

Evidence-Based Practice Institute

Fiscal Year 2023 annual report

Engrossed Substitute Senate Bill 5187; Section 215(31); Chapter 475; Laws of 2023 December 1, 2023

Acknowledgements

Evidence-Based Practice Institute/CoLab for Community & Behavioral Health Policy team at the University of Washington

Sarah Cusworth Walker, PhD, Director Georganna Sedlar, PhD, Assistant Professor Maggie Fenwood Hughes, MS, MSW Research Manager Anna Duncan, BA, Program Operations Specialist Joane Gonzalez, BA, Program Assistant Winslow Lewis, BA, Research Coordinator Rachel Porter, BA, Communications Specialist

CoLab 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.



Division of Behavioral Health and Recovery P.O. Box 45330 Olympia, WA 98504-5330 Phone: (360) 725-1632

Fax: (360) 725-1632 www.hca.wa.gov





University of Washington
Department of Psychiatry & Behavioral Sciences
Evidence-Based Practice Institute
CoLab for Community & Behavioral Health Policy

1959 NE Pacific St ,Ste BB1538, P.O. Box 356560 Seattle, WA, 98195 Email: ebpi2536@uw.edu www.ebp.institute www.uwcolab.org

Table of contents

Executive summary	4
Key activites in fiscal year 2023	5
Leadership quality initiative	5
CARE (Culturally Affirming & Responsive Mental Health Care) for Kids & Families	5
State training and webinars.	6
Evidence-Based practices reporting guides	7
Data reports of EBP reporting across Washington State mental health agencies	8
Molina Healthcare	8
Coordinated Care of Washington	8
Community Health Plan of Washington	9
United Healthcare	9
Amerigroup	9
Tailored evidence reviews	10
Scaling EBPs in mobile response and stabilization Dialectical Behavior Therapy (DBT) serv	
Additional funding	12
Conclusion	15

Executive summary

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Engrossed Substitute Senate Bill 5187; Section 215(31); Laws of 2023:

"\$446,000 of the general fund—state appropriation for fiscal year 2024, \$446,000 of the general fund—state appropriation for fiscal year 2025, 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 2023 the legislature required that HCA collaborate with the University of Washington's Evidence-Based Practice Institute (EBPI) to advance the scope of work and seek funding to reduce the need for state general funds. This report will outline the work that has been done in fiscal year 2023.

Key activities in collaboration with EBPI include:

- Furthered the Leadership for Quality Initiative to support the scale up of high-quality child and youth mental health services.
- Received an additional two years of legislative funding for a statewide initiative to expand culturally responsive care for children and families in Washington; CARE (Culturally Affirming & Responsive Mental Health) for Kids & Families.
- Facilitated a quarterly workgroup of system partners with the goal of supporting behavioral health workforce development in Washington State.
- Supported provider agency capacity building to use and report the use of high-quality child and youth mental health services.
- Conducted three policy-relevant evidence reviews to inform methods to address vicarious trauma for individuals working with justice involved youth, expand the development of culturally responsive models of behavioral healthcare, and inform policies regarding tele-behavioral health.
- Sponsored a state-wide four-part webinar series on family-based interventions for child and youth mental health.
- Finalized and distributed a free resource on supervising clinical mental health providers and hosted a state-wide webinar on supervision best practices.

Key activites in fiscal year 2023

Leadership quality initiative

EBPI/CoLab continued the Leadership Initiative for Quality, which launched in fiscal year 2021, to improve access to quality behavioral health care for all Washingtonian children. It is a multi-layered, three-pronged strategy focused on supervisors, embedded clinical expertise, and expanding culturally responsive care through curriculum development and organizational change.

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. The initiative aims to improve delivery of quality and effective behavioral health services, ultimately strengthening outcomes for economically and racially marginalized children and adolescents. EBPI/CoLab continued to partner with the Supervisory Advisory Team to oversee the development of cost effective, easy to use, practical strategies and tools to support supervisors in their day-to-day support of clinicians. EBPI/CoLab distributed the supervision guide to 25+ organizations and partners, including Health Care Authority of Washington, Partners for our Children, all-MCO group, the Harborview CBT+ Learning Collaborative Supervisor Network, the Washington Council for Behavioral Health, Washington Accountable Communities of Health, LifeWire, and 20+ public behavioral health organizations. Additionally, EBPI/CoLab continued planning and development of the asynchronous content modules to use alongside the supervision guide. The team developed a content storyboard for each unit and began working in the Thinkific platform to develop asynchronous content. As of June 2023, the guide has been downloaded 376 times and the online webpage with the guide information has been viewed 1,920 times. The guide has also been distributed as a PDF to organizations when appropriate.

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. This year, EBPI/CoLab continued to plan for and develop an embedded clinical coaching model to support the uptake, sustainability, and clinical effectiveness of providing evidence-based practices in public behavioral health organizations. The model in development includes asynchronous training for new clinicians, an embedded peer consultation structure, and competency checks through clinician-submitted videos. EBPI/CoLab met with Laura Merchant, previous Director of Harborview Abuse and Trauma Center and CBT+ Learning Collaborative, and Sean Wright, Clinical Program Director for Lutheran Community Services Northwest, to develop and begin production of the asynchronous content for a CBT+ embedded clinical coaching model. This group began adaptation of CBT+ clinical materials for care into an updated model for a peer consultation structure. As content is produced it will be developed into the Thinkific platform. Once developed and launched, the goal of this model is to increase internal organizational CBT+ expertise.

CARE (Culturally Affirming & Responsive Mental Health Care) for Kids & Families

Per the Engrossed Substitute Senate Bill 5187; Section 215 (31); Laws of 2023, EBPI is tasked with working with the Health Care Authority of Washington to seek private, federal, or other grant funding in order to reduce the need for state general funds. For the 2024 and 2025 fiscal years, EBPI/CoLab received

Evidence-Based Practice Institute
December 1, 2023
Page 5

additional funding through the Washington State legislature to continue development of the CARE (Culturally Affirming & Responsive Mental Health) for Kids and Families initiative. The initiative aims to increase culturally responsive children's behavioral health services through strengthening the lived experience behavioral health workforce and creating a culturally responsive care curriculum for statewide implementation in Medicaid-serving organizations. The CARE project is a community-informed, participatory policy codesign process that includes partnerships with 50+ organizations statewide.

Although the CARE project is funded separately from the EBPI contract, EBPI/CoLab continues to explore how learnings from CARE intersect with and inform broader children's behavioral health work done by EBPI/CoLab and vice versa. Both scopes of work aim to integrate research evidence, community-lived expertise, and public health policy to implement meaningful, culturally responsive change across Washington's publicly funded children's behavioral health system. The CARE project gathered information from providers, clinical experts, and community members on critical children's behavioral health topics, including the integration of evidence-informed practice and culturally responsive care, understanding and supporting the lived experience of behavioral health provider role, identifying different models of care provision, and culturally responsive curriculum development. CARE Newsletter Goes out to 500+ individuals across the state who have requested regular updates about CARE.

Community Sounding Board is a group of 100+ members from across the state who respond to prompts and provide input from the public to help drive the design process.

Partner Spotlights Feature partner organizations contributing to CARE, including, Deconstructing the Mental Health System, New Americans Alliance for Policy & Research, and SPARK Peer Learning Center.

CARE was able to garnish community engagement as noted by the following:

- Social posts & newsletters reaching thousands of WA residents2,200+ Website visitors.
- 505 Newsletter subscribers
- 198 Public survey responses
- 105 Sounding Board members
- 23 Project Amplifiers reaching hundreds of additional contacts

State training and webinars.

EBPI/CoLab hosted one four-part webinar series and one standalone webinar in FY23. Outreach and planning have commenced for next year's webinar and training offerings. Below is a summary of the webinars that took place:

- Family-Based Interventions for Child and Youth Mental Health Part 1: "Infant Mental Health," November 7th, 2022. This webinar focused on Infant Mental Health, highlighting family interventions used to support and promote infant mental health (birth to 5 years old) and providing an overview of infant mental health research, clinical best practices, and intervention examples. The webinar had 118 attendees. A recording can be found here.
- Family-Based Interventions for Child and Youth Mental Health Part 2: "Children's Mental Health" December 2nd, 2022. This webinar focused on Children's Mental Health, highlighting family interventions used to support and promote children's mental health (5-12 years old) and providing an overview of culturally responsive adaptions of evidence-based practices, clinical best practices, and intervention examples. The webinar had 115 attendees. A recording can be found here.

Evidence-Based Practice Institute
December 1, 2023
Page 6

- Family-Based Interventions for Child and Youth Mental Health Part 3: "Adolescent Mental Health," December 7th, 2022. This webinar highlights best practice family interventions used to support and promote adolescent mental health. The webinar discusses interventions focused on the role of the family and the parent/child dyad relationship. The webinar also covers the benefits of close engagement with family members while working one-on-one with an adolescent client. The webinar had 133 attendees. A recording can be found here.
- Family-Based Interventions for Child and Youth Mental Health Part 4: "Complex Situations" December 14th, 2022. This webinar focused on best practice, family-based mental health approaches for complex situations. The webinar provided context and tools for clinicians to support themselves when working with complex cases, and discussed how clinicians can determine the best course of care in a culturally responsive way. Additionally, the webinar explored modifying family interventions and identifying when they may not be appropriate. The webinar had 83 attendees. A recording can be found here.
- Supervising Clinical Mental Health Providers April 21, 2023: This webinar assembled a panel of
 experienced community-based supervisors to bring to life the recently published resource,
 "Supervising Clinical Mental Health Providers". This webinar had 175 attendees. A recording can be
 found here.

Evidence-Based practices reporting guides.

EBPI/CoLab published the updated 2022 Reporting Guide for Research and Evidence-Based Practices in Children's Mental Health. The 2022 guide integrated minor updates to clarify reporting processes and add three newly approved training entities. EBPI/CoLab also continues to evaluate new applicants for reporting guide training entities and improve internal policies around eligible trainer processes to ensure that the guide continues to adapt to the current landscape of community mental health. A link to the updated reporting guide is here: EBP Reporting Guidance — CoLab for Community and Behavioral Health Policy (uwcolab.org).

Data reports of EBP reporting across Washington State mental health agencies.

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. EBPI/CoLab continued producing concise reports of EBP use in children's mental health systems across the state of Washington. Reports are provided publicly on the EBPI/CoLab website and through a mass mailing listserv which includes various system partners such as providers, payors, community behavioral health agencies, governmental and academic institutions, among others. The data shared shows the prevalence of EBP reporting by county and the number of EBPs reported by treatment family. This provides an overview of the concentration of which regions are reporting and which treatments are being used most often.

EBPI/CoLab continues to further strengthen and build relationship with MCO contacts through attending the Joint MCO Training Workgroup on a quarterly basis, holding individual monthly meetings with MCO partners, and providing individual technical assistance to review MCO annual reports to HCA on EBP reporting performance. CoLab/EBPI met with representatives from Amerigroup, Molina, Community Health Plan, Coordinated Care, and United Healthcare to review their reports, discuss support needed, and plans for how to promote and track the use and reporting of EBPs by their providers. Below are additional details related to contact and support provided to MCOs.

Molina Healthcare

Contact: Libby Hein and Audrey Silliman

Contact method and frequency:

Monthly 30-minute meetings and regular email communications

Recommendations/plan:

Continued collaboration with CoLab/EBPI including advocacy for alignment of billing codes, sharing data reports with providers, and connecting providers to technical assistance resources as indicated.

Continue with current promotion of resources and trainings

Monthly meetings with CoLab/EBPI

Participate in discussions with HCA partners regarding alignment of billing codes

Expand letters to all practitioners

Explore value-based care contracting

Continued participation with the CoLab culturally responsive care project (CARE for Kids & Families)

Coordinated Care of Washington

Contact: Jesse Giulio and Kate Mundell

Contact method and frequency:

Email communication at the point of report release, met on 6/7/23 to review report

Recommendations/plan:

Exploring tying financial incentives to practitioners for providing EBPs - CCW proposes collaborating with the HCA and MCO to link a specific VBP measure to the delivery of EBPs.

CCW will continue to participate in the Joint MCO Provider Training Collaborative to identify regional EBP needs and offer support to expand training opportunities through coordinating/hosting trainings.

Evidence-Based Practice Institu	te
December 1, 202	23
Page	8

Continue to run and review internal quality management reports related to EBPs in managed care and foster care settings.

Community Health Plan of Washington

Contact: Terry Lee

Contact method and frequency:

Email communication at the point of report release, met on 5/10/23 to review report

Recommendations/plan:

Increase internal monitoring of utilization and reporting of EBPs by providers, evaluating incentive programs for EBPs.

Explore opportunities to coordinate additional EBP training opportunities with CoLab/EBPI.

United Healthcare

Contact: Kate Naeseth

Contact method and frequency:

Email communication, technical assistance meeting in Q3, met on 5/19/23 to review report

Recommendations/plan:

Continued technical assistance and partnership with CoLab/EBPI to prioritize EBP tracking. Collaborate with other MCOs to improve consistency of messaging and resource sharing.

Amerigroup

Contact: Mattie Osbourne

Contact method and frequency:

Email communication at the point of report release, met on 6/21/23 to review report, regular contact related to integrated care project.

Recommendations/plan:

Continued partnership and communication regarding technical support options for providers. Joint promotion of training and resources.

Tailored evidence reviews

EBPI/CoLab conducted evidence syntheses including systematic and rapid evidence reviews on the following topics:

I. CARE scoping review

The CARE scoping review explored the literature on therapeutic interventions currently being delivered globally via non-specialist providers in community or home-based settings to support child and adolescent mental health. The findings from this paper were intended to provide an understanding of the current landscape of existing non-specialist models of care for children and families which may serve as a starting place for communities to develop their own approach. Through this lens, this review offered a practical foundation for the design and scale-up of tailored services for youth in the United States. The review addressed the following questions to inform the design of nonspecialist models: 1) Who has played the role of non-specialist providers to deliver services? 2) What service delivery models have non-specialists adopted? 3) What intervention models have non-specialists delivered and to what extent have those required adaptation? 4) What models of training and ongoing supervision have been used to support non-specialists? and 5) What strategies have been used to support nonspecialist providers' maintenance of learned skills and to assess treatment fidelity? The preliminary results of this review are being used by stakeholders in Washington state to design approaches for expanding the child and family mental and behavioral health workforce.

II. ARC – Prevention and Reduction of Vicarious Trauma in the Youth Legal System

At the request of Clark County Juvenile Court, EBPI/CoLab conducted a rapid evidence review on the topic of reducing vicarious traumatization experienced by individuals working in the youth legal system, with the ultimate goal of improving youth outcomes. EBPI/CoLab used a five-phase systematic review process to evaluate the 1,690 articles yielded by the initial search, ultimately retaining 17 articles for full synthesis. This review identified a number of promising interventions to improve staff wellbeing, including, but not limited to: investing in staff development through trauma-informed trainings, groupbased peer support, clinical treatment, and mindfulness practices. The review found that organization-level interventions, including increased supervision and fostering a culture of support offer promising results. Staff perception of safety is also important, which can be increased by utilizing risk assessments, maintaining appropriate staff to youth ratios, and a commitment to racial equity to counteract the trauma and stress caused by racism. This review found that the implementation of promising practices to decrease or prevent vicarious trauma among workers is likely to improve both short- and long-term outcomes for legally-involved youth. While this review identified promising strategies to reduce vicarious trauma in staff, numerous reviews identified the lack of high-quality studies available on vicarious trauma intervention and prevention, thus limiting the overall generalizability of findings and reducing volume of recommendations. Clark County Juvenile Court expressed their satisfaction with the review and shared their plan to utilize it as evidence to increase funding for staff support programs.

III. Telebehavioral health Policy Analysis

As a partner effort to the separately funded Prenatal-25 Telemental health best practices proviso, EBPI/CoLab conducted a policy analysis of distributed telehealth networks to guide business decisions for expanding telemental health in Washington state. The review was conducted in partners with faculty and staff at Seattle Childrens Hospital, Behavioral Health Institute, and the University of Washington.

Scaling EBPs in mobile response and stabilization Dialectical Behavior Therapy (DBT) services (MRSS)

EBPI/CoLab is working with Dr. Kyrill Gurtovenko, head of DBT programming at Seattle Children's Hospital, to identify DBT-informed practices that could be applied to crisis and stabilization situations involving youth and their caregivers. EBPI/CoLab received funding via a SAMHSA System of Care grant and continues to work with HCA to identify additional funding opportunities. Work has commenced to develop a clinical framework that integrates harm reduction, crisis management, emotion regulation and parenting skills into MRSS and other Washington stabilization efforts.

Additional funding

Engrossed Substitute Senate Bill 5187; Section 215 (31); Laws of 2023 April 23, 2023, 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 2023, EBPI is seeking funds from the following sources to evaluate and further expand programs:

1. Expanding Culturally Responsive Care – Washington State Legislature (AWARDED)

- a. \$800,000
- b. Years 2-3 of legislative proviso funding for the CARE for Kids & Families project. The goal is to outline a vision for a community behavioral health system in Washington State that is more culturally responsive, equitable, and effective in the services it provides to children and families.

2. NIDA R34 Policy Codesign (AWARDED)

- a. \$700,000
- b. The goal of this project is to examine the acceptability and feasibility of Policy Codesign as well as evaluate the impact of Policy Codesign on multisector collaboration using social network analysis. There will also be an assessment of the perceived replicability of Policy Codesign among well-established behavioral health policy intermediaries working with state and county behavioral health systems across the country.

3. 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 decision-maker thinks about policy and program operations. Measuring changes in CRU is a valuable tool to evaluate if interventions seeking to increase the use of research evidence are achieving transformational shifts in how an organization or system operates.

4. Expanding Culturally Responsive Care – Washington State Legislature (AWARDED)

- a. \$400,000
- b. Year 1 of legislative proviso funding for the CARE for Kids & Families project. The goal is to outline a vision for a community behavioral health system in Washington State that is more culturally responsive, equitable, and effective in the services it provides to children and families.

5. 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.

6. 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.

7. WA State Health Care Authority - SAMHSA System of Care (AWARDED)

- a. \$180,000 subcontract from Behavioral Health Institute
- b. The goal is to develop training for the mobile crisis response teams that provide immediate help and brief support (up to eight weeks) for families until the family and

Evidence-Based Practice Institute

December 1, 2023

Page | 12

youth can get into longer term treatment. The clinical framework will be informed by Dialectical Behavior Therapy, Parent Management Training, and other evidence-based practices and crisis intervention frameworks for high acuity youth in Washington State. This behavioral health intervention will be embedded into the broader Washington State Mobile Response and Stabilization Services (MRSS) plan in Pierce and Spokane counties, with the aim that it will eventually be deployed statewide. This project is funded through the Health Care Authority's Substance Abuse and Mental Health Services Administration System of Care Grant SM086163.

8. Amerigroup – Integrated Care Collaboration 2023 (AWARDED)

- a. \$150,000
- 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.

9. Robert Wood Johnson Foundation Systems for Action Grant - Achieving Reach in Youth Behavioral Health and Wellness through Catchment-Area Community Governance (AWARDED)

- a. \$100,000
- b. The goal of this study is to evaluate the feasibility of the Youth Wellness Hub as a hyper-local community governance model for integrating delivery and financing systems for youth behavioral health and wellness services. The Youth Wellness Hub combines three social policy tools that are separately promising or well-supported in the research literature: community governance; public health education campaigns; and service network coordination through fiscal blending. The study uses a mixed-methods approach to assess feasibility of the model.

10. 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 innovative areas for capacity building for mental health services at Seattle Children's Hospital.

11. Amerigroup – Integrated Care Collaboration 2022 (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.

12. Department of Children, Youth, and Families – Your Money Matters Mentoring Co-Designed Curriculum (AWARDED)

- a. \$15,000
- b. Partner with Your Money Matters Mentoring (YMMM) to co-design and revise a curriculum informed by evidence-based mentoring principles and integrated elements of culturally and community centered approaches for improving financial literacy and financial well-being.

13. Tacoma-Pierce County Health Department – Equity Policy Codesign Evaluation (AWARDED)

- a. \$48,645.00
- b. The goal of this work is to conduct an evaluation of the policy codesign project on the codesign process. The evaluation will assess the acceptability and feasibility of the policy codesign process as a design method to address health inequities. This evaluation will focus on the design phase of codesign.

14. Grays Harbor Systems Codesign – Amerigroup (AWARDED)

- a. \$10,000
- 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 individuals from the broader community.

Conclusion

In the fiscal year 2023, EBPI/CoLab continued to seek funding, develop initiatives, support policies, and build partnerships to promote evidence-based behavioral health services for Washington State children and families.

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.

Additionally, EBPI/CoLab continued 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 expanding culturally responsive care through curriculum development and organizational change.

Lastly, EBPI/CoLab released the updated 2022 Reporting Guide, continued to provide technical assistance support to agencies, produced rapid evidence reviews, and supported multifaceted efforts to improve processes around the use of evidence-based practices and reporting in children's behavioral health care.

EBPI/CoLab continues to work toward improving and strengthening the mental health and well-being of children through its three pillars of quality care: evidence-informed, culturally relevant, and client-centered.