Per the direction in HB 2536, DSHS and HCA have provided the legislature with a report providing baseline data related to the use of evidence-based practices in our child welfare, children’s mental health and juvenile rehabilitation systems. This briefing paper supplements that report by providing information related to the activities that the Children’s Administration and the Behavioral Health and Service Integration Administration (BHSIA) have been engaged in over the past year to build the provider capacity and infrastructure needed to support increased use of evidence based practices.

Supporting Evidence Based Program Use with Children and Families

The Children’s Administration (CA) has been actively developing the systemic supports necessary to increase the use of evidence-based programs (EBP) during fiscal year 2013. This work has focused on increasing supports for caseworkers as they match a child’s or family’s needs to EBPs, increasing the number of contracted practitioners certified in an EBP, and creating data tools and structures that improve CA management of EBPs.

Supports for Caseworkers – Matching EBP Services with Needs of Child and Family

A web tool was developed for caseworkers providing information on:
- Matching the child and families’ needs to the service
- Tools for increasing the families’ engagement into the service
- List of practitioners able to deliver the service – available on the CA internal website only

A public version of this information can be accessed at http://www.dshs.wa.gov/ca/services/ebp.asp

Training Practitioners – Increasing the Number of Practitioners Able to Deliver an EBP

Children’s Administration has obtained and provided training during fiscal year 2013 on the following EBPs:
- SafeCare, 20 people trained
- Triple P, 29 people trained

Data Tools and Structures - Managing EBP Expansion Sustainably

Tools were developed to increase use of EBPs. These tools, developed in partnership with University of Washington Evidence Based Practice Institute, help CA to identify:
- How well EBPs are being adopted by a CA office
- Contractors and practitioners likely to be able to successfully adopt an EBP

The Division of Behavioral Health and Recovery (DBHR) has been actively setting up systems to substantially increase the utilization of evidence-based practices (EBP) and research-based practices (RBP) in the mental health system.

Provider Survey

DBHR conducted a provider survey to identify providers currently offering EBPs that are high fidelity with outside evaluation, were funded through the Regional Support Networks (RSN), and have a method to identify baseline information. Some EBP’s known to be currently in use were not counted in this baseline report due to these requirements. The report also does not include providers who may have staff trained in EBPs, but are not delivering those services to full fidelity.

Reporting Systems

Evidence Based Practices and Research Based Practice codes have been built into the Provider One reporting system. These codes are currently being used and further guidance as to the definition of fidelity monitoring justifying the use of the prescribed codes is being developed. The addition of these codes will provide data that will help in planning and tracking changes in EBP/RBP’s in children’s mental health services.

Our children’s mental health redesign effort is increasing the use of EBPs

- Development and funding of the Wraparound with Intensive Services (WISe) Program utilizing
Wraparound for the highest need youth. WISE is the foundation for the system we will be developing to serve the most severely emotionally disturbed (SED) children. WISE is a significant part of the settlement negotiations related to T.R. v. Dreyfus and Porter (the Medicaid EPSDT lawsuit).

- TR vs. Dreyfus and Porter, the Systems of Care (SoC) Grant and the Administration of Children and Families (ACF) Grant all include planning regarding EBP/RBP’s and are aligned with HB 2536.
- Specific tasks identified under these efforts are:
  - In partnership with the University of Washington continued training has been offered and provided in the evidence-based practices of Cognitive Behavioral Therapy Plus (CBT+) and/or Trauma Focused-Cognitive Behavioral Therapy (TF-CBT). Most recent training occurred in March 2013 and 100 providers were trained representing 23 Mental Health Agencies from 7 RSN’s across the State. Since the inception 917 people have been trained from 106 Mental Health Agencies representing 12 RSN’s.
  - Proviso funding continues to provide evidence based practices at three Wraparound sites, one Multidimensional Treatment Foster Care (MTFC) site and one Multi-Systemic Therapy (MST) site.
  - Identification of current EBP effective outcomes, current capacity and cultural/geographical gaps.
  - Modification of screening tools for foster youth to identify evidence based practices that the youth will benefit from.
  - Development of an Evidence Bases Practices Workforce Development Sub Committee. This committee’s work will focus on identifying gaps and creating workforce development plans to address cultural disparities, building fidelity processes/tools and increasing use of EBP/RBP within Washington State’s child serving systems.

**University of Washington’s Evidence Based Practices Institute (EBPI) accomplishments**

- **HB 2536**
  - In conjunction with the Washington Institute for Public Policy the University of Washington’s Evidence Based Practice Institute (EBPI) has completed a two rounds of Promising Practice application reviews, and are collaborating with DSHS to enhance their implementation of culturally competent effective practices.
  - A Community Advisory Council has been formed to assist in the issue of how the implementation of evidence based practices will reduce disproportionate minority involvement with child welfare, juvenile justice and mental health systems.

- **Workforce Activities**
  - The EBPI offered nine workforce lectures during the 2012-2013 academic school year and continued to support an interdisciplinary course series on evidence based practices. In addition the EBPI has proposed expanding the graduate course series into a Certificate in Evidence Based Practices for Children’s Mental Health.

- **Triple P Activities**
  - The EBPI collaborated with Triple P America to host an open-enrollment training opportunity in Seattle for Washington State providers. The open-enrollment included training opportunities in Level 4 Standard, Level 3 Primary Care, Level 4 Standard Teen, and Level 2 Selected Seminars. Training offers were based on requests generated by the Washington provider community. The UW will continue to collaborate with Triple P America to host open-enrollment trainings in Washington to be responsive to the growing need of Triple P training across the State.

- **ACF Grant**
  - In collaboration with the University of Washington’s Evidence Based Practice Institute and DSHS a 5 year 6 million dollar grant was awarded from the Administration for Children and Families. The grant named “Creating Connections” creates a partnership between the University of Washington, Children’s Administration, the Division of Behavioral Health and Recovery, and the Health Care Authority. This grant aims to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the foster care system with a particular emphasis on trauma. In the four years ahead, the project will implement effective strategies to connect children and youth with evidence, researched, and promising based practices to improve functioning and enhance their safety, permanency, and well-being.