinking Strategies (PATH)												
Second Step												
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse												
Strengthening Families Program (SFP)												
Supported Employment												
Supported Housing												
Therapeutic Foster Care												
Other (Specify: )												
Other (Specify:												

6. TARGET POPULATIONS: For the practices your agency currently provides (see question #4), please indicate which target populations you are providing the EBP for. MARK ALL THAT APPLY Children Adolescents Adults **Elderly** Co-occurring Other List of practices **Disorders** (Specify) Aggression Replacement Training **Assertive Community Treatment** (ACT/PACT) Behavioral Treatment for Substance Abuse in Schizophrenia Brief Strategic Family Therapy Cognitive Behavior Therapies (CBT) Contingency Management (co-occurring) Dare to Be You Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy Gatekeeper program Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Treatment Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystemic Therapy Nurse-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Employment Supported Housing Therapeutic Foster Care

Other (Specify: Other (Specify:

7. IMPLEMENTATION SUCCESS: For the practices your agency currently provides (see question #4), please indicate how successful your agency has been in implementing the EBP(s) listed below. List of Practices Somewhat Not at All Verv **Extremely** A little Aggression Replacement Training Assertive Community Treatment (ACT/PACT) Behavioral Treatment for Substance Abuse in Schizophrenia Brief Strategic Family Therapy Cognitive Behavior Therapies (CBT) Contingency Management (co-occurring) Dare to Be You Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy Gatekeeper program Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Treatment Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystemic Therapy Nurse-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Employment Supported Housing Therapeutic Foster Care Other (Specify: Other (Specify:

**8.** EFFECT ON OUTCOMES: For the practices your agency currently provides (see question #4), how effective do you think the EBP is at producing positive client outcomes.

circuite do you think the EDI is at pr					
List of Practices	Not at All	A little	Somewhat	Very	Extremely
Aggression Replacement Training					
Assertive Community Treatment (ACT/PACT)					
Behavioral Treatment for Substance Abuse in		一		$\overline{\Box}$	
Schizophrenia	_	_	_	_	
Brief Strategic Family Therapy					
Cognitive Behavior Therapies (CBT)					
Contingency Management (co-occurring)					
Dare to Be You					
Dialectical Behavioral Therapy (DBT)					
Eye Movement Desensitization & Reprocessing					
(EMDR)					
Family Integrated Transitions					
Family Psychoeducation					
Functional Family Therapy					
Gatekeeper program					
Illness Self-Management/Illness Management &					
Recovery					
Incredible Years					
Integrated Dual Disorders Treatment					
Interpersonal Therapy					
Medication Management					
Motivational Enhancement Therapy (MET)					
Motivational Interviewing					
Multi-Family Group Treatment (MFG)					
Multidimensional Family Therapy					
Multidimensional Treatment Foster Care					
Multisystemic Therapy					
Nurse-Family Partnership					
Parent-Child Interaction Therapy					
Peer Support					
Promoting Alternative Thinking Strategies (PATH)					
Second Step					
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse					
Strengthening Families Program (SFP)			<del>                                     </del>		
Supported Employment				<u> </u>	
Supported Housing	▋	౼	<del>                                     </del>	<del></del>	
Therapeutic Foster Care	▋		<del>                                     </del>		
Other (Specify: )			<del>                                     </del>		
				<u> </u>	
Other (Specify: )					

Aggression Replacement Training Assertive Community Treatment (ACT/PACT) Behavioral Treatment for Substance Abuse in Schizophrenia Brief Strategic Family Therapy Cognitive Behavior Therapies (CBT) Contingency Management (co-occurring) Dare to Be You Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy
Behavioral Treatment for Substance Abuse in Schizophrenia Brief Strategic Family Therapy Cognitive Behavior Therapies (CBT) Contingency Management (co-occurring) Dare to Be You Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation
Brief Strategic Family Therapy Cognitive Behavior Therapies (CBT) Contingency Management (co-occurring) Dare to Be You Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation
Cognitive Behavior Therapies (CBT) Contingency Management (co-occurring) Dare to Be You Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation
Contingency Management (co-occurring)  Dare to Be You  Dialectical Behavioral Therapy (DBT)  Eye Movement Desensitization & Reprocessing (EMDR)  Family Integrated Transitions  Family Psychoeducation
Dare to Be You Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation
Dialectical Behavioral Therapy (DBT)  Eye Movement Desensitization & Reprocessing (EMDR)  Family Integrated Transitions  Family Psychoeducation
Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation
Family Integrated Transitions Family Psychoeducation
Family Psychoeducation
Functional Family Therapy
2 12
Gatekeeper program
Illness Self-Management/Illness Management & Recovery
Incredible Years
Integrated Dual Disorders Treatment
Interpersonal Therapy
Medication Management
Motivational Enhancement Therapy (MET)
Motivational Interviewing
Multi-Family Group Treatment (MFG)
Multidimensional Family Therapy
Multidimensional Treatment Foster Care
Multisystemic Therapy
Nurse-Family Partnership
Parent-Child Interaction Therapy
= -
Peer Support
Promoting Alternative Thinking Strategies (PATH)
Second Step
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse
Strengthening Families Program (SFP)
Supported Employment
Supported Housing
Therapeutic Foster Care
Other (Specify: )
Other (Specify: )
Other (Specify: )

providing EBPs you are using	15 01 1	vanit to	usc.											
					M	ARK	ALL	THA	Γ APP	LY				
LIST OF PRACTICES	Shorta appro traine workf	priately d	Finar issues payin EBPs	s in g for	EBP n modifi to fit le needs	cation	main fideli	model	Resista implen EBPs f practit or other	menting from tioners Regulations		N o n e	Other (Specify)	
Aggression Replacement Training														
Assertive Community Treatment (ACT/PACT)														
Behavioral Treatment for Substance Abuse in Schizophrenia														
Brief Strategic Family Therapy					Γ									
Cognitive Behavior Therapies (CBT)			Ī		<u> </u>		İ		Ī		Ī			
Contingency Management (co-occurring)				j		]	İ							
Dare to Be You				1	Г	1			Г				Г	
Dialectical Behavioral Therapy (DBT)		=		1	<del>                                     </del>	ī		<del>-</del>		1		f	片	
Eye Movement Desensitization & Reprocessing (EMDR)				<u> </u>										
Family Integrated Transitions			† r	1	Г	7			Г		Г	1	Г	
Family Psychoeducation		=		1	<del>                                     </del>	┪				_			Ħ	
Functional Family Therapy		=	-	<del>-</del>		1				=			F	
Gatekeeper program			<del> </del>	╡		†						<del>-</del>	H	
Illness Self-Management/Illness			<u> </u>	+		1				_		1	H	
Management & Recovery			L		_	J	l		_		L		┕	
Incredible Years														
Integrated Dual Disorders Treatment			Ī	1	Ī	1				1	Г			
Interpersonal Therapy			Ī		Ī	1	İ				Г			
Medication Management				1		1								
Motivational Enhancement Therapy (MET)														
Motivational Interviewing														
Multi-Family Group Treatment (MFG)	Ī						Ī							
Multidimensional Family Therapy														
Multidimensional Treatment Foster Care														
Multisystemic Therapy														
Nurse-Family Partnership							İ							
Parent-Child Interaction Therapy			Ī				ĺ		Ī		Ī		ĪĒ	
Peer Support			Ī				Ì		Ī		Ī			
Promoting Alternative Thinking Strategies (PATH)							j							
Second Step														
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse											Ī			
Strengthening Families Program (SFP)									Γ					
Supported Employment			Ī		Ī		Ì		Ī		Ī			
Supported Housing		_	Ī			j	İ				<b>│</b>	Ī	Ī	
Therapeutic Foster Care			Ī		Ħ	Ī	l i				Ħ	Ī		
Other (Specify: )			<u> </u>	<u> </u>	<u> </u>	<del>1</del>				<u> </u>	<u> </u>	ī	┢	
Other (Specify: )		=	+ +	=	<del></del>	╡──			<del>                                     </del>	=	<del>⊢ ⊢</del>	=	+=	<del> </del>

11. FACILITATING EBPS: What type of assista		•			
your agency to help facilitate the adoption an evidence based practices?	ia impiementa	ttion of			
evidence bused practices.		MARK ONE ONLY			
None					
Appropriately trained workforce					
Financing issues in paying for EBPs					
Modification of EBP to fit local needs					
Attaining or maintaining fidelity to EBP mod	el standards				
Resistance to implementing EBPs from pract					
Other:					
12. OTHER CLIENT NEEDS: Does your agency there are no known or available evidence-base		tions or add	ress specific cli	ient needs	for which
No	☐ If "	No", go to Q	.13		
Yes		Yes", what a cify:	re these popul	ations or c	lient needs
13. INTEREST IN EBP IMPLEMENTATION: Ple implement EBPs into your treatment progra	m?				
	Not at All	A little	Somewhat	Very	Extreme
14. EBP INITIATIVES: What initiatives, if any adoption of evidence-based practices (EBPs)		cy implemer		te the	
			AP	PLY	
1. Increase awareness about EBPs				<u>_</u>	
2. Training				<u></u>	
3. Incorporation of EBPs in contracts				<u></u>	
4. Monitoring of fidelity					
5. Modification of information systems/da		1.1.			
6. Modification of paperwork/documentat fit EBPs so as to accurately reflect the		lelines to			
7. Financial incentives					
8. Other (specify:		_)			
9. None					

15. EBP EFFECTS: Is your agency conducting any systematic assessment of the effects of the evidence-based interventions that you are using?		
1. No ( <b>Skip to Q.1</b> 6		
2. Yes		
	If "Yes" what method(s) are you using?	MARK ALL THAT
		APPLY
	Benchmarking	
	Outcome monitoring	
	Program Evaluation	
	Other	

## **SECTION C: CLIENT COUNT INFORMATION**

Section C asks about client count information for specific EBPs and for this agency.

16. Annual client count: How many unduplicated clients did your agency serve in Fiscal Year 2007
(July 1, 2006 – June 30, 2007)?

Continue on to the next page.

17. CLIENT COUNTS FOR EACH EBP: For each EBP that you are currently providing (see question #4), please provide the total number of unduplicated clients served in FY 2007 (July 1, 2006 – June 30, 2007). Also provide the number of adults and number of children who received each practice.

T' A CD A'	# of persons	# of adults	# of children
List of Practices	served		
Aggression Replacement Training			
Assertive Community Treatment(ACT/PACT)			
Behavioral Treatment for Substance Abuse in			
Schizophrenia			
Brief Strategic Family Therapy			
Cognitive Behavior Therapies (CBT)			
Contingency Management (co-occurring)			
Dare to Be You			
Dialectical Behavioral Therapy (DBT)			
Eye Movement Desensitization & Reprocessing (EMDR)			
Family Integrated Transitions			
Family Psychoeducation			
Functional Family Therapy			
Gatekeeper program			
Illness Self-Management/Illness Management			
& Recovery			
Incredible Years			
Integrated Dual Disorders Treatment			
Interpersonal Therapy			
Medication Management			
Motivational Enhancement Therapy (MET)			
Motivational Interviewing			
Multi-Family Group Treatment (MFG)			
Multidimensional Family Therapy			
Multidimensional Treatment Foster Care			
Multisystemic Therapy			
Nurse-Family Partnership			
Parent-Child Interaction Therapy			
Peer Support			
Promoting Alternative Thinking Strategies (PATH)			
Second Step			
Seeking Safety: A Psychotherapy for			
Trauma/PTSD & Substance Abuse			
Strengthening Families Program (SFP)			
Supported Employment			
Supported Housing			
Therapeutic Foster Care			
Other (specify: )			
Other (specify:			

18. RESPONDENT PROVIDING CLIENT COUNT INFORMATION: Whom should we contact if we have questions about client count information?			
Name			
Agency Name			
Phone Number	( )		
E-mail address			

#### **SECTION D: RESPONDENT CHARACTERISTICS**

Section D asks about the person who had primary responsibility for filling out this form. We will contact you only if we have further questions about your responses.

19. CHARACTERISTICS OF THE PRIMARY RESPONDENT			
Name			
What is your current job title?			
How long have you been working at this agency?	years		
Phone Number	( )		
E-mail address			

Thank you for your participation! When completed you may choose to do one of the following:

- Enter all of the above responses online at: <a href="http://survey4.spss-asp.com/Survey?I.Project=P4840002A">http://survey4.spss-asp.com/Survey?I.Project=P4840002A</a>
- 2) Email the survey as an attachment to <u>mertzh@u.washington.edu</u>
- 3) Mail or Fax the survey to:

The Washington Institute for Mental Illness Research and Training (WIMIRT)
ATTN: EBP Project

9601 Steilacoom Blvd. SW Tacoma, WA 98498-7213 FAX: 253-756-3987

## APPENDIX D

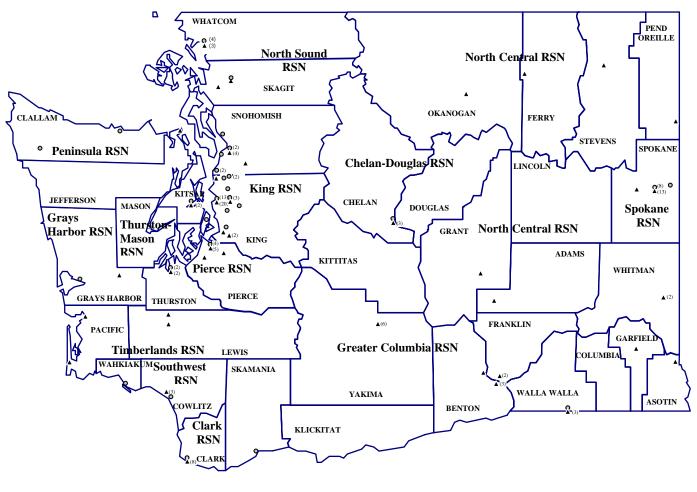
## MAPS

Completions/Non-Completions By Agency Type

## Appendix D Contents

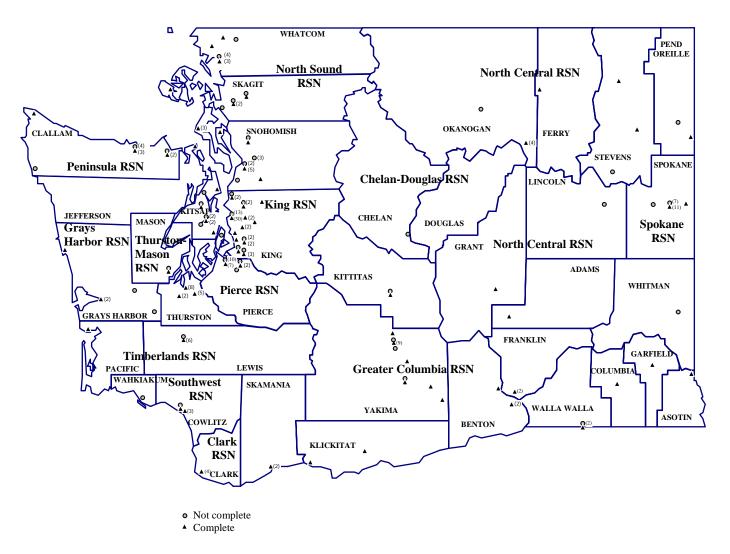
Map of Completions/Non Completions	
MHD	D - 1
DASA	D - 2
JRA/CA	D - 3
MHD Agencies Not Completing the EBP Survey.	D - 4
MHD Agencies Completing the EBP Survey.	D - 6
DASA Agencies Not Completing the EBP Survey.	D - 9
DASA Agencies Completing the EBP Survey.	D - 12
JRA Agencies Completing the EBP Survey	D - 17
CA Agencies Not Completing the EBP Survey.	D - 18
CA Agencies Completing the EBP Survey.	D - 18
EBP Completions by County and Agency Type	D - 19

#### MHD Map



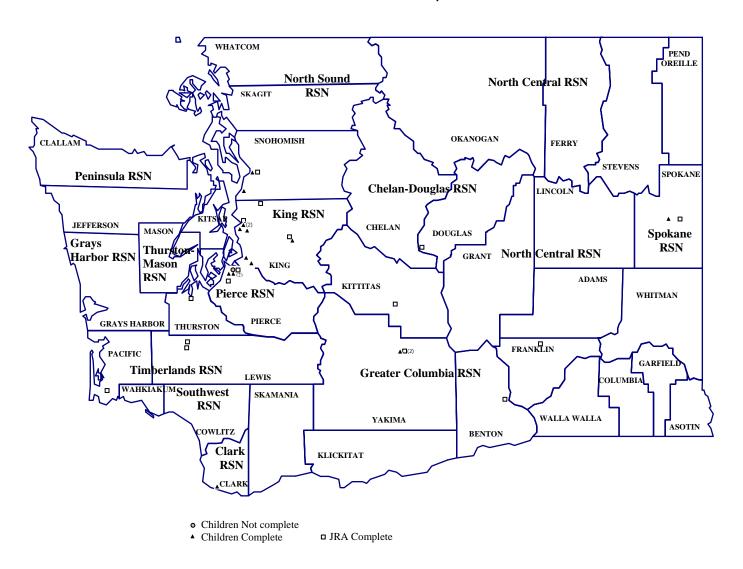
- Not complete
- ▲ Complete

### **DASA Map**



D - 2

#### JRA & CA Map



MHD Agencies Not Completing the EBP Survey

RSN	MHD Agency
Chelan-Douglas	The Promise Club
Clark	Mental Health Northwest
Grays Harbor	Evergreen Counseling Center
Greater Columbia Children's Home Society of Washington – Walla	
	Skamania County Counseling Center
	Asian Counseling and Referral Services
	BHC Fairfax
	Cedar Park Counseling Network
	Children's Home Society of Washington
	Community House Mental Health
	Creative Change Counseling Center
	Downtown Emergency Services Center
	Friends of Youth
	Hero House
	Kent Youth and Family Services
	Lutheran Community Services Seattle
IZ:	Meier Clinics
King	Northshore Youth and Family Services
	Olive Crest
	Pioneer Human Services
	Renton Area Youth and Family Services
	Ruth Dykeman Children's Center
	Seattle Counseling Service
	Seattle Indian Health Board
	Seattle Mental Health
	Therapeutic Health Services
	Vashon Youth and Family Services
	Wallingford House
	Youth Eastside Services
	Catholic Community Services – Snohomish County
	Compass Health
	Lake Whatcom Residential and Treatment Center
	North Sound Evaluation & Treatment Facility
	Rainbow Center
North Sound	Sea Mar Counseling and Social Services – Bellingham
1 torur bound	Snohomish County Evaluation and Treatment Facility
	Stevens Hospital
	The Center for Counseling & Health Resources
	Tulalip Family Counseling Whateam Counseling & Payabiatria Clinia
	Whatcom Counseling & Psychiatric Clinic

## MHD Agencies Not Completing the EBP Survey (cont)

RSN	MHD Agency	
	RMH Services	
Peninsula	West End Outreach Services	
	Peninsula Community Mental Health Services	
	Catholic Community Services – Tacoma	
Pierce	Child and Family Guidance Center	
ricice	Kwawachee Counseling Center	
	Social Treatment Opportunity Programs	
Southwest	S.L. Start & Associates, Inc	
	Children's Home Society – Spokane	
	Evergreen Club	
	Excelsior Youth Center	
	Sacred Heart Medical Center	
	SEER Supported Education Enhancing Rehabilitation	
	Spokane County Juvenile Services	
	Spokane County Supportive Living Program	
	Spokane School District #81	
	The N.A.T.I.V.E. Project	
Thurston-Mason	Capitol Clubhouse	
Thurston-Wason	Catholic Community Services Family Preservation System	
Timberlands	Wahkiakum County Mental Health Services	

## MHD Agencies Completing the EBP Survey

RSN	MHD Agency
	Catholic Family and Child Service
Chelan-Douglas	Children's Home Society – Wenatchee
	Columbia Valley Community Health
	Catholic Community Services – Vancouver
	Children's Center
	Children's Home Society of Washington – Vancouver
Clouls	Columbia River MH Services
Clark	Family Solutions
	Institute for Family Development – Vancouver*
	Lifeline Connections
	Southwest Washington Medical Center
Grays Harbor	Behavioral Health Resources – Elma
	Benton & Franklin Counties Crisis Unit
	Blue Mountain Counseling
	Catholic Family and Child Services – Yakima
	Central Washington Comprehensive Mental Health
	Garfield County Human Services*
	Harvest House
	Institute for Family Development*
	Lourdes Counseling Center
	Lourdes Wilson House*
Greater Columbia	Lutheran Community Services Northwest
	Nueva Esperanza Community Counseling Services
	Palouse River Counseling Services
	Rising Sun Clubhouse
	Rogers Counseling Center
	Sunderland Family Treatment Services
	Sunrise Club
	Walla Walla Department of Human Services
	Yakima Valley Farmworkers Behavioral Health Services
	Yakima Valley Memorial Hospital
	Atlantic Street Center
	Auburn Youth Resources
	Catholic Community Services – Seattle
	Center for Human Services
	Children's Hospital and Regional Medical Center
King	Community Psychiatric Clinic
	Consejo Counseling and Referral Services
	Crisis Clinic of Seattle
	Evergreen Healthcare Harborview Medical Center

MHD Agencies Completing the EBP Survey (cont)

RSN	MHD Agency
	Harborview Mental Health Services
	Highline West Seattle Mental Health Center
	Institute for Family Development – King Prime Time
	Projects
	Northwest Hospital
	Pathways Mental Health
	Prime Time Projects
***	Ryther Child Center
King	Sea Mar Community Health Center
	Sea Mar Counseling and Social Services – Tacoma
	Seattle Children's Home
	Southwest Youth and Family Services
	Transitional Resources
	Valley Cities Counseling & Consultation
	West Seattle Psychiatric Hospital
	YMCA Mental Health Services
	Community Counseling Services of Adams County
	Ferry County Community Services
	Grant Mental Healthcare
North Central	Okanogan Behavioral Healthcare
	Pend Oreille County Counseling Services
	Stevens County Counseling Services
	Bridgeways
	Catholic Community Services – Bellingham
	Northwest Youth Services
	Skagit Valley Hospital
	Snohomish County Human Services Mental Health
North Sound	Division
	St. Joseph Hospital Mental Health Unit
	Sunrise Services
	United General Hospital
	Valley General Hospital
	Volunteers of America Care Crisis Response Services
Peninsula	Jefferson Counseling Center
	Kitsap Mental Health Services
	Kitsap Mental Health Services Inpatient Unit*
	Comprehensive Mental Health
	Good Samaritan Behavioral Healthcare
Pierce	Greater Lakes Mental Healthcare
	Pearl Street Center*
	Pierce County Evaluation and Treatment

MHD Agencies Completing the EBP Survey (cont)

RSN	MHD Agency
Pierce	Pierce County Mobile Outreach Crisis Team & Crisis
	Response
	Rose House
	Lower Columbia Mental Health C. (Cowlitz Co. Guidance
	Assoc)
Southwest	PeaceHealth – St. John Medical C./C. for Behavioral
	Solutions
	Toutle River Ranch/Youth and Family Link
	Camas Institute-Behavioral Health Department
	Catholic Family Services Counseling Program – Spokane
	Community Detox Services of Spokane County
	Family Services Spokane
	Institute for Family Development Spokane*
	Lutheran Community Services Northwest – Inland
	Northwest Area
Spokane	Partners with Families and Children
	Saint Joseph Family Center
	SNAP – Spokane Neighborhood Action Program
	Spokane County Jail Services
	Spokane Mental Health
	Tamarack Center
	Volunteers of America – Passages
	YFA Connections
Thurston-Mason	Behavioral Health Resources
Thurston-Mason	Providence St. Peter Hospital
	Cascade Mental Health*
Timberlands	Cascade Mental Health Care – Centralia
Timocranus	Willipa Counseling Center
	Willipa Counseling Center*

<sup>\*</sup>Roll-up/Completes

DASA Agencies Not Completing the EBP Survey

RSN	DASA Agency					
Chelan-Douglas	Center For Alcohol And Drug Treatment (The)					
	Northwest Indian Treatment Center - Elma					
Grays Harbor	TSAPOWUM / Chehalis Tribal Chemical Dependency					
	Program					
	Alcohol Drug Dependency Service - Ellensburg ADDS					
	Community Counseling Clinic LLC (Union Gap)					
	Palouse River Counseling Center					
	Veterans Administration - Yakima Substance Abuse					
Greater Columbia	Outreach					
	Veterans Administration Medical Center - Walla Walla					
	Yakama Indian Nation Comprehensive Alcoholism					
	Program					
	Yakima County Assessment Service					
	Alternatives - Seattle					
	Avalon Center, The					
	Bi-County Co-Occurring Residential Treatment Center					
	Central Youth And Family Services					
	Community Psychiatric Clinic - Bellevue					
	Consejo Counseling And Referral - Seattle					
	Genesis House					
	Intercept Associates					
	Kent Youth And Family Services					
	Korean Community Counseling Center					
King	Lakeside-Milam Recovery Center (Kirkland Inpatient)					
	Muckleshoot Behavioral Health Program					
	Ryther Child Center - West Seattle Outpatient Branch					
	Seattle Counseling Service for Sexual Minorities					
	Sound Mental Health-NCI Renton					
	Therapeutic Health Services - Seneca Branch					
	Therapeutic Health Services - Shoreline					
	Therapeutic Health Services - Summit Branch					
	Thunderbird Treatment Center					
	Washington Asian/Pacific Islander Families					
	Youth Eastside Services - Lake Washington Branch					

DASA Agencies Not Completing the EBP Survey (cont)

RSN	DASA Agency					
	Kalispel Social Services - Usk					
North Central	Lincoln County Alcohol & Drug Center					
	Okanogan Behavioral Healthcare, Inc.					
	Spokane Tribe Of Indians Substance Abuse Program					
	Catholic Community Services - Recovery Center -					
	Bellingham					
	Catholic Community Services - Recovery Center - Everett					
	Catholic Community Services - Recovery Center -					
	Marysville					
	Island Crossing Counseling Services					
	La Esperanza Health Counseling Services					
	Lummi Counseling Services					
	Nooksack Tribe's Genesis II					
North Sound	Phoenix Recovery Services, LLC					
North Sound	Sea Mar Substance Abuse Outpatient Services Main					
	Facility					
	Swinomish Alcohol Program					
	Therapeutic Health Services - Everett Branch					
	Tulalip Tribal Family Services Chemical Dependency					
	Program					
	Tulalip Tribes Family Services CD Youth Program					
	Upper Skagit Tribe Chemical Dependency Treatment					
	Program					
	Westcoast Counseling and Treatment Center					
	Cascade Recovery Center - Silverdale					
	Highland Courte					
	Kitsap Mental Health Services					
Peninsula	Kitsap Recovery Center					
	Klallam Counseling Services					
	Peninsula Community Mental Health Center					
	Quileute Addictions Program					
	Safe Harbor Recovery Center - Sequim, Inc.					
	Suquamish Tribe Wellness Program					
	Trillium Treatment Center					
	West Sound Treatment Center - Fuller Wise Bldg					

DASA Agencies Not Completing the EBP Survey (cont)

RSN	DASA Agency					
	Chief Leschi School					
	Foundation for Multicultural Solutions					
	Madigan Army Medical Center (MAMC)					
	Moms & Women's Recovery Center - East Puyallup					
	Branch					
	Moms & Women's Recovery Center - South (Parkland)					
	Branch					
Pierce	Moms & Women's Recovery Center - Tacoma Branch					
	Prosperity Counseling & Treatment Services, Inc.					
	Puyallup Tribal Treatment Center					
	Remann Hall Alcohol/Drug Development Program					
	(RHADD)					
	Sea Mar Outpatient Substance Abuse Services - Tacoma					
	Tacoma/Pierce County Treatment Services - Unit 1					
	Tacoma/Pierce County Treatment Services - Unit 2					
Southwest	Cowlitz Tribal Treatment Program - Vancouver					
	Alcohol/Drug Network (CHIPS)					
	Camas Institute Behavioral Health Services					
	Daybreak Of Spokane (Intensive Inpatient Program)					
	N.A.T.I.V.E. Project					
Spokane	Northeast Washington Treatment Alternatives					
	SPARC Spokane Addiction Recovery Centers					
	SPARC Intensive Inpatient Services (Christoph					
	House/Delaney)					
	SPARC Outpatient Services					
Thurston-Mason	Northwest Indian Treatment Center - Shelton Outpatient					
Thurston-wason	Servi					
Timberlands	Eugenia Center					
Timochanus	Wahkiakum Chemical Dependency Services					

DASA Agencies Completing the EBP Survey

RSN	DASA Agency						
	Columbia River Mental Health						
Clark	Daybreak - Vancouver (Male-Youth Inpatient)						
	Lifeline Connections						
	Northwest Recovery Center						
	HarborCrest Behavioral Health						
Grays Harbor	Quinault Indian Nation						
	True North- Grays Harbor						
	Advocates for Wellness						
	Benton And Franklin Counties Assessment Center						
	Blue Mountain Counseling of Columbia County						
	Casa de Esperanza Behavioral Health Services						
	Casa de Esperanza - Grandview						
	Cascade Recovery Resource Center						
	Casita del Rio - Unit I						
	Casita Del Rio - Unit II						
	Central Washington Comprehensive Mental Health						
	Crossroads Behavioral Health - Stevenson						
	Dependency Health Services						
	Dependency Health Services - Goldendale						
	Dependency Health Services - Yakima Outpatient						
	Garfield County Human Services - Pomeroy Office*						
Greater Columbia	Lourdes Counseling Center - Pasco						
	Merit Resource Services - Sunnyside						
	Merit Resource Services - Toppenish Branch						
	Merit Resource Services - Wapato Branch						
	Merit Resource Services - Yakima						
	Quality Behavioral Health Clarkston Main Facility						
	Serenity Point Counseling Services, LLC						
	Skamania County Counseling Center						
	Somerset Counseling Center						
	Sundown M Ranch						
	Triumph Treatment Services						
	Triumph Treatment Services - James Oldham Treatment						
	Center						
	Triumph Treatment Services - Riel House						
	Unity Counseling Services						
	Asian Counseling and Referral Service (ACRS)						
	Auburn Youth Resources						
King	Catholic Community Services - South King County						
King	Center For Human Services						
	Community Psychiatric Clinic - Belltown						
	Community Psychiatric Clinic - Bridgeway						

DASA Agencies Completing the EBP Survey (cont)

RSN	DASA Agency					
	Community Psychiatric Clinic - Northgate Branch					
	Community Psychiatric Clinic - Wallingford House					
	Community Psychiatric Clinic- Seattle					
	Consejo Counseling and Referral - Eastside Branch					
	Downtown Emergency Service Center (Seattle)					
	Evergreen Treatment Services - Unit 1					
	Evergreen Treatment Services - Unit 2*					
	Evergreen Treatment Services - Unit 3*					
	Friends Of Youth					
	Harborview Medical Center Addictions Program					
	Highline - West Seattle Mental Health Center (Burien)					
	Northshore STARS Program					
	Perinatal Treatment Services Seattle					
	Pioneer Counseling Services					
	Pioneer DOSA West					
	Raging River Recovery Center					
	Recovery Centers of King County - Kent Branch					
Vina	Recovery Centers of King County - Main Facility					
King	Recovery Centers of King County - Seattle Detox/Inpatient					
	Ce					
	Renton Area Youth And Family Services					
	Residence XII - Kirkland (formerly Kenmore/Bothell)					
	Ruth Dykeman Youth & Family Services					
	Ryther Child Center - Main Facility					
	Safeco Safehouse Branch (Girls Adolescent Program)					
	Sea mar Community Health					
	Seadrunar - Forest Park					
	Sea Mar Renacer Youth Treatment Center*					
	Seattle Indian Health Board					
	Sound Mental Health-Bellevue					
	Sound Mental Health-Capitol Hill					
	Sound Mental Health-NCI Auburn					
	Sound Mental Health-NCI Kent/SCS Kent					
	Sound Mental Health-NCI Northgate					
	Sound Mental Health-Service Center Auburn					
	Sound Mental Health-Service Center Tukwila					

DASA Agencies Completing the EBP Survey (cont)

DASA Agency
Therapeutic Health Services - Rainier Branch (South)
Valley Cities Counseling & Consultation – Auburn*
Valley Cities Counseling & Consultation – Federal Way
Comprehensive Services
Valley Cities Counseling & Consultation – Kent*
Veterans Administration Puget Sound Health Care System-
Seatt
Youth Eastside Services
Adams County Community Counseling Services
Change Point of Ferry County Counseling Services
Colville Tribal Alcohol/Drug Program - Omak
Colville Tribal Alcohol/Drug Program - Inchelium
Colville Tribal Alcohol/Drug Program - Keller
Colville Tribal Alcohol/Drug Program - Nespelem
Grant County Prevention and Recovery Center (PARC)
Pend Oreille County Counseling Services
Stevens County Counseling Services
Stevens County Counseling Services (Colville)
Compass Health - Camano Island*
Compass Health - Coupeville
Compass Health – Langley*
Compass Health - Oak Harbor*
Compass Health – San Juan
Evergreen Manor Outpatient Services - Main Campus*
Evergreen Manor Outpatient Services- Wall Street Campus
Evergreen Manor Residential Services-Unit 1 (Bldg B)
Evergreen Residential Services -Unit 2 (Bldg C)
Pioneer Center North
Sea Mar - Visions
Sea Mar Community Health Care Centers - Monroe
Sea Mar Substance Abuse Outpatient Services - Mt Vernon
Sea Mar Substance Abuse Services - Everett
Skagit Recovery Center - John King Recovery House
St. Joseph Hospital - Bellingham
St. Joseph Hospital - Ferndale Branch
Stillaguamish Tribe of Indians
The Center - Lynden
Westcoast Counseling and Treatment Center

DASA Agencies Completing the EBP Survey (cont)

RSN	DASA Agency				
	Agape				
	Jamestown S`Klallam Chemical Dependency Program				
	Makah Chemical Dependency Program				
	Naval Hospital				
	Olalla Guest Lodge				
	Olympic ESD 114 Youth Recovery Program				
	Olympic Personal Growth Center				
Peninsula	Port Gamble S'Klallam Recovery Center				
	Safe Harbor Recovery Center, Inc. FPC (Pt Townsend)				
	AND				
	True Star Recovery Program (Clallam County Youth				
	Services)				
	WEOS – Oak Street Center				
	West End Outreach Services - Oak Street Center (Port				
	Angeles				
	Perinatal Treatment Services - Pierce County Branch				
	Perinatal Treatment Svcs - Pierce County Adolescent Fresh				
	St				
	Pierce County Alliance				
	Prosperity Wellness Center				
Pierce	Sea Mar Residential Alcohol/Drug Treatment - Tacoma				
	Adult				
	The Center East (Sumner)*				
	The Center for Substance Abuse and Recovery				
	The Center South (Gravelly Lake Lakewood)*				
	Veterans Administration Medical Center/American Lake				
	Cowlitz Tribal Treatment Program - Longview				
G 41 4					
Southwest					
	•				
Spokane	•				
	•				
	New Horizon Counseling Services				
	6				
	1				
	1				
	Sun Ray Court (Adult Male Branch)				
Southwest	The Center for Substance Abuse and Recovery The Center South (Gravelly Lake Lakewood)* Veterans Administration Medical Center/American Lake Cowlitz Tribal Treatment Program - Longview Drug Abuse Prevention Center (Castle Rock) Drug Abuse Prevention Center (Drug Court) Drug Abuse Prevention Center (Longview Inpatient & OP) American Behavioral Health Systems - Cozza Branch* American Behavioral Health Systems - Mission Branch Daybreak Of Spokane (Outpatient Program) Excelsior Youth Centers, Inc Spokane Isabella House New Horizon Counseling Services Partners with Families and Children: Spokane Pioneer Center East - Spokane SATP/USVAMC STEPPS - Youth Family Adult (YFA) Connections				

DASA Agencies Completing the EBP Survey (cont)

RSN	DASA Agency						
	Alternatives Professional Counseling, Inc. (Olympia)						
	BHR Recovery Services-Olympia						
	BHR Recovery Services-Shelton*						
	Nisqually Tribal Substance Abuse & Prevention Program						
	Sea Mar Outpatient Substance Abuse Services-Olympia						
	Skokomish H.O.P.E. Alcohol & Drug Program						
	St. Peter Chemical Dependency Center - Aberdeen						
	ADATSA*						
	St. Peter Chemical Dependency Center – Belfair*						
Thurston-Mason	St. Peter Chemical Dependency Center – Hoquiam*						
Thurston-wason	St. Peter Chemical Dependency Center - Main Facility						
	St. Peter Chemical Dependency Center – Shelton*						
	South Sound Clinic of Evergreen Treatment Services						
	True North-ESD 113 - Lewis (Student Assistance						
	Program)						
	True North-ESD 113 - Mason (Student Assistance						
	Program)						
	True North-ESD 113 - Thurston (Student Assistance						
	Program)						
	True North-ESD 113 - Yelm (Student Assistance Program)						
	Addictions Recovery Center - Chehalis						
Timberlands	Addictions Recovery Center - Long Beach Branch						
	Addictions Recovery Center - Longview Branch						
	Addictions Recovery Center - Morton Branch						
	Addictions Recovery Center - South Bend						
	Lewis County Social Services (Jail Treatment Program)						
	Shoalwater Bay Indian Tribe						

## JRA Agencies Completing the EBP Survey

RSN	JRA Agency					
Chelan-Douglas	Canyon View Community Facility					
	Camp Outlook					
	Parke Creek Treatment Center					
Greater Columbia	Ridgeview Community Facility					
	Twin Rivers Community Facility					
	DSHS/ JRA Region 2					
	Echo Glen Children's Center					
King	Woodinville Treatment Center					
	DSHS/ JRA Region 4					
North Sound	DSHS/ JRA Region 3					
Pierce	Oakridge Community Facility					
Pierce	DSHS/ JRA Region 5					
Spokane	DSHS/ JRA Region 1					
	Green Hill School					
Timberlands	Maple Lane School					
Timocranus	Naselle Youth Camp					
	DSHS/ JRA Region 6					

### Children's Administration Agencies Not Completing the EBP Survey

RSN	CA Agency
Pierce	Catholic Community Services – Pierce County

#### Children's Administration Agencies Completing the EBP Survey

RSN	CA Agency					
Clark	Children's Home Society					
Greater Columbia	Yakima Valley Farmworkers					
	Auburn Youth Resources					
	Children's Hospital and Regional Medical					
	Center/Harborview					
Vina	Encompass					
King	Institute for Family Development					
	King County Sexual Assault Resource Center					
	Odessa Brown*					
	Ruth Dykeman					
North Sound	Deaconess Children's Services					
North Sould	Grayson and Associates					
	Advantages Plus Counseling					
Pierce	Comprehensive Mental Health					
	Tacoma Pierce County Health Department					
Spokane	ne Lutheran Community Services					

<sup>\*</sup>Roll-up/Complete

EBP Completions by County and Agency Type

Adams	N	%		DASA		JRA		CA		TOTAL	
Adams		<b>Complete</b>	N	% Complete	N	% Complete	N	% Complete	N	% Complete	
Auams	1	100.0%	1	100.0%	_		_	_	2	100.0%	
Asotin	1	100.0%	1	100.0%	_		_	_	2	100.0%	
Benton	4	100.0%	3	100.0%	1	100.0%	_		8	100.0%	
Chelan	4	75.0%	1	0.0%			_		5	60.0%	
Clallam	2	0.0%	12	50.0%			_		14	42.9%	
Clark	9	88.9%	4	100.0%			1	100.0%	14	92.9%	
Columbia			1	100.0%	_	_	_		1	100.0%	
Cowlitz	4	75.0%	5	80.0%	_	_			9	77.8%	
Douglas	_			_	1	100.0%			1	100.0%	
Ferry	1	100.0%	1	100.0%	_	_			2	100.0%	
Franklin	2	100.0%	2	100.0%	1	100.0%	_		5	100.0%	
Garfield	1	100.0%	1	100.0%	_		_		2	100.0%	
Grant	1	100.0%	1	100.0%	_		_		2	100.0%	
Grays Harbor	2	50.0%	5	60.0%	_		_		7	57.1%	
Island			4	100.0%	_		_	_	4	100.0%	
Jefferson	1	100.0%	1	100.0%	_		_	_	2	100.0%	
King	49	51.0%	68	69.1%	3	100.0%	7	100.0%	127	64.6%	
Kitsap	3	66.7%	10	50.0%	_		_	_	13	53.8%	
Kittitas			2	50.0%	1	100.0%	_	_	3	66.7%	
Klickitat			2	100.0%	_	_	_	_	2	100.0%	
Lewis	2	100.0%	7	85.7%	2	100.0%		_	11	90.9%	
Lincoln			1	0.0%	_		_	_	1	0.0%	
Mason	_		2	50.0%	_	_			2	50.0%	
Okanogan	1	100.0%	5	80.0%	_	_			6	83.3%	
Pacific	2	100.0%	1	100.0%	1	100.0%			4	100.0%	
Pend Oreille	1	100.0%	2	50.0%	_		_		3	66.7%	
Pierce	11	63.6%	21	42.9%	2	100.0%	4	75.0%	38	55.3%	
San Juan			1	100.0%		_	_		1	100.0%	
Skagit	3	66.7%	6	50.0%			_		9	55.6%	
Skamania	1	0.0%	2	100.0%			_		3	66.7%	
Snohomish	11	45.5%	14	50.0%	1	100.0%	2	100.0%	28	53.6%	
Spokane	23	60.9%	20	60.0%	1	100.0%	1	100.0%	45	62.2%	
Stevens	1	100.0%	3	66.7%	_			_	4	75.0%	
Thurston	4	50.0%	15	100.0%	1	100.0%		_	20	90.0%	
Wahkiakum	1	0.0%	1	0.0%		_		_	2	0.0%	
Walla Walla	4	75.0%	3	33.3%				_	7	57.1%	
Whatcom	7	42.9%	10	50.0%	_		_	_	17	47.1%	
Whitman	2	100.0%	1	0.0%					3	66.7%	
Yakima	6	100.0%	17	82.4%	2	100.0%	1	100.0%	26	88.5%	
OVERALL	165	63.6%	257	66.90%	17	100.0%	16	93.75%	455	67.9%	

<sup>\*</sup> Some sites completed a survey for multiple agencies. Each agency is represented in this table.

## APPENDIX E

# Tables

## **Appendix E Contents**

Q1.	Which of the following services are offered by this agency?	E - 1
Q2.	Is this a solo practice, meaning an office with a single practitioner or therapist?	E - 1
Q3.	What is the population of the service area for your agency?	E - 1
Q4a.	In the list below, please indicate which of the following evidence based practices (EBPs) your agency currently provides.	E - 2
Q4b.	Also indicate whether program fidelity is assessed or monitored for those practices you are currently providing.	E - 3
Q5.	For the practices your agency currently provides, please indicate which mechanisms are used to provide training. Select all that apply	E - 4
Q6.	For the practices your agency currently provides, please indicate which target populations you are providing the EBP for	E - 9
Q7.	For the practices your agency currently provides, please indicate how successful your agency has been in implementing the EBPs listed below.	E - 14
Q8.	For the practices your agency currently provides, how effective do you think the EBP is at producing positive client outcomes?	E - 19
<b>Q</b> 9.	Are there any EBPs that you are NOT currently using but want to use in the future?	E - 23
Q10.	Please indicate whether any of the barriers listed below interfere with your agency in providing EBPs you are using or want to use?	E - 24
Q11.	What type of assistance is most needed by your agency to help facilitate the adoption and implementation of evidence based practices?	E - 29
Q12a.	Does your agency serve populations or address specific client needs for which there are no known or available evidence-based practices?	E - 29
Q13.	Please rate your agency's interest in continuing/beginning to implement EBPs into your treatment program.	E - 29
Q14.	What initiatives, if any, is your agency implementing to promote the adoption of evidence based practices (EBPs)?	E - 30
Q15b.	What method is your agency using?	E - 30
Q16.	How many unduplicated clients did your agency serve in Fiscal Year 2007 (July 1, 2006 – June 30, 2007)?	E - 31
Q17a.	For each EBP that you are currently providing, please provide the total number of <b>Adult</b> (18 years old and older) unduplicated clients served in FY 2007 (July 1, 2006-June 30, 2007)?	E - 32
Q17b.	For each EBP that you are currently providing, please provide the total number of <b>Children</b> (less than 18 years old) unduplicated clients served in FY 2007 (July 1, 2006-June 30, 2007)?	E - 33
Q17c.	For each EBP that you are currently providing, please provide the <b>total number</b> of unduplicated clients served in FY 2007 (July 1, 2006-June 30, 2007)?	E - 34
Q19a.	What is your current job title?	E - 35
Q19b.	How many years have you been working at this agency?	E - 38

#### Q1. Which of the following services are offered by this agency?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Intake, Assessment, or Referral	89.6%	92.2%	100.0%	7.1%	87.5%
Chemical Dependency Treatment	35.4%	98.1%	29.4%		67.6%
Mental Health Treatment	91.7%	41.6%	29.4%	14.3%	56.6%
Co-Occurring Disorders Treatment	51.0%	52.6%	23.5%		47.7%
Other	44.8%	28.6%	76.5%	100.0%	40.6%

<sup>\*</sup>Question allowed multiple responses

#### Q2. Is this a solo practice, meaning an office with a single practitioner or therapist?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Yes	_	4.5%	_		2.5%
No	100.0%	95.5%	100.0%	100.0%	97.5%

#### Q3. What is the population of the service area for your agency?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Population less than 5,000	6.3%	15.6%	5.9%		11.0%
Population between 5,001 and 50,000	17.7%	23.4%			18.9%
Population between 50,001 and 500,000	47.9%	39.0%		71.4%	41.3%
Population greater than 500,000	28.1%	22.1%	94.1%	28.6%	28.8%

Q4a. In the list below, please indicate which of the following evidence based practices (EBPs) your agency currently provides.

	MHD	DASA	JRA	CA	Total
Aggregation Doubleconsont Training	(n = 96) 12.5%	(n = 154) 9.7%	(n = 17)	(n = 14)	(n = 281)
Aggression Replacement Training			29.4%	<del>_</del>	11.4%
Assertive Community Treatment (ACT/PACT)  Behavioral Treatment for Substance Abuse in	17.7%	3.9%	_		8.2%
Schizophrenia	4.2%	3.9%	_	_	3.6%
Brief Strategic Family Therapy	21.9%	9.7%	_	_	12.8%
Cognitive Behavior Therapies (CBT)	72.9%	53.2%	5.9%	_	54.4%
Contingency Management (Co-occurring)	10.4%	8.4%	_	_	8.2%
Dare to be you	1.0%	_		_	0.4%
Dialectical Behavioral Therapy (DBT)	43.8%	30.5%	58.8%	_	35.2%
Eye Movement Desensitization & Reprocessing (EMDR)	14.6%	3.2%	_	_	6.8%
Family Integrated Transitions	6.3%	1.9%	23.5%	_	4.6%
Family Psychoeducation	37.5%	14.3%		_	20.6%
Functional Family Therapy	15.6%	5.8%	35.3%	7.1%	11.0%
Gatekeeper Program	7.3%	_		_	2.5%
Illness Self-Management/Illness Management & Recovery	18.8%	1.9%	_	_	7.5%
Incredible Years	3.1%	_	_	7.1%	1.4%
Integrated Dual Disorders	30.2%	20.8%	_	_	21.7%
Interpersonal Therapy	12.5%	7.8%		_	8.5%
Medication Management	46.9%	20.1%	_	_	27.0%
Motivational Enhancement Therapy (MET)	12.5%	18.8%		_	14.6%
Motivational Interviewing	46.9%	64.3%	_	_	51.2%
Multi-Family Group Treatment (MFG)	7.3%	5.2%	_	_	5.3%
Multidimensional Family Therapy	6.3%	1.3%	<del></del>	_	2.8%
Multidimensional Treatment Foster Care	5.2%	0.6%	5.9%	21.4%	3.6%
Multisystematic Therapy	18.8%	5.8%	<del></del>	_	9.6%
Nurse-Family Partnership	_	0.6%	_	7.1%	0.7%
Parent-Child Interaction Therapy	15.6%	6.5%	<del></del>	71.4%	12.5%
Peer Support	34.4%	19.5%	_	_	22.4%
Promoting Alternative Thinking Strategies (PATH)	1.0%	2.6%	<del></del>	_	1.8%
Second Step	5.2%	3.2%	_	_	3.6%
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	6.3%	12.3%	_	_	8.9%
Strengthening Families Program (SFP)	10.4%	9.1%	_	_	8.5%
Supported Employment	27.1%	6.5%	_	_	12.8%
Supported Housing	17.7%	7.1%	_	_	10.0%
Therapeutic Foster Care	10.4%	1.3%	_	_	4.3%
Other (Specify:)	39.6%	26.6%	58.8%	_	31.7%
Other (Specify:)	17.7%	7.8%	_	_	10.3%
Not applicable, we do not provide any evidence- based practices (EBPs)	5.2%	6.5%	_	7.1%	5.7%

Q4b. Also indicate whether program fidelity is assessed or monitored for those practices you are currently providing.

	МН	D	DA	SA	JR	RA		CA		Total	
	%	N	%	N	%	N	%	N	%	N	
Aggression Replacement Training	58.3%	12	60.0%	15	0.0%	5	_	_	50.0%	32	
Assertive Community Treatment (ACT/PACT)	76.5%	17	50.0%	6	-	_	_	_	69.6%	23	
Behavioral Treatment for Substance Abuse in Schizophrenia	25.0%	4	16.7%	6	_	_	_	_	20.0%	10	
Brief Strategic Family Therapy	23.8%	21	20.0%	15	_	_	_	_	22.2%	36	
Cognitive Behavior Therapies (CBT)	28.6%	70	42.7%	82	0.0%	1	_	_	35.9%	153	
Contingency Management (Cooccurring)	10.0%	10	46.2%	13	_	_	_	_	30.4%	23	
Dare to be you	0.0%	1	_	_	_	_	_	_	0.0%	1	
Dialectical Behavioral Therapy (DBT)	42.9%	42	40.4%	47	0.0%	10	_	-	37.4%	99	
Eye Movement Desensitization & Reprocessing (EMDR)	28.6%	14	20.0%	5	_	_	_	_	26.3%	19	
Family Integrated Transitions	50.0%	6	100.0%	3	100.0%	4	_	_	76.9%	13	
Family Psychoeducation	22.2%	36	31.8%	22	_		_	_	25.9%	58	
Functional Family Therapy	73.3%	15	44.4%	9	100.0%	6	100.0%	1	71.0%	31	
Gatekeeper Program	28.6%	7	_		_	_	_		28.6%	7	
Illness Self-Management/Illness Management & Recovery	50.0%	18	0.0%	3					42.9%	21	
Incredible Years	0.0%	3	_		_	_	100.0%	1	25.0%	4	
Integrated Dual Disorders	48.3%	29	53.1%	32	_	_	_	_	50.8%	61	
Interpersonal Therapy	25.0%	12	33.3%	12	_	_	_	_	29.2%	24	
Medication Management	33.3%	45	48.4%	31	_	_	_	_	39.5%	76	
Motivational Enhancement Therapy (MET)	33.3%	12	62.1%	29	_	_		1	53.7%	41	
Motivational Interviewing	26.7%	45	46.5%	99	_	_	_		40.3%	144	
Multi-Family Group Treatment (MFG)	71.4%	7	37.5%	8	_	_	_	_	53.3%	15	
Multidimensional Family Therapy	16.7%	6	50.0%	2	_	_	_	_	25.0%	8	
Multidimensional Treatment Foster Care	80.0%	5	100.0%	1	100.0%	1	100.0%	3	90.0%	10	
Multisystematic Therapy	72.2%	18	44.4%	9	_		_	_	63.0%	27	
Nurse-Family Partnership	_	_	0.0%	1	_	_	100.0%	1	50.0%	2	
Parent-Child Interaction Therapy	53.3%	15	60.0%	10	_	_	100.0%	10	68.6%	35	
Peer Support	24.2%	33	56.7%	30	_	_	_	_	39.7%	63	
Promoting Alternative Thinking Strategies (PATH)	100.0%	1	75.0%	4			_	_	80.0%	5	
Second Step	40.0%	5	80.0%	5	_		_	_	60.0%	10	
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	66.7%	6	15.8%	19	-	_	_	_	28.0%	25	
Strengthening Families Program (SFP)	50.0%	10	71.4%	14	_	_	_	_	62.5%	24	
Supported Employment	57.7%	26	40.0%	10	_	_	_	_	52.8%	36	
Supported Housing	17.6%	17	36.4%	11	_		_	_	25.0%	28	
Therapeutic Foster Care	30.0%	10	100.0%	2	_		_		41.7%	12	
Other (Specify:)	71.1%	38	58.5%	41	60.0%	10	_		64.0%	89	
Other (Specify:)	76.5%	17	41.7%	12	_	_	_	_	41.7%	29	
Overall*	38.4%	578	45.6%	555	40.7%	27	100%	16	42.7%	1176	

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies selected within each organization.

Q5. For the practices your agency currently provides, please indicate which mechanisms are used to provide training. Select all that apply.

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	50.0%	8.3%	33.3%	58.3%	25.0%	12
	DASA	66.7%	_	20.0%	40.0%	6.7%	15
Aggression Replacement Training	JRA	100%	_	40.0%	_	_	5
	CA		_		_	_	_
	TOTAL	65.6%	3.1%	28.1%	40.6%	12.5	32
	MHD	82.4%	41.2%	41.2%	41.2%	11.8%	17
Assorbing Community Treatment	DASA	50.0%	_	57.1%	42.9%	_	6
Assertive Community Treatment (ACT/PACT)	JRA	_	_	_	_	_	
	CA	_	_	_	_	_	_
	TOTAL	73.9%	30.4%	43.5%	39.1%	8.7%	23
	MHD	50.0%	50.0%	50.0%	_	50.0%	4
Behavioral Treatment for Substance Abuse in Schizophrenia	DASA	83.3%	_	33.3%	33.3%	16.7%	6
	JRA	_	_	_	_	_	_
	CA	_	_	_	_		_
	TOTAL	70.0%	20.0%	40.0%	20.0%	30.0	10
	MHD	66.7%	23.8%	42.9%	14.3%	_	21
Brief Strategic Family Therapy	DASA	73.3%	6.7%	20.0%	33.3%	13.3%	15
	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	69.4%	16.7%	33.3%	22.2%	5.6%	36
	MHD	75.7%	20.0%	35.7%	27.1%	11.4%	70
	DASA	73.2%	23.2%	37.8%	35.4%	6.1%	82
Cognitive Behavior Therapies (CBT)	JRA	100%	_	_	_	_	1
	CA	_	_	_	_	_	_
	TOTAL	74.5%	21.6%	36.6%	31.4%	8.5%	153
	MHD	70.0%	20.0%	60.0%	30.0%	_	10
	DASA	76.9%	7.7%	46.2%	46.2%	23.1%	13
Contingency Management (co-occurring)	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	73.9%	13.0%	52.2%	39.1%	13%	23
	MHD	100.0%	100.0%	100.0%	_	_	1
	DASA	_	_	_	_	_	_
Dare to Be You	JRA	_	_		_	_	_
	CA	_	_	_	_	_	_
	TOTAL	100.0%	100.0%	100.0%	_	_	1
	MHD	81.0%	26.2%	52.4%	50.0%	7.1%	42
	DASA	74.5%	34.0%	40.4%	57.4%	4.3%	47
Dialectical Behavioral Therapy (DBT)	JRA	100%	10.0%	80.0%	_	20.0%	10
, , , ,	CA	_	_	_	_	_	_
	TOTAL	79.8%	28.3%	49.5%	48.5%	7.1%	99

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	57.1%	_	35.7%	78.6%	_	14
	DASA	60.0%	20.0%	40.0%	20.0%	20.0%	5
Eye Movement Desensitization & Reprocessing (EMDR)	JRA		_		_		_
Troprocessing (Embry)	CA	1	_		_	-	_
	TOTAL	57.9%	5.3%	36.8%	63.2%	5.3%	19
	MHD	50.0%	33.3%	_	16.7%	33.3%	6
	DASA	100%	_	66.7%	_	<b>—</b>	3
Family Integrated Transitions	JRA	100%	100%	100%	_	_	4
	CA	_	_		_	—	_
	TOTAL	76.9%	46.2%	46.2%	7.7%	15.4%	13
	MHD	83.3%	8.3%	44.4%	27.8%	11.1%	36
	DASA	90.9%	13.6%	27.3%	18.2%	4.5%	22
Family Psychoeducation	JRA		_		_	_	_
	CA	_	_	_	_		_
	TOTAL	86.2%	10.3%	37.9%	24.1%	8.6%	58
	MHD	53.3%	13.3%	46.7%	66.7%	6.7%	15
Functional Family Therapy	DASA	77.8%	11.1%	11.1%	33.3%	11.1%	9
	JRA	100%	66.7%	100%	_	—	6
	CA	_	_	_	_	100%	1
	TOTAL	67.7%	22.6%	45.2%	41.9%	9.7%	31
	MHD	85.7%	14.3%	71.4%	28.6%	14.3%	7
	DASA	_	_	_	_	—	_
Gatekeeper program	JRA	_	_	_	_	_	_
	CA	_	_	_	_	—	_
	TOTAL	85.7%	14.3%	71.4%	28.6%	14.3%	7
	MHD	83.3%	16.7%	44.4%	22.2%	11.1%	18
	DASA	100%	33.3%	33.3%	66.7%	_	3
Illness Self-Management/Illness Management & Recovery	JRA	_	_	_	_	—	
Ivianagement a recovery	CA	_	_	_	_	—	_
	TOTAL	85.7%	19.0%	42.9%	28.6%	9.5%	21
	MHD	66.7%	33.3%	33.3%	100%	_	3
	DASA	_	_	_	_	_	_
Incredible Years	JRA		_	_	_	_	_
	CA	_	_	_	_	100%	1
	TOTAL	50.0%	25.0%	25.0%	75.0%	25.0%	4
	MHD	75.9%	10.3%	44.8%	44.8%	17.2%	29
	DASA	84.4%	15.6%	40.6%	37.5%	12.5%	32
Integrated Dual Disorders Treatment	JRA	_	_	_	_	_	_
	CA	_	_		_	—	_
	TOTAL	80.3%	13.1%	42.6%	41.0%	14.8%	61

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	75.0%	25.0%	41.7%	50.0%	8.3%	12
	DASA	83.3%	_	16.7%	41.7%	_	12
Interpersonal Therapy	JRA	_	_	_	_	_	
	CA	_	_	_	_	_	_
	TOTAL	79.2%	12.5%	29.2%	45.8%	4.2%	24
	MHD	64.4%	15.6%	40.0%	33.3%	11.1%	45
	DASA	48.4%	12.9%	32.3%	48.4%	12.9%	31
Medication Management	JRA	_	_	_	_	_	—
	CA	_	_	_	_	_	—
	TOTAL	57.9%	14.5%	6.8%	39.5%	11.8%	76
	MHD	58.3%	33.3%	50.0%	25.0%	33.3%	12
	DASA	82.8%	17.2%	34.5%	44.8%	6.9%	29
Motivational Enhancement Therapy (MET)	JRA	_	_		_	_	_
	CA	_	_	_	_	_	—
	TOTAL	75.6%	22.0%	39.0%	39.0%	14.6%	41
	MHD	71.1%	13.3%	37.8%	35.6%	20.0%	45
	DASA	78.8%	33.3%	29.3%	29.3%	10.1%	99
Motivational Interviewing	JRA	_	_		_	_	_
	CA	_	_	_	_	_	_
	TOTAL	76.4%	27.1%	31.9%	31.3%	13.2%	144
	MHD	57.1%	28.6%	28.6%	14.3%	14.3%	7
	DASA	87.5%	12.5%	12.5%	12.5%	37.5%	8
Multi-Family Group Treatment (MFG)	JRA	_	_		_	_	_
	CA	_	_	_	_	_	_
	TOTAL	73.3%	20.0%	20.0%	13.3%	26.7%	15
	MHD	83.3%	16.7%	33.3%	33.3%	_	6
	DASA	100%	_	_	_	_	2
Multidimensional Family Therapy	JRA	_	_	_	_	_	—
	CA	_	_	_	_	_	—
	TOTAL	87.5%	12.5%	25.0%	25.0%	_	8
	MHD	60.0%	_	60.0%	60.0%	_	5
	DASA	100%	_	100%	100%	_	1
Multidimensional Treatment Foster Care	JRA	100%	_	_	100%	_	1
	CA	_	_	_	_	100%	3
	TOTAL	50.0%	_	40.0%	50.0%	30.0%	10
	MHD	66.7%	44.4%	27.8%	33.3%	16.7%	18
	DASA	66.7%	11.1%	11.1%	55.6%	_	9
Multisystemic Therapy	JRA	_	_	_	_	_	
	CA	_	_	_	_	_	_
	TOTAL	66.7%	33.3%	22.2%	40.7%	11.1%	27

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	_	_	_	_	_	_
	DASA	100%	_	_	_	_	1
Nurse-Family Partnership	JRA	_	_	_	_		—
	CA	_	_	_	_	100%	1
	TOTAL	50.0%	_	_	_	50.0%	2
	MHD	53.3%	13.3%	33.3%	46.7%	13.3%	15
	DASA	90.0%	20.0%	30.0%	30.0%	10.0%	10
Parent-Child Interaction Therapy	JRA	_	_	_	_	_	_
	CA	_	_	_	_	100%	10
	TOTAL	48.6%	11.4%	22.9%	28.6%	37.1%	35
	MHD	69.7%	15.2%	42.4%	39.4%	21.2%	33
	DASA	86.7%	13.3%	33.3%	36.7%	3.3%	30
Peer Support	JRA	_		_	_		_
	CA	_	1	—	_		
	TOTAL	77.8%	14.3%	38.1%	38.1%	12.7%	63
	MHD	100.0%	_	100.0%	100.0%	_	1
	DASA	100%	25.0%	75.0%	50.0%	25.0%	4
Promoting Alternative Thinking Strategies (PATH)	JRA	_		_	_		_
(LATT)	CA	_	_	_	_	_	_
	TOTAL	100%	20.0%	80.0%	60.0%	20.0%	5
	MHD	100.0%	20.0%	40.0%	20.0%		5
	DASA	100%	20.0%	_	20.0%	20.0%	5
Second Step	JRA	_	<del></del>			_	_
•	CA	_	_	_	_	_	_
	TOTAL	100%	20.0%	20.0%	20.0%	10.0%	10
	MHD	66.7%	_	16.7%	16.7%	50.0%	6
	DASA	78.9%	31.6%	47.4%	42.1%		19
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	JRA	-				_	
Traditia/T TOD & Oubstance Abuse	CA	_	_	_	_	_	_
	TOTAL	76.0%	24.0%	40.0%	36.0%	12.0%	25
	MHD	80.0%	10.0%	60.0%	30.0%	10.0%	10
	DASA	85.7%	7.1%	50.0%	21.4%		14
Strengthening Families Program (SFP)	JRA	_	_	_	_	_	
	CA	_	_	_	_		_
	TOTAL	83.3%	8.3%	54.2%	25.0%	4.2%	24
	MHD	84.6%	7.7%	23.1%	38.5%	15.4%	26
	DASA	60.0%	20.0%	30.0%	40.0%	20.0%	10
Supported Employment	JRA	_	_	_	_		
	CA	_	_	_	_	_	_
	TOTAL	77.8%	11.1%	25.0%	38.9%	16.7%	36

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	100.0%	5.9%	35.3%	11.8%	_	17
	DASA	81.8%	9.1%	36.4%	27.3%	9.1%	11
Supported Housing	JRA	_	_	—	_		—
	CA	_	_	_	_	_	_
	TOTAL	92.9%	7.1%	35.7%	17.9%	3.6%	28
	MHD	90.0%	_	50.0%	10.0%	_	10
Therapeutic Foster Care	DASA	100%	_	50.0%	50.0%		2
	JRA		_	_	_		_
	CA	_	_	<b>—</b>	_	_	_
	TOTAL	91.7%	_	50.0%	16.7%	_	12
	MHD	57.9%	18.4%	28.9%	52.6%	13.2%	38
	DASA	56.1%	7.3%	19.5%	58.5%	9.8%	41
Other (Specify:)	JRA	90.0%	60.0%	80.0%	10.0%	10.0%	10
	CA	_	_	<b>—</b>	_	_	_
	TOTAL	60.7%	18.0%	30.3%	50.6%	11.2%	89
	MHD	70.6%	29.4%	29.4%	41.2%	11.8%	17
	DASA	75.0%	8.3%	41.7%	58.3%	8.3%	12
Other (Specify:)	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	72.4%	20.7%	34.5%	48.3%	10.3%	29
	MHD	73.2%	17.5%	40.7%	35.5%	12.6%	578
	DASA	77.3%	19.8%	33.5%	36.8%	8.5%	555
OVERALL*	JRA	100%	33.3%	74.1%	3.7%	7.4%	27
	CA	_	_	_	_	100%	16
	TOTAL	74.7%	18.7%	37.5%	34.9%	11.7%	1176

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of selected within each organization.

Q6. For the practices your agency currently provides, please indicate which target populations you are providing the EBP for.

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	50.0%	91.7%	25.0%	_	8.3%	_	12
<b>.</b>	DASA	6.7%	100.0%	6.7%	_	13.3%	_	15
Aggression Replacement Training	JRA	_	100.0%	60.0%	_	_	20.0%	5
i raming	CA	_	_	_	_	_	_	_
	TOTAL	21.9%	96.9%	21.9%	_	9.4%	3.1%	32
	MHD	5.9%	5.9%	94.1%	17.6%	70.6%	5.9%	17
Assertive Community Treatment	DASA	16.7%	33.3%	100.0%	33.3%	66.7%	_	6
(ACT/PACT)	JRA	_	_	_	_	_	_	_
	CA	_	_			_	_	_
	TOTAL	8.7%	13.0%	95.7%	21.7%	69.6%	4.3%	23
	MHD	25.0%	25.0%	50.0%	25.0%	75.0%	25.0%	4
Behavioral Treatment for	DASA	_	_	83.3%	16.7%	83.3%	_	6
Substance Abuse in Schizophrenia	JRA	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	10.0%	10.0%	70.0%	20.0%	80.0%	10.0%	10
	MHD	71.4%	66.7%	38.1%	4.8%	9.5%	9.5%	21
	DASA	20.0%	60.0%	60.0%	20.0%	46.7%	6.7%	15
Brief Strategic Family Therapy	JRA	_		_	_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	50.0%	63.9%	47.2%	11.1%	25.0%	8.3%	36
	MHD	58.6%	72.9%	75.7%	48.6%	42.9%	2.9%	70
	DASA	9.8%	52.4%	75.6%	28.0%	53.7%	4.9%	82
Cognitive Behavior Therapies (CBT)	JRA	_	100.0%	_	_	_	_	1
(621)	CA	_	_	_	_	_	_	
	TOTAL	32.0%	62.1%	75.2%	37.3%	48.4%	3.9%	153
	MHD	20.0%	30.0%	70.0%	20.0%	60.0%	_	10
	DASA	_	38.5%	76.9%	23.1%	76.9%	_	13
Contingency Management (Co-occurring)	JRA	_		_	_	_	_	_
- Cocag/	CA	_	_	_	_	_	_	_
	TOTAL	8.7%	34.8%	73.9%	21.7%	69.6%	_	23
	MHD	100.0%	_	_	_	_		1
	DASA	_	_	_	_	_	_	
Dare to be you	JRA	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	100.0%		_	_	_	_	1
	MHD	14.3%	50.0%	76.2%	21.4%	38.1%	4.8%	42
Dialoguical Date suitant LT	DASA	_	46.8%	68.1%	8.5%	48.9%	8.5%	47
Dialectical Behavioral Therapy (DBT)	JRA	40.0%	100.0%	80.0%	_	60.0%	10.0%	10
()	CA	_				_	_	_
	TOTAL	10.1%	53.5%	72.7%	13.1%	45.5%	7.1%	99

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	42.9%	57.1%	85.7%	28.6%	14.3%	_	14
	DASA	20.0%	40.0%	100.0%	20.0%	20.0%	_	5
Eye Movement Desensitization & Reprocessing (EMDR)	JRA	_	_	_	_	_	_	_
3( )	CA	_	_	_	_	_	_	_
	TOTAL	36.8%	52.6%	89.5%	26.3%	15.8%	_	19
	MHD	33.3%	83.3%	66.7%	_	16.7%	16.7%	6
	DASA	_	100.0%	33.3%	33.3%	66.7%	_	3
Family Integrated Transitions	JRA	_	100.0%		_	100.0%		4
	CA	_		_		_	_	_
	TOTAL	15.4%	92.3%	38.5%	7.7%	53.8%	7.7%	13
	MHD	69.4%	77.8%	77.8%	33.3%	41.7%	2.8%	36
	DASA	27.3%	72.7%	68.2%	27.3%	45.5%	9.1%	22
Family Psychoeducation	JRA	_	_	—		_	—	_
	CA	_	_	<u> </u>	_	_	_	
	TOTAL	53.4%	75.9%	74.1%	31.0%	43.1%	5.2%	58
	MHD	46.7%	93.3%	40.0%	6.7%	6.7%	6.7%	15
	DASA	33.3%	88.9%	33.3%	11.1%	11.1%	_	9
Functional Family Therapy	JRA	83.3%	100.0%	100.0%	_	100.0%	—	6
	CA	_	100.0%	100.0%	_	_	_	1
	TOTAL	48.4%	93.5%	51.6%	6.5%	25.8%	3.2%	31
	MHD	—	_	—	100.0%	_	—	7
	DASA	_	_	_	_	_	_	_
Gatekeeper Program	JRA	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	_	_	_	100.0%	_	—	7
	MHD	11.1%	22.2%	94.4%	44.4%	50.0%	5.6%	18
Illness Self-Management/Illness	DASA	_	_	66.7%	_	66.7%	_	3
Management & Recovery	JRA	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	9.5%	19.0%	90.5%	38.1%	52.4%	4.8%	21
	MHD	66.7%	_	33.3%	_	_	33.3%	3
	DASA	_	_	_		_	_	_
Incredible Years	JRA	_	_	_	_	_	_	_
	CA	100.0%	_	100.0%	_	_	_	1
	TOTAL	75.0%	_	50.0%	_	_	25.0%	4
	MHD	3.4%	13.8%	65.5%	20.7%	75.9%	6.9%	29
	DASA	_	37.5%	59.4%	15.6%	87.5%	_	32
Integrated Dual Disorders	JRA	_	_	_	_	_	_	_
	CA	_	_	—	_	_	_	_
	TOTAL	1.6%	26.2%	62.3%	18.0%	82.0%	3.3%	61

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	58.3%	58.3%	75.0%	58.3%	41.7%	8.3%	12
	DASA	16.7%	58.3%	75.0%	25.0%	66.7%	_	12
Interpersonal Therapy	JRA	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	37.5%	58.3%	75.0%	41.7%	54.2%	4.2%	24
	MHD	57.8%	68.9%	77.8%	62.2%	51.1%	_	45
	DASA	12.9%	45.2%	87.1%	51.6%	83.9%	_	31
Medication Management	JRA	_	_	_	_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	39.5%	59.2%	81.6%	57.9%	64.5%	_	76
	MHD	8.3%	33.3%	100.0%	41.7%	66.7%	_	12
	DASA	3.4%	58.6%	58.6%	34.5%	51.7%	_	29
Motivational Enhancement Therapy (MET)	JRA	_	_	_	_	_	_	_
merapy (mer)	CA	_	_	_	_	_	_	_
	TOTAL	4.9%	51.2%	70.7%	36.6%	56.1%	_	41
	MHD	28.9%	55.6%	84.4%	28.9%	60.0%	2.2%	45
	DASA	5.1%	51.5%	83.8%	32.3%	54.5%	4.0%	99
Motivational Interviewing	JRA	_	_	_	_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	12.5%	52.8%	84.0%	31.3%	56.3%	3.5%	144
	MHD	28.6%	28.6%	85.7%	_	14.3%	28.6%	7
Made Family One on Taxatas and	DASA	12.5%	75.0%	62.5%	25.0%	37.5%	12.5%	8
Multi-Family Group Treatment (MFG)	JRA	_	_	_	_	_	_	
()	CA	_	_	_	_	_	_	_
	TOTAL	20.0%	53.3%	73.3%	13.3%	26.7%	20.0%	15
	MHD	33.3%	100.0%	83.3%	_	16.7%	_	6
Multidian anninun I Familu	DASA	50.0%	50.0%	50.0%	_	100.0%	_	2
Multidimensional Family Therapy	JRA	_	_	—	_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	37.5%	87.5%	75.0%	_	37.5%	_	8
	MHD	60.0%	80.0%	_	_		_	5
Multidim annianal Tractment	DASA	_	100.0%	_	_	_	_	1
Multidimensional Treatment Foster Care	JRA		100.0%	_	_	100.0%	_	1
	CA	100.0%	33.3%	_	_	_	_	3
	TOTAL	60.0%	70.0%	—	_	10.0%	_	10
	MHD	61.1%	94.4%	50.0%	11.1%	22.2%	5.6%	18
	DASA	33.3%	88.9%	33.3%	_	55.6%	_	9
Multisystematic Therapy	JRA	—		—	—		—	
	CA	_	_	_	_	_	_	_
	TOTAL	51.9%	92.6%	44.4%	7.4%	33.3%	3.7%	27

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	_	_	_	_	_	_	_
	DASA	_	_	100.0%	100.0%	_	_	1
Nurse-Family Partnership	JRA		_		_	_	_	
	CA	100.0%	_	100.0%		_	_	1
	TOTAL	50.0%	_	100.0%	50.0%	_	_	2
	MHD	86.7%	20.0%	66.7%	6.7%	_	13.3%	15
Davage Child Internation	DASA	70.0%	30.0%	60.0%	_	30.0%	10.0%	10
Parent-Child Interaction Therapy	JRA	_	_	—	—	_	_	—
17	CA	90.0%	_	100.0%	_	_	_	10
	TOTAL	82.9%	17.1%	74.3%	2.9%	8.6%	8.6%	35
	MHD	12.1%	15.2%	87.9%	30.3%	36.4%	3.0%	33
	DASA	3.3%	50.0%	76.7%	26.7%	33.3%	3.3%	30
Peer Support	JRA		_		_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	7.9%	31.7%	82.5%	28.6%	34.9%	3.2%	63
	MHD	_	_	100.0%	100.0%	100.0%	_	1
Promoting Alternative Thinking	DASA	_	25.0%	100.0%	75.0%	75.0%		4
Strategies (PATH)	JRA		_		_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	_	20.0%	100.0%	80.0%	80.0%	_	5
	MHD	100.0%	20.0%		_	_	_	5
	DASA	40.0%	100.0%	_	_	_	_	5
Second Step	JRA		_		_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	70.0%	60.0%		—	_	_	10
	MHD	_	_	100.0%	16.7%	83.3%	_	6
Seeking Safety: A Psychotherapy for	DASA	_	21.1%	73.7%	15.8%	63.2%	15.8%	19
Trauma/PTSD & Substance	JRA	_	_	_	_	_	_	_
Abuse	CA	_	_	_		_	_	
	TOTAL	_	16.0%	80.0%	16.0%	68.0%	12.0%	25
	MHD	70.0%	70.0%	80.0%	10.0%	10.0%	_	10
0	DASA	42.9%	71.4%	64.3%		14.3%		14
Strengthening Families Program (SFP)	JRA	_	_	_	_	_	_	_
· · · · · · · · · · · · · · · · · · ·	CA	_	_	_		_	_	
	TOTAL	54.2%	70.8%	70.8%	4.2%	12.5%	_	24
	MHD	_	11.5%	100.0%	23.1%	76.9%	3.8%	26
	DASA	_	_	90.0%	20.0%	60.0%	_	10
Supported Employment	JRA	_	_	_	_	_	_	
	CA		_	_				
	TOTAL	_	8.3%	97.2%	22.2%	72.2%	2.8%	36

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	11.8%	23.5%	100.0%	47.1%	64.7%		17
	DASA	_	9.1%	81.8%	27.3%	72.7%	_	11
Supported Housing	JRA	_	_	_	_	_	_	
	CA	_	_	_	_	_	_	
	TOTAL	7.1%	17.9%	92.9%	39.3%	67.9%		28
	MHD	100.0%	80.0%	10.0%	_			10
	DASA	_	100.0%	1	_		1	2
Therapeutic Foster Care	JRA	_	_		_			
	CA	_	_	1	_			
	TOTAL	83.3%	83.3%	8.3%	_			12
	MHD	63.2%	60.5%	55.3%	23.7%	28.9%	5.3%	38
	DASA	9.8%	43.9%	70.7%	31.7%	46.3%	2.4%	41
Other (Specify:)	JRA	80.0%	100.0%	90.0%	_	90.0%	10.0%	10
	CA	_	_	1	_			
	TOTAL	40.4%	57.3%	66.3%	24.7%	43.8%	4.5%	89
	MHD	58.8%	47.1%	64.7%	17.6%	41.2%	5.9%	17
	DASA	_	75.0%	33.3%	25.0%	50.0%		12
Other (Specify:)	JRA	_	_		_			
	CA	_	_	_	_	_	_	_
	TOTAL	34.5%	58.6%	51.7%	20.7%	44.8%	3.4%	29
	MHD	38.8%	50.5%	72.7%	29.6%	41.3%	4.2%	578
	DASA	10.1%	51.0%	70.3%	24.0%	53.3%	3.8%	555
OVERALL*	JRA	33.3%	100%	63.0%	_	63.0%	7.4%	27
	CA	87.5%	12.5%	81.3%	_	_	_	16
*Note: Overall totals include the	TOTAL	25.8%	51.4%	71.4%	25.9%	46.9%	4.0%	1176

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

Q7. For the practices your agency currently provides, please indicate how successful your agency has been in implementing the EBPs listed below.

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	8.3%	50.0%	33.3%	8.3%	12
	DASA	_	6.7%	66.7%	20.0%	6.7%	15
Aggression Replacement Training	JRA	_	_	80.0%	20.0%		5
	CA	_	_	_	_	_	_
	TOTAL	_	6.3%	62.5%	25.0%	6.3%	32
	MHD	_	5.9%	29.4%	52.9%	11.8%	17
	DASA	_	_	33.3%	66.7%	_	6
Assertive Community Treatment (ACT/PACT)	JRA		_	_	_		_
(AOM AOT)	CA	_	_	_	_	_	_
	TOTAL		4.3%	30.4%	56.5%	8.7%	23
	MHD	_	_	75.0%	25.0%	_	4
	DASA	_	16.7%	_	83.3%	_	6
Behavioral Treatment for Substance Abuse in Schizophrenia	JRA		_	_	_		_
Abuse in denizopinenia	CA	_	_	_	_	_	_
	TOTAL		10.0%	30.0%	60.0%		10
	MHD	4.8%	14.3%	38.1%	42.9%		21
	DASA	6.7%	13.3%	46.7%	33.3%	_	15
Brief Strategic Family Therapy	JRA	_	_	_	_		_
	CA	_	_	_	_	_	_
	TOTAL	5.6%	13.9%	41.7%	38.9%		36
	MHD	1.4%	2.9%	31.4%	54.3%	10.0%	70
	DASA	1.2%	3.7%	36.6%	48.8%	9.8%	82
Cognitive Behavior Therapies (CBT)	JRA	_	_	100.0%	_		1
	CA	_	_	_	_	_	
	TOTAL	1.3%	3.3%	34.6%	51.0%	9.8%	153
	MHD	10.0%	10.0%	40.0%	30.0%	10.0%	10
	DASA	_	7.7%	30.8%	61.5%	_	13
Contingency Management (Co-occurring)	JRA	_	_	_	_		_
	CA	_	_	_	_	_	_
	TOTAL	4.3%	8.7%	34.8%	47.8%	4.3%	23
	MHD		_	100.0%	_	_	1
	DASA	_	_	_	_	_	_
Dare to be you	JRA	_	_	_	_	_	
	CA	_	_	_	_	_	
	TOTAL	_	_	100.0%	_	_	1
	MHD	_	7.1%	38.1%	38.1%	16.7%	42
	DASA	_	12.8%	36.2%	36.2%	14.9%	47
Dialectical Behavioral Therapy (DBT)	JRA	_	_	90.0%	10.0%	_	10
	CA	_	_	_	_	_	_
	TOTAL	_	9.1%	42.4%	34.3%	14.1%	99

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	21.4%	57.1%	7.1%	14.3%	14
	DASA	_	20.0%	60.0%	20.0%	_	5
Eye Movement Desensitization & Reprocessing (EMDR)	JRA	_		_	_	_	_
reprocessing (EMBIT)	CA	_	_	_	_	_	_
	TOTAL	_	21.1%	57.9%	10.5%	10.5%	19
	MHD	_		_	50.0%	50.0%	6
	DASA	_		_	66.7%	33.3%	3
Family Integrated Transitions	JRA		25.0%		25.0%	50.0%	4
	CA	_	_	_	_	_	
	TOTAL	_	7.7%	_	46.2%	46.2%	13
	MHD	_	11.1%	19.4%	47.2%	22.2%	36
	DASA	_	9.1%	31.8%	54.5%	4.5%	22
Family Psychoeducation	JRA	_	_	_	_	_	—
	CA	_		_	_	_	_
	TOTAL		10.3%	24.1%	50.0%	15.5%	58
	MHD	6.7%	6.7%	46.7%	20.0%	20.0%	15
	DASA	_	33.3%	44.4%	22.2%	_	1
Functional Family Therapy	JRA	_	_	16.7%	83.3%	_	6
	CA	_	_	100.0%	_	_	9
	TOTAL	3.2%	12.9%	41.9%	32.3%	9.7%	31
	MHD	_		42.9%	14.3%	42.9%	7
	DASA	_		_	_	_	_
Gatekeeper Program	JRA	_	_	_			_
	CA	_	_	_	_	_	_
	TOTAL		_	42.9%	14.3%	42.9%	7
	MHD	5.6%	5.6%	22.2%	66.7%		18
Illiana Calf Maragamant/Illiana	DASA	_		66.7%	33.3%	_	3
Illness Self-Management/Illness Management & Recovery	JRA	_		_	_		_
	CA	_		_	_	_	_
	TOTAL	4.8%	4.8%	28.6%	61.9%		21
	MHD	_		66.7%	33.3%		3
	DASA	_	_	_	_	_	_
Incredible Years	JRA	_		_	_		_
	CA	_		_	100.0%	_	1
	TOTAL		_	50.0%	50.0%		4
	MHD	_	10.3%	27.6%	44.8%	17.2%	29
	DASA	_	6.3%	34.4%	46.9%	12.5%	32
Integrated Dual Disorders	JRA	_		_	_		_
	CA	_	_	_	_	_	_
	TOTAL	_	8.2%	31.1%	45.9%	14.8%	61
	MHD	8.3%		8.3%	50.0%	33.3%	12
	DASA	_	16.7%	41.7%	25.0%	16.7%	12
Interpersonal Therapy	JRA	_	_			_	_
	CA	_		_		_	_
	TOTAL	4.2%	8.3%	25.0%	37.5%	25.0%	24

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	_	11.1%	55.6%	33.3%	45
	DASA	_	3.2%	38.7%	32.3%	25.8%	31
Medication Management	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	1.3%	22.4%	46.1%	30.3%	76
	MHD	8.3%	_	25.0%	58.3%	8.3%	12
	DASA	_	3.4%	24.1%	58.6%	13.8%	29
Motivational Enhancement Therapy (MET)	JRA	_	_	_	_	_	_
	CA	_	_	_	_		_
	TOTAL	2.4%	2.4%	24.4%	58.5%	12.2%	41
	MHD	_	4.4%	35.6%	48.9%	11.1%	45
	DASA	1.0%	3.0%	28.3%	52.5%	15.2%	99
Motivational Interviewing	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	0.7%	3.5%	30.6%	51.4%	13.9%	144
	MHD	14.3%	28.6%	14.3%	28.6%	14.3%	7
	DASA	12.5%	25.0%	37.5%	25.0%	_	8
Multi-Family Group Treatment (MFG)	JRA		_	_	_		_
	CA	_	_	_	_	_	_
	TOTAL	13.3%	26.7%	26.7%	26.7%	6.7%	15
	MHD	16.7%	33.3%	16.7%	33.3%	_	6
	DASA	_	_	_	100.0%	_	2
Multidimensional Family Therapy	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	12.5%	25.0%	12.5%	50.0%	_	8
	MHD	_	_	20.0%	60.0%	20.0%	5
	DASA	_	_	100%	_	_	1
Multidimensional Treatment Foster Care	JRA	_	_	_	100.0%	_	1
	CA	_	66.7%	_	33.3%	_	3
	TOTAL	_	20.0%	20.0%	50.0%	10.0%	10
	MHD	_	_	38.9%	33.3%	27.8%	18
	DASA	_	22.2%	11.1%	55.6%	11.1%	9
Multisystematic Therapy	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	7.4%	29.6%	40.7%	22.2%	27
	MHD	_		_	_	_	
	DASA	_	_	100.0%	_	_	1
Nurse-Family Partnership	JRA			_			
·	CA	_	_	_	100.0%	_	1
	TOTAL	_	_	50.0%	50.0%	_	2
	MHD	_		40.0%	46.7%	13.3%	15
	DASA	_	10.0%	30.0%	40.0%	20.0%	10
Parent-Child Interaction Therapy	JRA	_					_
	CA	_	_	30.0%	40.0%	30.0%	10
	TOTAL	_	2.9%	34.3%	42.9%	20.0%	35

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	15.2%	33.3%	45.5%	6.1%	33
	DASA	_	3.3%	23.3%	50.0%	23.3%	30
Peer Support	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	9.5%	28.6%	47.6%	14.3%	63
	MHD	_	_	_	100.0%	_	1
Describes Alternative Thinking Otestania	DASA	_	_	50.0%	50.0%	_	4
Promoting Alternative Thinking Strategies (PATH)	JRA	_	_	_	_	_	_
(,,,,,	CA	_	_	_	_		_
	TOTAL	_	_	40.0%	60.0%	_	5
	MHD	_	20.0%	20.0%	60.0%	_	5
	DASA	_	20.0%	40.0%	20.0%	20.0%	5
Second Step	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	20.0%	30.0%	40.0%	10.0%	10
	MHD	_	16.7%	50.0%	33.3%	_	6
	DASA	_	5.3%	52.6%	26.3%	15.8%	19
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	JRA	_	_	_	_		_
Traditia/1 10D & Substance Abuse	CA	_	_	_	_	_	_
	TOTAL	_	8.0%	52.0%	28.0%	12.0%	25
	MHD	_	10.0%	30.0%	40.0%	20.0%	10
	DASA	_	7.1%	7.1%	64.3%	21.4%	14
Strengthening Families Program (SFP)	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	8.3%	16.7%	54.2%	20.8%	24
	MHD	_	7.7%	23.1%	50.0%	19.2%	26
	DASA	_	10.0%	50.0%	20.0%	20.0%	10
Supported Employment	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	8.3%	30.6%	41.7%	19.4%	36
	MHD	_	_	17.6%	52.9%	29.4%	17
	DASA	_	9.1%	36.4%	9.1%	45.5%	11
Supported Housing	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	3.6%	25.0%	35.7%	35.7%	28
	MHD	_	_	10.0%	40.0%	50.0%	10
	DASA	_	_	50.0%	50.0%	_	2
Therapeutic Foster Care	JRA	_					_
	CA	_	_	_	_	_	_
	TOTAL	_	_	16.7%	41.7%	41.7%	12
	MHD	_	_	21.1%	57.9%	21.1%	38
	DASA	_	7.3%	14.6%	46.3%	31.7%	41
Other (Specify:)	JRA	_	_	30.0%	70.0%		10
	CA	_	_		—	_	_
	TOTAL	_	3.4%	19.1%	53.9%	23.6%	89

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_		29.4%	41.2%	29.4%	17
	DASA		16.7%	16.7%	41.7%	25.0%	12
Other (Specify:)	JRA	_		_	_	_	_
	CA	_		_	_	_	
	TOTAL	_	6.9%	24.1%	41.4%	27.6%	29
	MHD	1.6%	6.7%	29.9%	45.3%	16.4%	578
	DASA	0.7%	7.2%	34.2%	44.3%	13.5%	555
OVERALL*	JRA		3.7%	55.6%	33.3%	7.4%	27
	CA	_	12.5%	25.0%	43.8%	18.8%	16
	TOTAL	1.1%	7.0%	32.5%	44.6%	14.9%	1176

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

# Q8. For the practices your agency currently provides, how effective do you think the EBP is at producing positive client outcomes?

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	_	58.3%	33.3%	8.3%	12
	DASA	6.7%	13.3%	53.3%	26.7%	_	15
Aggression Replacement Training	JRA	—	20.0%	60.0%	20.0%		5
	CA	—		_	—	_	_
	TOTAL	3.1%	9.4%	56.3%	28.1%	3.1%	32
	MHD	_	_	23.5%	64.7%	11.8%	17
Assertive Community Treatment	DASA	_	16.7%	50.0%	33.3%	_	6
(ACT/PACT)	JRA	—		_			_
(1.01/1.7101)	CA	—		_		_	_
	TOTAL	—	4.3%	30.4%	56.5%	8.7%	23
	MHD	_	_	50.0%	50.0%	_	4
Behavioral Treatment for Substance	DASA	_	33.3%	16.7%	50.0%	_	6
Abuse in Schizophrenia	JRA		_		_		_
, todae in Comzephieria	CA	—	_	_		_	_
	TOTAL	—	20.0%	30.0%	50.0%	—	10
	MHD	_	14.3%	19.0%	61.9%	4.8%	21
	DASA	6.7%		66.7%	26.7%		15
Brief Strategic Family Therapy	JRA		_		_		_
	CA	—		_		_	_
	TOTAL	2.8%	8.3%	38.9%	47.2%	2.8%	36
	MHD	1.4%	_	27.1%	57.1%	14.3%	70
	DASA	1.2%	1.2%	43.9%	47.6%	6.1%	82
Cognitive Behavior Therapies (CBT)	JRA	_	_	_	100.0%	_	1
	CA	_	_	_	_	_	1
	TOTAL	1.3%	0.7%	35.9%	52.3%	9.8%	153
	MHD	_	20.0%	40.0%	20.0%	20.0%	10
Contingency Management	DASA	_	_	61.5%	38.5%	_	13
(Co-occurring)	JRA	_	_		_		
(Go obbannig)	CA	_	_	_	_	_	
	TOTAL	_	8.7%	52.2%	30.4%	8.7%	23
	MHD	_	_	100.0%	_	_	1
	DASA	_	_		_	_	
Dare to be you	JRA			_	_	_	
	CA	_	_	_	_	_	
	TOTAL	_		100.0%	_	_	1
	MHD	_	2.4%	28.6%	42.9%	26.2%	42
	DASA	_	8.5%	29.8%	44.7%	17.0%	47
Dialectical Behavioral Therapy (DBT)	JRA	_	_	80.0%	20.0%	_	10
	CA	_					
	TOTAL		5.1%	34.3%	41.4%	19.2%	99
	MHD	_	14.3%	57.1%	7.1%	21.4%	14
Eve Movement Desensitization 9	DASA	_	_	80.0%	20.0%	_	5
Eye Movement Desensitization & Reprocessing (EMDR)	JRA	_	_	_	_	_	_
Troprocessing (LIVIDIT)	CA	_	_	_	_	_	
	TOTAL	_	10.5%	63.2%	10.5%	15.8%	19

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	_	16.7%	50.0%	33.3%	6
	DASA	_	_	_	66.7%	33.3%	3
Family Integrated Transitions	JRA	_	_	25.0%	75.0%	_	4
	CA	_	_	_		_	
	TOTAL	_	—	15.4%	61.5%	23.1%	13
	MHD		8.3%	38.9%	36.1%	16.7%	36
	DASA	_	4.5%	59.1%	36.4%	_	22
Family Psychoeducation	JRA			_		_	_
	CA	_		— 46.60/	26.207	10.20/	<b></b>
	TOTAL	<u> </u>	6.9%	46.6%	36.2%	10.3%	58
	MHD		6.7%	20.0%	60.0%	13.3%	15
Francisco el Ferrillo Theorem	DASA	11.1%	11.1%	55.6%	22.2%	_	9
Functional Family Therapy	JRA	_	_	33.3%	66.7%	_	6
	CA	2.20/		22.20/	100.0%	<i>( 50/</i>	1
	TOTAL	3.2%	6.5%	32.3%	51.6%	6.5%	31
	MHD	_	_	42.9%	14.3%	42.9%	7
Catalya an ay Dya ayana	DASA	_	_	_		_	_
Gatekeeper Program	JRA	_	_	_		_	_
	CA	_	_	42.00/	1120/	42.00/	
	TOTAL			42.9%	14.3%	42.9%	7
	MHD	5.6%	5.6%	22.2%	50.0%	16.7%	18
Illness Self-Management/Illness	DASA	_	_	66.7%	33.3%		3
Management & Recovery	JRA	_	_	_	_	_	
	CA	4.99/	4.99/	29.69/	47.60/	14.20/	21
	TOTAL	4.8%	4.8%	28.6%	47.6%	14.3%	21
	MHD	_		33.3%	66.7%		3
Incredible Years	DASA JRA	_		_		_	_
incredible rears	CA	_	<u>—</u>	_	100.00/		1
	TOTAL			25.0%	100.0% 75.0%		1 4
		<u> </u>	2.40/	<u> </u>		17.20/	-
	MHD	2 10/	3.4%	27.6%	51.7%	17.2%	29
Integrated Dual Disorders	DASA JRA	3.1%		28.1%	59.4%	9.4%	32
integrated Duar Disorders	CA			_			_
	TOTAL	1.6%	1.6%	27.9%	55.7%	13.1%	61
	MHD	8.3%	1.0 /0	25.0%	41.7%	25.0%	12
	DASA	8.3%	8.3%	50.0%	25.0%	8.3%	12
Interpersonal Therapy	JRA		0.570	30.070		6.570	12
merpersonal merapy	CA					_	
	TOTAL	8.3%	4.2%	37.5%	33.3%	16.7%	24
	MHD	0.5 /0	- <b>1.</b> 2/0	13.3%	55.6%	31.1%	45
	DASA	_	6.5%	35.5%	41.9%	16.1%	31
Medication Management	JRA		0.5/0	33.370	71.7/0	10.170	<i>J</i> 1
	CA						
	TOTAL	_	2.6%	22.4%	50.0%	25.0%	76
	MHD		8.3%	25.0%	50.0%	16.7%	12
	DASA	3.4%	0.570	17.2%	55.2%	24.1%	29
Motivational Enhancement Therapy	JRA	J.470 —		17.2/0	JJ.2/0	27.170	
(MET)	CA						
	TOTAL	2.4%	2.4%	19.5%	53.7%	22.0%	41

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	2.2%	4.4%	26.7%	57.8%	8.9%	45
	DASA	3.0%	1.0%	34.3%	42.4%	19.2%	99
Motivational Interviewing	JRA	_	_	_		_	_
	CA	_		_	_	_	_
	TOTAL	2.8%	2.1%	31.9%	47.2%	16.0%	144
	MHD	14.3%	14.3%	14.3%	42.9%	14.3%	7
	DASA	12.5%	_	62.5%	25.0%	_	8
Multi-Family Group Treatment (MFG)	JRA		_	_		_	
	CA	_	_	_		_	
	TOTAL	13.3%	6.7%	40.0%	33.3%	6.7%	15
	MHD	_	16.7%	33.3%	50.0%	_	6
	DASA	_		_	100.0%	_	2
Multidimensional Family Therapy	JRA			_		_	
	CA	_				_	_
	TOTAL		12.5%	25.0%	62.5%	<u> </u>	8
	MHD			40.0%	40.0%	20.0%	5
Multidimensional Treatment	DASA	_	_	_	100.0%	_	1
Foster Care	JRA	_	_	_	100.0%	_	1
	CA	_	33.3%	33.3%	_	33.3%	3
	TOTAL	_	10.0%	30.0%	40.0%	20.0%	10
	MHD	_	_	38.9%	44.4%	16.7%	18
	DASA	_	11.1%	22.2%	55.6%	11.1%	9
Multisystematic Therapy	JRA	_	_	_		_	
	CA	_		_		_	_
	TOTAL		3.7%	33.3%	48.1%	14.8%	27
	MHD	_	_	_		_	_
	DASA	100.0%	_	_		_	1
Nurse-Family Partnership	JRA	_	_	_		_	_
	CA	_		100.0%	_	_	1
	TOTAL	50.0%		50.0%		_	2
	MHD	_	_	33.3%	53.3%	13.3%	15
	DASA	_	_	30.0%	50.0%	20.0%	10
Parent-Child Interaction Therapy	JRA	_	_	_		_	_
	CA	_		20.0%	70.0%	10.0%	10
	TOTAL	_		28.6%	57.1%	14.3%	35
	MHD		12.1%	36.4%	42.4%	9.1%	33
	DASA	3.3%	13.3%	20.0%	33.3%	30.0%	30
Peer Support	JRA	_	_	_		_	_
	CA	_		_		_	_
	TOTAL	1.6%	12.7%	28.6%	38.1%	19.0%	63
	MHD				100.0%		1
Promoting Alternative Thinking	DASA	_	_	75.0%	25.0%	_	4
Strategies (PATH)	JRA		_	_			
,	CA	_		_	_	_	_
	TOTAL		<u> </u>	60.0%	40.0%	_	5
	MHD		20.0%	40.0%	40.0%		5
	DASA	_	_	60.0%	_	40.0%	5
Second Step	JRA			_		_	
	CA	_	_	_	_	_	_
	TOTAL	_	10.0%	50.0%	20.0%	20.0%	10

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	_	50.0%	50.0%	_	6
	DASA	_	5.3%	57.9%	26.3%	10.5%	19
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	JRA	_	_	_	_	_	
Traditia/PTSD & Substance Abuse	CA	_	_	_	_	_	_
	TOTAL	_	4.0%	56.0%	32.0%	8.0%	25
	MHD	_	10.0%	30.0%	50.0%	10.0%	10
Ctronathoning Familias Drogram	DASA	7.1%	_	14.3%	57.1%	21.4%	14
Strengthening Families Program (SFP)	JRA	_	_	_	_	_	
(611)	CA	_	_	_	_	_	1
	TOTAL	4.2%	4.2%	20.8%	54.2%	16.7%	24
	MHD		3.8%	26.9%	42.3%	26.9%	26
	DASA	10.0%	_	50.0%	10.0%	30.0%	10
Supported Employment	JRA	_	_	_	_	_	
	CA	_	_	_	—	_	_
	TOTAL	2.8%	2.8%	33.3%	33.3%	27.8%	36
	MHD	_	_	17.6%	52.9%	29.4%	17
	DASA	9.1%	9.1%	18.2%	36.4%	27.3%	11
Supported Housing	JRA	_	_	_	_	_	
	CA	_		_		_	_
	TOTAL	3.6%	3.6%	17.9%	46.4%	28.6%	28
	MHD		_	10.0%	70.0%	20.0%	10
	DASA	_	_	_	100.0%	_	2
Therapeutic Foster Care	JRA	_		_		_	_
	CA	_		_		_	_
	TOTAL	_		8.3%	75.0%	16.7%	12
	MHD	_	5.3%	18.4%	42.1%	34.2%	38
	DASA	2.4%	2.4%	26.8%	41.5%	26.8%	41
Other (Specify:)	JRA	_		70.0%	30.0%		10
	CA	_		_		_	—
	TOTAL	1.1%	3.4%	28.1%	40.4%	27.0%	89
	MHD	_	_	35.3%	35.3%	29.4%	17
	DASA	8.3%		41.7%	16.7%	33.3%	12
Other (Specify:)	JRA			_			
	CA	_	_	_	_	_	_
	TOTAL	3.4%		37.9%	<b>27.6%</b>	31.0%	29
	MHD	0.9%	4.5%	28.9%	48.6%	17.1%	578
	DASA	2.9%	4.1%	38.0%	41.6%	13.3%	555
OVERALL*	JRA		3.7%	51.9%	44.4%	_	27
	CA	_	6.3%	25.0%	56.3%	12.5%	16
	TOTAL	1.8%	4.3%	33.7%	45.3%	14.9%	1176

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

## Q9. Are there any EBPs that you are NOT currently using but want to use in the future?

	MHD	DASA	JRA	CA	Total
	WILL				
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Aggression Replacement Training	15.6%	3.2%	41.2%	_	9.6%
Assertive Community Treatment (ACT/PACT)	5.2%	3.9%	_	_	3.9%
Behavioral Treatment for Substance Abuse in Schizophrenia	10.4%	7.8%	_	_	7.8%
Brief Strategic Family Therapy	13.5%	13.6%	_		12.1%
Cognitive Behavior Therapies (CBT)	9.4%	9.1%	23.5%	_	9.6%
Contingency Management (Co-occurring)	8.3%	13.0%	11.8%	_	10.7%
Dare to be you	3.1%	3.2%	_	_	2.8%
Dialectical Behavioral Therapy (DBT)	16.7%	13.0%	35.3%	_	14.9%
Eye Movement Desensitization & Reprocessing (EMDR)	9.4%	7.1%	_	_	7.1%
Family Integrated Transitions	8.3%	5.2%	23.5%	_	7.1%
Family Psychoeducation	9.4%	7.1%	_	_	7.1%
Functional Family Therapy	11.5%	11.7%	_	_	10.3%
Gatekeeper Program	5.2%	_	_	_	1.8%
Illness Self-Management/Illness Management & Recovery	19.8%	5.2%	_	_	9.6%
Incredible Years	9.4%	1.3%	_	_	3.9%
Integrated Dual Disorders	11.5%	6.5%	_	_	7.5%
Interpersonal Therapy	9.4%	3.9%	_	_	5.3%
Medication Management	4.2%	2.6%	_	_	2.8%
Motivational Enhancement Therapy (MET)	13.5%	11.0%	_	_	10.7%
Motivational Interviewing	19.8%	5.8%	29.4%	_	11.7%
Multi-Family Group Treatment (MFG)	7.3%	5.2%	_	_	5.3%
Multidimensional Family Therapy	7.3%	7.8%	_	_	6.8%
Multidimensional Treatment Foster Care	3.1%	.6%	11.8%	_	2.1%
Multisystematic Therapy	5.2%	3.9%	11.8%	_	4.6%
Nurse-Family Partnership	2.1%	1.3%	_	_	1.4%
Parent-Child Interaction Therapy	15.6%	4.5%	_	7.1%	8.2%
Peer Support	14.6%	6.5%	_	_	8.5%
Promoting Alternative Thinking Strategies (PATH)	3.1%	4.5%	_	_	3.6%
Second Step	3.1%	1.3%	_	_	1.8%
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	13.5%	13.6%	_	_	12.1%
Strengthening Families Program (SFP)	7.3%	10.4%	_	_	8.2%
Supported Employment	8.3%	4.5%	5.9%	_	5.7%
Supported Housing	12.5%	4.5%	5.9%	_	7.1%
Therapeutic Foster Care	3.1%	2.6%	_	_	2.5%
Other (Specify:)	12.5%	3.9%	11.8%	7.1%	7.5%
Other (Specify:)	4.2%	_	_	_	1.4%
Other (Specify:)	_	_	_	_	_
None	15.6%	18.8%	23.5%	85.7%	21.4%

Q10. Please indicate whether any of the barriers listed below interfere with your agency in providing EBPs you are using or want to use?

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD	51.9%	70.4%	33.3%	18.5%	7.4%	3.7%	3.7%	3.7%	27
	DASA	55.0%	55.0%	35.0%	10.0%	5.0%	5.0%	20.0%		20
Aggression Replacement Training	JRA	100%	41.7%	25.0%	58.3%	8.3%	8.3%	_	16.7%	12
	CA		_	-	_	_	_	_	—	_
	TOTAL	62.7%	59.3%	32.2%	23.7%	6.8%	5.1%	8.5%	5.1%	59
	MHD	40.9%	50.0%	27.3%	36.4%	18.2%	22.7%	13.6%	13.6%	22
According Occurrently	DASA	50.0%	66.7%	16.7%	16.7%	8.3%	8.3%	8.3%	8.3%	12
Assertive Community Treatment (ACT/PACT)	JRA		_	_	_	_	_	_	_	_
	CA									
	TOTAL	44.1%	55.9%	23.5%	29.4%	14.7%	17.6%	11.8%	11.8%	34
	MHD	57.1%	42.9%	21.4%	21.4%	7.1%	7.1%	7.1%	7.1%	14
Behavioral Treatment for	DASA	72.2%	61.1%	33.3%	33.3%	22.2%	5.6%	16.7%	—	18
Substance Abuse in	JRA	_	_	_	_	_	_	_	_	_
Schizophrenia	CA	_	_	-	_	_	_	_	—	_
	TOTAL	65.6%	53.1%	28.1%	28.1%	15.6%	6.3%	12.5%	3.1%	32
	MHD	61.8%	61.8%	20.6%	44.1%	2.9%	17.6%	14.7%	_	34
	DASA	63.9%	58.3%	8.3%	11.1%	11.1%	5.6%	11.1%		36
Brief Strategic Family Therapy	JRA		_	_	_	_	_	_	_	_
	CA	_	_	-	_	_	_	_	—	-
	TOTAL	62.9%	60.0%	14.3%	27.1%	7.1%	11.4%	12.9%	_	70
	MHD	31.6%	36.7%	21.5%	24.1%	5.1%	10.1%	30.4%	6.3%	79
	DASA	43.8%	30.2%	14.6%	27.1%	8.3%	1.0%	33.3%	_	96
Cognitive Behavior Therapies (CBT)	JRA	100%	20.0%	40.0%	40.0%	20.0%	20.0%	_	_	5
(651)	CA						_			
	TOTAL	40.0%	32.8%	18.3%	26.1%	7.2%	5.6%	31.1%	2.8%	180
	MHD	55.6%	44.4%	_	27.8%	5.6%	_	11.1%	11.1%	18
	DASA	60.6%	54.5%	12.1%	21.2%	6.1%	6.1%	12.1%	-	33
Contingency Management (Co-occurring)	JRA	100%	100%	_	50.0%	_	_	_	_	2
(Oo occurring)	CA	_	_	_	_	_	_	_	_	_
	TOTAL	60.4%	52.8%	7.5%	24.5%	5.7%	3.8%	11.3%	3.8%	53
	MHD	75.0%	25.0%	_	25.0%	_	25.0%	25.0%	_	4
	DASA	60.0%	60.0%	20.0%	20.0%	20.0%	20.0%	20.0%		5
Dare to be you	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	-	_	_	_	_	_	_
	TOTAL	66.7%	44.4%	11.1%	22.2%	11.1%	22.2%	22.2%	_	9
	MHD	50.0%	55.2%	25.9%	32.8%	8.6%	6.9%	15.5%	5.2%	58
	DASA	49.3%	41.8%	14.9%	23.9%	7.5%	1.5%	26.9%	_	67
Dialectical Behavioral Therapy	JRA	87.5%	25.0%	56.3%	56.3%	6.3%	6.3%	_	37.5%	16
(DBT)	CA	_	_	_	_	_	_	_	_	_
	TOTAL	53.9%	45.4%	24.1%	31.2%	7.8%	4.3%	19.1%	6.4%	141

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD	47.8%	39.1%	4.3%	17.4%	_	_	21.7%	13.0%	23
Fire Marrament Decembration	DASA	56.3%	62.5%	31.3%	37.5%	12.5%	12.5%	6.3%	6.3%	16
Eye Movement Desensitization & Reprocessing (EMDR)	JRA		_	_	_	_	_	_	_	_
	CA		_	-	_	_	_	_	—	_
	TOTAL	51.3%	48.7%	15.4%	25.6%	5.1%	5.1%	15.4%	10.3%	39
	MHD	50.0%	78.6%	21.4%	7.1%	7.1%	_	14.3%	_	14
	DASA	63.6%	63.6%	9.1%	9.1%	_	_	_	9.1%	11
Family Integrated Transitions	JRA	50.0%	37.5%	_	12.5%	_	_	37.5%	12.5%	8
	CA	_	_	_	_	_	_	_	_	_
	TOTAL	54.5%	63.6%	12.1%	9.1%	3.0%	_	15.2%	6.1%	33
	MHD	22.2%	33.3%	13.3%	24.4%	8.9%	8.9%	26.7%	11.1%	45
	DASA	36.4%	33.3%	18.2%	21.2%	9.1%	_	39.4%	_	33
Family Psychoeducation	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_		_
	TOTAL	28.2%	33.3%	15.4%	23.1%	9.0%	5.1%	32.1%	6.4%	78
	MHD	61.5%	76.9%	19.2%	30.8%	3.8%	7.7%	7.7%	3.8%	26
	DASA	48.1%	66.7%	7.4%	7.4%	14.8%	3.7%	7.4%	_	27
Functional Family Therapy	JRA	66.7%	_	_	16.7%	_	_	33.3%	_	6
	CA	100%	100%	_	_	_	_	_	_	1
	TOTAL	56.7%	65.0%	11.7%	18.3%	8.3%	5.0%	10.0%	1.7%	60
	MHD	33.3%	50.0%	8.3%	8.3%	_	_	25.0%	16.7%	12
	DASA			_	_	_				_
Gatekeeper Program	JRA	_	_	_	_	_	_	_	_	
	CA	_	_	_	_	_	_		_	_
	TOTAL	33.3%	50.0%	8.3%	8.3%	_	_	25.0%	16.7%	12
	MHD	48.6%	43.2%	16.2%	21.6%	10.8%	2.7%	16.2%	10.8%	37
	DASA	63.6%	63.6%	36.4%	45.5%	27.3%	9.1%	9.1%	-	11
Illness Self-Management/ Illness Management &	JRA	_	_	_					_	_
Recovery	CA	_	_		_	_				
	TOTAL	52.1%	47.9%	20.8%	27.1%	14.6%	4.2%	14.6%	8.3%	48
	MHD	66.7%	66.7%	_	33.3%	_		8.3%	8.3%	12
	DASA	100%	50.0%	_	-	_	_	-	6.570	2
Incredible Years	JRA	—		_			_	_	_	_
	CA	100%	100%							1
	TOTAL	73.3%	66.7%	_	26.7%	_	_	6.7%	6.7%	15
	MHD DASA	47.5%	42.5%	17.5%	15.0%	10.0%	22.5%	17.5%	12.5%	40
Integrated Dual Disorders		40.5%	38.1%	16.7%	14.3%	11.9%	14.3%	35.7%	<u> </u>	42
integrated Dual Disolution	JRA CA	_	_	_	_	_	_	_	_	_
		43 09/	40.29/-	17 19/	14.69/-	11.09/	18 30/-	26.89/	6 19/	82
	TOTAL	43.9%	40.2%	17.1%	14.6%	11.0%	18.3%	26.8%	6.1%	82
	MHD	28.6%	42.9%	9.5%	9.5%	4.8%	4.8%	38.1%	4.8%	21
Internargenal Thereny	DASA	61.1%	38.9%	27.8%	33.3%	22.2%	16.7%	27.8%	<u> </u>	18
Interpersonal Therapy	JRA	_	<del>-</del>	_	_	_	_	_	_	_
	CA	-	-		-	-		-	-	-
	TOTAL	43.6%	41.0%	17.9%	20.5%	12.8%	10.3%	33.3%	2.6%	39

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD	24.5%	24.5%	12.2%	18.4%	4.1%	14.3%	49.0%	8.2%	49
	DASA	34.3%	31.4%	14.3%	11.4%	5.7%		45.7%	L	35
Medication Management	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	l –	_	_	_	_	-	_
	TOTAL	28.6%	27.4%	13.1%	15.5%	4.8%	8.3%	47.6%	4.8%	84
	MHD	52.0%	44.0%	20.0%	24.0%	8.0%	4.0%	20.0%	4.0%	25
Motivational Enhancement	DASA	43.5%	30.4%	6.5%	17.4%	13.0%	8.7%	39.1%	-	46
Therapy (MET)	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	_		_	_			_
	TOTAL	46.5%	35.2%	11.3%	19.7%	11.3%	7.0%	32.4%	1.4%	71
	MHD	48.4%	39.1%	17.2%	17.2%	6.3%	6.3%	29.7%	6.3%	64
	DASA	28.7%	19.4%	7.4%	20.4%	2.8%	2.8%	46.3%	-	108
Motivational Interviewing	JRA	100%	80.0%	_	100%	_	_	_	_	5
	CA	_	_	_	_	_	_	_	—	_
	TOTAL	37.9%	28.2%	10.7%	21.5%	4.0%	4.0%	39.0%	2.3%	177
	MHD	42.9%	50.0%	28.6%	28.6%	7.1%	_	21.4%	7.1%	14
Multi-Family Group Treatment	DASA	50.0%	37.5%	25.0%	6.3%	6.3%		12.5%	6.3%	16
(MFG)	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_		_	_	_		<u> </u>	_
	TOTAL	46.7%	43.3%	26.7%	16.7%	6.7%	_	16.7%	6.7%	30
	MHD	69.2%	69.2%	15.4%	23.1%	7.7%	7.7%	23.1%		13
Multidimensional Family	DASA	71.4%	64.3%	7.1%	7.1%	_	_	14.3%	—	14
Therapy	JRA	_		_		_	_			_
	CA									
	TOTAL	70.4%	66.7%	11.1%	14.8%	3.7%	3.7%	18.5%	_	27
	MHD	62.5%	75.0%	62.5%	25.0%	12.5%	25.0%	_	_	8
Multidimensional Treatment	DASA	50.0%	50.0%	50.0%	50.0%	50.0%	_	50.0%	—	2
Foster Care	JRA	100%	_	33.3%	_	_	33.3%			3
	CA	66.7%	_	<u> </u>	66.7%	66.7%	33.3%	_		3
	TOTAL	64.7%	41.2%	41.2%	29.4%	23.5%	23.5%	11.8%	_	16
	MHD	30.4%	69.6%	21.7%	30.4%	8.7%	13.0%	21.7%	_	23
	DASA	46.7%	46.7%	13.3%	20.0%	20.0%		20.0%		15
Multisystematic Therapy	JRA	100%	_	_	_	_	_	_	_	2
	CA	_	_	_	_	_	_	_		_
	TOTAL	40.0%	57.5%	17.5%	25.0%	12.5%	7.5%	20.0%	_	40
	MHD	50.0%	50.0%	50.0%	_	_	_	50.0%	_	2
	DASA	66.7%	66.7%	_	_	33.3%	33.3%	_	<b>-</b>	3
Nurse-Family Partnership	JRA	_	_	_	_	_	_	_	_	_
	CA		100%		100%		_			1
	TOTAL	50.0%	66.7%	16.7%	16.7%	16.7%	16.7%	16.7%	_	6
	MHD	63.3%	70.0%	16.7%	30.0%	_	6.7%	6.7%	_	30
Parent-Child Interaction	DASA	41.2%	47.1%	11.8%	23.5%	5.9%	5.9%	17.6%	_	17
Therapy	JRA	_	_	_	_	_	_	_	_	_
	CA	81.8%	81.8%	–	_	_	_	9.1%	_	11
	TOTAL	60.3%	65.5%	12.1%	22.4%	1.7%	5.2%	10.3%	_	58

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD	51.1%	46.8%	17.0%	23.4%	12.8%	17.0%	19.1%	4.3%	47
	DASA	35.0%	25.0%	15.0%	30.0%	12.5%	5.0%	30.0%	L	40
Peer Support	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	-	_	_	_	_	I —	_
	TOTAL	43.7%	36.8%	16.1%	26.4%	12.6%	11.5%	24.1%	2.3%	87
	MHD	25.0%	25.0%	25.0%	25.0%	_	_	50.0%	_	4
Promoting Alternative Thinking	DASA	72.7%	36.4%	18.2%	18.2%	18.2%	_	9.1%	9.1%	11
Strategies (PATH)	JRA	_	_	_	_	_	_	_	_	_
	CA		_			_				
	TOTAL	60.0%	33.3%	20.0%	20.0%	13.3%	_	20.0%	6.7%	15
	MHD	25.0%	25.0%	_	25.0%	_	_	12.5%	25.0%	8
	DASA	71.4%	28.6%	28.6%	28.6%	57.1%	28.6%	28.6%	<b>-</b>	7
Second Step	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_	—	_
	TOTAL	46.7%	26.7%	13.3%	26.7%	26.7%	13.3%	20.0%	13.3%	15
	MHD	42.1%	42.1%	21.1%	10.5%	15.8%	10.5%	26.3%	5.3%	19
Seeking Safety: A Psychotherapy for	DASA	55.0%	45.0%	10.0%	20.0%	5.0%	5.0%	20.0%	L	40
Trauma/PTSD & Substance	JRA	_	_	_	_	_	_	_	_	_
Abuse	CA	_	_	_	_	_	_	_	<u> </u>	_
	TOTAL	50.8%	44.1%	13.6%	16.9%	8.5%	6.8%	22.0%	1.7%	59
	MHD	47.1%	64.7%	41.2%	29.4%	_	5.9%	23.5%	5.9%	17
Strengthening Families	DASA	66.7%	30.0%	13.3%	10.0%	13.3%	10.0%	20.0%	<u> </u>	30
Program (SFP)	JRA		_	_		_	_			_
	CA								L	
	TOTAL	59.6%	42.6%	23.4%	17.0%	8.5%	8.5%	21.3%	2.1%	47
	MHD	44.1%	58.8%	20.6%	17.6%	5.9%	14.7%	11.8%	5.9%	34
	DASA	52.9%	52.9%	11.8%	35.3%	11.8%	5.9%	17.6%	_	17
Supported Employment	JRA	_	100%	_	_	_	_	_		1
	CA	_	_		_	_	_	_	<u> </u>	_
	TOTAL	46.2%	57.7%	17.3%	23.1%	7.7%	11.5%	13.5%	3.8%	52
	MHD	37.9%	58.6%	10.3%	10.3%	3.4%	17.2%	10.3%	13.8%	29
	DASA	44.4%	44.4%	5.6%	22.2%	11.1%	5.6%	27.8%		18
Supported Housing	JRA	_	100%	_	_	_	_	_	_	1
	CA	_	_	_	_	_	_	_	_	_
	TOTAL	39.6%	54.2%	8.3%	14.6%	6.3%	12.5%	16.7%	8.3%	48
	MHD	30.8%	46.2%	15.4%	7.7%	_	15.4%	38.5%	15.4%	13
	DASA	16.7%	50.0%	16.7%	33.3%	16.7%	_	33.3%	_	6
Therapeutic Foster Care	JRA	_	_	_	_	_	_	_	_	_
	CA	-	-	-	-		-	-		
	TOTAL	26.3%	47.4%	15.8%	15.8%	5.3%	10.5%	36.8%	10.5%	19
	MHD			Data TBD						
Other (One 16.)	DASA									
Other (Specify:)	JRA									
	CA									
	TOTAL									

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD									
	DASA									
Other (Specify:)	JRA									
	CA									
	TOTAL									
	MHD									
	DASA									
Other (Specify:)	JRA									
	CA									
	TOTAL									
	MHD	44.5%	48.9%	18.5%	22.8%	6.6%	9.7%	21.1%	6.9%	885
	DASA	47.5%	39.9%	14.3%	20.6%	10.0%	4.9%	27.3%	0.6%	872
OVERALL*	JRA	83.6%	34.4%	24.6%	42.6%	4.9%	6.6%	8.2%	14.8%	61
	CA	76.5%	70.6%	_	17.6%	11.8%	5.9%	5.9%	_	17
	TOTAL	47.5%	44.4%	16.6%	22.4%	8.2%	7.3%	23.5%	4.1%	1835

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

Q11. What type of assistance is most needed by your agency to help facilitate the adoption and implementation of evidence based practices?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n=154)	(n=17)	(n=14)	(n=281)
None	3.1%	5.8%	_	21.4%	5.3%
Appropriately trained workforce	18.8%	14.3%	35.3%	42.9%	18.5%
Financing issues in paying for EBP's	49.0%	50.6%	29.4%	28.6%	47.7%
Modification of EBP to fit local needs	12.5%	9.7%	5.9%	_	10.0%
Attaining or maintaining fidelity to EBP model standards	6.3%	11.7%	11.8%	7.1%	9.6%
Resistance to implementing EBPs from practitioners	1.0%	2.6%	_	_	1.8%
Other	9.4%	5.2%	17.6%	_	7.1%

Q12a. Does your agency serve populations or address specific client needs for which there are no known or available evidence-based practices?

Note: There were two missing data points in MHD, thus reducing its sample size and the overall sample size.

	MHD	DASA	JRA	CA	Total
	_ (n = 94) _	_ (n=154) _	_(n=17)_	_(n=14)_	_ (n=279) _
Serve populations or address specific client needs which have no known/available EBPs	44.7%	22.7%	100%	28.6%	35.1%

Q13. Please rate your agency's interest in continuing/beginning to implement EBPs into your treatment program.

	MHD	DASA	JRA	СА	TOTAL
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Not at All	2.1%	3.2%		_	2.5%
A little	1.0%	5.8%		_	3.6%
Somewhat	20.8%	22.7%	_	14.3%	20.3%
Very	42.7%	37.7%	11.8%	50.0%	38.4%
Extremely	33.3%	30.5%	88.2%	35.7%	35.2%

Q14. What initiatives, if any, is your agency implementing to promote the adoption of evidence-based practices (EBPs)?

	MHD	DASA	JRA	CA	TOTAL
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Increase awareness about EBPs	80.2%	68.2%	100.0%	100.0%	75.8%
Training	77.1%	75.3%	100.0%	92.9%	78.3%
Incorporation of EBPs in contracts	32.3%	18.8%	47.1%	85.7%	28.5%
Monitoring of fidelity	44.8%	37.7%	88.2%	78.6%	45.2%
Modification of information systems/data reports	32.3%	23.4%	100.0%	28.6%	31.3%
Modification of paperwork/documentation forms/guidelines to fit EBPs so as to accurately reflect the work done	41.7%	35.1%	100.0%	28.6%	40.9%
Financial incentives	8.3%	13.0%	_	_	10.0%
Other	7.3%	5.8%	23.5%		7.1%
None	6.3%	9.7%			7.5%

Q15b. What method is your agency using?

	MHD	DASA	JRA	СА	TOTAL
	(n = 39)	(n = 59)	(n = 6)	(n = 3)	(n = 107)
Benchmarking	30.8%	28.8%	_	33.3%	28.0%
Outcome monitoring	79.5%	93.2%	_	100.0%	83.2%
Program Evaluation	71.8%	81.4%	100.0%	66.7%	78.5%
Other	7.7%	_		_	2.8%

Q16. How many unduplicated clients did your agency serve in Fiscal Year 2007 (July 1, 2006 – June 30, 2007)?

	Unduplicated Clients Served (FY 2007)				
	N	Mean			
MHD	94	2188			
DASA	150	532			
JRA	17	205			
CA		_			
Total	261	1107			

Q17a. For each EBP that you are currently providing, please provide the total number of **Adult** (18 years old and older) unduplicated clients served in FY 2007 (July 1, 2006-June 30, 2007)?

	MH	lD	DA	SA	JR	Α	C	4		Tota	I
	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N	Client Count
Aggression Replacement Training	63	2	5	1					43	3	130
Assertive Community Treatment (ACT/PACT)	60	10	8	1		_			56	11	611
Behavioral Treatment for Substance Abuse in Schizophrenia	51	3	1	1		_	_	_	39	4	155
Brief Strategic Family Therapy	70	6	53	1		_			68	7	474
Cognitive Behavior Therapies (CBT)	386	38	296	24					351	62	21784
Contingency Management (co-occurring)	63	2	50	2		_			56	4	225
Dare to Be You	_										
Dialectical Behavioral Therapy (DBT)	120	25	88	16		_			107	41	4400
Eye Movement Desensitization & Reprocessing (EMDR)	69	6		_					69	6	413
Family Integrated Transitions	25	1		_		_			25	1	25
Family Psychoeducation	205	19	205	5					205	24	4912
Functional Family Therapy	66	4	5	1		_	56	1	54	6	324
Gatekeeper program	178	5							178	5	889
Illness Self-Management/Illness Management & Recovery	84	10		_				_	84	10	835
Incredible Years							15	1	15	1	15
Integrated Dual Disorders Treatment	150	19	62	7		_			126	26	3288
Interpersonal Therapy	1494	3	40	1					1131	4	4523
Medication Management	527	28	120	5		_			465	33	15358
Motivational Enhancement Therapy (MET)	243	8	98	8					171	16	2729
Motivational Interviewing	247	26	225	35		_			234	61	14272
Multi-Family Group Treatment (MFG)	88	5	384	1					137	6	823
Multidimensional Family Therapy	15	3	384	1		_			107	4	429
Multidimensional Treatment Foster Care	25	1							25	1	25
Multisystemic Therapy	63	4				_			63	4	250
Nurse-Family Partnership			3	1		_	2	1	3	2	5
Parent-Child Interaction Therapy	65	7	41	1			12	10	34	18	609
Peer Support	49	25	632	11					227	36	8171
Promoting Alternative Thinking Strategies (PATH)	800	1		_					800	1	800
Second Step											
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	29	4	33	6	_		_		31	10	312
Strengthening Families Program (SFP)	66	6	4	2					51	8	405
Supported Employment	92	20	5	2				_	84	22	1841
Supported Housing	172	15	4	2					153	17	2593
Therapeutic Foster Care	15	1	_			_	_		15	1	15
Other (Specify:)	415	15	131	15	_	_			273	30	8181
Other (Specify:)	145	9	310	3				_	186	12	2233
OVERALL*	209	307	203	135			14	13	201	455	91640

Note: Only agencies who reported client counts greater than zero are included here, hence, the smaller sample sizes.

\*Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

Q17b. For each EBP that you are currently providing, please provide the total number of **Children** (less than 18 years old) unduplicated clients served in FY 2007 (July1, 2006-June 30, 2007)?

	MH	lD	DAS	SA	JR	Α	C	4		Tota	
	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N	Client Count
Aggression Replacement Training	24	10	17	7	110	5	_		41	22	910
Assertive Community Treatment (ACT/PACT)	60	3				_			60	3	179
Behavioral Treatment for Substance Abuse in Schizophrenia			50	1					50	1	50
Brief Strategic Family Therapy	69	9	173	2		_			88	11	968
Cognitive Behavior Therapies (CBT)	166	37	71	15	621	1			148	53	7839
Contingency Management (co-occurring)	128	2	175	1		_			143	3	430
Dare to Be You						_					
Dialectical Behavioral Therapy (DBT)	62	11	67	10	196	10			107	31	3309
Eye Movement Desensitization & Reprocessing (EMDR)	3	3				_			3	3	9
Family Integrated Transitions	15	4	13	2	15	4			15	10	145
Family Psychoeducation	116	18	70	3					109	21	2297
Functional Family Therapy	98	11	9	2	55	6	56	1	74	20	1484
Gatekeeper program				_							_
Illness Self-Management/Illness Management & Recovery	105	2		_	_	_	_		105	2	210
Incredible Years	266	1		_		_	15	1	141	2	281
Integrated Dual Disorders Treatment	34	6	135	5		_			80	11	878
Interpersonal Therapy	182	4	170	1		_			179	5	897
Medication Management	138	25	25	2	_	_			129	27	3491
Motivational Enhancement Therapy (MET)			66	6					66	6	395
Motivational Interviewing	134	15	58	16		_			95	31	2933
Multi-Family Group Treatment (MFG)	21	2	67	3					49	5	244
Multidimensional Family Therapy	30	1	_		_	_			30	1	30
Multidimensional Treatment Foster Care	17	4			8	1	11	3	14	8	109
Multisystemic Therapy	75	14	14	3	_	_	_		65	17	1098
Nurse-Family Partnership			1	1					1	1	1
Parent-Child Interaction Therapy	39	12	18	1		_	12	10	26	23	602
Peer Support	16	7	100	2					35	9	314
Promoting Alternative Thinking Strategies (PATH)	_	_							_		
Second Step	326	3	30	1					252	4	1008
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	40	1		_	_			_	40	1	40
Strengthening Families Program (SFP)	71	4	8	5					36	9	325
Supported Employment	24	2			_		_	_	24	2	48
Supported Housing	26	1							26	1	26
Therapeutic Foster Care	56	9	3	1					51	10	505
Other (Specify:)	257	20	16	11	170	10			171	41	7011
Other (Specify:)	59	8	15	6					40	14	561
OVERALL*	99	221	60	90	131	27	15	15	88	353	31055

Note: Only agencies who reported client counts greater than zero are included here, hence, the smaller sample sizes.

\*Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

Q17c. For each EBP that you are currently providing, please provide the **total number** of unduplicated clients served in FY 2007 (July1, 2006-June 30, 2007)?

	MH	ID	DAS	SA	JR	A	C	4		Tota	ıl
	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N	Client Count
Aggression Replacement Training	36	10	18	7	110	5			47	22	1040
Assertive Community Treatment (ACT/PACT)	78	10	8	1				_	72	11	790
Behavioral Treatment for Substance Abuse in Schizophrenia	51	3	26	2	_		_	_	41	5	205
Brief Strategic Family Therapy	62	12	133	3				_	76	15	1142
Cognitive Behavior Therapies (CBT)	417	50	272	30	621	1			366	81	29623
Contingency Management (co-occurring)	127	3	92	3	_	_	_	_	109	6	655
Dare to Be You											
Dialectical Behavioral Therapy (DBT)	123	30	99	21	196	10		_	126	61	7709
Eye Movement Desensitization & Reprocessing (EMDR)	53	8							53	8	422
Family Integrated Transitions	21	4	13	2	15	4		_	17	10	170
Family Psychoeducation	272	22	206	6					257	28	7209
Functional Family Therapy	122	11	12	2	55	6	112	1	90	20	1808
Gatekeeper program	178	5							178	5	889
Illness Self-Management/Illness Management & Recovery	105	10	_		_	_	_	_	105	10	1045
Incredible Years	266	1					30	1	148	2	296
Integrated Dual Disorders Treatment	146	21	101	11				_	130	32	4166
Interpersonal Therapy	1303	4	105	2					903	6	5420
Medication Management	535	34	130	5				_	483	39	18849
Motivational Enhancement Therapy (MET)	243	8	91	13					149	21	3124
Motivational Interviewing	272	31	214	41				_	239	72	17205
Multi-Family Group Treatment (MFG)	96	5	147	4					119	9	1067
Multidimensional Family Therapy	25	3	384	1				_	115	4	459
Multidimensional Treatment Foster Care	19	5			8	1	11	3	15	9	134
Multisystemic Therapy	93	14	14	3				_	79	17	1348
Nurse-Family Partnership			4	1			2	1	3	2	6
Parent-Child Interaction Therapy	77	12	30	2			23	10	50	24	1211
Peer Support	48	28	550	13					207	41	8485
Promoting Alternative Thinking Strategies (PATH)	800	1			-	_	_		800	1	800
Second Step	326	3	30	1					252	4	1008
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	39	4	33	6	—		_		35	10	352
Strengthening Families Program (SFP)	97	7	10	5					61	12	730
Supported Employment	94	20	5	2			_		86	22	1889
Supported Housing	174	15	4	2					154	17	2619
Therapeutic Foster Care	57	9	3	1		_	_		52	10	520
Other (Specify:)	392	29	112	19	170	10			262	58	15192
Other (Specify:)	136	13	146	7					140	20	2794
OVERALL*	212	403	173	190	131	27	25	16	192	636	122395

Note: Only agencies who reported client counts greater than zero are included here, hence, the smaller sample sizes.

\*Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

	MHD
	(n = 96)
Administrator	1.0%
Area Director	1.0%
Associate Director	2.1%
Associate Director, Clinical	2.1%
Behavioral Mental Health Director	1.0%
CEO	5.2%
Chief Clinical Officer	1.0%
Chief of Inpatient Services	1.0%
Chief Operating Officer	1.0%
Clinical Coordinator	1.0%
Clinical Director	13.5%
Clinical Director Family Services & Mental Health	1.0%
Clinical Manager/Interim Agency Director	1.0%
Clinical Program Manager	1.0%
Clinical Supervisor	1.0%
Director	1.0%
Director Child & Family Services	1.0%
Director Community Relations	1.0%
Director of Children Services	1.0%
Director of Clinical Services	3.1%
Director of Compliance	1.0%
Director of Psychiatric Services	1.0%
Director of Senior Behavioral Health	1.0%
Director, Behavioral Health Services	4.2%
Director, Outpatient Services	1.0%
Executive Director	16.7%
Director of HSD/Admin. Specialist	1.0%
Manager Outpt Psychiatry	1.0%
Manager, ARNP, DMHP	1.0%
Manager, Clinical Services	1.0%
Medical Director	1.0%
Mental Health Professional	1.0%
Mental Health Program Manager	2.1%
Pierce County Crisis and Corrections Coordinator	1.0%
Program Coordinator	2.1%
Program Director	2.1%
Program Manager	3.1%
Program Supervisor	1.0%

Q19a. What is your current job title? (cont.)

	MHD
	(n = 96)
Psychiatry Director	1.0%
Quality Assurance Director	1.0%
Quality Specialist	1.0%
Regional Chief of Operations	1.0%
Site Manager	1.0%
Supervisor of Adult Services	1.0%
Vice President	1.0%
Vice President Behavioral Health	1.0%
VP Clinical Services	1.0%
Youth and Family Services Director	1.0%

	DASA
	(n = 155)
Administrator	3.9%
Administrator/County CD Coordinator	0.6%
Associate Director	0.6%
BH Manager	0.6%
CD Program Director	0.6%
CD Supervisor	1.3%
CEO	0.6%
Chemical Dependency Coordinator	0.6%
Chemical Dependency Counselor/Director	0.6%
Chemical Dependency Professional	3.2%
Chemical Dependency Program Director	0.6%
Chief Operations Officer	0.6%
Clinical Director	7.1%
Clinical Manager	0.6%
Clinical Program Manager	0.6%
Clinical Services Manager	0.6%
Clinical Supervisor	7.1%
Co-Director	0.6%
COD Program Coordinator	0.6%
COO/Rainier Branch Manager	0.6%
Coordinator	3.2%
Coordinator, SATP/BHS	0.6%
Deputy Director, ATC	0.6%
Director	7.1%
Director CD Services	1.3%
Director of Operations	0.6%
Director, Addiction Patient Care Line	0.6%
Director, Youth and Family Services Program	0.6%
Division Director	0.6%
Executive Clinical Director	3.2%
Executive Director	3.9%
Grant Manager/Family Counselor/CDP	0.6%
Manager	5.2%
Manager, COD Services	0.6%
Operation Administrator	0.6%
Outpatient Programs Manager	1.3%
Outpatient Treatment Director	0.6%
Owner/Administrator	1.3%

Q19a. What is your current job title? (cont.)

	DASA
	(n = 155)
Pgm Administrator	0.6%
Program Coordinator	0.6%
Program Director	3.9%
Program Director Outpatient Services	0.6%
Program Manager	9.7%
Program Supervisor	3.9%
Res. Services Clinical Manager	1.3%
Research Coordinator	2.6%
SA Director	0.6%
Substance Abuse Counselor/Clinical Supervisor	0.6%
Substance Abuse Prog. Coord.	0.6%
Substance Abuse Program Director	0.6%
Substance Abuse Service Program Manager	0.6%
Supervisor	0.6%
Supervisor, Outpatient Services	0.6%
Treatment Administrator	0.6%
Treatment Director	1.9%
Treatment Supervisor	1.3%
Vice President	1.3%
Vice President Behavioral Health	1.3%
Wellness Program Coordinator	0.6%

Q19a. What is your current job title?

	JRA
	(n = 17)
Associate Superintendent	5.9%
Clinical Director	52.9%
Juvenile Parole Administrator	41.2%

Q19a. What is your current job title?

•	,	
		CA
		(n = 14)
EBP Manager		100.0%

Q19b. How many years have you been working at this agency?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n=154)	(n=17)	(n=14)	(n=281)
Mean number of years at agency	12.3	8.5	14.8	16.0	10.5

# APPENDIX E

# Tables

# **Appendix E Contents**

Q1.	Which of the following services are offered by this agency?	E - 1
Q2.	Is this a solo practice, meaning an office with a single practitioner or therapist?	E - 1
Q3.	What is the population of the service area for your agency?	E - 1
Q4a.	In the list below, please indicate which of the following evidence based practices (EBPs) your agency currently provides.	E - 2
Q4b.	Also indicate whether program fidelity is assessed or monitored for those practices you are currently providing.	E - 3
Q5.	For the practices your agency currently provides, please indicate which mechanisms are used to provide training. Select all that apply	E - 4
Q6.	For the practices your agency currently provides, please indicate which target populations you are providing the EBP for	E - 9
Q7.	For the practices your agency currently provides, please indicate how successful your agency has been in implementing the EBPs listed below.	E - 14
Q8.	For the practices your agency currently provides, how effective do you think the EBP is at producing positive client outcomes?	E - 19
<b>Q</b> 9.	Are there any EBPs that you are NOT currently using but want to use in the future?	E - 23
Q10.	Please indicate whether any of the barriers listed below interfere with your agency in providing EBPs you are using or want to use?	E - 24
Q11.	What type of assistance is most needed by your agency to help facilitate the adoption and implementation of evidence based practices?	E - 29
Q12a.	Does your agency serve populations or address specific client needs for which there are no known or available evidence-based practices?	E - 29
Q13.	Please rate your agency's interest in continuing/beginning to implement EBPs into your treatment program.	E - 29
Q14.	What initiatives, if any, is your agency implementing to promote the adoption of evidence based practices (EBPs)?	E - 30
Q15b.	What method is your agency using?	E - 30
Q16.	How many unduplicated clients did your agency serve in Fiscal Year 2007 (July 1, 2006 – June 30, 2007)?	E - 31
Q17a.	For each EBP that you are currently providing, please provide the total number of <b>Adult</b> (18 years old and older) unduplicated clients served in FY 2007 (July 1, 2006-June 30, 2007)?	E - 32
Q17b.	For each EBP that you are currently providing, please provide the total number of <b>Children</b> (less than 18 years old) unduplicated clients served in FY 2007 (July 1, 2006-June 30, 2007)?	E - 33
Q17c.	For each EBP that you are currently providing, please provide the <b>total number</b> of unduplicated clients served in FY 2007 (July 1, 2006-June 30, 2007)?	E - 34
Q19a.	What is your current job title?	E - 35
Q19b.	How many years have you been working at this agency?	E - 38

## Q1. Which of the following services are offered by this agency?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Intake, Assessment, or Referral	89.6%	92.2%	100.0%	7.1%	87.5%
Chemical Dependency Treatment	35.4%	98.1%	29.4%		67.6%
Mental Health Treatment	91.7%	41.6%	29.4%	14.3%	56.6%
Co-Occurring Disorders Treatment	51.0%	52.6%	23.5%		47.7%
Other	44.8%	28.6%	76.5%	100.0%	40.6%

<sup>\*</sup>Question allowed multiple responses

## Q2. Is this a solo practice, meaning an office with a single practitioner or therapist?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Yes	_	4.5%	_		2.5%
No	100.0%	95.5%	100.0%	100.0%	97.5%

## Q3. What is the population of the service area for your agency?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Population less than 5,000	6.3%	15.6%	5.9%		11.0%
Population between 5,001 and 50,000	17.7%	23.4%	_		18.9%
Population between 50,001 and 500,000	47.9%	39.0%		71.4%	41.3%
Population greater than 500,000	28.1%	22.1%	94.1%	28.6%	28.8%

Q4a. In the list below, please indicate which of the following evidence based practices (EBPs) your agency currently provides.

	MHD	DASA	JRA	CA	Total
Aggression Donlocoment Training	(n = 96) 12.5%	(n = 154) 9.7%	(n = 17)	(n = 14)	(n = 281)
Aggression Replacement Training			29.4%	<u>—</u>	11.4%
Assertive Community Treatment (ACT/PACT)  Behavioral Treatment for Substance Abuse in	17.7%	3.9%	_		8.2%
Schizophrenia	4.2%	3.9%	_	_	3.6%
Brief Strategic Family Therapy	21.9%	9.7%	_	_	12.8%
Cognitive Behavior Therapies (CBT)	72.9%	53.2%	5.9%	_	54.4%
Contingency Management (Co-occurring)	10.4%	8.4%	_	_	8.2%
Dare to be you	1.0%	_	_	_	0.4%
Dialectical Behavioral Therapy (DBT)	43.8%	30.5%	58.8%	_	35.2%
Eye Movement Desensitization & Reprocessing (EMDR)	14.6%	3.2%	_	_	6.8%
Family Integrated Transitions	6.3%	1.9%	23.5%	_	4.6%
Family Psychoeducation	37.5%	14.3%	_	_	20.6%
Functional Family Therapy	15.6%	5.8%	35.3%	7.1%	11.0%
Gatekeeper Program	7.3%	_		_	2.5%
Illness Self-Management/Illness Management & Recovery	18.8%	1.9%	_	_	7.5%
Incredible Years	3.1%	_	_	7.1%	1.4%
Integrated Dual Disorders	30.2%	20.8%	_	_	21.7%
Interpersonal Therapy	12.5%	7.8%		_	8.5%
Medication Management	46.9%	20.1%	_	_	27.0%
Motivational Enhancement Therapy (MET)	12.5%	18.8%		_	14.6%
Motivational Interviewing	46.9%	64.3%	_	_	51.2%
Multi-Family Group Treatment (MFG)	7.3%	5.2%	_	_	5.3%
Multidimensional Family Therapy	6.3%	1.3%	<del></del>	_	2.8%
Multidimensional Treatment Foster Care	5.2%	0.6%	5.9%	21.4%	3.6%
Multisystematic Therapy	18.8%	5.8%	<del></del>	_	9.6%
Nurse-Family Partnership	_	0.6%	_	7.1%	0.7%
Parent-Child Interaction Therapy	15.6%	6.5%	_	71.4%	12.5%
Peer Support	34.4%	19.5%	_	_	22.4%
Promoting Alternative Thinking Strategies (PATH)	1.0%	2.6%	_	_	1.8%
Second Step	5.2%	3.2%	_	_	3.6%
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	6.3%	12.3%	_	_	8.9%
Strengthening Families Program (SFP)	10.4%	9.1%	_		8.5%
Supported Employment	27.1%	6.5%	_	_	12.8%
Supported Housing	17.7%	7.1%	_	_	10.0%
Therapeutic Foster Care	10.4%	1.3%	_	_	4.3%
Other (Specify:)	39.6%	26.6%	58.8%	_	31.7%
Other (Specify:)	17.7%	7.8%	_	_	10.3%
Not applicable, we do not provide any evidence- based practices (EBPs)	5.2%	6.5%	_	7.1%	5.7%

Q4b. Also indicate whether program fidelity is assessed or monitored for those practices you are currently providing.

	MHD		DA	SA	JRA		CA		Total	
	%	N	%	N	%	N	%	N	%	N
Aggression Replacement Training	58.3%	12	60.0%	15	0.0%	5	_	_	50.0%	32
Assertive Community Treatment (ACT/PACT)	76.5%	17	50.0%	6	-	_	_	_	69.6%	23
Behavioral Treatment for Substance Abuse in Schizophrenia	25.0%	4	16.7%	6	_	_	_	_	20.0%	10
Brief Strategic Family Therapy	23.8%	21	20.0%	15	_	_	_	_	22.2%	36
Cognitive Behavior Therapies (CBT)	28.6%	70	42.7%	82	0.0%	1	_	_	35.9%	153
Contingency Management (Co-occurring)	10.0%	10	46.2%	13	_	_	_	_	30.4%	23
Dare to be you	0.0%	1	_	_	_	_	_	_	0.0%	1
Dialectical Behavioral Therapy (DBT)	42.9%	42	40.4%	47	0.0%	10	_		37.4%	99
Eye Movement Desensitization & Reprocessing (EMDR)	28.6%	14	20.0%	5	_	_	_	-	26.3%	19
Family Integrated Transitions	50.0%	6	100.0%	3	100.0%	4	_	_	76.9%	13
Family Psychoeducation	22.2%	36	31.8%	22	_	_	_	_	25.9%	58
Functional Family Therapy	73.3%	15	44.4%	9	100.0%	6	100.0%	1	71.0%	31
Gatekeeper Program	28.6%	7	_		_	_	_		28.6%	7
Illness Self-Management/Illness Management & Recovery	50.0%	18	0.0%	3		_		_	42.9%	21
Incredible Years	0.0%	3	_		_	_	100.0%	1	25.0%	4
Integrated Dual Disorders	48.3%	29	53.1%	32	_	_	_	_	50.8%	61
Interpersonal Therapy	25.0%	12	33.3%	12	_	_	_	_	29.2%	24
Medication Management	33.3%	45	48.4%	31	_	_	_	_	39.5%	76
Motivational Enhancement Therapy (MET)	33.3%	12	62.1%	29	_	_	_	1	53.7%	41
Motivational Interviewing	26.7%	45	46.5%	99	_	_	_		40.3%	144
Multi-Family Group Treatment (MFG)	71.4%	7	37.5%	8	_	_	_	_	53.3%	15
Multidimensional Family Therapy	16.7%	6	50.0%	2	_	_	_	_	25.0%	8
Multidimensional Treatment Foster Care	80.0%	5	100.0%	1	100.0%	1	100.0%	3	90.0%	10
Multisystematic Therapy	72.2%	18	44.4%	9	_		_	_	63.0%	27
Nurse-Family Partnership	_	_	0.0%	1	_	_	100.0%	1	50.0%	2
Parent-Child Interaction Therapy	53.3%	15	60.0%	10	_		100.0%	10	68.6%	35
Peer Support	24.2%	33	56.7%	30	_	_	_		39.7%	63
Promoting Alternative Thinking Strategies (PATH)	100.0%	1	75.0%	4			_	1	80.0%	5
Second Step	40.0%	5	80.0%	5	_				60.0%	10
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	66.7%	6	15.8%	19	-	_	_	1	28.0%	25
Strengthening Families Program (SFP)	50.0%	10	71.4%	14	_		_	_	62.5%	24
Supported Employment	57.7%	26	40.0%	10	_	_	_	_	52.8%	36
Supported Housing	17.6%	17	36.4%	11	_			_	25.0%	28
Therapeutic Foster Care	30.0%	10	100.0%	2	_	_	_		41.7%	12
Other (Specify:)	71.1%	38	58.5%	41	60.0%	10	_	_	64.0%	89
Other (Specify:)	76.5%	17	41.7%	12	_	_		_	41.7%	29
Overall*	38.4%	578	45.6%	555	40.7%	27	100%	16	42.7%	1176

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies selected within each organization.

Q5. For the practices your agency currently provides, please indicate which mechanisms are used to provide training. Select all that apply.

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	50.0%	8.3%	33.3%	58.3%	25.0%	12
	DASA	66.7%		20.0%	40.0%	6.7%	15
Aggression Replacement Training	JRA	100%	_	40.0%	_	_	5
	CA	-			_		_
	TOTAL	65.6%	3.1%	28.1%	40.6%	12.5	32
	MHD	82.4%	41.2%	41.2%	41.2%	11.8%	17
A ation - O	DASA	50.0%	_	57.1%	42.9%	_	6
Assertive Community Treatment (ACT/PACT)	JRA	_		_		_	_
(1.61/1/161)	CA	_	_	_	_	_	_
	TOTAL	73.9%	30.4%	43.5%	39.1%	8.7%	23
	MHD	50.0%	50.0%	50.0%		50.0%	4
Dahariaal Tarataraat fan Orkataraa	DASA	83.3%		33.3%	33.3%	16.7%	6
Behavioral Treatment for Substance Abuse in Schizophrenia	JRA	_			_	_	_
	CA	_				_	_
	TOTAL	70.0%	20.0%	40.0%	20.0%	30.0	10
Brief Strategic Family Therapy	MHD	66.7%	23.8%	42.9%	14.3%	_	21
	DASA	73.3%	6.7%	20.0%	33.3%	13.3%	15
	JRA						_
	CA	-			_		_
	TOTAL	69.4%	16.7%	33.3%	22.2%	5.6%	36
	MHD	75.7%	20.0%	35.7%	27.1%	11.4%	70
	DASA	73.2%	23.2%	37.8%	35.4%	6.1%	82
Cognitive Behavior Therapies (CBT)	JRA	100%	_	_	_	_	1
	CA	_	_	_	_		_
	TOTAL	74.5%	21.6%	36.6%	31.4%	8.5%	153
	MHD	70.0%	20.0%	60.0%	30.0%	_	10
	DASA	76.9%	7.7%	46.2%	46.2%	23.1%	13
Contingency Management (co-occurring)	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	73.9%	13.0%	52.2%	39.1%	13%	23
	MHD	100.0%	100.0%	100.0%	_	_	1
	DASA	_	_	_	_	_	_
Dare to Be You	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	100.0%	100.0%	100.0%	_	_	1
	MHD	81.0%	26.2%	52.4%	50.0%	7.1%	42
	DASA	74.5%	34.0%	40.4%	57.4%	4.3%	47
Dialectical Behavioral Therapy (DBT)	JRA	100%	10.0%	80.0%	_	20.0%	10
	CA	_	_	_	_	_	_
	TOTAL	79.8%	28.3%	49.5%	48.5%	7.1%	99

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	57.1%	_	35.7%	78.6%	_	14
	DASA	60.0%	20.0%	40.0%	20.0%	20.0%	5
Eye Movement Desensitization & Reprocessing (EMDR)	JRA	_	_		_		_
Troprocessing (Embry)	CA		_		_	-	_
	TOTAL	57.9%	5.3%	36.8%	63.2%	5.3%	19
	MHD	50.0%	33.3%	_	16.7%	33.3%	6
	DASA	100%	_	66.7%	_	<b>—</b>	3
Family Integrated Transitions	JRA	100%	100%	100%	_	_	4
	CA		_		_	<b> </b>	_
	TOTAL	76.9%	46.2%	46.2%	7.7%	15.4%	13
	MHD	83.3%	8.3%	44.4%	27.8%	11.1%	36
	DASA	90.9%	13.6%	27.3%	18.2%	4.5%	22
Family Psychoeducation	JRA	_	_		_	_	_
	CA	_	_	_	_		_
	TOTAL	86.2%	10.3%	37.9%	24.1%	8.6%	58
Functional Family Therapy	MHD	53.3%	13.3%	46.7%	66.7%	6.7%	15
	DASA	77.8%	11.1%	11.1%	33.3%	11.1%	9
	JRA	100%	66.7%	100%	_	—	6
	CA	_	_	_	_	100%	1
	TOTAL	67.7%	22.6%	45.2%	41.9%	9.7%	31
	MHD	85.7%	14.3%	71.4%	28.6%	14.3%	7
	DASA	_	_	_	_	—	_
Gatekeeper program	JRA	_	_	_	_	_	_
	CA	_	_	_	_	—	_
	TOTAL	85.7%	14.3%	71.4%	28.6%	14.3%	7
	MHD	83.3%	16.7%	44.4%	22.2%	11.1%	18
	DASA	100%	33.3%	33.3%	66.7%	_	3
Illness Self-Management/Illness Management & Recovery	JRA	_	_	_	_	—	
Ivianagement a recovery	CA	_	_	_	_	—	_
	TOTAL	85.7%	19.0%	42.9%	28.6%	9.5%	21
	MHD	66.7%	33.3%	33.3%	100%	_	3
	DASA	_			_	_	_
Incredible Years	JRA	_	_	_	_	_	_
	CA	_	_	_	_	100%	1
	TOTAL	50.0%	25.0%	25.0%	75.0%	25.0%	4
	MHD	75.9%	10.3%	44.8%	44.8%	17.2%	29
	DASA	84.4%	15.6%	40.6%	37.5%	12.5%	32
Integrated Dual Disorders Treatment	JRA		_	_	_	_	_
	CA	_			_	—	_
	TOTAL	80.3%	13.1%	42.6%	41.0%	14.8%	61

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	75.0%	25.0%	41.7%	50.0%	8.3%	12
	DASA	83.3%	_	16.7%	41.7%	_	12
Interpersonal Therapy	JRA	_	_	_	_	_	
	CA	_	_	_	_	_	_
	TOTAL	79.2%	12.5%	29.2%	45.8%	4.2%	24
	MHD	64.4%	15.6%	40.0%	33.3%	11.1%	45
	DASA	48.4%	12.9%	32.3%	48.4%	12.9%	31
Medication Management	JRA	_	_	_	_	_	—
	CA	_	_	_	_	_	—
	TOTAL	57.9%	14.5%	6.8%	39.5%	11.8%	76
	MHD	58.3%	33.3%	50.0%	25.0%	33.3%	12
	DASA	82.8%	17.2%	34.5%	44.8%	6.9%	29
Motivational Enhancement Therapy (MET)	JRA	_	_		_	_	_
	CA	_	_	_	_	_	—
	TOTAL	75.6%	22.0%	39.0%	39.0%	14.6%	41
	MHD	71.1%	13.3%	37.8%	35.6%	20.0%	45
	DASA	78.8%	33.3%	29.3%	29.3%	10.1%	99
Motivational Interviewing	JRA	_	_		_	_	_
	CA	_	_	_	_	_	_
	TOTAL	76.4%	27.1%	31.9%	31.3%	13.2%	144
	MHD	57.1%	28.6%	28.6%	14.3%	14.3%	7
	DASA	87.5%	12.5%	12.5%	12.5%	37.5%	8
Multi-Family Group Treatment (MFG)	JRA	_	_		_	_	_
	CA	_	_	_	_	_	_
	TOTAL	73.3%	20.0%	20.0%	13.3%	26.7%	15
	MHD	83.3%	16.7%	33.3%	33.3%	_	6
	DASA	100%	_	_	_	_	2
Multidimensional Family Therapy	JRA	_	_	_	_	_	—
	CA	_	_	_	_	_	—
	TOTAL	87.5%	12.5%	25.0%	25.0%	_	8
	MHD	60.0%	_	60.0%	60.0%	_	5
	DASA	100%	_	100%	100%	_	1
Multidimensional Treatment Foster Care	JRA	100%	_	_	100%	_	1
	CA	_	_	_	_	100%	3
	TOTAL	50.0%	_	40.0%	50.0%	30.0%	10
	MHD	66.7%	44.4%	27.8%	33.3%	16.7%	18
	DASA	66.7%	11.1%	11.1%	55.6%	_	9
Multisystemic Therapy	JRA	_	_	_	_		
	CA	_	_	_	_	_	_
	TOTAL	66.7%	33.3%	22.2%	40.7%	11.1%	27

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	_	_	_	_	_	_
	DASA	100%	_	_	_	_	1
Nurse-Family Partnership	JRA	_	_	_	_		—
	CA	_	_	_	_	100%	1
	TOTAL	50.0%	_	_	_	50.0%	2
	MHD	53.3%	13.3%	33.3%	46.7%	13.3%	15
	DASA	90.0%	20.0%	30.0%	30.0%	10.0%	10
Parent-Child Interaction Therapy	JRA	_	_	_	_	_	_
	CA	_	_	_	_	100%	10
	TOTAL	48.6%	11.4%	22.9%	28.6%	37.1%	35
	MHD	69.7%	15.2%	42.4%	39.4%	21.2%	33
	DASA	86.7%	13.3%	33.3%	36.7%	3.3%	30
Peer Support	JRA	_		_	_		_
	CA	_	1	—	_		
	TOTAL	77.8%	14.3%	38.1%	38.1%	12.7%	63
	MHD	100.0%	_	100.0%	100.0%	_	1
	DASA	100%	25.0%	75.0%	50.0%	25.0%	4
Promoting Alternative Thinking Strategies (PATH)	JRA	_		_	_		_
(LATT)	CA	_	_	_	_	_	_
	TOTAL	100%	20.0%	80.0%	60.0%	20.0%	5
	MHD	100.0%	20.0%	40.0%	20.0%		5
	DASA	100%	20.0%	_	20.0%	20.0%	5
Second Step	JRA	_	<del></del>			_	_
•	CA	_	_	_	_	_	_
	TOTAL	100%	20.0%	20.0%	20.0%	10.0%	10
	MHD	66.7%	_	16.7%	16.7%	50.0%	6
	DASA	78.9%	31.6%	47.4%	42.1%		19
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	JRA	-				_	
Traditia/T TOD & Oubstance Abuse	CA	_	_	_	_	_	_
	TOTAL	76.0%	24.0%	40.0%	36.0%	12.0%	25
	MHD	80.0%	10.0%	60.0%	30.0%	10.0%	10
	DASA	85.7%	7.1%	50.0%	21.4%		14
Strengthening Families Program (SFP)	JRA	_	_	_	_	_	
	CA	_	_	_	_		_
	TOTAL	83.3%	8.3%	54.2%	25.0%	4.2%	24
	MHD	84.6%	7.7%	23.1%	38.5%	15.4%	26
	DASA	60.0%	20.0%	30.0%	40.0%	20.0%	10
Supported Employment	JRA	_	_	_	_		
	CA	_	_	_	_	_	_
	TOTAL	77.8%	11.1%	25.0%	38.9%	16.7%	36

		Internal Staff	Collaboration With Universities	Provider- to- Provider Training	Outside Accreditation	Other	Total N
	MHD	100.0%	5.9%	35.3%	11.8%	_	17
	DASA	81.8%	9.1%	36.4%	27.3%	9.1%	11
Supported Housing	JRA	_	_	—	_		—
	CA	_	_	_	_	_	_
	TOTAL	92.9%	7.1%	35.7%	17.9%	3.6%	28
	MHD	90.0%	_	50.0%	10.0%	_	10
	DASA	100%	_	50.0%	50.0%		2
Therapeutic Foster Care	JRA		_	_	_		_
	CA	_	_	<b>—</b>	_	_	_
	TOTAL	91.7%	_	50.0%	16.7%	_	12
	MHD	57.9%	18.4%	28.9%	52.6%	13.2%	38
	DASA	56.1%	7.3%	19.5%	58.5%	9.8%	41
Other (Specify:)	JRA	90.0%	60.0%	80.0%	10.0%	10.0%	10
	CA	_	_	<b>—</b>	_	_	_
	TOTAL	60.7%	18.0%	30.3%	50.6%	11.2%	89
	MHD	70.6%	29.4%	29.4%	41.2%	11.8%	17
	DASA	75.0%	8.3%	41.7%	58.3%	8.3%	12
Other (Specify:)	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	72.4%	20.7%	34.5%	48.3%	10.3%	29
	MHD	73.2%	17.5%	40.7%	35.5%	12.6%	578
	DASA	77.3%	19.8%	33.5%	36.8%	8.5%	555
OVERALL*	JRA	100%	33.3%	74.1%	3.7%	7.4%	27
	CA	_	_	_	_	100%	16
	TOTAL	74.7%	18.7%	37.5%	34.9%	11.7%	1176

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of selected within each organization.

Q6. For the practices your agency currently provides, please indicate which target populations you are providing the EBP for.

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	50.0%	91.7%	25.0%	_	8.3%		12
Aggregation Double consent	DASA	6.7%	100.0%	6.7%	_	13.3%	_	15
Aggression Replacement Training	JRA	_	100.0%	60.0%	_	—	20.0%	5
	CA	_	_	_	_	_	_	_
	TOTAL	21.9%	96.9%	21.9%	_	9.4%	3.1%	32
	MHD	5.9%	5.9%	94.1%	17.6%	70.6%	5.9%	17
Assertive Community Treatment	DASA	16.7%	33.3%	100.0%	33.3%	66.7%	_	6
(ACT/PACT)	JRA	_		_	_	_	_	_
	CA	_		_	_	_	_	_
	TOTAL	8.7%	13.0%	95.7%	21.7%	69.6%	4.3%	23
	MHD	25.0%	25.0%	50.0%	25.0%	75.0%	25.0%	4
Behavioral Treatment for	DASA	_	_	83.3%	16.7%	83.3%	_	6
Substance Abuse in Schizophrenia	JRA		_		_	_	_	_
Comzopinema	CA	_		_	_	_	_	_
	TOTAL	10.0%	10.0%	70.0%	20.0%	80.0%	10.0%	10
	MHD	71.4%	66.7%	38.1%	4.8%	9.5%	9.5%	21
	DASA	20.0%	60.0%	60.0%	20.0%	46.7%	6.7%	15
Brief Strategic Family Therapy	JRA	_		_	_	_	_	_
	CA	_	_	—	_	_	_	
	TOTAL	50.0%	63.9%	47.2%	11.1%	25.0%	8.3%	36
	MHD	58.6%	72.9%	75.7%	48.6%	42.9%	2.9%	70
0 5	DASA	9.8%	52.4%	75.6%	28.0%	53.7%	4.9%	82
Cognitive Behavior Therapies (CBT)	JRA	_	100.0%	_	_	_	_	1
(62.)	CA	_		_	_	_	_	_
	TOTAL	32.0%	62.1%	75.2%	37.3%	48.4%	3.9%	153
	MHD	20.0%	30.0%	70.0%	20.0%	60.0%	_	10
Continue None and (Co	DASA	_	38.5%	76.9%	23.1%	76.9%	_	13
Contingency Management (Co-occurring)	JRA		_		_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	8.7%	34.8%	73.9%	21.7%	69.6%	_	23
	MHD	100.0%		_	_	_	_	1
	DASA	_	_	_	_	_	_	_
Dare to be you	JRA		_		_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	100.0%	_	_	_	_	_	1
	MHD	14.3%	50.0%	76.2%	21.4%	38.1%	4.8%	42
Dialoguical Date suitant LT	DASA	_	46.8%	68.1%	8.5%	48.9%	8.5%	47
Dialectical Behavioral Therapy (DBT)	JRA	40.0%	100.0%	80.0%	_	60.0%	10.0%	10
()	CA	_	_		_	_	_	_
	TOTAL	10.1%	53.5%	72.7%	13.1%	45.5%	7.1%	99

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	42.9%	57.1%	85.7%	28.6%	14.3%	_	14
	DASA	20.0%	40.0%	100.0%	20.0%	20.0%	_	5
Eye Movement Desensitization & Reprocessing (EMDR)	JRA	_	_	_	_	_	_	_
3( )	CA	_	_	_	_	_	_	_
	TOTAL	36.8%	52.6%	89.5%	26.3%	15.8%	_	19
	MHD	33.3%	83.3%	66.7%	_	16.7%	16.7%	6
	DASA	_	100.0%	33.3%	33.3%	66.7%	_	3
Family Integrated Transitions	JRA	_	100.0%		_	100.0%		4
	CA	_		_	_		_	_
	TOTAL	15.4%	92.3%	38.5%	7.7%	53.8%	7.7%	13
	MHD	69.4%	77.8%	77.8%	33.3%	41.7%	2.8%	36
	DASA	27.3%	72.7%	68.2%	27.3%	45.5%	9.1%	22
Family Psychoeducation	JRA	_	_	—		_	—	_
	CA	_	_	<u> </u>	_	_	_	
	TOTAL	53.4%	75.9%	74.1%	31.0%	43.1%	5.2%	58
	MHD	46.7%	93.3%	40.0%	6.7%	6.7%	6.7%	15
	DASA	33.3%	88.9%	33.3%	11.1%	11.1%	_	9
Functional Family Therapy	JRA	83.3%	100.0%	100.0%	_	100.0%	—	6
	CA	_	100.0%	100.0%	_	_	_	1
	TOTAL	48.4%	93.5%	51.6%	6.5%	25.8%	3.2%	31
	MHD	—	_	—	100.0%	_	—	7
	DASA	_	_	_	_	_	_	_
Gatekeeper Program	JRA	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	_	_	_	100.0%	_	—	7
	MHD	11.1%	22.2%	94.4%	44.4%	50.0%	5.6%	18
Illness Self-Management/Illness	DASA	_	_	66.7%	_	66.7%	_	3
Management & Recovery	JRA	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	9.5%	19.0%	90.5%	38.1%	52.4%	4.8%	21
	MHD	66.7%	_	33.3%	_	_	33.3%	3
	DASA	_	_	_		_	_	_
Incredible Years	JRA	_	_	_	_	_	_	_
	CA	100.0%	_	100.0%	_	_	_	1
	TOTAL	75.0%	_	50.0%	_	_	25.0%	4
	MHD	3.4%	13.8%	65.5%	20.7%	75.9%	6.9%	29
	DASA	_	37.5%	59.4%	15.6%	87.5%	_	32
Integrated Dual Disorders	JRA	_	_	_	_	_	_	_
	CA	_	_	—	_	_	_	_
	TOTAL	1.6%	26.2%	62.3%	18.0%	82.0%	3.3%	61

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	58.3%	58.3%	75.0%	58.3%	41.7%	8.3%	12
	DASA	16.7%	58.3%	75.0%	25.0%	66.7%	_	12
Interpersonal Therapy	JRA	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_
	TOTAL	37.5%	58.3%	75.0%	41.7%	54.2%	4.2%	24
	MHD	57.8%	68.9%	77.8%	62.2%	51.1%	_	45
	DASA	12.9%	45.2%	87.1%	51.6%	83.9%	_	31
Medication Management	JRA	_	_	_	_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	39.5%	59.2%	81.6%	57.9%	64.5%	_	76
	MHD	8.3%	33.3%	100.0%	41.7%	66.7%	_	12
	DASA	3.4%	58.6%	58.6%	34.5%	51.7%	_	29
Motivational Enhancement Therapy (MET)	JRA	_	_	_	_	_	_	_
merapy (mer)	CA	_	_	_	_	_	_	_
	TOTAL	4.9%	51.2%	70.7%	36.6%	56.1%	_	41
	MHD	28.9%	55.6%	84.4%	28.9%	60.0%	2.2%	45
	DASA	5.1%	51.5%	83.8%	32.3%	54.5%	4.0%	99
Motivational Interviewing	JRA	_	_	_	_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	12.5%	52.8%	84.0%	31.3%	56.3%	3.5%	144
	MHD	28.6%	28.6%	85.7%	_	14.3%	28.6%	7
Marki Faratha Orana Tarataran	DASA	12.5%	75.0%	62.5%	25.0%	37.5%	12.5%	8
Multi-Family Group Treatment (MFG)	JRA	_	_	_	_	_	_	
()	CA	_	_	_	_	_	_	_
	TOTAL	20.0%	53.3%	73.3%	13.3%	26.7%	20.0%	15
	MHD	33.3%	100.0%	83.3%	_	16.7%	_	6
Multidian anninun I Familu	DASA	50.0%	50.0%	50.0%	_	100.0%	_	2
Multidimensional Family Therapy	JRA	_	_	—	_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	37.5%	87.5%	75.0%	_	37.5%	_	8
	MHD	60.0%	80.0%	_	_		_	5
Multidim annianal Tractment	DASA	_	100.0%	_	_	_	_	1
Multidimensional Treatment Foster Care	JRA		100.0%	_	_	100.0%	_	1
	CA	100.0%	33.3%	_	_	_	_	3
	TOTAL	60.0%	70.0%	—	_	10.0%	_	10
	MHD	61.1%	94.4%	50.0%	11.1%	22.2%	5.6%	18
	DASA	33.3%	88.9%	33.3%	_	55.6%	_	9
Multisystematic Therapy	JRA	—		—	—		—	
	CA	_	_	_	_	_	_	_
	TOTAL	51.9%	92.6%	44.4%	7.4%	33.3%	3.7%	27

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	_	_	_	_	_	_	_
	DASA	_	_	100.0%	100.0%	_	_	1
Nurse-Family Partnership	JRA		_		_	_	_	
	CA	100.0%	_	100.0%		_	_	1
	TOTAL	50.0%	_	100.0%	50.0%	_	_	2
	MHD	86.7%	20.0%	66.7%	6.7%	_	13.3%	15
Davage Child Interpolice	DASA	70.0%	30.0%	60.0%	_	30.0%	10.0%	10
Parent-Child Interaction Therapy	JRA	_	_	_	—	_	_	—
17	CA	90.0%	_	100.0%	_	_	_	10
	TOTAL	82.9%	17.1%	74.3%	2.9%	8.6%	8.6%	35
	MHD	12.1%	15.2%	87.9%	30.3%	36.4%	3.0%	33
	DASA	3.3%	50.0%	76.7%	26.7%	33.3%	3.3%	30
Peer Support	JRA		_		_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	7.9%	31.7%	82.5%	28.6%	34.9%	3.2%	63
	MHD	_	_	100.0%	100.0%	100.0%	_	1
Promoting Alternative Thinking	DASA	_	25.0%	100.0%	75.0%	75.0%		4
Strategies (PATH)	JRA		_		_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	_	20.0%	100.0%	80.0%	80.0%	_	5
	MHD	100.0%	20.0%		_	_	_	5
	DASA	40.0%	100.0%	_	_	_	_	5
Second Step	JRA		_		_	_	_	
	CA	_	_	_	_	_	_	_
	TOTAL	70.0%	60.0%		—	_	_	10
	MHD	_	_	100.0%	16.7%	83.3%	_	6
Seeking Safety: A Psychotherapy for	DASA	_	21.1%	73.7%	15.8%	63.2%	15.8%	19
Trauma/PTSD & Substance	JRA	_	_	_	_	_	_	_
Abuse	CA	_	_	_		_	_	
	TOTAL	_	16.0%	80.0%	16.0%	68.0%	12.0%	25
	MHD	70.0%	70.0%	80.0%	10.0%	10.0%	_	10
0	DASA	42.9%	71.4%	64.3%		14.3%		14
Strengthening Families Program (SFP)	JRA	_	_	_	_	_	_	_
· · · · · · · · · · · · · · · · · · ·	CA	_	_	_		_	_	
	TOTAL	54.2%	70.8%	70.8%	4.2%	12.5%	_	24
	MHD	_	11.5%	100.0%	23.1%	76.9%	3.8%	26
	DASA	_	_	90.0%	20.0%	60.0%	_	10
Supported Employment	JRA	_	_	_	_	_	_	
	CA		_	_				
	TOTAL	_	8.3%	97.2%	22.2%	72.2%	2.8%	36

		Children	Adolescents	Adults	Elderly	Co-Occurring Disorders	Other	Total N
	MHD	11.8%	23.5%	100.0%	47.1%	64.7%		17
	DASA	_	9.1%	81.8%	27.3%	72.7%	_	11
Supported Housing	JRA	_	_	_	_	_	_	
	CA	_	_	_	_	_	_	
	TOTAL	7.1%	17.9%	92.9%	39.3%	67.9%		28
	MHD	100.0%	80.0%	10.0%	_			10
	DASA	_	100.0%	1	_			2
Therapeutic Foster Care	JRA	_	_		_			
	CA	_	_	1	_			
	TOTAL	83.3%	83.3%	8.3%	_			12
	MHD	63.2%	60.5%	55.3%	23.7%	28.9%	5.3%	38
	DASA	9.8%	43.9%	70.7%	31.7%	46.3%	2.4%	41
Other (Specify:)	JRA	80.0%	100.0%	90.0%	_	90.0%	10.0%	10
	CA	_	_	1	_			
	TOTAL	40.4%	57.3%	66.3%	24.7%	43.8%	4.5%	89
	MHD	58.8%	47.1%	64.7%	17.6%	41.2%	5.9%	17
	DASA	_	75.0%	33.3%	25.0%	50.0%		12
Other (Specify:)	JRA	_	_		_			
	CA	_	_	_	_	_	_	_
	TOTAL	34.5%	58.6%	51.7%	20.7%	44.8%	3.4%	29
	MHD	38.8%	50.5%	72.7%	29.6%	41.3%	4.2%	578
	DASA	10.1%	51.0%	70.3%	24.0%	53.3%	3.8%	555
OVERALL*	JRA	33.3%	100%	63.0%	_	63.0%	7.4%	27
	CA	87.5%	12.5%	81.3%	_	_	_	16
*Note: Overall totals include the	TOTAL	25.8%	51.4%	71.4%	25.9%	46.9%	4.0%	1176

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

Q7. For the practices your agency currently provides, please indicate how successful your agency has been in implementing the EBPs listed below.

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	8.3%	50.0%	33.3%	8.3%	12
	DASA	_	6.7%	66.7%	20.0%	6.7%	15
Aggression Replacement Training	JRA	_	_	80.0%	20.0%		5
	CA	_	_	_	_	_	_
	TOTAL	_	6.3%	62.5%	25.0%	6.3%	32
	MHD	_	5.9%	29.4%	52.9%	11.8%	17
	DASA	_	_	33.3%	66.7%	_	6
Assertive Community Treatment (ACT/PACT)	JRA		_	_	_		_
(AOM AOT)	CA	_	_	_	_	_	_
	TOTAL		4.3%	30.4%	56.5%	8.7%	23
	MHD	_	_	75.0%	25.0%	_	4
	DASA	_	16.7%	_	83.3%	_	6
Behavioral Treatment for Substance Abuse in Schizophrenia	JRA		_	_	_		_
Abuse in ochizophrenia	CA	_	_	_	_	_	_
	TOTAL		10.0%	30.0%	60.0%		10
	MHD	4.8%	14.3%	38.1%	42.9%		21
	DASA	6.7%	13.3%	46.7%	33.3%	_	15
Brief Strategic Family Therapy	JRA	_	_	_	_		_
	CA	_	_	_	_	_	_
	TOTAL	5.6%	13.9%	41.7%	38.9%	_	36
	MHD	1.4%	2.9%	31.4%	54.3%	10.0%	70
	DASA	1.2%	3.7%	36.6%	48.8%	9.8%	82
Cognitive Behavior Therapies (CBT)	JRA	_	_	100.0%	_		1
	CA	_	_	_	_	_	
	TOTAL	1.3%	3.3%	34.6%	51.0%	9.8%	153
	MHD	10.0%	10.0%	40.0%	30.0%	10.0%	10
	DASA	_	7.7%	30.8%	61.5%	_	13
Contingency Management (Co-occurring)	JRA	_	_	_	_		_
	CA	_	_	_	_	_	_
	TOTAL	4.3%	8.7%	34.8%	47.8%	4.3%	23
	MHD		_	100.0%	_	_	1
	DASA	_	_	_	_	_	_
Dare to be you	JRA	_	_	_	_	_	
	CA	_	_	_	_	_	
	TOTAL	_	_	100.0%	_	_	1
	MHD	_	7.1%	38.1%	38.1%	16.7%	42
	DASA	_	12.8%	36.2%	36.2%	14.9%	47
Dialectical Behavioral Therapy (DBT)	JRA	_	_	90.0%	10.0%	_	10
	CA	_	_	_	_	_	_
	TOTAL	_	9.1%	42.4%	34.3%	14.1%	99

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	21.4%	57.1%	7.1%	14.3%	14
	DASA	_	20.0%	60.0%	20.0%	_	5
Eye Movement Desensitization & Reprocessing (EMDR)	JRA	_		_	_	_	_
reprocessing (EMBIT)	CA	_	_	_	_	_	_
	TOTAL	_	21.1%	57.9%	10.5%	10.5%	19
	MHD	_	_	_	50.0%	50.0%	6
	DASA	_		_	66.7%	33.3%	3
Family Integrated Transitions	JRA		25.0%		25.0%	50.0%	4
	CA	_	_	_	_	_	
	TOTAL	_	7.7%	_	46.2%	46.2%	13
	MHD	_	11.1%	19.4%	47.2%	22.2%	36
	DASA	_	9.1%	31.8%	54.5%	4.5%	22
Family Psychoeducation	JRA	_	_	_	_	_	—
	CA	_		_	_	_	_
	TOTAL		10.3%	24.1%	50.0%	15.5%	58
	MHD	6.7%	6.7%	46.7%	20.0%	20.0%	15
	DASA	_	33.3%	44.4%	22.2%	_	1
Functional Family Therapy	JRA	_	_	16.7%	83.3%	_	6
	CA	_	_	100.0%	_	_	9
	TOTAL	3.2%	12.9%	41.9%	32.3%	9.7%	31
	MHD	_		42.9%	14.3%	42.9%	7
	DASA	_		_	_	_	_
Gatekeeper Program	JRA	_	_	_			_
	CA	_	_	_	_	_	_
	TOTAL		_	42.9%	14.3%	42.9%	7
	MHD	5.6%	5.6%	22.2%	66.7%		18
Illiana Calf Maragamant/Illiana	DASA	_		66.7%	33.3%	_	3
Illness Self-Management/Illness Management & Recovery	JRA	_		_	_		_
	CA	_		_	_	_	_
	TOTAL	4.8%	4.8%	28.6%	61.9%		21
	MHD	_		66.7%	33.3%		3
	DASA	_	_	_	_	_	_
Incredible Years	JRA	_		_	_		_
	CA	_		_	100.0%	_	1
	TOTAL		_	50.0%	50.0%		4
	MHD	_	10.3%	27.6%	44.8%	17.2%	29
	DASA	_	6.3%	34.4%	46.9%	12.5%	32
Integrated Dual Disorders	JRA	_		_	_		_
	CA	_	_	_	_	_	_
	TOTAL	_	8.2%	31.1%	45.9%	14.8%	61
	MHD	8.3%		8.3%	50.0%	33.3%	12
	DASA	_	16.7%	41.7%	25.0%	16.7%	12
Interpersonal Therapy	JRA	_	_			_	_
	CA	_		_		_	_
	TOTAL	4.2%	8.3%	25.0%	37.5%	25.0%	24

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	_	11.1%	55.6%	33.3%	45
	DASA	_	3.2%	38.7%	32.3%	25.8%	31
Medication Management	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	1.3%	22.4%	46.1%	30.3%	76
	MHD	8.3%	_	25.0%	58.3%	8.3%	12
	DASA	_	3.4%	24.1%	58.6%	13.8%	29
Motivational Enhancement Therapy (MET)	JRA	_	_	_	_	_	_
	CA	_	_	_	_		_
	TOTAL	2.4%	2.4%	24.4%	58.5%	12.2%	41
	MHD	_	4.4%	35.6%	48.9%	11.1%	45
	DASA	1.0%	3.0%	28.3%	52.5%	15.2%	99
Motivational Interviewing	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	0.7%	3.5%	30.6%	51.4%	13.9%	144
	MHD	14.3%	28.6%	14.3%	28.6%	14.3%	7
	DASA	12.5%	25.0%	37.5%	25.0%	_	8
Multi-Family Group Treatment (MFG)	JRA		_	_	_		_
	CA	_	_	_	_	_	_
	TOTAL	13.3%	26.7%	26.7%	26.7%	6.7%	15
	MHD	16.7%	33.3%	16.7%	33.3%	_	6
	DASA	_	_	_	100.0%	_	2
Multidimensional Family Therapy	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	12.5%	25.0%	12.5%	50.0%	_	8
	MHD	_	_	20.0%	60.0%	20.0%	5
	DASA	_	_	100%	_	_	1
Multidimensional Treatment Foster Care	JRA	_	_	_	100.0%	_	1
	CA	_	66.7%	_	33.3%	_	3
	TOTAL	_	20.0%	20.0%	50.0%	10.0%	10
	MHD	_	_	38.9%	33.3%	27.8%	18
	DASA	_	22.2%	11.1%	55.6%	11.1%	9
Multisystematic Therapy	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	7.4%	29.6%	40.7%	22.2%	27
	MHD	_		_	_	_	
	DASA	_	_	100.0%	_	_	1
Nurse-Family Partnership	JRA			_			
·	CA	_	_	_	100.0%	_	1
	TOTAL	_	_	50.0%	50.0%	_	2
	MHD	_		40.0%	46.7%	13.3%	15
	DASA	_	10.0%	30.0%	40.0%	20.0%	10
Parent-Child Interaction Therapy	JRA	_					_
	CA	_	_	30.0%	40.0%	30.0%	10
	TOTAL	_	2.9%	34.3%	42.9%	20.0%	35

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	15.2%	33.3%	45.5%	6.1%	33
	DASA	_	3.3%	23.3%	50.0%	23.3%	30
Peer Support	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	9.5%	28.6%	47.6%	14.3%	63
	MHD	_	_	_	100.0%	_	1
Describes Alternative Thinking Otestania	DASA	_	_	50.0%	50.0%	_	4
Promoting Alternative Thinking Strategies (PATH)	JRA	_	_	_	_	_	_
(,,,,,	CA	_	_	_	_		_
	TOTAL	_	_	40.0%	60.0%	_	5
	MHD	_	20.0%	20.0%	60.0%	_	5
	DASA	_	20.0%	40.0%	20.0%	20.0%	5
Second Step	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	20.0%	30.0%	40.0%	10.0%	10
	MHD	_	16.7%	50.0%	33.3%	_	6
	DASA	_	5.3%	52.6%	26.3%	15.8%	19
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	JRA	_	_	_	_		_
Traditia/1 10D & Substance Abuse	CA	_	_	_	_	_	_
	TOTAL	_	8.0%	52.0%	28.0%	12.0%	25
	MHD	_	10.0%	30.0%	40.0%	20.0%	10
	DASA	_	7.1%	7.1%	64.3%	21.4%	14
Strengthening Families Program (SFP)	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	8.3%	16.7%	54.2%	20.8%	24
	MHD	_	7.7%	23.1%	50.0%	19.2%	26
	DASA	_	10.0%	50.0%	20.0%	20.0%	10
Supported Employment	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	8.3%	30.6%	41.7%	19.4%	36
	MHD	_	_	17.6%	52.9%	29.4%	17
	DASA	_	9.1%	36.4%	9.1%	45.5%	11
Supported Housing	JRA	_	_	_	_	_	_
	CA	_	_	_	_	_	_
	TOTAL	_	3.6%	25.0%	35.7%	35.7%	28
	MHD	_	_	10.0%	40.0%	50.0%	10
	DASA	_	_	50.0%	50.0%	_	2
Therapeutic Foster Care	JRA	_					_
	CA	_	_	_	_	_	_
	TOTAL	_	_	16.7%	41.7%	41.7%	12
	MHD	_	_	21.1%	57.9%	21.1%	38
	DASA	_	7.3%	14.6%	46.3%	31.7%	41
Other (Specify:)	JRA	_	_	30.0%	70.0%		10
	CA	_	_		—	_	_
	TOTAL	_	3.4%	19.1%	53.9%	23.6%	89

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_		29.4%	41.2%	29.4%	17
Other (Specify:)	DASA		16.7%	16.7%	41.7%	25.0%	12
	JRA	_		_	_	_	_
	CA	_	1	_	_	_	
	TOTAL	_	6.9%	24.1%	41.4%	27.6%	29
	MHD	1.6%	6.7%	29.9%	45.3%	16.4%	578
	DASA	0.7%	7.2%	34.2%	44.3%	13.5%	555
OVERALL*	JRA		3.7%	55.6%	33.3%	7.4%	27
	CA	_	12.5%	25.0%	43.8%	18.8%	16
	TOTAL	1.1%	7.0%	32.5%	44.6%	14.9%	1176

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

# Q8. For the practices your agency currently provides, how effective do you think the EBP is at producing positive client outcomes?

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	_	58.3%	33.3%	8.3%	12
	DASA	6.7%	13.3%	53.3%	26.7%	_	15
Aggression Replacement Training	JRA	—	20.0%	60.0%	20.0%		5
	CA	—		_	—	—	_
	TOTAL	3.1%	9.4%	56.3%	28.1%	3.1%	32
	MHD	_	_	23.5%	64.7%	11.8%	17
Assertive Community Treatment	DASA	_	16.7%	50.0%	33.3%	_	6
(ACT/PACT)	JRA	—		_		_	
(1.0.1)	CA	—		_	—	—	_
	TOTAL	—	4.3%	30.4%	56.5%	8.7%	23
	MHD		_	50.0%	50.0%	_	4
Behavioral Treatment for Substance	DASA	_	33.3%	16.7%	50.0%	_	6
Abuse in Schizophrenia	JRA		_	_	_	_	_
7 ibudo in Comzopinionia	CA	—	_	_		_	_
	TOTAL	—	20.0%	30.0%	50.0%	—	10
	MHD	_	14.3%	19.0%	61.9%	4.8%	21
	DASA	6.7%		66.7%	26.7%		15
Brief Strategic Family Therapy	JRA		_	_	_	_	_
	CA	—	_	_		_	_
	TOTAL	2.8%	8.3%	38.9%	47.2%	2.8%	36
	MHD	1.4%	_	27.1%	57.1%	14.3%	70
	DASA	1.2%	1.2%	43.9%	47.6%	6.1%	82
Cognitive Behavior Therapies (CBT)	JRA	_	_	_	100.0%	_	1
	CA	_	_	_	_	_	_
	TOTAL	1.3%	0.7%	35.9%	52.3%	9.8%	153
	MHD	_	20.0%	40.0%	20.0%	20.0%	10
Contingency Management	DASA	_	_	61.5%	38.5%	_	13
(Co-occurring)	JRA	_	_	_	_	_	_
(Se securing)	CA	_	_	_	_	_	1
	TOTAL	_	8.7%	52.2%	30.4%	8.7%	23
	MHD	_	_	100.0%	_	_	1
	DASA	_	_	_	_	_	1
Dare to be you	JRA		_	_	_	_	l
	CA	_	_	_	_	_	
	TOTAL		_	100.0%	_	_	1
	MHD	_	2.4%	28.6%	42.9%	26.2%	42
	DASA	_	8.5%	29.8%	44.7%	17.0%	47
Dialectical Behavioral Therapy (DBT)	JRA		_	80.0%	20.0%	_	10
	CA	_				_	
	TOTAL		5.1%	34.3%	41.4%	19.2%	99
	MHD	_	14.3%	57.1%	7.1%	21.4%	14
Eve Movement Decembination 9	DASA	_	_	80.0%	20.0%	_	5
Eye Movement Desensitization & Reprocessing (EMDR)	JRA	_	_	_		_	
Reprocessing (LIVIDIN)	CA	_	_		_	_	_
	TOTAL		10.5%	63.2%	10.5%	15.8%	19

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	_	16.7%	50.0%	33.3%	6
	DASA	_	_	_	66.7%	33.3%	3
Family Integrated Transitions	JRA	_	_	25.0%	75.0%	_	4
	CA	_	_	_		_	
	TOTAL	_	—	15.4%	61.5%	23.1%	13
	MHD		8.3%	38.9%	36.1%	16.7%	36
	DASA	_	4.5%	59.1%	36.4%	_	22
Family Psychoeducation	JRA			_		_	_
	CA	_		— 46.60/	26.207	10.20/	<b></b>
	TOTAL	<u> </u>	6.9%	46.6%	36.2%	10.3%	58
	MHD		6.7%	20.0%	60.0%	13.3%	15
Francisco el Ferrillo Theorem	DASA	11.1%	11.1%	55.6%	22.2%	_	9
Functional Family Therapy	JRA	_	_	33.3%	66.7%	_	6
	CA	2.20/		22.20/	100.0%	<i>( 50/</i>	1
	TOTAL	3.2%	6.5%	32.3%	51.6%	6.5%	31
	MHD	_	_	42.9%	14.3%	42.9%	7
Catalya an ay Dya ayana	DASA	_	_	_		_	_
Gatekeeper Program	JRA	_	_	_		_	_
	CA	_	_	42.00/	1120/	42.00/	
	TOTAL			42.9%	14.3%	42.9%	7
	MHD	5.6%	5.6%	22.2%	50.0%	16.7%	18
Illness Self-Management/Illness Management & Recovery	DASA	_	_	66.7%	33.3%		3
	JRA	_	_	_	_	_	
	CA	4.99/	4.99/	29.69/	47.60/	14.20/	21
	TOTAL	4.8%	4.8%	28.6%	47.6%	14.3%	21
	MHD	_		33.3%	66.7%		3
Incredible Years	DASA JRA	_		_		_	_
incredible rears	CA	_	<u>—</u>	_	100.00/		1
	TOTAL			25.0%	100.0% <b>75.0%</b>		1 4
		<u> </u>	2.40/	<u> </u>		17.20/	-
	MHD	2 10/	3.4%	27.6%	51.7%	17.2%	29
Integrated Dual Disorders	DASA JRA	3.1%		28.1%	59.4%	9.4%	32
integrated Duar Disorders	CA			_			_
	TOTAL	1.6%	1.6%	27.9%	55.7%	13.1%	61
	MHD	8.3%	1.0 /0	25.0%	41.7%	25.0%	12
	DASA	8.3%	8.3%	50.0%	25.0%	8.3%	12
Interpersonal Therapy	JRA		0.570	30.070		6.570	12
merpersonal merapy	CA					_	
	TOTAL	8.3%	4.2%	37.5%	33.3%	16.7%	24
	MHD	0.5 /0	- <b>1.</b> 2/0	13.3%	55.6%	31.1%	45
	DASA	_	6.5%	35.5%	41.9%	16.1%	31
Medication Management	JRA		0.5/0	33.370	71.7/0	10.170	<i>J</i> 1
	CA						
	TOTAL	_	2.6%	22.4%	50.0%	25.0%	76
	MHD		8.3%	25.0%	50.0%	16.7%	12
	DASA	3.4%	0.570	17.2%	55.2%	24.1%	29
Motivational Enhancement Therapy	JRA	J.470 —		17.2/0	JJ.2/0	27.170	
(MET)	CA						
	TOTAL	2.4%	2.4%	19.5%	53.7%	22.0%	41

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	2.2%	4.4%	26.7%	57.8%	8.9%	45
	DASA	3.0%	1.0%	34.3%	42.4%	19.2%	99
Motivational Interviewing	JRA	_	_	_		_	_
	CA	_		_	_	_	_
	TOTAL	2.8%	2.1%	31.9%	47.2%	16.0%	144
	MHD	14.3%	14.3%	14.3%	42.9%	14.3%	7
	DASA	12.5%	_	62.5%	25.0%	_	8
Multi-Family Group Treatment (MFG)	JRA		_	_		_	
	CA	_	_	_		_	
	TOTAL	13.3%	6.7%	40.0%	33.3%	6.7%	15
	MHD	_	16.7%	33.3%	50.0%	_	6
	DASA	_		_	100.0%	_	2
Multidimensional Family Therapy	JRA			_		_	
	CA	_				_	_
	TOTAL		12.5%	25.0%	62.5%	<u> </u>	8
	MHD			40.0%	40.0%	20.0%	5
Multidimensional Treatment	DASA	_	_	_	100.0%	_	1
Foster Care	JRA	_	_	_	100.0%	_	1
	CA	_	33.3%	33.3%	_	33.3%	3
	TOTAL	_	10.0%	30.0%	40.0%	20.0%	10
	MHD	_	_	38.9%	44.4%	16.7%	18
Multisystematic Therapy	DASA	_	11.1%	22.2%	55.6%	11.1%	9
	JRA	_	_	_		_	
	CA	_		_		_	_
	TOTAL		3.7%	33.3%	48.1%	14.8%	27
	MHD	_	_	_		_	_
	DASA	100.0%	_	_		_	1
Nurse-Family Partnership	JRA	_	_	_		_	_
	CA	_		100.0%	_	_	1
	TOTAL	50.0%		50.0%		_	2
	MHD	_	_	33.3%	53.3%	13.3%	15
	DASA	_	_	30.0%	50.0%	20.0%	10
Parent-Child Interaction Therapy	JRA	_	_	_		_	_
	CA	_		20.0%	70.0%	10.0%	10
	TOTAL	_		28.6%	57.1%	14.3%	35
	MHD		12.1%	36.4%	42.4%	9.1%	33
	DASA	3.3%	13.3%	20.0%	33.3%	30.0%	30
Peer Support	JRA	_	_	_		_	_
	CA	_		_		_	_
	TOTAL	1.6%	12.7%	28.6%	38.1%	19.0%	63
	MHD				100.0%		1
Promoting Alternative Thinking	DASA	_	_	75.0%	25.0%	_	4
Strategies (PATH)	JRA		_	_			
	CA	_		_	_	_	_
	TOTAL		<u> </u>	60.0%	40.0%	_	5
	MHD		20.0%	40.0%	40.0%		5
	DASA	_	_	60.0%	_	40.0%	5
Second Step	JRA			_		_	
	CA	_	_	_	_	_	_
	TOTAL	_	10.0%	50.0%	20.0%	20.0%	10

		Not at All	A Little	Somewhat	Very	Extremely	Total N
	MHD	_	_	50.0%	50.0%	_	6
	DASA	_	5.3%	57.9%	26.3%	10.5%	19
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	JRA	_	_	_	_	_	
Traditia/PTSD & Substance Abuse	CA	_	_	_	_	_	_
	TOTAL	_	4.0%	56.0%	32.0%	8.0%	25
	MHD	_	10.0%	30.0%	50.0%	10.0%	10
Ctronathoning Familias Drogram	DASA	7.1%	_	14.3%	57.1%	21.4%	14
Strengthening Families Program (SFP)	JRA	_	_	_	_	_	
(611)	CA	_	_	_	_	_	1
	TOTAL	4.2%	4.2%	20.8%	54.2%	16.7%	24
	MHD		3.8%	26.9%	42.3%	26.9%	26
	DASA	10.0%	_	50.0%	10.0%	30.0%	10
Supported Employment	JRA	_	_	_	_	_	
	CA	_	_	_	—	_	_
	TOTAL	2.8%	2.8%	33.3%	33.3%	27.8%	36
	MHD	_	_	17.6%	52.9%	29.4%	17
Supported Housing	DASA	9.1%	9.1%	18.2%	36.4%	27.3%	11
	JRA	_	_	_	_	_	
	CA	_		_		_	_
	TOTAL	3.6%	3.6%	17.9%	46.4%	28.6%	28
	MHD		_	10.0%	70.0%	20.0%	10
	DASA	_	_	_	100.0%	_	2
Therapeutic Foster Care	JRA	_		_		_	_
	CA	_		_		_	_
	TOTAL	_		8.3%	75.0%	16.7%	12
	MHD	_	5.3%	18.4%	42.1%	34.2%	38
	DASA	2.4%	2.4%	26.8%	41.5%	26.8%	41
Other (Specify:)	JRA	_		70.0%	30.0%		10
	CA	_		_		_	—
	TOTAL	1.1%	3.4%	28.1%	40.4%	27.0%	89
	MHD	_	_	35.3%	35.3%	29.4%	17
	DASA	8.3%		41.7%	16.7%	33.3%	12
Other (Specify:)	JRA			_			
	CA	_	_	_	_	_	_
	TOTAL	3.4%		37.9%	27.6%	31.0%	29
	MHD	0.9%	4.5%	28.9%	48.6%	17.1%	578
	DASA	2.9%	4.1%	38.0%	41.6%	13.3%	555
OVERALL*	JRA		3.7%	51.9%	44.4%	_	27
	CA	_	6.3%	25.0%	56.3%	12.5%	16
	TOTAL	1.8%	4.3%	33.7%	45.3%	14.9%	1176

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

### Q9. Are there any EBPs that you are NOT currently using but want to use in the future?

	MHD	DASA	JRA	CA	Total
	WILL				
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Aggression Replacement Training	15.6%	3.2%	41.2%	_	9.6%
Assertive Community Treatment (ACT/PACT)	5.2%	3.9%	_	_	3.9%
Behavioral Treatment for Substance Abuse in Schizophrenia	10.4%	7.8%	_	_	7.8%
Brief Strategic Family Therapy	13.5%	13.6%	_		12.1%
Cognitive Behavior Therapies (CBT)	9.4%	9.1%	23.5%	_	9.6%
Contingency Management (Co-occurring)	8.3%	13.0%	11.8%	_	10.7%
Dare to be you	3.1%	3.2%	_	_	2.8%
Dialectical Behavioral Therapy (DBT)	16.7%	13.0%	35.3%	_	14.9%
Eye Movement Desensitization & Reprocessing (EMDR)	9.4%	7.1%	_	_	7.1%
Family Integrated Transitions	8.3%	5.2%	23.5%	_	7.1%
Family Psychoeducation	9.4%	7.1%	_	_	7.1%
Functional Family Therapy	11.5%	11.7%	_	_	10.3%
Gatekeeper Program	5.2%	_	_	_	1.8%
Illness Self-Management/Illness Management & Recovery	19.8%	5.2%	_	_	9.6%
Incredible Years	9.4%	1.3%	_	_	3.9%
Integrated Dual Disorders	11.5%	6.5%	_	_	7.5%
Interpersonal Therapy	9.4%	3.9%	_	_	5.3%
Medication Management	4.2%	2.6%	_	_	2.8%
Motivational Enhancement Therapy (MET)	13.5%	11.0%	_	_	10.7%
Motivational Interviewing	19.8%	5.8%	29.4%	_	11.7%
Multi-Family Group Treatment (MFG)	7.3%	5.2%	_	_	5.3%
Multidimensional Family Therapy	7.3%	7.8%	_	_	6.8%
Multidimensional Treatment Foster Care	3.1%	.6%	11.8%	_	2.1%
Multisystematic Therapy	5.2%	3.9%	11.8%	_	4.6%
Nurse-Family Partnership	2.1%	1.3%	_	_	1.4%
Parent-Child Interaction Therapy	15.6%	4.5%	_	7.1%	8.2%
Peer Support	14.6%	6.5%	_	_	8.5%
Promoting Alternative Thinking Strategies (PATH)	3.1%	4.5%	_	_	3.6%
Second Step	3.1%	1.3%	_	_	1.8%
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	13.5%	13.6%	_	_	12.1%
Strengthening Families Program (SFP)	7.3%	10.4%	_	_	8.2%
Supported Employment	8.3%	4.5%	5.9%	_	5.7%
Supported Housing	12.5%	4.5%	5.9%	_	7.1%
Therapeutic Foster Care	3.1%	2.6%	_	_	2.5%
Other (Specify:)	12.5%	3.9%	11.8%	7.1%	7.5%
Other (Specify:)	4.2%	_	_	_	1.4%
Other (Specify:)	_	_	_	_	_
None	15.6%	18.8%	23.5%	85.7%	21.4%

Q10. Please indicate whether any of the barriers listed below interfere with your agency in providing EBPs you are using or want to use?

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD	51.9%	70.4%	33.3%	18.5%	7.4%	3.7%	3.7%	3.7%	27
	DASA	55.0%	55.0%	35.0%	10.0%	5.0%	5.0%	20.0%		20
Aggression Replacement Training	JRA	100%	41.7%	25.0%	58.3%	8.3%	8.3%	_	16.7%	12
	CA		_	-	_	_	_	_	—	_
	TOTAL	62.7%	59.3%	32.2%	23.7%	6.8%	5.1%	8.5%	5.1%	59
	MHD	40.9%	50.0%	27.3%	36.4%	18.2%	22.7%	13.6%	13.6%	22
According Occurrently	DASA	50.0%	66.7%	16.7%	16.7%	8.3%	8.3%	8.3%	8.3%	12
Assertive Community Treatment (ACT/PACT)	JRA		_	_	_	_	_	_	_	_
	CA									
	TOTAL	44.1%	55.9%	23.5%	29.4%	14.7%	17.6%	11.8%	11.8%	34
	MHD	57.1%	42.9%	21.4%	21.4%	7.1%	7.1%	7.1%	7.1%	14
Behavioral Treatment for	DASA	72.2%	61.1%	33.3%	33.3%	22.2%	5.6%	16.7%	—	18
Substance Abuse in	JRA	_	_	_	_	_	_	_	_	_
Schizophrenia	CA	_	_	-	_	_	_	_	—	_
	TOTAL	65.6%	53.1%	28.1%	28.1%	15.6%	6.3%	12.5%	3.1%	32
	MHD	61.8%	61.8%	20.6%	44.1%	2.9%	17.6%	14.7%	_	34
Brief Strategic Family Therapy	DASA	63.9%	58.3%	8.3%	11.1%	11.1%	5.6%	11.1%		36
	JRA		_	_	_	_	_	_	_	_
	CA	_	_	-	_	_	_	_	—	-
	TOTAL	62.9%	60.0%	14.3%	27.1%	7.1%	11.4%	12.9%	_	70
	MHD	31.6%	36.7%	21.5%	24.1%	5.1%	10.1%	30.4%	6.3%	79
	DASA	43.8%	30.2%	14.6%	27.1%	8.3%	1.0%	33.3%	_	96
Cognitive Behavior Therapies (CBT)	JRA	100%	20.0%	40.0%	40.0%	20.0%	20.0%	_	_	5
(651)	CA						_			
	TOTAL	40.0%	32.8%	18.3%	26.1%	7.2%	5.6%	31.1%	2.8%	180
	MHD	55.6%	44.4%	_	27.8%	5.6%	_	11.1%	11.1%	18
	DASA	60.6%	54.5%	12.1%	21.2%	6.1%	6.1%	12.1%	-	33
Contingency Management (Co-occurring)	JRA	100%	100%	_	50.0%	_	_	_	_	2
(Oo occurring)	CA	_	_	_	_	_	_	_	_	_
	TOTAL	60.4%	52.8%	7.5%	24.5%	5.7%	3.8%	11.3%	3.8%	53
	MHD	75.0%	25.0%	_	25.0%	_	25.0%	25.0%	_	4
	DASA	60.0%	60.0%	20.0%	20.0%	20.0%	20.0%	20.0%	_	5
Dare to be you	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	-	_	_	_	_	_	_
	TOTAL	66.7%	44.4%	11.1%	22.2%	11.1%	22.2%	22.2%	_	9
	MHD	50.0%	55.2%	25.9%	32.8%	8.6%	6.9%	15.5%	5.2%	58
	DASA	49.3%	41.8%	14.9%	23.9%	7.5%	1.5%	26.9%	_	67
Dialectical Behavioral Therapy	JRA	87.5%	25.0%	56.3%	56.3%	6.3%	6.3%	_	37.5%	16
(DBT)	CA	_	_	_	_	_	_	_	_	_
	TOTAL	53.9%	45.4%	24.1%	31.2%	7.8%	4.3%	19.1%	6.4%	141

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD	47.8%	39.1%	4.3%	17.4%	_	_	21.7%	13.0%	23
Fire Marrament Decembration	DASA	56.3%	62.5%	31.3%	37.5%	12.5%	12.5%	6.3%	6.3%	16
Eye Movement Desensitization & Reprocessing (EMDR)	JRA		_	_	_	_	_	_	_	_
	CA		_	-	_	_	_	_	—	_
	TOTAL	51.3%	48.7%	15.4%	25.6%	5.1%	5.1%	15.4%	10.3%	39
	MHD	50.0%	78.6%	21.4%	7.1%	7.1%	_	14.3%	_	14
	DASA	63.6%	63.6%	9.1%	9.1%	_	_	_	9.1%	11
Family Integrated Transitions	JRA	50.0%	37.5%	_	12.5%	_	_	37.5%	12.5%	8
	CA	_	_	_	_	_	_	_	_	_
	TOTAL	54.5%	63.6%	12.1%	9.1%	3.0%	_	15.2%	6.1%	33
	MHD	22.2%	33.3%	13.3%	24.4%	8.9%	8.9%	26.7%	11.1%	45
	DASA	36.4%	33.3%	18.2%	21.2%	9.1%	_	39.4%	_	33
Family Psychoeducation	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_		_
	TOTAL	28.2%	33.3%	15.4%	23.1%	9.0%	5.1%	32.1%	6.4%	78
	MHD	61.5%	76.9%	19.2%	30.8%	3.8%	7.7%	7.7%	3.8%	26
	DASA	48.1%	66.7%	7.4%	7.4%	14.8%	3.7%	7.4%	_	27
Functional Family Therapy	JRA	66.7%	_	_	16.7%	_	_	33.3%	_	6
, , ,	CA	100%	100%	_	_	_	_	_	_	1
	TOTAL	56.7%	65.0%	11.7%	18.3%	8.3%	5.0%	10.0%	1.7%	60
	MHD	33.3%	50.0%	8.3%	8.3%	_	_	25.0%	16.7%	12
	DASA			_	_	_				_
Gatekeeper Program	JRA	_	_	_	_	_	_	_	_	
	CA	_	_	_	_	_	_		_	_
	TOTAL	33.3%	50.0%	8.3%	8.3%	_	_	25.0%	16.7%	12
	MHD	48.6%	43.2%	16.2%	21.6%	10.8%	2.7%	16.2%	10.8%	37
	DASA	63.6%	63.6%	36.4%	45.5%	27.3%	9.1%	9.1%	-	11
Illness Self-Management/ Illness Management &	JRA	_	_	_					_	_
Recovery	CA	_	_		_	_				
	TOTAL	52.1%	47.9%	20.8%	27.1%	14.6%	4.2%	14.6%	8.3%	48
	MHD	66.7%	66.7%	_	33.3%	_		8.3%	8.3%	12
	DASA	100%	50.0%	_	-	_	_	-	6.570	2
Incredible Years	JRA	—		_			_	_	_	_
	CA	100%	100%							1
	TOTAL	73.3%	66.7%	_	26.7%	_	_	6.7%	6.7%	15
	MHD DASA	47.5%	42.5%	17.5%	15.0%	10.0%	22.5%	17.5%	12.5%	40
Integrated Dual Disorders		40.5%	38.1%	16.7%	14.3%	11.9%	14.3%	35.7%	<u> </u>	42
integrated Dual Disolution	JRA CA	_	_	_	_	_	_	_	_	_
		43 09/	40.29/-	17 19/	14.69/-	11.09/	18 30/-	26.89/	6 19/	82
	TOTAL	43.9%	40.2%	17.1%	14.6%	11.0%	18.3%	26.8%	6.1%	82
	MHD	28.6%	42.9%	9.5%	9.5%	4.8%	4.8%	38.1%	4.8%	21
Internargenal Thereny	DASA	61.1%	38.9%	27.8%	33.3%	22.2%	16.7%	27.8%	<u> </u>	18
Interpersonal Therapy	JRA	_	<del>-</del>	_	_	_	_	_	_	_
	CA	-	-		-	-		-	-	-
	TOTAL	43.6%	41.0%	17.9%	20.5%	12.8%	10.3%	33.3%	2.6%	39

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD	24.5%	24.5%	12.2%	18.4%	4.1%	14.3%	49.0%	8.2%	49
	DASA	34.3%	31.4%	14.3%	11.4%	5.7%		45.7%	L	35
Medication Management	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	l –	_	_	_	_	-	_
	TOTAL	28.6%	27.4%	13.1%	15.5%	4.8%	8.3%	47.6%	4.8%	84
	MHD	52.0%	44.0%	20.0%	24.0%	8.0%	4.0%	20.0%	4.0%	25
Motivational Enhancement	DASA	43.5%	30.4%	6.5%	17.4%	13.0%	8.7%	39.1%	-	46
Therapy (MET)	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	_		_	_			_
	TOTAL	46.5%	35.2%	11.3%	19.7%	11.3%	7.0%	32.4%	1.4%	71
	MHD	48.4%	39.1%	17.2%	17.2%	6.3%	6.3%	29.7%	6.3%	64
	DASA	28.7%	19.4%	7.4%	20.4%	2.8%	2.8%	46.3%	-	108
Motivational Interviewing	JRA	100%	80.0%	_	100%	_	_	_	_	5
	CA	_	_	_	_	_	_	_	—	_
	TOTAL	37.9%	28.2%	10.7%	21.5%	4.0%	4.0%	39.0%	2.3%	177
	MHD	42.9%	50.0%	28.6%	28.6%	7.1%	_	21.4%	7.1%	14
Multi-Family Group Treatment	DASA	50.0%	37.5%	25.0%	6.3%	6.3%		12.5%	6.3%	16
(MFG)	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_		_	_	_	_	<u> </u>	_
	TOTAL	46.7%	43.3%	26.7%	16.7%	6.7%	_	16.7%	6.7%	30
	MHD	69.2%	69.2%	15.4%	23.1%	7.7%	7.7%	23.1%		13
Multidimensional Family	DASA	71.4%	64.3%	7.1%	7.1%	_	_	14.3%	—	14
Therapy	JRA	_		_		_	_			_
	CA									
	TOTAL	70.4%	66.7%	11.1%	14.8%	3.7%	3.7%	18.5%	_	27
	MHD	62.5%	75.0%	62.5%	25.0%	12.5%	25.0%	_	_	8
Multidimensional Treatment	DASA	50.0%	50.0%	50.0%	50.0%	50.0%	_	50.0%	—	2
Foster Care	JRA	100%	_	33.3%	_	_	33.3%			3
	CA	66.7%	_	<u> </u>	66.7%	66.7%	33.3%	_		3
	TOTAL	64.7%	41.2%	41.2%	29.4%	23.5%	23.5%	11.8%	_	16
	MHD	30.4%	69.6%	21.7%	30.4%	8.7%	13.0%	21.7%	_	23
	DASA	46.7%	46.7%	13.3%	20.0%	20.0%		20.0%		15
Multisystematic Therapy	JRA	100%	_	_	_	_	_	_	_	2
	CA	_	_	_	_	_	_	_		_
	TOTAL	40.0%	57.5%	17.5%	25.0%	12.5%	7.5%	20.0%	_	40
	MHD	50.0%	50.0%	50.0%	_	_	_	50.0%	_	2
	DASA	66.7%	66.7%	_	_	33.3%	33.3%	_	<b>-</b>	3
Nurse-Family Partnership	JRA	_	_	_	_	_	_	_	_	_
	CA		100%		100%		_			1
	TOTAL	50.0%	66.7%	16.7%	16.7%	16.7%	16.7%	16.7%	_	6
	MHD	63.3%	70.0%	16.7%	30.0%	_	6.7%	6.7%	_	30
Parent-Child Interaction	DASA	41.2%	47.1%	11.8%	23.5%	5.9%	5.9%	17.6%	_	17
Therapy	JRA	_	_	_	_	_	_	_	_	_
	CA	81.8%	81.8%	–	_	_	_	9.1%	_	11
	TOTAL	60.3%	65.5%	12.1%	22.4%	1.7%	5.2%	10.3%	_	58

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD	51.1%	46.8%	17.0%	23.4%	12.8%	17.0%	19.1%	4.3%	47
	DASA	35.0%	25.0%	15.0%	30.0%	12.5%	5.0%	30.0%	L	40
Peer Support	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_		_	_	_	_	I —	_
	TOTAL	43.7%	36.8%	16.1%	26.4%	12.6%	11.5%	24.1%	2.3%	87
	MHD	25.0%	25.0%	25.0%	25.0%	_	_	50.0%	_	4
Promoting Alternative Thinking	DASA	72.7%	36.4%	18.2%	18.2%	18.2%	_	9.1%	9.1%	11
Strategies (PATH)	JRA	_	_	_	_	_	_	_	_	_
	CA		_			_				
	TOTAL	60.0%	33.3%	20.0%	20.0%	13.3%	_	20.0%	6.7%	15
	MHD	25.0%	25.0%	_	25.0%	_	_	12.5%	25.0%	8
	DASA	71.4%	28.6%	28.6%	28.6%	57.1%	28.6%	28.6%	<b>-</b>	7
Second Step	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_	—	_
	TOTAL	46.7%	26.7%	13.3%	26.7%	26.7%	13.3%	20.0%	13.3%	15
	MHD	42.1%	42.1%	21.1%	10.5%	15.8%	10.5%	26.3%	5.3%	19
Seeking Safety: A Psychotherapy for	DASA	55.0%	45.0%	10.0%	20.0%	5.0%	5.0%	20.0%	L	40
Trauma/PTSD & Substance Abuse	JRA	_	_	_	_	_	_	_	_	_
	CA	_	_	_	_	_	_	_	<u> </u>	_
	TOTAL	50.8%	44.1%	13.6%	16.9%	8.5%	6.8%	22.0%	1.7%	59
	MHD	47.1%	64.7%	41.2%	29.4%	_	5.9%	23.5%	5.9%	17
Strengthening Families	DASA	66.7%	30.0%	13.3%	10.0%	13.3%	10.0%	20.0%	<u> </u>	30
Program (SFP)	JRA		_	_		_	_			_
	CA								L	
	TOTAL	59.6%	42.6%	23.4%	17.0%	8.5%	8.5%	21.3%	2.1%	47
	MHD	44.1%	58.8%	20.6%	17.6%	5.9%	14.7%	11.8%	5.9%	34
	DASA	52.9%	52.9%	11.8%	35.3%	11.8%	5.9%	17.6%	_	17
Supported Employment	JRA	_	100%	_	_	_	_	_		1
	CA	_	_		_	_	_	_	<u> </u>	_
	TOTAL	46.2%	57.7%	17.3%	23.1%	7.7%	11.5%	13.5%	3.8%	52
	MHD	37.9%	58.6%	10.3%	10.3%	3.4%	17.2%	10.3%	13.8%	29
	DASA	44.4%	44.4%	5.6%	22.2%	11.1%	5.6%	27.8%		18
Supported Housing	JRA	_	100%	_	_	_	_	_	_	1
	CA	_	_	_	_	_	_	_	_	_
	TOTAL	39.6%	54.2%	8.3%	14.6%	6.3%	12.5%	16.7%	8.3%	48
	MHD	30.8%	46.2%	15.4%	7.7%	_	15.4%	38.5%	15.4%	13
	DASA	16.7%	50.0%	16.7%	33.3%	16.7%	_	33.3%	_	6
Therapeutic Foster Care	JRA	_	_	_	_	_	_	_	_	_
	CA	-	-	-	-		-	-		
	TOTAL	26.3%	47.4%	15.8%	15.8%	5.3%	10.5%	36.8%	10.5%	19
	MHD			Data TBD						
Other (One 16.)	DASA									
Other (Specify:)	JRA									
	CA									
	TOTAL									

		Shortage of Appropriately Trained Workforce	Financing Issues in Paying for EBPs	EBP Needs Modification to Fit Local Needs	Attaining or Maintaining Fidelity to EBP Model Standards	Resistance to Implementing EBPs from Practitioners or Others	Rules & Regulations	None	Other	Total N
	MHD									
Other (Specify:)	DASA									
	JRA									
	CA									
	TOTAL									
	MHD									
	DASA									
Other (Specify:)	JRA									
	CA									
	TOTAL									
	MHD	44.5%	48.9%	18.5%	22.8%	6.6%	9.7%	21.1%	6.9%	885
	DASA	47.5%	39.9%	14.3%	20.6%	10.0%	4.9%	27.3%	0.6%	872
OVERALL*	JRA	83.6%	34.4%	24.6%	42.6%	4.9%	6.6%	8.2%	14.8%	61
	CA	76.5%	70.6%	_	17.6%	11.8%	5.9%	5.9%	_	17
	TOTAL	47.5%	44.4%	16.6%	22.4%	8.2%	7.3%	23.5%	4.1%	1835

<sup>\*</sup>Note: Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

Q11. What type of assistance is most needed by your agency to help facilitate the adoption and implementation of evidence based practices?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n=154)	(n=17)	(n=14)	(n=281)
None	3.1%	5.8%	_	21.4%	5.3%
Appropriately trained workforce	18.8%	14.3%	35.3%	42.9%	18.5%
Financing issues in paying for EBP's	49.0%	50.6%	29.4%	28.6%	47.7%
Modification of EBP to fit local needs	12.5%	9.7%	5.9%	_	10.0%
Attaining or maintaining fidelity to EBP model standards	6.3%	11.7%	11.8%	7.1%	9.6%
Resistance to implementing EBPs from practitioners	1.0%	2.6%	_	_	1.8%
Other	9.4%	5.2%	17.6%	_	7.1%

Q12a. Does your agency serve populations or address specific client needs for which there are no known or available evidence-based practices?

Note: There were two missing data points in MHD, thus reducing its sample size and the overall sample size.

	MHD	DASA	JRA	CA	Total
	_ (n = 94) _	_ (n=154) _	_(n=17)_	_(n=14)_	_ (n=279) _
Serve populations or address specific client needs which have no known/available EBPs	44.7%	22.7%	100%	28.6%	35.1%

Q13. Please rate your agency's interest in continuing/beginning to implement EBPs into your treatment program.

	MHD	DASA	JRA	СА	TOTAL
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Not at All	2.1%	3.2%		_	2.5%
A little	1.0%	5.8%		_	3.6%
Somewhat	20.8%	22.7%	_	14.3%	20.3%
Very	42.7%	37.7%	11.8%	50.0%	38.4%
Extremely	33.3%	30.5%	88.2%	35.7%	35.2%

Q14. What initiatives, if any, is your agency implementing to promote the adoption of evidence-based practices (EBPs)?

	MHD	DASA	JRA	CA	TOTAL
	(n = 96)	(n = 154)	(n = 17)	(n = 14)	(n = 281)
Increase awareness about EBPs	80.2%	68.2%	100.0%	100.0%	75.8%
Training	77.1%	75.3%	100.0%	92.9%	78.3%
Incorporation of EBPs in contracts	32.3%	18.8%	47.1%	85.7%	28.5%
Monitoring of fidelity	44.8%	37.7%	88.2%	78.6%	45.2%
Modification of information systems/data reports	32.3%	23.4%	100.0%	28.6%	31.3%
Modification of paperwork/documentation forms/guidelines to fit EBPs so as to accurately reflect the work done	41.7%	35.1%	100.0%	28.6%	40.9%
Financial incentives	8.3%	13.0%	_	_	10.0%
Other	7.3%	5.8%	23.5%		7.1%
None	6.3%	9.7%			7.5%

Q15b. What method is your agency using?

	MHD	DASA	JRA	СА	TOTAL
	(n = 39)	(n = 59)	(n = 6)	(n = 3)	(n = 107)
Benchmarking	30.8%	28.8%	_	33.3%	28.0%
Outcome monitoring	79.5%	93.2%	_	100.0%	83.2%
Program Evaluation	71.8%	81.4%	100.0%	66.7%	78.5%
Other	7.7%	_		_	2.8%

Q16. How many unduplicated clients did your agency serve in Fiscal Year 2007 (July 1, 2006 – June 30, 2007)?

	Unduplicated Clients Served (FY 2007)						
	N	Mean					
MHD	94	2188					
DASA	150	532					
JRA	17	205					
CA		_					
Total	261	1107					

Q17a. For each EBP that you are currently providing, please provide the total number of **Adult** (18 years old and older) unduplicated clients served in FY 2007 (July 1, 2006-June 30, 2007)?

	MH	lD	DA	SA	JRA		C	4		Tota	I
	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N	Client Count
Aggression Replacement Training	63	2	5	1					43	3	130
Assertive Community Treatment (ACT/PACT)	60	10	8	1		_			56	11	611
Behavioral Treatment for Substance Abuse in Schizophrenia	51	3	1	1		_	_	_	39	4	155
Brief Strategic Family Therapy	70	6	53	1		_			68	7	474
Cognitive Behavior Therapies (CBT)	386	38	296	24					351	62	21784
Contingency Management (co-occurring)	63	2	50	2		_			56	4	225
Dare to Be You	_										
Dialectical Behavioral Therapy (DBT)	120	25	88	16		_			107	41	4400
Eye Movement Desensitization & Reprocessing (EMDR)	69	6		_					69	6	413
Family Integrated Transitions	25	1		_		_			25	1	25
Family Psychoeducation	205	19	205	5					205	24	4912
Functional Family Therapy	66	4	5	1		_	56	1	54	6	324
Gatekeeper program	178	5							178	5	889
Illness Self-Management/Illness Management & Recovery	84	10		_				_	84	10	835
Incredible Years							15	1	15	1	15
Integrated Dual Disorders Treatment	150	19	62	7		_			126	26	3288
Interpersonal Therapy	1494	3	40	1					1131	4	4523
Medication Management	527	28	120	5		_			465	33	15358
Motivational Enhancement Therapy (MET)	243	8	98	8					171	16	2729
Motivational Interviewing	247	26	225	35		_			234	61	14272
Multi-Family Group Treatment (MFG)	88	5	384	1					137	6	823
Multidimensional Family Therapy	15	3	384	1		_			107	4	429
Multidimensional Treatment Foster Care	25	1							25	1	25
Multisystemic Therapy	63	4				_			63	4	250
Nurse-Family Partnership			3	1		_	2	1	3	2	5
Parent-Child Interaction Therapy	65	7	41	1			12	10	34	18	609
Peer Support	49	25	632	11					227	36	8171
Promoting Alternative Thinking Strategies (PATH)	800	1		_					800	1	800
Second Step											
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	29	4	33	6	_		_	_	31	10	312
Strengthening Families Program (SFP)	66	6	4	2					51	8	405
Supported Employment	92	20	5	2				_	84	22	1841
Supported Housing	172	15	4	2					153	17	2593
Therapeutic Foster Care	15	1	_			_	_		15	1	15
Other (Specify:)	415	15	131	15	_	_			273	30	8181
Other (Specify:)	145	9	310	3				_	186	12	2233
OVERALL*	209	307	203	135			14	13	201	455	91640

Note: Only agencies who reported client counts greater than zero are included here, hence, the smaller sample sizes.

\*Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

Q17b. For each EBP that you are currently providing, please provide the total number of **Children** (less than 18 years old) unduplicated clients served in FY 2007 (July1, 2006-June 30, 2007)?

	MH	lD	DAS	SA	JR	Α	C	4		Tota	
	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N	Client Count
Aggression Replacement Training	24	10	17	7	110	5	_		41	22	910
Assertive Community Treatment (ACT/PACT)	60	3				_			60	3	179
Behavioral Treatment for Substance Abuse in Schizophrenia			50	1					50	1	50
Brief Strategic Family Therapy	69	9	173	2		_			88	11	968
Cognitive Behavior Therapies (CBT)	166	37	71	15	621	1			148	53	7839
Contingency Management (co-occurring)	128	2	175	1		_			143	3	430
Dare to Be You						_					
Dialectical Behavioral Therapy (DBT)	62	11	67	10	196	10			107	31	3309
Eye Movement Desensitization & Reprocessing (EMDR)	3	3							3	3	9
Family Integrated Transitions	15	4	13	2	15	4			15	10	145
Family Psychoeducation	116	18	70	3					109	21	2297
Functional Family Therapy	98	11	9	2	55	6	56	1	74	20	1484
Gatekeeper program				_							_
Illness Self-Management/Illness Management & Recovery	105	2		_	_	_	_		105	2	210
Incredible Years	266	1		_		_	15	1	141	2	281
Integrated Dual Disorders Treatment	34	6	135	5		_			80	11	878
Interpersonal Therapy	182	4	170	1		_			179	5	897
Medication Management	138	25	25	2	_	_			129	27	3491
Motivational Enhancement Therapy (MET)			66	6					66	6	395
Motivational Interviewing	134	15	58	16		_			95	31	2933
Multi-Family Group Treatment (MFG)	21	2	67	3					49	5	244
Multidimensional Family Therapy	30	1	_		_	_			30	1	30
Multidimensional Treatment Foster Care	17	4			8	1	11	3	14	8	109
Multisystemic Therapy	75	14	14	3	_	_	_		65	17	1098
Nurse-Family Partnership			1	1					1	1	1
Parent-Child Interaction Therapy	39	12	18	1		_	12	10	26	23	602
Peer Support	16	7	100	2					35	9	314
Promoting Alternative Thinking Strategies (PATH)	_	_							_		
Second Step	326	3	30	1					252	4	1008
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	40	1		_	_			_	40	1	40
Strengthening Families Program (SFP)	71	4	8	5					36	9	325
Supported Employment	24	2			_		_	_	24	2	48
Supported Housing	26	1							26	1	26
Therapeutic Foster Care	56	9	3	1					51	10	505
Other (Specify:)	257	20	16	11	170	10			171	41	7011
Other (Specify:)	59	8	15	6					40	14	561
OVERALL*	99	221	60	90	131	27	15	15	88	353	31055

Note: Only agencies who reported client counts greater than zero are included here, hence, the smaller sample sizes.

\*Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

Q17c. For each EBP that you are currently providing, please provide the **total number** of unduplicated clients served in FY 2007 (July1, 2006-June 30, 2007)?

	MH	ID	DAS	SA	JR	A	C	4		Tota	ıl
	Mean	N	Mean	N	Mean	N	Mean	N	Mean	N	Client Count
Aggression Replacement Training	36	10	18	7	110	5			47	22	1040
Assertive Community Treatment (ACT/PACT)	78	10	8	1				_	72	11	790
Behavioral Treatment for Substance Abuse in Schizophrenia	51	3	26	2	_		_	_	41	5	205
Brief Strategic Family Therapy	62	12	133	3				_	76	15	1142
Cognitive Behavior Therapies (CBT)	417	50	272	30	621	1			366	81	29623
Contingency Management (co-occurring)	127	3	92	3	_	_	_	_	109	6	655
Dare to Be You											
Dialectical Behavioral Therapy (DBT)	123	30	99	21	196	10		_	126	61	7709
Eye Movement Desensitization & Reprocessing (EMDR)	53	8							53	8	422
Family Integrated Transitions	21	4	13	2	15	4		_	17	10	170
Family Psychoeducation	272	22	206	6					257	28	7209
Functional Family Therapy	122	11	12	2	55	6	112	1	90	20	1808
Gatekeeper program	178	5							178	5	889
Illness Self-Management/Illness Management & Recovery	105	10	_		_	_	_	_	105	10	1045
Incredible Years	266	1					30	1	148	2	296
Integrated Dual Disorders Treatment	146	21	101	11				_	130	32	4166
Interpersonal Therapy	1303	4	105	2					903	6	5420
Medication Management	535	34	130	5				_	483	39	18849
Motivational Enhancement Therapy (MET)	243	8	91	13					149	21	3124
Motivational Interviewing	272	31	214	41				_	239	72	17205
Multi-Family Group Treatment (MFG)	96	5	147	4					119	9	1067
Multidimensional Family Therapy	25	3	384	1				_	115	4	459
Multidimensional Treatment Foster Care	19	5			8	1	11	3	15	9	134
Multisystemic Therapy	93	14	14	3				_	79	17	1348
Nurse-Family Partnership			4	1			2	1	3	2	6
Parent-Child Interaction Therapy	77	12	30	2			23	10	50	24	1211
Peer Support	48	28	550	13					207	41	8485
Promoting Alternative Thinking Strategies (PATH)	800	1			-	_	_		800	1	800
Second Step	326	3	30	1					252	4	1008
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	39	4	33	6	—		_		35	10	352
Strengthening Families Program (SFP)	97	7	10	5					61	12	730
Supported Employment	94	20	5	2			_		86	22	1889
Supported Housing	174	15	4	2					154	17	2619
Therapeutic Foster Care	57	9	3	1		_	_		52	10	520
Other (Specify:)	392	29	112	19	170	10			262	58	15192
Other (Specify:)	136	13	146	7					140	20	2794
OVERALL*	212	403	173	190	131	27	25	16	192	636	122395

Note: Only agencies who reported client counts greater than zero are included here, hence, the smaller sample sizes.

\*Overall totals include the first 34 EBPs only. The "Other" EBP categories have not been included in this overall analysis. Overall sample size reflects number of EBPs included within analysis, not the number of agencies within each organization.

	MHD
	(n = 96)
Administrator	1.0%
Area Director	1.0%
Associate Director	2.1%
Associate Director, Clinical	2.1%
Behavioral Mental Health Director	1.0%
CEO	5.2%
Chief Clinical Officer	1.0%
Chief of Inpatient Services	1.0%
Chief Operating Officer	1.0%
Clinical Coordinator	1.0%
Clinical Director	13.5%
Clinical Director Family Services & Mental Health	1.0%
Clinical Manager/Interim Agency Director	1.0%
Clinical Program Manager	1.0%
Clinical Supervisor	1.0%
Director	1.0%
Director Child & Family Services	1.0%
Director Community Relations	1.0%
Director of Children Services	1.0%
Director of Clinical Services	3.1%
Director of Compliance	1.0%
Director of Psychiatric Services	1.0%
Director of Senior Behavioral Health	1.0%
Director, Behavioral Health Services	4.2%
Director, Outpatient Services	1.0%
Executive Director	16.7%
Director of HSD/Admin. Specialist	1.0%
Manager Outpt Psychiatry	1.0%
Manager, ARNP, DMHP	1.0%
Manager, Clinical Services	1.0%
Medical Director	1.0%
Mental Health Professional	1.0%
Mental Health Program Manager	2.1%
Pierce County Crisis and Corrections Coordinator	1.0%
Program Coordinator	2.1%
Program Director	2.1%
Program Manager	3.1%
Program Supervisor	1.0%

Q19a. What is your current job title? (cont.)

	MHD
	(n = 96)
Psychiatry Director	1.0%
Quality Assurance Director	1.0%
Quality Specialist	1.0%
Regional Chief of Operations	1.0%
Site Manager	1.0%
Supervisor of Adult Services	1.0%
Vice President	1.0%
Vice President Behavioral Health	1.0%
VP Clinical Services	1.0%
Youth and Family Services Director	1.0%

	DASA
	(n = 155)
Administrator	3.9%
Administrator/County CD Coordinator	0.6%
Associate Director	0.6%
BH Manager	0.6%
CD Program Director	0.6%
CD Supervisor	1.3%
CEO	0.6%
Chemical Dependency Coordinator	0.6%
Chemical Dependency Counselor/Director	0.6%
Chemical Dependency Professional	3.2%
Chemical Dependency Program Director	0.6%
Chief Operations Officer	0.6%
Clinical Director	7.1%
Clinical Manager	0.6%
Clinical Program Manager	0.6%
Clinical Services Manager	0.6%
Clinical Supervisor	7.1%
Co-Director	0.6%
COD Program Coordinator	0.6%
COO/Rainier Branch Manager	0.6%
Coordinator	3.2%
Coordinator, SATP/BHS	0.6%
Deputy Director, ATC	0.6%
Director	7.1%
Director CD Services	1.3%
Director of Operations	0.6%
Director, Addiction Patient Care Line	0.6%
Director, Youth and Family Services Program	0.6%
Division Director	0.6%
Executive Clinical Director	3.2%
Executive Director	3.9%
Grant Manager/Family Counselor/CDP	0.6%
Manager	5.2%
Manager, COD Services	0.6%
Operation Administrator	0.6%
Outpatient Programs Manager	1.3%
Outpatient Treatment Director	0.6%
Owner/Administrator	1.3%

Q19a. What is your current job title? (cont.)

	DASA
	(n = 155)
Pgm Administrator	0.6%
Program Coordinator	0.6%
Program Director	3.9%
Program Director Outpatient Services	0.6%
Program Manager	9.7%
Program Supervisor	3.9%
Res. Services Clinical Manager	1.3%
Research Coordinator	2.6%
SA Director	0.6%
Substance Abuse Counselor/Clinical Supervisor	0.6%
Substance Abuse Prog. Coord.	0.6%
Substance Abuse Program Director	0.6%
Substance Abuse Service Program Manager	0.6%
Supervisor	0.6%
Supervisor, Outpatient Services	0.6%
Treatment Administrator	0.6%
Treatment Director	1.9%
Treatment Supervisor	1.3%
Vice President	1.3%
Vice President Behavioral Health	1.3%
Wellness Program Coordinator	0.6%

Q19a. What is your current job title?

	JRA
	(n = 17)
Associate Superintendent	5.9%
Clinical Director	52.9%
Juvenile Parole Administrator	41.2%

Q19a. What is your current job title?

•	,	
		CA
		(n = 14)
EBP Manager		100.0%

Q19b. How many years have you been working at this agency?

	MHD	DASA	JRA	CA	Total
	(n = 96)	(n=154)	(n=17)	(n=14)	(n=281)
Mean number of years at agency	12.3	8.5	14.8	16.0	10.5

## APPENDIX F

"Other" Responses

### **Appendix F Contents**

Q1_other.	Other services offered by agency
	MHDF - 1
	DASAF - 2
	JRAF - 3
	CAF - 3
Q4a_other35.	Other EBPs Used by AgenciesF – 4
Q4a_other36.	Other EBPs Used by AgenciesF – 5
Q5_other	Unlisted Mechanisms Used for EBP Training.
	MHDF - 6
	DASAF - 7
	JRAF - 8
	CAF - 8
Q6_other.	Other target populations for each EBP.
	MHDF - 9
	DASAF - 10
	JRAF - 11
Q9_other35.	Are there any EBPs that you are NOT currently using but want to use in the future?
<b>~</b> –	Other (please specify)F - 12
Q9_other36.	Are there any EBPs that you are NOT currently using but want to use in the future?
_	Other (please specify)F - 13
Q10_other	Other Barriers in providing EBPs
Q10_ottle1	MHDF - 14
	DASA
	JRA
Q11_other6.	Other assistance needed to help facilitate the adoption and implementation of
	evidence-based practices $F-18$
Q12b.	Populations served for which there are no known or available evidence-based
	practices
	MHDF - 19
	DASAF - 19
	JRAF - 20
	CAF - 20
Q14_other7.	Other initiatives promoting the adoption of evidence-based practicesF - 21

#### Q1\_other. Other services offered by agency

	MHD (n=43)
Advocacy and Therapy for Sexual Assault Victims  Case management, family counseling, individual therapy, group therapy, medication	2.3% 2.3%
management, community training, psychoeducational, respite	
Child Welfare Services	2.3%
Clubhouse model rehabilitation program	2.3%
Clubhouse, Inpatient Psychiatric Treatment, Children's Day School Services	2.3%
Court ordered COD but no IOP	2.3%
Crisis Intervention	2.3%
Crisis Stabilization & ITA Services	2.3%
Crisis Stabilization; RCW 71.05, RCW 71.34 and RCW 70.96B Investigations; DD crisis response 24/7	2.3%
Crisis telephone intervention	2.3%
Crisis, E& T Services	2.3%
Deaf addictions residential, recovery and drug court programs, diversion programs	2.3%
Developmental Disabilities	4.7%
Domestic Violence Treatment/Victim Advocacy, Housing	2.3%
Employment and peer support	2.3%
Family Counseling	2.3%
Family Support; Research	2.3%
Foster Care (BRS), therapeutic, CHAP)	2.3%
Governmental Agency	2.3%
HIV/AIDS, Domestic Violence, and Housing Services	2.3%
Hospital Alternative-intensive community based services	2.3%
Hospital utilization management	2.3%
ICCD Clubhouse	2.3%
Medical Care	4.7%
Medication Management, Supported Employment	2.3%
PACT	2.3%
Peer Support Services	2.3%
Post-Adoption Resource Center offers supportive services to adoptive, kinship, and guardianship families including a parent support/training group using a state of the art curriculum on parenting children who are drug/alcohol effected.	2.3%
Problem Gambling, Employee Assistance Program, Faith Based Advocacy, ADIS	2.3%
Psychiatry Consultation for medical/surgical inpatients and for primary and specialty outpatients	2.3%
Psychosocial Rehabilitation	2.3%
Readiness to Learn, Therapeutic Foster Care	2.3%
Residential	2.3%
Residential Treatment and Vocational Services	2.3%
Rural Outreach, Supported Housing-landlord	2.3%
SMART Recovery	2.3%
Stabilization	2.3%
Supportive Housing	2.3%
Therapeutic Foster Care	2.3%
Wraparound Services; Pregnancy Prevention; Divorce Parenting Seminar; Youth Crisis Stabilization	2.3%
Youth Short Term Residential	2.3%

### Q1\_other. Other services offered by agency

	DASA (n=44)
Abus Programs in both Adult and Youth	2.3%
Alcohol/drug free housing for eligible individuals	2.3%
AOD Prevention	2.3%
Behavior modification work training	2.3%
Case Management	4.5%
Community Sexual Assault Victim Services	2.3%
Crisis Outreach - DSHS Liaison	2.3%
DD, voc rehab	2.3%
dv, vr, ecs	2.3%
DVR	2.3%
Elderly Outreach & A/DIS	2.3%
family group, drug testing, case management	2.3%
Family Support	2.3%
Gambling	2.3%
Gambling Addiction Tx Also: Contracted Methadone Treatment Referrals to Healthcare for Homeless Veterans Participation in a variety of other clinical pursuits to include Pain Management	2.3%
Gambling treatment; prevention activities	2.3%
HIV case management	2.3%
Housing	2.3%
Interventions	2.3%
Medical	2.3%
Other behavioral health programs, domestic violence perp. treatment, parenting, anger management.	2.3%
Outpatient Treatments Only	2.3%
outreach	2.3%
Parent Child Interaction Therapy	2.3%
Parenting Classes	2.3%
Pathologic Gambling	2.3%
PPPW Priority Population COD Treatment	2.3%
PPW	4.5%
Prevention/Intervention	4.5%
Primary Care	2.3%
Problem Gambling and Domestic Violence	2.3%
Prometa	2.3%
Relapse Prevention	2.3%
Residential/outreach	2.3%
Shelter, supportive housing	2.3%
Suboxone	2.3%
Transitional housing	2.3%
Yakima County Drug Court and Family Court	9.1%

### Q1\_other. Other services offered by agency

	JRA (n=13)
Dialectical behavior therapy	38.5%
Functional Family Parole Services	46.2%
Medical	7.7%
Tx. for youth with cognitive deficits, who have committed sex offenses, and "juvenile justice youth"	7.7%

### Q1\_other. Other services offered by agency

	CA (n=14)
Child Welfare focused therapy services	7.1%
MTFC	14.3%
Nurse Family Partnership	7.1%
PCIT	57.1%
PCIT and MTFC	7.1%
PCIT, Incredible Years	28.6%

Q4a\_other35. Other EBPs Used by Agencies

Brief Solution-Focused Therapy		MHD (n=38)	DASA (n=41)	JRA (n=10)	CA (n=0)	Inclusion Score
Change Companies workbooks	Brief Solution-Focused Therapy	_	2.4%	_	_	_
Child Play Therapy	• • • • • • • • • • • • • • • • • • • •	_	2.4%		_	_
Client-Directed Outcome-Informed Therapy		2.6%	_		_	_
Comprehensive, Continuous, Integrated System of Care         —         2.4%         —         —           Cultural Specific Approach for Asian Pacific American/Asian Pacific Asian         —         <		2.6%	_		_	_
Cultural Specific Approach for Asian Pacific American/Asian Pacific Asian         —         2.4%         —         —           DBT-SUD         —         —         20.0%         —         —           Experiential/Recreational Component         —         2.4%         —         —         —           Experiential/Recreational Component         —         2.4%         —         —         —         4         —<	Comprehensive, Continuous, Integrated System of	_	2.4%		_	_
DBT-SUD	Cultural Specific Approach for Asian Pacific	_	2.4%		_	_
Disulfrum Treatment		_	_	20.0%	_	_
Experiential/Recreational Component		_	2.4%	_	_	_
Family Preservation         2.6%         —         —         4           Functional Family Parole Services         —         —         60.0%         —         2           GAIN I         —         2.4%         —         —         —           GAINGAIN SS         —         2.4%         —         —         —           Gender-specific groups for co-occurring disorders         2.6%         —         —         —         —           Growth Groups         —		_	ļ		_	_
Functional Family Parole Services		2.6%		_	_	4
GAIN			_	60.0%	_	2
GAIN/GAIN SS			2.4%		+	
Gender-specific groups for co-occurring disorders         2.6%         —			ł			
Growth Groups         —         2.4%         —		2 69/	2.470			
Guiding Good Choices Parenting Classes         2.6%         —         —         —         1           HOMEBUILDERS         2.6%         —         —         —         —           ICCD Clubhouse         5.3%         —         —         —         —           Individual treatment plans (ITP)         2.6%         —         —         —         —           Infant Mental Health         2.6%         —         —         —         —           Intensive Outpatient Adult/Youth         —         2.4%         —         —         —           Living in Balance         —         4.9%         —         —         —         —           Maria Reconation Therapy         —         4.9%         —         —         —         —           Moral Reconation Therapy         2.6%         36.6%         10.0%         —         0         0           Motivation for Change         —         2.4%         —		2.0%	2.40/		<del></del>	_
HOMEBUILDERS			2.4%	_	_	
CCD Clubhouse			_	_		1
Individual treatment plans (ITP)         2.6%         —         —         —           Infant Mental Health         2.6%         —         —         —           Intensive Outpatient Adult/Youth         —         2.4%         —         —           Living in Balance         —         4.9%         —         —           Matrix Model         2.6%         2.4%         —         —           Moral Recognition Therapy         —         2.4%         —         —           Moral Recognition Therapy         2.6%         —         —         —         —           Moral Recognition Therapy         2.6%         — <t< td=""><td></td><td></td><td></td><td>_</td><td>_</td><td></td></t<>				_	_	
Infant Mental Health         2.6%         —         —         —           Intensive Outpatient Adult/Youth         —         2.4%         —         —           Living in Balance         —         4.9%         —         —           Matrix Model         2.6%         2.4%         —         —           Moral Recognition Therapy         —         2.4%         —         —           Moral Recognition Therapy         2.6%         36.6%         10.0%         —         0           Motivation for Change         —         2.4%         —         —         —           Parent-Child Mutual Competence         —         2.4%         —         —         —           PCAP         —         2.4%         —         —         —           PEARL Depression Treatment         2.6%         —         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —         —           Promoting First Relationships         2.6%         —         —         —         —         —         —         —         — <td></td> <td></td> <td>_</td> <td></td> <td>_</td> <td>_</td>			_		_	_
Intensive Outpatient Adult/Youth			_	_	_	_
Living in Balance         —         4.9%         —         —         —         Martix Model         2.6%         2.4%         —         —         3           Minckoff's Co-occurring Therapy         —         2.4%         —         —         —         —           Moral Recognition Therapy         2.6%         36.6%         10.0%         —         0           Motivation for Change         —         2.4%         —         —         —         —           Parent-Child Mutual Competence         —         2.4%         —<		2.6%	_	_	_	_
Matrix Model         2.6%         2.4%         —         —         3           Minckoff's Co-occurring Therapy         —         2.4%         —         —         —           Moral Recognition Therapy         2.6%         36.6%         10.0%         —         0           Motivation for Change         —         2.4%         —         —         —           Parent-Child Mutual Competence         —         2.4%         —         —         —           PCAP         —         2.4%         —         —         —         —           PEARL Depression Treatment         2.6%         —		_			_	_
Minckoff's Co-occurring Therapy         —         2.4%         —         —           Moral Recognition Therapy         2.6%         —         —         —           Moral Reconation Therapy         2.6%         36.6%         10.0%         —         0           Motivation for Change         —         2.4%         —         —         —           Parent-Child Mutual Competence         —         2.4%         —         —         —           PCAP         —         —         2.4%         —         —         —           PEARL Depression Treatment         2.6%         —         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —         —           Promoting First Relationships         2.6%         —         —         —         —         —           QPRT         2.6%         —<	Living in Balance	_	4.9%		_	_
Moral Recognition Therapy         2.6%         —         —         —           Moral Reconation Therapy         2.6%         36.6%         10.0%         —         0           Motivation for Change         —         2.4%         —         —         —           Parent-Child Mutual Competence         —         2.4%         —         —         —           PCAP         —         2.4%         —         —         —         —           PCAP         —         2.4%         —	Matrix Model	2.6%	2.4%		_	3
Moral Reconation Therapy         2.6%         36.6%         10.0%         —         0           Motivation for Change         —         2.4%         —         —           Parent-Child Mutual Competence         —         2.4%         —         —           PCAP         —         2.4%         —         —           PEARL Depression Treatment         2.6%         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —           Promoting First Relationships         2.6%         —         —         —           Promoting First Relationships         2.6%         —         —         —           QPRT         2.6%         —         —         —         —           Relapse Prevention         —         —         —         —         —           Seven Challenges         2.6%         —         —         —         —           Seven Challenges         2.6%         —         —         —         —           Starting WA PACT Service         2.6%         —         —         —         —           Strengthening Families (lowa)         2.6%         —         —         —	Minckoff's Co-occurring Therapy	_	2.4%		_	_
Moral Reconation Therapy         2.6%         36.6%         10.0%         —         0           Motivation for Change         —         2.4%         —         —           Parent-Child Mutual Competence         —         2.4%         —         —           PCAP         —         2.4%         —         —           PEARL Depression Treatment         2.6%         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —           Promoting First Relationships         2.6%         —         —         —           Promoting First Relationships         2.6%         —         —         —           QPRT         2.6%         —         —         —         —           Relapse Prevention         —         —         —         —         —           Seven Challenges         2.6%         —         —         —         —           Seven Challenges         2.6%         —         —         —         —           Starting WA PACT Service         2.6%         —         —         —         —           Strengthening Families (lowa)         2.6%         —         —         —	Moral Recognition Therapy	2.6%	_	_	_	_
Motivation for Change         —         2.4%         —         —           Parent-Child Mutual Competence         —         2.4%         —         —           PCAP         —         2.4%         —         —           PEARL Depression Treatment         2.6%         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —           Promoting First Relationships         2.6%         —         —         —         —           Promoting First Relationships         2.6%         —         —         —         —         —           QPRT         2.6%         —         —         —         —         —         —           Relapse Prevention         —		2.6%	36.6%	10.0%	_	0
Parent-Child Mutual Competence         —         2.4%         —         —         2           PCAP         —         2.4%         —         —         2           PEARL Depression Treatment         2.6%         —         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —<		_	2.4%		_	_
PCAP         —         2.4%         —         —         2           PEARL Depression Treatment         2.6%         —         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —         —           Promoting First Relationships         2.6%         —         —         —         —           QPRT         2.6%         —         —         —         —         —           Relapse Prevention         —         —         —         —         —         —           Relapse Prevention         —         —         —         —         —         —           Seven Challenges         2.6%         —         —         —         —         —           Seven Challenges         2.6%         —         —         —         —         —           Solution Focused Therapty         2.6%         —         —         —         —         —           Starting WA PACT Services         2.6%         —         —         —         —         —         —         —           Strengthening Families (lowa)         2.6%         —         —         —         —         —		_	2.4%		_	_
PEARL Depression Treatment         2.6%         —         —         —           Post-traumatic Stress Disorder EBP         2.6%         —         —         —           Promoting First Relationships         2.6%         —         —         —           QPRT         2.6%         —         —         —           Relapse Prevention         —         —         —         —           Relapse Prevention         —         —         —         —           Seven Challenges         2.6%         —         —         —           Seven Challenges         2.6%         —         —         —           Solution Focused Therapy         2.6%         —         —         —           Solution Focused Therapy         2.6%         —         —         —           Starting WA PACT Service         2.6%         —         —         —           Strengthening Families (lowa)         2.6%         —         —         —           Strengthening Families (lowa)         2.6%         —         —         —           TeenPEACE         2.6%         —         —         —         —           Theraplay         2.6%         —         — <td< td=""><td></td><td>_</td><td></td><td>_</td><td>_</td><td>2</td></td<>		_		_	_	2
Post-traumatic Stress Disorder EBP         2.6%         —         —         —         —           Promoting First Relationships         2.6%         —         —         —         2           QPRT         2.6%         —         —         —         —           Relapse Prevention         —         —         —         —           Relapse Prevention         —         —         —         —           Seven Challenges         2.6%         —         —         —           Solution Focused Therapy         2.6%         —         —         —           Solution Focused Therapy         2.6%         —         —         —           Starting WA PACT Service         2.6%         —         —         —           Strengthening Families (lowa)         2.6%         —         —         —           Suicide prevention EBPs         2.6%         —         —         —           TeenPEACE         2.6%         —         —         —           Theraplay         2.6%         —         —         —           Trauma-Specific CBT         2.6%         —         —         —           Trauma-Specific CBT         2.6%         —		2.6%	_	_	_	_
Promoting First Relationships         2.6%         —         —         —         2           QPRT         2.6%         —         —         —         —           Relapse Prevention         —         —         —         —           Seven Challenges         2.6%         —         —         —           Solution Focused Therapy         2.6%         —         —         —           Solution Focused Therapy         2.6%         —         —         —           Starting WA PACT Service         2.6%         —         —         —           Strengthening Families (lowa)         2.6%         —         —         —           Strengthening Families (lowa)         2.6%         —         —         —           Suicide prevention EBPs         2.6%         —         —         —           TeenPEACE         2.6%         —         —         —         —           Theraplay         2.6%         —         —         —         —           Trauma-Specific CBT         2.6%         —         —         —         —           Trauma-Focused CBT (TF-CBT)         13.2%         —         —         —         —           Tri			_			_
QPRT       2.6%       —       —       —         Relapse Prevention       —       10.0%       —       —         Seven Challenges       2.6%       14.6%       —       —       —         Solution Focused Therapy       2.6%       —       —       —       —         Starting WA PACT Service       2.6%       —       —       —       —         Strengthening Families (lowa)       2.6%       —       —       —       —         Suicide prevention EBPs       2.6%       —       —       —       —         TeenPEACE       2.6%       —       —       —       —         Theraplay       2.6%       —       —       —       —         Trauma-Specific CBT       2.6%       —       —       —       —         Trauma-Based CBT       2.6%       —       —       —       —         Triple P       2.6%       —       —       —       —         Work-ordered day       5.3%       —       —       —       —         WRAP       2.6%       —       —       —       —       —			_			2
Relapse Prevention         —         10.0%         —         —           Seven Challenges         2.6%         14.6%         —         —         —           Solution Focused Therapy         2.6%         —         —         —         —           Starting WA PACT Service         2.6%         —         —         —         —           Strengthening Families (lowa)         2.6%         —         —         —         —           Suicide prevention EBPs         2.6%         —         —         —         —           TeenPEACE         2.6%         —         —         —         —           Theraplay         2.6%         —         —         —         —           Trauma-Specific CBT         2.6%         —         —         —         —           Trauma-Based CBT         2.6%         —         —         —         —           Triple P         2.6%         —         —         —         —           Work-ordered day         5.3%         —         —         —         —				_	<u> </u>	<del>                                     </del>
Seven Challenges       2.6%       14.6%       —       —       —         Solution Focused Therapy       2.6%       —       —       —       —         Starting WA PACT Service       2.6%       —       —       —       —         Strengthening Families (lowa)       2.6%       —       —       —       —         Suicide prevention EBPs       2.6%       —       —       —       —         TeenPEACE       2.6%       —       —       —       —         Theraplay       2.6%       —       —       —       —         Trauma-Specific CBT       2.6%       —       —       —       —         Trauma-Based CBT       2.6%       —       —       —       —         Trauma-Focused CBT (TF-CBT)       13.2%       —       —       —       —         Triple P       2.6%       —       —       —       —       —         WRAP       2.6%       —       —       —       —       —       —       —		2.070		10.0%		
Solution Focused Therapy       2.6%       —       —       —         Starting WA PACT Service       2.6%       —       —       —         Strengthening Families (lowa)       2.6%       —       —       —         Suicide prevention EBPs       2.6%       —       —       —         TeenPEACE       2.6%       —       —       —         Theraplay       2.6%       —       —       —         Trauma-Specific CBT       2.6%       —       —       —         Trauma-Based CBT       2.6%       —       —       —         Triple P       2.6%       —       —       —         Work-ordered day       5.3%       —       —       —         WRAP       2.6%       —       —       —       —	•	2 6%	1/1 6%	10.070		
Starting WA PACT Service       2.6%       —       —       —       —         Strengthening Families (Iowa)       2.6%       —       —       —       —         Suicide prevention EBPs       2.6%       —       —       —       —         TeenPEACE       2.6%       —       —       —       —         Theraplay       2.6%       —       —       —       —         Trauma-Specific CBT       2.6%       —       —       —       —         Trauma-Specific CBT       2.6%       —       —       —       —         Trauma-Focused CBT (TF-CBT)       13.2%       —       —       —       —         Triple P       2.6%       —       —       —       —         Work-ordered day       5.3%       —       —       —       —         WRAP       2.6%       —       —       —       —			14.070			
Strengthening Families (Iowa)       2.6%       —       —       —         Suicide prevention EBPs       2.6%       —       —       —         TeenPEACE       2.6%       —       —       —         Theraplay       2.6%       —       —       —         Transitional Support Services for PPPW       2.4%       —       —       —         Trauma-Specific CBT       2.6%       —       —       —       —         Trauma-Based CBT       2.6%       —       —       —       —         Triple P       2.6%       —       —       —       —         Work-ordered day       5.3%       —       —       —       —         WRAP       2.6%       —       —       —       —			_	_	+ -	_
Suicide prevention EBPs       2.6%       —       —       —       —         TeenPEACE       2.6%       —       —       —       —         Theraplay       2.6%       —       —       —       —         Transitional Support Services for PPPW       2.4%       —       —       —         Trauma-Specific CBT       2.6%       —       —       —       —         Trauma-Based CBT       2.6%       —       —       —       —         Trauma-Focused CBT (TF-CBT)       13.2%       —       —       —       —         Triple P       2.6%       —       —       —       —         Work-ordered day       5.3%       —       —       —       —         WRAP       2.6%       —       —       —       —			_			_
TeenPEACE         2.6%         — <t< td=""><td></td><td></td><td><del>-</del></td><td>_</td><td><del>                                     </del></td><td></td></t<>			<del>-</del>	_	<del>                                     </del>	
Theraplay         2.6%         — <t< td=""><td></td><td></td><td>_</td><td></td><td></td><td>_</td></t<>			_			_
Transitional Support Services for PPPW       2.4%       —       —       —         Trauma-Specific CBT       2.6%       —       —       —       —         Trauma-Based CBT       2.6%       —       —       —       —         Trauma-Focused CBT (TF-CBT)       13.2%       —       —       —       —         Triple P       2.6%       —       —       —       —         Work-ordered day       5.3%       —       —       —       —         WRAP       2.6%       —       —       —       —			_	+		_
Trauma-Specific CBT     2.6%     —     —     —       Trauma-Based CBT     2.6%     —     —     —       Trauma-Focused CBT (TF-CBT)     13.2%     —     —     —       Triple P     2.6%     —     —     —     —       Work-ordered day     5.3%     —     —     —     —       WRAP     2.6%     —     —     —     —		2.6%	_	_	<del>  -</del>	_
Trauma-Based CBT     2.6%     —     —     —       Trauma-Focused CBT (TF-CBT)     13.2%     —     —     —       Triple P     2.6%     —     —     —     —       Work-ordered day     5.3%     —     —     —     —       WRAP     2.6%     —     —     —     —			2.4%	_	-	_
Trauma-Focused CBT (TF-CBT)     13.2%     —     —     —       Triple P     2.6%     —     —     —       Work-ordered day     5.3%     —     —     —       WRAP     2.6%     —     —     —	•		_	_		_
Triple P     2.6%     —     —     —       Work-ordered day     5.3%     —     —     —       WRAP     2.6%     —     —     —	Trauma-Based CBT	2.6%	_	_	-	_
Work-ordered day         5.3%         —         —         —         —           WRAP         2.6%         —         —         —         —	Trauma-Focused CBT (TF-CBT)	13.2%				
WRAP 2.6% — — — —	Triple P	2.6%	-		-	I —
WRAP 2.6% — — — —	•	5.3%	_	_	_	_
			_	_	_	_
	WrapAround	7.9%	_	_	_	4

Q4a\_other36. Other EBPs Used by Agencies

	MHD (N=17)	DASA (n=12)	JRA (n=0)	CA (n=0)	Inclusion Score
Adolescent Community Reinforcement Approach (ACRA)	_	16.7%	_	_	_
Behavioral Activation	5.6%	_	_	_	3
Bernstein/Goldberg Mutual Competence P-C Interaction	5.6%	_		_	_
Breakthrough Parenting	5.6%	_		_	_
Change Companies Journals	_	8.3%	_	_	_
Commitment to Change	_	8.3%		_	_
Complete range of medications for MH disorders via referral to the BHS Psychiatric Team	_	8.3%		_	_
Day Support	5.6%	_	_	_	_
Diagnostics	5.6%	_		_	_
Level I AB/CD Outpatient Adult/Youth	_	8.3%		_	_
Lifeskills Training	_	8.3%		_	3
Living in Balance Model	5.6%	_		_	_
Matrix (for stimulant abuse)	_	8.3%		_	_
Nurturing Parenting	5.6%	_		_	2
Psychosocial Rehabilitation/Milieu Therapy	5.6%	_	_	_	_
Rational Emotive Behavioral Therapy	_	8.3%		_	_
Recovery Model	5.6%	_		_	_
Regional Intervention Program	5.6%	_	_	_	_
Seven Challenges	_	16.7%		_	_
Solution Focused Sexual Abuse Treatment	5.6%	_		_	_
Therapeutic Community		8.3%			
Trauma Focused CBT	29.4%				
Unofficial peer support (consumers are not trained or paid, but supportive peer relationships develop naturally	5.6%	_	_	_	_

F - 5

Q5\_other. Unlisted Mechanisms Used for EBP Training (73 others)

	MHD
Career Paths	1
Codiak, COCE	1
Community training	1
Conferences	3
DASA training	2
DSHS Trainers	2
DVR	1
Harborview Plus Center for Disease Control	1
In process	1
ICCD Standards	1
JRA Consultants	6
Juvenile Court	1
LNP consultation	1
Matrix conference	1
MHD	2
MHD/RSNs	1
META Model training	1
Motivational Enhancement certified consultant	1
Motivational Interviewing certified consultant	1
Multisystemic Therapy therapist in North Carolina	1
NAMI	1
National Association Training	1
(We are a) National Training Site	1
National education	1
Not applicable	3
Outside evaluator who uses OHIO SAMI CCOE materials	1
Outside training	11
Private consultant	1
Professional trainers	3
Psychiatrist on his own	1
Psychiatrist utilize and then provide consultation to staff	1
RSN	1
RSN/WIMIRT	1
Some consultation and external training	2
State training	2
SAMHSA	1
SAMHSA manual	1
Unknown	1
WIMIRT	4
missing data	5

Note: This table includes data for the original 34 EBPs only.

Q5\_other. Unlisted Mechanisms Used for EBP Training (47 others)

	DASA
ARNP provides	1
Committee for Children	1
Community based organizations	1
Continuing Education	1
Contracted Trainers	1
Credentialed Trainers	9
Hired Consultants	2
King County Training	1
Local Training	4
None	2
na	4
MATRIX	1
Medical Director CDC IP	1
Medical/Psychiatric Contract Doctors	1
MHD Training for Peer Counselors	1
Outside Community Employers	1
Outside Consultation	1
Self Study by staff	1
SAMSHA Best Practices	1
Trainings	1
Training by WA Institute or Eastern WA U. certificate program	1
VA Training	2
VA Training/U. of WA Training, DASA sponsored Training	1
WA Institute Training	1
WIMIRT Training through RSN	1
Washington State Training	1
Workfirst Emp Security	1
Workshops	2
Workshops, training, continuing education	1

Note: This table includes data for the original 34 EBPs only.

#### Q5\_other. Unlisted Mechanisms Used for EBP Training (2 others)

	JRA
Behavioral Tech, LLC.	2

Note: This table includes data for the original 34 EBPs only.

#### Q5\_other. Unlisted Mechanisms Used for EBP Training (16 others)

	CA
FFT Inc. Training	1
Model developer consultation	1
Monitoring by model developer	1
State contracted PCIT consultants	10
TFC Consultants	3

Note: This table includes data for the original 34 EBPs only.

Q6\_other. Other target populations for each EBP

	MHD
	(n = 96)
Aggression Replacement Training	_
Assertive Community Treatment (ACT/PACT)	Missing = 1
Behavioral Treatment for Substance Abuse in Schizophrenia	Missing = 1
Brief Strategic Family Therapy	Family = 1 None = 1
Cognitive Behavior Therapies (CBT)	Family = 1 N/A = 1
Contingency Management (Co-occurring)	_
Dare to be you	_
Dialectical Behavioral Therapy (DBT)	Missing = 2
Eye Movement Desensitization & Reprocessing (EMDR)	_
Family Integrated Transitions	Adjudicated youth = 1
Family Psychoeducation	In process = 1
Functional Family Therapy	Family = 1
Gatekeeper Program	_
Illness Self-Management/Illness Management & Recovery	N/A = 1
Incredible Years	Unsure = 1
Integrated Dual Disorders	Missing = 2
Interpersonal Therapy	N/A = 1
Medication Management	_
Motivational Enhancement Therapy (MET)	_
Motivational Interviewing	Family = 1
Multi-Family Group Treatment (MFG)	Could not get going = 1 In process = 1
Multidimensional Family Therapy	_
Multidimensional Treatment Foster Care	_
Multisystematic Therapy	Family = 1
Nurse-Family Partnership	_
Parent-Child Interaction Therapy	Family = 1 Unsure = 1
Peer Support	Family = 1
Promoting Alternative Thinking Strategies (PATH)	_
Second Step	_
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	_
Strengthening Families Program (SFP)	
Supported Employment	In planning phase = 1
Supported Housing	_
Therapeutic Foster Care	_
Other (Specify:)	Family = 1 Persons with Epilepsy = 1
Other (Specify:)	Family = 1

Q6\_other. Other target populations for each EBP

	DASA
	(n = 154)
Aggression Replacement Training	_
Assertive Community Treatment (ACT/PACT)	_
Behavioral Treatment for Substance Abuse in Schizophrenia	_
Brief Strategic Family Therapy	N/A = 1
Cognitive Behavior Therapies (CBT)	N/A = 1 Pregnant/parenting women = 2 Women = 1
Contingency Management (Co-occurring)	_
Dare to be you	_
Dialectical Behavioral Therapy (DBT)	Pregnant/parenting women = 2 Women = 2
Eye Movement Desensitization & Reprocessing (EMDR)	_
Family Integrated Transitions	_
Family Psychoeducation	Pregnant/parenting women = 2
Functional Family Therapy	_
Gatekeeper Program	_
Illness Self-Management/Illness Management & Recovery	_
Incredible Years	_
Integrated Dual Disorders	_
Interpersonal Therapy	_
Medication Management	_
Motivational Enhancement Therapy (MET)	_
Motivational Interviewing	N/A = 1 Pregnant/parenting women = 2 Women = 1
Multi-Family Group Treatment (MFG)	N/A = 1
Multidimensional Family Therapy	_
Multidimensional Treatment Foster Care	_
Multisystematic Therapy	_
Nurse-Family Partnership	_
Parent-Child Interaction Therapy	Adult PPPW clients & children = 1
Peer Support	Women = 1
Promoting Alternative Thinking Strategies (PATH)	_
Second Step	
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	Pregnant/Parenting Women = 2 Women = 1
Strengthening Families Program (SFP)	_
Supported Employment	_
Supported Housing	_
Therapeutic Foster Care	_
Other (Specify:)	Adult PPPW Clients only = 1
Other (Specify:)	_

Q6\_other. Other target populations for each EBP

Aggression Replacement Training Assertive Community Treatment (ACT/PACT) Behavioral Treatment for Substance Abuse in Schizophrenia Brief Strategic Family Therapy ————————————————————————————————————		
Aggression Replacement Training Assertive Community Treatment (ACT/PACT) Behavioral Treatment for Substance Abuse in Schizophrenia Brief Strategic Family Therapy Cognitive Behavior Therapies (CBT) Contingency Management (Co-occurring) Dare to be you Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Treatment Foster Care Multisystematic Therapy Per Support Promoting Alternative Thinking Strategies (PATH) Second Step Supported Housing Fine Agen Substance Abuse Supported Housing Fine Agen Substance Abuse Unvenile offenders = 1  Juvenile offenders = 1		JRA
Aggression Replacement Training Assertive Community Treatment (ACT/PACT) Behavioral Treatment for Substance Abuse in Schizophrenia Brief Strategic Family Therapy Cognitive Behavior Therapies (CBT) Contingency Management (Co-occurring) Dare to be you Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Treatment Foster Care Multisystematic Therapy Per Support Promoting Alternative Thinking Strategies (PATH) Second Step Supported Housing Fine Agen Substance Abuse Supported Housing Fine Agen Substance Abuse Unvenile offenders = 1  Juvenile offenders = 1		(n = 17)
Assertive Community Treatment (ACT/PACT) Behavioral Treatment for Substance Abuse in Schizophrenia Brief Strategic Family Therapy Cognitive Behavior Therapies (CBT) Contingency Management (Co-occurring) Dare to be you Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Family Psychoeducation Gatekeeper Program Illness Self-Management/Illness Management & Recovery Intredible Years Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystematic Therapy Murse-Family Partnership Perer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Traumar/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Housing Therapputic Foster Care Other (Specify:) Juvenile offenders = 1	Aggression Replacement Training	· · · · · · · · · · · · · · · · · · ·
Behavioral Treatment for Substance Abuse in Schizophrenia  Brief Strategic Family Therapy — — — — — — — — — — — — — — — — — — —	<u> </u>	_
Brief Strategic Family Therapy Cognitive Behavior Therapies (CBT) Contingency Management (Co-occurring) Dare to be you  Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy Gatekeeper Program Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystematic Therapy Multi-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Tratumal/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Housing Therapeutic Foster Care Other (Specify:) Juvenile offenders = 1		
Cognitive Behavior Therapies (CBT)  Contingency Management (Co-occurring)  Dare to be you  Dialectical Behavioral Therapy (DBT)  Eye Movement Desensitization & Reprocessing (EMDR)  Family Integrated Transitions  Family Psychoeducation  Functional Family Therapy  Gatekeeper Program  Illness Self-Management/Illness Management & Recovery  Incredible Years  Integrated Dual Disorders  Integrated Dual Disorders  Interpersonal Therapy  Medication Management  Motivational Enhancement Therapy (MET)  Motivational Interviewing  Multi-Family Group Treatment (MFG)  Multidimensional Family Therapy  Multidimensional Treatment Foster Care  Multidisystematic Therapy  Murse-Family Partnership  Parent-Child Interaction Therapy  Peer Support  Per Support	Schizophrenia	_
Contingency Management (Co-occurring) Dare to be you Dialectical Behavioral Therapy (DBT) Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy Gatekeeper Program Illness Self-Management/Illness Management & Recovery Interdible Years Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Treatment Foster Care Multisystematic Therapy Nurse-Family Partnership Parent-Child Interaction Therapy Peer Support Promotting Alternative Thinking Strategies (PATH) Second Step Supported Employment Supported Families Program (SFP) Supported Housing Therapeutic Foster Care Other (Specify:) Juvenile offenders = 1	Brief Strategic Family Therapy	_
Dare to be you Dialectical Behavioral Therapy (DBT)  Eye Movement Desensitization & Reprocessing (EMDR)  Family Integrated Transitions Family Psychoeducation Functional Family Therapy Gatekeeper Program  Illness Self-Management/Illness Management & Recovery Incredible Years Interpressonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystematic Therapy Murse-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Seecond Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Familise Program (SFP) Supported Housing Therapeutic Foster Care Other (Specify:) Juvenile offenders = 1	Cognitive Behavior Therapies (CBT)	_
Dialectical Behavioral Therapy (DBT)  Eye Movement Desensitization &  Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy Gatekeeper Program Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystematic Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Housing Therapeutic Foster Care Other (Specify:) Juvenile offenders = 1	Contingency Management (Co-occurring)	_
Eye Movement Desensitization & Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy Gatekeeper Program Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystematic Therapy Nurse-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Housing Therapeutic Foster Care Other (Specify:) Juvenile offenders = 1	Dare to be you	_
Reprocessing (EMDR) Family Integrated Transitions Family Psychoeducation Functional Family Therapy Gatekeeper Program Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystematic Therapy Nurse-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Housing Therapeutic Foster Care Other (Specify:) Juvenile offenders = 1	Dialectical Behavioral Therapy (DBT)	Juvenile offenders = 1
Family Integrated Transitions Family Psychoeducation Functional Family Therapy Gatekeeper Program Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Interpersonal Therapy — Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing — Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystematic Therapy Nurse-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Housing Therapeutic Foster Care Other (Specify:) Juvenile offenders = 1		_
Family Psychoeducation — Functional Family Therapy — Gatekeeper Program — Illness Self-Management/Illness Management & Recovery — Incredible Years — Integrated Dual Disorders — Interpersonal Therapy — Medication Management — Motivational Enhancement Therapy (MET) — Motivational Interviewing — Multi-Family Group Treatment (MFG) — Multidimensional Family Therapy — Multidimensional Treatment Foster Care — Multisystematic Therapy — Nurse-Family Partnership — Parent-Child Interaction Therapy — Peer Support — Promoting Alternative Thinking Strategies (PATH) — Second Step — Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) — Supported Employment — Supported Employment — Supported Employment — Supported Housing — Other (Specify:) Juvenile offenders = 1		
Functional Family Therapy Gatekeeper Program Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystematic Therapy Nurse-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Employment Supported Employment Supported Care Other (Specify:) Juvenile offenders = 1		_
Gatekeeper Program —  Illness Self-Management/Illness Management & Recovery —  Incredible Years —  Integrated Dual Disorders —  Interpersonal Therapy —  Medication Management —  Motivational Enhancement Therapy (MET) —  Motivational Interviewing —  Multi-Family Group Treatment (MFG) —  Multidimensional Family Therapy —  Multidimensional Treatment Foster Care —  Multisystematic Therapy —  Nurse-Family Partnership —  Parent-Child Interaction Therapy —  Peer Support —  Promoting Alternative Thinking Strategies (PATH) —  Second Step —  Seeking Safety: A Psychotherapy for  Trauma/PTSD & Substance Abuse  Strengthening Families Program (SFP) —  Supported Employment —  Supported Employment —  Supported Housing —  Therapeutic Foster Care —  Other (Specify:) Juvenile offenders = 1		_
Illness Self-Management/Illness Management & Recovery Incredible Years Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multisystematic Therapy Nurse-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Housing Therapeutic Foster Care Other (Specify:) Juvenile offenders = 1	Functional Family Therapy	_
Management & Recovery Incredible Years Integrated Dual Disorders Integrated Dual Disorders Interpersonal Therapy Medication Management Motivational Enhancement Therapy (MET) Motivational Interviewing Multi-Family Group Treatment (MFG) Multidimensional Family Therapy Multidimensional Treatment Foster Care Multidimensional Treatment Foster Care Multisystematic Therapy Nurse-Family Partnership Parent-Child Interaction Therapy Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Employment Supported Housing Therapeutic Foster Care Other (Specify:) Juvenile offenders = 1		_
Integrated Dual Disorders  Interpersonal Therapy  Medication Management  Motivational Enhancement Therapy (MET)  Motivational Interviewing  Multi-Family Group Treatment (MFG)  Multidimensional Family Therapy  Multidimensional Treatment Foster Care  Multisystematic Therapy  Nurse-Family Partnership  Parent-Child Interaction Therapy  Peer Support  Promoting Alternative Thinking Strategies (PATH)  Second Step  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse  Strengthening Families Program (SFP)  Supported Housing  Therapeutic Foster Care  Other (Specify:)  Juvenile offenders = 1		_
Interpersonal Therapy —  Medication Management —  Motivational Enhancement Therapy (MET) —  Motivational Interviewing —  Multi-Family Group Treatment (MFG) —  Multidimensional Family Therapy —  Multidimensional Treatment Foster Care —  Multisystematic Therapy —  Nurse-Family Partnership —  Parent-Child Interaction Therapy —  Peer Support —  Promoting Alternative Thinking Strategies (PATH) —  Second Step —  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) —  Supported Employment —  Supported Housing —  Therapeutic Foster Care —  Other (Specify:) Juvenile offenders = 1	Incredible Years	_
Medication Management —  Motivational Enhancement Therapy (MET) —  Motivational Interviewing —  Multi-Family Group Treatment (MFG) —  Multidimensional Family Therapy —  Multidimensional Treatment Foster Care —  Multisystematic Therapy —  Nurse-Family Partnership —  Parent-Child Interaction Therapy —  Peer Support —  Promoting Alternative Thinking Strategies (PATH) —  Second Step —  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse —  Strengthening Families Program (SFP) —  Supported Employment —  Supported Housing —  Therapeutic Foster Care —  Other (Specify:) Juvenile offenders = 1	Integrated Dual Disorders	_
Motivational Enhancement Therapy (MET)  Motivational Interviewing  Multi-Family Group Treatment (MFG)  Multidimensional Family Therapy  Multidimensional Treatment Foster Care  Multisystematic Therapy  Nurse-Family Partnership  Parent-Child Interaction Therapy  Peer Support  Promoting Alternative Thinking Strategies (PATH)  Second Step  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse  Strengthening Families Program (SFP)  Supported Housing  Therapeutic Foster Care  Other (Specify:)  Multidimensional (MFG)  —  —  —  —  —  —  —  —  —  —  —  —  —	Interpersonal Therapy	_
Motivational Interviewing —  Multi-Family Group Treatment (MFG) —  Multidimensional Family Therapy —  Multidimensional Treatment Foster Care —  Multisystematic Therapy —  Nurse-Family Partnership —  Parent-Child Interaction Therapy —  Peer Support —  Promoting Alternative Thinking Strategies (PATH) —  Second Step —  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse —  Strengthening Families Program (SFP) —  Supported Employment —  Supported Housing —  Other (Specify:) Juvenile offenders = 1	Medication Management	_
Multi-Family Group Treatment (MFG) —  Multidimensional Family Therapy —  Multidimensional Treatment Foster Care —  Multisystematic Therapy —  Nurse-Family Partnership —  Parent-Child Interaction Therapy —  Peer Support —  Promoting Alternative Thinking Strategies (PATH) —  Second Step —  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse —  Strengthening Families Program (SFP) —  Supported Employment —  Supported Housing —  Therapeutic Foster Care —  Other (Specify:) Juvenile offenders = 1	Motivational Enhancement Therapy (MET)	_
Multidimensional Family Therapy —  Multidimensional Treatment Foster Care —  Multisystematic Therapy —  Nurse-Family Partnership —  Parent-Child Interaction Therapy —  Peer Support —  Promoting Alternative Thinking Strategies (PATH) —  Second Step —  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse —  Strengthening Families Program (SFP) —  Supported Employment —  Supported Housing —  Therapeutic Foster Care —  Other (Specify:) Juvenile offenders = 1	Motivational Interviewing	_
Multidimensional Treatment Foster Care  Multisystematic Therapy  Nurse-Family Partnership  Parent-Child Interaction Therapy  Peer Support  Promoting Alternative Thinking Strategies (PATH)  Second Step  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse  Strengthening Families Program (SFP)  Supported Housing  Therapeutic Foster Care  Other (Specify:)  Multidimensional Treatment Foster Care  —  —  —  —  —  —  —  —  —  —  —  —  —	Multi-Family Group Treatment (MFG)	_
Multisystematic Therapy Nurse-Family Partnership — Parent-Child Interaction Therapy — Peer Support — Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Employment Supported Housing Therapeutic Foster Care Other (Specify:)  Juvenile offenders = 1		_
Nurse-Family Partnership — Parent-Child Interaction Therapy — Peer Support — Promoting Alternative Thinking Strategies (PATH) — Second Step — Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) — Supported Employment — Supported Housing — Therapeutic Foster Care — Other (Specify:) Juvenile offenders = 1	Multidimensional Treatment Foster Care	_
Nurse-Family Partnership — Parent-Child Interaction Therapy — Peer Support — Promoting Alternative Thinking Strategies (PATH) — Second Step — Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) — Supported Employment — Supported Housing — Therapeutic Foster Care — Other (Specify:) Juvenile offenders = 1	Multisystematic Therapy	_
Peer Support Promoting Alternative Thinking Strategies (PATH) Second Step Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse Strengthening Families Program (SFP) Supported Employment Supported Housing Therapeutic Foster Care Other (Specify:)  Juvenile offenders = 1	Nurse-Family Partnership	_
Promoting Alternative Thinking Strategies (PATH)  Second Step  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse  Strengthening Families Program (SFP)  Supported Employment  Supported Housing  Therapeutic Foster Care  Other (Specify:)  —  —  —  —  —  —  —  —  —  —  —  —  —	Parent-Child Interaction Therapy	_
Composition of the content of the	Peer Support	_
Second Step —  Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse  Strengthening Families Program (SFP) —  Supported Employment —  Supported Housing —  Therapeutic Foster Care —  Other (Specify:) Juvenile offenders = 1		_
Trauma/PTSD & Substance Abuse  Strengthening Families Program (SFP)  Supported Employment  Supported Housing  Therapeutic Foster Care  Other (Specify:)  Juvenile offenders = 1		_
Supported Employment — Supported Housing — Therapeutic Foster Care — Other (Specify:) Juvenile offenders = 1		_
Supported Employment — Supported Housing — Therapeutic Foster Care — Other (Specify:) Juvenile offenders = 1	Strengthening Families Program (SFP)	_
Therapeutic Foster Care — Other (Specify:) Juvenile offenders = 1		_
Therapeutic Foster Care — Other (Specify:) Juvenile offenders = 1		_
Other (Specify:)  Juvenile offenders = 1	Therapeutic Foster Care	_
		Juvenile offenders = 1
		_

# Q9\_Other35: Are there any EBPs that you are NOT currently using but want to use in the future? Other (please specify)

	MHD (N = 12)
ASIST – Scott Miller's Practice Based Evidence	8.3%
DBT	8.3%
DBTS (Substance abuse specific)	8.3%
EBP specific for Crisis Intervention	8.3%
FACT	8.3%
More training is needed on Brief Strategic Therapy	8.3%
Positive Parent Programming	8.3%
Prolonged Exposure	8.3%
There may be others but we would need to know more about them and the applications to our populations and model of delivery	8.3%
We are interested in moving many of our services to EBP's however haven't specifically selected those we would like to use	8.3%
Wrap Around	16.7%

### Q9\_Other 35: Are there any EBPs that you are NOT currently using but want to use in the future? Other (please specify)

	DASA
	(N=6)
Experiential/recreational therapy	16.7%
MRT	16.7%
Seven Challenges	16.7%
Solution-Focused Therapy	16.7%
Treatment of the TBI patient which is now becoming a much more recognized problem and one for which there are few existing treatment guidelines for Substance Use Disorder/Co-Occurring Treatment. This population is not restricted to veteran patients but includes anyone who has suffered a traumatic injury involving the head.	16.7%
Unsure – still considering options	16.7%

# Q9\_Other 35: Are there any EBPs that you are NOT currently using but want to use in the future? Other (please specify)

	CA (N = 1)
Promoting First Relationships	100.0%

# Q9\_Other 35: Are there any EBPs that you are NOT currently using but want to use in the future? Other (please specify)

	JRA
	(N = 2)
DBT-SUD	100.0%

Q9\_Other 36: Are there any EBPs that you are NOT currently using but want to use in the future? Other (please specify)

	MHD (N = 4)
EMDR	25.0%
Facilitated 12 Step Referral	25.0%
MDT	25.0%
Seven Challenges	25.0%

### Q10\_other. Other Barriers in providing EBPs

	MHD
Aggression Replacement Training	(n = 96)
	Missing = 1
Assertive Community Treatment (ACT/PACT)	Volumes in rural areas = 1
Behavioral Treatment for Substance Abuse in Schizophrenia	Missing = 1
Brief Strategic Family Therapy	_
Cognitive Behavior Therapies (CBT)	Clients tend to like a blend of models = 1 Missing = 4
Contingency Management (Co-occurring)	Obtaining manuals or trainings for staff = 1 Missing = 1
Dare to be you	_
Dialectical Behavioral Therapy (DBT)	Missing = 3
Eye Movement Desensitization & Reprocessing (EMDR)	Limited scope = 1 Missing = 1 See above = 1
Family Integrated Transitions	_
Family Psychoeducation	Missing = 5
Functional Family Therapy	Missing = 1
Gatekeeper Program	In coordination with outside agency (AAA) = 1 Missing = 1
Illness Self-Management/Illness Management & Recovery	Time = 1 Missing = 3
Incredible Years	Missing = 1
Integrated Dual Disorders	Time commitment = 1 Missing = 4
Interpersonal Therapy	Some training concerns here = 1
Medication Management	Lack of psychiatrist in region = 1 Missing = 3
Motivational Enhancement Therapy (MET)	Missing = 1
Motivational Interviewing	Obtaining manuals or trainings for staff = 1 Missing = 1 See above = 1
Multi-Family Group Treatment (MFG)	Missing = 1
Multidimensional Family Therapy	_
Multidimensional Treatment Foster Care	_
Multisystematic Therapy	_
Nurse-Family Partnership	_
Parent-Child Interaction Therapy	_
Peer Support	Resources = 1 We actually do this = 1
Promoting Alternative Thinking Strategies (PATH)	_
Second Step	Missing = 2
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	Missing = 1

### Q10\_other. Other Barriers in providing EBPs (cont)

	MHD
	(n = 96)
Strengthening Families Program (SFP)	Missing = 1
Supported Employment	Missing = 2
Supported Housing	Obtaining manuals or trainings for staff = 1 Missing = 3
Therapeutic Foster Care	Missing = 1 We do this as well = 1
Other (Specify:)	Finding appropriate EBP for medically compromised homebound adults and older adults = 1 Just started = 1 Missing = 1 We are just starting this program = 1 We are trainers of this model = 1
Other (Specify:)	_

### Q10\_other. Other Barriers in providing EBPs

	DASA
	(n = 154)
Aggression Replacement Training	_
Assertive Community Treatment (ACT/PACT)	Waiting for training = 1
Behavioral Treatment for Substance Abuse in Schizophrenia	_
Brief Strategic Family Therapy	_
Cognitive Behavior Therapies (CBT)	_
Contingency Management (Co-occurring)	_
Dare to be you	_
Dialectical Behavioral Therapy (DBT)	_
Eye Movement Desensitization & Reprocessing (EMDR)	This is over-used by staff = 1
Family Integrated Transitions	Unsure = 1
Family Psychoeducation	_
Functional Family Therapy	_
Gatekeeper Program	_
Illness Self-Management/Illness Management & Recovery	_
Incredible Years	_
Integrated Dual Disorders	_
Interpersonal Therapy	_
Medication Management	_
Motivational Enhancement Therapy (MET)	_
Motivational Interviewing	_
Multi-Family Group Treatment (MFG)	Not enough couples = 1
Multidimensional Family Therapy	_
Multidimensional Treatment Foster Care	_
Multisystematic Therapy	_
Nurse-Family Partnership	_
Parent-Child Interaction Therapy	_
Peer Support	_
Promoting Alternative Thinking Strategies (PATH)	Unsure = 1
Second Step	_
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	_
Strengthening Families Program (SFP)	
Supported Employment	_
Supported Housing	_
Therapeutic Foster Care	_
Other (Specify:)	_
Other (Specify:)	_

### Q10\_other. Other Barriers in providing EBPs

	JRA
	(n = 17)
Aggression Replacement Training	Transfer of youth to other facilities not doing ART = 1 Transfers of youth to community facilities, other programs = 1
Assertive Community Treatment (ACT/PACT)	_
Behavioral Treatment for Substance Abuse in Schizophrenia	_
Brief Strategic Family Therapy	_
Cognitive Behavior Therapies (CBT)	_
Contingency Management (Co-occurring)	_
Dare to be you	_
Dialectical Behavioral Therapy (DBT)	Lack of adherence measures = 1 Lack of DBT Fidelity Measures = 1 Lack of fidelity measures = 4
Eye Movement Desensitization & Reprocessing (EMDR)	-
Family Integrated Transitions	Low referrals = 1
Family Psychoeducation	_
Functional Family Therapy	_
Gatekeeper Program	_
Illness Self-Management/Illness Management & Recovery	_
Incredible Years	_
Integrated Dual Disorders	_
Interpersonal Therapy	_
Medication Management	_
Motivational Enhancement Therapy (MET)	_
Motivational Interviewing	_
Multi-Family Group Treatment (MFG)	_
Multidimensional Family Therapy	_
Multidimensional Treatment Foster Care	_
Multisystematic Therapy	_
Nurse-Family Partnership	_
Parent-Child Interaction Therapy	_
Peer Support	_
Promoting Alternative Thinking Strategies (PATH)	_
Second Step	_
Seeking Safety: A Psychotherapy for Trauma/PTSD & Substance Abuse	_
Strengthening Families Program (SFP)	_
Supported Employment	-
Supported Housing	_
Therapeutic Foster Care	_
Other (Specify:)	Lack of DBT Fidelity Measures = 1 Lack of fidelity measures = 1
Other (Specify:)	_

# Q11\_Other6: Other assistance needed to help facilitate the adoption and implementation of evidence based practices.

	MHD (N = 9)
Finances would provide support to address several of the challenges above	11.1%
Leadership in promoting them	11.1%
More training dollars	11.1%
Not geriatric specific	11.1%
Resistance from administration	11.1%
We feel that some of our practices could be evidenced based if we could get the funding to do the research and the technical assistance to do the work to establish our practices as EBP	11.1%
Wanted to select multiple responses	33.3%

# Q11\_Other6: Other assistance needed to help facilitate the adoption and implementation of evidence based practices.

	DASA (N = 8)
Financing and resistancethen finding the appropriate trainers	12.5%
Financing to hire additional staff when we work for fee for service	12.5%
For TBI patients	12.5%
Lack of cdp's	12.5%
Training and finances	12.5%
Training on implementing EBP specifically to our needs and population	12.5%
Wanted to select multiple responses	25.0%

### Q11\_Other6: Other assistance needed to help facilitate the adoption and implementation of evidence based practices.

	JRA (N = 3)
Fidelity measures for DBT	33.3%
Lack of DBT fidelity measures	33.3%
Lack of fidelity measures	33.3%

Q12b. Populations served for which there are no known or available evidence-based practices.

	MHD
	(n = 59)
Children/Youth	13.6%
Adults	6.8%
Older Adults	5.1%
Families	6.8%
Personality/Psychiatric Disorders	18.6%
Minority Populations	20.3%
Substance Abuse Related	10.2%
EBPs covering a broad array of services	6.8%
Other	10.2%
Missing	1.7%

Q12b. Populations served for which there are no known or available evidence-based practices.

	DASA
	(n = 50)
Minority Populations	42.0%
Personality/Psychiatric Disorders	6.0%
Substance Abuse Related	8.0%
Children/Youth	10.0%
Services/Client Needs	22.0%
Other Populations	8.0%
Other	4.0%

Q12b. Populations served for which there are no known or available evidence-based practices.

	JRA	
	(n = 47)	
Youth With Sex Offenses	34.0%	
Youth With Cognitive Impairments	34.0%	
Female Offenders - General	6.4%	
Female Offenders - Recidivism	19.0%	
Cultural Programs	2.1%	
Suicidal Youth	2.1%	
Developmentally Delayed Youth	2.1%	

#### Q12b. Populations served for which there are no known or available evidence-based practices.

	CA	
	(n = 7)	
Clients/Children With Co-Occurring Issues- Including Mental Health and Substance Abuse	57.1%	
Parents/Families Referred For Neglecting Children	42.9%	

Q14\_Other7: Other initiative promoting the adoption of evidence-based practices

	MHD (N = 7)
Beginning the process of attempting to gain recognition of our model(s)/program(s) as best practices on the SAMHSA registry	14.3%
Consumer Outcome Measures	14.3%
Looking at caseload specialty for community members referred through gatekeeper program at Senior Information and Assistance.	14.3%
Ongoing consultation to adhere to the model	14.3%
Partnering with allied systems and stakeholders to promote use of EBPs in the Thurston/Mason community	14.3%
Recruiting trained staff	14.3%
We are working with out-patient & in-patient managers in the organization to start providing behavioral health services across the organization.	14.3%

#### Q14\_Other7: Other initiative promoting the adoption of evidence-based practices

	DASA (N = 9)
Addition of a research position to keep us abreast of new EBP and monitoring systems	11.1%
BUMED is moving in that direction	11.1%
Increasing the staff's knowledge about EBPs and the effectiveness of using these approaches when the clinical staff carry huge caseloads.	11.1%
Individual training	11.1%
Research Involvement/Participation	33.3%
Unsure	11.1%
We need the finances to implement!	11.1%

#### Q14\_Other7: Other initiative promoting the adoption of evidence-based practices

	JRA
	(N=4)
Developing DBT fidelity measures	75.0%
Developing fidelity measures & processes	25.0%