

Evidence-based practice institute

Fiscal Year 2021 annual report

Engrossed Substitute House Bill 5092; Section 215 (52); Chapter 415; Laws of 2020

June 30, 2021



Evidence-based practice institute

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Acknowledgments

We are grateful to the children’s mental health providers, coordinators, and administrators in Washington State for their guidance and collaboration in improving the health and well-being of children.

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- Melissa Gorsuch-Clark (Catholic Charities)
- Russell Funk (Cascade Mental Health)
- Courtney Ward, Caitlin Safford and Torri Canda (Amerigroup)
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- Lou Olson (HopeSparks)
- Sarah Kopelovich (University of Washington)
- Darlene Weigle (YMCA Social Impact Center)
- Mary McKay (Brown School at Washington University in St. Louis)
- Members of CoLab’s Supervisory Advisory Team: Dan Fox, Oliver Birchwood-Glover, Jenn Lockwood, Naomi Leong, Sean Wright, Bill Eubanks, Justin Daigneult, Stacy Remy, Laura Schrottenboer.
- Alan Gojdics (University of Washington)
- Sterling Chick and Laura Mixon (Catholic Community Services)
- Melody McKee, and Milena Stott (Behavioral Health Training, Workforce and Policy Innovation Center)
- Tracy Arney, Lisa Carpenter, Inzez Fahnbulleh, and Alyssa Carpenter (Family Solutions).
- Scott Baldwin (Brigham Young University)



Table of contents

Executive summary	2
Mission.....	2
Additional funding	3
Impact areas	5
Leadership Initiative for Quality: Improving the quality of children’s mental health care services across organizational levels	5
Supporting evidence-informed service delivery	8
Organizational capacity support for community mental health agencies	10
Dissemination of evidence-informed policy and research synthesis.....	12
Other research updates.....	18
Conclusion	21



Executive summary

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Engrossed Substitute House Bill 5092 (2020), Section 215 (52):

“\$446,000 of the general fund—state appropriation for fiscal year 2020, \$446,000 of the general fund—state appropriation for fiscal year 2021, and \$178,000 of the general fund—federal appropriation are provided solely for the University of Washington's evidence-based practice institute which supports the identification, evaluation, and implementation of evidence-based or promising practices. The institute must work with the authority to develop a plan to seek private, federal, or other grant funding in order to reduce the need for state general funds. The authority must collect information from the institute on the use of these funds and submit a report to the office of financial management and the appropriate fiscal committees of the legislature by December 1st of each year of the biennium.”

In 2019 the legislature required that the Health Care Authority (HCA) collaborate with the University of Washington’s Evidence Based Practice Institute (EBPI). HCA and EBPI will develop a plan to seek funding in order to reduce the need for state general funds. This report will outline the work that has been done thus far.

Key findings in collaboration with EBPI include:

- Launched the Leadership for Quality Initiative to support the scale up of high-quality child/youth mental health services. Conducted policy-relevant evidence reviews to inform value-based care models, alternative therapeutic programming, and workforce rate setting.
- Supported provider agency capacity building to use and report the use of high-quality child/youth mental health services.
- Conducted a usability analysis of the state guidelines for reporting evidence-informed child/youth mental health treatment.
- Sponsored three statewide webinars to promote the use of culturally responsive services.
- HCA continues to work on collaborating with other state agencies and stakeholders to provide funding for EBPs in Washington State.

Mission

Our mission is to improve the mental health and well-being of children. We accomplish this mission by collaborating with our policy and practice partners to conduct research syntheses, co-develop policies and programs, and build organizational capacity.



Additional funding

Engrossed Substitute House Bill 5092 (2020), Section 215 (52) directs the Division of Behavioral Health and Recovery (DBHR) to fund EBPI and requires DBHR and EBPI to develop a plan to seek additional funds to support the Institute’s scope of work. In 2021, EBPI is seeking funds from the following sources to evaluate and further expand programs:

1. SAMHSA – National Child Traumatic Stress Initiative (Under Review)

- a. \$1,999,979
- b. This proposal aims to establish regional service hubs in Washington State that will act as Centers of Excellence (COE) for working with adolescents needing trauma and substance use disorder (SUD) services. The project will support peer support staff to conduct in-reach and transition supports to youth transitioning from state juvenile facilities in three geographically dispersed cities through telehealth contacts, and engage youth at risk of criminal-legal involvement referred from community sources.

2. William T. Grant Foundation – Use of Research (AWARDED)

- a. \$400,000
- b. The goal of this project is to develop and validate a tool to track Conceptual Research Use (CRU) in a large public system, as there are currently limited measures of CRU. CRU describes the impact research has in changing the way a decisionmaker thinks about policy and program operations. Measuring changes in CRU is an important tool to evaluate if interventions seeking to increase the use of research evidence are achieving transformational shifts in how an organization or system operates.

3. WA State Health Care Authority – Leadership for Quality (AWARDED)

- a. \$202,000
- b. The goal of this work is to increase the capacity of mental, behavioral, and physical care leaders (directors, managers) overseeing integrated care services to develop and implement change management strategies to increase mental health and SUD services access and quality.

4. WA State Health Care Authority - Telehealth Proviso (AWARDED)

- a. \$205,000 subcontract from Behavioral Health Institute)
- b. The goal of this work is to review current and emerging data and research and make recommendations regarding best practices for virtual behavioral health services to children from prenatal stages through age 25.



5. **Seattle Children’s Hospital – Innovation Opportunity for Mental Health Services (AWARDED)**
 - a. \$65,000
 - b. The goal of this project is to use a system codesign process to identify innovation areas for capacity building for mental health services at Seattle Children’s Hospital.

6. **Amerigroup – Integrated Care Collaboration (AWARDED)**
 - a. \$52,097
 - b. The goal of this work is to support Amerigroup of Washington State’s efforts to support pediatric integrated care in Washington State. The services will support implementation in Spokane County.

7. **Department of Children, Youth, and Families – New Developed Nations Co-Designed Curriculum (AWARDED)**
 - a. \$14,170
 - b. Partner with New Developed Nations (NDN) to co-design a training curriculum informed by evidence-based principles and integrated elements of culturally and community centered approaches for improving mental health of at-risk youth and youth experiencing chemical dependency.

8. **Tacoma-Pierce County Health Department – Equity Policy Codesign (AWARDED)**
 - a. \$20,000 Walker
 - b. The goal of this work is to conduct a literature review of existing research and evidence-based practices related to health equity and community resilience and facilitate a participatory process to identify and tailor recommendations for COVID-19 recovery in Pierce County.

9. **Multiple funders (Department of Psychiatry and Behavioral Sciences Small Grants Program, SCH, Amerigroup) – Reengineering Siloed Systems of Care (AWARDED).**
 - a. \$15,000
 - b. This project is assessing the acceptability and feasibility of “System Codesign” process as a tailored implementation method for tackling complex behavioral healthcare issues. Our team is piloting this approach with a rural Washington community, Grays Harbor County, which has a high prevalence of behavioral health needs. The proposed design workgroup will leverage cross-system participation from behavioral health, law enforcement, faith-based organizations, schools, and the individuals from the broader community.



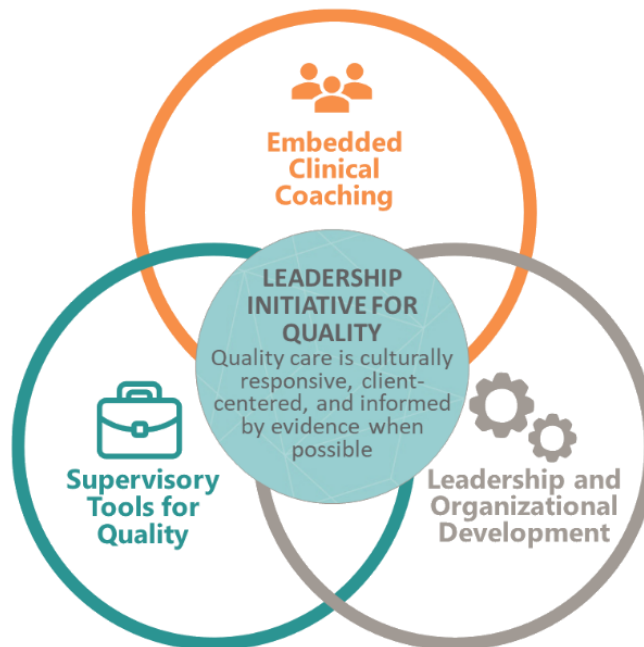
Impact areas

Leadership Initiative for Quality: Improving the quality of children’s mental health care services across organizational levels

Introduction to Leadership Initiative for Quality

Quality behavioral healthcare for children and adolescents should be available to all who need it; yet this type of care is often elusive. This can be particularly true for children and adolescents experiencing socioeconomic and racial marginalization. At EBPI/CoLab, we are working to improve access to quality behavioral health care for all Washingtonian children through our launch of the Leadership Initiative for Quality, a multi-layered, three-pronged strategy focused on supervisors, embedded clinical expertise, and executive-level leadership.

FIGURE 1. Leadership Initiative for Quality conceptual figure



Supervisory Tools for Quality

The Supervisory Tools for Quality initiative recognizes the integral role that clinical supervisors play in supporting behavioral health clinicians’ use of effective practices in community mental health agencies, and aims to leverage this role to improve the scale up and sustained use of quality behavioral health services. Specifically, this project is focused on the development of cost effective, easy to use, and practical strategies to elevate supervision practices.



Supervisors serve many important functions for clinical staff, including ensuring effective and responsive care for clients, promoting clinician skill, and protecting the general public. They also must oversee staff adherence to an agency's documentation, record keeping and billing requirements. Given supervisors' ongoing and regular oversight of clinicians, there exists a valuable opportunity to promote the delivery of quality services. Although this potential exists, supervisors often do not have considerable training in effective supervision or have access to built-in supports within their organization to assist them in their role. Further, behavioral health organizations (BHOs) have limited resources to enhance supervisory skill beyond their current operation. Thus, there is a need to provide practical and tangible supports to supervisors, which in turn is expected to improve delivery of quality and effective behavioral health services, and ultimately better outcomes for economically and racially marginalized children and adolescents.

This initiative involved partnering with supervisors to form a Supervisor Advisory Team. This advisory group included experienced supervisors in behavioral health organizations across the state. Geographic regions represented included Bellingham, Bellevue, Lakewood, Spokane, Walla Walla, and Yakima. To date, we have completed three Supervisor Advisory Team meetings.

As a culmination of this process, EBPI/CoLab is currently working on developing a supervisor practical guide. This guide will include general guidance for supervisors on how to initiate supervision process with clinicians, building the supervisor working alliance, best practices for supervision, including effective supervisor behaviors. These guides will also outline common supervision challenges and propose solutions. A second related identified need was improving orientation and training for supervisors – this includes both new and experienced supervisors. This natural extension of the first tool will incorporate main principles and learning points from the guide into supervisor training and orientation.

Embedded Clinical Coaching

Using an embedded clinical coaching framework, EBPI/CoLab is promoting the development of quality care expertise within behavioral health agencies to reduce the cost and improve the speed of clinical workforce training. The goal of this project is to move principles of effective behavioral health care more quickly into practice, and to foster agency resilience to workforce turnover.

To develop and eventually implement an embedded clinical coaching model, EBPI/CoLab partnered with multiple organizations in Washington to determine priorities and gather feedback. Through these partnerships, EBPI/CoLab identified key characteristics of an effective clinical coaching model, and incorporated stakeholder feedback to ensure scalability and adaptability. Over the past several months, EBPI/CoLab partnered with the Harborview Abuse and Trauma Center to develop an embedded clinical coaching model for the CBT+ program. This coaching model includes the development of an asynchronous training for new clinicians, an embedded peer consultation structure, and competency checks through clinician-submitted videos. Through



this novel embedded coaching structure, organizations can retain internal expertise and better support a shifting workforce.

Additionally, EBPI/CoLab collaborated with Seattle Children’s Hospital to develop an embedded coaching model for Washington’s Wraparound with Intensive Services (WISe) teams. EBPI/CoLab conducted qualitative interviews with WISe teams and behavioral health agencies across Washington state, and learned that crisis intervention and parent support were key priorities for WISe teams. Using feedback from community practitioners and WISe providers, Seattle Children’s Hospital and EBPI/CoLab are working to develop a clinical framework that integrates harm reduction, crisis management, emotion regulation and parenting skills into WISe teams. In addition, the DBT/WISe project aims to develop embedded clinical coaching groups within agencies to promote internal expertise, combat clinician burnout, and increase sense of connectedness among team members to improve quality of care across levels.

Leadership and Organizational Development

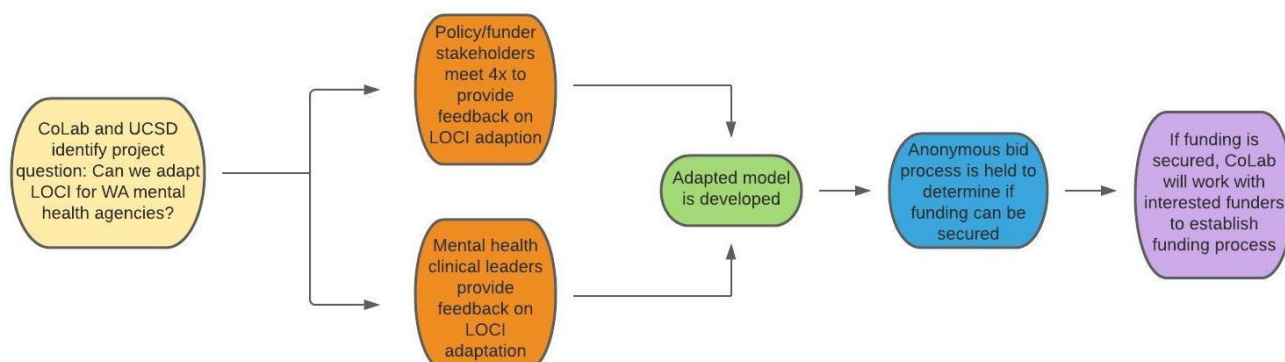
Leadership is a key determinant of an agency’s capacity to avoid or overcome challenges associated with providing effective behavioral health care in community settings. Recognizing the value of providing training and support to agency leaders, EBPI/CoLab is partnering with the Leadership and Organizational Change for Implementation (LOCI) at the University of California San Diego (UCSD), and policy stakeholders in Washington State to develop a plan for scaling a leadership support initiative for clinical leaders in Washington State. Scalability frameworks in a codesign approach will be used to ensure the developed plan is informed by considerations of reach and sustainability as well as buy in from policy stakeholders to support implementation.

EBPI/CoLab formed a team of key policy stakeholders who will partake in four meetings. In the initial meetings, stakeholders were oriented to the LOCI model, and provided feedback and priorities for what they hope to see in a scalable, clinical model for Washington State. Initial feedback on stakeholder priorities for a clinical coaching model in Washington state include a focus on equity, trauma-informed care, supervision practices, and integrated care/whole person models.

In addition to the policy stakeholder team, the Leadership and Organizational Development project will gather feedback from a team of mental health providers and clinical experts. By collecting feedback from both policy stakeholders and mental health leaders, EBPI/CoLab will be able to draw on a wide variety of experiences, expertise, and perspectives from within the children’s mental health field in Washington state. EBPI/CoLab and UCSD will use the information to inform the adaption of the LOCI model and finalize a scalable model that aligns with Washington behavioral health priorities and needs. Through this process, we aim to provide significant and structural organizational change to improve the quality of WA’s behavioral health services for children.



FIGURE 2. Project map: Leadership and Organizational Development for WA State



Supporting evidence-informed service delivery

Usability Evaluation

EBPI/CoLab conducted a usability analysis on our 2020 Reporting Guide for Research and Evidence-based Practices in Children’s Mental Health, conducting structured interviews with nine clinical supervisors across Washington state. The usability evaluation aimed to identify ways to improve clarity and organization for users, and to gain insight into key issues that behavioral health organizations face when reporting EBPs. EBPI/CoLab contracted with an external consultant to collect qualitative feedback from key stakeholders and used the results to inform updates to the 2021 Reporting Guide.

2021 Reporting Guide for research- and evidence-based practices in children’s mental health

Utilizing a research-grounded and innovative approach to monitor evidence-based practices at the state-level, the EBP Reporting Guide provides step-by-step instructions for clinicians to report research- or evidence-based practices (EBPs) for children’s public mental health care (under 18 years of age) using a common element framework. Through our authorship of the EBP reporting guide, EBPI/CoLab plays a significant role in how EBPs are approached, understood, and reported across the state. These updates aim to increase clinician and organizational understanding and confidence in EBP reporting, along with promoting values of cultural relevancy and equity in clinical practice.

Informed by direct feedback from clinical supervisors collected through the usability analyses, EBPI/CoLab is currently working to integrate several large-scale updates to the conceptual framework of the 2021 reporting guide. This includes restructuring the guide to



address different types of users: clinical supervisors, clinicians, and electronic health record (EHR) technology staff. This will increase clarity around how to use the guide, provide hands-on toolkits for clinicians to learn reporting step-by-step, and support agencies in more independently developing their EHR systems. These conceptual updates aim to better support the different users of the guide by providing tailored guidance for each user type.

Additionally, the 2021 reporting guide will expand agencies' ability to report EBPs by including new direction for uncategorized treatments entities, adding a new treatment family for first episode psychosis, and exploring additional treatment families for other diagnoses. The guide will also add Research Units in Behavioral Intervention (RUBI) and Theraplay as reportable training entities to continue growing the number of reportable EBPs.

Given that the Reporting Guide is distributed to supervisors, clinicians, and behavioral health agencies across the state, it is imperative that it continues to reflect culturally responsive practices that are grounded in community lived experience. For the 2021 update, EBPI/CoLab made several changes to the reporting guide to promote practices that are culturally responsive. These changes include the addition of a new allowable clinical element for discussing the impact of racism and systems of oppression. Additionally, a page was added identifying our three values of quality care: evidence-based, culturally relevant and responsive, and client-driven. With this addition, EBPI/CoLab aims to ground the guide in the shared mission of improving the health of Washington's children and its alignment with behavioral health agencies.

Centering community-led promising practices: Codesign with New Developed Nations

We received funding from the Washington State Department of Children, Youth, and Families to partner with Deekon Jones, founder of New Developed Nations (NDN), to co-design a training curriculum informed by evidence-based principles and integrate culturally and community-centered approaches to improve the mental health of at-risk youth and youth experiencing chemical dependency. At the end, we will co-create a training curriculum that will contain a program description based on the founder's vision and goals for the program, a curriculum roadmap that conveys how NDN aligns with academic literature and clinical elements of treatment, and program structure and topics covered. This will allow for more streamlined training of new clinicians within the NDN program that is evidence-based and culturally sensitive. We use the codesign approach as it encourages ownership and buy-in among participants and combines academic literature with acceptability, feasibility, and sustainability within real-world practice. Codesign also empowers community members as it emphasizes reciprocal learning, and everyone brings valuable knowledge and experience to the table; it serves as an alternative to running randomized and quasi-experimental studies.

Collaboration with WSIPP to develop recommendations for improving decision support for evidence-based policy making and effective practices



WSIPP collaborated with EBPI/CoLab to conduct a process evaluation with key stakeholders to examine the utility of and potential improvements that might be made to WSIPP's Children's Services inventory. This evaluation examined potential use of inventories *at different levels of policy/decision-making* to increase use of EBPs. First, WSIPP is conducted a literature review on inventories/menus as a strategy for communicating and encouraging EBP use. This review focused on commentaries and evaluations of inventory used in fields related to children's behavioral health, child welfare, juvenile justice, and prevention. Second, WSIPP assessed the user perspective of WSIPP's Children's Services inventory among relevant executive decision-makers through semi-structured interviews on awareness and use of the Children's Services inventory. To date, WSIPP has completed the literature review and the structured interviews with policy/ decision-makers and is currently completing the synthesis of the findings. EBPI/CoLab will review these findings with WSIPP in late June/ early July, and a report summarizing these finding will be produced by Fall 2021.

Organizational capacity support for community mental health agencies

Technical assistance, interventions, and trainings for organizations

EBPI/CoLab continues to provide direct technical assistance support for child serving agencies in WA State to support capacity building for high quality mental health care, and reporting of EBPs through routine billing data. In the past year, these efforts have included:

- Providing information and connections to the MCO training group for scaling up training opportunities for multiple programs including STAY (a brief family therapy model for adolescents with behavioral issues) and Dialectical behavior therapy (DBT). EBPI/CoLab is currently collaborating with HCA and Dr. Kyrill Gurtovenko, a DBT trainer from Seattle Children's Hospital to identify ways to develop DBT based trainings to support WISE teams.
- EBPI/CoLab is collaborating with Amerigroup and Dr. Lawrence Wissow from Seattle Children's Hospital to develop a pilot integrated care training for two large agencies in the Spokane region. This effort includes using co-design process with agencies and trainers to identifying agency capacities and opportunities and tailoring the training plan for each site to maximize impact and effectiveness.
- In the past year, EBPI/CoLab has continued piloting the agency capacity building intervention, developed in collaboration with Molina, in two community mental health agencies. Agency leadership completed a survey to identify barriers and issues related to EBP reporting and participated in a follow-up call with our MCO partner to identify solutions to build capacity to provide and report EBPs. This process was found to be effective at identifying specific barriers and solutions related to providing high quality



care (e.g. trainings needed) and in troubleshooting issues related to reporting of EBPs through routine billing data. In the coming year, EBPI/CoLab plans to continue to use this engagement and capacity building strategies with target agencies.

- EBPI/CoLab conducted multiple conversations with national colleagues and partners to identify best practices for scaling supervisor support. These efforts informed the development of the leadership for quality initiative described above.
- EBPI/CoLab had multiple conversations with different agencies that have reached out with specific questions related to EBP reporting and the Reporting Guides. These ongoing efforts ensure that community based mental health agencies receive the technical assistance and support for accurate reporting of EBPs in WA State. These conversations also help build relationships and identify opportunities to support high quality care that inform our annual update of the Reporting Guide. These include issues related to workforce or training needs, client needs, specific trainings or training areas to add to the EBP Reporting Guide, or technical issues related to EBP reporting.

Tracking use of EBPs in routine billing data and performance feedback

In collaboration with the Washington State HCA, EBPI/CoLab previously developed the algorithm for monitoring Medicaid funded research- and evidence-based children's psychotherapy mental health practices through billing codes. In FY 2021, EBPI/CoLab collaborated with HCA to revise the data pull request to obtain updated aggregated EBP reporting data. This process was updated to obtain accurate data after the transition of BHOs to MCOs. In addition, the new aggregated dataset now includes a breakdown of the specific EBP codes, and a breakdown by agency, by county, and by MCO. This additional aggregated data will also support individual training and assistant efforts of the EBPI/CoLab with specific agencies and MCOs related to EBP reporting and capacity building. Monitoring allows our team to reach out to low reporting agencies to troubleshoot training, reporting, and workflow challenges. Ongoing partnerships with Managed Care Organizations Amerigroup and Molina are accelerating these efforts. EBPI/CoLab is currently working with policymakers and decisionmakers to develop a data summary report that will maximize the impact and usefulness of this update EBP data. The aggregated report will be generated and distributed quarterly. Summary of key takeaways from Q4 2020 (10/1/2020 - 12/31/2020) aggregated data:

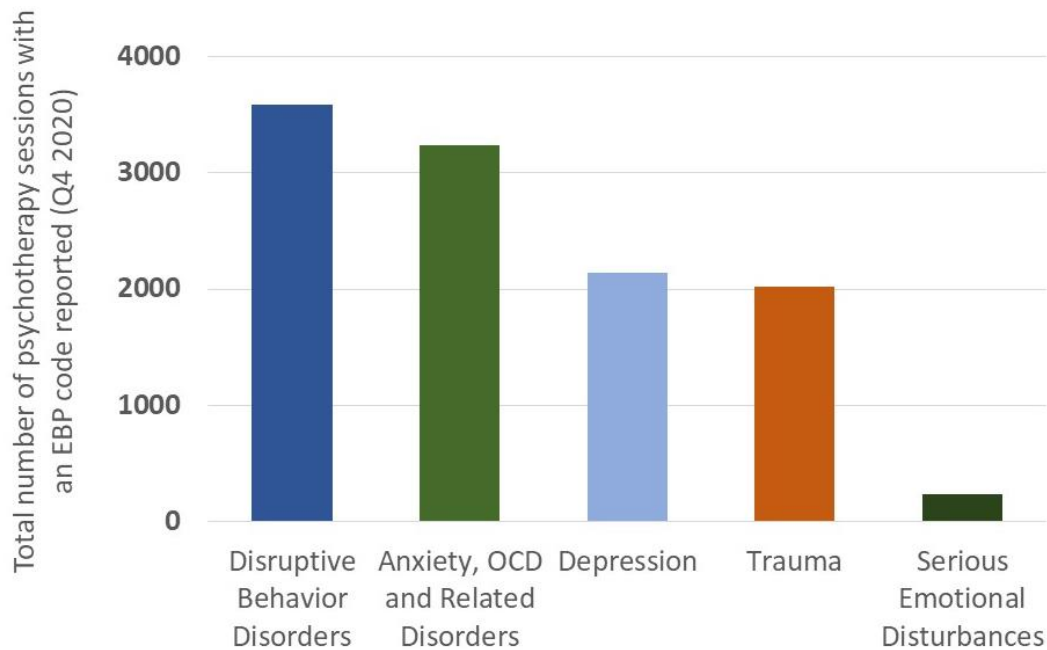
- For the 33 agencies who reported at least one EBP through routine billing, **24.4%** (range of 0.2% to 88.4%) of Medicaid funded children's psychotherapy mental health services were documented as an EBP (a total of **11,230** service encounters).
- For all Medicaid funded children's psychotherapy mental health services provided in Washington State the rate was 9% of all service encounters (11% of eligible clients). This highlights the continued need to engage in TA and capacity support for reporting



EBPs through routine billing data to monitor the use of high-quality psychotherapy services.

- There was a wide range for the percent of services with a documented EBP by county, with a range from 0% to 74%. Yakima County had the highest rate of reported EBPs at **74%** (5,234 of 7,058 eligible psychotherapy service encounters).
- The figure below shows the number of EBPs reported for each treatment type in WA State in Q4 2020.

FIGURE 3. Number of psychotherapy sessions with a reported EBP code for each treatment type in Q4 2020



Dissemination of evidence-informed policy and research synthesis

Webinars

“The Role of Community Health Navigation in Advancing Health Equity,” June 18th, 2021.

Access to healthcare is a health equity issue. Health navigation is a strategy used to improve access to healthcare through system level coordination as well as directly with individual clients. This webinar explored both policy research and direct service approaches to increasing healthcare access through health navigation. A total of 33 unique participants attended the live webinar, while 81 registered and received the recording. Viewers attended the webinar from

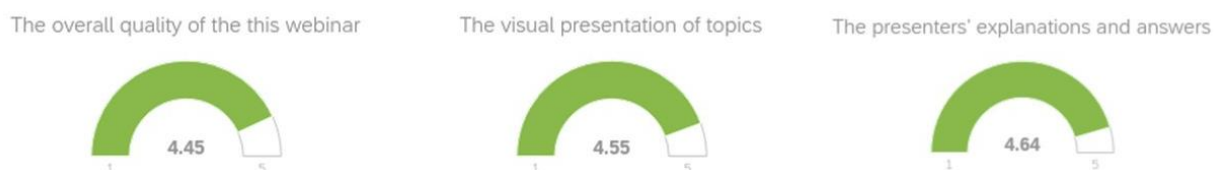
Evidence-based practice institute: Fiscal Year 2021 annual report
June 30, 2021



multiple regions across the country, including Louisiana, Illinois, and many cities within Washington State.

The webinar featured three panelists, each speaking to their expertise and experience in health navigation. Enos Mbajah, the Prenatal to 25 Lifespan Behavioral Health Integrated Services Supervisor at the Washington State Health Care Authority, presented first on systems navigation perspectives from the state level. Dr. Mary McKay, the dean of the Brown School at Washington University in St. Louis, spoke to the history of health navigation and the evidence on its effectiveness. Lastly, Darlene Weigle, a case manager for the HSYNC Program at the YMCA Social Impact Center in Seattle, WA, shared her experience providing health navigation services to youth in King County and the profound importance of direct service relationships. A recording of this webinar can be found [here](#). Although we are still collecting survey results, initial data shows high satisfaction with the webinar:

FIGURE 4. Mean survey results reported on a Likert scale between 1 (very poor) to 5 (very good)



“Integrating Race and Culture in Evidence-Based Treatments,” January 21st, 2021.

Integrating race and culture in evidence-based treatments should be at the center of our work. The recent racial uprising has thrust the importance of discussing the impact of racism on everyone’s lives. This webinar focused on how to consider race and culture at the center of your work and began with a brief overview of evidence-based strategies that are effective for use with historically marginalized populations. We had 476 people register and a total of 295 unique viewers attend the webinar. We had a geographically diverse group of attendees, with individuals from Oregon, Louisiana, New York, and Washington state. Attendees consisted mostly of direct service (138), health administrators (14), other (29), and researchers (9).

The webinar was led by Dr. Won-Fong Lau Johnson and featured three panelists: Laura Escalona-Flores, MSW/LICSW (school-based mental health manager at Neighborcare Health), Seema Mhatre, LICSW/MPH (licensed clinical social worker at Odessa Brown-Clinic at Seattle Children’s Hospital), and Rickey “Deekon” Jones (founder and CEO of New Developed Nations). Panelists were providers with both personal and professional lived experiences that shared their expertise on the topic. A recording of this webinar can be found [here](#). In addition, there were a large number of questions raised in the Q&A, and a follow-up document was



prepared by EBPI/CoLab and the panelists with responses to questions. The document is located [here](#).

FIGURE 5. Mean survey results reported on a Likert scale between 1 (very poor) to 5 (very good)

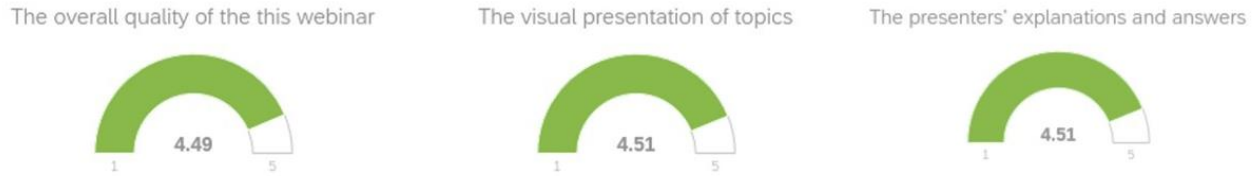
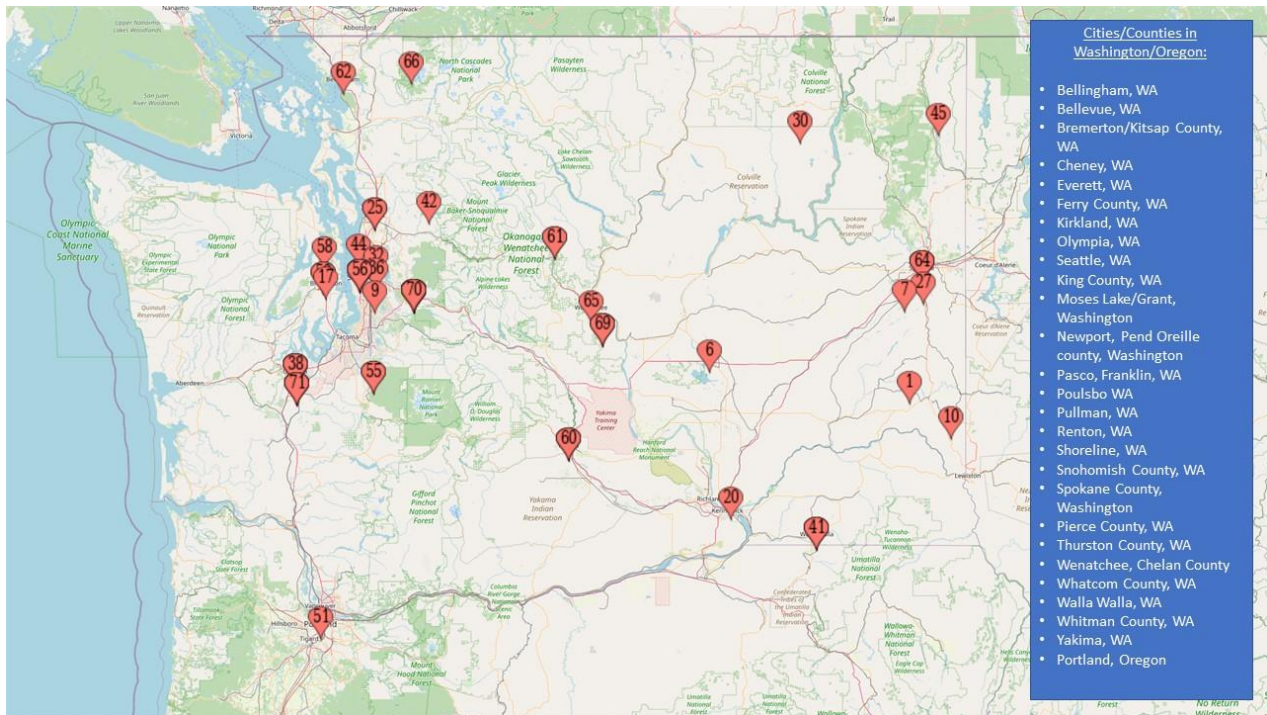


FIGURE 6. Map of webinar attendee locations across Washington state



“Rising to the Challenge: How State-University Partnerships Strengthen Health Policy,” November 13th, 2020.

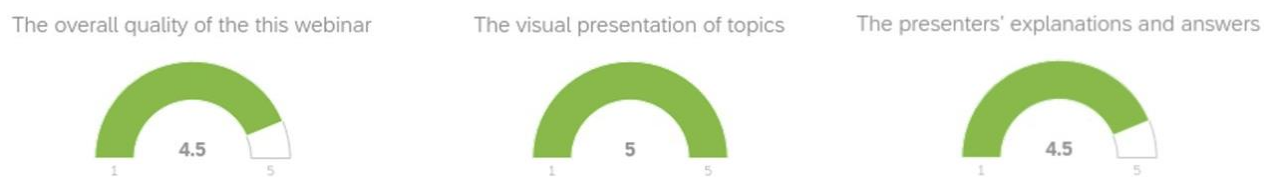
This webinar focused on the role of state-university partnerships in evidence translation to inform policy decision making and to ultimately improve population health. Panelists described how their experience with state-university partnerships have led to cross-disciplinary research, strengthened state and agency relationships, and engaged scholarship. We had 43 people registered and a total of 22 unique viewers during the webinar. Of the people who completed the evaluation report, we had attendees from Eastern Washington and Colorado. About half reported



that this webinar was somewhat helpful, and the other half reported the webinar was moderately helpful.

The webinar featured two panelists: Cynthia Woodcock from the Hilltop Institute at University of Maryland Baltimore County, and Susan Kennedy from AcademyHealth’s Evidence-Informed State Health Policy Institute. The webinar explored how state-university partnerships lead to cross-disciplinary research, strengthen state and agency relationships, and engage scholarship. This webinar highlighted the value of these partnerships to state institutions, policymakers, researchers, Medicaid enrollees, and the larger community. A recording of this webinar can be found [here](#).

FIGURE 7. Mean survey results reported on a Likert scale between 1 (very poor) to 5 (very good)



Evidence Synthesis

Post-training support

The focus of this review is to assess the effects of post-training support on mental health clinicians’ skill maintenance. The main outcomes of interest were changes in self-reported or observational measures of therapist clinical skills (e.g., competency or fidelity) from baseline to the last available follow up.

The protocol for this systematic review was registered and published with PROSPERO. We used the EPPI-Reviewer web-version throughout the screening and data extraction process to manage all records and track the flow of the review. We conducted a narrative synthesis with a primary focus on developing a preliminary synthesis by summarizing the direction and strength of effects on therapist clinical skills for different types of post-training support (e.g. supervision, expert consultation or peer-support), and (3) exploring relationships in the data to suggest factors that might explain differences in the observed effects. The synthesis was organized around the types of post-training support and when possible, was compared to passive/no post-training support.

Our search strategy spanned across PubMed, Academic Search Complete and PsycInfo databases. As a result, a total of 157 titles and abstracts were extracted, and duplicates were removed. Four senior faculty members reviewed the full texts of these articles for inclusion and further coding. Eventually, 9 articles were included in the narrative synthesis. Post-training-support, regardless of condition, modestly increased clinical skill, just reaching or slightly



exceeding competence on average. Expert led consultation, when compared with peer consultation, did not result in higher clinical competency. Expert consultation did show better outcomes when compared with passive or no post-training support. Supervision involving the use of active learning strategies resulted in significant improvements in clinical competence in a short period of time (i.e., 3 weeks). Implications of these findings suggest that cost effective methods of post training support (peer led consultation, supervision) result in achieving therapist clinical competence.

Wilderness Therapy

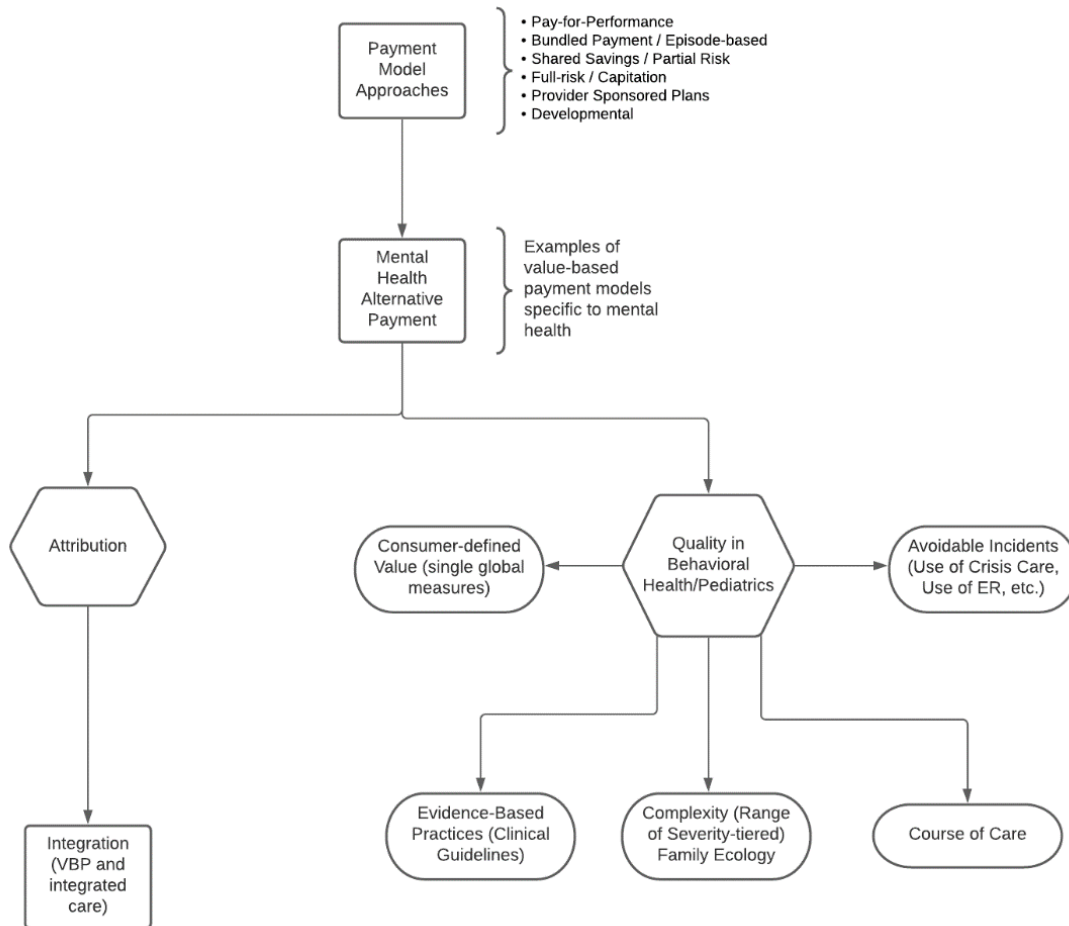
On behalf of policymakers in Washington State, EBPI/CoLab researchers conducted a rapid evidence review to examine effectiveness of wilderness therapy programs on adolescent mental and behavioral health. We concluded that evidence for the effectiveness of wilderness and outdoor therapy programs on adolescent mental and behavioral health is inconclusive. Multiple reviews note the wide variation in program implementation (i.e., heterogeneity), differences in the target population between studies, and small study sample sizes.

Value-Based Care

Value-based care continues to be a priority of publicly funded services. This is particularly true for mental health, the most pervasive and costly medical need in society. EBPI/CoLab has engaged leadership at HCA and MCOs to discuss the development of and implementation plans for value-based care to support high quality integrated mental health care. These efforts have identified a number of specific challenges and questions regarding both the design and the implementation of a value-based payment model for mental health care. This include identifying payment structure, metrics, and capacity needed before implementation. To support these efforts, EBPI/CoLab is also conducting a review on value-based payment models, based on specific questions that have been identified through these discussions. For example, this includes identifying existing literature on value-based payment models and identifying meaningful outcome and quality metrics that can be used to develop these alternative payment arrangements for agencies providing children’s mental health services. The review will be completed in the coming year. Below is a conceptual model outlining the current review on value-based payments for pediatric mental health care.



FIGURE 8. Value-based care conceptual figure



Checklist for Adolescent Substance Use Disorder Treatment

On behalf of HCA, EBPI/CoLab developed a checklist for adolescent substance use disorder treatment (SUDT) based on the SAMHSA guidelines. The document highlights that the treatment should be tailored or designed specifically for adolescents and their unique developmental state, and that treatment should address both the physical and mental health needs of the adolescent, providing support for both the adolescent and their family. The checklist includes a brief description of treatment approaches for behavioral, family therapy, and recovery from SUDs. The document includes questions that can be used to assess treatment services provided by adolescent SUDT programs.



Other research updates

Supervision consultation project

EBPI/CoLab led a pilot project in which consultation and support were provided to behavioral health supervisors overseeing therapists. Despite strong empirical support for the efficacy of cognitive behavioral intervention in alleviating many psychological conditions, these interventions are not utilized consistently in community practice. Clinical supervisors play a critical role in the use and sustainment of CBT. Through regular ongoing oversight of clinicians, supervisors can assess and directly support how practitioners incorporate CBT principles and how effective they are at delivering cognitive and behavioral interventions. Enhancing the competencies of supervisors provides a valuable avenue for expanding implementation of CBT to community settings, and ultimately improving outcomes for children and adolescents.

The current pilot study examined the feasibility and self-reported usefulness of case-based consultation for clinical supervisors at child-serving community mental health agencies to support the implementation of CBT models for depression, trauma, anxiety and disruptive behavior. Nine clinical supervisors and two supervisor consultants were recruited from community mental health agencies to participate in consultation calls intended to improve the competencies of CBT supervisors. Calls consisted of a brief didactic covering relevant content (e.g., helping clinicians stay on track with CBT implementation); and case-based consultation applied to supervisors' real-world cases. Data was collected on supervisor demographics, self-reported supervision competencies, and call satisfaction. Analyses revealed that supervisors reported increased competency in supervising across all four CBT models. Areas of greatest improvement included supervising CBT for trauma, especially trauma processing and use of praise in parent management training. Supervisors also reported improved competencies in helping clinicians sustain focus on CBT implementation.

Results support supervisor consultation as a viable strategy for promoting sustained use of CBT by community practitioners. We have currently completed the qualitative coding of the call transcripts to identify emerging themes and are synthesizing the findings. This work will be presented at the 2021 annual meeting of the Association of Behavioral and Cognitive Therapies (ABCT) in November 2021.

Predicting the Uptake of Evidence-Based Practices in a State, Children's Mental Health Medicaid System

This observational study makes use of the EBP reporting climate in Washington State to conduct services research on implementation factors related to EBP use as a proportion of all publicly funded mental health services for children. In 2012, the State of Washington passed HB2536 which directed publicly funded mental health agencies to provide information on EBP use as part of session-level billing claims. This method of monitoring receipt of EBP mental health



encounters across a statewide system provided a cost effective and adaptable surveillance tool to monitor EBPs.

The current study examined EBP uptake by factors at the following levels: regional, agency, EBP training, EBP learning collaborative, and client characteristics. Billing code data were used to identify clients (<21 years old) who received a documented EBP psychotherapy session between May–October 2015 in Washington State. A multilevel logistic regression model clustering within Regional Service Network (RSN) and provider agency compared client level factors (race/ethnicity, gender, age) and agency level factors (including structural characteristics such as agency caseload, and network and communication factors such as participating in an EBP learning collaborative) in determining the likelihood of a youth client receiving an EBP.

Among 27,858 clients with a valid psychotherapy encounter, 25.0% (n=6,966) received at least one documented EBP session. The intraclass correlation coefficient (ICC) for agency was 0.76. The ICC for RSN was 0.38. Clients who received treatment at an agency that participated in the EBP learning collaborative were 3.16 times more likely to have received a documented EBP than those who received treatment at a non-participating agency. Client level factors were either weakly or not significantly associated with receipt of an EBP, suggesting that agency level factors had a stronger association compared to client demographics.

This study suggests that structural characteristics of an agency are a key domain associated with successful implementation and highlights the importance of networks and communication, notably, learning collaboratives during system implementation. A poster describing this work was presented at the virtual 2020 Annual Conference on the Science of Dissemination and Implementation in Health in December 2020.

Implementation Potential of reporting Evidence-Supported Treatments

The delivery of evidence-supported treatments (EST) in children’s mental health could be a valuable metric for monitoring mental healthcare quality; however, efforts to monitor the use of EST in real world systems are hindered by the lack of pragmatic measures. This mixed methods study examined the implementation and agency response rate of a claims-based measure of EST designed to be applied as a universal quality measure for child psychotherapy encounters in a state Medicaid system.

Implementation potential of the EST measure was assessed with healthcare leader rankings of the measurement system’s acceptability, appropriateness, and feasibility (n = 53) and post-implementation ratings of EST rate accuracy. Ability of the healthcare system to monitor EST through claims was measured by examining the agency responsiveness in using the claims-based measure across 98 Medicaid-contracted community mental health (CMH) agencies in Washington State.



The analysis found the EST measure had high implementation potential. The method was able to measure the use of the EST for 83% of children covered by Medicaid with a 58% CMH agencies reporting >0 ESTs in one quarter. Qualitative analyses revealed that the most significant barrier to the measurement method was the operability of electronic health record systems and agencies' mixed views regarding the accuracy of the claims-derived EST rate.

Measurement of child mental health ESTs through Medicaid claims reporting has acceptable implementation potential and promising real-world responsiveness from CMH agencies. Variation in reporting by agency site and low to moderate perceived accuracy by agency leaders suggests the need for additional implementation supports for wider uptake.



Conclusion

EBPI/CoLab submitted grant proposals to diversify its portfolio of service funding. EBPI/CoLab has continued its partnership with HCA to promote and track the use of evidence and research-based interventions for youth receiving publicly funded mental health services in Washington. In addition to developing updates to the reporting guide so that it is clear and less burdensome to report the use of EBPs, there has been significant outreach to both provider agencies and payers (managed care organizations) to increase their use. This consultation over the past year has resulted in an increased understanding of what barriers are experienced by behavioral health agencies.

This year EBPI/CoLab launched the leadership for quality initiative to support the community mental health workforce using a multi-layered strategy focused on supervisors, embedded clinical expertise, and executive-level leadership.

We have also obtained accurate aggregated data to quantify and monitor the current state of EBP reported use and that the continued partnership between EBPI/CoLab, HCA, managed care organizations, and behavioral health agencies will result in an improvement in use and reporting of EBPs that will be reflected in subsequent reports. We anticipate that there will need to be continued consultation and outreach with both payers and agencies to determine barriers and opportunities to increase the reported use of EBPs.

