Center for Mental Health Implementation Support

Exploring CMHIS's Implementation Support and Core Topics With Our Priority Audiences

September 2025

Introduction

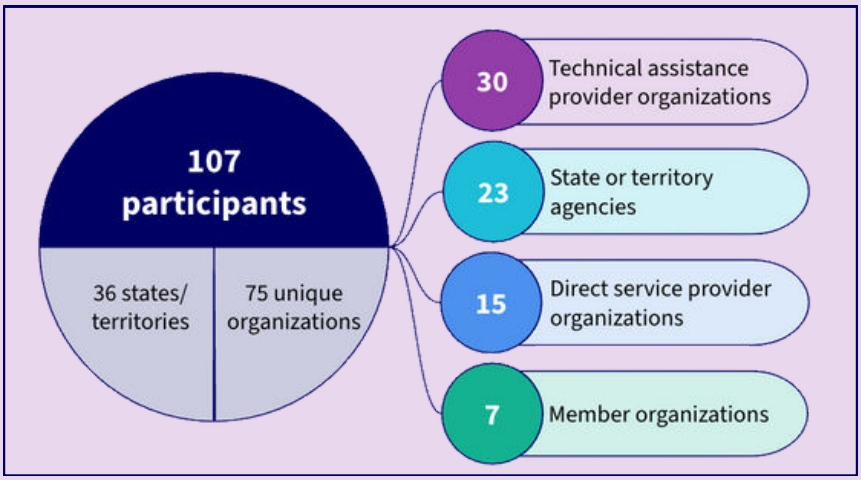
The **Center for Mental Health Implementation Support (CMHIS)** and our five bi-regional Hubs help systems and organizations navigate the complex process of implementing new effective mental health practices or ensuring that practices are delivered effectively. We provide practical, tailored support to overcome implementation barriers and ensure access to high-quality care.

Between December 2024 and February 2025, CMHIS held 17 discussion groups to gather information on the needs of our audiences related to the selection, implementation, and sustainment of mental health practices. The groups included two pilot discussion groups with a national audience, two discussion groups with SAMHSA-funded TA Centers, and 13 Hub-led discussion groups (two to five groups per Hub). In total, 107 people from 36 states and territories and 75 unique organizations participated (see Figure 1 for an overview of which organizations were represented).

The findings were mapped to CMHIS's **eight core topics** and can be used to inform the design of CMHIS's implementation support and resources. **This document shares a summary of the findings from our discussion groups on:**

- Development and delivery of implementation support activities.
- Potential collaboration opportunities with other SAMHSA-funded TA Centers.
- Important elements, challenges, and opportunities for implementation support and resource development for each core topic.

Figure 1. Overview of Discussion Group Participants.

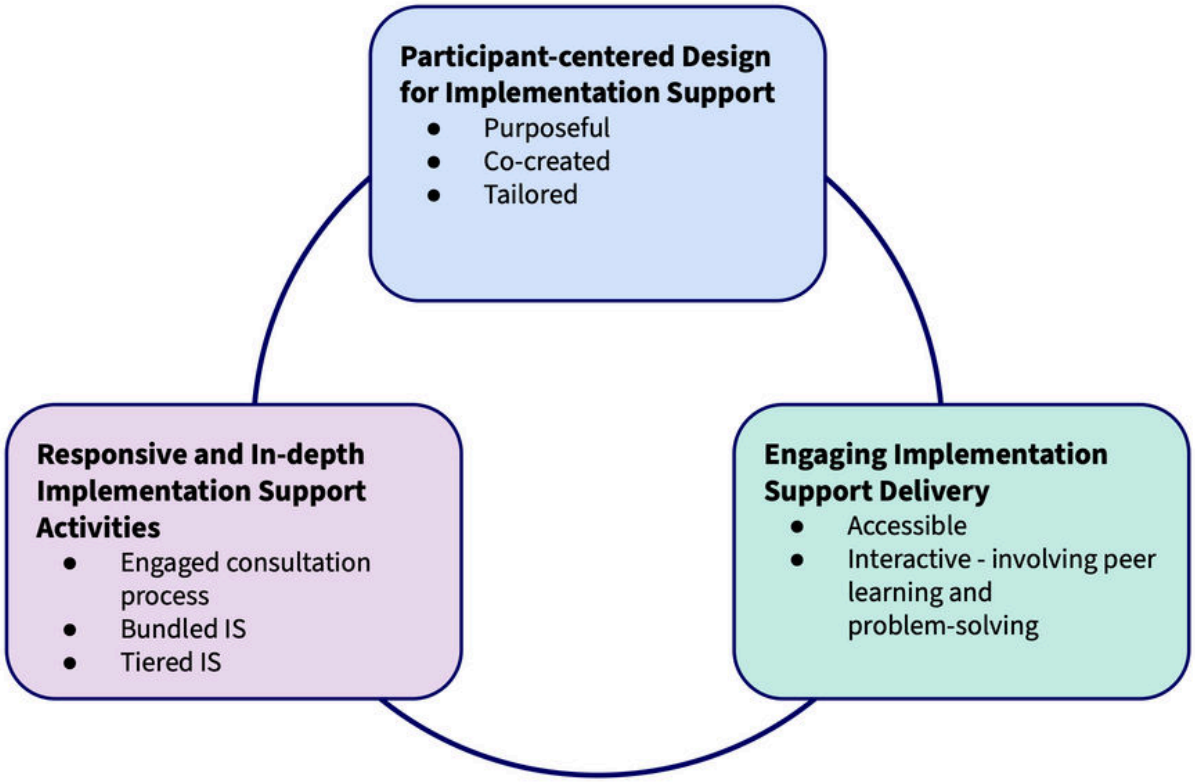


Development and Delivery of Implementation Support

Design & Delivery of Implementation Support

Across the discussion groups, participants from TA providers, state agencies, and behavioral health organizations provided insights on the characteristics and format of implementation support (IS) that they would find valuable. These findings coalesced under three themes, which are represented in the figure and described in more detail below.

Figure 2. Characteristics and Format of Implementation Support by Theme



Participant-centered Design of Implementation Support

Participants from TA Centers, behavioral health organizations, and state agencies described the need for IS that is designed to be practical, relevant, and applicable to their organizations. They stressed that the IS must consider the participants' organizational context, needs, goals, and experiences.

Purposeful Implementation Support

Participants discussed the desire for IS to have a clear purpose that demonstrates what participants will learn and be able to do by the end of the IS activities.

They stressed the importance of having a clear explanation of how the IS will be of value to the organization. Participants from TA Centers and behavioral health organizations shared that organizations, particularly those that are smaller, face several barriers to participating in TA (e.g., time, workforce shortages or turnover, limited capacity). Therefore, in order for organizations to be willing to participate in IS, they needed to know that IS activities would be designed to provide them with skills, resources, and/or a plan or product they can easily use. As one participant from a behavioral health organization described,

> **"But I think it would be great to have clearly identified outcomes or goals that the TA would address. What's the area of need and how will the TA address this? And then, you know, I think we'd be more than willing and wanting to participate."**

Co-created Implementation Support

Another key factor for IS design is the intentional development of IS activities with input from participants to ensure that it truly meets their needs. This process involves building relationships and trust with IS participants in order to learn about their needs, strengths, and values. A participant from a TA provider organization shared,

> **"And then the other thing is to talk with providers within that community about how they perceive their challenges to be and the view about technical assistance. And that helps me frame out how to begin and how to engage community leadership..."**

Tailored Implementation Support

Participants described wanting IS that is designed to be flexible and responsive to participants' context, needs, and goals. They described the importance of IS being culturally-relevant and adjustable to align with the unique circumstances and challenges an organization faces in the implementation process. They are not interested in IS that provides a "cookbook approach"; rather, they prefer to see that an understanding of the participants and their organizations is integrated into the IS and it meets their needs. One participant noted that IS is not helpful when,

> **"...the TA is not aligned with where you're at as an organization or a project. You know…when they don't take time to get to know you or understand what it is you're truly asking for."**

Considerations for Implementation Support & Resource Development

CMHIS and Hubs should aim to design implementation support that has a clear purpose, meets recipients' needs, integrates participants' goals and contexts, and provides actionable resources and skills.

Responsive and In-depth Implementation Support Activities

Participants recognize that a one-time training is insufficient for long-term success and are looking for in-depth IS opportunities. They describe that a mix of IS activities is needed to support participants/organizations across the full implementation process.

Engaged Consultation Process

TA providers described offering a consultation process in which they work with participants to identify their needs and priorities. Consultation is beneficial for TA recipients because, as one participant from a behavioral health organization said, "So a lot of times I'm not even sure we know how to ask the questions or that we even know what we need." An engaged consultation process can be a method to operationalize the co-creation and tailoring of IS, whereby participants actively shape the IS that will be delivered and TA Centers can ensure that the activities fit within their scope. A TA provider shared that the initial consultations should be flexible,

> **"...not having to follow like really rigid form structures, even in the conversation, to let the conversation really organically go...and then have maybe even a follow-up conversation, several follow-up conversations with the organization... We may not even figure out what exactly it is that they need at the first conversation."**

Bundled Implementation Support Strategies

TA Centers typically provide a mix of basic, targeted, and intensive IS, including structured activities (e.g., learning communities) and other less structured IS activities, such as drop-in office hours, to provide additional opportunities for connection, relationship-building, and feedback from trainers.

Participants shared that the availability of a mix of IS activities is beneficial to participants, particularly if there is a balance of in-depth, on-going synchronous IS with virtual, on-demand IS (e.g., asynchronous didactic modules paired with in-depth consultation). Participants noted that asynchronous IS activities can be easier for busy providers and leaders to fit into their schedules. One participant described the benefits of on-demand training,

"That's opening it up, really opening it up for people who generally don't have time in their calendars or maybe have time at like, you know, nine o'clock at night... People in different time zones and things like that. So I would really kind of underline the value of exploring asynchronous approaches to leadership connection for these folks as well too."

Tiered Implementation Support

Tiered IS is a common approach among TA Centers, in which basic IS and/or resources are offered first before moving into targeted and/or intensive IS. For example, one participant shared that in their TA Center,

"We're testing out some scaffolded learning approaches where we do large webinars, followed by communities of practice followed by on site events."

Considerations for Implementation Support & Resource Development

These findings suggest that CMHIS develop a consultation process to work with organizations to shape IS to their needs. IS activities can include a bundle of implementation strategies to provide robust support to organizations over time. While CMHIS's focus is targeted and intensive TA, it may be helpful to consider some asynchronous virtual training opportunities that people can easily access. Finally, tiered IS offerings can be beneficial to introduce IS recipients to a topic and lead them into more targeted/intensive options.

Engaging Implementation Support Delivery

Participants from TA Centers, behavioral health organizations, and state agencies described that implementation support sessions should be accessible, interactive, supportive of peer learning, and focused on problem-solving.

Accessible Implementation Support

Factors that support individuals' ability to attend IS sessions should be considered in the design and delivery of IS. Participants noted that offering Continuing Education credits is an effective strategy to encourage agencies to "make room for their staff to attend." Participants described the importance of sufficient communications, outreach, and engagement with potential IS recipients so that they are aware of the IS opportunities. Participants shared that the IS sessions should be open to people whom the organization feels are the most appropriate to attend (i.e., not restricting participation to a certain job title). One participant at a behavioral health organization said,

"I can't tell you the number of times I have been asked to participate in a state or national level collaborative and when I say, 'Hey, I have a person on my team who has a lot of expertise in that. Could they participate instead?' The answer is not always yes. And my calendar is very full. Their calendars are a little less full, but not only that, they're the ones who know some of these things a lot better than me. So I think the opportunity to allow people, regardless of what their title is, to be part of that would be really helpful."

Additionally, efforts should be made to engage people who can make change at their organization and ensure that they have organizational support to attend. One participant form a TA Center noted,

"A lot of times, we have well-meaning professionals engage in technical assistance with us because they care deeply about this population, but they may not have the position and the agency to make any real change, so they need more support and authority. They need their supervisors to join a call. They need their agency leadership to back them, especially if we're talking about things like starting new programs or policies."

Interactive Implementation Support Sessions

Participants shared a preference for IS sessions that include interactive activities and do not just rely on passive learning (e.g., didactic, lecture). They valued activities that draw on the experiences of the participants and facilitate interaction, such as discussion and small group activities. One participant said,

"So it's not just the TA Center has to come up with all the stuff and then put on a webinar where we just sit there. I like the connection and this interaction much, much better."

A key aspect of interactivity in IS sessions involves facilitation of peer learning between recipients. As one participant said, "We can learn so much from each other. And maybe draw on each other's resources." Participants prefer IS sessions that provide opportunities for participants to connect and share knowledge and experiences. Peer learning allows recipients to learn about new ideas and discuss challenges and successes so that they can build on other work instead of starting from scratch. Participants also highlighted the value of mixed groups with people at different stages of implementation, different locations, and different perspectives.

One TA provider noted that when they work with tribes, "...they sometimes get more from each other than they do from the state or anything we have to say." A participant from a behavioral health organization said,

> **"...there's a networking factor that happens, right? But then there's also just people having the space to say these are the challenges or these are the successes or these are the things I'm working on. There's like a real benefit to that. Instead of the TA Center kind of talking down to us who, we're the ones doing the work, telling us how to do it."**

Participants also desire IS that is guided by an experienced facilitator and focuses on collaborative problem-solving. These IS activities can support participants in addressing challenges in a way that draws on their organizations' strengths. One participant said,

> **"I have found technical assistance really helpful when it's a series and we're working through a problem together. And everyone's doing some of the same things and we're bringing it back to the group. There's some technical expertise that comes into play, but we're all attempting to implement together. And again, kind of sharing those successes that are happening and challenges..."**

Considerations for Implementation Support & Resource Development

These findings point to the importance of employing communications and marketing strategies to raise awareness of IS opportunities and reach intended audiences. CMHIS should also use strategies to support participation (e.g., offer CEs, gain organizational support) despite potential challenges (e.g., time, workforce capacity). IS sessions should include activities that are interactive, enable peer learning and networking, and support participants in problem-solving.

Potential Collaborations with SAMHSA TA Centers

TA Centers are eager to work with CMHIS and each other, further integrate implementation science approaches in their TA, and collaborate on implementation support activities. Participants from TA Centers discussed four specific ways to collaborate with CMHIS: sharing information, referral between Centers, CMHIS support to TA Centers, and collaborative implementation support.

Table 1. Sharing Information Between TA Centers and CMHIS

Description	Example Quotes
Participants described the importance of sharing information between TA Centers and "knowing who each other are." In particular, they would like to share information on implementation support activities and potential collaborations.	"...just being aware of what each other is doing like this year and over the past couple of years it's been a priority for SAMHSA for us to collaborate ...So I think just having an understanding of what we're doing. We often share out our plan with our partners. So they know what's coming for the year… So that at that time you can use that to kind of collaborate and say, You know, hey, I'm doing this on crisis. I think it makes sense here that we can have a webinar together. So for us, that's worked really well of like just sharing what's going on and how we can be supportive of each other by knowing what's happening."

Table 2. Referrals Between TA Centers and CMHIS

Description	Example Quotes
TA Centers often refer organizations to other Centers or resources when "we may not be the TA provider that you need." Participants described a warm-handoff process so that the recipient feels supported.	"Sometimes it's a short period, sometimes it's just why don't I connect you with this other TA Center, that's something that they do really. Well, or why don't I connect you to a set of resources? So that's kinda how we move them through it, and then those that need more intensive support, such as you refer them." "...How to best do those like warm handoffs, where somebody comes to us for something. either that we can't do, or that we can only partially do. And trying to think about the best system so that it doesn't feel like we're passing the buck like we're kind of like, 'We're so glad you asked… Here's our other colleague. You don't have to explain your story again.' And recognize that that takes a lot of effort on the back end."

Table 3. CMHIS Support to TA Centers

Description	Example Quotes
Participants mentioned several core topics and overall implementation science concepts that CMHIS could provide implementation support on. Specific examples of support they would like include tools to assess that type of TA an organization needs and evaluation models.	"We don't have good mechanisms for being able to say what people have taken in through our trainings is making an impactful difference in how they provide their therapy services and how that manifests within their service delivery." "But is there a tool, or is there some kind of way to assess what kind of TA an organization needs, what the level of TA that they need. And then what the capacity is for that technical assistance... So I think it goes back to that needs assessment. What is the underlying need that necessitates that technical assistance."

Table 4. Collaborative Implementation Support Between TA Centers and CMHIS

Description	Example Quotes
Participants discussed how CMHIS could collaborate with TA Centers on providing implementation support. One suggestion was that CMHIS could integrate implementation science approaches into other TA Centers activities, from webinars to collaborative community of practice. Another suggestion was that a TA Center could provide content-specific TA and then pass participants to CMHIS for support on implementation (i.e., collaborative tiered implementation support).	**Collaborative implementation support**: "And so I can see that that could be a really cool way to get the word out to support people who are putting evidence-based practices into place, and would lend to a great collaborative partnership and leadership model for the participating centers." **Collaborative tiered implementation support**: "I think that, like almost like companion referral…where, if we answer somebody's TA request, they're like, 'Oh, you know, I'd really like to know best practices for working with patients who are experiencing homelessness,' and we're like, here are the best practices. Then for them, they'll probably say, 'You know, how do I implement these in my organization?' And to be able to say, 'We're so glad you asked…we're connecting you to our CMHIS colleagues.' I think that would be really great."

Implementation Support and Resource Development for Core Topics

CMHIS Core Topics

All of the core topic areas resonated with participants' experiences and efforts in implementing mental health practices. The tables below share a summary of the important elements, challenges and facilitators, and opportunities for implementation support and resource development for each core topic.

Table 5. Community Engagement & Needs Assessment

Important Elements	Challenges and Facilitators	Opportunities for Implementation Support & Resource Development

Community outreach, engagement, and assessment to ensure that programs and practices are designed, adapted, implemented, and sustained in a way that meets community needs
 	
Organizations aim to serve as a bridge rather than a gatekeeper to include the voices of peers and people with lived experience.
 	
Collaborate with trusted leaders and organizations to the communities they aim to serve with tailored messaging.
	Challenges
	• Establishing connections with communities, engaging clients proactively, and gathering feedback
	• Determining the actual needs of clients and how to best address them.
	
	Facilitators
	• Structural impetus for assessment (e.g., mandated or routinized assessments)
	• Requirements to include people with lived experiences on advisory boards
		• Culturally-responsive, relationship-driven approaches to community engagement
		  ◦ Engaging with communities, particularly those who have been historically underserved
		  ◦ Identifying and establishing connections with people and organizations in which communities already have trust
		  ◦ Engaging and building trust with a wide variety of partners and potential partners, including clients, advisory boards, community leaders, faith communities, peer organizations, outreach workers, cultural brokers, and school districts
		• Assessing and identifying the mental health needs of clients and communities

Table 6. Factors Influencing Implementation

Important Elements	Challenges and Facilitators	Opportunities for Implementation Support & Resource Development

Factors that inform selection of a new practice in their organization:
• Community needs as identified through needs assessments, community engagement, and/or service demands
• Practice characteristics, such as cultural and linguistic relevance and adaptation, fit with organization, financial and staffing sustainability of the practice
• Organization characteristics, such as staff capability and capacity, collaboration and partnerships
• Alignment with funding priorities and legislative mandates
• Industry trajectory and trends, such as CCBHC, value-based payment, measurement-based care
 	
Organizations must carefully integrate a new practice into current operations and workflow.
	Challenges
	• Workforce shortages and turnover
	• Navigating leadership change
	• Gaining buy-in and alignment across an organization
	• Implementing programs that are not flexible
	
	Facilitators
	• Establishing strategic and multi-sectoral partnerships
	• Adapting practices to community needs and preferences
		• Selecting programs to implement
		  ◦ Understanding costs of program implementation and sustainability
		  ◦ Connecting with others to build off of existing work
		• Adapting practices to be culturally-relevant and culturally-responsive (e.g., for rural areas, Indigenous communities)
		• Integrating new programs into existing services
		  ◦ Developing or adjusting workflows
		  ◦ Increasing buy-in across the organization

Table 7. Implementation Strategies

Important Elements	Challenges and Facilitators	Opportunities for Implementation Support & Resource Development
Practice implementation is influenced by organizational culture, communications, workforce challenges, infrastructure, finance, and gathering information to understand impact and implementation. Organizations put a lot of resources and time into training and supporting staff and putting the pieces into place to effectively implement practices.	**Challenges** • Workforce shortages and turnover • Leadership changes • Loss of champions • Time spent on program management and compliance • Shifts in organizational culture and staff roles **Facilitators** • Comprehensive approach to practice change, including change management • Involving leadership and staff • Peer learning	• Implementing practices when resources and workforce are limited • Developing an implementation plan • Supporting practice across all phases of implementation

Table 8. Measurement-Based Care

Important Elements	Challenges and Facilitators	Opportunities for Implementation Support & Resource Development
Organizations see MBC as an important strategy for data-driven decision making and treatment. Larger organizations and state agencies tended to report more structured MBC systems, whereas smaller organizations were more focused on building buy-in and capacity.	**Challenges** • Provider training and time • Staff shortages • Identification of meaningful measures • Balancing required metrics and meaningful outcomes **Facilitators** • Internal champions • Pre-existing evaluation infrastructure • Involving providers in selecting measures	• Identifying appropriate MBC measures for organizations and populations they serve • Aligning required measures with what matters to communities and staff • Integrating MBC into organizations' workflow • Interpreting and using of MBC data

Table 9. Communications & Social Marketing Solutions

Important Elements	Challenges and Facilitators	Opportunities for Implementation Support & Resource Development
Efforts related to communications and social marketing include: • Creating messaging for different types of organizations and communities • Reviewing language and messaging to encourage engagement, • Working to ensure that messaging is clear and gets to the intended audience.	**Challenges** • Tailoring messages to different audiences • Finding the right balance of types and timing of communications **Facilitators** • Collaborations with partners • Using marketing approaches to increase community voice	• Developing and tailoring messages to different audiences • Strategies for reaching different audiences • Sharing information, messages, and stories about who they are and what they do

Table 10. Continuous Quality Improvement

Important Elements	Challenges and Facilitators	Opportunities for Implementation Support & Resource Development
Organizations use CQI to enhance their ability to be flexible and adjust practices to best serve their community. Organizations shared a need for sustainable and feasible structures for monitoring the quality of practices over time.	**Challenges** • Data collection and use to inform change • Analytic capacity **Facilitators** • Learning from successful models	• Developing and implementing CQI process • Collecting, sharing, and using data to inform change

Table 11. Program Evaluation

Important Elements	Challenges and Facilitators	Opportunities for Implementation Support & Resource Development

Organizations conduct a range of evaluation efforts, with some organizations engaged in few evaluation steps and others having an internal or external evaluation team.
 	
Organizations try to balance outcome and effectiveness measures with other metrics that are relevant. They aim for metrics that are community-driven and reflect community members' and clients' voices.
	Challenges
	• Identification and implementation of relevant measures and effectiveness indicators
	• Data collection and analysis to inform change
	• Workforce capacity
	
	Facilitators
	• Use of multiple types of data - "numbers and stories"
	• Collaborations with partners
		• Developing and implementing evaluation processes, including identifying metrics of effectiveness
		  ◦ Planning and problem-solving around data collection and analysis
		• Collecting, sharing, and using data to inform change
		  ◦ Using mixed-methods data from multiple sources
		  ◦ Sharing stories and data visualization

Table 12. Sustaining Service Delivery

Important Elements	Challenges and Facilitators	Opportunities for Implementation Support & Resource Development
Behavioral health organizations and state agencies must collaboratively explore different models to fund practices after time-limited grant funding ends or state budgets change. Organizations need to demonstrate the benefits of practices to potential or current funders in order to justify future or continued funding. When people who have been delivering a particular practice leave, it can be hard to train up new providers and maintain continuity of services.	**Challenges** • Securing funding for after a grant ends • Funding practice elements that are not billable • Workforce churn **Facilitators** • Having a process for training new staff • Using a train-the-trainer model to build organizational capacity	• Developing a sustainability plan, particularly for maintaining program operations after funding ends • Capacity-building to enhance organizational resilience and adaptability • Sharing program success with key partners

Cross-topic Implementation Support Opportunities Based on Discussion Group Findings

The findings demonstrate how the core topics connect with one another, in ways that can be important for designing implementation support and resources. As shown in the table below, each core topic was cross-linked with one to four other topics. The table displays the cross-topic connections identified from the findings; however, these do not include all possible combinations that may be valuable for implementation support.

Table 13. Core Topic Connections (Part 1)

Core Topics	Connection
Community Engagement & Needs Assessment → Factors Influencing Implementation	Using needs assessment and other data to inform selection, development, and/or tailoring of a practice
Community Engagement & Needs Assessment → Program Evaluation	Development of community-defined measures and culturally-relevant evaluation tools
Community Engagement & Needs Assessment → Communications & Social Marketing Solutions	Development of relevant communication strategies and messages
Factors Influencing Implementation → Implementation Strategies	Considering the salient factors that influence implementation when developing an implementation plan and change management process
Factors Influencing Implementation → Communications & Social Marketing Solutions	Strategies for effective communication in and across teams about new practices and changes to workflows
Factors Influencing Implementation → Sustaining Service Delivery	Sustainability considerations and strategies when selecting a practice (e.g., finances and staffing)

Table 13. Core Topic Connections (Part 2)

Core Topics	Connection
Measurement-Based Care → Continuous Quality Improvement	Using MBC data for quality improvement
Continuous Quality Improvement → Program Evaluation	Using data to inform decision-making and implementation processes
Program Evaluation → Communications & Social Marketing Solutions	Communicating stories and evaluation findings
Program Evaluation → Sustaining Service Delivery	Assessing impact of practices and outcomes for sustainability
Communications & Social Marketing Solutions → Sustaining Service Delivery	Communicating success to potential funders and other partners to secure ongoing support

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