Report to the Legislature

Evidence-based and Research-based Practices Baseline Report

2012 Legislature, E2SHB 2536

June 30, 2013

Behavioral Health and Service Integration Administration,
Division of Behavioral Health and Recovery (DBHR)

Children's Administration (CA)

Juvenile Justice and Rehabilitation Administration (JJ&RA)

Washington State Juvenile Courts

Health Care Authority (HCA)

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Introduction

In accordance with ESSHB 2536, the Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) must complete a baseline assessment of utilization of evidence-based and research-based practices in the areas of child welfare, juvenile rehabilitation, and children's mental health services by June 30, 2013. The assessment must include prevention and intervention services provided through Medicaid fee-for-service, Healthy Options, and Regional Support Network managed care contracts. The assessment shall include estimates of:

(a) The number of children/families receiving each service;
(b) For juvenile rehabilitation and child welfare services, the total amount of state and federal funds expended on the service;
(c) For children's mental health services, the number and percentage of encounters using these services that are provided to children served by regional support networks and children receiving mental health services through Medicaid fee-for-service or healthy options;
(d) The relative availability of the service in the various regions of the state; and
(e) To the extent possible the unmet need for each service.

The following report provides such baseline information as is available from the Behavioral Health and Service Integration Administration's Division of Behavioral Health and Recovery (DBHR), the Children's Administration (CA), the juvenile courts and the Juvenile Justice and Rehabilitation Administration (JJ&RA), and the Health Care Authority (HCA).

Background

Children's Mental Health

Over the last decade the Legislature has provided direction for improvements to the Children's Mental Health System. This direction has been clarified in recent years by the passing of SSHB 1088 (2007) regarding children's mental health services. This house bill provided direction on the development and implementation of a children's mental health system that relies to a greater extent on evidence-based practices. This legislation established the University of Washington Evidence-Based Practices Institute and directed DSHS to contract for implementation of a wraparound model of integrated children's mental health service delivery in up to four Regional Support Networks in Washington State. In 2009 the T.R. vs. Dreyfus and Porter Medicaid federal class action lawsuit

identified insufficient access to intensive home and community based services for children and youth with serious emotional disturbances. Lastly, the passing of ESSHB 2536 (2012), and the subject of this report, provided further direction regarding increasing evidence-based and research-based mental health services to children.

Since 2006, DBHR has implemented and assisted RSNs and providers in developing and implementing the following evidence-based programs:

- Trauma Focused – Cognitive Behavioral Therapy (TF-CBT);
- Wraparound;
- Dialectical Behavior Therapy (DBT);
- Multi-Dimensional Treatment Foster Care (MDTFC); and
- Multi-Systemic Therapy (MST)

DBHR provided assistance by funding training to RSNs and Community Mental Health Agencies on specific EBPs and by funding capacity for fidelity reviews.

Child Welfare

Children's Administration began implementing EBPs in 2005, and has been committed to expanding the number and scope of evidence-based programs since that time. The Children's Administration began purchasing evidence-based and research-based programs, along with fidelity monitoring, in 2006. CA has implemented the use of evidence-based and research-based programs consistent with the 2003 Washington State Institute for Public Policy's (WSIPP) findings that evidence-based programs must be implemented with on-going quality assurance (i.e. fidelity monitoring) in order to achieve the researched outcomes of evidence-based programs. With a consistent focus on sustainability and expansion of evidence-based programs since 2006, CA currently purchases seven evidence-based and research-based practices that are identified on the *Inventory of Evidence-Based, Research-Based, and Promising Practices* prepared by WSIPP:

- Functional Family Therapy;
- HomeBuilders;
- Incredible Years;
- Multi-Dimensional Treatment Foster Care;
- Parent Child Interaction Therapy;
- SafeCare; and
- Triple P – Level 4, Pathways, and Teen

Juvenile Justice

The Washington State juvenile justice system has been utilizing researched based and evidence-based programs since the mid-1990s. In the mid-1990's, JJ&RA introduced the use of mentoring and Dialectical Behavioral Therapy (DBT) on a small scale.

In 1997 the Washington State Legislature began to significantly invest in juvenile justice evidence-based programs by passing the Community Juvenile Accountability Act (CJAA). The Washington State Institute for Public Policy (WSIPP), in collaboration with the juvenile courts and JJ&RA, identified a range of effective approaches that cost effectively reduced juvenile offender recidivism. All of the programs that were identified then are still being utilized within the juvenile courts today.

The Juvenile Justice and Rehabilitation Administration (JJ&RA) and the Juvenile Courts have continued to improve the program delivery system. In 2002, the JJ&RA implemented a new parole model based on the core elements of Functional Family Therapy (FFT) called Functional Family Parole (FFP). In 2003, as recommended by WSIPP, program quality assurance was developed and implemented to ensure individual treatment programs were being delivered with fidelity. As the needs of our clients have changed the juvenile justice system continues to adapt. As a result of a growing trend of youth with co-occurring substance abuse and mental health disorders in the juvenile justice system, the Family Integrated Transitions (FIT) program was added to the menu of program options for JJ&RA in 2002 and in the juvenile courts in 2008.

The following juvenile justice programs will be included in this baseline assessment:

- Aggression Replacement Training (ART);
- Coordination of Services (COS);
- Dialectical Behavior Therapy (DBT);
- Functional Family Parole (FFP)
- Functional Family Therapy (FFT);
- Family Integrated Transitions (FIT);
- Multi-Dimensional Treatment Foster Care (MDTFC); and
- Multi-Systemic Therapy (MST)

Health Care Authority

The Health Care Authority Medicaid program covers Mental health counseling services for children (clients18 years of age and younger with services being available to anyone 18-20 years of age under EPSDT provisions), Psychiatric services by psychiatrists and psychiatric ARNPs and Psychological testing by psychologists

The following mental health professionals, as defined in **RCW 71.34.020** and licensed by the Department of Health (DOH), may provide and bill the agency fee-for-service for the counseling benefit for mental health services to children: Psychologists, Psychiatric Advanced Registered Nurse Practitioners, Licensed Independent Clinical Social Workers, Licensed Marriage and Family Therapists and Licensed Mental Health Counselors. These providers must certify that they

have two years of experience working with children before they can be enrolled as a provider for Medicaid.

Evidence-based Practices Baseline

As required in RCW 43.20C.020(2), the Department of Social and Health Services shall create a baseline assessment on the use of evidence-based and research-based services. The baseline report includes the following information in the areas of children's mental health, child welfare, and juvenile justice for State Fiscal Year 2012:

Children's Mental Health

- Number of youth receiving each service
- Number and percentage of service encounters

Child Welfare

- Number of families receiving each service
- Amount of state and federal funds spent
- Availability of the interventions across the state

Juvenile Justice

- Number of youth/families receiving each service
- Amount of state and federal funds spent
- Availability of the interventions across the state
- The unmet need for each service

Health Care Authority

As required by the Centers for Medicare and Medicaid (CMS) and HIPPA, Medicaid pays for mental health services based on billed Current Procedural Terminology (CPT) codes which best describe the service rendered. This coding system is developed and maintained by the American Medical Association (AMA). There is no correlation between these mandated CPT codes and evidenced- based services. Over the past three years, the Medicaid Chief Medical Officer has made formal requests to the Healthcare Common Procedure Coding System (HCPCS) Committee for CMS to develop specific codes that will identify the delivery of an evidence-based intervention, but to date, this has been unsuccessful.

Consequently, the agency has not yet begun the process of systematically identifying the evidenced-based services it purchases or purchasing specific programs identified as being evidence-based. Under HIPPA the agency cannot establish its own codes for this purpose, therefore a creative means for by-passing this obstacle is required.

HCA's approach is to build on the information already collected by our colleagues. Data provided by DSHS-DBHR on April 8, 2013 indicates there are 50 providers contracting with RSNs reporting they provide EBPs which were monitored for fidelity. Four of these providers are also enrolled in Medicaid Fee-For-Service or Healthy Options plans. These four providers represent 10 of the EBPs on the Inventory of Evidence-Based, Research-Based, and Promising Practices. The HCA has contacted each of these providers to determine if Medicaid clients receive an EBP and what those services are. Structured interviews are planned. Once information is received, plans will be put in place for tracking the delivery of EBP services.

Beginning February 2013, the HCA began covering Triple P services delivered in the primary care setting as well as Functional Family Therapy (FFT) (a juvenile justice program). The HCA adheres to using mandated CPT codes but also adds other coding conventions that specifically identify the provider, the service and assure tracking capability.

While the HCA is exploring how to expand specific evidence- and research-based services, the agency continues to support providers with two expert consultation models designed to improve mental health services and prescribing practices for psychotropic medications in order to achieve better outcomes for children, youth, and families. They are:

- PAL – Partnership Access Line;
- SON – Second Opinion Network

Number of Youth/Families Receiving Each Service

Children's Mental Health

Practice	Participants
Parent-Child Interaction Therapy	42
Dialectic Behavior Therapy (DBT)	40
Cognitive Behavioral Therapy (CBT) for Anxious Children	494
Cognitive Behavioral Therapy (CBT) for Depressed Adolescents	44
Full Fidelity Wraparound for Youth	197
Cognitive Behavioral Therapy (CBT) – Based models for Child Trauma	187
Cognitive Behavioral Treatment Plus (CBT-Plus)	114
Total	**1,118**

TABLE 1

To estimate the number of children participating in evidence-based and research-based practices, a survey was developed and sent to providers in December, 2012. Providers were asked to identify the evidence-based and research-based practices they are using, the number of children participating, funding sources and the level of fidelity for the practices. The information in Table 1 represents programs that

are solely RSN-funded, monitored for fidelity, and for which agencies reported the number of children and/or youth served in FY 2012.

Ninety-four percent (94%) or 175 (from 37 counties) of the 186 children's mental health treatment providers responded to the survey.

To support more accurate reporting in the future, DBHR assigned codes in Provider-One for the research-based and evidence-based practices listed in the inventory. RSNs can start using the system April 1, 2013, with mandatory reporting starting July 1, 2013.

Also, RSN contracts have been amended to require RSNs to participate with DSHS to increase the use of research and evidence-based practices, with a particular focus on increasing these practices for children and youth as identified through legislative mandates. Requirements include participation in state-sponsored training in Trauma-Focused Cognitive Behavioral Therapy (TFCBT/CBT) and CBT-Plus (TF-CBT/CBT+) and implementation in at least one site.

Child Welfare

Practice	Participants
Functional Family Therapy (FFT)	265
HomeBuilders	558
Incredible Years	N/A[1]
Multi-Dimensional Treatment Foster Care (MDTFC)	30
Parent Child Interaction Therapy	155
SafeCare	241
Triple P Enhanced – Level 4, Pathway, and Teen	N/A[2]
Total	**1,249**

TABLE 2

Participants are defined as the number of families that received each evidence-based or research-based program at any point during SFY 2012. The information displayed in Table 2 was collected through CA's Statewide Automated Child Welfare Information System (SACWIS), called FamLink.

[1] Until November 2012 Incredible Years was paid outside of FamLink and no data is available on the number of families served.
[2] Triple P – Enhanced was implemented in Fiscal Year 2013.

Juvenile Justice

Practice	Participants
Aggression Replacement Training (ART)	1,852
Coordination of Services (COS)	520
Dialectical Behavior Therapy (DBT)	710
Functional Family Parole (FFP)	320
Functional Family Therapy (FFT)	645
Family Integrated Transitions (FIT)	83
Multi-Dimensional Treatment Foster Care (MDTFC)	9
Multi-Systemic Therapy (MST)	59
Total	**4,198**

TABLE 3

Program participants are defined as the number of youth that started the program in SFY 2012. The information in Table 3 was collected by monthly juvenile court reports to JJ&RA through billing, and JJ&RA's Automated Client Tracking (ACT) system.

Total Amount of State and Federal Funds Expended

Children's Mental Health

Note that DBHR expenditures are not included in this section. RSNs are paid a capitated rate per Medicaid eligible person and do not report encounters by cost.

Child Welfare

Practice	State Funding	Federal Funding	Total Funding
Functional Family Therapy (FFT)	$411,400	$0	$411,400
HomeBuilders	$3,222,244	$179,810	$3,402,054
Incredible Years	$1,082,040	$0	$1,082,040
Multi-Dimensional Treatment Foster Care (MDTFC)	$531,592	$325,807	$857,399
Parent Child Interaction Therapy	$216,035	$54,861	$270,896
SafeCare	$210,351	$0	$210,351
Triple P Enhanced – Level 4, Pathway, and Teen	$137,814	$0	$137,814
Total	**$5,811,476**	**$560,478**	**$6,371,954**

TABLE 4

The information in Table 4 displays the state and federal funds spent on evidence-based and research-based programs in SFY 2012. Utilizing the Washington State Enterprise Reporting system, $5,811,476 in state funding was spent on these programs. Additionally, CA spent $560,478 in federal funding: Title IV-B[3]

[3] Title IV-B is comprised of Part 1 and Part 2, both of which are capped funding sources. Title IV-B part 1 is used for a wide variety of child welfare related services, while Title IV-B part 2 must

subpart 2 grant was spent on Homebuilders and Parent Child Interaction Therapy; and Title IV-E[4] and Title XIX[5] grants were spent on Multidimensional Treatment Foster Care. In total, $6,371,954 was spent on evidence-based and research-based programs.

Juvenile Justice

Practice	State Funding	Federal Funding	Total Funding
Aggression Replacement Training (ART)	$2,633,215	$33,294	$2,666,509
Coordination of Services (COS)	$315,188	$0	$315,188
Dialectical Behavior Therapy (DBT)	$14,976,763	$0	$14,976,763
Functional Family Parole (FFP)	$2,997,963	$0	$2,997,963
Functional Family Therapy (FFT)	$2,142,800	$53,940	$2,196,740
Family Integrated Transitions (FIT)	$1,337,642	$0	$1,337,642
Multi-Dimensional Treatment Foster Care (MDTFC)	$174,198	$0	$174,198
Multi-Systemic Therapy (MST)	$309,742	$0	$309,742
Total	**$24,887,511**	**$87,234**	**$24,974,745**

TABLE 5

The information in Table 5 displays the state and federal funds spent on evidence-based and research-based programs in SFY 2012.

Utilizing the Washington State Enterprise Reporting system, $24,887,511 in state funding was spent on these programs. Additionally, $87,234 in federal funding from the Juvenile Accountability Block Grant (JABG) was spent on these programs. In total, $24,974,745 was spent on evidence-based and research-based programs.

To assist in determining the costs of Dialectical Behavior Therapy (DBT) and Functional Family Parole (FFP) a staff time study was implemented across JJ&RA residential and parole programs. The amount of time staff spent doing DBT and FFP related activities was used to calculate how much state funding was being spent (FTE costs) on these programs.

be spent within one of the following categories; family preservation, community-based family support services, time limited family reunification services and adoption promotion and support services.

[4] Title IV-E is a federal reimbursement for some of the federally eligible foster care or adoption expenses that the state has already paid. Reimbursement is limited to maintenance, administration, and training and the funding formula is different for all three.

[5] Title XIX is an open-ended entitlement program that provides medical services to Medicaid eligible children under certain conditions. Title IV-E eligible foster care and all special needs adoption children have categorical eligibility for Medicaid.

Number and Percentage of Services Encounters

It was a challenge for DBHR to capture data for the baseline assessment. Providers bill for services for Medicaid eligible children through the Provider One system. Services are listed by type of service provided but not by the program utilized, like an evidence-based practice. Because of this, DBHR was unable to capture the number and percentage of encounters using evidence-based program services that are provided to children served by RSNs.

Relative Availability of Services

Children's Mental Health

The seven programs that are solely RSN funded, monitored for fidelity, and for which children's mental health providers reported are available in different counties across the state. A detailed depiction of program availability is illustrated on the attached map titled, Washington State Children's Mental Health Map, Availability of Treatment Services (Attachment A).

Child Welfare

The seven programs CA uses are available in different counties across the state. A detailed depiction of program availability is illustrated on the attached map titled, Washington State Child Welfare Map, Availability of EBP Services (Attachment B).

Juvenile Justice

The eight programs are available in different jurisdictions across the state and established criteria for eligibility is determined by the juvenile justice agency responsible for supervising the youth. A detailed depiction of program availability across the state can be viewed using the attached map titled – Washington State Juvenile Justice Map, Availability of Treatment Services (Attachment C).

Unmet Need for Each Service

Juvenile Justice

Practice	Unmet Need
Aggression Replacement Training (ART)	3,099
Coordination of Services (COS)	430
Dialectical Behavior Therapy (DBT)	0
Functional Family Parole (FFP)	492
Functional Family Therapy (FFT)	1,908
Family Integrated Transitions (FIT)	126
Multi-Dimensional Treatment Foster Care (MDTFC)	199
Multi-Systemic Therapy (MST)	255
Total	**6,479**

TABLE 6

The unmet need displayed in Table 6 represents the number of youth who were assessed as eligible for the programs but did not receive it in SFY 2012. The 6,479 youth were assessed as eligible for an evidence-based program but did not start one or more of the evidence-based programs they were assessed as eligible for.

Baseline Conclusions

Children's Mental Health

The information provided in this report for children's mental health resulted from a provider survey. Although the survey is ongoing, the cutoff date for information in this report was April 11, 2013. The 94% response rate from providers to the survey exceeded expectations. This indicates providers understand the importance of tracking where EBPs are offered and whether or not they are done with fidelity. The survey indicates a need to work with RSNs and providers on addressing the issue of carrying out EBPs with fidelity. There is also a need to increase geographic availability as well as overall use of EBPs.

Child Welfare

Children's Administration maintains a focus on developing evidence-based and research-based programs in cost-effective and sustainable ways. Additionally, Children's Administration continues to train providers on the various EBPs, monitor program fidelity, and support our staff in matching the needs of families and children in Washington State to the right service.

Treatment Categories	Treatment Costs
Evidence Based and Research Based Treatment	$6,163,652
Other – Non Evidence Based or Research Based Treatment	$80,969,081
Total	$87,132,733

Percentage of Utilization	7%

TABLE 7

The total amount of state and federal funds spent on evidence-based and research-based programs in child welfare in the State of Washington is $6,163,652 (see Table 4). Based on all treatment funding spent, this total represents a 7% utilization. The total dollars listed above does not include reimbursement to foster parents, payments to Crisis Residential Centers, or non-treatment costs in Behavioral Rehabilitation Services. Additionally, not all expenditures included in the Other – Non Evidence-Based or Research-Based Treatment have an evidence-based or research-based analog. The report to the legislature in December 2013 will further identify those expenditures and services where there are evidence-based and research-based options to expand the use of evidence-based and research-based services.

Juvenile Justice

Treatment Categories	Treatment Costs
Evidence Based and Research Based Treatment	$24,974,745
Other – Non Evidence Based or Research Based Treatment	$37,376,615
Total	$62,351,360
Percentage of Utilization	67%

TABLE 8

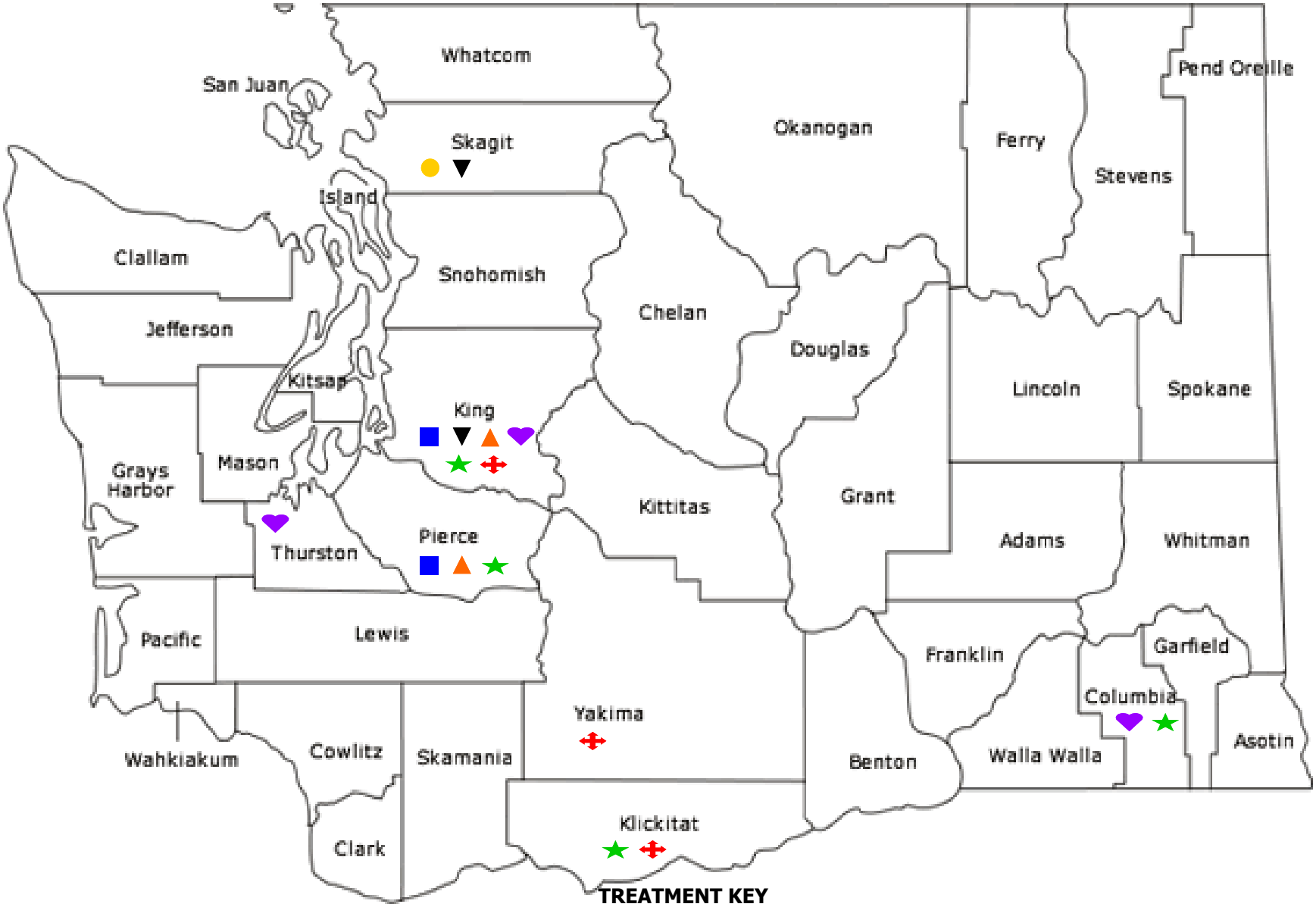
The total amount of state and federal funds spent on evidence based and research based programs in juvenile justice in the State of Washington is $24,716,302 (see Table 5). Based on all treatment funding spent, this total represents a 67% utilization. This means that out of $37,118,172 spent on treatment in SFY 2012 in juvenile justice, $24,716,302 was spent on evidence based or research based programs (see Table 8).

The funding spent on other, non-evidence based and research based treatment was determined in large part by the amount of JJ&RA staff time spent doing treatment other than DBT and FFP. Additionally, the funding spent on specialized treatment (drug and alcohol, sex offender, etc.) for youth in the juvenile courts on disposition alternatives was also included in this category.

Next Steps

In accordance with ESSHB 2536, DSHS and HCA must report to the Governor and appropriate fiscal and policy committees of the Legislature on recommended strategies, timelines, and costs for increasing the use of evidence-based and research-based practices. The report must distinguish between a reallocation of existing funding to support the recommended strategies and new funding needed to increase the use of the practices. This subsequent report is due by December 30, 2013.

Washington State Children's Mental Health Map
Availability of Treatment Services — 2012

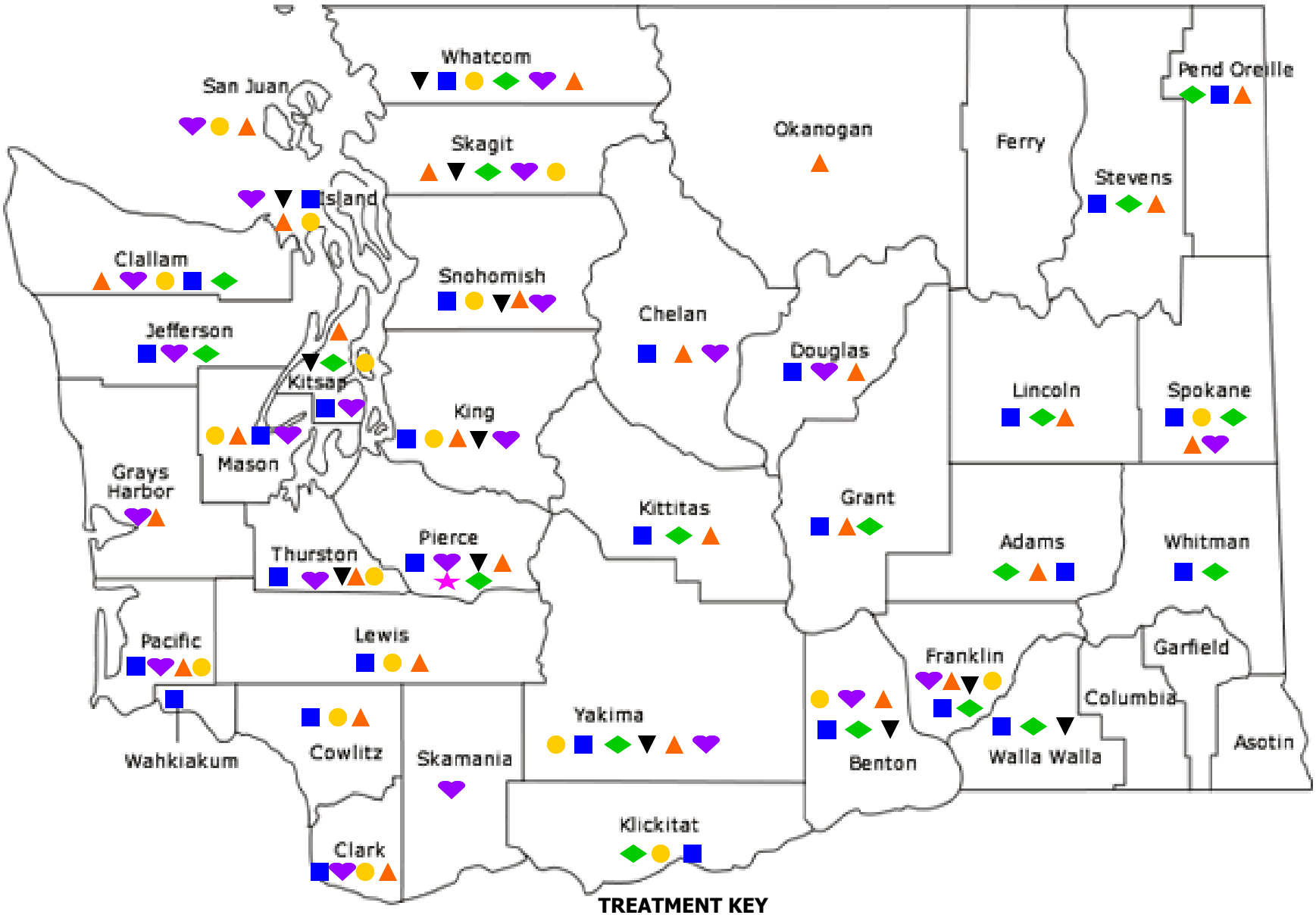


TREATMENT KEY

- ■ **Parent-Child Interaction Therapy**
- ● **Dialectical Behavior Therapy**
- ▼ **CBT for Anxious Children**
- ▲ **CBT for Depressed Adolescents**
- ♥ **Full Fidelity Wraparound**
- ✣ **CBT Based Models for Child Trauma**
- ★ **CBT Plus**

***** **Programs indicated are solely RSN-funded, monitored for fidelity, and for which agencies reported the number of children served in FY 2012.**

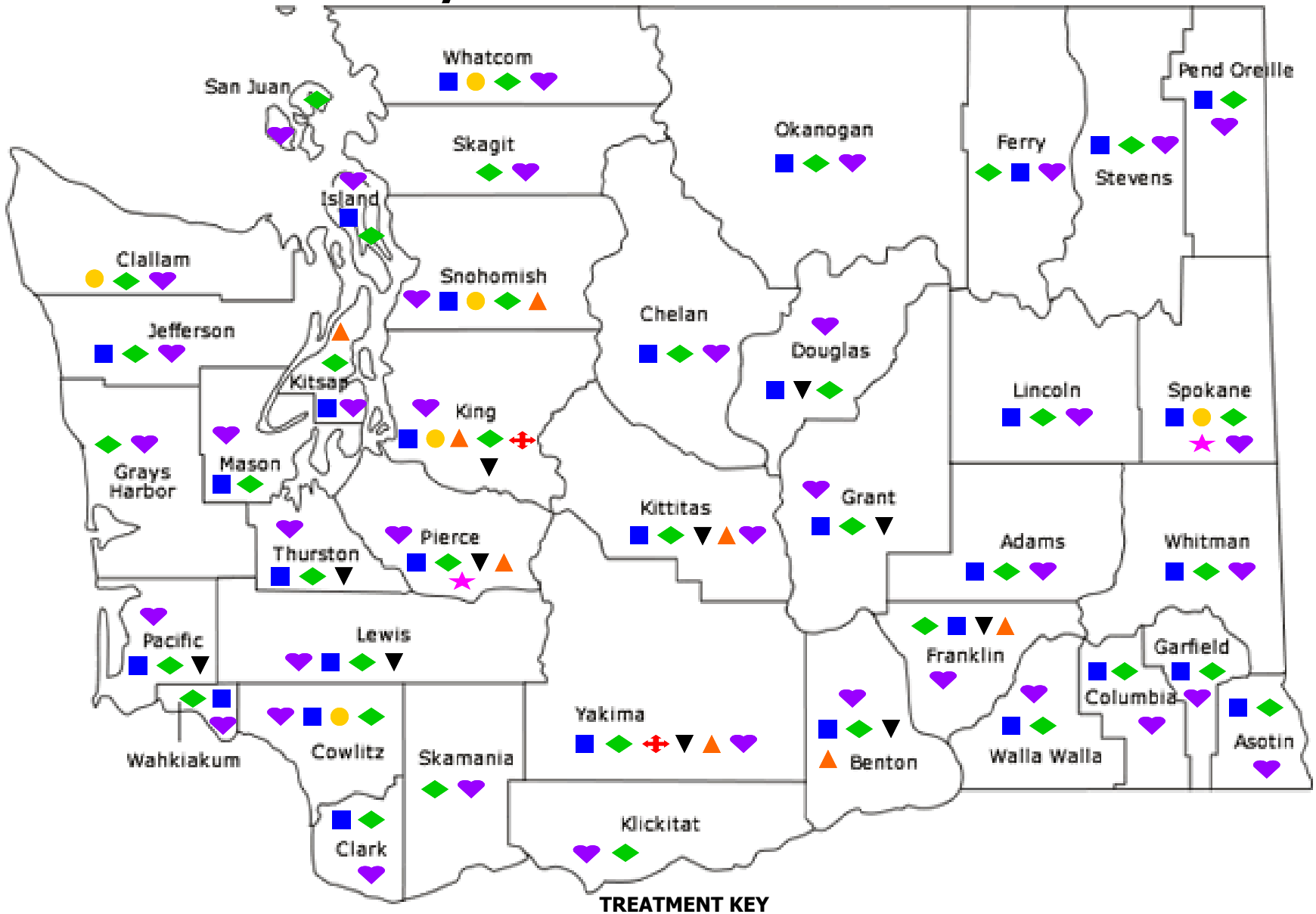
Washington State Child Welfare Map
Availability of EBP Services — 2012



TREATMENT KEY

- **HomeBuilders**
- **Parent Child Interaction Therapy**
- **Functional Family Therapy**
- **SafeCare**
- **Incredible Years**
- **Triple P Enhanced**
- **Multi-Dimensional Treatment Foster Care**

Washington State Juvenile Justice Map
Availability of Treatment Services — 2012



TREATMENT KEY

- Aggression Replacement Training
- Coordination of Services
- Dialectical Behavior Therapy
- Family Integrated Transitions
- Functional Family Parole
- Functional Family Therapy
- Multi-Dimensional Treatment Foster Care
- Multi-Systemic Therapy