

Evidence-Based Practice Institute

Fiscal year 2021 annual report

Engrossed Substitute Senate Bill 5092; Section 215(33); Chapter 334; Laws of 2021
December 1, 2021

Acknowledgements

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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.



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Table of contents

Executive Summary	4
Key Acitivites in Fiscal Year 2021	5
Additional Funding	7
Conclusion	9

Executive summary

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Engrossed Substitute Senate Bill 5092 (2021), Section 215(33), Chapter 334:

“\$446,000 of the general fund—state appropriation for fiscal year 2022, \$446,000 of the general fund—state appropriation for fiscal year 2023, 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 2020 the legislature required that the Health Care Authority (HCA) collaborate with the University of Washington’s Evidence-Based Practice Institute (EBPI) to advance the scope of work and seek funding in order to reduce the need for state general funds. This report will outline the work that has been done in fiscal years 2020/2021.

Key activities 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, health navigators, and role of state-university partnerships in evidence translation to inform policy decision making.
- HCA continues to work on collaborating with other state agencies and stakeholders to provide funding for EBPs in Washington State.

Key activities in fiscal year 2021

- EBPI launched the Leadership Initiative for Quality to improve access to quality behavioral health care for all Washingtonian children through a multi-layered, three-pronged strategy focused on supervisors, embedded clinical expertise, and executive-level leadership.
 - The Supervisory Tools for Quality initiative recognizes the integral role clinical supervisors play in supporting behavioral health clinicians' use of effective practices in community mental health agencies. This initiative involved partnering with supervisors from behavioral health organizations across the state to form a Supervisor Advisory Team. This team is currently working on developing a supervisor practical guide on how to initiate the supervision process with clinicians, building the supervisor working alliance, best practices for supervision, and effective supervisor behaviors.
 - Using an embedded clinical coaching framework, EBPI/CoLab promoted the development of quality care expertise within behavioral health agencies to reduce the cost and improve the speed of clinical workforce training. Additionally, the embedded clinical coaching model aims to foster agency resilience to workforce turnover and clinician burnout. To develop 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.
 - Recognizing the value of providing training and support to agency leaders, EBPI/CoLab is partnering with the Leadership and Organizational Change for Implementation (LOCI) team 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.
- EBPI/CoLab conducted a usability analysis of the 2020 Reporting Guide for Research and Evidence-based Practices in Children's Mental Health, conducting structured interviews with clinical supervisors across Washington State. Findings were used to inform updates to the 2021 Reporting Guide released in Fall 2021 and can be found [here](#). These updates aim to increase confidence in EBP reporting, along with promoting values of cultural relevancy and client-centered care in clinical practice.
- 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. EBPI/CoLab reviewed these findings with WSIPP in late June/ early July. A report summarizing these findings were produced Fall 2021 and can be found [here](#).
- EBPI/CoLab continues to provide direct technical assistance support for child serving agencies in Washington State to support capacity building for high quality mental health care, and reporting of EBPs through routine billing data.
- 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 additional aggregated data will

support individual training and assistant efforts of the EBPI/CoLab with specific agencies and MCOs related to EBP reporting and capacity building and allows our team to reach out to low reporting agencies to troubleshoot training, reporting, and workflow challenges.

- EBPI/CoLab hosted three webinars in FY 2021:
 - “The Role of Community Health Navigation in Advancing Health Equity,” June 18th, 2021. This webinar explored both policy research and direct service approaches to increasing healthcare access through health navigation. A recording can be found [here](#).
 - “Integrating Race and Culture in Evidence-Based Treatments,” January 21st, 2021. Speakers shared their expertise how to consider race and culture at the center of clinical work and explored evidence-based strategies that are effective to use with historically marginalized populations. A recording can be found [here](#).
 - “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. A recording can be found [here](#).
- EBPI/CoLab conducted evidence syntheses including systematic and rapid evidence reviews on the following topics:
 - 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.
 - 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.
 - EBPI/CoLab conducted a review on value-based payment models, based on specific questions that have been identified through discussions 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.
- EBPI/CoLab led a pilot project that 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.
- EBPI/CoLab conducted a mixed methods study that 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.
- EBPI/CoLab led an observational study that made 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.

Additional funding

Engrossed Substitute Senate Bill 5092 (2021), Section 215(33) 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.

Conclusion

EBPI/CoLab submitted grant proposals to diversify its portfolio of service funding and 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 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.

EBPI/CoLab also obtained accurate aggregated data to quantify and monitor the current state of EBP reported use. 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. 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.