Appendix Seven

Additional Detail from Regional Meetings – Promoting Evidence-Based and Promising Practices

Question 3: "What approach should the State use to quickly and effectively use evidence-based and promising practices?"

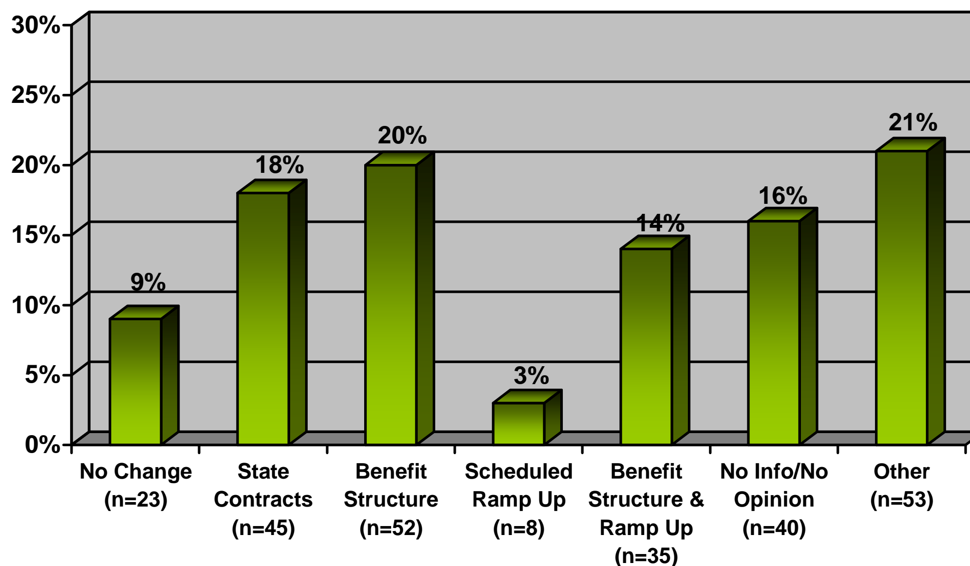
No single approach appealed to a majority of participants, who overall supported a variety of different approaches to promoting evidence-based and promising practices (EBPPs). Instead, participants supported a variety of different approaches to promoting EBPPs, including:

- Reprioritizing the benefit structure to support the adoption of EBPPs (20%);
- Improving state contract requirements for primary care, mental health, and chemical dependency to support the use of EBPPs (18%); and
- Combining a graduated ramp-up of using EBPPs with reprioritizing the benefit structure (14%).

Given that there is overlap between the questions focusing on the graduated ramp-up and the reprioritizing of the benefit structure, combining responses for these questions shows that:

- A plurality of 34% of respondents favor reprioritizing the benefit structure and
- A total of 17% favor implementing a graduated ramp-up.

Figure 40. Participant preferences for various approaches to promoting evidence-based and promising practices (EBPPs)



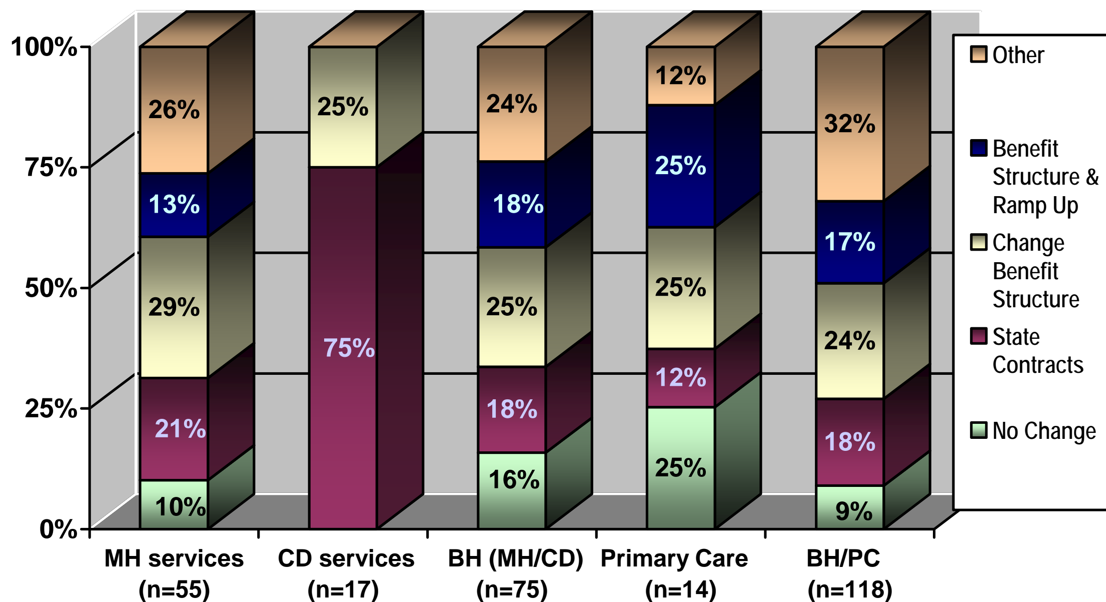
(*Note*: The Scheduled Ramp up and No Information/No Opinion categories will not be included in break-out analyses below, due to low frequency or the absence of a preference.)

The largest group of participants endorsed the “Other” category, and suggested an alternative approach. Several comments or recommendations were offered, including the following:

- EBPPs are not an end in themselves. Use outcome contracting instead of (or in combination with) EBPP contracting, so options for treatment are not limited.
- Promote consumer-run, peer run services and consumer choice. Because some of these services are not officially “evidence-based,” they need to be supported as promising practices in an evidence-based-focused environment.
- Do not allow EBPPs or contract mandates to diminish the importance of the therapeutic relationship or clinical interest and ingenuity. Promote “practice-based evidence,” also.
- Do not be rigid in requiring 100% EBPPs.
- Ensure services are culturally competent and preserve Tribal control.

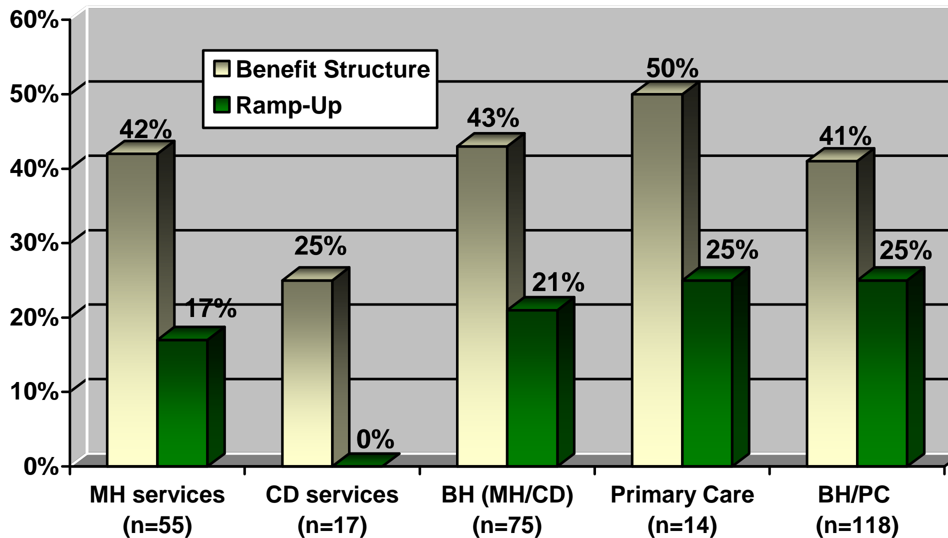
Responses of Participants by ***Health Services of Primary Interest***

Figure 41. Percentages of participants who selected various options for using evidence-based and promising practices, by health services of primary interest



The following graph (Figure 42) shows the percentages of respondents in each health-service-of-primary- interest category who indicated a preference for reprioritizing benefit structures and who indicated a scheduled ramp-up. Please note that the same person could be included in both the benefit structure and ramp-up categories, if that person preferred the choice that involved both reprioritizing the benefit structure and a scheduled ramp-up. Also note that, because the scheduled ramp-up only option had so few respondents, this was not included separately in the graph above.

Figure 42. Percentages of participants who preferred reprioritizing benefit structures and scheduled ramp-up options (both including benefit/ramp-up combo)



As can be seen in the Figure 42 above, options which included reprioritizing benefit structures were more popular. Respondents interested in Primary Care were the most likely to be interested in the benefit structure options. They were also tied with the BH/PC respondents as the most likely to select an option that included a scheduled ramp up.

Responses of Participants by ***Populations of Interest***

Figure 43. Percentages of participants who selected various options for using evidence-based and promising practices, by populations of primary interest

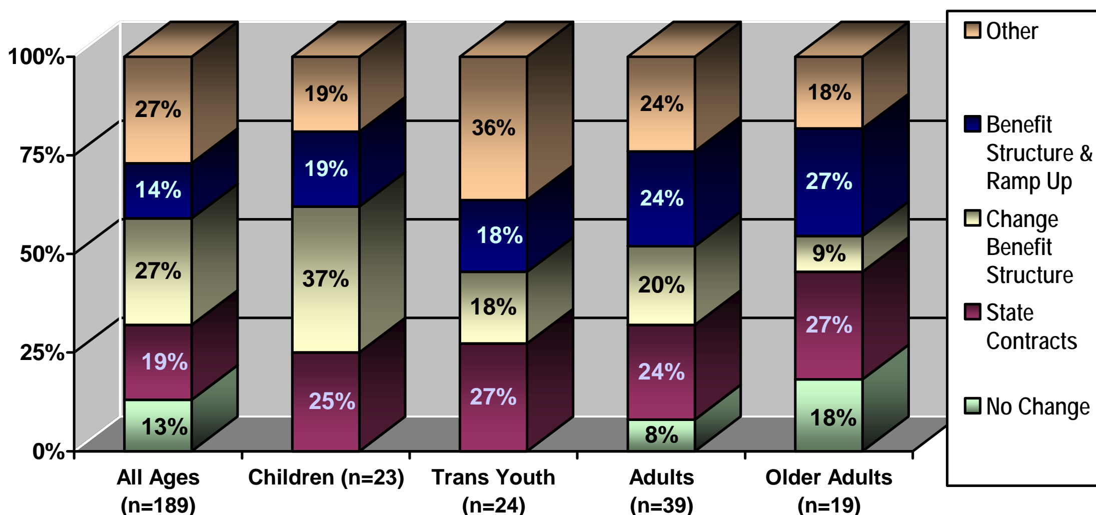
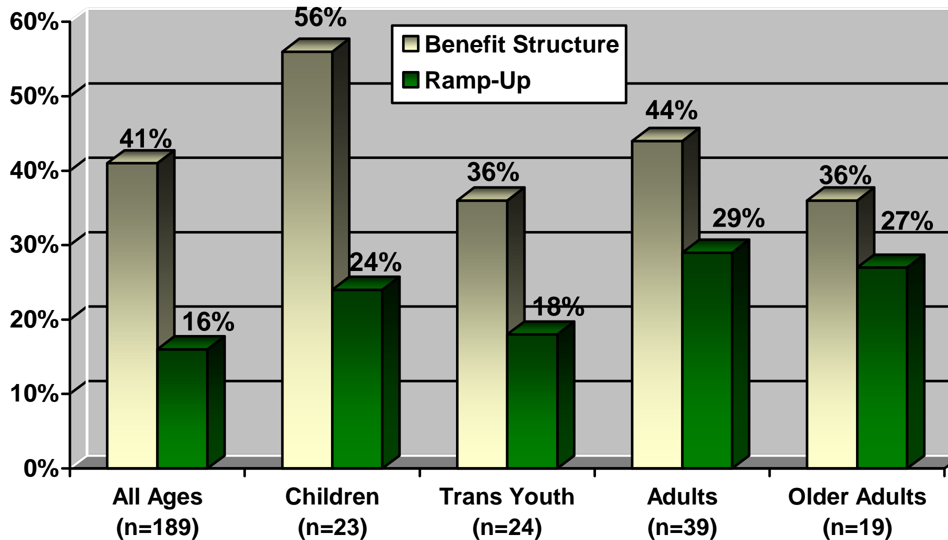


Figure 44. Percentages of participants who preferred reprioritizing benefit structures and scheduled ramp-up options (both including benefit/ramp-up combo)



Participants with primary interests in serving Children were most likely to select the benefit structures approach, but participants with primary interest in serving Adults (who were more likely than any other group to select a ramp-up option) were the next most likely to select an option with a benefit structures component.

*Responses of Participants by **Race/Ethnicity***

Figure 45. Percentages of participants who selected various options for using evidence-based and promising practices, by Race/Ethnicity

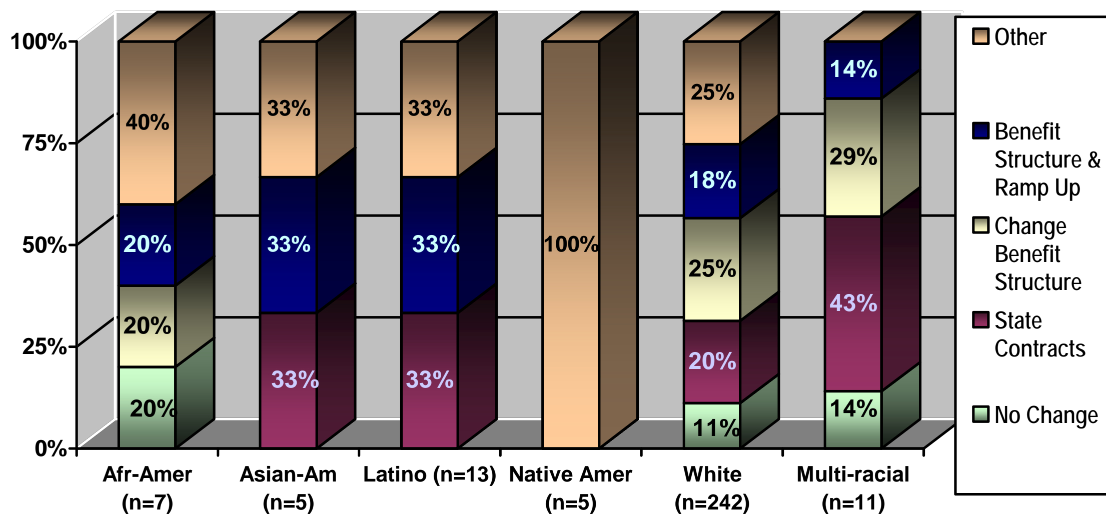
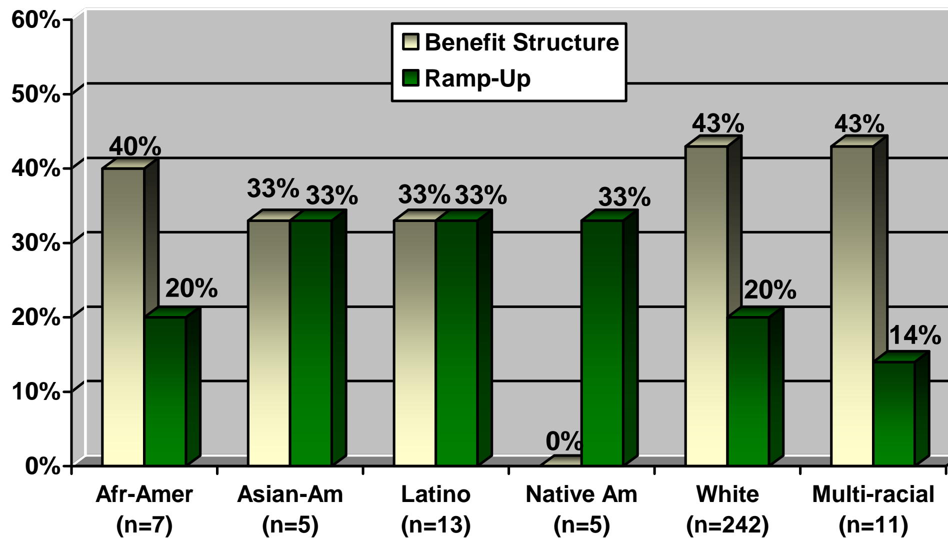


Figure 46. Percentages of participants who preferred reprioritizing benefit structures and scheduled ramp-up options (both including benefit/ramp-up combo)



White and Multi-racial participants were most likely to choose an option with a benefit structures component, followed by African-American respondents. Asian-American, Latino, and Native American respondents were the most likely to choose an option with the ramp-up component, but with small sample sizes, caution should be used in interpreting these results.

Responses of Participants by ***Place of Residence***

Figure 47. Percentages of participants who selected various options for using evidence-based and promising practices, by region of Washington in which they live

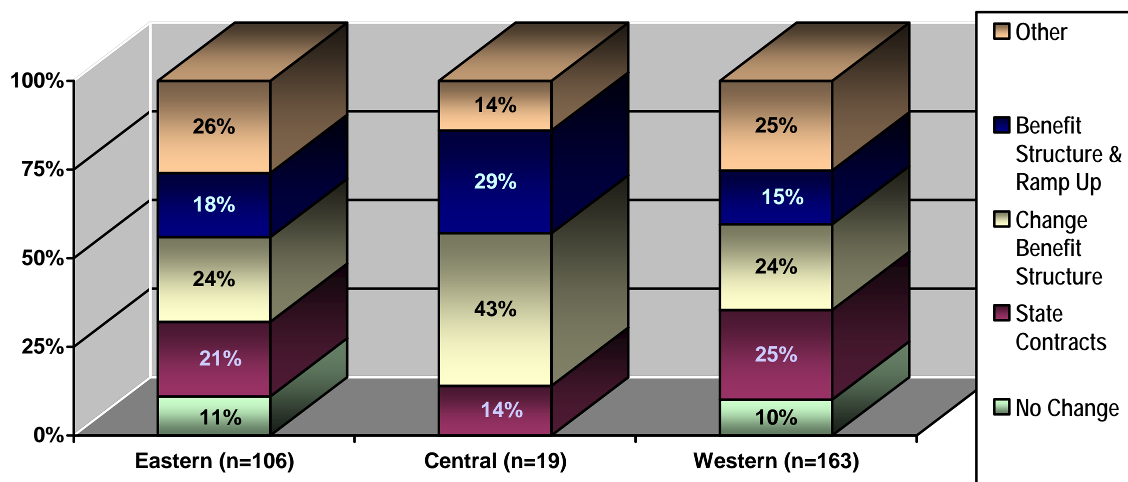


Figure 48. Percentages of participants who selected various options for using evidence-based and promising practices—Western Washington vs. Eastern/Central Washington combined (n's are the specific numbers of people responding in the four categories used here)

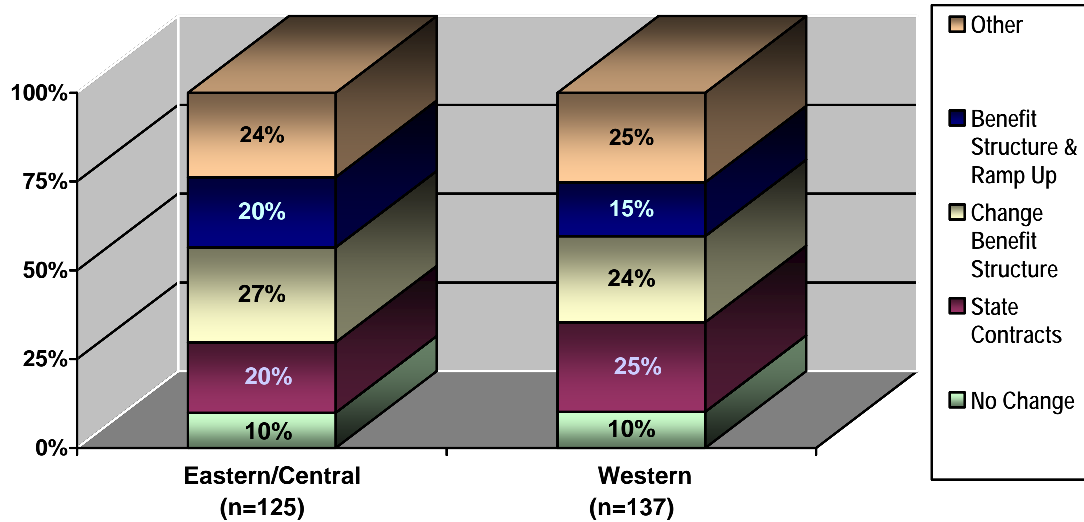
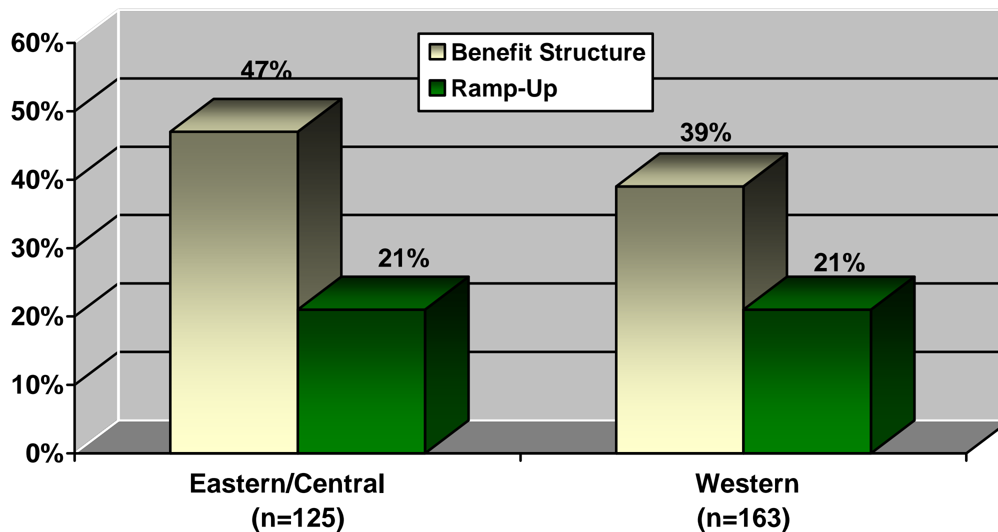


Figure 49. Percentages of participants who preferred reprioritizing benefit structures and scheduled ramp-up options (both including benefit/ramp-up combo)



Participants from Eastern/Central Washington and from Western Washington were equally likely to choose an option involving a scheduled ramp-up. However, residents in the Eastern and Central parts of the state were more likely to select an option containing a process of reprioritizing benefits structures. (This was particularly true for Central residents.) Western

Washington participants were more likely to say that the current system doesn't need change or to recommend improving state contract requirements.

Figure 50. Percentages of participants who selected various options for using evidence-based and promising practices, by rural-suburban-urban place of residence

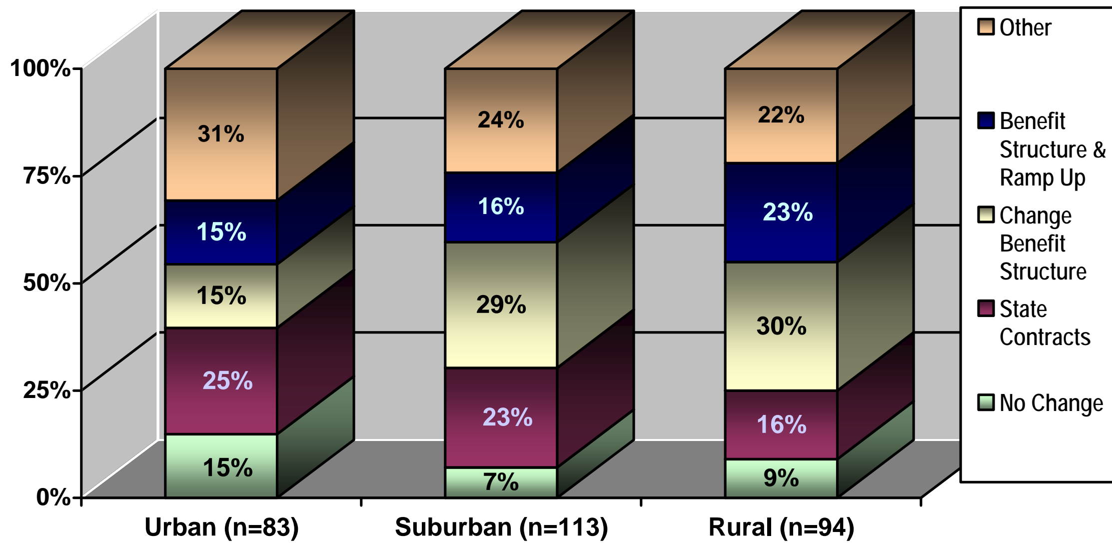
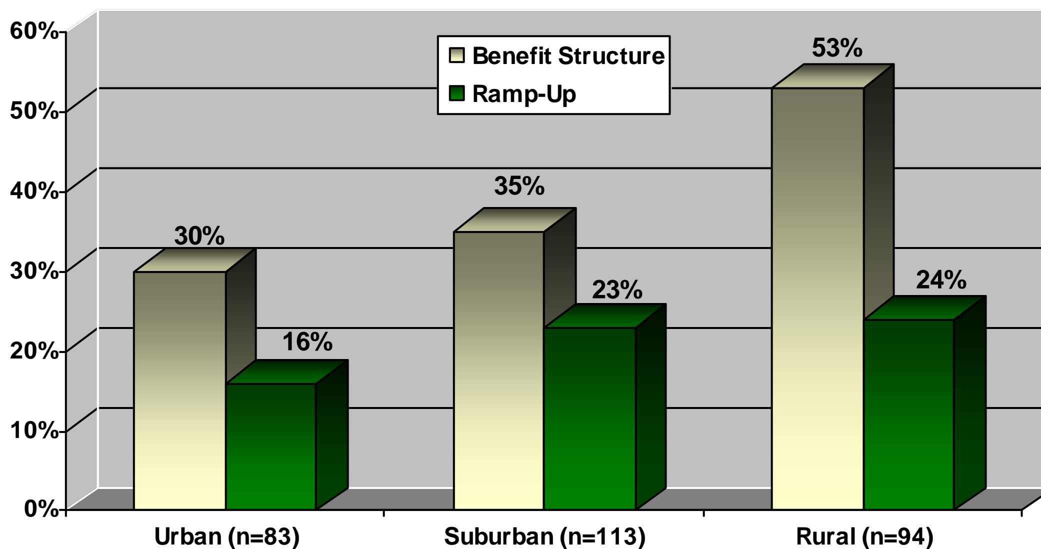


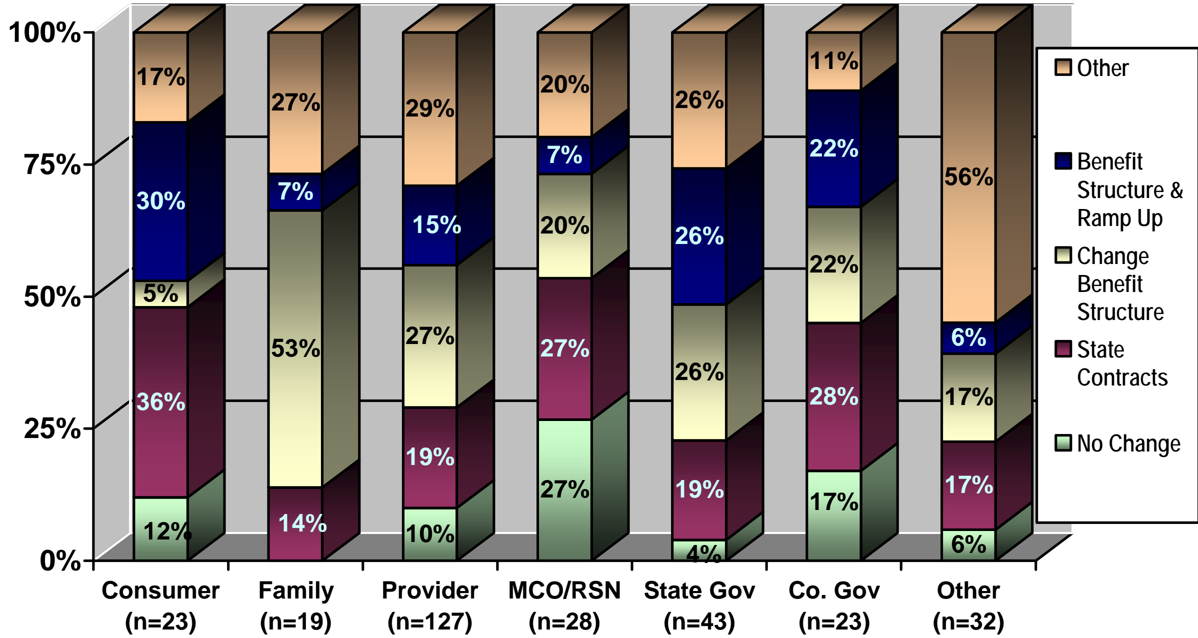
Figure 51. Percentages of participants who preferred reprioritizing benefit structures and scheduled ramp-up options (both including benefit/ramp-up combo)



Rural participants were more likely to select options that included reprioritizing benefit structures, and were less likely to say the system did not need to change or that improving state contracts would be the best way to quickly and effectively implement EBPPs.

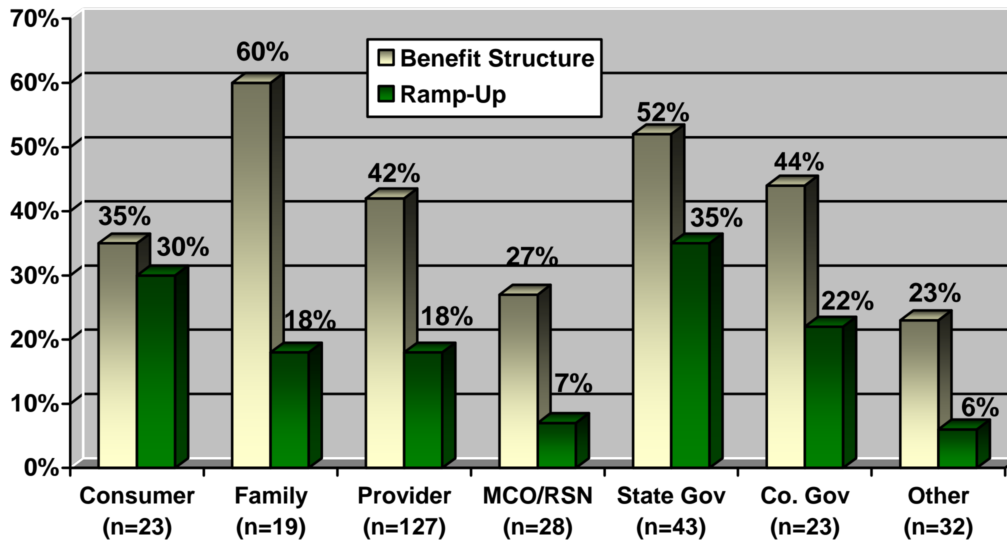
*Response by **Primary Affiliations***

Figure 52. Percentages of participants who selected various options for using evidence-based and promising practices, by participants' primary affiliations*



*The "Other" category also includes legislative, judicial and law enforcement representatives.

Figure 53. Percentages of participants who preferred reprioritizing benefit structures and scheduled ramp-up options (both including benefit/ramp-up combo)



Family Members and government officials were most likely to indicate a preference for options that included benefit structures. State Government representatives were most likely to endorse options containing a scheduled ramp up, followed by Consumers.

Figure 54. Participant groups with the highest percentages of respondents who selected No Change

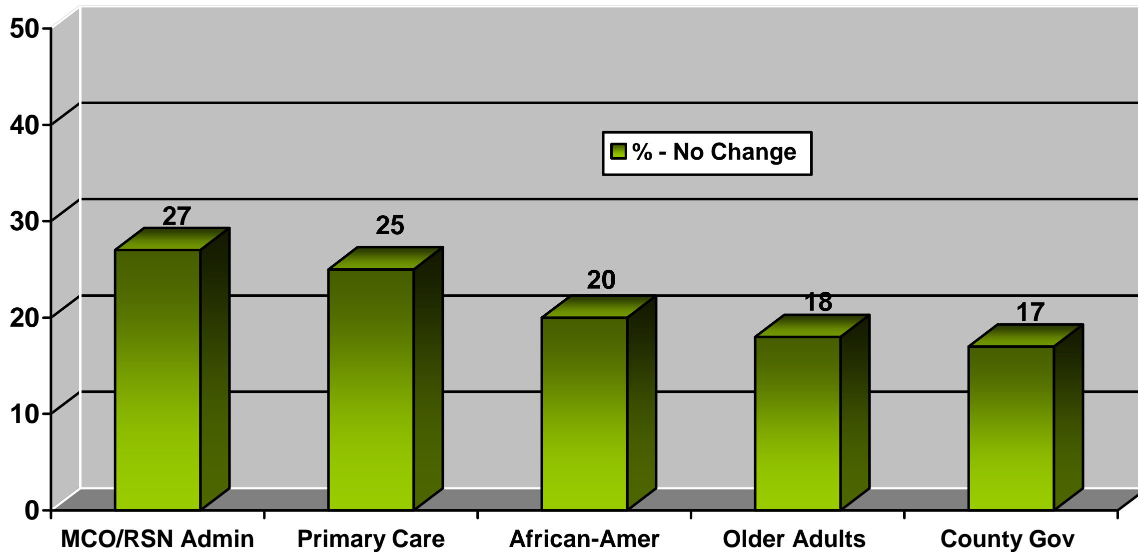


Figure 55. Participant groups with the highest percentages of respondents who selected Improving State Contracts

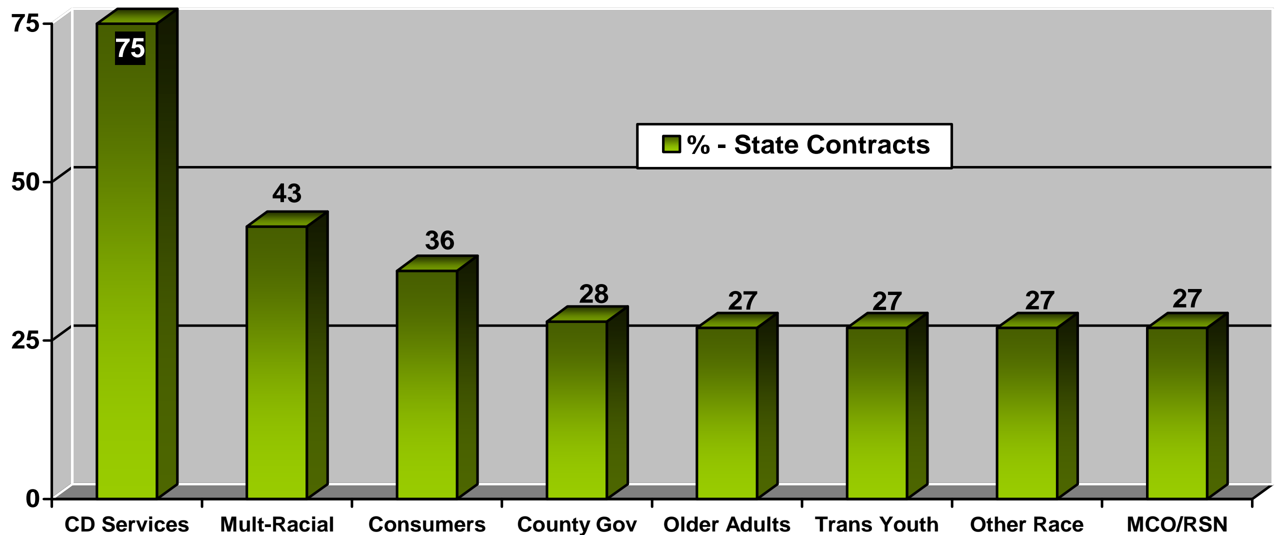


Figure 56. Participant groups with the highest percentages of respondents who selected Reprioritizing the Benefit Structure

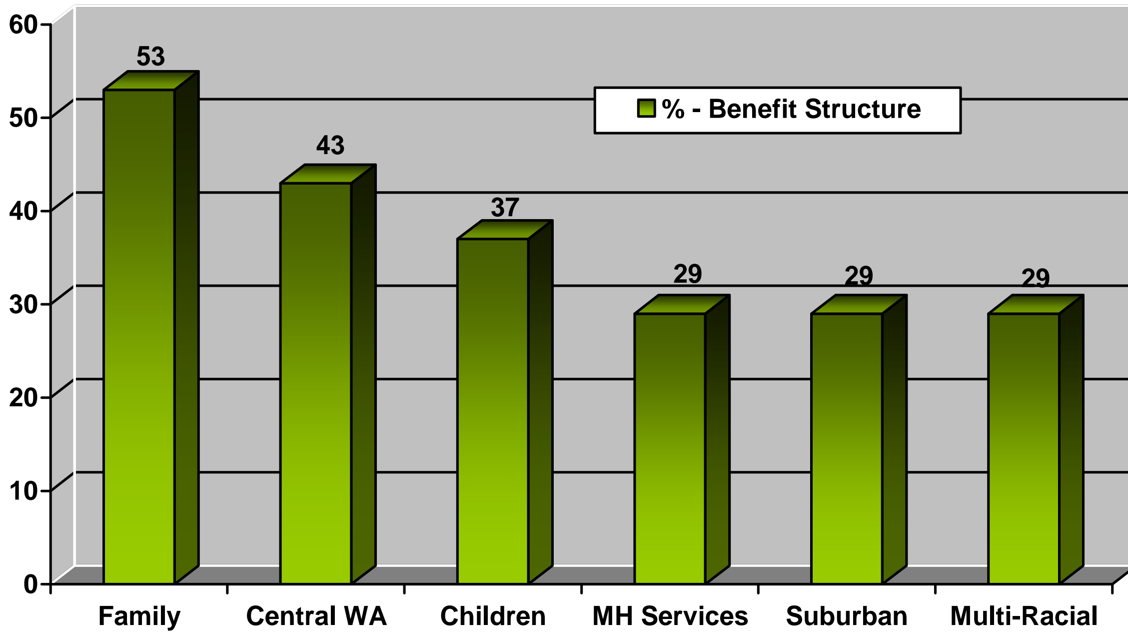


Figure 57. Participant groups with the highest percentages of respondents who selected Reprioritizing the Benefit Structure and using a Scheduled Ramp Up

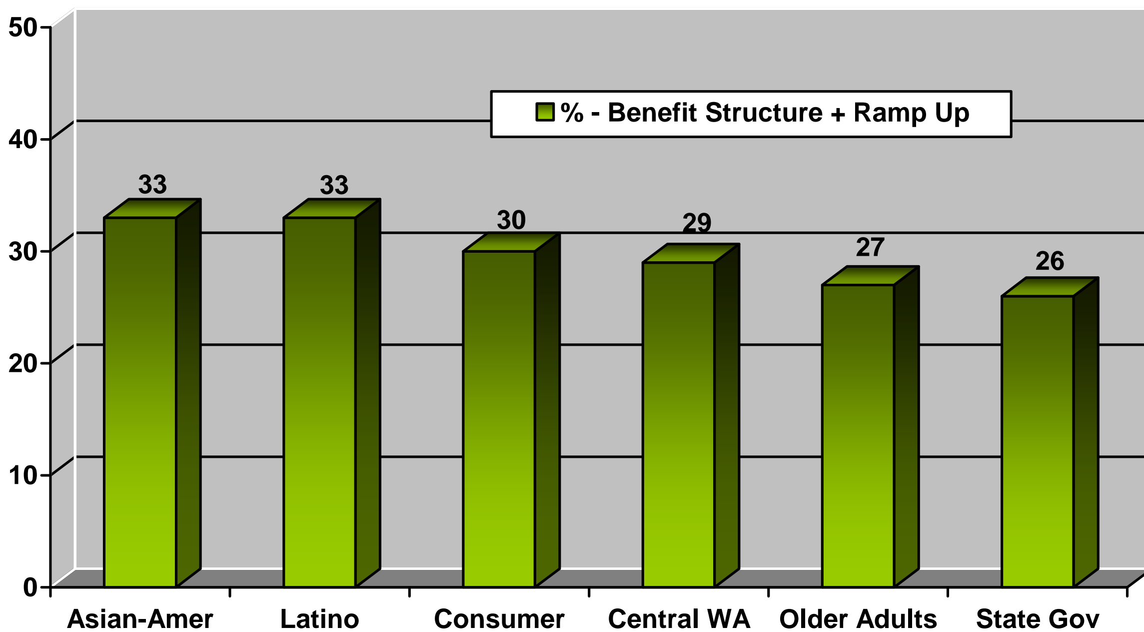
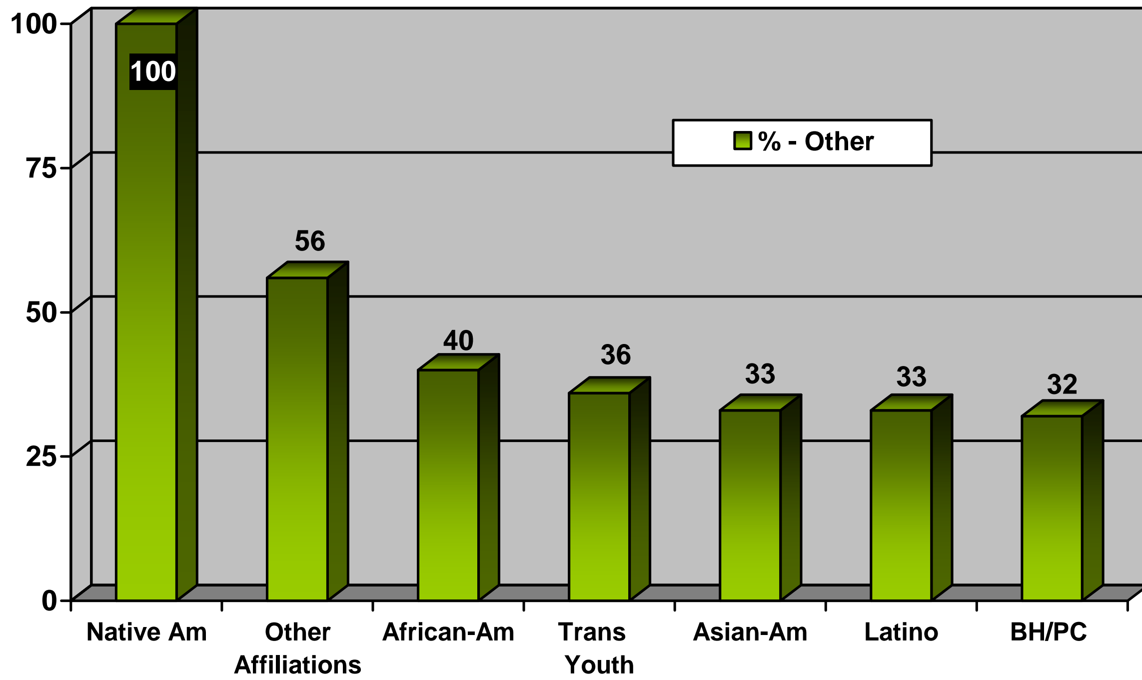


Figure 58. Participant groups with the highest percentages of respondents who selected the Other category



Participant Comments (Qualitative Data)

Several themes were evident in participants' discussions of evidence-based and promising practices. The majority of the comments were in the area of "Concerns" and only a few comments were related to "Benefits."

Table 3. Themes from participant discussions of the Person-Centered Health Home

Discussion Themes	Key Issues Raised - *Examples*
Benefits/Good Things That May Arise as a Result of this Change	▪ Services for all kids and parents of troubled kids ▪ Holds providers more accountable
Concerns About the Model	▪ Need better outcome/success measurement; need more emphasis on outcomes ▪ Implementation/training will be expensive – can state offset cost? ▪ Some effective programs that aren't officially EBPPs, including traditional healing approaches, may be in danger; innovation might be stifled ▪ Rural areas may not have capacity to do many EBPPs ▪ EBPPs for DD services may not fit well ▪ More reporting and increased burden on staff, as well as fewer dollars for services
Procedural Concern: How will this new system work?	▪ Will consumer-run services still have a voice? Will consumers have some control over defining outcomes? ▪ What about funding issues – many EBPPs require smaller caseloads ▪ Who defines EBPP and who decides which ones we use? Would there be a menu to choose from? ▪ How will funding rates be determined?