

Evidence-based practice institute

Fiscal Year 2020 annual report

Engrossed Substitute House Bill 1109; Section 215 (52); Chapter 415; Laws of 2019

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Evidence-based practice institute

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Executive summary

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Engrossed Substitute House Bill 1109 (2019), Section 215 (52):

“\$446,000 of the general fund—state appropriation for fiscal year 2019 and \$89,000 of the general fund—federal appropriation is 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 department to develop a plan to seek private, federal, or other grant funding in order to reduce the need for state general funds. The department 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:

- Partnering with Amerigroup and Molina
- Utilizing partnerships with Managed Care Organizations to gather information on treatment, delivery and reporting capacity
- Developed client-friendly language for documentation in individual’s charts
- EBPI coordinated a webinar training on delivering evidence-based clinical techniques virtually

HCA continues to work on collaborating with other state agencies and stakeholders to provide funding for EBP in Washington State.



Background

History

In 2007, the Washington State Legislature passed House Bill 1088 which established the Evidence Based Practice Institute (EBPI). The Institute serves as a statewide resource to promote high quality mental health services for children and youth in Washington State. EBPI collaborates with the Health Care Authority (HCA) Division of Behavioral Health and Recovery, behavioral health organizations, community stakeholders, and family and youth advocacy groups. Early in its history, EBPI focused primarily on the workforce development of trainees and community providers through training and consultation. As the Institute evolved, we found that we could have a wider impact by focusing our efforts on supporting the decision making of policymakers, administrators and providers through policy, communications and capacity planning activities. We continue to enthusiastically support the efforts of other centers to support direct training and consultation through partnership and making connections between trainers, experts, practice and policy.

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 (source). Policies in our state require direct service providers to deliver high quality care in increasingly challenging circumstances. It is only fair that institutions such as EBPI also question the “value-base” of our role in this ecosystem. What value are we uniquely positioned to provide that cannot be ably managed by other, perhaps better suited, organizations? This year, our team continued a number of important, sustaining efforts with HCA to ensure that evidence-based and culturally informed practice is a key feature of routine service delivery in Washington State. We live in the only state where evidence-informed practice can be credibly monitored per session and, because of our work with HCA, evidence-informed practice monitoring covers 83 percent of all Medicaid-enrolled children (>100,000). This means that Washington State is closer to becoming a true learning mental healthcare system than any other system in the country. Monitoring allows our team to reach out to low reporting agencies to troubleshoot training, reporting and workflow challenges. Newer partnerships with Managed Care Organizations Amerigroup and Molina are accelerating these efforts. With these partners we have gathered information on treatment delivery and reporting capacity from over 60 agencies and worked intensively with four to support the delivery of higher quality care. This included working with parent and youth consumers to develop client-friendly language for documenting clinical elements in client charts. We are also partnering to ensure that access to training on the newest treatment developments is available to the entire Medicaid workforce by 2021. To respond our current public health crisis, EBPI coordinated a webinar training on delivering evidence-based clinical techniques via video telehealth that reached over 130 attendees across all 10 behavioral health regions in the state.

Our approach centers the creativity of individuals within systems and community, and our goal is to widen the scope of possibility rather than narrow it. To accomplish this, we have begun a rapid evidence synthesis program to give decision-makers the information and tools they need when they need it. This year, we conducted a number of reviews for HCA and MCOs covering



various topics, including workforce reimbursement rates and outcomes, the impact of detention on youth development, the historical/spiritual roots of common clinical treatment techniques, and our annual meta-review of new treatment programs to add to the Reporting Guide of reportable evidence-based practices. Our most extensive review this year was completed for the Community Health Plan of Washington (CHPW) and involved comparing the effects of parent-involved treatment for childhood aggression to child-focused treatment approaches. Our conclusion, informed with the expert input of collaborators from Seattle Children's Hospital, found that involving parents in treatment results in better behavioral improvement in children and that parent engagement should be a priority for effective service delivery. We are now reviewing models of value-based care (VBC) from a variety of other medical specialties to suggest a model of VBC for treating childhood aggression for CHPW.

With our partner, the Washington State Institute for Public Policy, we solicited applications for the state Evidence-based, Research-based and Promising Practices Inventory, reviewed and made determinations for four new programs, and offered applicant programs technical support for improving evaluative capacity.

We are also increasing our expertise in system and program design using formal design strategies as a method for harnessing creativity and out of the box solutions with evidence at the table. With matching funds from Amerigroup, University of Washington Department of Psychiatry and Behavioral Sciences, and Seattle Children's Hospital, we are partnering with the Public Health Institute, LLC to integrate evidence and system design to redesign the Grays Harbor County approach to arrest, detention and treatment for individuals suffering from opioid addiction. We are midway through a partnership with the Race and Ethnicity Disparities Workgroup from the Washington State Partnership Council on Juvenile Justice and the Washington State Center for Court Research to design a data dashboard that will be tailored to be usable by law enforcement, youth advocates and defense attorneys to identify race/ethnic disparities in juvenile arrests around the state and guide changes in local decision-making. And we just completed co-designing juvenile diversion programs with community-led organizations in Pierce County as part of an effort to promote equity in service delivery and dismantle legal involvement for youth in those areas.

Our team is also active in advancing the science and academic relevance of our work with multiple past and upcoming presentations at the Society for Implementation Research, Society for Prevention Research, the National Health Policy Conference, and the American Public Health Association. EBPI has been asked to speak on the topic of evidence and policymaking for Academy Health, the State-University Partnership Learning Network and the Robert Wood Johnson Foundation. In the past year, Dr. Sarah Walker from EBPI was honored to co-accept a Health Equity award with collaborator, Kevin Williams, from the Robert Wood Johnson Foundation and Campus-Community Partnerships for Health. This year EBPI was also able to bring on a new postdoctoral fellow, Dr. Lindsey Weil, and were sad to say goodbye to two team members, Emi Gilbert and Aniyar Uzguttinove, as they took on new opportunities at Portland State University (MSW program) and University of North Carolina Chapel Hill (Economics PhD program). While we consider maintaining our connections with the scientific community an important part of our work, our mission centers us in the daily work of community and system



improvement. If we are not able to add value to these real-world efforts, we need to rethink our approach. We believe we have found the middle path, so to speak, and hope to increase the visibility of our work, our voice and our impact in the years to come.

Mission

Our mission is to improve the 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 1109 (2019), 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 2020, EBPI is seeking funds from the following sources to evaluate and further expand programs:

- 1. William T. Grant Foundation – Use of Research (AWARDED)**
 - a. \$400,000 Walker (PI)
 - 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.
- 2. Multiple funders (Department of Psychiatry and Behavioral Sciences Small Grants Program, SCH, Amerigroup) – Reengineering Siloed Systems of Care for Youth (AWARDED).**
 - a. \$15,000 Walker (PI)
 - 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 partnering with the state Healthcare Authority (HCA) to pilot 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.
- 3. Seattle Children’s Hospital – Quality Audit (AWARDED)**
 - a. \$49,000 Walker (PI)
 - b. The quality audit of mental health services at Seattle Children's hospital will evaluate level of care, access for underserved populations, and capacity to provide evidenced-based mental health services.
- 4. Value-based Payment for Pediatric Mental Health (Invited full proposal)**
 - a. \$350,000 Walker and Penfold (co-PI)
 - b. This proposal, submitted to the Donaghue Foundation, would test the performance of functional and treatment-focused quality measures in a value-based payment model for pediatric mental health in 50 agencies paneled with Molina and Amerigroup/Anthem.
- 5. Participatory CoDesign: Promoting Community Ownership and Equity in Criminal Justice Prevention (Invited Full Proposal William T Grant).**
 - a. \$515,000 Walker (PI) Baquero (co-I)
 - b. This project would assess the acceptability of using evidence to support the codesign of family-based outreach and system advocacy with parents and youth



recruited from neighborhoods in two zip codes of South Seattle with the highest rates of juvenile arrest and youth homelessness.



Impact areas

Organizational capacity support

Progress and impact

Organizational capacity assessments were completed for two agencies located in Yakima and the Wenatchee Metro Area (Chelan and Douglas counties). These participating agencies included a total of 24 therapists and treat an estimate 1600 youth (less than 18 years of age) clients per year. In addition to the capacity assessment, we provided booster trainings to agencies on the EBP reporting guides to increase reporting capacity, and linked agencies to an EBP training for therapists in their region. Those trainings are sponsored by the payer to build capacity for providing high quality care. We are currently working with one agency with existing high capacity to develop a tailored incentive model to increase the use of EBPs. We found the organizational capacity assessment was a feasible method of determining local needs, and the process was acceptable to the provider and a payer. Three more recruited agencies will be enrolled into the study in the coming months.

FIGURE 1. Location of current and future agencies trained on EBPs



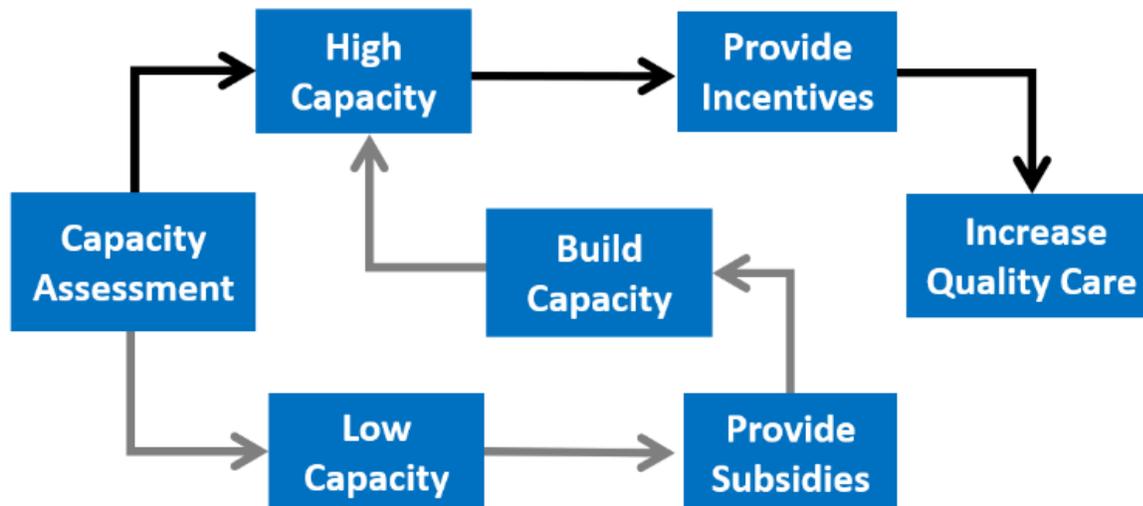
Project overview

With support from Amerigroup and the Washington State Health Care Authority (HCA) Division of Behavioral Health and Recovery (DBHR), our Institute is leading a pilot study to develop an adaptable pay-for-performance model to increase the quality of care in children’s mental health tailored to the organizational capacity of individual agencies within a state health system. This model incentivizes capacity building when needed, or the more traditional pay-for-performance



incentives for agencies with higher organizational capacity. Figure 1 below illustrates the conceptual model of the study.

FIGURE 2. Conceptual Framework



Approach

- 1. Organizational capacity assessment.** The organizational capacity assessment examines the current capacity of each participating agency to provide effective services to children in need of mental health treatment, identifies gaps between local needs and actual provision of services, and provides an investment table tailored to the individual organization on how to increase capacity. The organizational capacity assessment combines three sources of data: (1) Regional census data and previously established state/national prevalence rates of mental health diagnoses within the region/county of the participating organization; (2) Agency level data on client characteristics (e.g. number of children treated, distribution of clients among therapists, etc.); and (3) Survey data from therapists at each participating agency (e.g. case load, EBP trainings received, knowledge/ attitudes about EBPs and EBP reporting, use of measurement-based care, supportive services available related to social determinants of health, etc.) Based on the organizational capacity assessment, a performance plan is developed for each individual agency. The agency, payer, and EBPI use the capacity assessment to develop a tailored plan for investing in capacity building and performance benchmarks.
- 2. Assessing the accuracy of EBP elements and reporting in clinical sessions.** Therapists from participating agencies were recruited to audio-record clinical sessions. These sessions were independently evaluated to determine if a valid EBP element occurred in session. The session notes and EBP codes use will be compared to the actual services provided to determine the concordance of EBP billing code data with the actual services received.



Supporting evidence-informed service delivery

Webinar on evidence-based practices and Telehealth for youth

COVID-19 has required a swift transition to providing behavioral health services remotely via telehealth. With this transition, many questions arise around the impact of telehealth on the therapeutic process, including alliance, engagement, and use of specific evidence-based practice elements. This webinar provided a brief review of the literature on effectiveness of telehealth with children and then moved to specific guidance around how providers can leverage the telehealth platform to build treatment alliance and engagement, as well as how to implement evidence-based practices. Real world examples from WA State community providers were included throughout. The webinar ended with a Q&A period with a panel of community behavioral health providers. A total of 130 unique participants attended the live webinar representing all 10 behavioral health regions in Washington State. The recorded webinar is available on the [EBPI website](#).

This webinar was met with very positive feedback by the provider community (Table 1). One of the attendees mentioned that she *'appreciated seeing the examples of how to bring in different interventions and techniques to engage clients via telehealth,'* while another therapist wished the webinar had been offered earlier in the COVID-19 pandemic. It was also clear that participants found the Q&A session especially useful and suggested devoting more time to this during future webinars.

TABLE 1: Participant feedback (N=44)

Feedback Question	Feedback Scores (1 – lowest, 5 – highest)
How helpful was the webinar overall?	4.4
How helpful was the topic of the webinar?	4.5
How helpful were the examples?	4.6
The overall quality of the webinar	4.2
The visual presentation of topics	4.4
The presenters' explanations and answers	4.5

2020 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. EBPI released the updated Reporting Guide in February 2020. As in previous years, we collaborated with the Washington



State Institute for Public Policy (WSIPP) to review a number of new programs. EBPI also conducted a search of recent literature to identify two systematic reviews of EBPs (Evans et al., 2018; Comer, 2019). As a result, 23 new programs and training entities have been added to the [2020 Reporting Guide](#).

Additionally, our team partnered with the Barnard Center for Infant Mental Health and Development at the University of Washington to add "Infant Mental Health" as a new treatment category. This category includes one program and four approved training entities.

The current version also contains expanded treatment plan, documentation examples, and core as well as allowable element listing. Following the regulations specified by the WAC 246-341-0620, we also developed client-friendly alternatives to make the core and allowable element descriptions understandable to patients and caregivers. The development of client-friendly descriptions was completed in consultation with youth and caregivers who have previously had an experience in children's mental health care.

In previous years, these evidence-based practices were only reported by behavioral health agencies in a Behavioral Health Organization (BHO) region. As the state expanded the number of regions that are fully integrated into managed care, the Service Encounter Reporting Instructions (SERI) were updated for all providers in the state that bill Medicaid. This will now capture all publicly funded children's mental health encounters in every region of the state including the low to moderate intensity cases that were not previously included in BHO contracts.

EBPI also helped draft the January 1, 2020 HCA contract for Integrated Managed Care (IMC). *Section 7.9 Mental Health Evidence-Based Practices (EBPs)* states that Managed Care Organizations must require the reporting of EBPs by qualified mental health providers to clients under the age of 18. Reporting must use SERI and the EBP Reporting Guides.

Reporting guide training video

EBPI developed a new animated EBP Reporting Guide Training Video. This video covers the basics of how to document the use of EBPs in psychotherapy sessions for children's mental health treatment. This training resource for therapists and agencies on EBP reporting can be accessed on the [EBPI website at www.ebp.institute](http://www.ebp.institute).

Promising practice applications (Washington State Institute on Public Policy Inventory)

EBPI received three Promising Practice applications for inclusion on the 2020 Inventory of Evidence-Based, Research-Based, and Promising Practices:

- **Strive Supervised Visitation Program:** Strive is a parent education and support program that aims to engage parents in the visitation process, assist parents in preparing for high quality visits with their children, and promote child safety. Strive uses a strengths-based, trauma-informed approach to help parents create a positive environment for nurturing their relationship with their child(ren) within the context of supervised visitation. Parents are connected with a "Visit Navigator" (visit supervisor trained in Strive) who meets with them



weekly during the program to cover session content and to support them in visits to “try out” new knowledge and skills.

- **Jones Immersion Cultural Therapy (JICT):** The program combines traditional methods of healing, specifically music and arts, with elements of DBT to help reduce rates of drug and alcohol use among youth of color, specifically Native American youth. This is a strength given the lack of treatments focused solely on this population.
- **Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students):** It is a school-based program that works to reduce factors that put students at risk for substance abuse, while working to enhance factors that can protect students from risks. This is accomplished by placing highly trained counselors in schools to provide a full range of substance use prevention and early intervention services.

EBPI completed the review of ‘Strive Supervised Visitation’ and ‘Jones Immersion Cultural Therapy (JICT)’ programs. We reviewed the program manuals, evaluation reports, treatment models, and relevant research to reach consensus on the designation.

Webinar Series on Reporting Evidence-Based Practices

As part of the annual Reporting Guide update, EBPI is also conducting a series of webinars to highlight the importance of EBP reporting and to explain the process of documenting and coding such practices. Case examples are also provided during the webinar to further enhance the provider understanding of the reporting process. 44 participants attended the first webinar on June 26 and three more are planned for August-September 2020. The first webinar recording can be accessed on the [EBPI website](#).



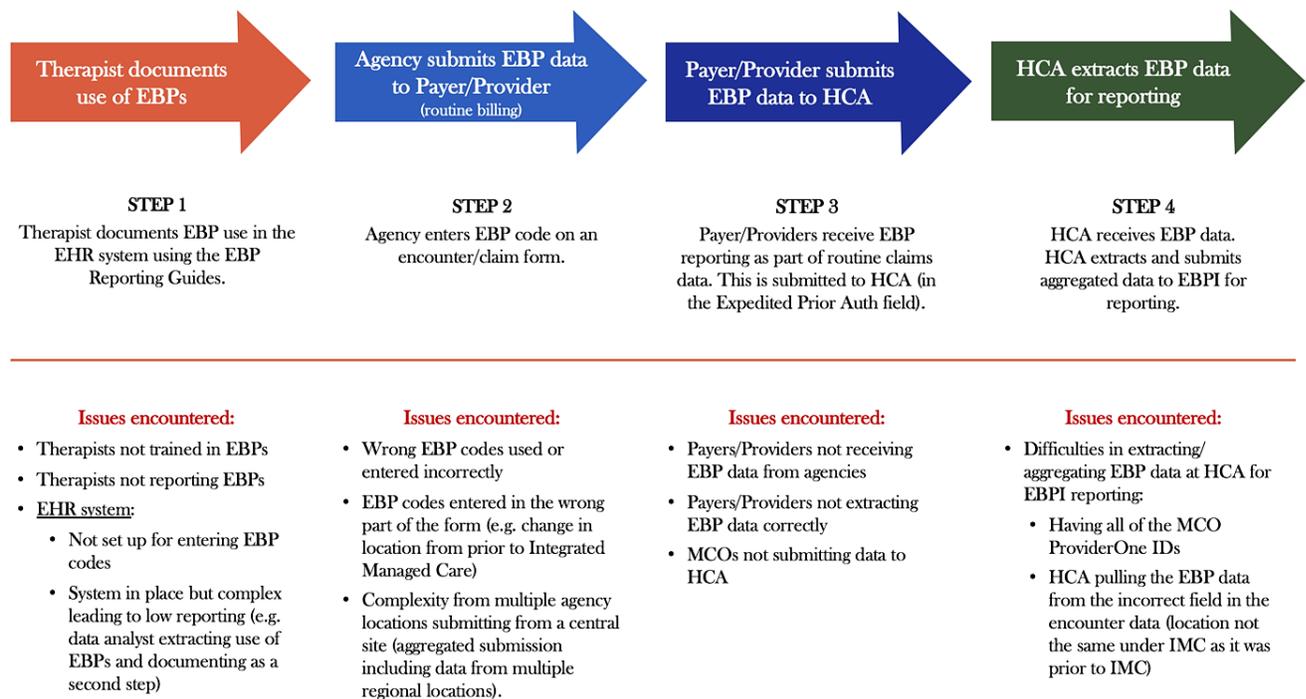
EBP tracking and performance feedback

Regional EBP performance report

In collaboration with the Washington State HCA, EBPI previously developed the algorithm for monitoring research- and evidence-based practices through billing codes. In FY 2020, EBPI continued to receive routine aggregated data from HCA. Based on that data, our team has developed a regional EBP performance report to track state, BHO/MCO and individual provider-level EBP rates which can be viewed on the EBPI website. Parallel to this effort, EBPI is also actively seeking feedback on data accuracy and identifying challenges of EBP reporting.

During the past year, EBPI consulted with three mental health agencies and individual providers in Washington State to develop the EBP Reporting Journey Map (Figure 2). The EBP Reporting Journey Map provides a system level breakdown for each step of the reporting process and identifies specific issues that are uncounted that impact EBP reporting. This working model provides a framework for how to streamline EBP reporting for WA State.

FIGURE 3. EBP reporting journey map



Evidence synthesis for policy

Parent Management Training Rapid Evidence Review

The purpose of this Rapid Evidence Review (RER) was to assess the effectiveness of parent management training (PMT) approaches as it relates to current practices and policy. We followed the steps recommended in the World Health Organization (WHO) guidelines for conducting RERs. We initially solicited the questions and discussed the scope of the review with a stakeholder at one of the payer agencies in Washington State. As suggested by the WHO guidelines, we approached two experts from the field, who work closely with the population of interest (children under the age of 12), in order to identify key search terms and narrow the focus of the review. In the second stage of the review, we discussed the results of the exploratory literature search and refined the review questions. While initially we planned to limit the age of children to under 10, the scan of the literature suggested that the age of 12 is usually considered as a cut off. Using the final search terms and criteria, we conducted the searches in three databases. The abstracts and full texts of the articles were then screened and coded by multiple team members. In the final stage, the study findings were synthesized to answer aforementioned review questions.

One of the differentiating elements of RERs from systematic reviews of literature is that the process has to be limited in some way, typically by the timeframe of publications and the scope of the question. In the current RER, we limited our search to articles published from 2000 onward, as we reasoned that studies of prior dates may not accurately reflect the practices currently in use. Moreover, we relied on previously published systematic reviews or meta-analysis when those were available and relevant to the subject of our interest.

In total, initial search of PubMed, Academic Search Complete and Web of Science databases resulted in 568 titles which were then screened, and duplicates were removed. Subsequently, our team reviewed 54 full text articles across three types of interventions. The final report included the analysis of 17 primary research studies.

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.

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. Given the low number of studies eligible for this review and variability in population targets and outcome measures, we are planning to conduct a narrative synthesis with a primary focus on (1) developing a theoretical model to interpret results, (2) developing a preliminary synthesis by summarizing the direction and strength of effect on therapist clinical skills for different types of post-training support (e.g. supervision, consultation or peer-support), and (3) exploring relationships in the data to suggest factors that might explain differences in the observed effects. The synthesis will be organized around the types of post-training support and would ideally be compared to passive/no post-



training support. Our intention is to categorize the effects of post-training support types on clinician skills as low, moderate or high. We will follow Cochrane Consumers and Communication Review Group: data synthesis and analysis' guidelines in synthesizing the review findings.

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, 10 articles were included in the narrative synthesis.

Review of organizational capacity assessment tools

This review is being conducted in support of the BIIQ study described earlier in this report. Many incentive mechanisms, including value-based payment models, fail to produce their intended impact because (1) there is no 'one size fits all' approach, and (2) there is often no baseline assessment of the organizational capacity conducted before implementation of an incentive mechanisms. There is a need to tailor incentive models based on the capacity of an individual agency to provide high quality care per patient. Incentives can then be tailored to specific performance benchmarks identified as a result of an organizational capacity assessment. The development of an adaptable incentive model would also allow for the use of tailored performance benchmarks that are also feasible to document and obtain for each agency, and also have a meaningful impact on increasing the overall quality of care for clients. This highlights the need for identifying tools to assess organizational capacity in this context. The primary aim of this review is to conduct a systematic review to identify currently available organizational assessment tools which could be used to assess different domains (e.g., norms and attitudes; organizational structure; resources) related to an agency's capacity to provide high quality care at a patient level.

Ancient practices RER

This Rapid Evidence Review (RER) summarized ancient practices that are used in modern day mental health treatments. Notably, several EBPs include the practice of mindfulness, derived from the ancient teachings of Buddhism. Research has demonstrated that mindfulness is an effective therapy as integrated in the following EBPs: Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), and Rational Emotive Behavior Therapy (REBT).

Reimbursement rates and behavioral health workforce outcomes

The purpose of this Rapid Evidence Review (RER) was to assess what is known about the relationship between financial incentives, salary, and reimbursement rates on behavioral health workforce and client outcomes. We identified limited research that directly examined the relationship between provider salary/ reimbursement rates on client outcomes. However, multiple references were found regarding how salary/ reimbursement rates impact the workforce at behavioral health agencies. The available literature suggests that low salary directly contributes to therapist turnover due to financial need and low morale. Low salary appears to particularly affect the mental health systems' ability to recruit and retain an adequate workforce to treat serious mental and behavioral health conditions.



Other research updates

Supervision consultation project

EBPI led a pilot project in which consultation and support were provided to 8 behavioral health supervisors overseeing over 25 therapists. Despite research supporting the efficacy of certain evidence-based mental health practices, many mental health care providers in community mental health institutions are not utilizing evidence-based practices (EBPs) consistently. Clinical supervisors provide clinical direction and guidance to less experienced providers and play a significant role in how often and how effective clinicians are at implementing EBPs in their practice. The purpose of this pilot project was to examine the feasibility and self-reported usefulness of providing case-based consultation to clinical supervisors in supporting the implementation of EBPs.

A total of 8 supervisors participated in this pilot study. Case-based consultation occurred in 6 monthly conference calls between an expert consultant and each clinical supervisor. Consultation calls consisted of 15-minute mini didactics on case-based supervision related topics, and the following 45-minutes were spent on case-based consultation of real supervisor scenarios. Pre and post surveys with participating supervisors were used to evaluate the feasibility and impact of the consultation calls. Overall, self-reported competence for supervisors increased after the consultation calls. For example, supervisors felt an increased level of competence when helping providers engage with caregivers that were reluctant to EBP treatments, an increased level of competence in dealing with provider objections/ challenges that they may face with EBPs, and helping providers stay focused on using EBPs. The supervisors also reported a high level of satisfaction with the consultation calls.

This pilot data suggest that 1-hour consultation calls increased the self-reported competence of supervising clinicians as they implement EBPs in their practice and that the model was well received and satisfactory to participants. This suggests supervisor consultation training provides a potentially useful model of improving CBT in clinical practices.



Conclusion

EBPI submitted grant proposals to diversify its portfolio of service funding. EBPI 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 making 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. 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.

We anticipate that in the coming year, we will have accurate data to quantify the current state of EBP reported use and that the continued partnership between EBPI, HCA, managed care organizations, and behavioral health agencies will result in an improvement in use and reporting of EBPs that will be reflected in any subsequent report.



Appendix A: Conferences

Fifth biennial conference for the Society for Implementation Research Collaboration, Seattle, WA (September 2019)

Gubner N.R., Rodriguez F.I., Krebill-Prather R., Petersen K., Walker S.C.

Presentation: Measurement infrastructure for influencing the outer context: Integrating evidence-based practice reporting and client surveys to guide decision-making in a learning health care system

Summary: UW's EBPI and DBHR developed a measurement method to track use of EBPs in routine services statewide. Billing data provides a cost-effective tool to monitor the receipt of EBP mental health sessions in WA State with good reach. This method has been demonstrated to identify distribution of EBPs by important service sectors (urban vs rural counties, race/ethnicity, and mental health diagnosis). As a proof of concept, we demonstrate that billing data used to monitor receipt of EBP MH sessions can be tied to other data sources to examine outcomes across a health network.

Walker S.C., Graham-Squire M., Lau-Johnson W., Vick K., Benson L., Gilbert E.

Presentation: Guiding Good Choices: Building practitioner capacity to adapt family-based prevention programs

Summary: This study tests the feasibility of a self-guided workbook designed to give facilitators of evidence-based programs (EBPs) for family prevention (in this case Guiding Good Choices) structure for developing adaptations. We conducted surveys and facilitated two workshops with Guiding Good Choices facilitators contracted through local organization Neighborhood House. Guiding Good Choices facilitators are likely to enjoy and professionally benefit from activities that build their capacity to adapt the content of family-based prevention programs. However, a self-guided approach to capacity building seems infeasible.

24th annual conference for the Society for Social Work and Research, Washington, D.C. (February 2020)

Bishop A., Walker S., Gavin A., Herting J.

Poster: The importance of neighborhood health during the transition to adulthood: A scoping review

Summary: Research suggests that neighborhoods play an important role in shaping health outcomes across the life course, but the neighborhood-health link during the transition to adulthood period (18-29) is not well studied. A scoping review of 24 studies used thematic analysis to examine the theoretical and methodological approaches of the neighborhood-health literature during this period. Themes illustrated the varied approaches used in this research.



2020 National Health Policy conference in Washington D.C. (February 2020)

Gubner N.R., Izguttinov A., Gilbert E., Walker S.C.

Rapid Fire talk/ Poster: Development and feasibility of a tailored payment design for increasing quality care in children's mental health

Summary: We developed an adaptable pay-for-performance model to increase quality care in children's mental health tailored to the organizational capacity of individual agencies within a health system. This model incentivizes capacity building when needed, or the more traditional pay-for-performance incentives for agencies with higher organizational capacity. We found the capacity assessment to be a feasible method of determining local needs, and the process was acceptable to the provider and a payer.

Izguttinov A., Gubner N.R., Gilbert E., Rodriguez F.I., Samuel K., Davis P.A., Walker S.C.

Poster: Using claims data to routinely measure high quality children's mental health services: Feasibility in a state-wide system

Summary: Our state-university research partnership developed a method for tracking high quality children's mental health are using claims data and report on the feasibility and accuracy of this method. Claims data provides a cost effective and adaptable surveillance tool to monitor receipt of high-quality mental health services. Our feasibility study found agencies varied in their ability to report the use of high-quality services. Accurate reporting is feasible for individual agencies but will take time to implement across a large system. This method provides a framework states and large healthcare organizations could adopt to monitor and incentivize use of effective clinical practices.

Society for Prevention Research – 28th annual meeting, virtual (July 2020)

Almquist L., Vick K., Gilbert E., Gubner N., Walker S.C.

Presentation: Housing Stability for Youth in Courts (H-SYNC): A stepped-care youth homelessness prevention model

Summary: Our Center collaborated with workgroups in two counties in Washington State to co-develop the Housing Stability for Youth in Courts (H-SYNC) youth homelessness prevention model. H-SYNC works by using court-specific routine data flags that are collected in routine court processes to identify and automatically refer youth to a Housing Navigator, who then triages the youth to assess their risk level and refers the youth and/or family out to needed family-based prevention and intervention services. H-SYNC is a promising new stepped-care youth homelessness prevention model.



American Public Health Association 2020 annual meeting and expo, virtual (October 2020)

Gubner N.R., Izguttinov A., Gilbert E., Walker S.C.

Presentation: Integrating population health and client data to develop tailored organizational strategies for increasing the quality of children’s mental health treatment

Summary: Studies of pay-for-performance models are generally disappointing and rarely lead to quality improvement. In mental healthcare, this may be due to wide variation in capacity to meet performance standards along with difficulty in capturing the delivery of evidence-based practices (EBPs). Building individual agency capacity to deliver and report effective EBPs may make such models a more viable option for increasing quality. Implementation of such a model, however, will require an organizational capacity assessment tool that measures multiple domains of quality. We developed a streamlined organizational capacity assessment for child serving behavioral health agencies using three data sources: (1) regional census and health risk data; (2) agency data on client characteristics and therapist case load; and (3) survey of therapists. As a result of the assessment, specific short- and long-term goals are identified for each agency. Agencies with lower capacity are provided incentives to build capacity, whereas the agencies with higher capacity are provided financial incentives for the use of EBPs.

Walker S.C., Weil L., Gilbert E., Gubner N., Norman L., Haioulani S., Norman A.

Presentation: Using evidence-informed codesign to build community-driven violence prevention programs: A structured approach to academic-practice partnership

Summary: Co-design is a method of research translation that combines research synthesis with the industry expertise of actors in a particular policy or practice market. The purpose of this presentation is to outline the genesis of codesign, how it is distinct from other participatory strategies like CBPR and how it’s been applied to community-driven violence prevention efforts. A team of academic researchers and translators from the University of Washington partnered with a court diversion-strategy in Tacoma, Washington to build the capacity of community-embedded agencies to deliver violence prevention programs. Our team was able to conduct Program mapping, Problem identification and Evidence-synthesis, Integration and final curricula development in a replicable time frame.



Appendix B: References

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