The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating web-based and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 - description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be:
a) a guide for reporting for authors of RCTs,
b) to form a basis for appraisal of an ehealth trial (in terms of validity)

CONSORT-EHEALTH items/subitems are MANDATORY reporting items for studies published in the Journal of Medical Internet Research and other journals / scientific societies endorsing the checklist.

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.
Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

As the CONSORT-EHEALTH checklist is still considered in a formative stage, we would ask that you also RATE ON A SCALE OF 1-5 how important/useful you feel each item is FOR THE PURPOSE OF THE CHECKLIST and reporting guideline (optional).

Mandatory reporting items are marked with a red *.
In the textboxes, either copy & paste the relevant sections from your manuscript into this form - please include any quotes from your manuscript in QUOTATION MARKS, or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).
Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF _AND_ CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):
Eysenbach G, CONSORT-EHEALTH Group
CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions
J Med Internet Res 2011;13(4):e126
URL: http://www.jmir.org/2011/4/e126/
doi: 10.2196/jmir.1923

Your response is too large. Try shortening some answers.
Your name *
First Last

Eric Bruns

Primary Affiliation (short), City, Country *
University of Toronto, Toronto, Canada

University of Washington School of Medic

Your e-mail address *
abc@gmail.com
ebruns@uw.edu

Title of your manuscript *
Provide the (draft) title of your manuscript.

Impact of a Web-Based Electronic Health Record on Behavioral Health Service Delivery for Children and Adolescents: A Randomized Controlled Trial

Name of your App/Software/Intervention *
If there is a short and a long/alternate name, write the short name first and add the long name in brackets.

FidelityEHR

Evaluated Version (if any)
e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

Release 2015-11-01
Language(s) *
What language is the intervention/app in? If multiple languages are available, separate by comma (e.g. "English, French")

English

URL of your Intervention Website or App *
e.g. a direct link to the mobile app on app in appstore (itunes, Google Play), or URL of the website. If the intervention is a DVD or hardware, you can also link to an Amazon page.

http://www.fidelityehr.com/

URL of an image/screenshot (optional)

Your answer

Accessibility *
Can an enduser access the intervention presently?

☐ access is free and open

☐ access only for special usergroups, not open

☒ access is open to everyone, but requires payment/subscription/in-app purchases

☐ app/intervention no longer accessible

☐ Other:

Primary Medical Indication/Disease/Condition *
e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

Children and Adolescents with serious em:
Primary Outcomes measured in trial *
comma-separated list of primary outcomes reported in the trial

Fidelity to wraparound care coordination

Secondary/other outcomes
Are there any other outcomes the intervention is expected to affect?
Your answer

Recommended "Dose" *
What do the instructions for users say on how often the app should be used?

- Approximately Daily
- Approximately Weekly
- Approximately Monthly
- Approximately Yearly
- "as needed"
- Other:
Approx. Percentage of Users (starters) still using the app as recommended after 3 months *

- unknown / not evaluated
- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71%-80%
- 81-90%
- 91-100%
- Other:

Overall, was the app/intervention effective? *

- yes: all primary outcomes were significantly better in intervention group vs control
- partly: SOME primary outcomes were significantly better in intervention group vs control
- no statistically significant difference between control and intervention
- potentially harmful: control was significantly better than intervention in one or more outcomes
- inconclusive: more research is needed
- Other:
Article Preparation Status/Stage *
At which stage in your article preparation are you currently (at the time you fill in this form)

- not submitted yet - in early draft status
- not submitted yet - in late draft status, just before submission
- submitted to a journal but not reviewed yet
- submitted to a journal and after receiving initial reviewer comments
- submitted to a journal and accepted, but not published yet
- published
- Other:

Journal *
If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under “other”)

- not submitted yet / unclear where I will submit this
- Journal of Medical Internet Research (JMIR)
- JMIR mHealth and UHealth
- JMIR Serious Games
- JMIR Mental Health
- JMIR Public Health
- JMIR Formative Research
- Other JMIR sister journal
- Other:

Is this a full powered effectiveness trial or a pilot/feasibility trial? *
- Pilot/feasibility

Your response is too large. Try shortening some answers.
Manuscript tracking number *
If this is a JMIR submission, please provide the manuscript tracking number under "other" (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)

☐ no ms number (yet) / not (yet) submitted to / published in JMIR

☐ Other:

TITLE AND ABSTRACT

1a) TITLE: Identification as a randomized trial in the title

1a) Does your paper address CONSORT item 1a? *
I.e does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under "other")

☐ yes

☐ Other:

1a-i) Identify the mode of delivery in the title
Identify the mode of delivery. Preferably use "web-based" and/or "mobile" and/or "electronic game" in the title. Avoid ambiguous terms like "online", "virtual", "interactive". Use "Internet-based" only if intervention includes non-web-based Internet components (e.g. email), use "computer-based" or "electronic" only if offline products are used. Use "virtual" only in the context of "virtual reality" (3-D worlds). Use "online" only in the context of "online support groups". Complement or substitute product names with broader terms for the class of products (such as "mobile" or "smart phone" instead of "iphone"), especially if the application runs on different platforms.

subitem not at all important 1 2 3 4 5 essential

Your response is too large. Try shortening some answers.
Does your paper address subitem 1a-i? *
Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Web-based"

1a-ii) Non-web-based components or important co-interventions in title
Mention non-web-based components or important co-interventions in title, if any (e.g., "with telephone support").

Does your paper address subitem 1a-ii?
Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"behavioral health service delivery"

1a-iii) Primary condition or target group in the title
Mention primary condition or target group in the title, if any (e.g., “for children with Type I Diabetes”) Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

Does your paper address subitem 1a-iii? *
Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

“Children and Adolescents”
1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

1b-i) Key features/functionalities/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionalities/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

Does your paper address subitem 1b-i? *

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

“standard fields such as youth and family information, diagnoses, assessment data, and progress notes; as well as maintenance of a coordinated plan of care; progress measurement on strategies and services; communication among team members; and reporting on services, expenditures, and outcomes.”

1b-ii) Level of human involvement in the METHODS section of the ABSTRACT

Clarify the level of human involvement in the abstract, e.g., use phrases like “fully automated” vs. “therapist/nurse/care provider/physician-assisted” (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

Your response is too large. Try shortening some answers.
Does your paper address subitem 1b-ii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Thirty-four Wraparound facilitators working in two programs in two states were randomized to either use the new EHR (n=19) or to continue to implement Wraparound services as usual (SAU) using paper-based documentation (n=15). Key functions of the EHR included standard fields such as youth and family information, diagnoses, assessment data, and progress notes; as well as maintenance of a coordinated plan of care; progress measurement on strategies and services; communication among team members; and reporting on services, expenditures, and outcomes."

1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed usergroup trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use “blinded” or “unblinded” to indicated the level of blinding instead of “open”, as “open” in web-based trials usually refers to “open access” (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it.)

Does your paper address subitem 1b-iii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

“Thirty-four Wraparound facilitators working in two programs in two states were randomized to either use the new EHR (n=19) or continue to implement Wraparound services as usual (SAU) using paper-based documentation (n=15). Assignment was unblended due to facilitators working in the same organizations.”
1b-iv) RESULTS section in abstract must contain use data
Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | | | | | essential |

Does your paper address subitem 1b-iv?
Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"EHR-assigned facilitators from both sites demonstrated robust use of the system. Facilitators in the EHR group reported spending significantly more time reviewing client progress (P = .03) in supervision, and less time overall sending reminders to youth/families (P = .04). A trend toward less time on administrative tasks (P = .098) in supervision was also found."

1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials
Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it)

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | | | | | essential |

Does your paper address subitem 1b-v?
Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Results support the proposal that use of EHR systems can promote use of client progress data and promote efficiency; however, there was little evidence of any impact (positive or negative) on overall service quality, fidelity, or client satisfaction."

Your response is too large. Try shortening some answers.
2a) In INTRODUCTION: Scientific background and explanation of rationale

2a-i) Problem and the type of system/solution
Describe the problem and the type of system/solution that is object of the study: intended as stand-alone intervention vs. incorporated in broader health care program? Intended for a particular patient population? Goals of the intervention, e.g., being more cost-effective to other interventions, replace or complement other solutions? (Note: Details about the intervention are provided in "Methods" under 5)

Does your paper address subitem 2a-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"One area of behavioral healthcare that may especially benefit from expansion of the EHR research base is care coordination for individuals with multiple and complex behavioral health needs. Effective care coordination requires a range of practitioner communication, service provision, and administrative activities with the potential to be facilitated by technology."

2a-ii) Scientific background, rationale: What is known about the (type of) system
Scientific background, rationale: What is known about the (type of) system that is the object of the study (be sure to discuss the use of similar systems for other conditions/diagnoses, if appropriate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.
In the current study, we examined usability and short-term impacts of an EHR developed to support implementation of care coordination for children and youth with complex behavioral health needs and their families using the Wraparound process [36, 37]. This EHR software was found in development studies to have adequate usability under controlled conditions [32].

“What were providers’ perceptions of the EHR's feasibility, acceptability, and contextual appropriateness in the “real world” of implementing Wraparound care coordination? 2. Comparing Wraparound facilitators randomly assigned to use the EHR versus paper-based SAU, how did EHR implementation affect relevant work practices and service processes, such as supervision, fidelity to the Wraparound practice model, collection and use of progress data, teamwork and alliance, and parent satisfaction with care?”

Methods

3a) Description of trial design (such as parallel, factorial) including allocation ratio
Does your paper address CONSORT subitem 3a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"The study employed a blocked randomized control design with Wraparound facilitators (typically Bachelor’s or Master’s level mental health practitioners)."

3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons

Does your paper address CONSORT subitem 3b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

No changes were made after trial commencement.

3b-i) Bug fixes, Downtimes, Content Changes
Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

| subitem not at all important | 1 | 2 | 3 | 4 | 5 | essential |

Does your paper address subitem 3b-i?*
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Largely N/A – as described in the paper, the system as tested was based on extensive pilot testing (with results previously published); results of current trial have been used subsequently to address bugs and concerns (as described in the Discussion); however, few revisions to the system were conducted during the study itself.

Your response is too large. Try shortening some answers.
4a) Eligibility criteria for participants

Does your paper address CONSORT subitem 4a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"To be eligible for the study, children and youth had to be between 5 and 18 years old and experiencing serious emotional and behavioral disturbance (SEBD), defined as having a mental health diagnosis as designated in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition [38] and functional impairment that "substantially interferes with or limits the child from developing social, behavioral, cognitive, communicative or adaptive skills or his activities relating to family, school or community."

4a-i) Computer / Internet literacy
Computer / Internet literacy is often an implicit "de facto" eligibility criterion - this should be explicitly clarified.

Does your paper address subitem 4a-i? 
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Facilitators assigned to the EHR condition were trained and supported to use an online EHR software package "
4a-ii) Open vs. closed, web-based vs. face-to-face assessments:
Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

Does your paper address subitem 4a-ii? *
Yes, All these details are provided

4a-iii) Information giving during recruitment
Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedures (e.g., publish the informed consent documentation as appendix, see also item X26), as this information may have an effect on user self-selection, user expectation and may also bias results.

Does your paper address subitem 4a-iii?
Yes. Consent forms are available upon request. Use of the EHR by randomly selected staffpersons was conceived of as being part of organization-wide rollout. No user staff who were approached declined participation

4b) Settings and locations where the data were collected
Does your paper address CONSORT subitem 4b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study was conducted in two sites. Site 1 was a Wraparound agency located in a diverse, largely rural region of a Southeastern U.S. state. Site 2 was a regional mental health center providing Wraparound and other services in a small, predominantly white city and surrounding region in a Midwestern U.S. state."

4b-i) Report if outcomes were (self-)assessed through online questionnaires
Clearly report if outcomes were (self-)assessed through online questionnaires (as common in web-based trials) or otherwise.

subitem not at all important 1 2 3 4 5 essential

Does your paper address subitem 4b-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Yes

4b-ii) Report how institutional affiliations are displayed
Report how institutional affiliations are displayed to potential participants [on ehealth media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention.(Not a required item – describe only if this may bias results)

subitem not at all important 1 2 3 4 5 essential

Your response is too large. Try shortening some answers.
Does your paper address subitem 4b-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

No – institutional affiliations were not displayed, as it was believed to have likely biased results.

5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered.

5-i) Mention names, credential, affiliations of the developers, sponsors, and owners
Mention names, credential, affiliations of the developers, sponsors, and owners [6] (if authors/evaluators are owners or developer of the software, this needs to be declared in a "Conflict of interest" section or mentioned elsewhere in the manuscript).

1  2  3  4  5
subitem not at all important ○  ○  ○  ○  ○  essential

Does your paper address subitem 5-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

“This study was funded by the National Institute of Mental Health (R42-MH95516; PI Bruns). To ensure no conflict of interest biased results, the study team from the University of Washington, which has no financial interests in the commercialization of the software, designed and conducted the current research as part of a partnership with the small business (FidelityEHR).”
5-ii) Describe the history/development process
Describe the history/development process of the application and previous formative evaluations (e.g., focus groups, usability testing), as these will have an impact on adoption/use rates and help with interpreting results.

Does your paper address subitem 5-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Facilitators assigned to the EHR condition used an online software system that was developed through a partnership between a university research team and a small behavioral health-focused software developer. " In addition, a previous paper is referenced that provided extensive user testing results from this process: Bruns EJ, Hyde KL, Sather A, Hook AN, Lyon AR. Applying user input to the design and testing of an electronic behavioral health information system for wraparound care coordination. Administration and Policy in Mental Health and Mental Health Services Research. 2016;43(3):350-68.

5-iii) Revisions and updating
Revisions and updating. Clearly mention the date and/or version number of the application/intervention (and comparator, if applicable) evaluated, or describe whether the intervention underwent major changes during the evaluation process, or whether the development and/or content was "frozen" during the trial. Describe dynamic components such as news feeds or changing content which may have an impact on the replicability of the intervention (for unexpected events see item 3b).
Does your paper address subitem 5-iii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Development and/or content was essentially “frozen” during the trial. The discussion includes information about the level of development of the software and its potential for impact on the results of the study.

5-iv) Quality assurance methods
Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

| Subitem | 1 | 2 | 3 | 4 | 5 |
|---------|---|---|---|---|---|
| Not at all important | O | O | O | O | O |
| Essential | |

Does your paper address subitem 5-iv?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

N/A

5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used
Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used. Replicability (i.e., other researchers should in principle be able to replicate the study) is a hallmark of scientific reporting.

| Subitem | 1 | 2 | 3 | 4 | 5 |
|---------|---|---|---|---|---|
| Not at all important | O | O | O | O | O |
| Essential | |

Does your paper address subitem 5-v?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your response is too large. Try shortening some answers.
5-vi) Digital preservation
Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, webcitation.org, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|-----------|
| ○ | ○ | ○ | ○ | ○ | subitem not at all important |

Does your paper address subitem 5-vi?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

N/A

5-vii) Access
Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained “access to the platform and Internet” [1]. To ensure access for editors/reviewers/readers, consider to provide a "backdoor" login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|-----------|
| ○ | ○ | ○ | ○ | ○ | subitem not at all important |

Does your paper address subitem 5-vii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

The product is an EHR, and as such was mandated for use by the research participants’ employer.
5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

Describe mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1], whether [and how] it is tailored to individual circumstances and allows users to track their progress and receive feedback [6]. This also includes a description of communication delivery channels and – if computer-mediated communication is a component – whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

Does your paper address subitem 5-viii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"For example, the software is organized via tabs that correspond to the sequence of activities that engage the family and build a plan that serves as the focus of coordinated Wraparound teamwork. Examples of information entered and maintained include the family’s background and reason for referral, youth and family strengths, a team mission statement, and priority need statements in the family’s own words. Each need statement is connected to specific strategies and one or more outcomes statements on which data must be entered over time. If a strategy is a billable service, the facilitator can enter the service, service provider information, and number of units authorized.

Other functions supported by the EHR system include individualized permission levels that allow for the sharing of information among youth and families, providers, and other team members."
5-ix) Describe use parameters
Describe use parameters (e.g., intended “doses” and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

| Subitem not at all important | 1 | 2 | 3 | 4 | 5 | Essential |
|-----------------------------|---|---|---|---|---|-----------|

Does your paper address subitem 5-ix?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

N/A

5-x) Clarify the level of human involvement
Clarify the level of human involvement (care providers or health professionals, also technical assistance) in the e-intervention or as co-intervention (detail number and expertise of professionals involved, if any, as well as “type of assistance offered, the timing and frequency of the support, how it is initiated, and the medium by which the assistance is delivered”. It may be necessary to distinguish between the level of human involvement required for the trial, and the level of human involvement required for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

| Subitem not at all important | 1 | 2 | 3 | 4 | 5 | Essential |
|-----------------------------|---|---|---|---|---|-----------|

Does your paper address subitem 5-x?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Although all efforts on the part of Wraparound care coordinators were completed within the EHR system, documentation by other involved health professionals (e.g., primary or specialty care physicians, child welfare case workers, mental health therapists) did not complete documentation within the records. Evaluation reports, medical records, and other documentation can, however, be uploaded to the record via secure upload. See work published by Bruns and colleagues [32] for more details on the system."
5-xi) Report any prompts/reminders used

Report any prompts/reminders used: Clarify if there were prompts (letters, emails, phone calls, SMS) to use the application, what triggered them, frequency etc. It may be necessary to distinguish between the level of prompts/reminders required for the trial, and the level of prompts/reminders for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|-----------|
| ☐ | ☐ | ☐ | ☐ | ☐ |           |

Does your paper address subitem 5-xi? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

This is largely N/A due to EHR use being initiated by health care providers as part of their ongoing work with clients, but functions that provide prompts and reminders are described: "The EHR also sends system-generated emails that obtain electronic signatures and automated reminders for upcoming meetings."

5-xii) Describe any co-interventions (incl. training/support)

Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in addition to the targeted eHealth intervention, as ehealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|-----------|
| ☐ | ☐ | ☐ | ☐ | ☐ |           |

Does your paper address subitem 5-xii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

N/A
6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed

Does your paper address CONSORT subitem 6a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Measures are clearly described in the method and results are clearly linked to the measures employed to assess them.

6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed
If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

Does your paper address subitem 6a-i?
Copy and paste relevant sections from manuscript text

N/A

6a-ii) Describe whether and how “use” (including intensity of use/dosage) was defined/measured/monitored
Describe whether and how “use” (including intensity of use/dosage) was defined/measured/monitored (logins, logfile analysis, etc.). Use/adoption metrics are important process outcomes that should be reported in any ehealth trial.

Your response is too large. Try shortening some answers.
Does your paper address subitem 6a-ii?

"The research team monitored use of the software by EHR-assigned facilitators and reviewed activity logs by facilitator in monthly consultation. The research team also compiled and fed these data back in initial months of the study to ensure the system was being used as intended by EHR group members. The activity monitor recorded each movement the user made within the system (i.e., “Visited Custom Assessment Report Page” or, “Visited Add/Edit User Page”) in order to capture how facilitators were utilizing the system. These data were then aggregated into categories (i.e., “Maintaining Service Notes” or, “Updating & Developing the Plan of Care”) in order to assess the percentage of time users were spending on each type of function in the EHR."

6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained

Describe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, feedback forms, interviews, focus groups).

1 2 3 4 5
subitem not at all important essential

Does your paper address subitem 6a-iii?

N/A

6b) Any changes to trial outcomes after the trial commenced, with reasons

Does your paper address CONSORT subitem 6b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your response is too large. Try shortening some answers.
7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care provides or centers was addressed

7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size

Describe whether and how expected attrition was taken into account when calculating the sample size.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ essential

Does your paper address subitem 7a-i?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This was not possible in this small scale pilot trial.

7b) When applicable, explanation of any interim analyses and stopping guidelines

Does your paper address CONSORT subitem 7b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

N/A

8a) Method used to generate the random allocation sequence

NPT: When applicable, how care providers were allocated to each trial group

Your response is too large. Try shortening some answers.
Does your paper address CONSORT subitem 8a?*

"The study employed a blocked randomized control design with Wraparound facilitators (typically Bachelor’s or Master’s level mental health practitioners). Wraparound facilitators (also care coordinators) were randomly assigned to two conditions, EHR or SAU. A pool of 34 (29 in Site 1 and 5 in Site 2) randomized facilitators were stratified by the two sites and 5 supervisors (3 in Site 1 and 2 in Site 2) to balance clustering effects. Randomization was conducted by the independent academic partner at the University of Washington."

8b) Type of randomisation; details of any restriction (such as blocking and block size)

Does your paper address CONSORT subitem 8b?*

"The study employed a blocked randomized control design with Wraparound facilitators (typically Bachelor’s or Master’s level mental health practitioners). Wraparound facilitators (also care coordinators) were randomly assigned to two conditions, EHR or SAU. A pool of 34 (29 in Site 1 and 5 in Site 2) randomized facilitators were stratified by the two sites and 5 supervisors (3 in Site 1 and 2 in Site 2) to balance clustering effects. Randomization was conducted by the independent academic partner at the University of Washington."

9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

Your response is too large. Try shortening some answers.
Does your paper address CONSORT subitem 9? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

N/A

10) Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions

Does your paper address CONSORT subitem 10? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Randomization was conducted by the independent academic partner at the University of Washington."

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

11a-i) Specify who was blinded, and who wasn’t
Specify who was blinded, and who wasn’t. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

| subitem not at all important | 1 | 2 | 3 | 4 | 5 | essential |
|-----------------------------|---|---|---|---|---|-----------|

Your response is too large. Try shortening some answers.
Does your paper address subitem 11a-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"As described above, randomization at the site or supervisor level was not possible, meaning that between-group contamination (e.g., in areas such as supervision style or activities or use of standardized assessment) may have occurred. This may also have compromised the study's ability to detect impacts of the EHR."

11a-ii) Discuss e.g., whether participants knew which intervention was the “intervention of interest” and which one was the “comparator”
Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the “intervention of interest” and which one was the “comparator”.

Does your paper address subitem 11a-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

The impossibility of use of blinded conditions was explained throughout the paper and discussed as a limitation: "As described above, randomization at the site or supervisor level was not possible, meaning that between-group contamination (e.g., in areas such as supervision style or activities or use of standardized assessment) may have occurred. This may also have compromised the study's ability to detect impacts of the EHR."

11b) If relevant, description of the similarity of interventions
(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)
Does your paper address CONSORT subitem 11b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Facilitators in the control group completed research measures as described below, but did not participate in the training or use of the EHR. Rather, SAU-assigned facilitators maintained documentation as usual, involving traditional paper case files. For facilitators in the SAU group, intake paperwork, progress notes, Wraparound plans, meeting minutes, and assessments all continued to be typed and/or hand-written and stored in a paper file and/or Excel files. Supervisors of SAU facilitators continued to review information on family needs, plans, and progress using paper and Excel files in their management and supervision."

12a) Statistical methods used to compare groups for primary and secondary outcomes

NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

Does your paper address CONSORT subitem 12a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

“Equivalence of groups at baseline was assessed using t-tests and chi-square tests. Differences between EHR and SAU in provider workflow, implementation and service processes, and client/facilitator satisfaction were examined using t-tests, and hierarchical linear models were also conducted to account for the nested nature of the data.";“Longitudinal outcomes were tested through two-level growth curve models using HLM 7.0 [61] with observations/time (level 1) nested within facilitators (level 2). The data were also nested by site (level 3) but due to the low ICCs, a dummy variable was created and included in the model.”
12a-i) Imputation techniques to deal with attrition / missing values

Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic [4]).

Does your paper address subitem 12a-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

“To account for missing data, which ranged between 20% and 24%, multivariate normal model imputation was used with 100 imputations. Auxiliary variables were included to aid the imputation. These analyses were conducted using Stata Version 13.1.”

12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

Does your paper address CONSORT subitem 12b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

N/A

X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)

Your response is too large. Try shortening some answers.
X26-i) Comment on ethics committee approval

Does your paper address subitem X26-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

“The study protocol was approved by the institutional review board at the University of Washington. Provider staff (supervisors and facilitators) were consented by the research coordinator in person after an on-site study introduction.”

x26-ii) Outline informed consent procedures

Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.?), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.

Does your paper address subitem X26-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

“The study protocol was approved by the institutional review board at the University of Washington. Provider staff (supervisors and facilitators) were consented by the research coordinator in person after an on-site study introduction.”
X26-iii) Safety and security procedures
Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)

- subitem not at all important
- essential

Does your paper address subitem X26-iii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This item was not directly addressed in the manuscript due to minimal risk of the study procedures (EHR is fully secure and HIPAA compliant and not focused on provision of treatment; evaluation focused on service processes not outcomes).

RESULTS

13a) For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome

NPT: The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider in each center

Does your paper address CONSORT subitem 13a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

These numbers are addressed in detail in the text of the manuscript and in the CONSORT diagram provided.
Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

These numbers are addressed in detail in the text of the manuscript and in the CONSORT diagram provided.

13b-i) Attrition diagram
Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

Does your paper address subitem 13b-i?
Copy and paste relevant sections from the manuscript or cite the figure number if applicable (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This is included in the paper in text and via presentation in Figure 1.

14a) Dates defining the periods of recruitment and follow-up

Does your paper address CONSORT subitem 14a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study was initiated in November 2015 in Site 1 and January 2016 in Site 2. All 34 facilitators and 5 supervisors in both sites consented to participate. For eight months after study inception, 211 children and youth enrolled in Wraparound in the two sites were referred to the study. "

Your response is too large. Try shortening some answers.
14a-i) Indicate if critical “secular events” fell into the study period
Indicate if critical "secular events" fell into the study period, e.g., significant changes in Internet resources available or “changes in computer hardware or Internet delivery resources”

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 14a-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

N/A

14b) Why the trial ended or was stopped (early)

Does your paper address CONSORT subitem 14b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

N/A

15) A table showing baseline demographic and clinical characteristics for each group

NPT: When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group

Does your paper address CONSORT subitem 15? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

This information can be found in Table 1.
15-i) Report demographics associated with digital divide issues
In ehealth trials it is particularly important to report demographics associated with digital divide issues, such as age, education, gender, social-economic status, computer/Internet/ehealth literacy of the participants, if known.

Does your paper address subitem 15-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Race, gender, and attitudes toward standardized assessment were collected and reported among EHR user staff.

16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

16-i) Report multiple “denominators” and provide definitions
Report multiple “denominators” and provide definitions: Report N's (and effect sizes) “across a range of study participation [and use] thresholds” [1], e.g., N exposed, N consented, N used more than x times, N used more than y weeks, N participants “used” the intervention/comparator at specific pre-defined time points of interest (in absolute and relative numbers per group). Always clearly define “use” of the intervention.

Does your paper address subitem 16-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

This study used an “intent to treat” approach that evaluated implementation outcomes for all clients served by providers in both groups. As an initial pilot study,
16-ii) Primary analysis should be intent-to-treat
Primary analysis should be intent-to-treat, secondary analyses could include comparing only “users”, with the appropriate caveats that this is no longer a randomized sample (see 18-i).

Does your paper address subitem 16-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

This study used an “intent to treat” approach that evaluated implementation outcomes for all clients served by providers in both groups. As an initial pilot study, analysis by subgroups was not possible.

17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)

Does your paper address CONSORT subitem 17a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Means, SDs, and significance of between group differences are presented for all outcomes.
17a-i) Presentation of process outcomes such as metrics of use and intensity of use

In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as "average session length". These must be accompanied by a technical description how a metric like a "session" is defined (e.g., timeout after idle time) [1] (report under item 6a).

Does your paper address subitem 17a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Table 2 presents a summary of EHR activity by facilitators in each site for months 1 and 2, when activity was recorded and fed back during EHR consultation from the research team. As shown, EHR facilitators from both sites demonstrated robust use of the system."

17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

Does your paper address CONSORT subitem 17b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No

18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory

Your response is too large. Try shortening some answers.
Does your paper address CONSORT subitem 18? * 
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Subgroup analyses were not possible in this small randomized pilot study.

18-i) Subgroup analysis of comparing only users
A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

Does your paper address subitem 18-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Subgroup analyses were not possible in this small randomized pilot study.

19) All important harms or unintended effects in each group
(for specific guidance see CONSORT for harms)
Does your paper address CONSORT subitem 19? ✗
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

One subscale from one measure of one dependent variable showed more positive outcomes for the non-EHR group; the possibility of unintended effects are discussed:

"Not all significant results supported positive impacts of the EHR. First, there was a pattern of poorer scores for the EHR group on the WAI, including a trend toward significance (P = .10) on the subscale focused on agreement on tasks to achieve identified goals. While such findings may have been spurious given the number of statistical tests conducted, they also may indicate that the time and effort needed to integrate a new EHR into workflow compromised engagement and alliance between EHR-assigned facilitators and families."

19-i) Include privacy breaches, technical problems
Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

| subitem not at all important | 1 | 2 | 3 | 4 | 5 | essential |
|-----------------------------|---|---|---|---|---|-----------|

Does your paper address subitem 19-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

N/A
19-ii) Include qualitative feedback from participants or observations from staff/researchers

Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.

Does your paper address subitem 19-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

N/A

DISCUSSION

22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group

22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)

Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).
Does your paper address subitem 22-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Research on use of EHR systems in behavioral healthcare has lagged behind research in general healthcare, resulting in a dearth of empirical guidance around issues such as software design and the impact of EHR adoption on services. The current study attempted to fill gaps in the research base by asking whether care coordinators serving children and youth with complex behavioral health needs who were randomly assigned to use a EHR would demonstrate differences in service processes and service quality compared to providers using paper records. Results indicated that there were few such impacts."

22-ii) Highlight unanswered new questions, suggest future research
Highlight unanswered new questions, suggest future research.

| Subitem | Score |
|---------|-------|
| Not at all important | 1 2 3 4 5 Essential |

Does your paper address subitem 22-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Future studies would benefit from examination of the impact of usability of EHR systems (or impact across multiple stages of development or implementation of a single system) on outcomes. It is important to note that successful application of EHRs – and HIT in general – requires strategic implementation supports to be successfully applied [66-68]. The rapid timeframe for the current study meant that EHR training and initiation of youth/family study enrollment happened very quickly and with less development of readiness and local implementation support than may have been ideal."
20-i) Typical limitations in ehealth trials

Typical limitations in ehealth trials: Participants in ehealth trials are rarely blinded. Ehealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

subitem not at all important

Does your paper address subitem 20-i? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The current study has several major limitations. It focused only on short-term (4 month) outcomes, and these were limited to provider, workflow, and service variables. Actual impact on outcomes such as residential placement, symptoms, and functioning and family outcomes such as family functioning or caregiver strain were not assessed. The sample size was small, and over one-third of the initial sample of youth/caregivers was lost to follow-up, limiting our ability to detect significant differences." (See limitations section for rest).

21) Generalisability (external validity, applicability) of the trial findings

NPT: External validity of the trial findings according to the intervention, comparators, patients, and care providers or centers involved in the trial

21-i) Generalizability to other populations

Generalizability to other populations: In particular, discuss generalizability to a general Internet population, outside of a RCT setting, and general patient population, including applicability of the study results for other organizations

subitem not at all important
Does your paper address subitem 21-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Results of the current study suggest that, even when implemented under unideal circumstances (e.g., a randomized study within an organization), introduction of an EHR may indeed facilitate measurable and beneficial shifts in practice, such as greater attention to measurement-based care. At the same time, results suggest that EHRs may give rise – at least initially – to measurable, if subtle, negative impacts, such as less capacity for practitioners to nurture engagement and alliance."

21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting
Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.

Does your paper address subitem 21-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Although research and experience suggests that practitioner perceptions of EHR system usability and provision of training and implementation support is often poor in behavioral health, this situation may reduce the generalizability of results. Conducting the study in the context of Wraparound facilitation, which consists of a relatively unique set of practice activities, also may limit generalizability to other service types."

OTHER INFORMATION
24) Where the full trial protocol can be accessed, if available

Does your paper address CONSORT subitem 24? *
Cite a Multimedia Appendix, other reference, or copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

“Clinicaltrials.gov NCT02421874, https://clinicaltrials.gov/ct2/show/NCT02421874”

25) Sources of funding and other support (such as supply of drugs), role of funders

Does your paper address CONSORT subitem 25? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

“This study was funded by the National Institute of Mental Health (R42-MH95516; PI Bruns).”

X27) Conflicts of Interest (not a CONSORT item)
X27-i) State the relation of the study team towards the system being evaluated

In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

1 2 3 4 5
subitem not at all important

Does your paper address subitem X27-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"To ensure no conflict of interest biased results, the study team from the University of Washington, which has no financial interests in the commercialization of the software, designed and conducted the current research as part of a partnership with the small business (FidelityEHR)."

About the CONSORT EHEALTH checklist

As a result of using this checklist, did you make changes in your manuscript? *

- yes, major changes
- yes, minor changes
- no

What were the most important changes you made as a result of using this checklist?

Details included in the abstract
Conflict of interest information

Your response is too large. Try shortening some answers.
How much time did you spend on going through the checklist INCLUDING making changes in your manuscript *
3 hours

As a result of using this checklist, do you think your manuscript has improved? *
○ yes
○ no
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○ no
○ Other:

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