

E2SHB 2536 - S AMD 301

By Senators Hargrove, Stevens, Carrell

ADOPTED 03/08/2012

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1) The legislature intends that prevention
4 and intervention services delivered to children and juveniles in the
5 areas of mental health, child welfare, and juvenile justice be
6 primarily evidence-based and research-based, and it is anticipated that
7 such services will be provided in a manner that is culturally
8 competent.

9 (2) The legislature also acknowledges that baseline information is
10 not presently available regarding the extent to which evidence-based
11 and research-based practices are presently available and in use in the
12 areas of children's mental health, child welfare, and juvenile justice;
13 the cost of those practices; and the most effective strategies and
14 appropriate time frames for expecting their broader use. Thus, it
15 would be wise to establish baseline data regarding the use and
16 availability of evidence-based and research-based practices.

17 (3) It is the intent of the legislature that increased use of
18 evidence-based and research-based practices be accomplished to the
19 extent possible within existing resources by coordinating the purchase
20 of evidence-based services, the development of a trained workforce, and
21 the development of unified and coordinated case plans to provide
22 treatment in a coordinated and consistent manner.

23 (4) The legislature recognizes that in order to effectively provide
24 evidence-based and research-based practices, contractors should have a
25 workforce trained in these programs, and outcomes from the use of these
26 practices should be monitored.

27 NEW SECTION. **Sec. 2.** For the purposes of this chapter:

28 (1) "Contractors" does not include county probation staff that
29 provide evidence-based or research-based programs.

1 (2) "Prevention and intervention services" means services and
2 programs for children and youth and their families that are
3 specifically directed to address behaviors that have resulted or may
4 result in truancy, abuse or neglect, out-of-home placements, chemical
5 dependency, substance abuse, sexual aggressiveness, or mental or
6 emotional disorders.

7 NEW SECTION. **Sec. 3.** The department of social and health services
8 shall accomplish the following in consultation and collaboration with
9 the Washington state institute for public policy, the evidence-based
10 practice institute at the University of Washington, a university-based
11 child welfare partnership and research entity, other national experts
12 in the delivery of evidence-based services, and organizations
13 representing Washington practitioners:

14 (1) By September 30, 2012, the Washington state institute for
15 public policy, the University of Washington evidence-based practice
16 institute, in consultation with the department shall publish
17 descriptive definitions of evidence-based, research-based, and
18 promising practices in the areas of child welfare, juvenile
19 rehabilitation, and children's mental health services.

20 (a) In addition to descriptive definitions, the Washington state
21 institute for public policy and the University of Washington evidence-
22 based practice institute must prepare an inventory of evidence-based,
23 research-based, and promising practices for prevention and intervention
24 services that will be used for the purpose of completing the baseline
25 assessment described in subsection (2) of this section. The inventory
26 shall be periodically updated as more practices are identified.

27 (b) In identifying evidence-based and research-based services, the
28 Washington state institute for public policy and the University of
29 Washington evidence-based practice institute must:

30 (i) Consider any available systemic evidence-based assessment of a
31 program's efficacy and cost-effectiveness; and

32 (ii) Attempt to identify assessments that use valid and reliable
33 evidence.

34 (c) Using state, federal, or private funds, the department shall
35 prioritize the assessment of promising practices identified in (a) of
36 this subsection with the goal of increasing the number of such

1 practices that meet the standards for evidence-based and research-based
2 practices.

3 (2) By June 30, 2013, the department and the health care authority
4 shall complete a baseline assessment of utilization of evidence-based
5 and research-based practices in the areas of child welfare, juvenile
6 rehabilitation, and children's mental health services. The assessment
7 must include prevention and intervention services provided through
8 medicaid fee-for-service and healthy options managed care contracts.
9 The assessment shall include estimates of:

10 (a) The number of children receiving each service;

11 (b) For juvenile rehabilitation and child welfare services, the
12 total amount of state and federal funds expended on the service;

13 (c) For children's mental health services, the number and
14 percentage of encounters using these services that are provided to
15 children served by regional support networks and children receiving
16 mental health services through medicaid fee-for-service or healthy
17 options;

18 (d) The relative availability of the service in the various regions
19 of the state; and

20 (e) To the extent possible, the unmet need for each service.

21 (3)(a) By December 30, 2013, the department and the health care
22 authority shall report to the governor and to the appropriate fiscal
23 and policy committees of the legislature on recommended strategies,
24 timelines, and costs for increasing the use of evidence-based and
25 research-based practices. The report must distinguish between a
26 reallocation of existing funding to support the recommended strategies
27 and new funding needed to increase the use of the practices.

28 (b) The department shall provide updated recommendations to the
29 governor and the legislature by December 30, 2014, and by December 30,
30 2015.

31 (4)(a) The report required under subsection (3) of this section
32 must include recommendations for the reallocation of resources for
33 evidence-based and research-based practices and substantial increases
34 above the baseline assessment of the use of evidence-based and
35 research-based practices for the 2015-2017 and the 2017-2019 biennia.
36 The recommendations for increases shall be consistent with subsection
37 (2) of this section.

1 (b) If the department or health care authority anticipates that it
2 will not meet its recommended levels for an upcoming biennium as set
3 forth in its report, it must report to the legislature by November 1st
4 of the year preceding the biennium. The report shall include:

- 5 (i) The identified impediments to meeting the recommended levels;
- 6 (ii) The current and anticipated performance level; and
- 7 (iii) Strategies that will be undertaken to improve performance.

8 (5) Recommendations made pursuant to subsections (3) and (4) of
9 this section must include strategies to identify programs that are
10 effective with ethnically diverse clients and to consult with tribal
11 governments, experts within ethnically diverse communities, and
12 community organizations that serve diverse communities.

13 NEW SECTION. **Sec. 4.** The department of social and health
14 services, in consultation with a university-based evidence-based
15 practice institute entity in Washington, the Washington partnership
16 council on juvenile justice, the child mental health systems of care
17 planning committee, the children, youth, and family advisory committee,
18 the Washington state racial disproportionality advisory committee, a
19 university-based child welfare research entity in Washington state,
20 regional support networks, the Washington association of juvenile court
21 administrators, and the Washington state institute for public policy,
22 shall:

23 (1) Develop strategies to use unified and coordinated case plans
24 for children, youth, and their families who are or are likely to be
25 involved in multiple systems within the department;

26 (2) Use monitoring and quality control procedures designed to
27 measure fidelity with evidence-based and research-based prevention and
28 treatment programs; and

29 (3) Utilize any existing data reporting and system of quality
30 management processes at the state and local level for monitoring the
31 quality control and fidelity of the implementation of evidence-based
32 and research-based practices.

33 NEW SECTION. **Sec. 5.** (1) The department of social and health
34 services and the health care authority shall identify components of
35 evidence-based practices for which federal matching funds might be

1 claimed and seek such matching funds to support implementation of
2 evidence-based practices.

3 (2) The department shall efficiently use funds to coordinate
4 training in evidence-based and research-based practices across the
5 programs areas of juvenile justice, children's mental health, and child
6 welfare.

7 (3) Any child welfare training related to implementation of this
8 chapter must be delivered by the University of Washington school of
9 social work in coordination with the University of Washington evidence-
10 based practices institute.

11 (4) Nothing in this act requires the department or the health care
12 authority to:

13 (a) Take actions that are in conflict with presidential executive
14 order 13175 or that adversely impact tribal-state consultation
15 protocols or contractual relations; or

16 (b) Redirect funds in a manner that:

17 (i) Conflicts with the requirements of the department's section
18 1915(b) medicaid mental health waiver; or

19 (ii) Would substantially reduce federal medicaid funding for mental
20 health services or impair access to appropriate and effective services
21 for a substantial number of medicaid clients; or

22 (c) Undertake actions that, in the context of a lawsuit against the
23 state, are inconsistent with the department's obligations or authority
24 pursuant to a court order or agreement.

25 NEW SECTION. **Sec. 6.** Sections 1 through 5 of this act constitute
26 a new chapter in Title 43 RCW."

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27 On page 1, line 2 of the title, after "juveniles;" strike the
28 remainder of the title and insert "and adding a new chapter to Title 43
29 RCW."

EFFECT: Adds the Health Care Authority to the agencies responsible for putting the baseline together. Clarifies that the baseline assessment is to include: For juvenile rehabilitation and child welfare services, the total amount of state and federal funds expended on the evidence-based or research-based service; and for mental health services, the number and percentage of encounters using these services that are provided to children being served by RSNs and receiving services through Medicaid fee for service and Health Options. Requires the report on recommended strategies, timelines, and costs for increasing the use of evidence-based and research-based services to distinguish between a reallocation of existing funding and new funding needed to increase the use of the practices.

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