
Early Learning & Human Services Committee

HB 2536

Brief Description: Concerning the use of evidence-based practices for the delivery of services to children and juveniles.

Sponsors: Representatives Dickerson, Johnson, Goodman, Hinkle, Kretz, Pettigrew, Warnick, Cody, Harris, Kenney, Kagi, Darneille, Orwall, Condotta, Ladenburg, Appleton, Jinkins and Maxwell.

Brief Summary of Bill

- Requires that the agencies that deliver prevention and intervention services for children's mental health, child welfare, and juvenile justice meet graduated requirements for increasing the percentage of funds expended on evidence-based programs for those services.

Hearing Date: 1/24/12

Staff: Linda Merelle (786-7092).

Background:

Evidence-Based Practices.

Evidence-based practices are generally defined as those programs or policies that are supported by a rigorous outcome evaluation clearly demonstrating effectiveness. Since the mid-1990s, the Washington State Institute for Public Policy (WSIPP), the research arm of the Legislature, has undertaken comprehensive reviews of evidence-based programs. It has examined programs and policies in the juvenile and adult criminal justice arenas, as well as in other public policy areas, including early childhood education, child welfare, children's and adult mental health, and substance abuse. A "research-based" practice has some research demonstrating effectiveness, but it does not yet meet the standard of an evidence-based practice. A "promising practice" or

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"emerging best practice" does not meet evidence-based standards but presents potential for becoming a research-based practice.

In 2007 the Legislature established the University of Washington Evidence Based Practice Institute (EBPI) which collaborates with the WSIPP and other entities to improve the implementation of evidence-based and research-based practices by providing training and consultation to mental health providers and agencies that serve the needs of children. The EBPI also provides oversight of implementation of evidence-based practices to ensure fidelity to program models.

Summary of Bill:

The Juvenile Rehabilitation Administration, the Children's Administration, and agencies that administer funds related to children's mental health services must expend state funds on programs and services that are evidence-based, as identified by the WSIPP and the EBPI. The requirements for these expenditures are imposed incrementally.

Under this act, an "evidence-based" program or practice is one that is cost-effective and includes at least two randomized or statistically controlled evaluations that have demonstrated improved outcomes for the intended population.

In collaboration with the EBPI, agencies responsible for delivering services to children and juveniles must initiate or continue their review of sound, promising, and research-based practices with the goal of identifying and expanding the number of evidence-based practices that are cost-beneficial and effective. The agencies must also coordinate implementation of evidence-based programs with the EBPI, accompanied by quality control procedures to ensure fidelity to program standards.

Use of Funds.

The determination of the amount of funds expended on evidence-based programs includes program costs necessary to directly implement evidence-based programs, including discrete staffing and training costs which would not have been incurred but for the implementation of an evidence-based program. Funds expended for indirect administrative costs may not be included.

In collaboration with the WSIPP and the EBPI, the Department of Social and Health Services (DSHS) must redirect existing funding resources, as necessary, to coordinate the purchase of evidence-based services and the development of a workforce that is trained to implement those practices.

Juvenile Rehabilitation Administration.

The percentage of funds expended on evidence-based programs that reduce criminal recidivism of the participants must be:

- no less than 65 percent in fiscal years 2014 and 2015; and
- no less than 75 percent in fiscal years 2016 and 2017.

Children's Mental Health Services.

The percentage of funds expended on evidence-based programs that improve mental health outcomes for the participants must be:

- no less than 50 percent in fiscal years 2014 and 2015;
- no less than 65 percent in fiscal years 2016 and 2017; and
- no less than 75 percent in fiscal years 2018 and 2019.

Children's Administration.

The percentage of funds expended for child welfare services that reduce abuse and neglect, safely reduce the rates of out-of-home placement, decrease the length of time required to provide permanency for children in out-of-home care, or improve child well-being for participants must be:

- no less than 35 percent in fiscal years 2014 and 2015;
- no less than 50 percent in fiscal years 2016 and 2017; and
- no less than 75 percent in fiscal years 2018 and 2019.

State Interagency System of Care Team.

The DSHS must develop a unified and accountable system of care to coordinate the delivery of services to children, juveniles, and their families. It must develop a central mechanism through the use of wraparound care coordination, peer support, and evidence-based treatments. To accomplish this, the DSHS is directed to establish a State Interagency System of Care Team. The members of the team must include representatives from the following:

- child advocacy organizations;
- tribal authorities;
- the Division of Behavior Health and Recovery Services;
- the Children's Administration;
- the Juvenile Rehabilitation Administration;
- the Division of Developmental Disabilities;
- the Health Care Authority
- the Office of the Superintendent of Public Instruction;
- family and youth support organizations;
- regional support networks;
- state and local provider organizations;
- the University of Washington Evidence Based Practice Institute; and
- the Washington State Institute for Public Policy.

Reports.

Department of Social and Health Services.

The DSHS must track and document its compliance with the requirements of this act. It must also report annually to the Legislature regarding its progress in the coordination of the purchase of evidence-based services and the development of a trained work force to implement those services. A preliminary report is due by December 31, 2012. A subsequent report is due December 31, 2013, and reports are due annually, thereafter.

Washington State Institute for Public Policy and Evidence Based Practice Institute.

The WSIPP and the EBPI are required to work collaboratively, with any necessary assistance from the DSHS, to prepare a report to the Legislature. The reports must include:

- an assessment of the amount of funds expended on evidence-based services;
- an assessment of program fidelity to evidence-based models;
- an assessment of outcomes for children and youth who receive evidence-based services; and
- a description of the method of the DSHS's documentation of its compliance with the requirements of the act.

The first report is due no later than July 1, 2013. A second report is due July 1, 2015, and a final report is due December 1, 2019.

Appropriation: None.

Fiscal Note: Requested on January 17, 2012.

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