

HOUSE BILL REPORT

HB 1663

As Reported by House Committee On:
Children & Family Services

Title: An act relating to development and funding of evidence-based prevention and intervention services.

Brief Description: Creating the prevention and intervention investment council.

Sponsors: Representatives Kagi, Dickerson, Darneille, Walsh, Roberts, McDonald, Pettigrew, McIntire, Tom, Hunter, Nixon, Clibborn, Santos, Rodne, Kenney and Simpson.

Brief History:

Committee Activity:

Children & Family Services: 2/10/05, 2/16/05 [DPS].

Brief Summary of Substitute Bill

- Creates the Prevention and Intervention Investment Council (Council).
- Requires that 20 percent of state spending for identified current child welfare programs be spent on evidence-based prevention and intervention programs identified by the Council.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Kagi, Chair; Roberts, Vice Chair; Walsh, Assistant Ranking Minority Member; Darneille, Dickerson, Haler and Pettigrew.

Minority Report: Do not pass. Signed by 2 members: Representatives Hinkle, Ranking Minority Member; and Dunn.

Staff: Cynthia Forland (786-7152).

Background:

As part of the 2003-05 state operating budget, the Washington State Institute for Public Policy (WSIPP) was required to conduct research concerning the benefits and costs of prevention and early intervention programs for children and youth. The WSIPP was required to:

- review research assessing the effectiveness of prevention and early intervention programs concerning children and youth, including, but not limited to, programs designed to reduce the at-risk behaviors for children and youth identified in state law, and identify specific

research-proven programs that produce a positive return on the dollar compared to the costs of the program;

- develop criteria designed to ensure quality implementation and program fidelity of research-proven programs in the state, including measures for ongoing monitoring and continual improvement of treatment delivery; and
- develop recommendations for potential state legislation that encourages local government investment in research-proven prevention and early intervention programs by reimbursing local governments for a portion of the savings that accrue to the state as the result of local investments in such programs.

The WSIPP report, which was completed in September 2004, concluded that certain well-implemented prevention and early intervention programs for youth can achieve significantly more benefits than costs, and that taxpayers will be better off if investments are made in these successful research-based programs. The WSIPP report also found the following:

- Some prevention and early intervention programs fail to generate more benefits than costs, and would be an inefficient use of taxpayer money.
- The market for rigorously researched prevention and early intervention programs is young, but is evolving quickly. Most high-quality evaluations have been completed only in the last two decades, and many new rigorous studies will become available in the years ahead.
- While Washington has taken significant steps in recent years, many currently funded prevention and early intervention programs in the state have not been rigorously evaluated. Thus, for many programs in Washington, there is insufficient evidence at this time to determine whether they produce positive or negative returns for taxpayers.

Based on these findings, the WSIPP concluded that in order to ensure the best possible return for Washington taxpayers the Legislature and Governor should:

- invest in research-proven "blue chip" prevention and early intervention programs, with most of the state's prevention portfolio spent on these proven programs;
- avoid spending money on programs where there is little evidence of program effectiveness;
- keep abreast of the latest research-based findings from around the United States to determine where there are opportunities to use taxpayer dollars wisely;
- embark on a strategy to evaluate Washington's currently funded programs to determine if benefits exceed costs;
- pay close attention to quality control and adherence to original program designs; and
- consider developing a strategy to encourage local government investment in research-proven programs.

Summary of Substitute Bill:

Prevention and Intervention Investment Council

The Prevention and Intervention Investment Council (Council) is created to direct and support the following:

- the investment of state resources in evidence-based prevention and intervention programs in the state; and
- ongoing research and evaluation of sound, theory-based and research-based prevention and intervention programs with the goal of expanding the number and type of available evidence-based programs.

In conducting its work, the Council must consult a broad range of available research, including research conducted by the WSIPP on prevention and early intervention programs.

The Council is to consist of the following 10 members:

- the Secretary of the Department of Social and Health Services (DSHS), the Secretary of the Department of Health (DOH), and the Director of the Office of Financial Management;
- three individuals appointed by the Governor, two of whom must be researchers; and
- two members of the House of Representatives appointed by the Speaker of the House of Representatives, one of whom must be a member of the majority caucus and one of whom must be a member of the minority caucus, and two members of the Senate appointed by the President of the Senate, one of whom must be a member of the majority caucus and one of whom must be a member of the minority caucus.

Evidence-Based Prevention and Intervention Programs

The Council is required to develop and maintain a defined menu of evidence-based prevention and intervention programs that have been demonstrated to achieve significantly more benefits than costs with respect to the two following outcomes:

- reduction in child abuse; and
- reduction in child neglect.

The Council is also required to develop guidelines for implementation of the identified programs, which address quality control, adherence to program design, monitoring, and evaluation.

By July 1, 2006, the Council is required to identify additional outcomes for which it must develop and maintain defined menus of evidence-based prevention and intervention programs that have been demonstrated to achieve significantly more benefits than costs with respect to those outcomes.

The Council must encourage public and private efforts to support training of state staff and service providers and to expand capacity for the provision of theory-based, research-based, and evidence-based prevention and intervention services.

Twenty percent of state spending for Alternate Response Systems, Family Preservation Services, and Early Intervention Public Health Nurse Services must be spent on evidence-based prevention and intervention programs identified by the Council to achieve significantly more benefits than costs in reducing child abuse and reducing child neglect. This funding must be limited to spending for services to families involved with the child welfare system.

With the approval of the Council, the DSHS may spend up to 10 percent of the designated amount to meet costs of staffing, training, and information system changes necessary to implement the bill.

Existing state entities that support prevention and intervention programs, including but not limited to the Washington Council for the Prevention of Child Abuse and Neglect, the Family Policy Council, and the Governor's Juvenile Justice Advisory Committee, are required to focus on funding sound, theory-based and research-based prevention and intervention programs with the goal of expanding the number and type of available evidence-based programs. These state entities must coordinate their activities with the activities of the Council.

Further Duties of the Council

The Council is to employ an executive director who is exempt from the provisions of the state Civil Service law. The council may fix the compensation of the executive director. The executive director may employ such other staff as are necessary to carry out the purposes of the bill.

The Council must create a Prevention and Intervention Investment Work Group to provide technical support to the Council.

Members of the Council must be compensated as a class three group and reimbursed for travel expenses in accordance with state law.

Definitions

The following definitions apply to the terms used in the bill:

- "Evidence-based" means a program or practice for which there is consistent scientific evidence showing that the interventions improve client outcomes.
- "Research-based" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based.
- "Theory-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, may have anecdotal or case study support, and has potential for becoming a research-based program or practice.

Substitute Bill Compared to Original Bill:

The programs for which the Council is to direct and support ongoing research and evaluation are expanded to include *research-based* prevention and intervention programs. The programs that existing state entities, which support prevention and intervention programs, are to focus on funding are also expanded to include *research-based* prevention and intervention programs.

The membership of the Council is expanded to include the Secretary of the DOH.

The Council is required to encourage public and private efforts to support training of state staff and service providers and to expand capacity for the provision of theory-based, research-based, and evidence-based prevention and intervention services.

With the approval of the Council, the DSHS may spend up to 10 percent of the amount identified in the bill, for funding evidence-based prevention and intervention programs identified by the Council, to meet costs of staffing, training, and information system changes necessary to implement the bill.

The following definitions are provided for the terms used in the bill:

- "Evidence-based" means a program or practice for which there is consistent scientific evidence showing that the interventions improve client outcomes.
- "Research-based" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based.
- "Theory-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, may have anecdotal or case study support, and has potential for becoming a research-based program or practice.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: (In support of original bill) Over the last several years, we have looked at evidence-based practice, at what the research says and how we can best move forward as a state to implement evidence-based practice. We have found that there is very little research in the areas of child abuse and child neglect. We have decided to take a more conservative approach to this, following the example of the Juvenile Rehabilitation Administration in shifting funds to evidence-based programs. We need to make sure that our child welfare funding is increasingly going to evidence-based programs. This is a very exciting direction. The use of evidence-based practices clearly delivers positive outcomes for the families served in the child welfare system. The Children's Administration is working with providers to encourage the use of research-based practices. The entire DSHS has made a commitment to move towards evidence-based practice. Hopefully the Council will consider adopting a unified tiered definition of evidence-based practice, such as the Children's Administration, the Juvenile Justice Administration, and the Health and Rehabilitative Services Administration have developed. This type of legislation is very cutting edge for child welfare. There is a great deal of interest across the country in promoting evidence-based practice in child welfare. It is appreciated that the bill recognizes a range of research and research-supported programs. It is pleasing to see the legislative interest in prevention programs, and particularly pleasing to see the inclusion of theory-based programs in the bill. Some innovative programs that are not strictly evidence-based have been very effective. Hopefully the current work of

Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN), the Family Policy Council and the Community Networks, and Governor's Juvenile Justice Advisory Committee is recognized and supported rather than create duplicative systems. The WSIPP report clearly stated that prevention works, that prevention pays. This bill is a very, very good next step towards making sure that we are putting some money into evidence-based programs, and then expanding the list of programs that achieve the outcomes that we want. This bill is such a great step forward for children and families of this state. This bill takes the first steps to move appropriate services to evidence-based practices, creates an investment council to ensure accountability, and does not take away needed services from those already in the child welfare system. This bill spells the beginning of a new form of strategic investment in state-sponsored services and creates new opportunities for collaboration with not-for-profit partners in moving effective services forward.

(With comments) It is pleasing to see prevention and intervention, rather than prevention and early intervention, identified in the bill. We need to bring good practice into the rear end of the system, so that savings can be realized that can be invested in prevention and early intervention services. Hopefully this will lead to evidence-based foster care, such as therapeutic foster care, and evidence-based services for the parents of children coming into foster care. The processes outlined in the bill are elegant and are going to take a long time. The Children's Administration is already partnering with private agencies to bring some of the WSIPP programs to child welfare clients right now. We should ensure that the Children's Administration can access some of the dollars identified in the bill to continue evidence-based practices that are already underway without waiting for the Council to finish its work.

(Neutral) Investing in programs proven to be cost-effective, programs that have this type of research behind them, is strongly supported. Investing in promising programs that are theory-based and are achieving documented positive outcomes, but may not have benefitted from control group research, is also supported. The balance that is struck in the bill between these proven and promising programs is appreciated. The identification of small agencies like WCPCAN where evaluation and outcome measurement are a priority as the place where funding of innovative and promising programs should occur is also appreciated. Research-based programs are often very expensive to implement, and many community-based agencies cannot afford the up-front and ongoing training and implementation costs associated with these programs. The effectiveness of many research-based programs with diverse populations is unclear. There are various types of credible research, and some programs cannot be evaluated in the way detailed by the WSIPP and some benefits cannot be monetized using the WSIPP cost-benefit model. More experts in the field of prevention and early intervention should be on the Council itself or on the technical work group. Entities like WCPCAN should also be included on the Council or the technical work group.

Testimony Against: None.

Persons Testifying: : (In support of original bill) Representative Kagi, prime sponsor; Uma Ahluwalia, Department of Social and Health Services; Gail Gosney, Thurston Community Network; Laurie Lippold, Children's Home Society; and Thomas Rembiesa, Ruth Dykeman Children's Center.

(With comments on original bill) Charlotte Booth, Institute for Family Development.

(Neutral on original bill) Joan Sharp, Washington Council for the Prevention of Child Abuse and Neglect.

Persons Signed In To Testify But Not Testifying: None.