Washington State Health Care Authority

REPORT TO THE LEGISLATURE

University of Washington Evidence Based Practice Institute

Engrossed Substitute Senate Bill 6032; Section 213 (5)(ww); Chapter 299, Laws of 2018, PV

December 1, 2018

Washington State Health Care Authority

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Legislative Reference

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Engrossed Substitute Senate Bill 6032 (2018), Sec. 213 (5)(ww):

> "$446,000 of the general fund—state appropriation for fiscal year 2018 and $89,000 of the general fund—federal appropriation are provided solely for the University of Washington's evidence-based practice institute (EBPI) 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."

Summary

The attached report from University of Washington School of Medicine's Evidence Based Practice Institute (EBPI) will ensure the Legislature has the information it requested regarding the efforts and impacts of EBPI and its efforts to obtain funding other than state general funds. In addition to the efforts to obtain grant funding the report describes efforts by EBPI in four major areas of emphasis:

- Training and technical assistance to mental health providers on the use of evidence-based practices.
- Research into the use of evidence-based practices in Washington.
- Policy to improve use of evidence-based practices.
- Ongoing development of a University workforce initiative to support training on the use of evidence-based practices by mental health clinicians in training.

Report Highlights

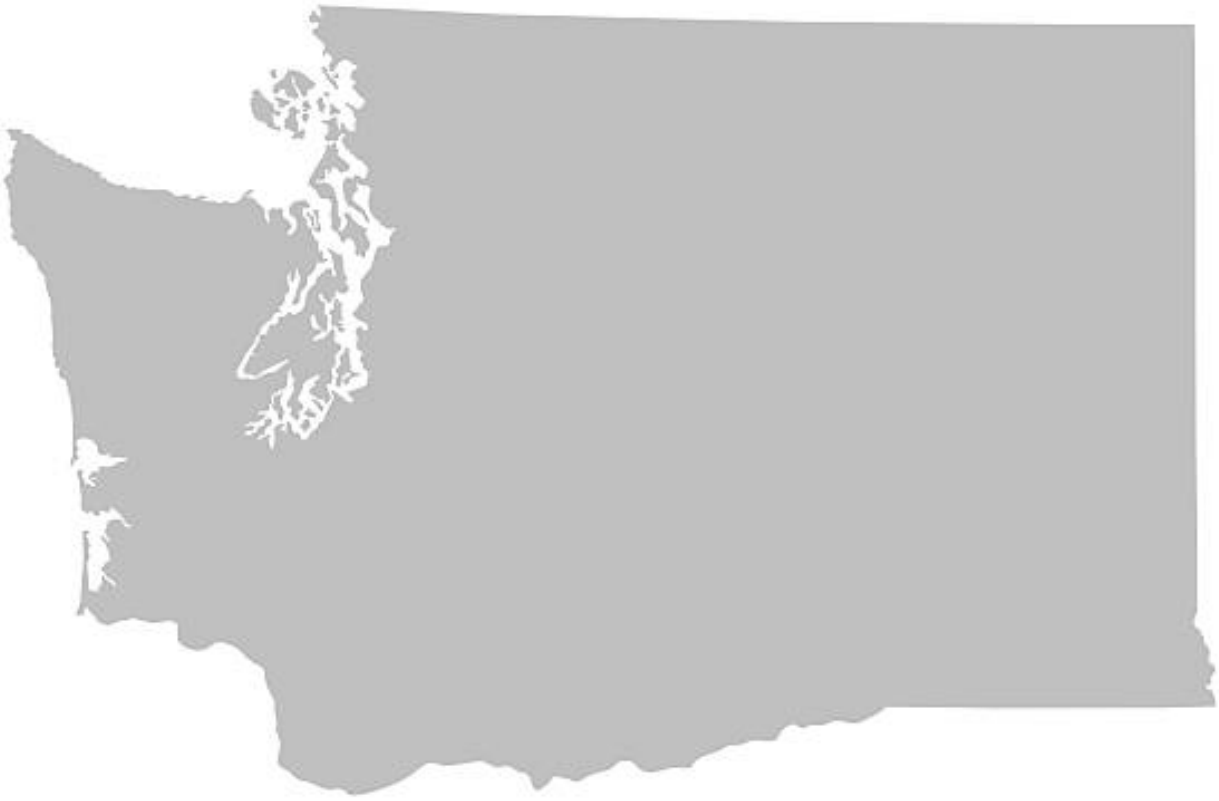
EBPI's report includes information on efforts to obtain grant funding, training, and outreach efforts, and results of the current reporting of the use of evidence- or research-based practices by publicly-funded mental health providers.

EBPI provided training and technical assistance to 321 people working for 98 mental health providers in every region of the state.

EBPI developed reporting guides to capture information on the use of evidence-based practices and provided training on their use. Providers reported use of evidence-based practices is currently below expectations in all regions of the state. In response, DBHR and EBPI will determine which agencies could benefit from targeted outreach and technical assistance and will provide technical assistance to these agencies.

EVIDENCE BASED PRACTICE INSTITUTE

FY 2018 ANNUAL REPORT



EBPI

University of Washington School of Medicine with the support of the Department of Behavioral Health and Recovery

66TEvidence Based Practice Institute

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE WITH THE SUPPORT OF THE DEPARTMENT OF BEHAVIORAL HEALTH AND RECOVERY

PLAN FOR ADDITIONAL FUNDING

Part of the legislation that directs DBHR to fund the EBPI requires DBHR and EBPI to develop a plan to seek additional funds to support the institute's scope of work. In 2017/18, EBPI will seek funds to evaluate and expand programs developed with DBHR support, as follows:

Evidence Based Practice Monitoring and Validation (Reporting Guides)

Submitted grant and funding applications

1. Robert Wood Johnson Foundation *Culture of Health* ($175,000). A proposal was submitted to conduct a policy evaluation of the Reporting Guides for Evidence-Based Practices in Children's Mental Health. The EBPI was one of only 37 out of 400 applications to be invited to submit an invitation only proposal following review of an initial letter of intent. The full proposal will include consultation from the Center for Health System Effectiveness at the Oregon Health Sciences University.

Pending grant and funding project

2. National Institutes of Mental Health, Dissemination and Implementation ($1.2 million over 5 years. Planned submit date for October 2018). This proposal will evaluate the impact of incentivizing the EBP billing codes on 1. Use of EBPs, 2. Quality of services, 3. Client outcomes, 4. Organizational climate.

Interventions for Disruptive Behavior and In-Home Mental Health Services

3. FY18/19 Training and Technical Assistance Plan for STAY (brief disruptive behavior intervention). The EBPI plans to offer training and consultation in STAY at a cost to providers to meet demand and build in internal resources for expanding TA offerings. We plan to pilot test at least one training/consultation funded solely through registrant fees to assess feasibility.

4. Royalty Research Fund ($50,000). We intend to apply for a small grant to evaluate the effectiveness of STAY, a brief family intervention for improving child and adolescent disruptive behavior and engaging families in ongoing treatment, with the addition of a text messaging component.

Other Potential Funding Proposal

5. The EBPI is also discussing the Reporting Guides with the Pew/MacArthur Evidence First initiative and exploring opportunities for funding and collaboration.

The plan for additional funding will help support EBPI's current projects and other projects planned. The following sections show how the scope and breath of the projects that EBPI has undertaken during the past year would require continued funding from state and non-state sources.

ACKNOWLEDGEMENTS

We are immensely grateful to the children's mental health providers, coordinators and administrators in Washington State for their guidance and collaboration. Collaborators contributing significantly to the development and products summarized in this report include Paul Davis (DBHR), Kari Samuel (DBHR), Felix Rodriguez (DBHR), Rose Krebill-Prather (WSU), Michelle Mann (WSU), Haley Lowe (WSU), Russell Funk (Cascade Mental Health), Amanda Gilman (WSCCR), Marna Miller (WSIPP), Rebecca Goodvin (WSIPP) and all of the regional children's care coordinators.

Evidence-Based Practice Institute Key Staff

Eric Trupin, PhD, Director
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Georganna Sedlar, PhD, Clinical Assistant Professor
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COMMUNITY WORKFORCE

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***Training Manager and Practice Coach**: Jessica Leith, LMFT*

***Key Faculty and Staff**: Eric Trupin, PhD; Georganna Sedlar, PhD; Savannah Johnson; Lucy Berliner, MSW; Jason Medina MA, LMHC.*

The University of Washington's Evidence Based Practice Institute (EBPI) provides community workforce portfolio including research, policy and direct training and technical assistance to community children's mental health providers and agencies. EBPI works closely with the Health Care Authority (HCA) via the regional Behavioral Health Organizations (BHOs) and Managed Care Organizations to craft policy and practice-relevant activities to support the dissemination of evidence-based practices in public mental health. The following is a short summary of our areas of focus in State Fiscal Year (SFY) 2018:

- **Training and Technical Assistance.** EBPI supports a menu of learning communities and direct clinical training to support evidence-based practices. These training products are developed and refined annually after receiving input from regional directors and providers. In FY18, EBPI trained over 100 community workforce providers.

- **Policy.** EBPI partners with DBHR to develop policy solutions to translational challenges. Over the past three years, EBPI has focused on developing a Reporting Guide to assist providers in accurately reporting and documenting the use of evidence-based practices. Additionally, EBPI worked closely with DBHR to identify the formulas for monitoring Evidence and research Based Practices (EBP) use through billing reports received from contracted provider agencies. In FY18, EBPI continued a pilot project with Cascade Mental Health in Centralia to develop a monthly tracking system for using evidence-based practices and performance metrics in line with the recommendations of the Reporting Guides.

- **Research.** EBPI also collaborates with DBHR and other partners to conduct research on topics that will forward the use of EBP in public mental health settings. In FY18, this included ongoing participation with DBHR and WSU on a study of client report of satisfaction and mental health outcomes. EBPI also conducted a number of literature reviews on topics of interest including performance monitoring, benchmarks for EBP penetration in public systems, and the essential elements of effective clinical practice in children's mental health.

Training and Technical Assistance

In FY18, EBPI offered two direct training opportunities (Engaging Families in Children's Mental Health and STAY) and one webinar training opportunity (Incorporating Play in Evidence Based Practice). Summaries of these training offerings are provided below.

Engaging Families in Children's Mental Health

Engaging Families in Children's Mental Health is a two-part training over four sessions which addresses common barriers and techniques to engaging and motivating families within the public mental health system who experience a high amount of adversity and crisis. Direct service providers and their supervisors learned about some of the barriers to successful engagement and factors which impact participation in treatment,

evidence-based strategies for addressing these barriers, and ongoing consultation to promote adoption of these skills. The training was delivered as a consultation series in a learning collaborative format.

The training covers 4 sessions using the following format:

1. **Live Training.** A live, 4-hour training which provides evidence based techniques and strategies for successful engagement and participation for working with clients and their families in children's mental health treatment. Participates engage in role play and group discussion in this experiential-based training format.
2. **Consultation.** Participants completed 3 consultation calls, which generally began 2-3 weeks after completion of the live training. These calls provided support from the trainer for ongoing implementation of the engagement strategies learned in the live training.

FEEDBACK FROM PROVIDERS:
During the previous fiscal year, 74 community mental health providers across 24 different agencies participated in the Engaging Families in Children's Mental Health Training. On a scale of 1 to 5, the overall quality of the training was rated at 4.43.

STAY

STAY is a brief intervention for families of adolescents seeking behavioral health treatment. It can be used as a frontline strategy to involve family members in their adolescent's treatment and provide them with basic skills to improve communication and reduce conflict. STAY can also be well suited for families who require more intensive intervention where family conflict and behavioral issues are of primary concern.

The model uses a hybrid of evidence based strategies and techniques that include parent management training and components of cognitive behavioral therapy which are delivered through a multi-step approach over the course of 4 stages (length of treatment depends on the needs of the family). STAY consists of 4 basic principles and a problem solving framework listed below.

The 4 Basic Principles of STAY encourage the family/client to:

1. **S**low down
2. **T**ake interest
3. **A**ssess your role
4. **Y**ield to another perspective

These are accomplished by using a problem solving framework with families which includes **engagement, emotion regulation, cognition building, and parenting strategies**. Therapists are given guidance as to when it is appropriate to move to the next stage with their families with measured objectives and progress monitoring. STAY was designed to offer a structured approach for therapists to adhere to while remaining flexible to meet the needs of their diverse families and youth.

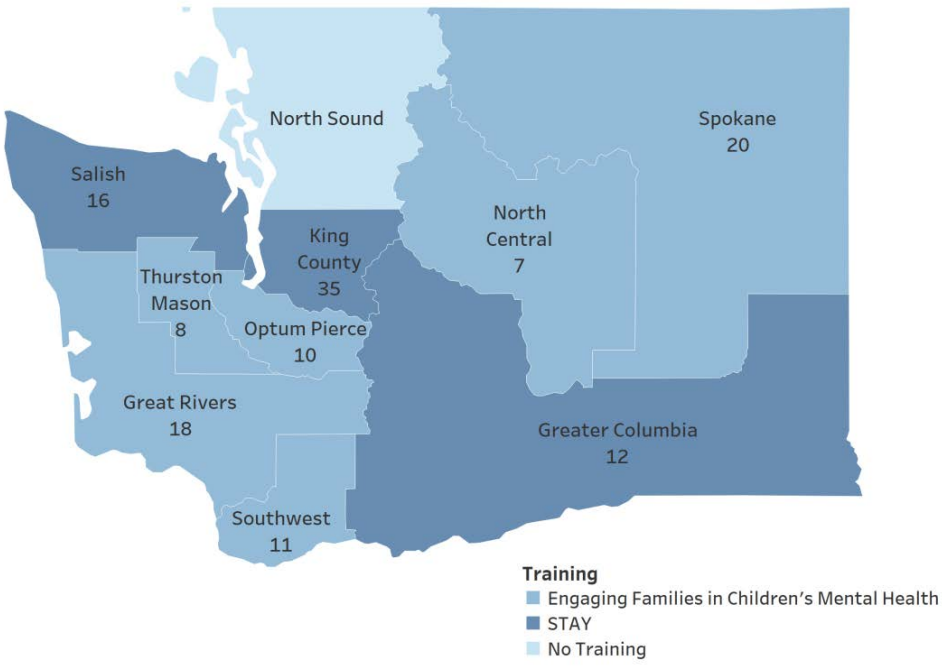

Figure 1. Training and number of participants by region.

The training covers 13 sessions using the following format:

1. **Live Training:** There is one live, in-person training that is delivered over the course of a full day (6 hours).
2. **Consultation:** Participants are also required to participate in 12 follow-up consultation calls with the trainers.

FEEDBACK FROM PROVIDERS:

During the previous fiscal year, 63 community mental health providers across 10 different agencies participated in the STAY training. On a scale of 1 to 5, the overall quality of the training was rated at 4.82.

Incorporating Play in Evidence Based Practice Webinar

EBPI hosted a webinar that discussed practical ways to integrate elements of cognitive behavioral therapy (CBT) and play for children's mental health treatment. The webinar specifically addressed how play can be used as a means to deliver common techniques and strategies for the treatment of depression, anxiety, trauma, and disruptive behavior. While the webinar was not a discussion on "play therapy," it was an exploration of play as a delivery of CBT.

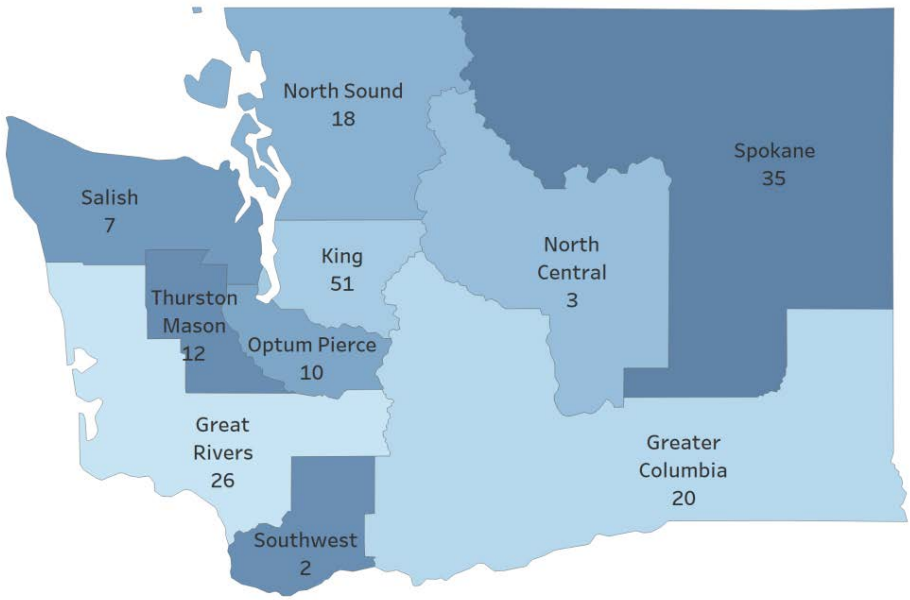

Figure 2. Webinar participants by region.

Table 1. Statewide Training and Webinar Summary

Training	Regions	Attendees	Provider Agencies
Engaging Families in Children's Mental Health Treatment*	Thurston Mason	8	4
	Optum Pierce	10	7
	Great Rivers	18	8
	Southwest RSA	11	4
	Spokane	20	8
	North Central	7	3
STAY*	Greater Columbia	12	4
	Salish	16	2
	King	20	1
	North King **	15	3
Incorporating Play in Evidence Based Practice Webinar	Statewide	184	54
Total		**321**	**98**

*CEUs were provided for participation in these trainings.
**North Sound opted out of having a trianing, so an additional training was provided in North King County.

Dialectical Behavior Therapy

In FY18, EBPI began a series of conversations with Behavioral Tech and DBT researchers to discuss the best avenue for providing basic DBT skills training for community mental health providers to use with adolescents and families. EBPI will continue exploring and developing this opportunity in FY18/19. The anticipated product will provide support for clinicians to build client skills in the following domains:

- Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness

Research

Integrating Evidence Based Practice in WISe

EBPI evaluated the integration of evidence based practices in WISe at three different community mental health agencies– Community Youth Services, Comprehensive Healthcare Solutions, and Compass Health. In our report (attached) we provide the following recommendations to WISe programs when integrating evidence based practices.

Reporting Guide Evalutation

Table 2. Attitudes toward Evidence Based Practices

	n	*Mean*	*Min*	*Max*
I like to use new types of therapy / interventions to help my clients.	61	4.05	3	5
I am willing to try new types of therapy/ interventions even if I have to follow a treatment manual.	60	3.98	1	5
I know better than academic researchers how to care for my clients.	64	2.51	1	5
I am willing to use new and different types of therapy / interventions developed by researchers.	62	3.94	2	5
Research based treatments/ interventions are not clinically useful.	62	1.58	1	5
Clinical experience is more important than using manualized therapy / treatment.	60	2.69	1	5
I would not use manualized therapy/interventions.	62	1.52	1	5
I would try a new therapy/intervention even if it were very different from what I am used to doing	62	3.90	2	5

Table 3. Acceptability of the Reporting Guides

	n	*Mean*	*Min*	*Max*
The Reporting Guides meet my approval.	66	3.98	1	5
The Reporting Guides are appealing.	66	3.95	1	5
I like the Reporting Guides.	66	4.02	1	5
I welcome use of the Reporting Guides.	66	3.95	1	5
The Reporting Guides seem fitting.	66	3.89	1	5
The Reporting Guides seem suitable.	66	3.94	1	5
The Reporting Guides seem applicable.	66	4.00	1	5
The Reporting Guides seem like a good match.	66	3.85	1	5
The Reporting Guides seem implementable.	66	3.85	1	5

The Reporting Guides seem possible.	66	3.98	1	5
The Reporting Guides seem doable.	66	3.97	1	5
The Reporting Guides seem easy to use.	66	3.86	1	5

Policy

Reporting Guides

The Reporting Guides are now the standard for EBP reporting as indicated in the FY17/18 BHO contracts for EBP reporting from DBHR. EBPI developed a web video explaining how to use the guides and conducted 8 workshops in FY18 year that provided regional and onsite support for how to use the guides to document EBP practice. Two additional workshops are scheduled for early FY19 in the North Sound and Southwest regions.

The Reporting Guides were developed from research synthesis and expert clinical consultation to provide clinical guidance to therapists for reporting evidence-based practices. The guides use a common elements framework that allows the state to invest in lower cost training and consultation programs while supporting the same or higher quality of services. Following

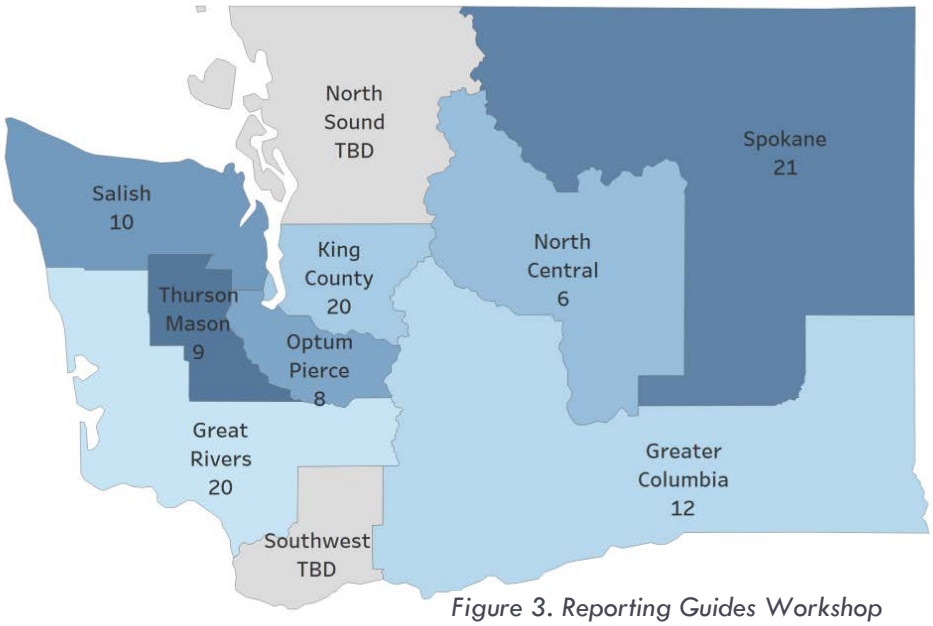

Figure 3. Reporting Guides Workshop participants by region.

the rollout of the Reporting Guides, EBPI conducted an evaluation to assess the impact of the Reporting Guides, how EBPs are perceived in the public mental health field, and whether the Reporting Guides can be feasibly used by providers and supervisors with minimal training and external support.

Table 4. Reporting Guides Workshops Summary

Region	***Attendees***	***Agencies***
Great Rivers	20	8
Greater Columbia	12	4
Spokane	21	12
Thurston Mason	9	5
King	20	6
Optum Pierce	8	4
Salish	10	3
North Central	6	4
North Sound	Scheduled for July 26th	-
Southwest	Scheduled for August 30th	-
Total to Date	**106**	**46**

Calculating EBP Rates

The EBPI participates in reviewing the rate of the EBP with DBHR. The determination of a minimum rate was first addressed in early drafts of House Bill 2536 (2012), which directed the three child-serving state departments to substantially increase the use of EBPs in funded services. A specific rate, however, was not specified in the final bill as no baseline had been established for any of the departments' use of EBP at this time. Consequently, the bill directed the three agencies to "substantively increase" the use of EBPs over the following three years. Currently, DBHR enforces the intent of this bill with a contracted minimum rate of EBPs for mental health outpatient services per regional BHO of 35%.

DBHR recognizes that the currently reported rates are substantially lower than 35%. Initial consultation between DBHR, EBPI, and reporting agencies indicates that many agencies are reporting fewer encounters with a qualifying EBP than they are actually delivering. In the coming year, DBHR and EBPI will identify agencies that serve large numbers of youth and have a low reported rate of delivering EBP's and will deliver technical assistance on reporting those encounters.

EBPI worked in close collaboration with DBHR to develop a reasonable approach to calculating this rate given the diversity of mental health services billed in outpatient services and the intent of the EBP requirements. Briefly, the rate is calculated based on all service encounter (which duplicates youth for as many encounters as they receive) that comprise at least 30 minutes of individual, group or family psychotherapy. Only services intended for psychotherapy are counted within the EBP rates which excluded case management services, including Wraparound. Eligible EBPs are taken from the mental health section of the Washington State

Inventory and exclude all evidence-based practices listed under other outcome categories (e.g., juvenile justice, child welfare, substance use).

Research/Evidence Practice Rates were calculated from all encounters with a valid Current Procedural Terminology (CPT) code for EBP reporting (lasting 30-60 minutes; individual, family, or group including the patient) between the months of April 2017 to March 2018.

Rates were calculated by the total number of eligible encounter codes with an accompanying EBP divided by the total number of eligible encounters. Eligible encounters include individual, group, and family therapy sessions lasting more than thirty minutes. Eligible EBP's are listed in the EBPI Reporting Guide.

EBP rate = number of eligible encounters where and EBP was used/total number of eligible encounters

Table 5. EBP Rates by Youth

BHO	Quarter	(Denominator) Total Eligible Service Encounters[2]	(Numerator) Total Qualifying EBP Service Encounters[3]	Percent of Qualifying EBP Services Provided[4]
GREATERCOLUMBIA	Q1 2017	11,690	237	2.03%
	Q2 2017	12,523	233	1.86%
	Q3 2017	10,922	171	1.57%
	Q4 2017	11,839	158	1.33%
	Q1 2018	11,768	151	1.28%
GREATRIVERS	Q1 2017	5,719	105	1.84%
	Q2 2017	5,989	147	2.45%
	Q3 2017	4,831	59	1.22%
	Q4 2017	5,891	399	6.77%
	Q1 2018	6,093	688	11.29%
KING	Q1 2017	22,969	1,686	7.34%
	Q2 2017	22,723	3,173	13.96%
	Q3 2017	15,626	2,950	18.88%
	Q4 2017	17,374	2,675	15.40%
	Q1 2018	19,856	3,603	18.15%
NORTHCENTRAL	Q1 2017	3,749	480	12.80%
	Q2 2017	3,906	530	13.57%
	Q3 2017	3,413	555	16.26%
	Q4 2017	3,803	828	21.77%
	Q1 2018			

NORTHSOUND	Q1 2017	14,309	604	4.22%
	Q2 2017	16,369	754	4.61%
	Q3 2017	12,999	737	5.67%
	Q4 2017	14,410	839	5.82%
	Q1 2018	16,949	1,038	6.12%
OPTUMPIERCE	Q1 2017	8,574	570	6.65%
	Q2 2017	9,676	654	6.76%
	Q3 2017	7,780	434	5.58%
	Q4 2017	8,781	385	4.38%
	Q1 2018	10,259	484	4.72%
SALISH	Q1 2017	2,102	15	0.71%
	Q2 2017	1,947	14	0.72%
	Q3 2017	1,629	6	0.37%
	Q4 2017	1,752	7	0.40%
	Q1 2018	2,313	4	0.17%
SPOKANE	Q1 2017	22,841	5,262	23.04%
	Q2 2017	22,259	4,759	21.38%
	Q3 2017	15,475	2,547	16.46%
	Q4 2017	20,038	3,843	19.18%
	Q1 2018	23,005	4,844	21.06%
THURSTONMASON	Q1 2017	2,465	434	17.61%
	Q2 2017	4,430	1,200	27.09%
	Q3 2017	4,153	826	19.89%
	Q4 2017	4,103	726	17.69%
	Q1 2018	4,940	620	12.55%
All BHOs	**Q1 2017**	**94,962**	**9,434**	**9.93%**
	Q2 2017	**100,440**	**11,527**	**11.48%**
	Q3 2017	**77,273**	**8,340**	**10.79%**
	Q4 2017	**88,423**	**9,908**	**11.21%**
	Q1 2018	**95,183**	**11,432**	**12.01%**

Assessing the Feasibility of Performance Monitoring through Routine Supervision

In FY17/18, EBPI began a pilot test with Cascade Mental Health in Cascadia, WA to assess the most feasible methods of routine data collection by supervisors for behavioral health performance targets. The pilot used a participatory, mixed methods approach, to capture qualitative and quantitative data. The findings will be available in fall 2018. The data below represents the number of staff hours involved in the project for the fiscal year.

Table 6. Pilot Study Encounters

Type	Number	Length	Total
Workgroup calls	40	.5 hour	20 hours
Agency Visit	2	2 hour	4 hours
Data Collection Visit	4	5 hour	20 hours
Total			**44 hours**

UNIVERSITY WORKFORCE

Background

***University Workforce Director**: Eric Trupin, PhD*

***Key Faculty and Staff**: Georganna Sedlar, PhD; Terry Lee, MD; Joshua Leblang, LMHC; Won-Fong Lau, PhD; Savannah Johnson*

The University of Washington's Evidence Based Practice Institute (UW EBPI) developed a university-based Workforce Initiative in 2009 to address a gap between student interest in providing EBPs and availability of children's mental health training to use those practices. The development of an empirically supported foundation of programs and practices with new and existing direct service providers was supported by HB 1088 and subsequently E2SHB 2536/RCW 43.20C.020.

The initial objective of the University Workforce Initiative focused on graduate students from interdisciplinary programs at the University of Washington through graduate courses and a monthly lecture series. It has subsequently expanded to include an inter-university taskforce focused on disseminating evidence-based practices in multiple venues of mental healthcare advanced training.

Courses

Parenting

This course is designed to provide students with a solid foundation for the practice of a specific evidence-based parent training approach. In addition to developing a sound foundation in a particular evidence-based parenting approach, Helping the Noncompliant Child (HNC) (McMahon & Forehand, 2005), this course specifically addresses: 1) cultural considerations in working with families and implementing parenting interventions and 2) systems issues related to how evidence-based parenting approaches are implemented in different settings (e.g., mental health, child welfare). Building upon the principles of evidence-based treatment approaches, this course will include the following components: Didactics (readings, lecture, and in-class discussion), skills demonstration and practice (modeling, role-playing, and out-of-class rehearsal), and assessment (skills check-out, presentations, and written assignments). By the end of the quarter, it is our goal that students have a general understanding of the benefits of evidence-based approaches, competency demonstrating the components of HNC, and a basic understanding of how to deliver HNC to families.

Complex Disorders

This course provides students with an in-depth review of a range of EBPs appropriate for most extreme or complex cases in youth and adolescent aged clients. These cases have behavioral and psychiatric disorders involved in multiple services systems, including mental health, juvenile justice, chemical dependency, school systems and special education, and child welfare/protective services. The course focuses on the clients, their families, and care providers, emphasizing a practical approach to acquiring necessary skills, attitudes, and knowledge to effectively work with this population. Students gain a practical understanding of the common elements as well as experimental learning of the following EBPs: Multisystemic Therapy, Family Integrated Transitions, Dialectical Behavior Therapy, and Relapse Preventions. Motivational Interviewing is included in the training as an enhancement to the EBPs.

CBT Treatment

This course provides students with an in-depth introduction to evidence-based, cognitive behavioral therapies (CBT) for children and adolescents with anxiety-related disorders, emphasizing treating child traumatic stress. Specific components of treatments common across most CBTs are highlighted, and training in Trauma-Focused Cognitive Behavioral Therapy's (TF-CBT) *TF-CBT Web*, an online training program, is included. Students learn the fundamentals of how to assess and treat anxiety and trauma in children, as well as adaptations to match client presentation, ethnicity, culture, socioeconomic status, and treatment setting. Students gain knowledge through readings, a web-based training program, and role-play; they are encouraged to practice skills outside of class in a variety of settings.

Table 7. Course Summary

Quarter	Course	EBP/s of Focus	Number of Students
Fall	Parenting Interventions Skills	Effective Parenting Interventions (Parent-mediated interventions)	18
Winter	Clinical and Systems Interventions for Complex and Extreme Disorders	Components of Dialectical Behavior Therapy, Multisystemic Therapy, and Motivational Interviewing	28
Spring	CBT for Anxiety and Trauma	Trauma-focused CBT, CBT for Anxious Children	20
TOTAL			**66**

Certificate Program

Washington State is facing a considerable shortage of competent, trained clinicians who can deliver evidence-based practices. Furthermore, HB 2536 mandates the increased use of EBPs/RBPs within public child-serving systems. Currently, most graduate training programs are unable to meet the need for a trained workforce in evidence based behavioral health practices.

Given the need for a competent workforce trained in EBPs for children's mental health, EBPI is working to extend the interest in and success of the university-based EBP course series (described above) via development of a certificate program in Evidence Based Practices in Children's Behavioral Health. This certificate program overcomes gaps in training and education by targeting a multidisciplinary audience and fulfills a serious need for clinicians who can provide effective treatments to children and families. This

certificate program would formalize the valuable educational experiences from the EBP Course Series into a recognized graduate certificate that signals to state-funded organizations that these individuals are uniquely qualified and well prepared to provide quality behavioral health services to children and families.

The certificate program goals are to: 1) prepare a workforce that is competently trained to address commonly occurring behavioral health needs of children and families; 2) improve the quality of behavioral health care for children and families by training providers in known effective interventions prior to them entering the workforce; and 3) enhance market appeal of students earning this certificate when entering the workforce.

This certificate program will be offered through Continuum College at UW, and is intended to be self-sustaining. Currently, the program will involve three courses in evidence based practice and a final capstone project. The courses will consist of: 1) Evidence Based Parenting Course based on Helping the Noncompliant child; 2) Cognitive Behavioral Therapy for Anxiety Disorders, with specific training provided in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); 3) a course on evidence based practices for complex cases; and 4) a capstone project.

Courses will provide students with an in-depth, hands-on introduction to evidence-based treatments for commonly occurring behavioral health problems in children and adolescents. Students will learn the fundamentals of how to assess and treat behavioral health problems in children and adolescents. The course will also focus on adaptations to match client presentation, ethnicity, culture, socioeconomic status, and treatment setting. Courses will include an integration of theory and practice, with heavy use of active learning strategies in the classroom. Specific intervention skills will be taught through modeling and students will then demonstrate competency on an identified set of skills via skills demonstrations, with feedback from both the instructor and students. The capstone project will involve a student selecting one of the evidence-based practices taught during the courses, and applying this practice to a client.

The certificate program has preliminary approval from Continuum College and plans are underway to finalize this approval. Upon formal approval, there would be a planning year (anticipated fall 2018 to fall 2019), with the first cohort being admitted for fall 2019.

Interuniversity Initiative

A review of existing training programs in relevant behavioral and mental health disciplines (e.g., psychology, social work) within Washington state was conducted to: 1) determine how evidence-based practices were currently being incorporated into graduate curriculums; 2) identify gaps in current graduate training efforts around EBPs; and 3) provide recommendations regarding how to enhance the workforce of mental health professionals in the state.

Given the preparation of the above-mentioned report, and the anticipated transition in leadership on this initiative (Dr. Fong Johnson assuming leadership upon faculty appointment), there was a temporary hiatus in the university task force meetings. This hiatus was due to a planned reorganization of the Task Force in light of expected changes in its focus and activities. Please see the following paragraph on next year's plan.

The report's findings indicate the need for standards that would provide some general guidelines around integrating training of EBP's throughout various graduate curriculums. The EBPI's plan for next year will include developing two summits to be held in Washington State (one in the western part, the other in the eastern part of the state). These summits will bring together both graduate school administrators, and community mental

health administrators and supervisors. The goal of the summits is to initiate a conversation in which they can hear the challenges facing the other, collaborate on solutions, and develop an action plan for next steps. We plan to use the Task Force to help with identifying regional contacts and leaders to attend the summits.