

CENTERS OF EXCELLENCE REPORT

A LITERATURE REVIEW AND
QUALITATIVE INQUIRY

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CENTERS OF EXCELLENCE REPORT

Project Purpose

As fields such as education, child welfare, criminal justice, behavioral and health, and social sciences increasingly focus on the proliferation of best practices and evidence-based programs, they may look to centers of excellence (COEs) as curators of this knowledge. Therefore, it is necessary to examine the available literature on these types of organizations and their operations to better understand their feasibility, role, and impact. The available body of knowledge on COEs is limited; however, it is growing as more information is published and shared.

Mighty Crow Media was contracted by Public Child Services Association of Ohio (PCSAO) to conduct a literature search and review focused on the definition, creation, and evaluation of centers of excellence (COEs) as the state of Ohio prepares to implement the Family First Prevention Services Act (FFPSA). This review was conducted to actively explore the concept of a “COE” to answer some key questions about the establishment and sustainability of COEs, including how they were launched, funding strategies, products and services offered, challenges and successes, lessons learned, and their overall structure and function.

This project consisted of research on COEs throughout the United States (and two centers abroad), with a focus on centers whose work had a relationship to the field of child welfare and the Family First Prevention Services Act (FFPSA). This work included internet research on COEs in Ohio and in other states, and individual interviews with at least ten COEs. Ultimately, this work culminated in the review of 37 COEs via internet research and interviews with 13 of the 37 COEs identified.

This report begins with a literature review, followed by a description of the methods used to conduct the research, the findings from the internet research and individual interviews, and concludes with a discussion and a summary of recommendations.

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LITERATURE REVIEW

MCM was asked to conduct a literature review on Centers of Excellence (COEs) to supplement and inform the research conducted through individual interviews and internet profiles. As such, MCM conducted a search of published articles and reports on COEs. Key questions for this literature review included:

- How do most COEs start or launch?
- How do COEs fund their start and how do they currently fund their work?
- What are the structures and functions of COEs?
- What are the products and services offered by COEs?

To better understand and provide a synopsis of COEs research that had some connection (direct or indirect) to child welfare, we conducted a literature review using Google Scholar and various academic research databases including Academic Search Complete, Directory of Open Access Journals, MasterFILE Complete, MEDLINE, CINAHL Plus, and Social Sciences Abstracts in April and May 2020. This review was intended to help answer some key questions about COEs, including their launch, funding strategy, products and services offered, challenges and successes, lessons learned, and overall structure and function. Search terms included combinations of those listed in the terminology section of the literature review (e.g., Center of Excellence, Best Practices Center, and Learning Collaborative). We first searched these terms in combination with “child welfare.” Then, we searched again, more broadly, including centers specific to behavioral health, substance use, and disabilities. Our search included peer-reviewed journal articles in addition to published white papers. Articles were subject to more thorough review if their title and/or abstract referenced the creation, maintenance, and/or assessment of a program or project related to a COE or whose functions encompassed those which may be undertaken by a COE (e.g., training and technical assistance and workforce development, education and training, advocacy, implementation of evidence-based practice, and/or capacity building). Additionally, pearling was used, whereby we examined the reference lists of the most relevant articles to help identify additional pieces of literature for review.

I. Terminology

Early in this review, we recognized that there are a wide range of terms used to describe the intent and functions of Centers of Excellence (COEs). The majority of published research on COEs comes from the fields of business, marketing, and healthcare. Guidance on development and program-specific descriptions of COEs in the social and behavioral science fields is sparse. Further, it is important to note that the term “center of excellence” is not regulated (Elkrod & Fortenberry, 2017), is often interchanged with various other terminology, and may hold distinctive meanings in terms of goals and functions depending upon the context. Mettrick and colleagues (2015) provide a definition of a COE geared toward improving well-being for children, youth, and their families:

“A COE supports service array development through implementation technical assistance, creative financing options, training, coaching, education, continuous quality improvement monitoring, and outcomes evaluation. A COE connects providers, state agencies, local jurisdictions, and purveyors to ensure that effective implementation leads to improved outcomes and builds on existing systems reform efforts.” p. 3

This definition offers a wide range of possible activities and functions of a COE in collaboration with various entities to meet the ultimate goal of improving systems and outcomes. Examples of other terminology used in the research that have varied degrees of overlap with COE in their purpose, goals, and/or services and products provided are listed on the following page.

- Best Practices Center
- Center for Evidence-based Practice
- Center for Innovative Practices
- Center of Excellence
- Learning Collaborative
- Capability Center or Competency Center
- Cross-system Implementation Center
- Implementation Centers
- Institute
- Intermediary or Purveyor Organization
- Partnership
- Quality Improvement Center
- Research Center
- Resource Center
- System of Care
- Training and Technical Assistance Center

Within this list are two terms that are likely the most similar to the COE definition provided by Mettrick and colleagues (2015): (1) Learning Collaborative and (2) System of Care. Table 1 provides the terms and definitions for COE, Learning Community, and System of Care, including the sources for these terms. All three terms and approaches were derived from child welfare related work and focus on improving the lives of children. Stroul and colleagues explain that “system of care” was first termed in 1986 and was originally designed to provide a framework to help coordinate networks of services and supports for children and their families, but that it seems to have erroneously evolved into a more prescriptive, often EBP-focused model (Stroul & Blau, 2010; Stroul, Blau, & Friedman, 2010). A revised definition provided in Table 1 was made to purposely broaden the functions of a system of care to be more flexible, responsive, and personalized based on different needs and contexts. Over and above the terms provided in the list above, these three terms and definitions may provide a particular direction in which to invest future research and attention when examining the feasibility and development of a COE.

Term	Definition	Source
Center of Excellence	“A COE supports service array development through implementation technical assistance, creative financing options, training, coaching, education, continuous quality improvement monitoring, and outcomes evaluation. A COE connects providers, state agencies, local jurisdictions, and purveyors to ensure that effective implementation leads to improved outcomes and builds on existing systems reform efforts.” p. 3	Mettrick, J., Harburger, D. S., Canary, P. J., Lieman, R. B., & Zabel, M. (2015). Building Cross-System Implementation Centers: A Roadmap for State and Local Child-and Family-Serving Agencies in Developing Centers of Excellence (COE).
Learning Collaborative	The Learning Collaborative approach “focuses on spreading, adopting, and adapting best practices across multiple settings and creating changes in organizations that promote the delivery of effective interventions and services.” p. 7	Markiewicz, J., Ebert, L., Ling, D., Amaya-Jackson, L., & Kisiel, C. (2006). Learning Collaborative Toolkit. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
System of Care	“A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network with a	Stroul, B. A., & Blau, G. M. (2010). Defining the system of care concept and philosophy: To update or not



	supportive infrastructure, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.” p. 61	to update? <i>Evaluation and Program Planning</i> , 33(1), 59-62.
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II. Rationale for Launch of the COE

The literature indicates that COEs (and/or their equivalents) were launched for numerous reasons. Broadly, COEs were developed in an effort to more systematically improve interventions and client/patient outcomes, increase the availability and implementation of and infrastructure for EBPs and other research informed programs and approaches, increase practitioner expertise, improve quality and innovation, create spaces for key partners to more easily collaborate, and increase the accountability and management of such change efforts (Elrod & Fortenberry, 2017; Mettrick, Harburger, Canary, Lieman, & Zabel, 2015; Mettrick, Canary, Zabel, & Shepler, 2017).

When it comes to child welfare specifically, many COEs were created as part of a response to systematic failures and subsequent litigation. These responses include failures to protect abused children, recruit and retain qualified personnel (Hernandez-Mekonnen & Konrady, 2017), appropriately respond to children’s complex behavioral and emotional health needs (Moser, Ebert, Dean, & Pumariega, 2014), and effectively establish and sustain EBPs through high-quality implementation, ongoing support, and buy-in (Mettrick et al., 2017). Further, some child welfare COEs came from a desire to establish a centralized partnership between federal, state, and/or local child welfare and family support agencies with the goal of improving the organization and coordination of systems of services and various child welfare outcomes, as well as convening key partners and acting as a broker in applying for larger federal and/or state grants that required interdisciplinary and intersystem collaboration (Gallagher, Danaher, & Clifford, 2009; Mettrick et al., 2017).

III. COEs Structure and Function

COEs are diverse in terms of their structure and function. The majority appear to be university-based and supported. However, the type of support they receive varies greatly. For example, COEs may receive differing amounts of financial support from a university; additionally, universities may provide support in terms of providing physical workspace, staff, supplies, branding and logos, and allowance of student volunteers and/or interns. Other COEs function as stand-alone agencies, non-profits, and/or state initiatives. Based upon their affiliations and partnerships, they can receive different levels and types of support to operate. Additionally, some COEs function to improve outcomes specific to their county or state, depending upon their charge and funding streams; others work nationally and internationally. In order to meet these key functions, basic start-up needs include a budget for these activities, office and training space, computers, access to the internet and technology needs, office supplies, and software as appropriate for education, training, data management and analysis.

Depending upon their goals and core functions, COEs may function as think tanks, policy institutes, action research organizations, and technical assistance centers. More often than not, they serve in some combination of these roles based upon the mission and focus of their work. The key functions of COEs fall under the categories of:

- (1) Implementation Support for EBPs/Promising Practices/Service Delivery Models;
- (2) Research, Evaluation, and Data Linking;
- (3) Partnership Engagement and Collaboration;
- (4) Capacity Building and Workforce Development Activities; and
- (5) Policy and Finance Expertise

(Franks & Bory, 2017; Franks & Bory, 2015; Markiewicz, Ebert, Ling, Amaya-Jackson, & Kisiel, 2006; Mettrick et al., 2015; Mettrick et al., 2017).

Gallagher and colleagues (2009) explain that there is also a large variety in COEs' staffing, which is often influenced by its mission, core functions, funding, and experience. In order to function well, COEs require an emphasis on establishing strong interpersonal relationships and leadership to oversee and manage all parts of the organization and coordinate needs and agendas of various stakeholders. Most COEs have one director or co-directors and a combination of full-time and part-time paid staff, students and volunteers. These positions may include education and training experts, business and support staff, and various unit leaders overseeing different key functions. Additionally, for social and behavioral health specific COEs, most are staffed by social workers (Biegel et al., 2003; Biegel, Swanson, & Kola, 2007; Hernandez-Mekonnen & Konrady, 2017).

The pros and cons of these varied structures are dependent upon the needs and goals of the COE. For example, private organizations have more flexibility in managing the organization (e.g., not subject to other organizations' rules, etc.), but they may also have more trouble with marketing, recognition, long-term financial sustainability, and the ability to mesh their own self-interests and agendas with those of others' in which they may need to collaborate. While university based COEs may come with more restrictions and politics to manage, there are also many benefits to this structure, including having access to library databases and the most up-to-date sources of information, academic experts, and student volunteers (Mitchell, Florin, & Stevenson, 2002).

IV. Products and Services Offered

In addition to the literature search, over 40 individual websites for social and behavioral health related COEs were reviewed to better understand the scope of products and services offered. Altogether, the majority of COEs have at least one goal specific to the adoption, implementation, dissemination, maintenance, and/or evaluation of an evidence-based practice (EBP); for some, this is the only goal. More often than not, however, COEs offer a combination of products and services.

The wide variety of products and services offered were grouped under the aforementioned core functions of COEs—implementation of EBP or other promising best practices; research, evaluation, and data linking; partnership engagement and collaboration; workforce development activities (education and training); and policy and finance expertise (see Franks & Bory, 2015; Canary, Zabel, & Shepler, 2017; Markiewicz et al., 2006; Mettrick et al., 2015; Mettrick et al., 2017). Under the core function of Implementation Support, COEs may provide resources and information sharing about EBPs, as well as assist programs with the adoption and implementation of them. For the Research, Evaluation, and Data Linking function, some examples of activities include helping agencies to assess their fidelity to an EBP, participate in quality improvement initiatives, or conduct research or program evaluations. In terms of Partnership and Collaboration, many COEs offer a centralized location for collaboration and play a role as a “linking agent” between various agencies, programs, and systems to share resources and expertise and provide reciprocal improvement opportunities

(Biegel et al., 2003; Gallagher et al., 2009). Capacity Building and Work Improvement functions most often translate to providing educational opportunities, training, and technical assistance services. Under the Policy and Finance Expertise function, COEs may provide grant writing and related support, marketing, and policy analysis activities.

An additional core function was added after reviewing the literature: Dissemination of Work. While efforts toward promoting the work resulting from the COEs may provide some overlap and be specific to each core function, they represent an important activity that can affect the mission success and sustainability of an organization. The primary functions and corresponding activities of COEs are displayed in Table 2.

Table 2: Core Functions and Corresponding Activities	
Core Function	Information, Products, and Services Provided
Implementation Support for EBPs/Promising Practices/Service Delivery Models	<ul style="list-style-type: none"> • Identify appropriate models that serve to address service gaps or deficits and whether or not it may be a good fit for the organization and context • Assist with all stages of planning, adoption, education, and implementation and maintenance and sustainability of chosen model(s) • Resource and Information sharing with various audiences
Research, Evaluation, and Data Linking	<ul style="list-style-type: none"> • Monitor needs and whether or not policies and programs are responsive to needs • Quality improvement initiatives; Assess fidelity, outcomes, effectiveness and satisfaction of services • Provide data linking and sharing arrangements between key partners • Conduct research and evaluation • Systems design
Partnership Engagement and Collaboration	<ul style="list-style-type: none"> • Support and facilitate inter-agency relationships • Serve as “linking agent” to strengthen each other’s work and share knowledge and expertise • Provide a forum for the exchange of ideas; foster dialogue on critical issues • Create local implementation teams • Keep those in client status engaged in all aspects of the system and COE activities
Capacity Building and Workforce Development	<ul style="list-style-type: none"> • Increase knowledge, skills, and expertise of workers at all levels (e.g., practitioners, supervisors, staff, students, volunteers) • Provide teaching, training, technical assistance, coaching, and supervision • Facilitate and present at conferences, workshops, webinars, continuing education events • If university-based: allow for internships, volunteer opportunities; assist in curriculum development and creation of degree and certificate programs • Increase workforce recruitment and retention
Policy and Finance Expertise	<ul style="list-style-type: none"> • Investment strategies, marketing, service options • Provide responses to questions from media, clients, citizens, funders, etc. • Develop requests for proposals, search for, and write grant applications • Serve in a project management role for grants and other projects • Analyze practical, cost-effectiveness, and fiscal implications of policies
Dissemination of Work	<ul style="list-style-type: none"> • Increase public awareness of activities and social marketing of efforts • Policy development and advocacy • Produce infographics, research briefs, summaries, reports, brochures, white papers, peer-reviewed journal articles, and present at local, national, and international conferences.



V. Funding Sources and Fiscal Considerations

Individual COEs differ in terms of how they are initially funded, as well as how they sustain funding over time. However, a review of the literature and numerous COEs' websites show that the large majority are at least partially grant funded (public, federal, state, county, local, and private foundations). Many also receive financial support from parent organizations, affiliated universities, private donations from individuals and corporations, and/or fees charged for consultation and technical assistance, trainings, and evaluation activities.

The organizations most frequently cited as grantors included:

- Administration on Children, Youth, and Families (ACYF)
- Children's Bureau
- State-level Departments of Child Welfare, Behavioral Health, Developmental Disabilities, Mental Health, and Addictions
- State, County, and Local-level Departments of Public Health
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- US Department of Health and Human Services

Fiscal-related issues are one of the most commonly cited barriers to the establishment, sustainability, and success of COEs. To address this, Mettrick and colleagues (2017) advise that seeking out multiple sources of funding is the best approach to ensure long-term sustainability. To increase COEs' financial security, some suggest partnering with states and other agencies to apply for larger grants (which can be used to provide some additional funding), offering additional fee for service activities, and practicing various cost-effective measures (e.g., making use of technology to save time and reduce costs) (Biegel et al., 2003). Lastly, receiving university support (financial and/or in-kind (e.g., physical space, supplies, student volunteers, etc.) can make the financial sustainability of a COE more manageable.

VI. Barriers and Challenges

There are many potential challenges and barriers in successfully establishing and operating a COE and they are influenced by its mission, structure, funding, context, key functions, and purview (whether local, state, regional, national, etc.). Some of the most frequently cited barriers include limited resources and funding, understaffing and overextending existing staff, inability to engage partners, and underestimating the amount of time necessary to achieve objectives and create change (Franks & Bory, 2015; Mitchell et al., 2002). The source of funding may dictate core functions and work priorities. In addition, the amount of funding largely influences the resources and services provided and staff size and compensation. A significant barrier can be the inability to provide information, services, and resources to all the partners who need it (Biegel et al., 2003). Further, funding must ensure that the number of staff is adequate to meet the COE's commitment to its core functions and activities. Thus, the more core functions a COE undertakes, the more staff it requires.

The inability to actively engage all stakeholders and partners that should be involved with the COE has also been reported. Some potential partners may be more difficult to engage than others due to competing commitments for their time and energy; additionally, it can be challenging to engage partners who do not see a clear benefit to their participation. Further, many potential partners may be experiencing staff shortages and high staff turnover, common in child welfare and behavioral health

(Biegel et al., 2003). Additional collaboration-based challenges include language and terminology differences between agencies and systems, bridging cross-discipline professionals, role definitions, and information sharing among systems, and establishing a shared value base (Pires et al., 2008).

Barriers related to underestimating the time needed to meet goals are related to balancing demands and activities between the various core functions identified. Some activities may require more time and investment, drawing attention away from others. Generally, it can take more time than anticipated to make changes and reach objectives. In establishing COEs, there may also be an underestimation of the time required to establish an infrastructure, train staff members, develop relationships and engage partners, and to adequately respond to changing needs (Biegel et al., 2007; Mann, 2002). Some other barriers that have been reported include differences in the types of services and resources offered between agencies and how they fit with grant requirements, lack of adequate technology and access to technology, over rigidity about EBP implementation while neglecting its fit within the context and community, and losing sight of the community's interests and priorities (Biegel et al., 2003; Mitchell et al., 2002).

In response, COEs must be flexible and responsive to changing and unique contexts (e.g., rural/urban needs; policy changes) and the needs of stakeholders and actively work toward building culturally and linguistically competent and inclusive systems. Work must also be made to bridge seemingly conflicting agendas and political environments and discover a shared vision of short- and long-term outcomes. This helps ensure commitment and buy-in among stakeholders, and the applicability of change efforts. Finally, the importance of allocating sufficient time for each core function and associated activities cannot be underestimated.

VII. Successes and Lessons Learned

There are five primary areas of focus that lend themselves to success for a COE:

- (1) Commitment and enthusiasm;
- (2) A focus on collaboration;
- (3) Well-articulated goals and functions;
- (4) Realistic expectations; and
- (5) Sustained effort.

1. **Commitment and Enthusiasm:** First, COEs need commitment, enthusiasm, and buy-in from its key stakeholders. Mettrick and colleagues (2017) discuss the need to find “allies and champions” for the work to help drive the persistent effort required to initiate and maintain a successful COE.
2. **Focus on Collaboration:** Relatedly, a focus on collaboration is required to help all stakeholders feel heard, valued, and invested in the work. Advisory boards (made up of various stakeholders—including children and families impacted by the work) should have a means to provide ongoing feedback about adherence to the mission, values, and functions of the COE, as well as the feasibility of the work given manpower, resources, and time constraints (Mitchell et al., 2002).
3. **Well-articulated Goals and Functions:** Next, setting clear, measurable goals and activities—in addition to the level of commitment and time required of staff to complete them—is recommended (Biegel et al., 2007; Mitchell et al., 2002). These goals and activities may require iterative adjustments based on stakeholder feedback and experience.

4. **Realistic Expectations:** In order to achieve success, the goals and outcomes of the COE must be focused and match the resources and supports of the organization. In addition to producing sub-par work, overextending staff with limited resources results in frustration, burnout, a lack of motivation, and reduced commitment to the COE's mission. Mitchell and colleagues (2002) recommend finding a balance between the activities required of each core function chosen by the COE and being clear about how much time needs to be allotted to each.
5. **Sustained Effort:** Lastly, a sustained effort is required for most collaborative and capacity-building activities required of COEs. Much work needs to be done to secure ongoing funding and infrastructure needs, support diversity in membership and participation, establish solid linkages and inter-agency collaborations, and find common ground between various agendas (Mitchell et al., 2002; Pires, Lazear, & Conlan, 2008). However, making the long-term commitment to doing so is likely to strengthen the foundation and support of the COE, while simultaneously creating a shared focus and enriched understanding of the unique work of each stakeholder and the combined work of the COE, and how they can complement one another.

VIII. Family First Prevention Services Act Considerations

The Family First Prevention Services Act (FFPSA) became law on February 9, 2018 with the intent to reform US child welfare systems by focusing on preventing children from entering foster care through the provision of federally funded mental health and substance use interventions and parenting skills trainings (CWLA, n.d.). As this legislation is fairly new, none of the literature reviewed made reference to FFPSA. However, it is likely that child welfare focused COEs will alter its structure and/or function in some way in response to it. As their work stands, many child welfare COEs have already been addressing some of the concerns and needs that resulted in the establishment of FFPSA; it is also possible that COEs' work influenced the drafting of the FFPSA. For example, efforts to prioritize kinship care and increase incentives for kinship families stem from data collection and analysis and the dissemination of the knowledge that children in kinship homes fare better, as measured by several child behaviors and well-being and factors, than children placed with non-relatives. Thus, it appears that the core functions of most child welfare COEs naturally align with the goals of FFPSA and that COEs are in a position to provide the leadership and capacity building required to bring them to fruition.

IX. Summary

The key findings from each of the eight sections above (terminology; rationale for launch; structure and function; products and services offered; funding and fiscal consideration; barriers and challenges; successes and lessons learned; and FFPSA considerations) are provided in a one-page visual (see Figure 1).

Terminology	<ul style="list-style-type: none"> • COEs and similar organizations are identified using various terminology • A COE supports service array development through implementation technical assistance, creative financing options, training, coaching, education, continuous quality improvement monitoring, and outcomes evaluation; connects providers, state agencies, local jurisdictions, and purveyors to ensure that effective implementation leads to improved outcomes and builds on existing systems reform efforts (Mettrick, Harburger, Kanary, Lieman, & Zabel, 2015, p. 3)
Rationale for Launch	<ul style="list-style-type: none"> • Desire to establish a centralized partnership to improve coordination of systems and improve outcomes • Some created as a response to systematic failures and litigation
Structure & Function	<ul style="list-style-type: none"> • Many are university-based, but others function as stand-alone nonprofits • Key functions: EBP Implementation; research and evaluation; partnership engagement and collaboration; capacity building; workforce development; policy and finance expertise
Products & Services Offered	<ul style="list-style-type: none"> • Vary by core functions • Include assistance with EBP implementation; quality improvement initiatives; acting as a "linking agent;" increasing workforce recruitment, retention, and skills; grant writing, project management, and policy development and analysis; advocacy and disseminating work
Funding & Fiscal Considerations	<ul style="list-style-type: none"> • Most are grant funded • Multiple sources of funding needed to ensure sustainability
Barriers & Challenges	<ul style="list-style-type: none"> • Limited resources, funding, and staff • Engaging all stakeholders • Underestimating the time needed to create change
Successes & Lessons Learned	<ul style="list-style-type: none"> • Generating and maintaining commitment, enthusiasm, and sustained effort • Focus on collaboration • Harness multiple funding streams • Well-articulated goals and functions • Realistic expectations
FFPSA Considerations	<ul style="list-style-type: none"> • FFPSA is relatively new and its effects on COEs have not been evaluated • Current child welfare efforts are likely already in line with FFPSA goals • CoEs may play an important role toward achieving goals of FFPSA in terms of capacity building, implementation, evaluation, and adaptation efforts.

Figure 1. Key findings from COE literature review.

INDIVIDUAL INTERVIEWS AND INTERNET PROFILES

After the literature review was completed, the next phases of this project included COE website research and interviews with representatives of COEs through the U.S. and Ohio to answer the following questions:

1. What are the primary organizational structures, operating principles, functions, and services of COEs?
2. What are the key facilitators and barriers to establishing and sustaining a successful COE?
3. (*For child welfare specific COEs*), How does your work relate to or serve the intentions of the Family First Prevention Services Act (FFPSA)?

Secondary data collected on existing COEs was gathered through an internet search and website examination. Primary data was collected through phone and/or videoconferencing interviews with selected COEs across the U.S. The search process began with COEs in Ohio, then COEs in other states and those in other countries. Additionally, we received a short list of COEs of interest from PCSAO which were integrated with our search list. In total, we reviewed the individual websites of 37 COEs and completed a content analysis, tracking individual data specific to (a) name and location of the COE; (b) area of focus (e.g., behavioral health, child welfare, etc.); (c) launch date; (d) structure and organization type; (e) information, services, and/or products provided; (f) funders and partners; and (g) contact information. When categorizing the COEs by area of focus, we used the following definitions:

- Behavioral Health: Work focuses on making improvements in the areas of mental health and substance use. Target populations may include youth, adults, and/or families.
- Child Welfare: Work is aimed at promoting child and family well-being with the goal of preventing and ameliorating child abuse and neglect.
- Criminal Justice: Work relates to crime and justice, efforts to prevent involvement with the law enforcement system, improving the system, and/or diverting certain populations (e.g., those with mental illness) from entering the system in favor of receiving more appropriate intervention.
- Developmental Disabilities: Primary work is designed to improve the lives of individuals (and their families) affected by a variety of conditions that can cause temporary, short-term, or long-term physical, intellectual, and/or emotional delays and impairment.
- Education: Primary work is focused on improving access to and quality of education from pre-school through entry into the workforce.
- Health and Human Services: Primary work centers on improving the health, welfare, and quality of life of youth, adults, families, and communities.
- Human Trafficking: Primary work is designed to prevent and reduce the illegal practice of transporting people from one physical location to another for the purposes of forced labor and/or sexual exploitation.

Note that each area of focus could represent strategies encompassing a spectrum of prevention from building knowledge and skills, through changing systems, and influencing policy and legislation (Cohen & Swift, 1999). COEs may also belong to multiple categories based upon their mission and current and former work, as reported on their website.

Next, we provided a spreadsheet that summarized the list of COEs to PCSAO for their review. They reviewed the list and ranked each COE in order of relevance and preferred priority for interviews (e.g., “good fit,” “unsure,” and “not a good fit”). In consultation with PCSAO, Mighty Crow sent email invitations to the centers of interest and scheduled interviews with interested parties. Response to the email request and interview appointment served as consent to participate.

Interviews were conducted in June and July 2020, via telephone or videoconference (according to participant preference) and lasted between 30 and 75 minutes each. The interviews were not recorded. The first author took detailed notes during the interview using electronic word processing software. A semi-structured interview guide was used. Questions included:

1. Can you tell me about why the COE was launched and how it first started? How did the COE fund its launch?
2. What is the structure of the COE (e.g. university-based, stand alone, a non-profit)? What do you see at the pros and cons of that structure?
3. How many staff (full, part-time, volunteers) do you have?
4. What kinds of products and services does your COE offer (e.g. one particular EBP, research, evaluation, fidelity monitoring, training, technical assistance, etc.)?
5. How would you describe the services you offer (e.g., function as a think tank, action research firm, or technical assistance center)?
6. How does the COE currently fund its work? What barriers have you faced in your funding? Do you charge fees for services?
7. How often do you collaborate with other centers and how does this process work?
8. What are considered to be the biggest successes of the COE as an operation? What are the biggest challenges to its operation?
9. What are some lessons learned or what might you have done differently in looking back?
10. *(If applicable, specific to child welfare COEs only)*, what do you consider your role to be or how is your future work related to the Family First Prevention Services Act (FFPSA)?

At the conclusion of the interviews, thematic analysis was completed. The interview notes were reviewed, and data were analyzed using open, axial, and selective coding (Kolb, 2012). Coding was an iterative process as interview notes across COEs were reviewed using the constant comparative method of analysis to identify key concepts, as well as similarities and differences across the data. After multiple reviews of the data, final themes were identified. To further enhance trustworthiness of the analysis, interview data and themes were reviewed by the second author. Discrepancies in findings were discussed until mutual agreement was reached. To protect participants’ confidentiality, individual COEs’ names and their representatives’ names were omitted from the report. Our findings are presented in the next section.

FINDINGS

Internet Research

Summary data from the COE website research are provided in Appendix A; COEs are listed in alphabetical order. The results included data from two COEs outside of the U.S. (in Canada and Australia), 16 different U.S. states and the District of Columbia, and 14 centers in Ohio. As expected, there was wide variety in terms of the amount of information provided on each COE’s webpage. Nearly all had a statement specific to their organizational structure, mission and focus of work, as well as the

type of information, services, and or products they provide. Key points from internet search/website review are provided below:

- **Terminology:** As previously mentioned, there was a wide variety in the terminology used to identify the COE and just seven centers used “Center of Excellence” in their official name.
- **Affiliation:** Approximately 62% of COEs were university-affiliated ($n = 23$) and 35% had nonprofit status ($n = 13$).
- **Services and Products Provided:** Some of the COEs had one or two major areas of focus (e.g., a specific type(s) of EBP implementation, program evaluation); others offered numerous functions (e.g., education, workforce development, capacity building, research, advocacy, quality improvement, etc.).
- **Launch Date and History:** For some of the COEs it was difficult to find information about their history and launch date on their website.
- **Funders and Partners:** Most organizations included the names of their key funders and partners, but others did not include this information or vaguely identified grant funding without naming the source.
- **Facilitators and Barriers:** None of the websites provided content or information specific to key facilitators and barriers to sustainability and just one provided limited information on how their work relates to the FFPSA.

Interviews

Interview data were collected on a total of 13 COEs across 8 different states (a subset of the 37 COEs chosen for the internet research). The majority of those interviewed fell under the category of behavioral health; the second largest category was child welfare, and the remaining COEs fell under the categories of criminal justice and developmental disabilities. There was a wide range in the number of years since the COEs first launched; the oldest COE was established over 50 years ago and the newest COE was established just 6 years ago. The COEs also varied greatly in size, their key functions, and means of funding. The number of paid staff ranged from a low of 2 to a high of over 60. See Table 3 for a summary of this information.

Table 3. Sample characteristics of COEs interviewed ($n = 13$)

COE Agency Category	Location	Year founded	Structure	Key functions	Staff size	Funding mechanisms
Behavioral Health	Ohio	2009	University-affiliated	EBP implementation; technical assistance	13	Contracts; Grants
Behavioral Health	Ohio	2010	University-affiliated	Coordination and capacity building; Education and training	2	Contracts; Grants; State funding

Behavioral Health	New York	2007	University-affiliated; Nonprofit	EBP implementation; Technical assistance; Consultation	60+	Contracts; State Funding
Behavioral Health	Colorado	2000	University-affiliated	EBP implementation; Technical assistance	6	Grants; Social Impact Investors; State contracts; Training fees
Behavioral Health	Ohio	2000	University-affiliated	EBP implementation; Technical assistance	7	Grants; State and agency contracts
Behavioral Health	Georgia	2011	University-affiliated	Training and technical assistance; Policy and finance analysis; Research and evaluation	30+	Grants; State and agency contracts
Behavioral Health	Massachusetts	1917	University-affiliated; Nonprofit	Advocacy; Coordination and capacity building; EBP implementation; Education and training; Technical assistance	10	Donations; Grants; State contracts
Behavioral Health	Pennsylvania	1999	Nonprofit	Education and training; Research and evaluation; Technical assistance	12	Donations; Contracts
Behavioral Health; Child Welfare; Developmental Disabilities; Health and Human Services	Vermont	1976	Nonprofit	EBP implementation; Research and evaluation; Think tank	56	Contracts; Grants
Child Welfare	New York	2009	Nonprofit	Advocacy; Coordination and capacity building; Education and training	8	Contracts; Conferences; Grants; Membership fees
Child Welfare	Illinois	2014	University-affiliated; Nonprofit	Coordination and capacity building; Research and evaluation	60+	Grants; State contracts

Criminal Justice	Ohio	2001	University-affiliated	Coordination and capacity building; Technical assistance	5	Contracts; Grants
Developmental Disabilities	Ohio	1966	University-affiliated	Education and training; Research and evaluation; Technical assistance	120	Contracts; Grants

Key Themes. The seven key themes that emerged from the interview data were (a) terminology; (b) structure; (c) diversity of functions; (d) mission-focused; (e) attention to infrastructure; (f) multiple funding streams; and (g) flexible and dynamic approach. Each theme is described below. The first three themes (terminology; structure; diversity of functions) respond to the first research question about the primary organizational structures, operating principles, functions, and services of COEs. The final four themes (mission-focused; attention to infrastructure; multiple funding streams; flexible and dynamic approach) arose in response to the research question about key facilitators and barriers to sustaining a successful COE. Lastly, while not identified as a theme of its own, results of responses to the final research question about how the COE serves the FFPSA are summarized. The list of themes, their corresponding definitions, and accompanying quotes are provided in Table 4.

Terminology. Data showed that COEs identified their core function and activities using various terms. Only three of the COEs interviewed had “center of excellence” in their organizations’ name. Other language used in COEs’ names included: center, program, collaborative, institute. When asked specifically about how they self-describe their key functions and services, there was even more diversity in the terms used. Some participants resonated with the term “COE”; some did not and preferred to describe themselves as experts in capacity building, EBP implementation, adoption, and evaluation, and training and technical assistance. Others said they served as think tanks, coordinating centers, intermediary or purveyor organizations, and policy advocates.

Structure. The majority of COEs ($n = 10$) were university affiliated, six had nonprofit status, and three had both a university-affiliation and an independent nonprofit status. Most noted the many benefits that come from being university-based: Access to experts and university resources (e.g., library databases, Institutional Review Board), increased credibility that often accompanies this partnership, physical space, and student intern and volunteer support. Some of the disadvantages to university-affiliation included bureaucratic and policy-related barriers, high overhead expenses, high expectations of federal grant funding and peer-reviewed publications, lack of financial support from the university, and the common outside misperception that the university provides complete financial backing of the center. Benefits to nonprofit status were increased flexibility with contracting, less administrative red tape, and increased efficiency in decision-making. One of the nonprofit COEs noted a challenge to be finding the most useful way to disseminate information, outside of peer-reviewed publications. Nonprofits may need to attend to a different kind of writing and publication geared more specifically to policymakers and legislators.

Diversity of Functions. While there was significant variety and overlap in the types and number of functions COE provided, no two COEs reported offering the same ones. Some COEs focused on just one or two key functions; others reporting offering numerous services. The primary functions of COEs included: EBP implementation, education, training, and technical assistance, coordination and capacity-

building, research and evaluation, advocacy, and policy and finance analysis. Funding streams included state, federal, and private grants, state and agency contracts, membership and training fees, and donations.

Mission-Focused. More than half of the COEs interviewed talked about the importance of staying mission-focused in the work. Representatives said they revisited their mission each time they considered applying for a grant, adding a key service or function, or were approached about entering into a new contract or partnership. A few representatives explained that they have turned down funding opportunities and projects in order to stay in alignment with their mission. Mission drift can be tempting, particularly if there is concern about funding sustainability. However, mission drift can also cause COEs to stray from their goals, reduce staff and partner loyalty and satisfaction, and spur unintended growth resulting in staff and resource strain.

Attention to Infrastructure. COEs' representatives emphasized that initial and ongoing grant funding and contract fees rarely include infrastructure as a necessary cost. As a result, attention to infrastructure is often overlooked. To the detriment of most COEs and many nonprofit organizations, initial development, maintenance, and operating costs are not well budgeted for (*if at all*) and COEs are left to figure this out on their own. This is a topic that must be attended to prior to the initial establishment of a COE and ongoing as its structure and functions grow. One COE representative explained that the work and focus on goal achievement is the most exciting part, but the systems and structures—whether well developed and supported, or not—can greatly interfere with a COE's success.

Multiple Funding Streams. The majority of COEs' representatives stressed the importance of pursuing multiple means of funding to launch and sustain the work. Diversity of funding streams helps ensure financial security of the COE and prevents the overreliance on one source of funding, which can be precarious in changing social and political climates. Some representatives had stories about seemingly steady streams of revenue that were unexpectedly ceased. Most COEs reported having multiple funding streams by way of local, county, state, and/or federal grants, private foundation grants, and state and agency contracts. Less common sources of funding included membership fees, training fees, and individual and corporate donations.

Flexible and Dynamic Approach. Another key piece of advice was for COEs to be flexible and responsive to changing environments and unique contexts. This somewhat relates to the recommendation for diverse funding streams, as there is a need to be adaptive to political and cultural shifts that sometimes occur swiftly and other times occur gradually over time, but that affect the work as well as the way it is approached. The need to be dynamic can be triggered by legislative changes (like the FFPSA), or changes in local or government-level leadership, funding opportunities, or client and community needs. Additionally, application and assessment of a particular EBP may show that its implementation in one environment does not work as efficiently in another. COEs must quickly respond in such instances to remain effective and relevant and ensure sustainability.

Theme	Description	Example quotation
Terminology	There were many differences in the terms representatives used to identify their COEs. Some representatives identified with the term COE; others said they did not use the term COE, did not consider their centers to be COEs, and/or felt their centers had aspirations to become a COE. Others self-identified as EBP implementation experts, training, and technical assistance centers, capacity building organizations, intermediary organizations, coordinating centers, policy advocates, and/or think tanks.	<i>We never thought of ourselves as a Center of Excellence...but we might say we are a Center of Excellence on capacity building...building capacity and self-sustaining independence from us is a core value.</i>
Multiple Funding Streams	Most of the COEs talked about the importance of securing funds from different, multiple sources to ensure staffing and long-term sustainability. Most COEs also reported receiving funding from various sources: Grants, state and agency contracts, membership fees, training fees, donations, etc.	<i>Overreliance on a particular funding source early on put us in a pickle later...we lost 65% of revenue suddenly and unexpectedly and had to lay people off. Then we focused on diversity of funding...diversity has been a key theme to maintaining the work.</i>
Structure	The majority of COEs reported having a university-affiliation. While this structure provided many resources, it often is not accompanied by financial support. About half of the COEs said they had nonprofit status; this status may be independent from or in addition to the university affiliation. COEs reported pros and cons to each structure.	<i>Being university-affiliated we have access to people in academia and library access and IRB...there are a lot of overhead expenses...we have to abide by university policies. It mostly makes sense for us, but we occasionally bump up against something that doesn't fit for our center.</i>
Mission-focused	More than half of the COEs talked about the importance of adhering to their mission when making decisions about services to offer, grants to apply for, and partnerships and work in which to engage. Being mission-driven helps focus priorities, develop your reputation and brand, attracts loyal staff, and makes it easier to assess progress towards goals.	<i>Work has to fit your mission filter...never stray from your mission. Get and retain people who support your mission. Mission drift can hurt retention.</i>

<p>Diversity of Functions</p>	<p>COEs can participate in various functions and activities, depending upon their mission and focus. While some COEs focused on just one primary function (e.g., EBP implementation), most provide numerous services. The most common COE functions in our sample included coordination and capacity building, EBP implementation, training and technical assistance, and research and evaluation.</p>	<p><i>We have many different functions...have served as a system of care hub for dissemination of best practices...do fidelity review, training and technical assistance, develop toolkits and resources...</i></p>
<p>Flexible and Dynamic Approach</p>	<p>COE representatives stressed the importance of being able to readily adapt to changing contexts to best achieve goals and for sustainability. Representatives talked about changing political leadership, funding opportunities, societal events, and needs of communities that can influence the work. COEs that are in a position to respond swiftly and thoughtfully to these changes are likely to be more successful.</p>	<p><i>You need to be adaptive to changes in state leadership, philosophies, and focus area changes...we have to keep ourselves at the table and relevant, constantly shifting to changes and contexts.</i></p>
<p>Attention to Infrastructure</p>	<p>COEs generally do not receive financial support for building organizational infrastructure. This is an important challenge to consider when planning to develop a center, as well as when planning to expand a center in terms of its key functions or services offered and staff required to deliver them. A strong infrastructure, in terms of organizational rules, processes, and systems, is required to run efficiently and achieve goals.</p>	<p><i>Foundations and contracts are not likely to fund infrastructure. You have to be savvy to develop it separate and apart from the work. There is frustration with being asked to subsidize the work and lots of literature about this—that it falls to nonprofits to build infrastructure on its own.</i></p>

Family First Prevention Services Act. Five COEs responded to the question about how their work relates to FFPSA implementation. For the most part, COE representatives talked about the opportunities and obstacles of the legislation, and how they are still determining how exactly their work will adjust to better align with it. Some participants explained that FFPSA explains the “what” to do but leaves the “how” to do it up to the states. Therefore, it is expected that there will be a lot of variability in how states think through what the Act means for them; additionally, its application will likely vary by context as well as how each state is structured (e.g., state- v. county-level jurisdiction and control).

Overall, nearly all the COEs talked about the increased push toward use of EBPs in child welfare. Some agree that this clinical approach could be helpful and that they are more focused on EBP implementation and research and evaluation to discover new EBPs because of FFPSA. However, another COE representative said that some families’ needs are less clinical and more practical. As a result, a focus on basic prevention, social work case management, additional kinship support, and social service connections may prove more helpful than EBPs.

One COE representative said FFPSA may require more cross-center collaboration; for instance, one COE may partner with another who has a pre-existing expertise in a particular EBP to deliver that program more widely in service of FFPSA. Similarly, another COE has moved toward increased training with EBPs used in behavioral health and/or intellectual and development disabilities to make them more



applicable to child welfare. Further, this COE is focused on how to best evaluate the implementation to demonstrate fidelity and progress toward better supporting families. Another COE interviewed has been closely involved with developing the FFPSA legislation and is now focused on planning, assessing readiness, and implementing it. In doing so, they are part of the Family First Learning Collaborative—along with representatives from most US states—and participate in peer-to-peer information sharing and learning on various components of the legislation. They present planning and implementation tools and provide guidance on outcomes assessment and capacity building.

DISCUSSION

This project consisted of a literature review, website research, and interviews to gather information about the primary organizational structures, operating principles, functions, and services of COEs and the key facilitators and barriers to successfully establishing and sustaining them. This paper adds to the limited body of research on COEs and elements for successfully creating one (Elrod & Fortenberry, 2017), particularly in the social sciences and fields of child welfare and behavioral health. While there was significant overlap between findings from the literature review and data collected from COE websites and interviews, the interviews, in particular, provided additional information and valuable depth and context to the secondary data and demonstrated similarities in experiences, facilitators, and barriers across COEs of different fields and areas of focus.

As previously established in the literature, our research and interviews confirmed that the majority of COEs are university-affiliated, though several have nonprofit status and/or function as independent organizations (Mettrick et al., 2015). As mentioned, there are numerous benefits and limitations to each structure. Similarly, our research also confirmed that various terminology is used to describe a COE (though they often share many overlapping areas of services and key functions) (Mettrick et al., 2017). The content analysis of the COE websites allowed for a visual comparison of similarities and differences across them and while the COEs interviewed used their own preferred language to self-identify their work, their primary functions, products, and services fell under one or multiple categories: EBP implementation, research and evaluation, collaboration, capacity building, workforce development, education, and training, and policy and finance (Franks & Bory, 2017; Markiewicz et al., 2006; Mettrick et al., 2017). Further, COEs' representatives emphasized the importance of disseminating their work, though the type of dissemination may be dependent upon the audience (e.g., consumers, legislators) and funding and leadership expectations. Thus, peer-review publications may be an appropriate mode of dissemination for some COEs; for others, research and policy briefs, white papers, newsletters, email blasts, and/or website updates may be more appropriate for others.

As expected, fiscal considerations were an important part of the interviews. While the research has established the need for multiple funding sources, interview data provided some specific examples of where funding was a barrier. COEs have been negatively impacted by sudden cuts to funding that have impacted staffing and choices about projects and programmatic engagement. Depending upon other available funds, unexpected changes in funding streams were reported across a range from quite detrimental to disappointing, but completely manageable. Interview data also supported that limited resources and time-consuming and ongoing efforts to secure funding serve as barriers to successful operation, as previously reported (Franks & Bory, 2015; Mitchell et al., 2002).

COEs' interview data, in concert with the literature review, resulted in recommendations to stay mission driven in all aspects of the work in terms of funding to pursue and goals, functions, and services provided. While the interview data supported literature findings highlighting commitment and enthusiasm, a focus on collaboration, well-articulated goals and functions, realistic expectations, and planning for a sustained effort in terms of COE successes and lesson learned (Mettrick et al., 2017; Mitchell et al., 2002; Pires et al., 2008), it also emphasized other priorities. Attention to infrastructure

and planning for growth, ensuring multiple funding streams, and being flexible and dynamic to change emerged as key facilitators for success and sustainability. The suggestion to be flexible and responsive to changing contexts was a key theme in the interviews and has also been touted via creation of the updated system of care definition which supports a broader approach than EBPs alone to improving the lives of youth and their families (Stroul and Blau, 2010). In addition to adjusting responses based on unique individual, familial, and community needs, the interview data also emphasize the need to be adaptable to changes in leadership, policy, and the social and political climate.

The FFPSA of 2018 is relatively new and states are still investigating how to implement its provisions. Interview data show that COEs are being thoughtful about how to better align their work with FFPSA, though many questions and concerns remain. Because of their mission and expertise, child welfare COEs may emerge as the principal leaders in shepherding states to envision, implement, and evaluate their approach and strategies to execute FFPSA across various, unique, and local contexts.

Limitations

It is important to note that the COE website search was not exhaustive. There are likely several COEs relevant to the study that were omitted because of online search limitations and differences in terms used to name and identify COEs. The diversity in terminology used to describe the primary functions of COEs, while helpful to describe their unique services and goals, may also dilute the literature and make it harder to identify organizations serving in a COE capacity. Additionally, the COEs interviewed represented a convenience sample; several COEs did not respond to interview requests and those who did respond may be more characteristic of centers who had more resources in terms of time, financial support, and manpower. Thus, the information may not be generalizable to all COEs. The interviewed were not recorded and transcribed and data collected relied on interview notes. As a result, there may be an increased risk of bias in data interpretation and analysis.

Strengths

This report endorses the limited repository of data specific to COEs in the social sciences. Further, it is among the first to report on COEs' responses specific to the FFPSA. The interviews with COE representatives across different fields of expertise garnered important information regarding recommendations and lessons learned, particularly around mission-focus, diversity of funding streams, planning for growth. This report may serve as a foundation for further investigation of COE work focused on achieving the objectives set forth by FFPSA. Further, it may be used as a tool to help strategize around the feasibility and development of an effective and sustainable COE.

SUMMARY OF RECOMMENDATIONS

The primary recommendations for the successful creation and sustainability of a COE—based on the data collected in this report—are provided in Figure 2. The core recommendation—clearly articulating the COE's mission, key functions, and services provided—is centralized in the figure, as this was most often identified in the literature review and interviews. From this foundation, equally important considerations for a successful COE include (a) identifying the most appropriate COE structure (e.g., university-affiliated, nonprofit status, or other); (b) being flexible and responsive to diverse and changing contexts; (c) developing an infrastructure and plan for growth; and (d) ensuring diversity in terms of funding streams.

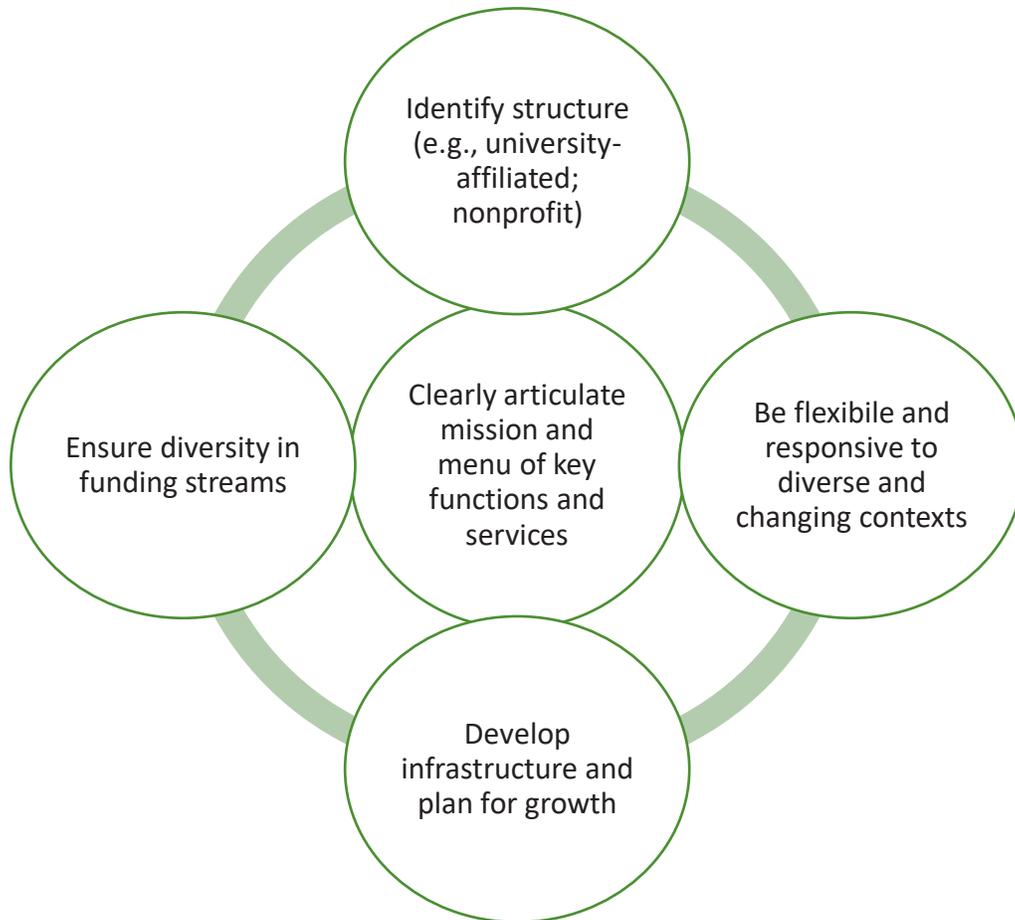


Figure 2. Recommendations for COE development and sustainability

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APPENDIX A - COE PROFILES

Addiction Policy Forum

<https://www.addictionpolicy.org>

Launch Date: 2015; *Location:* Washington, DC

Organization Type: Non-profit; *COE Agency Category:* Behavioral Health

Mission: Leading the fight against the deadly consequences of addiction and help patients, families, and communities affected by the disease.

Information, Services, Products Provided: Translate the science and provide open source information and resources (including helpline and resource database) for families and communities; Design Apps, set up COVID-19 Hub, Awareness Campaigns, Videos, Online courses, training and technical assistance, advocacy.

Funders/Partners: Local, state, and national organizations including Mosaic Group, Prevention Action Alliance, National District Attorneys Association, Yale School of Medicine, American College of Emergency Physicians; private donors.

Begun Center for Violence Prevention Research and Education's Center for Innovative Practices (CIP)

<https://case.edu/socialwork/begun/center-innovative-practices-cip>

Launch Date: 2000; *Location:* Ohio

Organization Type: University-affiliated: Case Western Reserve University; *COE Agency Category:* Children and Families

Mission: To provide support to community-based agencies that seek to implement evidence-based interventions that improve outcomes for youth and families.

Information, Services, Products Provided: Provides initial training of Evidence Based Practices to the organization, then continues to support their work through technical assistance and consultation. EBPs include: (1) Multi-Systemic Therapy (MST); (2) Intensive Home-Based Treatment; and (3) Integrated Co-Occurring Treatment; Areas of expertise include: (2) Trauma Informed Care; (2) Youth with Co-Occurring Disorders; (3) Family Resiliency; and (4) High Fidelity Wraparound.

Funders/Partners: Information not available on their website.

**Begun Center for Violence Prevention Research and Education's
Partnership for Evaluation, Research, and Implementation (PERI)**

<https://case.edu/socialwork/begun/partnership-evaluation-research-and-implementation-peri>

Launch Date: 2015; *Location:* Ohio

Organization Type: University-affiliated: Case Western Reserve University; *COE Agency Category:* Health and Human Services

Mission: PERI is a high-quality, low-cost program evaluation resource center for nonprofit organizations seeking information and expertise on program outcomes, quality improvement, and program implementation.

Information, Services, Products Provided: Services are focused on two main areas: 1) Program Evaluation and Research and 2) Program Implementation.

Funders/Partners: Various nonprofit and governmental agencies in Cuyahoga County working in the health and human services sector, particularly those that work with children and/or families; The George Gund Foundation, St. Luke's Foundation; The O'Neill Foundation.

Best Practices in Schizophrenia Treatment (BeST) Center

<https://www.neomed.edu/bestcenter/>

Launch Date: 2009; *Location:* Ohio

Organization Type: University-affiliated: Northeast Ohio Medical University; *COE Agency Category:* Behavioral Health

Mission: To promote recovery and improve the lives of as many people with schizophrenia as possible by accelerating the adoption of evidence-based and promising practices.

Information, Services, Products Provided: Provides expert training, consultation and technical assistance to community mental health agencies so that the agencies can provide best practices in schizophrenia treatment; developing and implementing the following practices: FIRST Coordinated Specialty Care for First Episode Psychosis; Family-based Services; Cognitive Behavioral Therapy for Persistent Psychosis (CBT-p); Integrating Primary and Mental Health Care; Pharmacotherapy for Schizophrenia; Cognitive Enhancement Therapy.

Funders/Partners: Various: ADAMH Boards; Catholic Charities; The Centers for Families and Children; Greater Cincinnati Behavioral Health Services; Mental Health and Recovery Services Boards; NAMI; The Nord Center; Ohio Dept. of Developmental Disabilities; Peg's Foundation; Zepf Center

Center for Effective Interventions

<https://socialwork.du.edu/effectiveinterventions>

Launch Date: 2000; *Location:* Colorado

Organization Type: University-affiliated: University of Denver Graduate School of Social Work; *COE Agency Category:* Behavioral Health

Mission: Improve child and youth mental health and reduce juvenile justice and child welfare involvement by increasing the availability of evidence-based interventions for families.

Information, Services, Products Provided: Implementation support for Multisystemic Therapy (MST) that includes implementation support, program evaluation, and training and licensing of MST providers; Program evaluation.

Funders/Partners: Information not available on website.

Center for Excellence and Innovation in Education

<https://cehs.csuohio.edu/ceie/ceie>

Launch Date: 2014; *Location:* Ohio

Organization Type: University-affiliated: Cleveland State University; *COE Agency Category:* Education

Mission: Committed to bringing the intellectual and human resources of the university into partnership with area organizations and schools.

Information, Services, Products Provided: Incubate novel solutions to curricular and programmatic concerns; Support ongoing efforts in the community and engage Cleveland State University students in paid and volunteer opportunities; Support the design of programmatic and curricular responses to the needs of individual schools or larger organizations.

Funders/Partners: Cleveland State University College of Education and Human Services; Every Student Succeeds Act Education Leadership Learning Community (ELLC) – Wallace Foundation

Center for Practice Innovations (CPI)

<https://practiceinnovations.org/>

Launch Date: 2007; *Location:* New York

Organization Type: Non-profit; *COE Agency Category:* Behavioral Health

Mission: Supports the New York State Office of Mental Health's mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families.

Information, Services, Products Provided: Education, training, and resources in person and online re: Assertive Community Treatment (ACT), Suicide Prevention Training Implementation, and Evaluation Program (SP-TIE), Individual Placement and Support (IPS), Uniform Clinical Network Provider Training, OnTrackNY, Home and Community-Based Services, Focus on Integrated Treatment (FIT), Wellness Self-Management (WSM), and Improving Providers' Assessment, Care Delivery, and Treatment of OCD (IMPACT-OCD); Implementation supports to enhance the adoption of a clinical program.

Funders/Partners: Nathan Kline Institute; New York Psychiatric Institute; New York State Office of Mental Health; New York State Psychiatric Institute Research Foundation for Mental Hygiene, Inc., Columbus University Dept. of Psychiatry.

Center for Excellence for Children's Behavioral Health

<https://gacoeonline.gsu.edu/>

Launch Date: 2011; *Location:* Georgia

Organization Type: University-affiliated: Georgia State University; *COE Agency Category:* Behavioral Health

Mission: To provide quality behavioral health care for the children of Georgia; three-pronged-focus: Research, Policy, and Practice.

Information, Services, Products Provided: Workforce development through technical assistance and training; Research and evaluation to monitor and assess behavioral health services for providers and state agencies to measure program effectiveness; Consultative research and policy analysis services for local, state, and national partners.

Funders/Partners: Georgia Health Policy Center; Georgia Dept. of Behavioral Health and Developmental Disabilities; Georgia Dept. of Juvenile Justice; The Carter Center, Chris 180, Henry County Schools

Centre for Evidence and Implementation

<https://www.ceiglobal.org/>

Launch Date: 2015; *Location:* Australia

Organization Type: Nonprofit; *COE Agency Category:* Health and Human Services

Mission: Dedicated to using the best evidence in practice and policy to improve the lives of children, families and communities facing adversity.

Information, Services, Products Provided: Work with policy makers, governments, practitioners, program providers, leaders and funders to: (1) Understand the evidence base; (2) Develop methods and processes to put the evidence into practice; and (3) Trial, test and evaluate policies and programs to drive more effective decisions and deliver better outcomes.

Funders/Partners: Save the Children; Education Endowment Foundation; Early Intervention Foundation; University of Newcastle Australia; University of Sydney; Australian Government Institute of Family Studies; National Council of Social Service

Chapin Hall Implementation Collaborative

<https://www.chapinhall.org/project/implementation-collaborative/>

Launch Date: 2014; *Location:* Illinois

Organization Type: University-affiliated: University of Chicago; *COE Agency Category:* Child Welfare

Mission: Building capacity in child welfare systems to improve outcomes for children and families.

Information, Services, Products Provided: Focuses on five domains of system improvement and capacity building: (1) Data Analytics and Evidence Use; (2) Leadership, Governance and Strategy; (3) Practice and Implementation; (4) Policy and Fiscal Alignment; and (5) Continuous Quality Improvement.

Funders/Partners: Casey Family Programs; Partner jurisdictions: Tennessee, Maryland, New York City, Harris County, Texas, California counties of Los Angeles, Alameda, and Santa Clara, District of Columbia

Child and Family Policy Institute of California

<https://cfpic.org/>

Launch Date: 2004; *Location:* California

Organization Type: Nonprofit; *COE Agency Category:* Child Welfare/Health and Human Services

Mission: To advance the development of sound public policy and promote program excellence in county Human Services Agencies through research, education, training and technical assistance.

Information, Services, Products Provided: Facilitate research to influence policy; Identify and describe best practices in order to take them to scale; Create communication and training opportunities; Provide assessment and strategic change services; Establish linkages with allied interests/disciplines; Convene stakeholders; Initiate and sustain dialogues with allied interests/disciplines; Train leaders in critical content areas; Obtain resources through social enterprise. Two child welfare practice models of focus: The Child and Family Practice Model (CFPM) and The California Child Welfare Core Practice Model (CA CPM).

Funders/Partners: Various; includes Casey Family Programs, the Annie E. Casey Foundation, the Stuart Foundation, and the California Department of Social Services; has created a foundation for their organization.

Child Welfare Education Institute

<https://www.stockton.edu/child-welfare-education-institute/>

Launch Date: 2005; *Location:* New Jersey

Organization Type: University-affiliated: Stockton University; *COE Agency Category:* Child Welfare

Mission: To support the ongoing transformation of the public child welfare system through social work education and professional training.

Information, Services, Products Provided: Train baccalaureate-level social workers with a focus on child welfare; provide existing NJ Division of Child Protection and Permanency supervisors the opportunity to obtain clinical social work practice and supervision expertise through completion of MSW program; provides in-service training to workers throughout the state's public child welfare system.

Funders/Partners: NJ Child Welfare Training Partnership in collaboration with the NJ Dept. of Children and Families, Office of Training and Professional Development; seven accredited bachelor- and master- level social work programs including Rutgers Univ., Monmouth Univ., and Kean Univ.

Children and Family Futures

<https://www.cffutures.org/>

Launch Date: 1996; *Location:* California

Organization Type: Nonprofit; *COE Agency Category:* Child Welfare

Mission: To prevent child abuse and neglect while improving safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental health disorders.

Information, Services, Products Provided: Research and evaluation to measure program outcomes and effectiveness; Technical assistance to help communities and programs build on their strengths to improve the lives of children and families; Training to provide multidisciplinary and tailored trainings to help professionals build their knowledge and strengthen practice.

Funders/Partners: Various; Federal- and Foundation-funded

Council of Family and Child Caring Agencies (COFCCA) Center for Excellence in Child Welfare

<https://www.cofcca.org/center-for-excellence/>

Launch Date: 2009; *Location:* New York

Organization Type: Nonprofit; *COE Agency Category:* Child Welfare

Mission: To ensure the highest quality of service for children and families in New York State; Offers member agencies a resource through which they can identify and implement best practices in program development, therapeutic treatment, and service delivery, as well as agency management and administration.

Information, Services, Products Provided: Create venues for learning and collaboration; Serve as a forum for the exchange of ideas on issues of child welfare policy and practice; Develop the next generation of child welfare leadership; Mobilize and facilitate COFCCA's member agency participation in the development and use of evidence-based child welfare practices; Coordinate information sharing on best practice initiatives, including identifying and making accessible studies which point to most promising or improved practice; Provide training forums; and Establish relationships with the research and academic communities on issues of common concern relating to financing, practice and governance.

Funders/Partners: Membership Association: Council of Family and Child Caring Agencies; nonprofit agency for child welfare and juvenile justice; NY State Office of Children and Families; corporate donors

Criminal Justice Coordinating Center of Excellence

<https://www.neomed.edu/cjccoe/>

Launch Date: 2001; *Location:* Ohio

Organization Type: University-affiliated: Northeast Ohio Medical University; *COE Agency Category:* Criminal Justice

Mission: To promote jail diversion alternatives for people with mental illness throughout Ohio.

Information, Services, Products Provided: Provides technical assistance in the following areas: (1) Identifying and convening key stakeholders to build community collaboration and encourage cross-system understanding; (2) Planning and implementing Sequential Intercept Mapping and Taking Action for Change workshops; (3) Promoting diversion programs at all intercepts of the criminal justice system; (4) Planning and implementing Crisis Intervention Team programs and training for emergency first responders; (5) Promoting and implementing research that will inform best practices for jail diversion initiatives; and (6) Disseminating information regarding best practices in jail diversion throughout the state and nation.

Funders/Partners: Ohio Dept. of Mental Health and Addiction Services; County of Summit Alcohol, Drug Addiction, and Mental Health Services Board; National Alliance on Mental Illness of Ohio; the Ohio Office of Criminal Justice Services; the Ohio Attorney General Task Force on Criminal Justice and Mental Illness.

Criminal Justice Research Center

<https://cjrc.osu.edu/>

Launch Date: unknown; *Location:* Ohio

Organization Type: University-affiliated: The Ohio State Univ., College of Arts and Sciences; *COE Agency Category:* Criminal Justice

Mission: To serve the Ohio State University and the Ohio Criminal Justice (OCJ) community by providing a unique capacity to collect and analyze primary data in criminal justice settings.

Information, Services, Products Provided: Fostering and conducting: Collaborative interdisciplinary research on crime and justice issues; Intellectual exchange among faculty, graduate/professional students, policymakers and practitioners; and Research-based outreach to crime and justice policymakers; Carry out and report crime and justice research.

Funders/Partners: A variety of intra-university and extra-university departments and organizations

Frank Porter Graham Child Development Institute

<https://fpg.unc.edu/>

Launch Date: 1966; *Location:* North Carolina

Organization Type: University-affiliated: The University of North Carolina at Chapel Hill; *COE Agency Category:* Child Welfare; Developmental Disabilities; Health and Human Services

Mission: Transforming children's lives through innovation in research, practice, and policy.

Information, Services, Products Provided: Research and evaluation, implementation, technical assistance, and outreach. Emphasis areas: Developmental disabilities, early care and education, international initiative, physical and social health, professional development, technical assistance, and implementation science, public policy and evaluation, race, ethnicity, linguistic, cultural, and socioeconomic diversity.

Funders/Partners: Various federal and state agencies, county and local governments, corporations, universities, and nonprofit foundations; Examples include Annie E. Casey Foundation, Centers for Disease Control and Prevention, Centre for Evidence and Implementation, Michigan State Board of Education, National Institute of Child Health and Human Development, US Dept. of Education, Zero to Three.

Georgetown University Center for Child and Human Development

<https://gucchd.georgetown.edu/>

Launch Date: 1984; *Location:* Washington, DC

Organization Type: University-affiliated: Georgetown University; *COE Agency Category:* Behavioral Health/Developmental Disabilities

Mission: To improve the quality of life for all children and youth and their families, especially those with special health care needs, behavioral health challenges or disabilities (including adults with disabilities).

Information, Services, Products Provided: Provides Community and Clinical Services, Research and Evaluation, Technical Assistance, Workforce Development in four areas of focus: Behavioral Health, Cultural competence, Developmental Disabilities, and Early Childhood.

Funders/Partners: Various federal, state, local, and private resources

Great Lakes Addiction Technology Transfer Center Network

<https://attcnetwork.org/centers/great-lakes-attc/home>

Launch Date: 1993; *Location:* Wisconsin

Organization Type: University-affiliated: University of Wisconsin; *COE Agency Category:* Behavioral Health

Mission: Help people and organizations implement effective practices for substance use disorder treatment and recovery services.

Information, Services, Products Provided: Provide resources: Webinars, Podcasts, SAMHSA Evidence-Based Practices Resource Centers, State Opioid Profiles; Technology transfer, translation, and adoption to accelerate the diffusion of an innovation.

Funders/Partners: Part of the Addiction Technology Transfer Center Network (ATTC) through the Substance Abuse and Mental Health Services Administration (SAMHSA).

Human Services Research Institute

<https://www.hsri.org/about>

Launch Date: 1976; *Location:* Vermont

Organization Type: Nonprofit; *COE Agency Category:* Behavioral Health/Child Welfare/Developmental Disabilities/Health and Human Services

Mission: Dedicated to supporting federal, state, and local agencies in providing person-centered, evidence-based, and integrated services to individuals, families, and communities.

Information, Services, Products Provided: Evaluation; Quality Improvement; Systems Design; Data Collection and Analysis; Technical Assistance and Training.

Funders/Partners: Numerous and includes federal agencies (e.g., US Dept. of Education; US Dept. of Health and Human Services); State Agencies (e.g., District of Columbia Dept. of Behavioral Health; Ohio Dept. of Job and Family Services; NJ Division of Mental Health & Substance Abuse); counties, cities, communities; nonprofits, and private sector organizations.

Human Trafficking and Social Justice Institute

<https://www.utoledo.edu/hhs/htsj/>

Launch Date: 1993; Location: Ohio

Organization Type: University-affiliated: The University of Toledo; COE Agency Category: Human Trafficking

Mission: To respond to human trafficking and social justice through teaching research, and engagement, addressing both upstream and downstream strategies.

Information, Services, Products Provided: (1) To provide a platform and institutionalize the activities already taking place and provide the infrastructure to increase critical activities; (2) To address the needs of victims and response to traffickers, customers, and supporters by providing meaningful research that can result in targeted policies and interventions; (3) Educate students in areas of human trafficking as well as other social justice focused electives and certificate programs; (4) To engage with local, state, national, and international and nongovernmental entities involved in human trafficking or other social justice focused efforts; (5) To bring together scholars to move the knowledge base forward in critical ways; and (6) To consult to offer evidenced based programming that moves victims to survivors and survivors to thrivers.

Funders/Partners: Educational Credit Management Corporation (ECMC) Foundation

Institute for Research, Education, and Training in Addictions (IRETA)

<https://ireta.org/>

Launch Date: 1999; Location: Pennsylvania

Organization Type: Nonprofit; COE Agency Category: Behavioral Health

Mission: Improving individual and system-level responses to addiction.

Information, Services, Products Provided: Three types of services offered: Education, Evaluation, and Guidance (customized technical assistance).

Funders/Partners: Various; Includes Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Drug Abuse (NIDA), University of Pittsburgh; Pennsylvania Dept. of Health; National Additional Technology Transfer Center Network, Centers for Disease Control and Prevention (CDC).

Judge Baker Children's Center

<https://jbcc.harvard.edu/>

Launch Date: 1917; Location: Massachusetts

Organization Type: University-affiliated: Harvard Medical School; Non-profit; COE Agency Category: Behavioral Health

Mission: Dedicated to improving the lives of children whose mental health problems threaten to limit their potential.

Information, Services, Products Provided: Identify best practices through research; Bring best practices to children and families of diverse communities through intervention; Disseminate skills in research and quality care via training; Use scientific knowledge to expand public awareness and inform and advocate for public policy.

Funders/Partners: Individual, foundation, and corporate donations; various fundraising events; receives **NO** funding from Harvard Medical School, despite being housed there.

Knox County Head Start Center of Excellence

<http://www.knoxheadstart.org/>

Launch Date: 2009; *Location:* Ohio

Organization Type: Nonprofit; *COE Agency Category:* Education

Mission: Providing high-quality early education and family engagement services.

Information, Services, Products Provided: Continuous quality improvement; Comprehensive implementation of Conscious Discipline, a social emotional program; Improve program quality and provide additional training within the Knox County community, throughout the State of Ohio and at both Regional and National Head Start trainings.

Funders/Partners: Various: Ohio Dept. of Job and Family Services - Bureau of Child Care Development; Ohio Head Start; Ohio Association for the Education of Young Children; Federal Head Start and Early Head Start; United Way of Knox County; The Community Foundation of Mount Vernon; The Energy Cooperative Foundation; AEP; the Ohio Children's Trust Fund; New Hope Early Education Center; Knox County Board of Developmental Disabilities; Kenyon College; community donations.

Mental Illness/Intellectual Disabilities Coordinating Center of Excellence (MI/ID CCOE)

<https://miidccoeohio.org/>

Launch Date: 2018; *Location:* Ohio

Organization Type: Nonprofit; *COE Agency Category:* Behavioral Health/Developmental Disabilities

Mission: To make life better for people with dual diagnosis of mental illness and developmental disability.

Information, Services, Products Provided: Create access to expert assessments and recommendations; train and educate professionals, paraprofessionals and future professionals to address needs in both mental health and developmental disabilities; Support coordination between mental health and developmental disabilities services; and help communities build their knowledge and resources for serving this population.

Funders/Partners: Ohio Dept. of Mental Health and Addiction Services; Ohio Dept. of Developmental Disabilities

Midwest Child Welfare Implementation Center (MCWIC)

<http://www.mcwic.org/>

Launch Date: 2008; *Location:* Nebraska

Organization Type: University-affiliated: University of Nebraska-Lincoln; *COE Agency Category:* Child Welfare

Mission: To support and facilitate communication and networking across public child welfare systems, and to assist States and Tribes to develop and execute multi-year strategic plans for sustainable systems change to improve the quality and effectiveness of child welfare services.

Information, Services, Products Provided: Improve the quality and performance of child welfare services, based on organizational needs identified and prioritized by the child welfare agency; Provide the expertise and resources needed to enhance agency capacity to effectively implement and sustain systemic change; Facilitate communication and peer-to-peer networking across State and Tribal child welfare systems; Institutionalize child welfare principles, policies, and evidence-based or promising practice models; and Build and disseminate knowledge about effective implementation in the child welfare field.

Funders/Partners: The Children's Bureau's Training and Technical Assistance Network; University of Nebraska

National Center for Child Welfare Excellence

<http://www.nccwe.org/>

Launch Date: Unknown; *Location:* New York

Organization Type: University-affiliated: Silberman School of Social Work at New York Univ.: *COE Agency*

Category: Child Welfare

Mission: Building and translating practice knowledge and evidence into child welfare excellence.

Information, Services, Products Provided: Education and training programs (particularly for MSW students in child welfare, training workers, supervisors, and program managers); Technical assistance; Research and evaluation and best practice resources; Working with partners to implement and evaluate best practices; Disseminating findings re: peer-reviewed journals, national and international conferences, website reports, and NCCWE weekly update.

Funders/Partners: Various: Conrad N. Hilton Foundation, Redlich-Horwitz Foundation, New York City Administration for Children's Services, New York State Office of Children and Families, U.S. Dept. of Health and Human Services, Administration on Children, Youth, and Families, Children's Bureau

National Center on Substance Abuse and Child Welfare (NCSACW)

<https://ncsacw.samhsa.gov/default.aspx>

Launch Date: unknown; *Location:* Maryland

Organization Type: Initiative of the US Dept. of Health and Human Services; *COE Agency Category:* Behavioral Health/Child Welfare

Mission: To improve family recovery, safety, and stability by advancing practices and collaboration among agencies, organizations, and courts working with families affected by substance use and co-occurring mental health disorders and child abuse or neglect.

Information, Services, Products Provided: Provides information, expert consultation, training and technical assistance to child welfare, dependency court and substance use treatment professionals to improve the safety, permanency, well-being and recovery outcomes for children, parents and families.

Funders/Partners: Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN)

Ohio Education Research Center

<https://oerc.osu.edu/>

Launch Date: 2012; *Location:* Ohio

Organization Type: University-affiliated: The Ohio State Univ. John Glenn College of Public Affairs; *COE Agency Category:* Education

Mission: Addresses critical issues of education practice and policy through a preschool-through-workforce research agenda.

Information, Services, Products Provided: Provides evaluation and research products for local, county, state, federal and private agencies as well as other policy informing organizations; Serves as a bridge to education practitioners, researchers and policymakers translating the needs of practitioners into the research agenda and research into actionable practice improving policy at all levels of education; and Brings together diverse resources on education to improve access to high quality knowledge.

Funders/Partners: Ohio Analytics (includes the Ohio Dept. of Education, the Ohio Dept. for Job and Family Services, the Ohio Dept. of Higher Education, Opportunities for Ohioans with Disabilities and the Ohio Housing Finance Agency); private foundation and federal grants.

Ohio Program for Campus Safety and Mental Health

<https://www.neomed.edu/csmh/>

Launch Date: 2010; *Location:* Ohio

Organization Type: University-affiliated: Northeast Ohio Medical University; *COE Agency Category:* Behavioral Health

Mission: Promoting suicide prevention, mental health awareness and stigma reduction activities at college campuses across the state of Ohio.

Information, Services, Products Provided: Promotes suicide prevention and mental health awareness; offers resources and trainings.

Funders/Partners: Information not available on website.

PolicyWise

<https://policywise.com/>

Launch Date: 2003; *Location:* Canada

Organization Type: Nonprofit; *COE Agency Category:* Health and Human Services

Mission: To inform, identify, and promote effective social policy and practice to improve the well-being of children, families, and communities.

Information, Services, Products Provided: Five core functions are: (1) Engage in research, evaluation, communication, and knowledge mobilization; (2) Conduct, fund, and build capacity in applied research; (3) Link, analyze, and manage data; (4) Manage resources and strategic relationships; (5) Measure and communicate our impact and value. Offers integrated services across the Data-to-Wisdom Cycle, including research and evaluation, environmental scans, framework and strategy development, data collection and management, data and analytic support, training and capacity building, knowledge mobilization, and grants management.

Funders/Partners: Information not available on website, but appears to be funded via grants, corporate, and individual donor supports.

Quality Improvement Center for Workforce Development

<https://www.qic-wd.org/>

Launch Date: 2016; *Location:* Multi-site

Organization Type: University-affiliated: University of Nebraska-Lincoln; *COE Agency Category:* Child Welfare

Mission: Dedicated to understanding how to improve child welfare workforce outcomes (with a focus on worker recruitment, retention, satisfaction, and intention to stay; accurate identification of workforce issues; agency culture and climate; and implementation strategies to enhance workforce development).

Information, Services, Products Provided: Goals: (1) Assess and evaluate child welfare and workforce issues; (2) Provide capacity-building services to agencies; (3) Demonstrate the effectiveness of interventions; and (4) Connect workforce improvements with outcomes for children and families in the child welfare system.

Funders/Partners: Various: Department of Health and Human Services; Administration for Children and Families; Children's Bureau; University of Colorado, Denver; University of Louisville; University of Tennessee, Knoxville; University of California, Los Angeles; C.F. Parry Associates; CLH Strategies & Solutions; eight public and tribal child welfare agencies.

Runaway and Homeless Youth Training and Technical Assistance Center

<https://www.rhyttac.net/>

Launch Date: 1974; *Location:* Kentucky

Organization Type: Nonprofit; *COE Agency Category:* Health and Human Services

Mission: To ensure an effective system of response for youth in crisis through public and private partnerships at a local, state, and national level.

Information, Services, Products Provided: Public awareness and resource development activities; Training and technical assistance activities; Policy development and system engagement activities; Research activities; and Runaway and homeless youth program network participation and coordination.

Funders/Partners: Funded through Family and Youth Services Bureau; Partners include American Institutes for Research, Youth Catalytic, and The University of Tennessee Knoxville Social Work Office of Research and Public Service

Safe and Together Institute

<https://safeandtogetherinstitute.com/>

Launch Date: 2006; *Location:* Connecticut

Organization Type: Private; *COE Agency Category:* Child Welfare

Mission: Our mission is to create, nurture and sustain a global network of domestic violence-informed child welfare professionals, communities and systems.

Information, Services, Products Provided: Trainings, systems consultations and tools for becoming more domestic violence-informed; includes certifications, e-learning opportunities, organizational and systems assessment, annual conferences, and evaluation services.

Funders/Partners: Various, partnerships in the United Kingdom, Australia, United States, Canada and more.

The Center for Evidence-Based Practices

<https://www.centerforebp.case.edu/aboutus/centersofexcellence>

Launch Date: 1999; *Location:* Ohio

Organization Type: University-affiliated: Case Western Reserve University; *COE Agency Category:* Behavioral Health

Mission: The Center is a technical-assistance organization that promotes recovery among people with mental illness, substance use disorders, and co-occurring disorders through the implementation of evidence-based practices and emerging best practices in behavioral healthcare.

Information, Services, Products Provided: Provides technical assistance (consulting, training, evaluation) for service innovations that improve quality of life and other outcomes for people with mental illness or co-occurring mental illness and substance use disorders; Disseminate evidence-based practices, emerging best practices, and other strategies and approaches. Best Practices include: The Assertive Community Treatment (ACT); Integrated Dual Disorder Treatment (IDDT); Integrated Dual Disorder Treatment for Inpatient Settings (IDDT-Inpatient); Dual Diagnosis Capability in Addiction Treatment (DDCAT); Dual Diagnosis Capability in Mental Health Treatment (DDCMHT).

Funders/Partners: Ohio Dept.of Mental Health and Addiction Services (OhioMHAS) and Ohio Dept.of Medicaid (ODM)

The Center for Health Outcomes and Policy Evaluation Studies (HOPES)

<https://u.osu.edu/hopes/>

Launch Date: 1994; *Location:* Ohio

Organization Type: University-affiliated: The Ohio State Univ. College of Public Health; *COE Agency Category:* Health and Human Services

Mission: To conduct rigorous, policy-relevant research to address complex health and health care problems, including integrating social needs within the health care system.

Information, Services, Products Provided: Cost and Cost-Effectiveness Analysis; Program Evaluation; Health Policy Analysis; Health Services Research; Comparative Effectiveness Research (CER) Online Training.

Funders/Partners: Various: American Cancer Society, Center for Disease Control and Prevention, Ohio Dept. of Health, Pew Trust, Ohio Mental Health and Addiction Services, Robert Wood Johnson Foundation, Franklin County's Office of Justice Policy and Program, National Institute on Drug Abuse, Center for Public Health Practice

The Ohio State University Nisonger Center

<https://nisonger.osu.edu/>

Launch Date: 1966; *Location:* Ohio

Organization Type: University-affiliated: The Ohio State University; *COE Agency Category:* Developmental Disabilities

Mission: To improve the lives of people with developmental disabilities and their families.

Information, Services, Products Provided: Areas of focus: (1) Early Childhood Services - Promote early identification of developmental delays/disabilities, increase access to high-quality intervention in natural environments, and increase family support and engagement through clinical service, research and outreach; (2) Transition and Adult Life Services - Provide quality education, transition and adult life services to people with disabilities, their families and service providers to enhance outcomes and maximize independence; (3) Behavioral Health - Conduct high-impact research, deliver training/technical assistance and provide high-quality services to persons with behavior/psychiatric problems and/or developmental disability or autism spectrum disorder; (4) Health - Become a national leader in promoting the health of people with disabilities across the lifespan; (5) Administrative/Cross-Cutting - Provide centralized supports to center programs for outreach/dissemination, community engagement, development and other administrative services.

Funders/Partners: Federal, private, and county: US Department of Education, Ohio Rehabilitation Services Commission, The Ohio State University (OSU), OSU Wexner Medical Center, Autism Speaks, OSU Office of Outreach and Engagement, University of Cincinnati, Ohio Department of Health, Centers of Disease Control and Prevention (CDC)