NCTSN Financing and Sustainability Survey Report

November 2016

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The National Child Traumatic Stress Network (NCTSN)

The NCTSN was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners is committed to changing the course of children's lives by improving their care and moving scientific gains quickly into practice across the U.S. The NCTSN is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS). The NCTSN Survey on Financing and Sustainability was administered in August and September 2016 (during the 2012-2016 grant cycle), when the NCTSN was composed of 79 funded centers and over 130 affiliate (formerly funded) centers and individuals in 43 states (see Figure 1). This report highlights key financing and sustainability challenges and innovations experienced by those NCTSN sites and affiliates.

Figure 1: NCTSN Centers and Affiliates 2012-2016
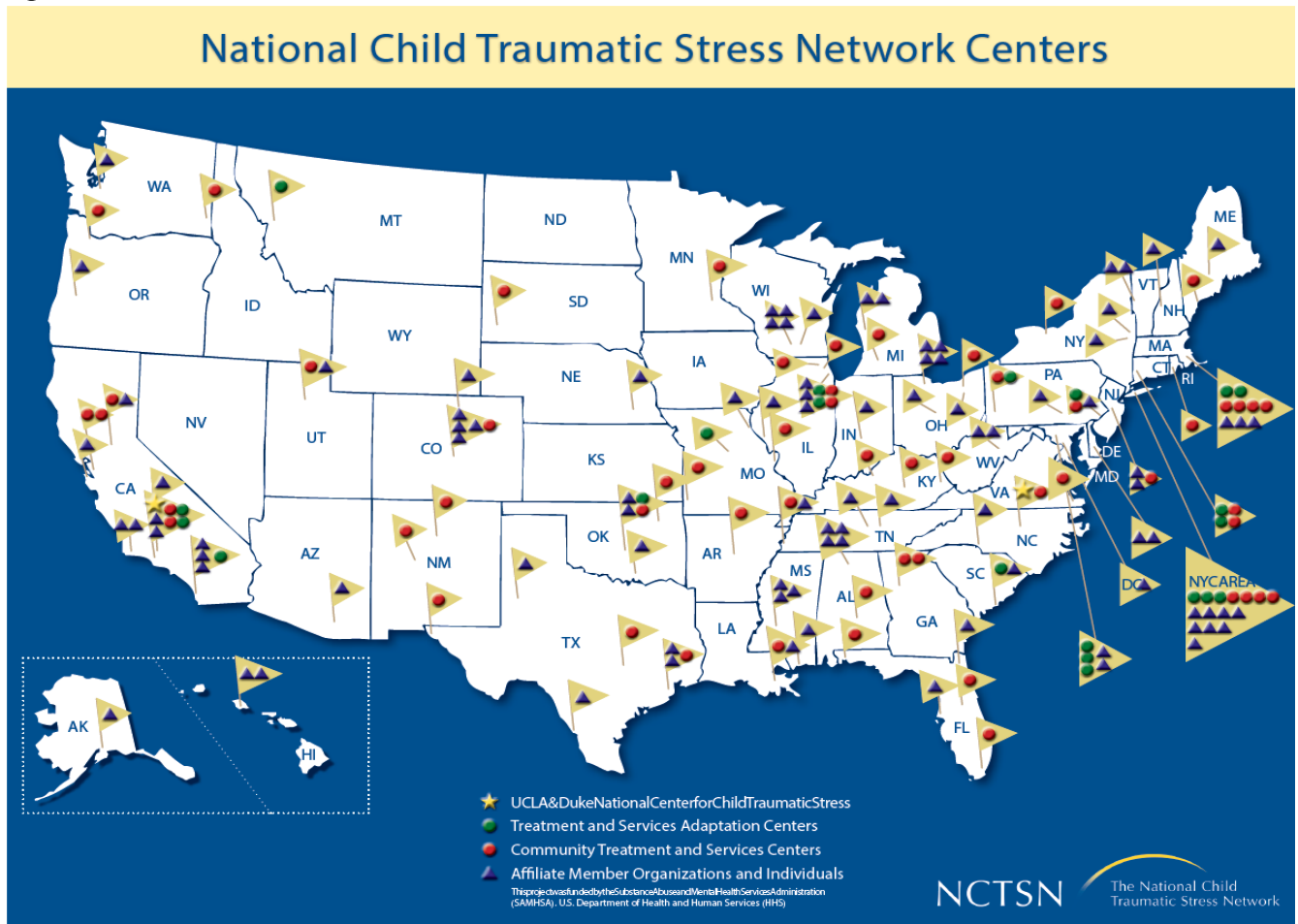
Introduction

Financing and sustaining trauma-informed child mental health services are critical issues for NCTSN grantees and affiliates who serve children and families affected by trauma. As in many other areas involving health and social services for children and families, resources are scarce, grants are often time-limited or narrowly focused, and local, state, and federal funding streams can be inadequate and challenging to navigate.

In August and September 2016, the NCCTS Policy Program, the NCCTS Data and Evaluation Program, the NCTSN Policy Task Force, and the NCTSN Financing and Sustainability Working Group disseminated a voluntary survey to all NCTSN Principal Investigators and NCTSN organizational and individual affiliates. The survey's purpose was to gather information from NCTSN members about their specific financing and sustainability experiences that could help shape NCTSN education and support activities. This NCTSN-wide survey focused on three key areas related to child trauma and mental health services: (1) current financing and sustainability challenges; (2) the barriers to treatment coverage and reimbursement; and (3) the most promising innovations related to financing and sustainability.

One hundred and ten (110) survey responses were received. This report provides an overview of key findings from the survey and will help to inform and guide future efforts of the NCTSN to promote access and continuity of services for children and families affected by trauma. A copy of the complete survey is provided in Appendix A. We would like to thank all those who responded and assisted with the development of this report. If you have any questions or comments, please feel free to send an email to policy@nctsn.org or data@nctsn.org.

"Our state just went through its 8th year of budget cuts and they are predicting cuts for this next state fiscal year, which directly impacts the availability of both Medicaid and state service dollars, which then directly affects which services will/can be provided."

Survey Participants

Responses were submitted from thirty-three states and the District of Columbia, with the largest number of responses received from New York (14), Illinois (12), California (8), Ohio (6), Texas (6), and Colorado (6). Over 60% of survey participants identified themselves as the "Project Director/Administrator/Principal Investigator" of their programs. About 40% identified themselves as a current grantee (11 Category II members and 32 Category III members), 38% as individual affiliates, and 21% as organizational affiliates.

## Financing and Sustainability Challenges

Approximately 29% of respondents reported a decrease in their program's overall amount of funding during the past year. To better understand these funding challenges, we asked respondents about their funding sources. On average, respondents reported that 70% of their program's services for trauma-

exposed youth are supported by non-National Child Traumatic Stress Initiative (NCTSI) sources. The most commonly reported non-NCTSI resources included Medicaid (64%), private health insurance (47%), and other federal or state grants (36%), as noted in Figure 2. In addition to the funding sources noted in Figure 2, respondents also identified several other funding sources that included other federal, state, county, and local grants and contracts.

Figure 2: Types of Non-NCTSI Funding Sources Used to Support Services
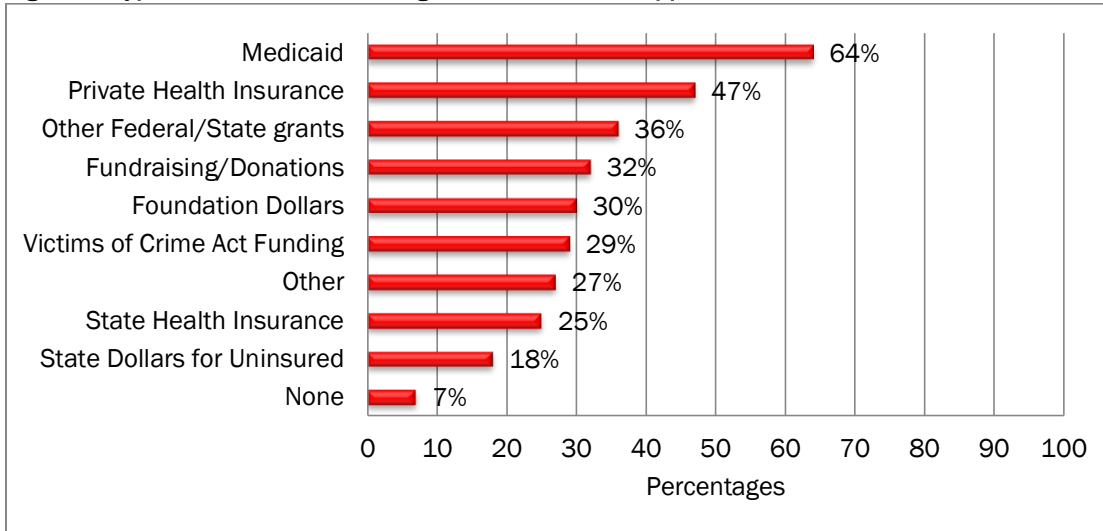
Survey Question:
What are the non-NCTSI sources of funding your organization uses to support services or programs for traumatized youth?

When asked about perceptions of the stability of these non-NCTSI funding resources, respondents described Medicaid (36%), private health insurance (29%), and state health insurance (25%) as "very stable." See Figure 3 for additional details.

Figure 3: Percentage of Respondents that Perceived the Stability of Non-NCTSI Funding Sources as 'Very Stable
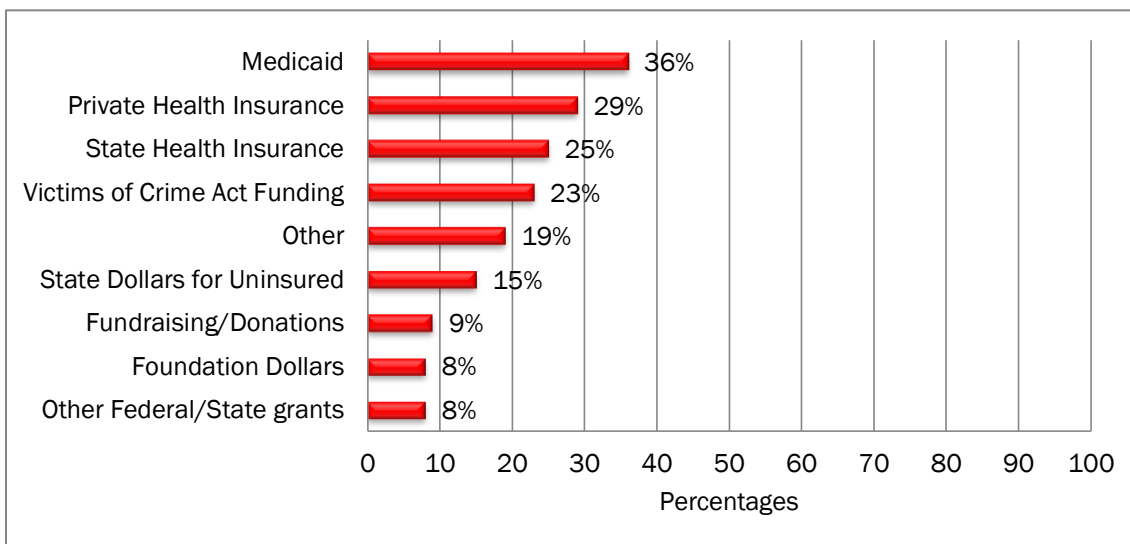
Survey Question:
How stable do you perceive your non-NCTSI funding to be?

Respondents identified several common *financing challenges* with respect to trauma-informed services that include: difficulties with Medicaid reimbursement, loss of or time-limited nature of grant funds, and difficulties with private insurance reimbursements (See Figure 4 for additional responses). Although one-quarter to one-third of respondents identified state health insurance, private health insurance, and

Medicaid as very stable, it is clear these funding resources are not without their challenges. Other themes for financing challenges noted by respondents included reimbursement restrictions and rates ("[restrictions] due to age or diagnosis"), lack of funding for early childhood mental health (e.g., "intervention and prevention efforts"), and limited or no funding for evidence-based treatments and practices ("State system infrastructure does not support delivery of EBTs" or "Evidence-based trauma (especially dyadic) treatment is not reimbursed").
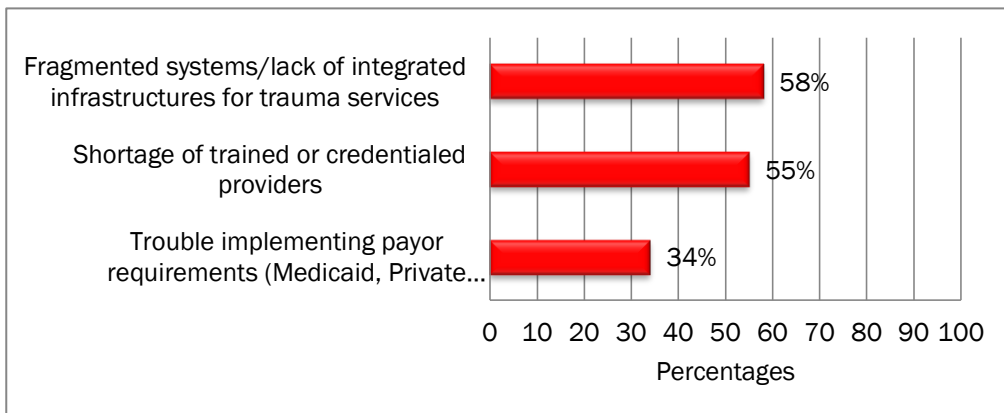
Figure 4: Top 6 Current Financing Challenges Reported by Participants
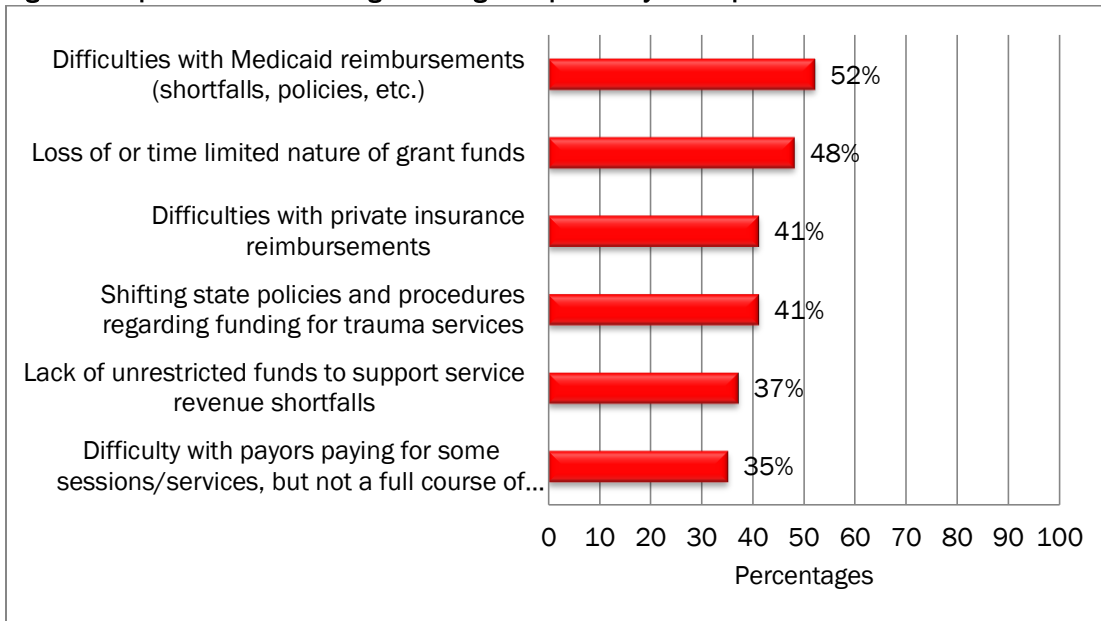
Survey Question: What are some of the current financing challenges with respect to trauma-informed services that you face at your organization? (Select all that apply.)

When asked to identify common *sustainability challenges* with respect to trauma-informed services, most respondents described systemic challenges such as a fragmented infrastructure (58%); shortages of trained or credentialed providers (55%), and difficulties implementing payor requirements (34%; See Figure 5). Other sustainability challenges noted by participants included challenges with Affordable Care Act requirements ("Rising premium costs of insurance with extremely high deductible for parents to pay before insurance begins coverage" or "Too many rules, not enough money to implement them").

**Figure 5: Top 3 Sustainability Challenges Reported by Participants**

Survey Question: What are some of the current sustainability challenges with respect to trauma-informed services that you face at your organization? (Select all that apply.)

Barriers to Coverage and Reimbursement for Child Trauma Services

In addition to assessing financing and sustainability challenges, the survey was also structured to identify specific barriers to coverage and reimbursement for child trauma services. The following were identified as the top 3 barriers to coverage and reimbursement: (1) reimbursement rate is a small portion of the full rate of service (59%), (2) extensive paperwork for minimal reimbursement (50%), and (3) service pre-authorizations needed by some companies (42%). (See Figure 6 for additional barriers endorsed by participants). Participants also provided comments to this question that were captured by the following themes: *restrictions for specialized services* ("[We are] not reimbursed for family therapy and for diagnoses that traumatized children often have") and *costs* ("High deductibles for out of network insurance" and "Set amount of dollars on contract prevents [us] from serving all clients that come through the door"). Additional comments highlighting these barriers are below.

Figure 6: Top 7 Reimbursement Challenges Reported by Participants
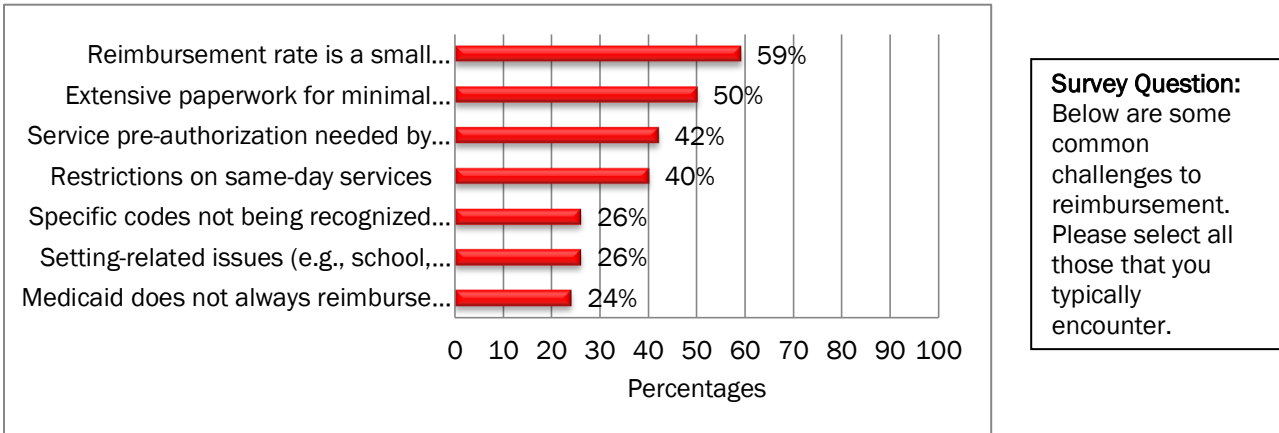
"Our system has negotiated very low reimbursement rates for Psychiatry making it virtually impossible to break even."

• • •

"Medicaid is not well designed to support collaborative, integrated care (consultation time, work in the community) or prevention-based services."

Innovations in Trauma-Informed Child Mental Health Services

To connect NCTSN members and affiliates with key financing and sustainability strategies to support child trauma services, the survey also included questions on innovations or resources respondents have found helpful in financing child trauma services. Many of the innovations included both organizational and state-wide initiatives. Most of the respondents identified credentialing and rostering of clinicians as one innovative strategy to support trauma-informed mental health services for children. Incentivizing the use of evidence-based treatments and practices (47%), educating policymakers (44%), and creating a training institute (29%) are other strategies endorsed by respondents. Additional details about some of these state-wide innovations are described below (see Figure 7).

Figure 7: Types of Innovations and/or Resources Used to Finance Services
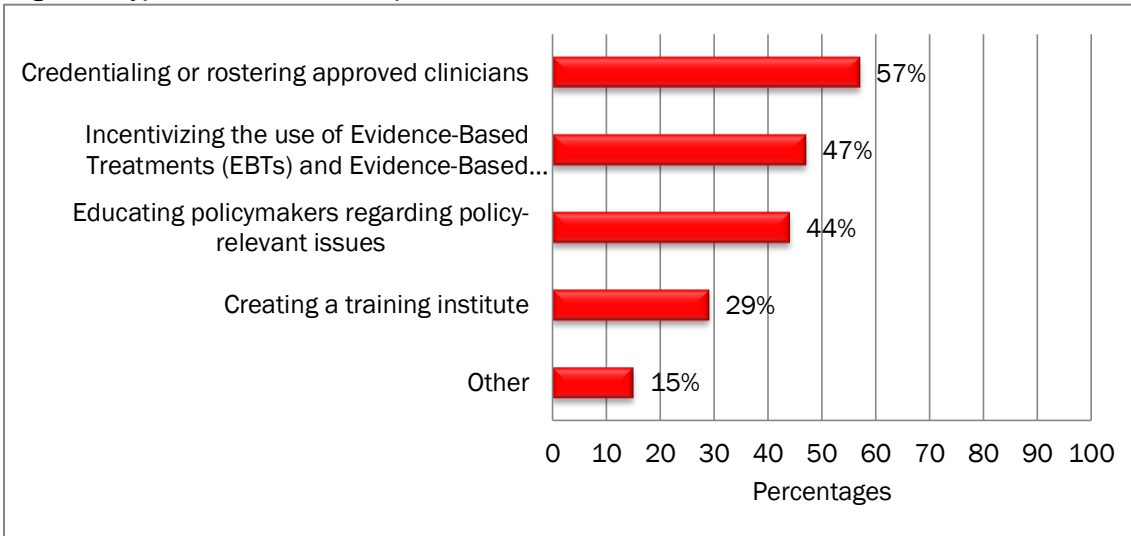
Survey Question:
Please identify any innovations and/or resources that have been used to finance child trauma services in your organization or in your state. (Select all that apply).

"We worked with Medicaid to make trauma screening billable and it did not count against any prior authorized services."

● ● ●

"We are working with Crime Victims to incentivize EBPs but we aren't quite there yet."

State-Wide Initiatives and Innovations

More than half of the states surveyed were represented in responses endorsing at least one of the innovations noted above, including Arkansas, California, Colorado, Florida, Hawaii, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, and the District of Columbia. Below are some additional details regarding incentives and mandates.

State: Incentivizing or Mandating Treatments

❖ Thirty-six percent (36%) of respondents reported that their state mandates or incentivizes specific evidence-based, evidence-supported, or promising treatments for mental health care. In some cases, trauma-focused evidence-based treatments/practices or promising practices have been incorporated into these mandates or incentives. Most commonly reported treatments/practices are highlighted in Figure 8.

Figure 8: Top 6 EBTs/EBPs Incorporated into State Mandates/Incentives
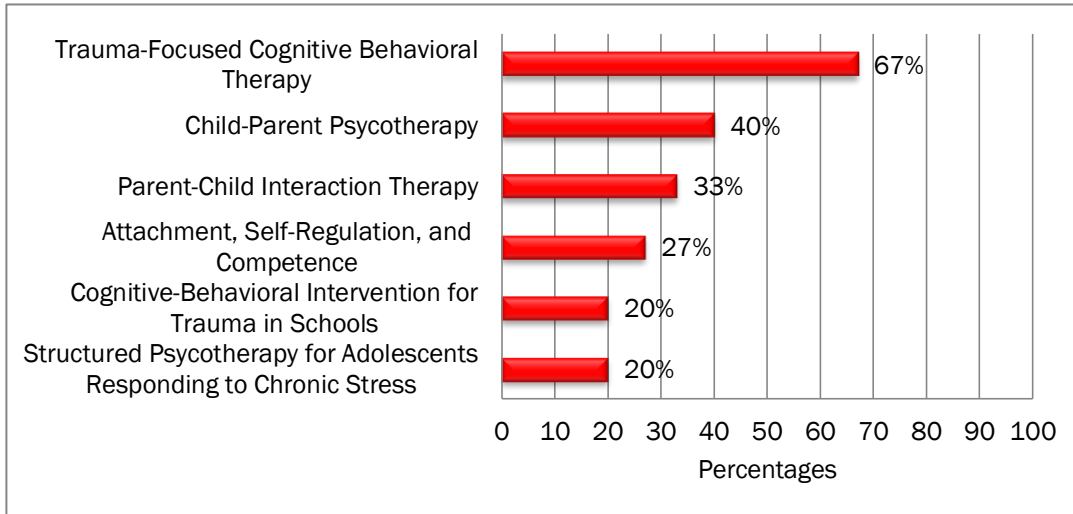
Survey Question: Have trauma-focused evidence-based treatments/practices (EBTs/EBPs) or promising practices been incorporated into any of these state mandates or incentives? Please choose which EBTs/EBPs or promising practices. (Select all that apply.)

State: Mandating Data Collection

❖ Nearly 40% of respondents reported that their state mandates certain data collection requirements for mental health care, compared to 20% of respondents whose states do not mandate certain data collection requirements.

State: Rostering or Credentialing System

❖ Nearly 20% of participants indicated that their states have a rostering or credentialing system in place to certify mental health providers for reimbursement at an enhanced rate, compared to 48% of respondents whose states have no such system in place.

State: Central Training Institute

❖ Thirty percent (30%) of respondents reported that they are in states that have an infrastructure or a central training institute in place to provide training in evidence-based or evidence-supported treatment models for mental health care, compared to 43% of respondents who indicated their states did not have such an infrastructure in place.

State: Require Specific EBT/ EBP

❖ Twenty-seven percent (27%) of states that have established an infrastructure or central training institute require a specific EBT/EBP practice model for the training institute, compared to 38% of states that do not require a specific practice model for training.

Most respondents described the impact of these incentives and infrastructures as quite favorable, noting improvements in workforce, capacity, and services ("Improved service provision of clinicians" "Increased quality and workforce capacity"). Others noted positive changes in access to trauma-informed training and resources ("Allowed smaller organizations with less funding availability to access EBP, which are very expensive") and in leveraging the NCTSN resources to assist with these efforts and filling in some of the gaps ("Our trauma program started before the Dept. of Mental Health started to train on EBP's. We started with EBP work in 2006 and it was implemented in 2009. Their trainings have helped somehow with training new clinicians but we always end up doing additional internal trainings by bringing in trainers for some of the EBP's. DMH does not provide enough trainings or as often as needed.").

Summary

While many NCTSN members identified state or local innovations related to financing child trauma services, a preliminary analysis of the survey results indicates that many challenges and barriers to adequately financing and sustaining child trauma services remain. The responses to the NCTSN Survey on Financing and Sustainability will be used to help guide future NCTSN educational activities related to the financing and sustainability of child trauma services—including the development of financing and sustainability focused webinars, fact sheets, policy recommendations, or other needed resources. To access additional child trauma policy-focused resources please visit www.nctsn.org/resources/policy-issues.

NCTSN | The National Child Traumatic Stress Network

Q2 INTRODUCTION

Financing and sustaining trauma-informed child mental health services are critical issues for National Child Traumatic Stress Network (NCTSN) grantees and affiliates who serve children and families affected by trauma. As with many areas of health and social services for children and families, resources are scarce, grants are often time-limited or narrowly focused, and local, state, and federal funding streams can be inadequate and challenging to navigate.

As part of ongoing National Center for Child Traumatic Stress (NCCTS) efforts to support NCTSN grantees and affiliates with their own financing and sustainability plans, we are conducting a Network-wide survey to identify: (1) current financing and sustainability challenges for child trauma services, (2) the barriers to coverage and reimbursement for child trauma services, and (3) the most promising innovations for sustaining trauma-informed child mental health services. This survey was developed by the NCCTS Policy Program, the NCTSN Policy Task Force, the NCCTS Data and Evaluation Program, and the NCTSN Financing and Sustainability Work Group.

This survey should take approximately 15-20 minutes to complete. Your feedback is very important, and we appreciate your timely response no later than Friday, September 9, 2016. Note: If another member of your team is the more appropriate person to complete the survey, please feel free to transfer this request to that person. Alternatively, feel free to complete this survey as a team for NCTSN centers with multiple points of contact to reduce response burden. Only one survey per NCTSN center is needed. Additionally, responses from individual affiliates should correspond to their current work setting. Please note we also provide an opportunity for you to give your contact information if you are willing to share additional information (or resources) that your organization or state has developed related to this topic; we encourage you to do so!

The survey information will be used to guide future NCTSN efforts to promote access and continuity of services for children and families affected by trauma. If you have questions about this survey, please contact Dr. Diane Elmore at diane.elmore@duke.edu.

Thank you in advance for your time.

Q3 Please tell us how you are connected to the NCTSN. (Select only one.)
❍ Network member: Current grantee
❍ Network member: Individual Affiliate
❍ Network member: Organizational Affiliate
❍ Other, please specify: _____
❍ Not Sure/Don't Know

Q4 Please indicate whether you are associated with a Category II or a Category III Center:
❍ Category II
❍ Category III
❍ N/A
❍ Not Sure/Don't Know

Q5 Please list the name of your site:

Q6 Please list your first and last name:

Q7 Please list your first and last name:

Q8 Please select your state (or District of Columbia)
❍ Alabama
❍ Alaska
❍ Arizona
❍ Arkansas
❍ California
❍ Colorado
❍ Connecticut
❍ Delaware
❍ District of Columbia
❍ Florida
❍ Georgia
❍ Hawaii
❍ Idaho
❍ Illinois
❍ Indiana
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❍ Pennsylvania
❍ Rhode Island
❍ South Carolina
❍ South Dakota
❍ Tennessee
❍ Texas
❍ Utah
❍ Vermont
❍ Virginia
❍ Washington
❍ West Virginia
❍ Wisconsin
❍ Wyoming

Q9 Are you completing this survey as an individual or group?
❍ Individual
❍ Group

Q10 List the title or role of each group member. (Select all that apply.)
❑ Project Director/Administrator/Principal Investigator
❑ Program Evaluator
❑ Clinician
❑ Supervisor
❑ Data Manager
❑ Other, please specify: _____

Q11 Primary role of (lead) respondent. (Select only one.)
○ Project Director/Administrator/Principal Investigator
○ Program Evaluator
○ Clinician
○ Supervisor
○ Data Manager
○ Other, please specify: _____

Q12 Financing and sustainability are complex issues. Please rate your level of knowledge and comfort with describing challenges and innovations with respect to financing and sustaining trauma-informed services. Use slider to indicate response: 0 = not knowledgeable/comfortable, 10 = very knowledgeable/comfortable
_____ Knowledge
_____ Comfort

Q13 What percentage of services for trauma-exposed youth served by your trauma program is supported by resources other than an NCTSI grant?
_____ Percentage of trauma services supported by non-NCTSI resources

Q14 What are the non NCTSI sources of funding your organization uses to support services or programs for traumatized youth? (Select all that apply.)
❑ None
❑ Medicaid
❑ Private Health Insurance
❑ State Health Insurance
❑ State dollars for uninsured
❑ Victims of Crime Act Funding
❑ Foundation Dollars
❑ Fundraising/Donations
❑ Other Federal/State grants (please specify): _____
❑ Other, please specify: _____

Q15 How stable do you perceive your non-NCTSI funding to be?

	Very	Somewhat	Neutral	Not Very	Not at All
Medicaid	○	○	○	○	○
Private Health Insurance	○	○	○	○	○
State Health Insurance	○	○	○	○	○
State dollars for uninsured	○	○	○	○	○
Victims of Crime Act Funding	○	○	○	○	○
Foundation Dollars	○	○	○	○	○
Fundraising/Donations	○	○	○	○	○
Other Federal/State Grants	○	○	○	○	○
Other, previously specified	○	○	○	○	○
	○	○	○	○	○

Q16 What are some of the current financing challenges with respect to trauma-informed services that you face at your organization? (Select all that apply.)
❑ Difficulties with Medicaid reimbursements (shortfalls, policies, etc.)
❑ Difficulties with reimbursement related to the integration of primary care and behavioral health services
❑ Difficulties with private insurance reimbursements
❑ Difficulties with TRICARE reimbursements
❑ Difficulties with Federal Employees Health Benefits Program (FEHBP) reimbursements
❑ Shifting state policies and procedures regarding funding for trauma services
❑ Difficulties with Victims of Crime compensation/payments/reimbursement
❑ Difficulties with State Health Insurance reimbursements
❑ Collection rates on fee for service clientele
❑ Use of inadequate non-profit funding models
❑ Loss of or time limited nature of grant funds
❑ Difficulties related to becoming part of the Network for state/county MCO's or other third party systems
❑ Difficulties with utilization review process for MCO's and other third party systems
❑ Delayed payment from sponsors/state
❑ Lack of unrestricted funds to support service revenue shortfalls
❑ Fund-raising goal shortfalls
❑ Difficulty with payors paying for some sessions/services, but not a full course of treatment
❑ Difficulties in obtaining funds because of setting (e.g., school)
❑ Other, please specify: _____

Q17 What are some of the current sustainability challenges with respect to trauma-informed services that you face at your organization? (Select all that apply.)
❑ Trouble implementing payor requirements (Medicaid, Private Insurance, etc.)
❑ Fragmented systems/lack of integrated infrastructures for trauma services
❑ Inability to meet state defined performance criteria
❑ Shortage of trained or credentialed providers
❑ Challenges regarding Affordable Care Act requirements (please specify): _____
❑ Challenges regarding Mental Health and Substance Use Parity requirements (please specify): _____

❑ Other, please specify: _____

Q18 Please enter "1," "2," or "3" (first, second, third) to rank your top three challenges, respectively, in relation to financing/sustainability trauma-informed services:

_____ Difficulties with Medicaid reimbursements (shortfalls, policies, etc.)
_____ Difficulties with reimbursement related to the integration of primary care and behavioral health services
_____ Difficulties with private insurance reimbursements
_____ Difficulties with TRICARE reimbursements
_____ Difficulties with Federal Employees Health Benefits Program (FEHBP) reimbursements
_____ Shifting state policies and procedures regarding funding for trauma services
_____ Difficulties with Victim's Compensation payments/reimbursement
_____ Difficulties with state/Health Insurance reimbursements
_____ Collection rates on fee for service clientele
_____ Use of inadequate non-profit funding models
_____ Loss of or time limited nature of grant funds
_____ Difficulties related to becoming part of the Network for state/county MCO's or other third party systems
_____ Difficulties with utilization review process for MCO's and other third party systems
_____ Trouble implementing payor requirements (Medicaid, Private Insurance, etc.)
_____ Fragmented systems/lack of integrated infrastructures for trauma services
_____ Inability to meet state defined performance criteria
_____ Shortage of trained or credentialed providers
_____ Delayed payment from sponsors/state
_____ Lack of unrestricted funds to support service revenue shortfalls
_____ Fund raising goal shortfalls
_____ Difficulty with payors paying for some sessions/services, but not a full course of treatment
_____ Difficulties in obtaining funds because of setting (e.g., school)
_____ Challenges regarding Affordable Care Act Requirements
_____ Challenges regarding Mental Health and Substance Use Parity Requirements
_____ Other, please specify:

Q19 Below are some common challenges to reimbursement. Please select all those that you typically encounter.

❑ Medicaid does not always reimburse for trauma services
❑ Restrictions on same-day services
❑ Service pre-authorization needed by some insurance companies
❑ Specific codes not being recognized or reimbursed
❑ Lack of data to show effectiveness
❑ Setting-related issues (e.g., school, pediatric)
❑ Extensive paperwork for minimal reimbursement
❑ Reimbursement rate is a small portion of full rate of service
❑ Lack of understanding of insurance and legal reimbursement requirements by agency administration
❑ Primary care agencies reluctant to pursue reimbursement due to feared liability if it is not done correctly
❑ Local Medicaid system requires primary care to use only their specialty behavioral health services for eligible patients for all services
❑ Difficulty communicating with payers
❑ Significant delays in reimbursement
❑ High proportion of claims denied

❑ Other, please specify: _____

Q20 Please rate the degree of change during the last 12 months for each of the following financing-related resources.	Large decrease	Moderate decrease	Small decrease	Very little or no change	Small increase	Moderate increase	Large increase	N/A
Overall amount of funding	○	○	○	○	○	○	○	○
Medicaid reimbursement rates	○	○	○	○	○	○	○	○
Number of staff members providing services	○	○	○	○	○	○	○	○
Number of clinical supervisors	○	○	○	○	○	○	○	○
Number of treatment locations (i.e. satellite locations)	○	○	○	○	○	○	○	○
Amount of space available for providing services (not counting opening or closing of satellite locations)	○	○	○	○	○	○	○	○
Availability of transportation services	○	○	○	○	○	○	○	○
Total number of appointment hours available for providing services	○	○	○	○	○	○	○	○
Availability of standardized assessments	○	○	○	○	○	○	○	○
Ability to collect, analyze, and report evaluation data	○	○	○	○	○	○	○	○
Change in size of wait list for patients	○	○	○	○	○	○	○	○

Q21 Are you aware of the federal mental health and substance use parity law's requirements?
○ Yes
○ Somewhat
○ No

Q22 Have you seen guidance from state regulators regarding implementing the parity law in your state?
○ Yes
○ No

Q23 Are you aware that the final regulations for parity in Medicaid insurance plans were released in 2016?
○ Yes
○ No

Q24 Have you seen related changes in your clinical practice since the parity law was implemented in 2008?
○ Yes
○ Somewhat
○ No

Q25 Would you know whom to call if you were aware of a parity violation?
○ Yes
○ No

Q26 Please identify any innovations and/or resources that have been used to finance child trauma services in your organization or in your state. (Select all that apply.)

❑ Incentivizing the use of Evidence-Based Treatments (EBTs) and Evidence-Based Practices (EBPs)
❑ Creating a training institute
❑ Credentialing or rostering approved clinicians
❑ Educating policymakers regarding policy-relevant issues
❑ Other, please specify: _____

Q27 Which government or state level agencies are in leadership roles for financing and sustainability of trauma-informed services (e.g., Dept. of Mental Health, Child Welfare, Governor's Office, Office of Medicaid services, etc.)? Please describe:

Q28 Is your state mandating or incentivizing (e.g., special contracts or enhanced reimbursement) specific evidence-based, evidence-supported, or promising treatments for mental health care?

○ Yes
○ No
○ Not Sure/Don't Know

Q29 Have trauma-focused evidence-based treatments/practices (EBTs/EBPs) or promising practices been incorporated into any of these state mandates or incentives? Please choose which EBTs/EBPs or promising practices. (Select all that apply.)

❑ Alternatives for Families Cognitive Behavioral Therapy (AF-CBT)
❑ Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)
❑ Attachment, Self-Regulation, and Competence (ARC): A Comprehensive Framework for Intervention with Complexly Traumatized Youth
❑ Child and Family Traumatic Stress Intervention (CFTSI)
❑ Child-Parent Psychotherapy (CPP)
❑ Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
❑ Combined Parent Child Cognitive-Behavioral Approach for Children & Families At-Risk for Child Physical Abuse
❑ Combined Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Selective Serotonin Reuptake Inhibitors (SSRI) Treatment
❑ Culturally Modified Trauma-Focused Treatment (CM-TFT)
❑ Eye Movement Desensitization and Reprocessing (EMDR)
❑ Group Treatment for Children Affected by Domestic Violence
❑ Integrative Treatment of Complex Trauma (ITCT)
❑ Life Skills/Life Stories
❑ Multimodality Trauma Treatment Trauma-Focused Coping (MMTT)
❑ Multisystemic Treatment (MST)
❑ Parent-Child Interaction Therapy (PCIT)
❑ Real Life Heroes (RLH)
❑ Sanctuary Model
❑ Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
❑ Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents (TARGET-A)
❑ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
❑ Trauma-Focused Cognitive Behavioral Therapy for Childhood Traumatic Grief (TG-CBT)
❑ Trauma-Informed Brief Intervention Services

❑ Trauma Systems Therapy (TST)
❑ Trauma and Grief Component Therapy for Adolescents (TGCT-A)
❑ Youth Dialectical Behavioral Therapy
❑ Prolonged Exposure Therapy (PE)
❑ Cognitive Processing Therapy (CPT)
❑ None
❑ Not Sure/Don't Know
❑ Other, please specify: _____

Q30 Is your state mandating certain data collection requirements for mental health care?
❍ Yes
❍ No
❍ Not Sure/Don't Know

Q31 Is there a rostering or credentialing system in place in your state to certify mental health providers for reimbursement at an enhanced rate?
❍ Yes
❍ No
❍ Not Sure/Don't Know

Q32 Has your state established an infrastructure or a central training institute to provide training in evidence-based or evidence-supported treatment models for mental health care?
❍ Yes
❍ No
❍ Not Sure/Don't Know

Q33 Does your state require a specific EBT/EBP or practice model for the training institute?
❍ Yes
❍ No
❍ Not Sure/Don't Know

Q34 If yes, for which treatment or practice models? Please describe:

Q35 Is this training required? Please describe (e.g., expectations, level of support, or other contextual information, etc.):

Q36 What impact did the establishment of an infrastructure or central training institute have on implementation of your trauma program? Please describe:

Q37 The NCCTS has worked with its partners to generate some financing products for NCTSN members. Consider the challenges you face in financing and sustaining trauma treatment services at your center. What other products or resources are needed to ensure continued success?

Q38 Please describe any other financing and sustainability challenges and/or successes you have encountered in your work that were not captured in this survey.

Q39 Are you interested in sharing your financing resources or innovations with other network members and affiliates?
❍ Yes
❍ No

Q40 If you would like to share additional details about financing resources or innovations with the Policy Program, please share your contact information and someone from the NCCTS will be in touch.

Name

NCTSN Center

Phone

Email

Describe resource/ innovation

Q41 Thank you for completing this survey! Please click the next button to submit your response.

Please contact Dr. Diane Elmore at diane.elmore@duke.edu for questions regarding this survey.