



Comparative Effectiveness Review Disposition of Comments Report

Research Review Title: *Strategies To Improve Mental Health Care for Children and Adolescents*

Draft review available for public comment from September 16, 2015, to October 13, 2015.

Research Review Citation: Forman-Hoffman VL, Cook Middleton J, McKeeman JL, Stambaugh LF, Christian RB, Gaynes BN, Kane HL, Kahwati LC, Lohr KN, Viswanathan M. Strategies To Improve Mental Health Care for Children and Adolescents. Comparative Effectiveness Review No. 181. (Prepared by the RTI International–University of North Carolina Evidence-based Practice Center under Contract No. 290-2012- 00008-I.) AHRQ Publication No. 16(17)-EHC035-EF. Rockville, MD: Agency for Healthcare Research and Quality; December 2016. www.effectivehealthcare.ahrq.gov/reports/final.cfm.

Comments to Research Review

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Comments on draft reviews and the authors' responses to the comments are posted for public viewing on the EHC Program Web site approximately 3 months after the final research review is published. Comments are not edited for spelling, grammar, or other content errors. Each comment is listed with the name and affiliation of the commentator, if this information is provided. Commentators are not required to provide their names or affiliations in order to submit suggestions or comments.

The tables below include the responses by the authors of the review to each comment that was submitted for this draft review. The responses to comments in this disposition report are those of the authors, who are responsible for its contents, and do not necessarily represent the views of the Agency for Healthcare Research and Quality.

Commentator & Affiliation	Section	Comment	Response
TEP 3	Executive Summary	Page 14 Line 37 'already experiencing MH problems' is not clear for the reader at this point.	We have replaced with the phrase "with mental health symptoms"
TEP 3	Executive Summary	An additional clarification that prevention and universal interventions are not included here nor is early case finding like screening in primary care.	We have added a sentence to clarify. "As a result, universal interventions aimed at prevention are not included." We note, however, that screening followed by early intervention of children with symptoms would qualify.
TEP 3	Executive Summary	Page 15 Line 21 'provided evidence of a causal link...' This statement is made more than once in the document. The uncontrolled studies often contribute to causal links by showing dose, mechanism or biological effects. Controlled studies can also confuse causal links through confounding. I believe the correct statement would be to say that only studies that included a control group were employed because they provide stronger evidence of a causal link than uncontrolled studies.	Agree, revised to note that we were looking for "strong" evidence of a causal link
TEP 3	Executive Summary	Page 16 Line 26 'none' included but the text says that it was required. I am not sure what the word, 'none' is doing here.	Thank you for noting the error. We have deleted the table in the executive summary and the more detailed methods do not contain this error
TEP 3	Executive Summary	P22 L4 change 'accessed' to 'assessed'	Thank you, corrected as suggested
TEP 3	Executive Summary	P27 L20 change 'for' to 'to'	We no longer include this table.
TEP 3	Executive Summary	P27 L41 change 'for' to 'to'	We no longer include this table.
Peer Reviewer 1	Introduction	The introduction did cover the topic area.	Thank you
Peer Reviewer 1	Introduction	It provided sufficient, but not in any depth, information about the nature of the review.	Our revisions have hopefully provided a bit more depth about the nature of the review.
Peer Reviewer 2	Introduction	The introduction is thorough and clearly notes the need for this review.	Thank you
Peer Reviewer 2	Introduction	However, the expectations following the introduction are high, especially given the lack of conclusive results.	So noted.

Commentator & Affiliation	Section	Comment	Response
Peer Reviewer 2	Introduction	It might be helpful to note the tentativeness of the review at this time, given the relative newness of the literature and the few replications.	We discuss the size of the evidence and potential next steps in the Discussion section.
Peer Reviewer 2	Introduction	Despite this, the need for the review is high given the social policy issues, and also to direct future policy and research.	Thank you
Peer Reviewer 5	Introduction	There is an Executive Summary of 35 pages (should be much shorter however), and a full report of 100 pages.	We have substantially shortened the text of the executive summary. A detailed table stands separately from the text
Peer Reviewer 5	Introduction	There is no clear introduction in either that clearly states why the study is important and its goal, the lay of the land in children's mental health care in the U.S. (types of providers, diversity of settings, limits on access to care), and the limited evidence on best practices.	This information is provided in the third paragraph.
Peer Reviewer 5	Introduction	Since there have been two previous attempts to synthesize the evidence, what were the limits of those and why is this important to do?	We have expanded on this in the Proposed Contributions to the Evidence Base section.
Peer Reviewer 5	Introduction	What are the challenges to doing it?	We have outlined challenges in the introduction and discussion.
Peer Reviewer 5	Introduction	Please define all the key concepts up front, especially what you are trying to learn in the review, and the types of studies you include.	The types of studies we will include is detailed information that is provided in the Methods section. The key concepts of the QI/D/I are explained in the Intro section.
Peer Reviewer 7	Introduction	It is not clear that implementation, dissemination, and quality improvement would all be considered a "strategy" for improving care.	We felt it important to use the terms QI/D/I as they are generally used in the literature to describe these types of studies.
Peer Reviewer 7	Introduction	The topical classifications of strategies (professional training, financial changes, and organizational changes) were more helpful.	So noted.
Peer Reviewer 7	Introduction	I am not sure that the implementation, dissemination, and QI categorization adds anything to the description of studies.	We felt it important to use the terms QI/D/I as they are generally used in the literature to describe these types of studies.
Peer Reviewer 8	Introduction	In the Abstract and on p.23 define controlled clinical trial and ecological aggregate, and describe why they are not considered quasi-experimental studies.	The definitions are included in the Intro in the section just above "Moderators"

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Peer Reviewer 8	Introduction	The statement 10 studies reported in 9 publications (i.e., 9 strategies) is confusing.	We have updated all numbers cited in the report and given explanations when necessary. In one included publication, for example, there were two different studies reported.
Peer Reviewer 8	Introduction	Avoid term "pediatric"; instead use children and adolescents.	We have removed the use of "pediatric" to describe care for children and adolescents but left the term where the clinic was referenced as such in the publication (i.e., "pediatric primary care clinic")
Peer Reviewer 8	Introduction	Define the term "gray literature" (p. 19).	We have provided a definition at first mention.
Peer Reviewer 8	Introduction	The statement regarding "indirectness" is unclear (p. 21, line 42).	The concept of "directness" is explained in the "strength of the body of evidence" section. Indirectness is used as the converse.
TEP 3	Introduction	Language and formatting very specific but might benefit from separation of SOE ratings from findings of different studies.	Because so many of the included interventions were not replicated, in many instances the study-specific findings lead directly to the strength of evidence for that type of intervention
TEP 4	Introduction	This and the executive summary are models of good presentation.	Thank you
TEP 6	Introduction	See attached document	Thank you. Its contents have been incorporated into specific comments, listed below.
Public Commenter #1, James Pruitt [Anonymous Affiliation]	Introduction	[The commenter has shared details about their healthcare-related experience related to this topic]	Thank you for sharing; unfortunately the specific issues raised lie outside the scope of our review
Peer Reviewer 1	Methods	The methods were very well done technically.	Thank you
Peer Reviewer 1	Methods	The inclusion and exclusion criteria were explicit and appropriate.	Thank you
Peer Reviewer 1	Methods	The search strategies should have uncovered all of the relevant published studies.	Thank you
Peer Reviewer 1	Methods	The statistical methods were appropriate.	Thank you
Peer Reviewer 2	Methods	Inclusion and exclusion criteria and search strategies are clearly noted and well justified.	Thank you
Peer Reviewer 2	Methods	The coding of possible bias was especially well thought out.	Thank you
Peer Reviewer 2	Methods	These are strict criteria and it was clear from the review that the field is not yet ready for this level of scrutiny.	So noted

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Peer Reviewer 2	Methods	However, that in and of itself is an important finding.	So noted
Peer Reviewer 5	Methods	While the methods are described in infinite detail, much of the description is unclear and confusing.	We have attempted to clarify the text.
Peer Reviewer 5	Methods	I still did not understand which types of studies you are including.	Table 1 lists the inclusion and exclusion criteria for study types.
Peer Reviewer 5	Methods	You give a list of these types, but do not define them (eg RCTs, p. ES-7).	We do provide some definitions in the section above Moderators.
Peer Reviewer 5	Methods	I was unclear whether you include only randomized studies (what is the difference between an RCT and CCT, aren't they both randomized studies? Is there an important distinction?).	As stated in the section just above "moderators", CCTs are not randomized.
Peer Reviewer 5	Methods	You do seem to include some other types but how do they fit into your list of included studies?	We have updated the list.
Peer Reviewer 5	Methods	Later you say one of the studies is not an RCT.	Yes, that is true. Hopefully the edits are helpful.
Peer Reviewer 5	Methods	Which of your included study types is it?	We note the type of each study design when describing each included study.
Peer Reviewer 5	Methods	I have reservations about whether only looking at randomized studies when you are assessing findings from implementation studies such as the ones you are looking at.	We agree. For this reason, as described in Table 1 we have included other study types other than RCTs.
Peer Reviewer 5	Methods	When you randomize practices or organizations (which you need to do with these types of interventions) you usually are left with very low power due to clustering.	Yes, some studies adjusted for this clustering as noted.
Peer Reviewer 5	Methods	That seems to have been a problem with all of these studies.	We have commented on methodological issues in the evidence base in the discussion.
Peer Reviewer 5	Methods	I am unclear how you assessed bias.	We have described in the report Methods our process for risk of bias assessment of individual studies. In addition the AHRQ EPC Methods Guide outlines this in greater detail.
Peer Reviewer 5	Methods	I saw the appendix which was useful, but this process wasn't explained in the text well.	See above
Peer Reviewer 5	Methods	I also have reservations about applying Cochrane type criteria to these types of studies.	We have assessed the risk of bias for studies consistent with the AHRQ EPC Methods Guide for Systematic Reviews. It includes methods for assessing quality for randomized and non-randomized studies.

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Peer Reviewer 5	Methods	The results of your assessment is that almost nothing is to be learned from your review.	We extended our report to include additional sources of information and analytic approaches. We hope that these findings will improve the utility of the report but we acknowledge the constraints of evaluating a field with little or no replication of interventions and very limited documentation and assessment of reasons for success or failure.
Peer Reviewer 5	Methods	I imagine this has led you to overlook some important findings on this topic.	Our extended methods allowed us to search for sibling and kinship studies to help understand individual interventions better. Unfortunately, the yields were inconsistent in volume and utility across studies.
Peer Reviewer 5	Methods	I was also unclear how you chose the Evidence Based Practice interventions. Is it from a list (eg. NREPP)?	We note in the text that the SAMHSA NREPP criteria was used.
Peer Reviewer 5	Methods	Do you only look at studies that are trying to implement Evidence Based Practice (ie. is that an inclusion criterion)?	This is detailed in the text. No, that is not part of the inclusion criteria. We accepted studies that did not include any patient-level or health service utilization outcomes, but only if they were testing an EBP (because of known effectiveness on outcomes). This is described in the Methods section.
Peer Reviewer 7	Methods	This was described well in the study.	Thank you
Peer Reviewer 7	Methods	For the category of organizational change, I would suggest clarifying why studies on collaborative care were excluded.	These types of strategies would not be excluded if they met the other inclusion/exclusion criteria.
Peer Reviewer 7	Methods	That was not clear to me from the inclusion/exclusion criteria.	We did not include or exclude based on whether the strategy was a collaborative care intervention but whether it measured intermediate as well as patient level outcomes (or only included intermediate outcomes if implementing an EBP, which has known effectiveness on patient level outcomes).
Peer Reviewer 7	Methods	The authors state that studies were excluded if the strategy could not be distinguished from the EBP. Please clarify this a bit more-- an example would be helpful.	The text states that the study was excluded if the effects of the intervention could not be distinguished from the effects of the implementation because our review was not focused on effectiveness studies.

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Peer Reviewer 8	Methods	Again, there needs to be a better justification for excluding so many studies.	The studies excluded did not fit our inclusion/exclusion criteria. Our first search captured a very wide array of studies that were not pertinent to this review.
Peer Reviewer 8	Methods	Describe each exclusion criterion (e.g., population, comparator, intervention, publication type) why each criterion is so important and why all of these criteria were used to narrow the sample of reviewed articles.	We have outlined the inclusion and exclusion criteria in Table 1 of the main report. We excluded studies that delivered care to adults, because the review's scope was focused on children. Other exclusion criteria, such as delivery of care to children with developmental disorders only, and settings such as drug treatment programs and jails/prisons, were intended to decrease the heterogeneity across studies. Because the scope of the review was focused on implementing evidence-based interventions in practice, interventions that did not target healthcare systems, delivery organizations or providers were also not included. We convened a panel of technical experts who also provided input on the inclusion and exclusion criteria for this review.
Peer Reviewer 8	Methods	The authors treat implementation, dissemination and quality improvement as distinct constructs, yet there is considerable overlap across them.	This is true and more fully detailed in the Introduction section.
Peer Reviewer 8	Methods	Better define each of these constructs and acknowledge overlap.	We have done this in the Introduction section.
Peer Reviewer 8	Methods	Define and reference Hawthorne Effect (p. 26, line 52).	We have defined and added a citation for the study that first coined the phrase based on prior studies conducted in the 1930s.
Peer Reviewer 8	Methods	Provide number of studies exploring single versus multiple active components (p. 26, line 53).	We have added this information.

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Peer Reviewer 8	Methods	What is significance of 90 day mark for feedback (p. 37, line 31).	The 90-day feedback is present in both groups (the experimental group that also got weekly feedback and the control group that got only 90-day feedback) of the Bickman 2011 trial. Because this is not part of the active component of the strategy, we do not feel it is a vital part to describe (and describing why 90 days would require additional author inquiry, as the significance of 90 days is not explained in the publication itself)
Peer Reviewer 8	Methods	It was surprising late in paper to learn that studies also focused on substance abuse.	We have reviewed the introduction and methods sections to ensure that this is clear. The Garner publication focuses on adolescents with substance use problems and is presented as such in the Results section.
Peer Reviewer 8	Methods	There is a lack of literature review on this earlier in report, and interventions to address it may be considerably different from interventions targeting emotional/behavioral problems.	The prior reviews on this topic are described in the "Proposed Contributions to the Evidence Base" section and indicate that one review included and one review had excluded substance use problems under the larger umbrella as mental health. The heterogeneity in clinical conditions examined by our included studies is discussed in the Conclusion section
Peer Reviewer 8	Methods	Elaborate on what is meant by "typical service settings" (p. 41, line 12).	We added the word "outpatient" to make it consistent with our inclusion criteria for setting.
Peer Reviewer 8	Methods	A stated goal of seeking "homogeneity of interventions" seems highly inconsistent with the methods of the study (p. 41, line 39).	The statement was made in the context of being able to study strategies similar enough to be able to identify similar components that may be associated with better outcomes
Peer Reviewer 8	Methods	There are two unclear statements on page 42 (lines 46 and 48).	We have revised the statements in the ES about several studies not reporting patient health outcomes because of relying on EBPs for clarity.
Peer Reviewer 8	Methods	Clarify what is meant by "poor reporting" (p. 43, line 19).	We have provided context around "poor reporting" in this paragraph of the ES
TEP 3	Methods	Highly detailed and precise.	Thank you

Commentator & Affiliation	Section	Comment	Response
TEP 3	Methods	P54 it is unclear to me whether substance abuse is partially excluded. On this page they are not excluded and later there is some evidence presented by on p56 an exclusion is mentioned. P56 Should exclude social determinants intervention strategies like housing and jobs training as well since they are becoming a more important part of interventions and for SED youth in particular.	Substance abuse is included in the rubric of mental health in this study.
TEP 3	Methods	P57 See item above where mention is made of 'causal evidence'	Revised to clarify that this statement related to observational studies in comparison with RCTs.
TEP 3	Methods	P59 begins the mention of 'risk of bias' (internal validity). However, there are numerous kinds of scientific bias including non generalizability and expectation bias.	We agree, however, we do not consider all sources of bias under internal validity
TEP 3	Methods	External validity is not mentioned.	Applicability is included as its own section of the Discussion.
TEP 3	Methods	P61 'We downgraded the overall strength of evidence by two levels when we found multiple reasons for imprecision. We upgraded the evidence by one level for factors such as large magnitude of effect'. I did not have a position on whether two level downgrades or one level upgrades are better or worse than anything else but I wondered if there was precedent for doing this and if it could be cited.	We have added a citation to clarify: Guyatt G, Oxman AD, Kunz R, Brozek J, Alonso-Coello P, Rind D, Devereaux P, Montori VM, Freyschuss B, Vist G, Jaeschke R, Williams JW Jr, Murad MH, Sinclair D, Falck-Ytter Y, Meerpohl J, Whittington C, Thorlund K, Andrews J, Schünemann HJ. GRADE guidelines 6. Rating the quality of evidence - imprecision. J Clin Epidemiol. 2011 Aug 12
TEP 3	Methods	P63 'teachers and non mental health' (NOTE: there is an explosion of research underway on PEER effects and interventions but these are all brand new and should be in the exclusions early	We would not include these studies because they do not involve a practitioner.
TEP 4	Methods	The search strategies are explicit and logical.	Thank you

Commentator & Affiliation	Section	Comment	Response
TEP 4	Methods	The difficulty is with the exclusion criteria. This particular arena of complex interventions in complex settings is possibly one where exclusion criteria derived from clinical medicine may be over harsh. There are many excluded studies which speak volumes to the problem but their voice is not heard. In the trade off between methodological purity and utility, as is so often the case, methodological excellence has won the day. I imagine stakeholders who will be familiar with the excluded literature may be disappointed. But in its own terms it is an exemplar of good science.	We and other methodologists in the area of systematic reviews of complex interventions agree that additional contextual information may come from related publications that may not be strictly eligible. In response to this and other comments, we conducted cluster searches on authors and included interventions. This search yielded one additional study for inclusion and some contextual information on other included studies We hope the additional value of our cluster searches will expand the utility of the results
TEP 6	Methods	See attached document	Thank you. The contents within the attached document have been incorporated into specific comments, listed below.
Public Commenter #1, James Pruitt [Anonymous Affiliation]	Methods	They can take it in there food or capsule form in drinks or maybe some other method like an inhaler for example.	Public commenter's concerns are outside the scope of this review
Peer Reviewer 1	Results	The amount of detail is overwhelming.	We have edited the report and attempted to reduce some of the detail in key points and in the executive summary and have reserved the details in the section titled "Detailed Results"
Peer Reviewer 1	Results	It is clear that the reviewers took great care in following the instructions on how to conduct a review.	So noted
Peer Reviewer 1	Results	However, the details focus mostly on the method and analyses and it is less clear about the purposes of the studies.	We edited some of the detail on methods from the executive summary but have elected to retain the detail in the full report for those who require additional information
Peer Reviewer 1	Results	The tables and figures are fine.	Thank you
Peer Reviewer 1	Results	I think they included all relevant studies at that time.	Thank you
Peer Reviewer 1	Results	However, the field is rapidly changing.	So noted.
Peer Reviewer 1	Results	There is one journal that recently published a special issue on routine outcome measurement and another journal has a special issue on that topic in press.	We have included all studies published through January, 2016.
Peer Reviewer 2	Results	The results are thoroughly presented.	Thank you

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Peer Reviewer 2	Results	The tables reviewing overall outcomes for each section were especially helpful.	Thank you
Peer Reviewer 2	Results	It did not appear that any studies were overlooked based on the specified search criteria.	Thank you
Peer Reviewer 5	Results	There are way too many tables with details that are hard to follow (due to heavy use of acronyms, and inclusion of statistical results (measures and statistical tests) that are unexplained and confusing.	We deleted some of the detailed tables from the executive summary, and replaced them with a single table. The main report continues to carry details. When possible, we explain the results.
Peer Reviewer 5	Results	For example, you might say that the intervention group had a measure of 55 and the control group of 42, but without an explanation it is hard to know if it was a "good" (positive) finding or not.	In instances where we are able to find information on the scale, we have added it to the results.
Peer Reviewer 5	Results	A large detailed table that lists the studies and has: title, citation, dates and location, population studied, study design, major findings (with an understandable explanation), and bias/limitations would be the most useful thing.	Thank you for the idea, we have included a revised version of this table in the executive summary
Peer Reviewer 5	Results	This should not be in the Executive Summary, but could be briefly described there and referenced.	We typically do include a table of results in the executive summary to substantiate our conclusions
Peer Reviewer 5	Results	I did not think that classifying results by key question was helpful. It led to too much detail that overlapped with what had already been presented. Right now there is way, way too much detail; too many trees and no forest. Because of this, the key messages you want to convey (there were actually a few positive things that emerged) are completely lost. See above about possibly overlooking some important results buried in your studies or those you excluded.	This method of presentation helps readers who are looking for answers to specific questions. We also include a summary table in the ES and main text that includes both benefits and harms of strategies. We deleted the tables from KQ2 and KQ3, which should eliminate repetitive detail between tables and text for those sections We believe that the addition of qualitative comparative analysis helps to identify some overarching themes We made edits as described above (eliminating some tables, adding qualitative comparative analysis, using a bulleted style) to address this comment. We also provide a summary table of key findings and distill key points in the Discussion
Peer Reviewer 7	Results	The detail in the text and the tables are appropriate.	Thank you
Peer Reviewer 8	Results	Yes	Thank you

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TEP 3	Results	Tables SOE ratings and findings of studies are intermingled and challenging to read.	Because so many of our SOE grades arise from single studies of interventions, we have tried to focus on the study in our revisions to the table in the executive summary, the strength of evidence continues to pertain to the body of evidence
TEP 3	Results	Otherwise very well done.	Thank you
TEP 3	Results	P105 is an example of what may be the principal concern of the report.	Thank you.
TEP 3	Results	<p>There is an excessive use of jargon, acronyms and condensation in the text to make it challenging to read.</p> <p>For example, here are two sections: (The study was rated medium risk of bias because of high rates of patient attrition (20 percent for the intermediate outcome of percentage of patients getting target levels of A-CRA treatment procedures and sessions and 49 percent for the patient health outcome of patient remission status).</p> <p>Strength of Evidence A single publication that presented data from an RCT examining a pay-for-performance strategy seeking to improve the implementation of an EBT to treat adolescents with substance use disorders yielded moderate strength of evidence for intermediate outcomes and low strength of evidence for no benefit of patient health and service utilization outcomes (remission).)</p> <p>These run-on sentences that do not differentiate what is the RATING vs what is the study INFO are confusing.</p> <p>The Tables are similarly confusing saying things like, 'Low SOE for no benefit of intermediate outcomes'. Using fonts/underlines/italics to emphasize what is a rating throughout the report vs what is a finding in a study would prevent the reader from re reading the text several times.</p>	<p>We have attempted to improve this lack of clarity throughout the report.</p> <p>We believe that the revised table helps to distinguish between the study's results and our grade</p>
TEP 4	Results	Yes.	Thank you
TEP 4	Results	The report is clear, the findings very well presented and it is a model of a good review.	Thank you

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TEP 4	Results	In terms of the way that the inclusion and exclusion criteria were set, it appears to be the case that the correct studies have been included.	Thank you
TEP 6	Results	See attached document.	Thank you. The relevant parts of the comments in the attached have been incorporated into specific comments, listed below.
Peer Reviewer 1	Discussion/Conclusion	I don't think there is sufficient depth on the types of research that is needed in this area.	We have revised and reorganized our future research section to provide more detail
Peer Reviewer 1	Discussion/Conclusion	Part of the reason is the wide variety of quality improvement strategies included in this review.	We agree.
Peer Reviewer 1	Discussion/Conclusion	Part of the reason is that there is so little research it is difficult to know where to focus efforts in this field.	So noted
Peer Reviewer 1	Discussion/Conclusion	The literature should have included more of the writing on the theories and constructs underlying quality improvement.	Although we are interested in theories and constructs as ways to understand and organize interventions, a detailed synthesis of theories and constructs is beyond the scope of this review
Peer Reviewer 1	Discussion/Conclusion	It also would have been helpful to have comparisons between quality improvement research in more mature fields in health that are relevant to child and adolescent mental health services.	A summary of these types of interventions in other fields is also beyond the scope of this review; we do however make note of available research in other fields (in the section on implications for policy) that require testing and confirmation in the field of strategies to improve mental health for children
Peer Reviewer 1	Discussion/Conclusion	The discrepancy between the work done in other fields, especially where successful, would have provided more guidance about what is needed.	Unfortunately this task is beyond the scope of this review
Peer Reviewer 1	Discussion/Conclusion	More efforts could have focused on what QI research has accomplished in other fields in order motivate more resources being invested in QI research in the child and adolescent field.	Without a detailed analysis of the reasons for the success for QI strategies or research in other fields, we would not have confidence to suggest that these strategies or research approaches, when applied to child and adolescent health, would be successful
Peer Reviewer 2	Discussion/Conclusion	The major findings appear to be that we do not know much about any of the areas critiqued (with the notable exception of the effect of paying providers to follow EBP).	We concur that the evidence base is too modest to arrive at many robust conclusions

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Peer Reviewer 2	Discussion/Conclusion	The future research section is the most valuable part of the report by noting specific concerns that were often unaddressed.	Thank you
Peer Reviewer 2	Discussion/Conclusion	For example, the need for fidelity monitoring and longer follow-up were nicely described.	Thank you
Peer Reviewer 2	Discussion/Conclusion	It might be helpful when noting the need for additional studies (e.g., QI or funding strategies) to indicate again the need for these design elements.	We revised this section of report, as suggested, to provide more detail
Peer Reviewer 2	Discussion/Conclusion	A table summarizing the highest priorities for research would be a helpful addition.	Thank you for the suggestion, we have added a table
Peer Reviewer 2	Discussion/Conclusion	Although the authors may not see this as part of their task but it is clear to researchers that the paucity of funding on services research -- especially for children -- in recent years is certainly a factor in the lack of replication and follow-up.	We do not, as a rule, issue calls for specific types of funding. We can, however, draw attention to gaps in the evidence base, which policy makers and others can then use to make funding priorities
Peer Reviewer 2	Discussion/Conclusion	These are often large studies of low priority for funders and it seems important to note the need for a federal agency to step up and address this gap.	So noted
Peer Reviewer 5	Discussion/Conclusion	The discussion does not accomplish what it should in bringing out the major important findings.	We have revised our discussion and hope it summarizes major findings.
Peer Reviewer 5	Discussion/Conclusion	Then it should clearly state that the literature is much more limited than initially anticipated, and that little was learned from this incredibly time-consuming study.	We have added discussion of this in the Discussion.
Peer Reviewer 5	Discussion/Conclusion	To be most useful, it should then turn to critiquing the methods used and considering whether and when such methods are useful for learning how evidence based practices can be disseminated and put into practice.	As suggested we have added a section reflecting on the use of extended analytic approaches in systematic reviews in the discussion section
Peer Reviewer 7	Discussion/Conclusion	The implications and limitations are well described in the report.	Thank you
Peer Reviewer 7	Discussion/Conclusion	The authors' conclusions are limited by the sheer breadth of the review topic, limited number of studies that fit their inclusion criteria, and the fact that few studies examined similar strategies.	So noted

Commentator & Affiliation	Section	Comment	Response
Peer Reviewer 8	Discussion/Conclusion	As above, there is a need for better justification of the exclusion strategy.	This review is focused on QI/D/I strategies, not individual effectiveness trials of interventions. We have provided additional detail in the methods section to explain our reasons for focusing on our inclusion/exclusion criteria.
Peer Reviewer 8	Discussion/Conclusion	This should be listed as a limitation, and future studies should seek to retain a larger number of final studies.	We had to weigh the decision to make a more stringent inclusion/exclusion criteria with including more studies but not being able to make any additional conclusions from the large heterogeneity of studies included.
TEP 3	Discussion/Conclusion	Future research clear but discussion should reflect prior literature more effectively. See attached.	Thank you. We have added additional detail to the Discussion to tie in the prior literature to our new findings.
TEP 3	Discussion/Conclusion	P125 Discussion. The authors should be clear that this was confusing and difficult to do.	So noted.
TEP 3	Discussion/Conclusion	However, in doing so, they should also point to some other reviews on implementation, qi and dissemination that have been easier for the reader to contrast them.	The other two reviews on this topic are discussed earlier in the report.
TEP 3	Discussion/Conclusion	P125 Discussion. Para 1 and 2 are results only and feel repetitive after exec summary, tables and chapters.	We have revised the discussion chapter to some extent, but it is likely to contain some degree of repetition because the main report is quite long. Under these circumstances, we believe that some repetition (e.g., a short descriptor of the strategy) might be helpful in orienting the reader to the study, rather than expecting them to go back to the results chapter
TEP 3	Discussion/Conclusion	P141. In the discussion, this study is placed partially in context of the two previous related studies. Several additions should be made: o First, the intro mention of these studies should highlight what differences were conducted in methods to start instead of just mentioning the others.	The differences in methodology between studies is noted in a prior section of the report when talking about prior studies on the topic.
TEP 3	Discussion/Conclusion	o Secondly, a table of methods and studies reviewed should be considered.	Our appendices include all of the studies we reviewed at the full text level.
TEP 3	Discussion/Conclusion	o Thirdly, the differential findings of the three studies should be highlighted in the discussion.	The findings were different because of slight differences in the methodologies, which are highlighted in the section that details each study methodology.

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Commentator & Affiliation	Section	Comment	Response
TEP 3	Discussion/Conclusion	P144 strategys (sp)	We have revised, thank you.
TEP 3	Discussion/Conclusion	Finally, the conclusion on page 147 feels a bit like a recitation of results.	We have revised the discussion chapter and the conclusions
TEP 3	Discussion/Conclusion	A stronger statement about recommendations and the inability to do this type of research in the current environment would match the report.	We have revised these statements.
TEP 4	Discussion/Conclusion	Yes, this section is particularly good.	Thank you
TEP 4	Discussion/Conclusion	The parts describing the limitations of the literature are very well written and the sections referring to potential future work are very clear and do indeed provide an agenda for future work.	Thank you
TEP 6	Discussion/Conclusion	See attached document	Thank you. We have incorporated all of the comments in the attached document into specific sections of this document.
Public Commenter #1, James Pruitt [Anonymous Affiliation]	Discussion	[The commenter has shared details about their healthcare-related experience related to this topic]	Thank you for sharing; unfortunately the specific issues raised lie outside the scope of our review
Peer Reviewer 1	Clarity and Usability	The report was very competently done.	Thank you
Peer Reviewer 1	Clarity and Usability	It focused on identifying relevant studies and the detailed analyses of the shortcomings of these studies.	Thank you
Peer Reviewer 1	Clarity and Usability	In most cases the findings were clearly presented.	Thank you
Peer Reviewer 1	Clarity and Usability	However, the report could have had a more extended discussion with regard to policy and practice.	We have expanded these sections in the revised draft.
Peer Reviewer 1	Clarity and Usability	It could have been more helpful in identifying more specifically the research that was needed in this area. I think that would have made the report more useful, especially given the absence of substantive findings.	We have added additional detail to our Future Research section to include more detail about what is needed.
Peer Reviewer 2	Clarity and Usability	The report is readable but the redundancy and repetition of methods and indicators made this slow reading.	So noted.
Peer Reviewer 2	Clarity and Usability	It also would be helpful to have one reference section so that the flow of the report is not interrupted.	This is the standard way to cite references in these types of reports.

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Commentator & Affiliation	Section	Comment	Response
Peer Reviewer 2	Clarity and Suggested addition to presentation Usability	Although there are few positives from the report, it does appear to be a timely accounting of the state of the field, and a call to action for federal funders and state and national policy leaders.	Thank you
Peer Reviewer 5	Clarity and Usability	Please see all my comments above.	Thank you
Peer Reviewer 5	Clarity and Usability	No, unfortunately as currently written this is not useful to the field and will have a very limited audience.	So noted. We have made major revisions to try to distill more findings from the evidence
Peer Reviewer 5	Clarity and Usability	I sincerely hope that the authors will re-write the report to make it shorter, more concise, more understandable, and clearer.	We have revised the executive summary. The report continues to contain substantial detail.
Peer Reviewer 5	Clarity and Usability	I hope they will bring out the importance of the issue more clearly, the methods (less detail but clearer), the findings (simpler with only 1-2 tables), and conclusions from the research.	We have revised the executive summary as suggested. As noted above, the full report continues to contain details.
Peer Reviewer 5	Clarity and Usability	Then I hope they will stand back and critique the methods used, and consider how more could be learned about this important topic using other tools.	So noted.
Peer Reviewer 7	Clarity and Usability	The report is clear and well-written.	Thank you
Peer Reviewer 7	Clarity and Usability	The disparate nature of the interventions and the broad "strategy" scope, however, makes it difficult to make conclusions from the findings among these very disparate studies.	So noted.
Peer Reviewer 7	Clarity and Usability	The report is well-structured and organized and the points are clearly presented.	Thank you
Peer Reviewer 7	Clarity and Usability	Unfortunately, the contribution of the report to the literature is limited for reasons described above.	Thank you
TEP 3	Clarity and Usability	Highly structured and organized. Some new information but field is a mess.	So noted
TEP 4	Clarity and Usability	Yes it is well structured and organised and its points clearly and succinctly made.	Thank you
TEP 4	Clarity and Usability	In its own terms its conclusions will be relevant, though probably not very helpful to policy or practice.	So noted
TEP 4	Clarity and Usability	That there are significant limitations in the extant research is very clear.	So noted

Commentator & Affiliation	Section	Comment	Response
TEP 6	Clarity and Usability	See attached document	Thank you. We have incorporated the comments into this document.
Public Commenter #1, James Pruitt [Anonymous Affiliation]	Figures	N/A	So noted
Public Commenter #1, James Pruitt [Anonymous Affiliation]	Tables	N/A	So noted
Public Commenter #1, James Pruitt [Anonymous Affiliation]	References	Should grandma smoke pot A documenter show in which grown adults with different health issues smoked it and it helped them. In the show it also showed kids with some form of autism or seizures and it was helping them.	Public commenter's concerns are outside the scope of this review
Public Commenter #1, James Pruitt [Anonymous Affiliation]	General	N/A	So noted
Peer Reviewer 1	General	The report is clinically meaningful but in only dismissing the significance of the interventions reviewed as being meaningless because of the small number of studies and the large number of flaws that the report identifies.	Grades of insufficient do not imply that the interventions are meaningless, rather they mean that additional evidence must be accrued for confidence in estimates of effect
Peer Reviewer 1	General	The target population and audience are explicitly and appropriately defined.	Thank you
Peer Reviewer 1	General	The key questions are appropriate and explicitly stated.	Thank you
Peer Reviewer 1	General	Generally my comments are aimed more at what I assume were the requirements that AHRQ has used in contracting these reviews.	So noted
Peer Reviewer 1	General	The review process is far from agile.	So noted
Peer Reviewer 1	General	It will be over a year from the literature review end date for eligible studies to be included in the review to when any report will be published.	So noted
Peer Reviewer 1	General	I again assume this is part of a standard process.	So noted

Commentator & Affiliation	Section	Comment	Response
Peer Reviewer 1	General	When the reviewers found that so few studies were eligible for inclusion and the studies were so heterogeneous further detailed examination of the studies should have been terminated since it was known then that there would be no basis for generalizing the review findings.	So noted
Peer Reviewer 1	General	Instead detailed methodological reviews of each study was conducted.	So noted.
Peer Reviewer 1	General	This is akin to using a sledgehammer to kill a fly.	So noted.
Peer Reviewer 1	General	Even if those studies would have been perfect it is unlikely that the conclusions would have changed.	So noted.
Peer Reviewer 1	General	I also believe that review process for finding flaws could be improved, especially when the number of studies are limited.	So noted.
Peer Reviewer 1	General	It seems that if the published study does not explicitly meet one of the criteria on some checklist the reviewers assume that the procedure was not followed and in effect "ding" the study.	So noted.
Peer Reviewer 1	General	Unless reviewers of this report read in detail all of the studies mentioned it is not possible to know if this process was applied to any of the studies.	So noted.
Peer Reviewer 1	General	However, this reviewer is very familiar with a study reviewed because he was the senior author.	So noted.
Peer Reviewer 1	General	This review process does not seem to be sensitive to page limitations of journals. Not all material could be included in a single manuscript.	Yes, the page limitations are different for a report versus a journal article. . Yes, this is a report which might be followed by a shorter manuscript published in a peer-reviewed journal.
Peer Reviewer 1	General	I would suggest that instead of assuming that if a procedure was not described that it did not occur that the review process be modified to allow the reviewers to contact the authors to ask very specific questions that most authors would be happy to answer.	We did reach out to all authors of included studies and have updated the report with the information gained from these interactions.
Peer Reviewer 1	General	Finally, the reviewers generally were not very sensitive to the problems of conducting effectiveness of field trials especially cluster randomized trials.	We have added some discussion of these types of trials in the Discussion section.
Peer Reviewer 1	General	The exception is the one comment on page 147.	So noted.

Commentator & Affiliation	Section	Comment	Response
Peer Reviewer 1	General	The criteria used seem more appropriate for highly controlled clinical trials used to test the efficacy of drugs rather than complex interventions designed to improve the quality of mental health services.	So noted.
Peer Reviewer 1	General	Again, I think it is AHRQ instructions that may be the problem here and not the reviewers who had to follow specific guidelines.	So noted.
Peer Reviewer 1	General	A minor general comment is the reviewers' refer several times to the Hawthorne effect as an alternative explanation for finding an effect.	So noted.
Peer Reviewer 1	General	Most recent sources on the so called Hawthorne effect question whether such an effect existed in the original work and point to a lack of on-going supportive evidence for this effect.	So noted.
Peer Reviewer 2	General	The report provides a clear and thorough description of the population and audience and key questions are explicitly noted.	Thank you
Peer Reviewer 2	General	In regard to being clinically meaningful, the overall impression is that the literature is incomplete and therefore clinically-relevant conclusions seem premature.	We agree that the body of evidence is limited
Peer Reviewer 2	General	The report has the most relevance to research needed to address the lack of substantive findings due largely to a lack of replication and follow-up.	We agree
Peer Reviewer 5	General	The goal of improving children's mental health in the U.S. is a worthy one, and improvement is greatly needed.	So noted
Peer Reviewer 5	General	One way to improve care is through dissemination of evidence-based practices, so trying to learn how that can best be done is also certainly a worthy goal.	So noted
Peer Reviewer 5	General	I realize that this systematic review was designed to do that, but unfortunately it did not accomplish the goal.	So noted
Peer Reviewer 5	General	There are several reasons for that, and I will discuss each of them.	So noted

Commentator & Affiliation	Section	Comment	Response
Peer Reviewer 5	General	1. First, there is the question of whether the tools used in this research are the proper ones to learn more about how to implement and disseminate best practices.	Please see response, below.
Peer Reviewer 5	General	The authors acknowledge (late, in the Discussion section) that there are a dearth of well-designed definitive studies of children's mental health (I include adolescent here and throughout my comments).	Please see response, below.
Peer Reviewer 5	General	One can anticipate that good studies of this particular topic--how to disseminate best practices--are certainly also going to be few and far between.	Please see response, below.
Peer Reviewer 5	General	This is of course what you found, but it seems that much time and effort could have been saved by a more efficient scan of the literature and talking to experts.	So noted. We did contact experts at various stages of the review and include the information gathered at each step.
Peer Reviewer 5	General	I think likely qualitative research methods (site visits and focus groups) would have been more effective in learning about your important topic than a systematic review, and that should have been knowable ahead of time.	So noted. We did include several additional methods to attempt to explain our findings in greater detail to derive meaningful synthesis. For example, we searched for sibling studies of our included studies that may have described the strategy and its key components in better detail.
Peer Reviewer 5	General	2. You have tried to impose the Cochrane techniques and criteria (and similarly rigorous trials-oriented approaches) to a body of literature which is not susceptible to those techniques, primarily because the studies of implementation (such as you are studying) are weak and underpowered. That does not mean there is nothing to learn from them; a more traditional literature review would have been useful. However restricting it to randomized studies primarily (and to such rigorous standards that they were all "low or insufficient" evidence, with one exception) leaves the reader thinking it was all a waste of time.	So noted. We examined this further by contacting study authors about these types of constraints. We did not restrict our study designs to randomized designs only, and did not know what ratings we would give our evidence before we conducted the review.
Peer Reviewer 5	General	3. The most serious problem with the report is that the writing is consistently poor, to the degree that it is frequently impossible to discern what the authors are trying to convey.	We have revised the report and attempted to simplify the presentation to the report.

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Commentator & Affiliation	Section	Comment	Response
Peer Reviewer 5	General	The language is "heavy" with use of highly technical terms, jargon, and constant reliance on acronyms.	We have revised the report with this in mind.
Peer Reviewer 5	General	Indeed, in trying to understand the Executive Summary (which should be the most clearly written piece in the report, but here is 30 pages--for a 100 page report!--of heavy, highly-jargoned/acronymed text that does not: clearly state what the report is about or its purpose; simply convey the methods; state what the studies were that were in the review (ie. something about their content and what they found); summarize the critique of those studies and why they were considered poor pretty much overall.	We have simplified the report and drastically reduced the ES content.
Peer Reviewer 5	General	I will summarize a bit more the reason that I found the report unnecessarily confusing. (What you are trying to do is not so complex, really; it's describing 15 studies and summarizing their findings).	So noted.
Peer Reviewer 5	General	Then I will give some more details per section.	So noted.
Peer Reviewer 5	General	1. There are too many categories: PICOTS; types of studies; types of interventions (professional training, organizational change, etc); types of bias; etc.	These are categories with required specifications when conducting systematic reviews.
Peer Reviewer 5	General	The reader is constantly trying to understand the categories, and because the studies are so diverse you are constantly trying to "fit a square peg into a round hole" with them.	Yes, we discuss these issue now in the report.
Peer Reviewer 5	General	The studies do not fit neatly into any categorization.	Yes, this is detailed in the report.
Peer Reviewer 5	General	Categories help when you have lots and lots of studies and you want to make the synthesis more sensible.	So noted.
Peer Reviewer 5	General	But here the categories have the opposite effect of making it more confusing because there are too many of them and the studies do not fit neatly into them.	So noted.
Peer Reviewer 5	General	The only categorization that was "clean" was separating studies with financial incentives (which unfortunately were not described well, but that is probably where you had some real effects).	So noted. Hopefully our additional QCA will help clarify some of the components associated with good outcomes.

Commentator & Affiliation	Section	Comment	Response
Peer Reviewer 5	General	b. I felt I was learning a new language, and this hit me immediately with the Executive Summary which should be written in the clearest and most straightforward way.	So noted.
Peer Reviewer 5	General	Instead, I was required to learn them meaning of: KQ, PICOTs, EBP, EPOC, EPC, QI, etc. etc. right away.	So noted.
Peer Reviewer 5	General	Please define these in simple language and come up with another way to call them that I understandable, to make it easier on your reader.	So noted.
Peer Reviewer 5	General	This came up again in the tables and the text when you were referring to types of interventions.	So noted.
Peer Reviewer 5	General	It would be much better to describe the intervention simply and clearly.	So noted.
Peer Reviewer 7	General	The authors tackle an important topic in this review: Strategies to improve mental health for children and adolescents.	Thank you.
Peer Reviewer 7	General	The main weakness of the review, is the intended scope of the review to cover "strategies" in a broad sense for improving mental health of children generally.	So noted.
Peer Reviewer 7	General	In KQ1, the authors focus on quality improvement, implementation, and dissemination strategies.	So noted.
Peer Reviewer 7	General	This conflates QI processes with structural changes in care.	So noted.
Peer Reviewer 7	General	The result is a review of studies that are so disparate that it is difficult to make any meaningful conclusions.	So noted.
Peer Reviewer 7	General	Since such a broad definition of strategy was used, I would think that focusing on either a specific target of the strategy (clinical, structural, or process categories) would have made the review findings more useful to your audience.	So noted. We conducted additional analyses to try to understand the specific targets of the strategies (contacting study authors and performing QCA to identify necessary or sufficient components, as well as conducting a sibling study search to identify additional information about the strategies examined and tested).
Peer Reviewer 8	General	A generally well done and written review. In places concepts need to be elaborated on (see below).	Thank you

Commentator & Affiliation	Section	Comment	Response
Peer Reviewer 8	General	The largest concern is the reduction from 490 relevant articles to 14, bringing into question decisions made regarding exclusion criteria, and conclusions that can be drawn from what is a very small sample of included articles.	These reductions are fully detailed in the report.
TEP 3	General	Some changes to exclusions and populations needed in attached doc but overall very well done.	Thank you. We have noted the comments in the attached document throughout this response document.
TEP 3	General	KQs are specific and measurable. See attached.	So noted.
TEP 3	General	Thank you for the opportunity to review this document.	Thank you
TEP 3	General	Overall, the document accomplishes its task effectively, summarizing the deplorable state of research on qi and dissemination of mental health services for children and adolescents.	Thank you
TEP 3	General	The review is thorough, methodologically detailed and mostly efficient in its presentation.	Thank you
TEP 3	General	Most valuable was the attention to detail in the presentation of the systematic review process and format.	Thank you
TEP 3	General	These were done with sufficient precision that the study could likely be replicated by anyone seeking to re-address some of the issues or preparing to repeat this in the future.	Thank you
TEP 3	General	The authors are to be commended for that.	Thank you
TEP 3	General	The majority of the comments that are included here are details related to editing and sometimes a point of clarification or recommendation for improvement. These are listed below:	Thank you
TEP 4	General	This is an excellent technical review conducted to the highest and most rigorous of standards.	Thank you
TEP 4	General	The methods and processes are clearly defined, the data and conclusions are very well presented.	Thank you
TEP 4	General	The target population are defined explicitly and the key questions are absolutely the right ones.	Thank you

Commentator & Affiliation	Section	Comment	Response
TEP 4	General	The problem is that the conclusions are basically that the studies which have passed the quality bar are not good enough to make clear policy or intervention recommendations.	Barriers to acting on the information in this report extend beyond quality to lack of volume and consistency
TEP 4	General	There are a few typos I noticed.	We have hopefully fixed all typos.
TEP 4	General	In Figure B in the executive summary and repeated in figure 2 on page 15 in the section on suggestions from the public there are two Xs. It isn't clear what this means.	We have revised this section
TEP 4	General	On page 12 and I the executive summary the writing suggests that risk of bias is the same as internal validity.	We do in fact use these terms synonymously, as do others in the field.
TEP 4	General	This shorthand is strictly speaking inaccurate - they are not synonyms -internal validity is a measure of the degree to which bias may or may not be present.	We respectfully disagree. We are evaluating the risk of bias, not the extent of bias, which is, in our view, a judgment of the extent to which bias may or may not be present.
TEP 4	General	On page 100 line 27 it says casual when it means causal.	We have fixed the error.
TEP 6	General	See attached document	Thank you. We have responded to these comments throughout this document.
TEP 6	General	This systematic review is impressive for its thoroughness and thoughtfulness.	Thank you
TEP 6	General	It is clear the authors were meticulous in their methods and systematic in identifying the relevant literature.	Thank you
TEP 6	General	Because it was not possible to do a quantitative meta-analysis in this subject area, the authors relied on a highly structured qualitative analysis of these studies using carefully-specified criteria.	Thank you
TEP 6	General	The authors' findings and recommendations are thus strongly supported by their analysis.	Thank you
TEP 6	General	I have only a few comments and suggestions for the authors to consider as they finalize their systematic review.	Thank you

Commentator & Affiliation	Section	Comment	Response
TEP 6	General	First, the combination of a highly heterogeneous set of papers and the reliance on qualitative analysis creates a very complex report that I found difficult to get my head around, despite my familiarity with the subject matter and with conducting qualitative systematic reviews.	We agree that the report and the underlying studies are complex.
TEP 6	General	The report is very long and even the summaries are fairly challenging to digest.	We have attempted to make the executive summary easier to read, by deleting some strength of evidence tables and replacing them with a table that allows the reader to understand the results and the grade in the context of the entire study
TEP 6	General	Here are a few ideas the authors could consider that I believe will make this report more useful for end users:	Thank you
TEP 6	General	1. As there are only 15 studies that make it into this systematic review, it would be much easier for readers to grasp the extant literature by providing summaries of each study individually.	In the executive summary, we now provide summaries of each study in the main results table (D).
TEP 6	General	Splitting the descriptions across the key questions makes it quite difficult to get a handle on what was done in each study and also fully grasp the findings in this report.	We focused the tabular display on the main results in KQ 1 in the executive summary and have removed tabular displays for the other results to avoid repetition and confusion.
TEP 6	General	My suggestion would be to do the following.	Thank you
TEP 6	General	First, provide 250-word summaries of each study as text.	As noted previously, we have introduced study-level summaries in Table D of the executive summary. For the main report, study-level details are available in the appendixes.
TEP 6	General	Second, create a table with a row for each study listing salient characteristics of each as defined by the authors and then noting which key question(s) were addressed by each paper.	Thank you, we used this idea as a template for Table D.
TEP 6	General	Doing this would also help to simplify the summaries by key question (which will enhance readability).	Thank you
TEP 6	General	This seems particularly important for the Hoagwood study (ref #37) which has apparently not been published or subject to peer review).	The citation referenced by the peer reviewer does not refer to a study – it refers to a personal communication with Dr. Hoagwood about the utility of the CFIR framework and is cited in that context.

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Commentator & Affiliation	Section	Comment	Response
TEP 6	General	2. The sentence structure utilized in the review is often quite complex, which contributes to making this a challenging read.	So noted, see response to specifics below
TEP 6	General	The sentences are all technically accurate, but I found myself reading many of them twice (too many to highlight here) to make sure I understood what the authors were trying to convey.	So noted, see response to specifics below
TEP 6	General	For example, the very important sentence “Eleven studies reported in ten publications of the 15 included studies (10 publications) resulted in significant improvements in at least one examined intermediate or patient health or service utilization outcome.” could be more clearly stated like this: “Eleven of 15 studies reported significant improvements in an intermediate (e.g., patient satisfaction) or patient health/service utilization (e.g., mental health symptoms) outcome.”	The sentence has been revised to remove the detail. This detail then appears in later sentences.
TEP 6	General	The sentence structure is a little simpler and more specific (reminding readers what these two sets up outcome types include).	Unfortunately, we cannot make the introductory sentence both simpler and more specific, because we would then be highlighting some outcomes over others as examples, with no strong rationale. We elected to go with simplicity in the introductory sentence and then build to greater detail
TEP 6	General	The 10 publications component, repeated twice, is confusing and probably best left to the more detailed rather than summarized text.	Now that the list of studies equals the list of publications (after our update search), we do not need this explanation.
TEP 6	General	I would strongly encourage the authors to work on unpacking their complex sentences as much as possible, especially in the discussion section.	We have employed a bullet structure whenever possible, in both the results and the discussion sections of the executive summary, to help readers focus on important details.
TEP 6	General	The message of this review is, in the end, quite simple and straightforward, but it gets lost in the technicalities of reporting such a complicated analytic process.	Thank you for your suggestions.
TEP 6	General	3. In the summary sections, briefly provide examples from the studies included in the review.	We have revised the results and the discussion sections

Commentator & Affiliation	Section	Comment	Response
TEP 6	General	So, rather than saying “Nonetheless, moderate strength of evidence (from 1 RCT) supports pay for-performance to improve implementation competence” add some details like this “Nonetheless, moderate strength of evidence from 1 RCT supports pay for performance to improve implementation competence (i.e., paying practitioners for implementing an EBT with fidelity).”	As noted above, we have revised this and other sentences in the discussion section of the executive summary
TEP 6	General	Second, the authors list an exclusion criteria of “Interventions targeting only... drug interventions” yet two of the studies included in the review listed below are exclusively relevant to psychopharmacologic practice [Ronsley R, Rayter M, Smith D, et al. Metabolic monitoring training program implementation in the community setting was associated with improved monitoring in second-generation antipsychotic treated children. Can J Psychiatry. 2012 May;57(5):292-9. PMID: 22546061, and Epstein JN, Langberg JM, Lichtenstein PK, et al. Use of an Internet portal to improve community-based pediatric ADHD care: a cluster randomized trial. Pediatrics. 2011 Nov;128(5):e1201-8. PMID: 22007005.]	We have clarified that we are interested in systems strategies, even if those strategies are to implement psychopharmacological interventions
TEP 6	General	I think these are interesting papers and are worth including, but I am unclear how the authors settled on including these two papers given the exclusionary criteria.	See above
TEP 6	General	And if the authors are including papers that address psychopharmacologic management, are there other papers that got excluded that would have been otherwise included? If that is the case I recommend the authors add them to this review as losing these two papers makes the extant focus of this review very limited indeed.	We are not including psychopharmacological studies, but we are included systems strategies to implement them
TEP 9	General	I was only able to spend a very limited time reviewing the report.	Thank you

Commentator & Affiliation	Section	Comment	Response
TEP 9	General	However, it might be helpful to know that I had a great deal of difficulty in that time understanding exactly what the report was addressing and what its major findings were.	We cut the executive summary and the key points of the results section of the report to focus on important findings and added several analytic approaches to help clarify key messages
TEP 9	General	The authors spend much more time describing research methods and processes than they do actually describing the results of the studies that made it through their selection process.	We deleted some of the detail on methods from the executive summary. The main report continues to include this detail
TEP 9	General	If most readers are like me, they will be largely uninterested in general statements related to categorization or other methodological issues, and will want to know what the "bottom line" is with respect to strategies for increasing adoption/dissemination of evidence-based practices. The report is particularly opaque in this regard, and this is its major failing. As currently written, the findings do not appear to be useful other than to a limited number of researchers.	See above regarding deleting detail on methods from the executive summary
Public Commenter #1, James Pruitt [Anonymous Affiliation]	General	N/A	So noted
Public Commenter #1, James Pruitt [Anonymous Affiliation]	Appendixes	N/A	So noted