

# Youth Behavioural Health Evaluation Framework<sup>1</sup>

Created By: Terry Lee, Karie Nicholas,  
Brook Evans, Sarah Rafton, and Libby Hein.

February 4, 2025

---

<sup>1</sup> Adapted from the Department of Industry, Science, Energy and Resources Evaluation Framework and [Evaluation Framework | Better Evaluation](#)

## Youth Behavioral Health Guidelines

This evaluation framework provides an overall framework for evaluations of the Youth Behavioural Health Guidelines across different organizations within the Washington State health care ecosystem that contribute to patient care for youth.

This evaluation framework includes:

- definitions and key concepts
- principles and standards
- Information on resources to help align evaluations across system actors
- guidelines for setting priorities on what, when and ways to evaluate
- guidelines for utilising evaluation findings to inform decision making
- Health System roles and responsibilities.

## Document administration

### Version history

Version	Date	Description	Author
1.0		Executive level Approval	NA

# Table of Contents

<b>Youth Behavioural Health Evaluation Framework</b>	<b>1</b>
<b>Document administration</b>	<b>2</b>
<b>1. Background and Overview</b>	<b>5</b>
1.1 Introduction	5
1.2 Guideline overview	5
<b>2. Types of Evaluations</b>	<b>6</b>
2.1 Metrics Alignment	7
2.2 Process evaluations	8
2.3 Program Evaluation	10
2.4 Monitoring	11
<b>3. Evaluation Alignment</b>	<b>12</b>
3.1 Impacts evaluations	12
3.2 Guideline logic	13
3.3 Evaluation questions	13
3.4 Evaluation Matrix	14
3.5 Data Matrix and Measurement Matrix	14
<b>4. Implementation</b>	<b>14</b>
4.1 Roles and responsibilities	14
4.2 Ethical Standards and Cultural Considerations	17
4.3 Common Contextual Factors	17
4.4 Timelines	18
4.5 Methodology	19
4.6 Risks and limitations	20
<b>References</b>	<b>22</b>
<b>Appendix A Theory of Change</b>	<b>23</b>
<b>Appendix B Data Collection Matrix</b>	<b>24</b>

## Glossary

*Accountable Communities of Health* - a neutral convener, coordinating body, investor, and connection point between the health care delivery system and local communities. (Washington State Health Care Authority, 2024)

*Audience* – In Bree reports, an audience is a category of “system-actors”. For example, a common audience is “health plans” and a common system-actor would be a specific insurance company.

Care-variation - differences in process of care across multiple clinics, areas, patient groups, insurance types, etc. (Bree Collaborative).

*Concordance of care* – Organizational and individual activities, interactions, policies and procedures that have a high degree of alignment with best practice recommendations (i.e. for the purposes of this framework best practices are considered to be the Bree Collaborative Guidelines). (Bree Collaborative)

*Equity/Equity Lens* - A just outcome that allows everyone to thrive and share in a prosperous, inclusive society. (Propel Alanta, 2024) A way of viewing, analysing, or evaluating data that takes vulnerable, disadvantaged, or small groups of people into consideration to assure that all outcomes and impacts are equal (Bree Collaborative).

*Evaluation* - determination of the value, nature, character, or quality of something. (Merriam-Webster, 2024) A systematic determination and assessment of a subject's merit, worth and significance, using criteria governed by a set of standards. (Wikipedia, 2024)

*Guideline* – an action to improve health care for a specific health care service

*Health Ecosystem* - a complex network of all the participants within the healthcare sector. It is a community that consists of patients, doctors, and all the satellite figures who play a role in the medical care received by the patient or their hospital stay. This can include service providers, customers, and suppliers. Recently, the healthcare ecosystem has grown to include electronic health entities and virtual care providers. (Definitive Healthcare, LLC, 2024)

*Implementation* - the translation of guidelines into practice.

*Opioid Use Disorder (OUD)* - A chronic brain disease that involves a problematic pattern of opioid use that causes significant distress or impairment. (generative AI) The chronic use of opioids that causes clinically significant distress or impairment. (Dydyk, Jain, & Gupta, 2024) OUD can include the use of illegal opioids like heroin or prescription opioids like oxycodone.

*Public Employees Benefits Board (PEBB) Contracts* - medical and dental plans that provide health benefits to 222,000 public employees and retirees. (Washington State Health Care Authority, 2024)

*Report* – A report is multipage document on a health care service

*School Employees Benefits Board (SEBB) Contracts* - medical, dental, and vision plans that provide health benefits to more than 130,000 employees of the state's school districts and charter schools, as well as union-represented employees of the nine educational service districts. (Washington State Health Care Authority, 2024)

Substance Use Disorder (SUD) - a treatable mental disorder that affects a person's brain and behaviour, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. (National Institute of Mental Health, 2024)

*System-actor* – A specific type of organization that participates in health care in some way. Example: X health insurance company, the Washington State Department of Health, a specific provider, etc.

# 1. Background and Overview

## 1.1 Introduction

This Evaluation Framework outlines future evaluation activity that should measure the impact of the Bree Collaborative *Behavioural Health: Early Interventions for Youth* guidelines during the life-cycle of the report. The framework has been developed by the Bree Collaborative Sub-committee of the *Behavioural Health: Early Interventions for Youth* guidelines Workgroup.

This document details the evaluation framework within which the future evaluation[s] of this guideline may be conducted. Establishing this framework early in your organizations implementation life cycle ensures that the programs developed from it are prepared for future evaluations and helps instil an evaluative mindset from the outset. The framework provided by this document should be referred to during the implementation process and used to inform the drafting of an evaluation plan by each organization. It is recommended that it be reviewed periodically or in response to significant program, regulatory, or environmental events.

While this framework is expected to inform the evaluations outlined herein, the evaluations themselves may deviate from this framework based on input from various stakeholders and the program's evaluative needs at the time of each evaluation. This document is meant to provide alignment across multiple audiences for the purpose of comparison and to facilitate state-wide measurement on the progress and outcomes of the adoption of the Bree guidelines.

The framework provides guidance for different types of evaluations at different levels across the healthcare ecosystem. It details the reasons behind recommendations for particular types and timings of evaluation activities, makes recommendations for types of evaluations by audience, identifies domains for the development of evaluation questions, and identifies the data which should be available, or which will have to be collected to answer these questions.

This framework has been prepared by taking into account the strategic importance of the guidelines and the expected level of resourcing for evaluations at each organization, other initiatives that may affect implementation of the guidelines, and important contextual factors across the state.

## 1.2 Guideline overview

A **Bree Report** is defined as *a multipage document on a health care service, identified by Bree members as needing improvement that provides information and guidelines for actions different audiences can take within the health care ecosystem to improve the health of that chosen report topic*. A report may also be referred to as an **intervention** for the purposes of evaluation. A **Bree Collaborative Guideline** (previously called a recommendation in earlier Bree reports) is defined as *an action to improve health care for a specific health care service*. Reports include multiple guidelines for many different system-actors.

The *Early Interventions: Youth Behavioural Health* guidelines report was in 2024. The aim of this report is to reduce severe outcomes from mental health issues and increase social, personal, and school functioning in youth.

These guidelines were submitted to the Washington State Health Care Authority for the purpose of implementation as part of their Medicaid and other contracting activities with the intention of improving early entry into care for youth with behavioural health issues, making services more family and youth driven and culturally and linguistically inclusive, defining appropriate care based on severity, and expanding care to home and community settings. The report was also published to the Bree Collaborative website for the purpose of implementation by Bree Collaborative members and by health care providers, purchasers, payors and community partners in general, in Washington State. The guidelines report was released on January 2, 2025.

The components of this intervention are increases **patient education and provider training** for behavioural health identification and treatment across the healthcare ecosystem, expand **Screening, Brief Intervention and Referral to services** to new settings and within traditional settings, increase **coordinated management of behavioural health** and/or increase in **monitoring and data sharing** of youth behavioural health processes and outcomes, and to define and improve **funding and capacity** for system-wide actors.

Guidelines apply to multiple system actors (clinicians, health plans, correctional institutions, health administration, etc.) that play a part in the identification and treatment of early youth behavioural health interventions. Objectives for each component, by audience type/ system actor, are enumerated in the Evaluation Matrix and more information about the matrix can be found in section 2.8.

## 2. Types of Evaluations

This framework provides guidance for the types of evaluations (e.g. process, monitoring and impact) that will assist in the demonstration of the usefulness of the Bree Guidelines.

Organizations may also use this framework to improve their process of care, identify pinch-points or lessons learned, assess outcomes of changes made, monitor state-wide progress on the goals of the guidelines, and/or determine the impact of guidelines adoption on their patients' health, workforce, costs, etc.

As equity is an important part of the Bree Collaboratives' work, strategies and activities to improve equity should be included in any type of evaluation. More information on equity focuses specific to the guidelines can be found throughout this document.

More information on evaluations: [Evaluation.gov | Evaluation 101](#)

**Readers can find information about what types of evaluations your organization (also called “audiences” or “system actors”) should conduct at the beginning of sections 2.2 to 2.5 of this document.**

## 2.1 Metrics Alignment

The Bree Collaborative *Behavioural Health: Early Interventions for Youth* guidelines aim to change patient care for youth with behavioural health issues and for those with substance use issues. In order to accurately measure changes in the components of the intervention and the patient outcomes and impacts, the Bree has identified some metrics that can be measured across the health care ecosystem in a standardized way.

There are many current metrics available on the Washington State Common Measure Set (WACMS) that will help align measurement on standards of care, and one WACMS metric that will help align longer-term outcomes.

### Metrics to measure changes in standards of care

Current measures identified that may be used to understand access to care and processes of care are:

- Child and Adolescent Well-Care Visits (WCV)
- Depression Screening and Follow Up for Adolescents and Adults (DSF-E) (Uses Electronic Data System (ECDS) reporting)

### Current metrics for use in monitoring for prevalence and outcomes are:

- Diagnosed Mental Health Disorder (DMH) (HEDIS)
- Youth Substance Use or Diagnosed Substance Use Disorders (DSU) (HEDIS)
- Depression Remission or Response for Adolescents and Adults (DRR)

The Washington State Primary Care Initiative has decided to include two of these metrics in their primary care measure set:

- Child and Adolescent Well-care visits (WCV)
- Depression Screening and Follow Up for Adolescents and Adults (DSF-E) (Uses Electronic Data System (ECDS) reporting)

The Washington State Primary Care initiative aims to move towards outcome measures such as depression remission, but also acknowledges the lack of more comprehensive outcome and impact metrics for behavioural health.

### Long-term outcomes measures

- Depression Remission or Response for Adolescents and Adults (DRR)
- PTSD remission - patients with PTSD and PCL-5 score of <23 at six months
- Anxiety Response - patients with anxiety and a 25% reduction of GAD-7 score at six months

### Impact measures

The subcommittee for the *Behavioural Health: Early Interventions for Youth* guidelines evaluation planning identified two areas of impact – system-level impacts and patient level impacts. The subcommittee was unable to find any established metrics that could be recommended to measure these types of impacts and instead chose to identify the concept for which a metric should be developed. This is a major gap in the ability to measure the impact of changes to standards of care. The subcommittee recommends that organizations may want to look to surveys such as the [Healthy Youth Survey](#), to identify metrics for

patient level impacts. It also recommends that organizations may want to look to metrics for other types of physical or behavioral health care to guide development of system level impact metrics. Organizations using these concepts to develop metrics are encouraged to submit their metrics definitions to the Bree Collaborative.

*System-level impacts:*

- Health system or organization using best practices aligned with Bree guidelines
- Timeliness of care improves (example: existence of early intervention programs, age at entry into early intervention program)
- School functioning improves (attendance, etc.)
- Information and data infrastructure support recommendations
- Community/family support is adequate and effective for youth needs

*Patient level impacts:*

- Fewer incidents of BH severity/high intensity services/progression to higher levels of care
- Youth behavioral health outcomes measures improvement/ wellness measures/ functioning/ physical health (Examples: alcohol, tobacco and other drug use, risky driving, aggressive behavior, delinquent behavior, violence, self-inflicted injuries, risky sexual behavior, school dropout rate)

Unintended consequences

- Parent/educator concerns about screening in schools
- Stigmatization of patients receiving care

Other gaps in common metrics include process metrics for schools, in particular, a well-defined metric for screening, referral and brief intervention to treatment (which is different than the current SBIRT measure), measures for care coordination, and impact metrics.

## 2.2 Process evaluations

**It is proposed that type of evaluation be conducted by: primary care settings, schools, care financing, other relevant stakeholders.**

**Process evaluations focus on implementation details, describing a program's services, activities, policies, and procedures. These types of evaluations can answer questions such as "Is the program reaching its intended participants?" or "How are inputs contributing to program functioning?"**

Organizations that are engaged in direct patient care, schools, and care financing are the primary focus for process evaluation recommendations, although all audiences that are implementing the *Behavioural Health: Early Interventions for Youth* guidelines should consider conducting post-commencement evaluation.

Goals of the Bree guidelines on youth behavioural health are to support early identification of behavioural health issues and a tiered approach to behavioural health care. To those ends, organizations should consider these goal as they develop their process evaluation.



Generally speaking, process evaluations should focus on the initial implementation of the program to allow decision makers to identify early issues regarding program administration and delivery and take corrective action if necessary. Process evaluation planning should be conducted in parallel with the implementation planning to make sure that all data needs are met for evaluation purposes and that the evaluation logic matches the activities of the intervention.

**It is recommended that process evaluations are linked to the components of the intervention:**

- **Patient education/provider training**
- **Screening, brief intervention and referral to treatment/treatment pathways**
- **Coordinated Management of behavioural health**
- **Monitoring and data sharing**
- **Funding and capacity building**

A process evaluation is the optimal place for organizations to leverage their PDSAs (plan, do, study, act) cycles to assure that their processes are adequately addressing the changes recommended by the Bree *Behavioural Health: Early Interventions for Youth* guidelines. If your organization requires more information on PDSA cycles, you can refer to the resources recommended by AHRQ:

Yeager K. Program evaluation: this is rocket science. In: Roberts A, Yeager K, editors. Evidence-based practice manual: research and outcome measures in health and human services. New York, NY: Oxford University Press; 2004. p. 647-53. Available from: <https://global.oup.com/academic/product/evidence-based-practice-manual-9780195165005?cc=us&lang=en&>

American Society for Quality. Project planning and implementing tools: Plan-Do-Check-Act Cycle. 2009 [cited 2009 July 23]; Available from: <http://www.asq.org/learn-about-quality/project-planning-tools/overview/pdca-cycle.html>

Silimperi D, Zanten V, Franco L. Framework for institutionalizing quality assurance. In: Roberts A, Yeager K, editors. Evidence-based practice manual: research and outcome measures in health and human services. New York, NY: Oxford University Press; 2004. p. 867-81. Available from: [https://academic.oup.com/intqhc/article-abstract/14/suppl\\_1/67/1814862?redirectedFrom=PDF](https://academic.oup.com/intqhc/article-abstract/14/suppl_1/67/1814862?redirectedFrom=PDF)

As organizations plan their process evaluation, ethical considerations should be addressed, including the validity and value of the project, patient and family/caregiver engagement, staff engagement, informed consent, patient information and data issues, and the welfare and safeguarding of staff and patients. The NIH provides some recommendations for addressing these ethical considerations: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8372876/>

**Strong recommendations:**

- Use [\*\*Bree score cards\*\*](#)
- Use Bree Survey Question bank to align survey and research questions across multiple stakeholders
- Use one or more of the evaluation components outlined in this framework in section 1.2 (i.e. education, access, etc.)

- Include an equity and ethics (example: HIPAA, confidentiality) considerations in process evaluation planning

#### Soft recommendations:

- Include patient/parent experience in process evaluation **planning**, depending on focus of evaluation
- Organization delivering care should include an assessment of their measurement-based care practices (i.e. routinely collecting patient reported outcomes, sharing feedback with patients, acting on data from screenings and symptoms progression)

## 2.3 Program Evaluation

It is proposed that this evaluation be conducted by: **Schools, health plans, health systems, other relevant stakeholders.**

**Program evaluations assess final outcomes, determining whether a program achieved its goals. This type of evaluation can answer questions such as “Did participants experience the desired outcomes?” or “What changes were made to improve the quality of the program?”**

This framework assumes that organizations involved in direct patient care will have an established quality improvement program for youth behavioural health outcomes or that they will include a youth behavioural health component in their existing quality improvement work that serves the same purpose as a program evaluation.

To support the measurement of progress towards the aims of this report (which are early identification and intervening early in the course of a behavioural health issue), the Bree *Behavioural Health: Early Interventions for Youth* guidelines also recommends that schools conduct program evaluations to measure the success of their screening, brief intervention and referral to treatment activities. In doing so, this evaluation type should be able to assess changes to the guidelines long-term goals of **early entry into care for youth, appropriateness of care (severity, culturally, and age appropriate), and improvements in coordination of care with or within expanded settings** as well as measuring the **long-term outcomes** identified in section 2 (depression remission, PTSD remission, anxiety response), in the appropriate settings (i.e. primary care, behavioural health, HCA, health plans).

#### Strong recommendations:

- All organizations should include an equity perspective in the program evaluation plan that focus on one or more of the following: Race, ethnicity, English as a second language, sexual orientation and gender identity (SOGI), disability status, and social needs.
- Primary care settings should, at a minimum, include and set goals for depression, anxiety, and substance use screening, and connection to care after screening, in their QI programs.

**Soft recommendations:**

- Primary care setting should consider including and setting goals for PTSD screening and connection to care.

## 2.4 Monitoring

**It is proposed that this evaluation be conducted by: health plans, health systems, and public health agencies.**

Organizations with population health focus should consider conducting a monitoring evaluation plan for the purposes of **policy or program modifications** and **accountability**.

At the organizational level, monitoring evaluations should focus on the types of monitoring activities recommended in the report for each audience (i.e. monitor the outcomes of your program over time.)

At the state level, this evaluation type should focus on **monitoring variation in standards** of care for youth behavioural health to address equity, to identify gaps in the care system (e.g. areas or populations in Washington State or clinics within health systems), and to establish benchmarks for standards of care.

This type of evaluation activity may be able to support impact evaluations, both at the organizational level and the state level, and help assess the performance of the guideline's recommendations in achieving its intentions (fewer incidents of BH severity or high intensity services or progression to higher levels of care and improvement in youth behavioural health outcomes measures, wellness measures, functioning measures, and physical health).

Because the intended impacts of these guidelines do not yet have well defined metrics attached to them, monitoring the sustainability of the population level impacts should be considered after common metrics have been identified or developed and tested (see section 2.1).

**Strong recommendations:**

- A common metrics for Screening, Brief intervention, and referral to care should be developed which is appropriate for guideline aligned behavioural health issues and is feasible for school/OSPI implementation and for use in monitoring.
- Washington State health care authority should implement the standards of care metrics outlined in section 2.1 into VBP programs with data collected from the preferred data sources, for Medicaid, at a minimum.
- Health care systems should monitor their progress on changes to standards of care aligned with the guideline goals

**Soft recommendations:**

- The Washington State Health Care Authority should consider using the identified standards of care metrics in VBP programs (see section 2)

## 3. Evaluation Alignment

### 3.1 Impacts evaluations

It is proposed that this evaluation be conducted by: public health agencies (including ACH's), health plans, health systems, and EMS.

**The Bree Collaborative's purpose is to improve the quality of patient care, patient outcomes, and affordability in Washington State, to that end, the measurement of the impact of guidelines adoption should be undertaken by system actors in order to determine the impact the Bree recommendations have on patients and patient populations (patient impacts) AND on standards of care (system impacts) across Washington State.**

The Bree Collaborative Youth Behavioural Health subcommittee identified **a lack of impact measures for youth behavioural health** as a major barrier to conducting impact evaluations for this report at the state level.

The subcommittee did identify two *areas* that they feel these guidelines will have an impact on, system level impacts and patient level impacts, and put forward concepts for the development of *patient impact* metrics in section 2.1 of this framework (e.g. fewer incidents of BH severity/high intensity services/progression to higher levels of care and youth behavioral health outcomes measures / wellness measures/ functioning/ physical health measures improvement) and *system impact* metrics (System uses tiered approach; Timeliness of care improves; School functioning improves; Information and data infrastructure support recommendations; Community/family supports are adequate and effective for youth needs).

If and when conducted, impact evaluations at the organizational level should seek to determine the impact of the guidelines on the organization and/or on its patients/students/members and compare it to a counterfactual (a comparable example of a program, clinic, cohort, etc. that did not receive the intervention).

At the state level, impact evaluations should seek to compare state-wide impacts on youth behavioural health and functioning with a prediction of what would have happened in absence of guideline adoption by including a counterfactual. Impact valuations should be conducted after impact metrics are identified, defined, and agreed on by system actors.

Because one of the stated purposes of the Bree is reduce health care costs, organizations that conduct impact evaluations may want to include a cost benefit analysis in their evaluation plans.

#### **Strong recommendations:**

- Washington State (HCA, OSPI, DOH) should define both system and patient impact measures (potentially aligned with the Healthy Youth Survey)
- Submit metrics definitions to the Bree Collaborative
- Include an equity lens in impact evaluations

- Include cost benefit analysis in impact evaluation planning that focuses on early entry into care (e.g. what are the costs/benefits to earlier care), universal screening, tiered care pathways, or patient/provider education and training (i.e. FAST program); consider doing this as part of the Primary Care initiative.
- Use or reference Bree score cards to measure concordance of care within each organization

#### Soft recommendations:

- Include a care-variation lens in impact evaluations
- Leverage data from the State of Washington's Primary Care Initiative

## 3.2 Guideline logic

At the heart of each guideline is a 'theory of change' (Appendix A) by which workgroup members determine the outcomes sought and how that change can be achieved across the healthcare ecosystem. This theory of change describes how the implementation of the Bree Guidelines contributes to a chain of results flowing from the buy-in, resource utilization and capacity building, to affect medium to long-term outcomes that result in an impact for all patients in Washington State.

The concepts underpinning this guideline report are that increasing system actor's capacity to identify behavioural health issues early on, have a common understanding of appropriate treatment, strengthening and expanding community-based care, and aligning or increasing funding for community activities will create a behavioural health system that is more responsive and easier to navigate and will improve patient functioning in all aspects of life (school, home, community, persona/interpersonal, etc.).

The Bree Collaborative offers evaluation resources, including our [Evaluation Tool Depot](#), to assist with the development of logic models at the organizational level. Organizations logic models can focus evaluation questions on outcomes and processes of interest that are appropriate for their services. They can clarify the policy and program intentions and clarify alignment between activities and objectives.

## 3.3 Evaluation questions

Across the lifetime of these guidelines, evaluations need to include a range of questions that promote accountability, address gaps in care, and promote learning from system-actors experiences.

The Bree has identified four main domains for systems transformation in our [Roadmap to Health Ecosystem Improvement](#) which can be used to help develop evaluation questions which are appropriate to inform the effectiveness and impact of our guidelines: **equitable care, integrated/holistic care, data usability and transparency, and financing**. In addition to these "pillars of transformation", the roadmap identifies levers of change which can also be used to develop evaluation questions. They include **clinical workflows, transparent reporting, education, patient engagement, coordination, contracts and networks, legislation and regulation, organizational policy changes, and data infrastructure**.

To support alignment, the Bree Collaborative has developed a **Survey Question Bank** which can be used to share evaluation questions across organizations participating in evaluation. Although still in its infancy, the Question Bank can be built out by participants through submission of their research questions or survey questions. Organizations may also draw from the question bank to help develop evaluations that are comparable across multiple organizations, sectors, areas, or populations.

Evaluation questions for each evaluation type can be developed to align with this roadmap and with the guideline logic and should form the basis of an evaluation plan and the Terms of Reference.

Note that not every evaluation should address all the evaluation question domains or all of the levers of change – they should be spread out across different stakeholder organizations, or across different types of evaluations such as monitoring and impact evaluations.

### 3.4 Evaluation Matrix

The Bree has created an evaluation matrix to align audience specific recommendations with audience specific objectives, component specific goals, and recommended metrics to measure success for each component, including recommended data sources so that guideline components can be measured in a common manner.

The Evaluation Matrix can be found [HERE](#).

### 3.5 Data Matrix and Measurement Matrix

The Bree has created a sample *Data Matrix* template to help audience plan their data collection for their own evaluations, which can be found in Appendix B.

## 4. Implementation

The Bree Collaborative submits its reports to the Washington State Health Care Authority (HCA) to consider them for use in designing Medicaid contracts, PEBB and SEBB contracts, and for general implementation at the HCA or in Accountable Communities of Health programs. Guideline reports are also posted on our website and disseminated to other system actors for the purposes of implementation.

The reports provide guidance for major system actors (see section 3.1) to implement. The Bree defines implementation as the “translation of guidelines into practice”. For the purposes of evaluation, we are interested in how organizations translate our guidelines into their own context or setting and what the results of their implementation are.

### 4.1 Roles and responsibilities

The Bree uses the term “Audiences” or “System-actors” in place of the term “stakeholders” for clarity. There may be one or many different organizations within an audience category, for example, there will be multiple “health plans” but only one Washington State Department of Health.

There are many system-actors with roles in implementing the *Behavioural Health: Early Interventions for Youth* guidelines across Washington State in order to affect changes to care processes, financing, and outcomes across the health care eco-system. These are:

- Washington State Agencies
  - Health Care Authority
  - Department of Health
  - Legislature
- Health plans
- Health care purchasers
- Health care systems
  - primary care clinics
  - school based health centres
  - paediatric primary care providers
  - general primary care providers
- Community Organizations
  - All organizations that provide services to children, youth and families
- Office of the Superintendent of Public Instruction (OSPI)
  - Schools
  - Educational Service Districts
- Health Services Academic Training Programs

Table 4.1.1 below outlines broad roles and responsibilities for system-actors with regard to the *Behavioural Health: Early Interventions for Youth* guidelines. Further details about the exact actions that should be taken to align with Bree guidelines should be set out in each organizations evaluation's plan and Terms of Reference. For example, any employer that has implemented the Bree guidelines should evaluate the extent to which their organizations have implemented the recommended supports for patients in the work environment (universally promote employee understanding of behavioural health benefits, universal communication around services offered, behavioural health-related components in employee wellness programs, Reduce employment barriers). These roles and responsibilities may include identification of roles and responsibilities for implementation as well as for evaluation, or to facilitate monitoring, data collection, and other evaluation activities.

**Table 4.1.1: Roles and responsibilities in the health care ecosystem**

Each organization has different roles and responsibilities as system-actors within a health care eco-system that provides quality care to patients. The roles and responsibilities of different organizations as defined by these guidelines are outline in the table below and evaluations should be developed to determine the extent to which they have improved or changed their responsibilities in terms of or in response to the Bree Guidelines:

System actor	Responsibility
State organizations	Purchasing MCOs/VBCs Data sharing/transparency/requirements Standardization for school/healthcare referrals Billing alignment/funding Regulatory changes Monitoring and evaluation of services
Health Plans	Provide adequate coverage for screening, brief intervention, and referrals Provide adequate funding for behavioural health services Provide adequate networks for care/increase access (i.e. telehealth) Data transparency/sharing Monitoring and evaluation of services
Purchasers	Develop requirements for plans that are purchased Implementation of recommendations to support families of employees
Health Systems, providers	Care coordination Screening, brief intervention and referral Provide treatment aligned with best practices Data Transparency/sharing
Community Organizations	Treatment barrier mitigation Educational/training content improvement Data Transparency/sharing
Academic Institutions/education programs	Provide adequate behavioural health training for primary care practitioners
OSPI	Screening, brief intervention, and referral capacity Data Transparency/sharing Monitoring and evaluation of services

It is the responsibility of each organization to ensure that their evaluations are overseen by a governance body. It is not within the scope of this framework to define how each individual organizations evaluations should be governed; however, this framework sets out some general information, in sections 3.2 through 3.5, for governance bodies to consider when designing their evaluation and for organizations to consider when establishing their governance body. At a minimum, the governance body should include representation by the program's policy and delivery teams. Observers or subject matter experts from other areas should also be invited to participate as required.

As part of their evaluation plan, organizations should consider including a table, similar to table 4.1.1 above, of internal roles and responsibilities as part of their evaluations which include who is responsible for the following: *Agree to the Terms of Reference and evaluation plan, provide feedback on the evaluation report, chair of the governance group to sign off on the final evaluation report, provide evaluation guidance and input to evaluation plan, draft the evaluation Terms of Reference and evaluation plan for the evaluation; conduct, manage, or*



*advise on evaluation activity as required; provide program data and guidance on program administration and delivery as required; and provide data and input as required.*

## 4.2 Ethical Standards and Cultural Considerations

Equitable care is one of the pillars of the Bree Collaborative's *Roadmap to Health Ecosystem Improvement* and, as a matter of course, the Bree Collaborative encourages all implementation and subsequent evaluation work to consider an equity lens. Organizations may refer to the Foundation for Health Care Qualities web page for further guidance when planning an evaluation: <https://www.qualityhealth.org/equity/>

Special ethical considerations may be necessary when conducting any type of evaluation involving youth. Evaluations involving the measurement or identification of comorbidities, substance use, and ability to consent should be thoroughly reviewed and ethical standards should be applied where necessary. These standards should include, at a minimum, the use of an **IRB**, where applicable, **patient safety considerations**, and **HIPAA requirements**.

The *Behavioural Health: Early Interventions for Youth* guidelines specify that all organizations should “prioritize adapting agencies, services, and supports to the cultural, racial, ethnic, and linguistic diversity of the young people and families they serve to provide care that meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of services (e.g., using linguistically appropriate screening tools for families who do not speak English).”

Each organization should both identify the extent to which their translation of this intervention addressed the cultural needs of their population and evaluate the extent to which it was successful compared to other population groups they serve. To achieve this, organizations may need to address one or more of the barriers listed in the guidelines report. (e.g. documentation systems, workforce, competency, etc.)

### **Strong recommendation:**

- Organizations should include equity considerations for one or more of the following groups/criteria in their evaluation plan: English as a second language, SOGI, disability, and SDOH.

## 4.3 Common Contextual Factors

Because the *Behavioural Health: Early Interventions for Youth* guidelines are designed to be implemented by organization across the state, there will be common contextual factors that they should consider in their evaluation work in order to illustrate how they interact with the recommendations or how they influence the adaptation of the guidelines for particular settings or populations. The Bree has identified a set of contextual factors that all organizations should consider however, each organization should research their own settings for additional contextual information such as population demographics, organizational size, etc.

### **Strong Recommendations:**

Organizations should consider, at a minimum, the following contextual factors when planning their evaluations:

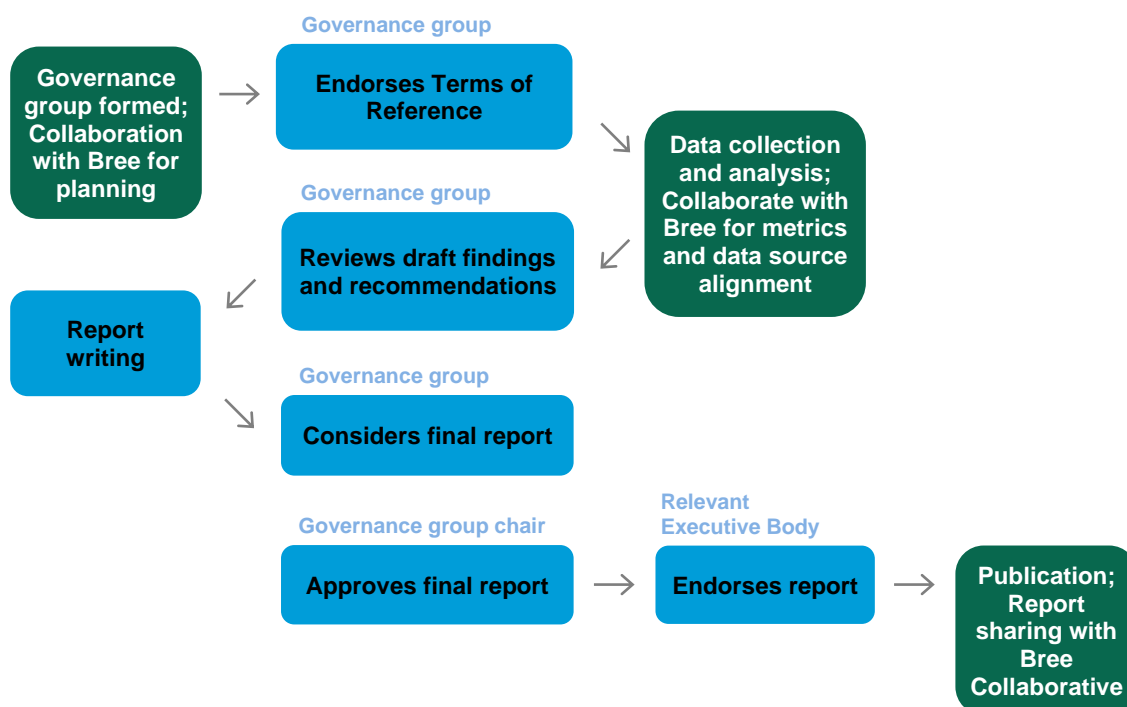
- Washington State geography – urban or rural designations as defined by HRSA <https://www.hrsa.gov/rural-health/about-us/what-is-rural/data-files>
- Financial/capacity resource allocations - local schools funding, School Nurse Corps, or school health centres
- Workforce – Health Professional Shortage Areas as defined by HRSA <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- Data capacity – internet accessibility and other data infrastructure as defined by the Washington State Office of Broadband <https://www.commerce.wa.gov/wsbo/fcc-broadband-map/>

## 4.4 Timelines

Figure 4.2.1 outlines the general sequence of events for evaluations and highlights three points at which organizations should consider coordination with the Bree Collaborative: during the evaluation planning process, during the initial data collection process, and to submit a copy of the final evaluation.

Organizations may also consider closer partnerships with the Bree for evaluation support, or with the Foundation for Health Care Quality, for leveraging data from other programs within the Foundation. In such cases, organizations may want to adjust their evaluation timelines to align with the Bree’s awards or reporting initiatives or with FHCQ programs data collection schedules.

**Figure 4.2.1: Collaboration with the Bree**



**Table 4.2.1: Creating a timeline that considers other initiatives**

Organizations using this framework should create a timeline for evaluation that considers alignment with the Washington Healthy Youth Survey, the Washington State Primary Care Transformation Model work, and guidelines for other system-actors in the Bree *Behavioural*

*Health: Early Interventions for Youth* report. For example, health systems may want to consider developing a timeline that considers local school districts ability to implement a screening and referral program.

The timeline for organizational level evaluations should be detailed enough to help individuals external to the organization put the evaluation into a state-wide context.

Initiatives	Start	End
Washington Healthy Youth Survey	Next start spring 2025	By-annually
Washington States Primary Care Transformation Model	June 2023	June 2028
Washington State RCW <a href="#">RCW 28A.320.127</a>	2024	
Washington Thriving	2025	
Bree Collaborative Reporting Initiative	2025	

Timelines for evaluation should also consider the goals of the guidelines (early entry into care, appropriateness of care, and improvements in coordination of care with or within expanded settings) and other organizational-internal recommendations such as infrastructure or training recommendations, etc., as well as considerations for the definition and adoption of impact metrics.

**The Bree collaborative is supporting timeline alignment through their Reporting Initiative, which is set to launch in January of 2025. This initiative will result in a map of organizations with lists of Bree guidelines that they have adopted.** This initiative can help you align your evaluation work with others by being able to see what other organizations in your area have also adopted the *Behavioural Health: Early Interventions for Youth guidelines*. Please visit the [Evaluation Homepage](#) on our website for updated information on this initiative.

## 4.5 Methodology

A mix of methods, both quantitative and qualitative, should be used to gather evidence to answer the evaluation questions in order to provide a full picture of patient, staff, and other collaborators experiences, in addition to outcomes and impact data, depending on the type and number of evaluations each organization wishes to conduct. Methodologies should support, at least in part, an understanding of concordance of care with Bree recommendations and/or should aim to quantify the outcomes and impact of using the guidelines.

Specific methodologies for evaluations should be agreed by the governance body prior to the commencement of each evaluation.

**Strong recommendations:** Evaluations are expected to include in whole or part -

- Bree Collaborative Score Cards to support process or program evaluations;
- Desktop research: a systematic review of program documents which may include program guidelines, executed grant agreements, program logic, policy papers, and program

reporting and procedure manuals. This may also include a review of relevant reports and existing data.

- Leveraging of other Foundation for Health Care Quality programs (e.g. OB COAP, Health Equity, Patient Safety) and initiatives (e.g. Bree Reporting Initiative) where applicable.
- Data sampling, where applicable

**Soft recommendations:** Evaluations may include the following -

- Literature review: a systematic review of similar programs run in other jurisdictions, reviews or evaluations of similar programs, and relevant journal research articles or media reports (with caution)
- Semi-structured interviews with a range of stakeholders which may include face-to-face, telephone, or videoconferencing, etc.
- Surveys
- Economic profiling of the organization and region
- Case studies of selected projects or patient cases

## 4.6 Risks and limitations

When developing an evaluation[s] using this framework, organisations should consider the following risks and limitations as they pertain to demonstrating concordance of care, outcomes, or impacts associated with the implementation of the Bree Guidelines on Youth Behavioural Health

- Availability of resources and skills to conduct the evaluation/s
- Availability and quality of data from internal and external sources
- The burden/cost of collecting robust data
- Proportion of the program or initiative that can be directly contributed to the Bree Collaborative Guidelines and the difficulties or limitations of quantifying guidelines contributions
- Generalizability of the evaluation

The Bree Collaborative and the Foundation for Health Care Quality seek to mitigate some of these risks or limitations by offering resources for control of data collection limitations, data sharing limitations, and metrics and methodological alignment limitations that are found throughout this framework and in Bree and Foundation for Health Care Quality programs.

Table 4.4.1: Risks and controls

Risk	Results	Likelihood	Consequence	Rating	Control
Insufficient resources to undertake the evaluation	Low quality evaluation report; failure to meet timeframes; stakeholder dissatisfaction; damage to	Almost certain	Fewer organizations are willing to conduct evaluations; effects of guidelines across the health care eco-system have	Substantial/ High	Bree staff to consult on the evaluation design and methods; resources (templates, trainings, etc.) for implementation and evaluation planning; legislative changes;

	reputation of the organization		gaps in knowledge		school funding changes
Inadequate data to support analysis	Inadequate evidence to support findings; low quality evaluation report; stakeholder dissatisfaction; damage to reputation of organization	Almost certain	Understanding of guideline impact is reduced or incomplete	Sever	Agreed evaluation matrix identifying objectives, goals, and metrics; data collection methodology (e.g. score cards); concepts for impact metrics definition;
Inability to untangle impacts of other initiatives	Lack of clear impact; diluted/exaggerated impact	Almost Certain	Inability to quantify the exact contribution of the Bree Collaborative work to system-wide changes	Minimal/Medium	Identification of common contextual factors; timeline alignment with other initiatives;
Generalizability of evaluations	Fragmented evidence; evaluations irrelevant for state or nation-wide use	Unlikely	Inability to spread Bree best practices	Minimal	Survey question bank; evaluation framework;

Each organizations' governance body or administrative staff should be responsible for monitor the evaluation closely to ensure that these and other emerging risks are managed effectively. Table 2.4.2 defines the risk ratings used above.

**Table 4.4.2: Risk ratings**

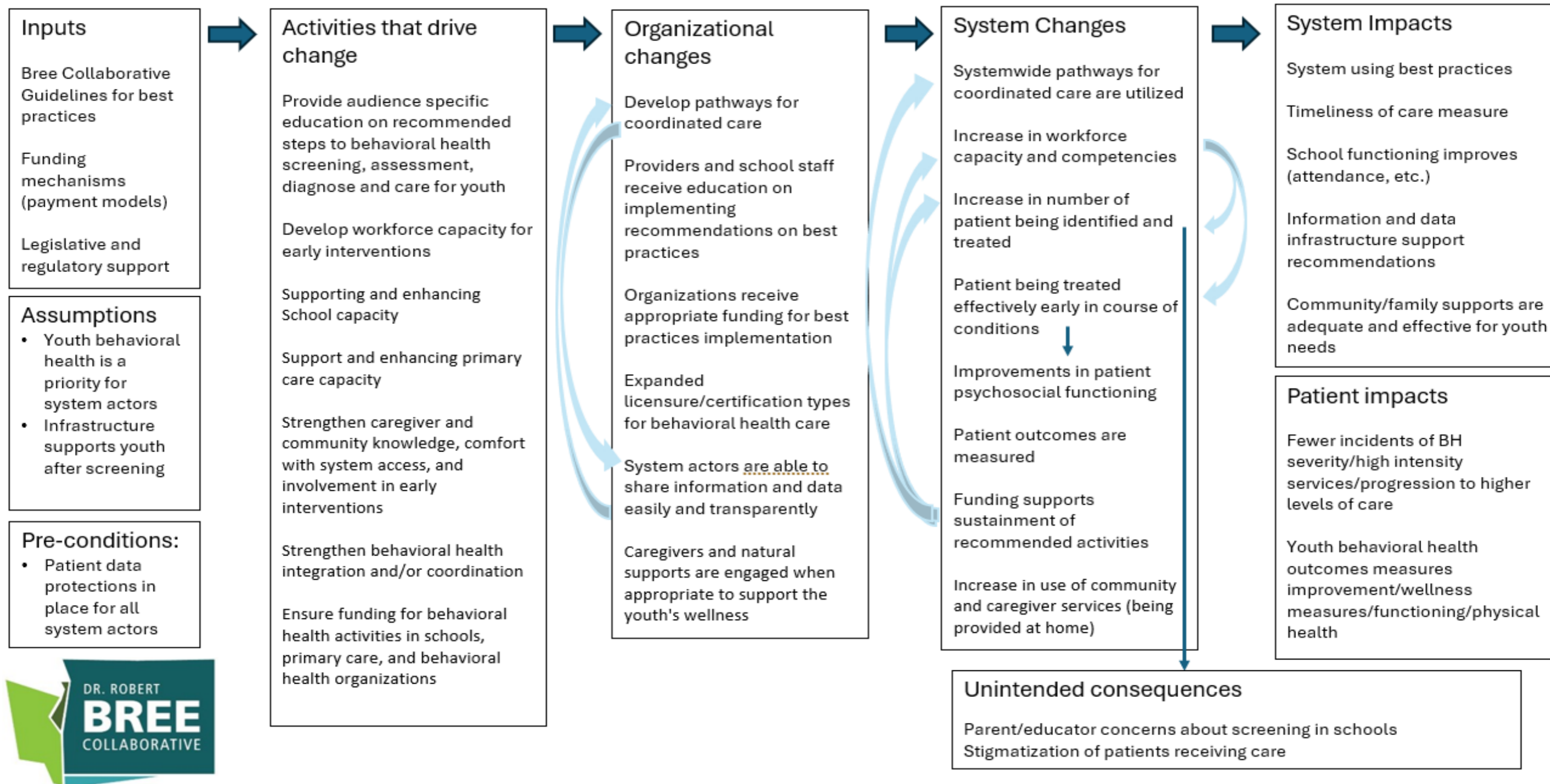
Likelihood rating	Consequence rating				
	Insignificant	Minimal	Moderate	Substantial	Severe
Almost certain	Minor	Medium	High	Very high	Very high
Likely	Minor	Medium	Medium	High	Very High
Possible	Low	Minor	Medium	High	Very High
Unlikely	Low	Minor	Minor	Medium	High
Rare	Low	Low	Minor	Medium	High

## References

- Definitive Healthcare, LLC. (2024, October 24). *Healthcare Ecosystem*. Retrieved from definitivehc.com: <https://www.definitivehc.com/resources/glossary/healthcare-ecosystem>
- Dydyk, A., Jain, N., & Gupta, M. (2024). *Opioid Use Disorder*. Retrieved October 24, 2024, from <https://www.ncbi.nlm.nih.gov/books/NBK553166/>
- Merriam-Webster. (2024, October 24). *Evaluation*. Retrieved from Merriam-Webster.com Dictionary: <https://www.merriam-webster.com/dictionary/evaluation>
- National Institute of Mental Health. (2024, October 24). *Substance Use and Co-Occurring Mental Disorders*. Retrieved from nimh.nih.gov: <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>
- Propel Alanta. (2024, October 24). *How we define equity*. Retrieved from letspropelatl.org: <https://www.letspropelatl.org/define-equity>
- Washington State Health Care Authority. (2024, October 24). *School Employees Benefits Board (SEBB) Program*. Retrieved from hca.wa.gov: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/school-employees-benefits-board-sebb-program>
- Washington State Health Care Authority. (2024, October 24). *Accountable Communities of Health (ACHs)*. Retrieved from hca.wa.gov: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/accountable-communities-health-achs>
- Washington State Health Care Authority. (2024, October 24). *Public Employees Benefits Board (PEBB) Program*. Retrieved from hca.wa.gov: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/public-employees-benefits-board-pebb-program>
- Wikipedia. (2024, October 24). *Evaluation*. Retrieved from Wikipedia: <https://en.wikipedia.org/wiki/Evaluation>

# Appendix A Theory of Change

## Youth Behavioral Health: Early Interventions - Theory of Change



## Appendix B Data Collection Matrix

This is an example of a data evaluation matrix. Organizations use this matrix to plan the data collection for their evaluation efforts. The information in this matrix are examples of how to use the metrics or question guidance in this framework and translate it into a pragmatic data collection plan.

Evaluation Questions		Data: What to collect? When to collect it?			Data source: WHERE is it? HOW to collect it? WHO is responsible? ARE permissions required?	
Questions	Indicators	Metrics	Context	Data Frequency	Data source	
<b>Process/structural improvement</b>						
What changes were made to patient identification policies or process?			<ul style="list-style-type: none"> <li>Urban/semi-urban/rural</li> </ul> Other: population of focus, insurance type	Aligned with clinical considerations	Ex: Policies; workflows; QI programs; patient records;	
What changes were made to align with the tiered treatment model?				Aligned with clinical and patient considerations	Ex: patient records	
What changes were made to screening, brief intervention and referral to treatment?				Aligned with clinical and patient considerations	Ex: workflows, PDSAs	
<b>Effectiveness</b>						
Example: How effective were care coordination activities for screening, initiation to treatment and retention to treatment?			<ul style="list-style-type: none"> <li>Work force</li> <li>Data capacity</li> <li>Urban/semi-urban/rural</li> </ul> Other: population of focus, insurance type	Aligned with clinical and patient considerations	Ex: Administrative records, patient records	
Example: How effective was the tiered treatment model?			<ul style="list-style-type: none"> <li>Work force</li> <li>Data capacity</li> <li>Urban/semi-urban/rural</li> </ul> Other: population of focus, insurance type		Ex: patient records	
<b>Outcomes</b>						
What were the outcomes of screening, brief intervention and referral activities?		<ul style="list-style-type: none"> <li>Diagnosed Mental Health Disorder (DMH) (HEDIS)</li> <li>Youth Substance Use or Diagnosed Substance Use Disorders (DSU) (HEDIS)</li> </ul>				



		<ul style="list-style-type: none"> <li>Depression Screening and Follow Up for Adolescents and Adults (DSF-E) (Uses Electronic Data System (ECDS) reporting</li> </ul>			
What were the outcomes of the tiered treatment model?		<ul style="list-style-type: none"> <li>Depression Remission or Response for Adolescents and Adults (DRR)</li> <li>PTSD remission - patients with PTSD and PCL-5 score of &lt;23 at six months</li> <li>Anxiety Response - patients with anxiety and a 25% reduction of GAD-7 score at six months</li> </ul>			
Impact of Guidelines					
What were the impacts of the guideline's adoption on patient wellness and functioning?		Measures for increase in school / interpersonal / wellness / functioning			DOH, OSPI, surveys, other
What were the impacts of the guideline's adoption on severity of disease?		Measures for decrease in severity/ progression to higher levels of care			EHR's; DOH
Other patient benefits? (economic, health, etc.)					
Lessons Learned					
"Pinch-points"					
barriers and facilitators					
	<p>What are you going to track?</p> <p>The concept that will help answer the question</p>	<p>How are you going to track it?</p> <p>How the concept will be measured</p>	<p>What will the indicators be compared to?</p> <p>For example:</p> <ul style="list-style-type: none"> <li>specified target values</li> <li>baseline values</li> <li>a relevant benchmark or standard</li> <li>a comparison group of comparable non-participants</li> </ul>	<p>How often will the indicators be collected?</p> <p>For example:</p> <ul style="list-style-type: none"> <li>Weekly</li> <li>Monthly</li> <li>Quarterly</li> <li>Annually</li> </ul>	<p><b>Program management team</b> via program administrative data. This includes application forms, funding agreements, progress/completion reports, fees collected number of recipients etc.</p> <p><b>Policy team</b> via program policy documents, media reports, etc.</p> <p><b>Evaluator</b> via program documentation and/or literature reviews in collaboration with program/policy teams</p> <p><b>Evaluator</b> via internal or external surveys or interviews and comparative data in collaboration with program/policy teams, data professionals, linked datasets or others as required</p>