

SENATE BILL REPORT

E2SHB 2536

As Reported by Senate Committee On:
Human Services & Corrections, February 23, 2012
Ways & Means, February 27, 2012

Title: An act relating to the use of evidence-based practices for the delivery of services to children and juveniles.

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

Sponsors: House Committee on Ways & Means (originally sponsored by Representatives Dickerson, Johnson, Goodman, Hinkle, Kretz, Pettigrew, Warnick, Cody, Harris, Kenney, Kagi, Darneille, Orwall, Condotta, Ladenburg, Appleton, Jinkins and Maxwell).

Brief History: Passed House: 2/13/12, 97-1.

Committee Activity: Human Services & Corrections: 2/21/12, 2/23/12 [DPA-WM, w/oRec].

Ways & Means: 2/27/12 [DPA, w/oRec].

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Hargrove, Chair; Regala, Vice Chair; Stevens, Ranking Minority Member; Carrell and McAuliffe.

Minority Report: That it be referred without recommendation.

Signed by Senators Harper and Padden.

Staff: Jennifer Strus (786-7316)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended.

Signed by Senators Murray, Chair; Kilmer, Vice Chair, Capital Budget Chair; Zarelli, Ranking Minority Member; Parlette, Ranking Minority Member Capital; Baumgartner, Brown, Conway, Fraser, Harper, Hewitt, Holmquist Newbry, Honeyford, Kastama, Keiser, Kohl-Welles, Regala, Schoesler and Tom.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Minority Report: That it be referred without recommendation.

Signed by Senators Padden and Pridemore.

Staff: Tim Yowell (786-7435)

Background: 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), 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 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 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 the implementation of evidence-based practices to ensure fidelity to program models.

Summary of Bill (Recommended Amendments): The Department of Social and Health Services (DSHS) is directed to consult and to collaborate with WSIPP, EBPI, a university-based child welfare partnership and research entity, other national experts in the delivery of evidence-based services, and organizing representing Washington practitioners in the areas of child welfare, juvenile rehabilitation, and children's mental health services to accomplish the following:

- by September 30, 2012, publication of descriptive definitions of evidence-based and research-based practices in the areas of child welfare, juvenile rehabilitation, and children's mental health services;
- by June 30, 2013, completion of a baseline assessment of the extent to which evidence-based and research-based practices are in place in the state; the number of children receiving them; the total amount of state and federal funds expended upon each such service; the relative availability of the service in the various regions of the state; and the number of children served by state programs who would significantly benefit from but are not presently receiving the service; and
- by December 1, 2013, a report to the Governor and Legislature on recommended strategies, timelines, and costs for increasing availability of evidence-based and research-based practices in state-funded child welfare, juvenile rehabilitation, and children's mental health services.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Recommended Amendments): The requirements that specified increasing percentages of state spending on child welfare, juvenile rehabilitation, and children's mental health services be spent on

evidence-based and outcome-based practices is replaced with the requirement that DSHS complete a descriptive inventory of such services; an assessment of the extent to which they are presently in place in various areas of the state and their costs; and a plan for increasing their availability.

EFFECT OF CHANGES MADE BY HUMAN SERVICES & CORRECTIONS COMMITTEE (Recommended Amendments): Adds outcome-based programs to be included as those programs on which the expenditure of funds should be made as well as included in the implementation percentages. Adds a definition of outcome-based programs.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony as Heard in Committee (Human Services & Corrections): PRO: This bill provides strong accountability in assessing effective practices and allows for flexibility in approaches. We are familiar with worries and concerns people have about adopting EBPs as the primary framework. One big concern is how does one get on the list as an EBP. The definition in the bill of EBP is a standard one accepted by people in the scientific world. EBPs are those programs that are results-oriented; results have been shown to be true over time. The bill allows for more programs to get in and that is as it should be because science does not stand still. We have also heard concerns about the cost of EBPs. It is correct that it costs something and some interventions are pretty expensive but most of these were designed for a small percentage of high risk offenders and disturbed kids. Most interventions for mental health are not expensive to adopt or deliver. Doing many of things they have always done just doing it in a more structured way and using outcome measures. The vision of this bill that we expand practices that keep children with their families. This bill aligns us in the direction of improved accountability and outcomes on behalf of the taxpayers of this state.

CON: EBPs that are used today are typically developed and formed for the population at large. Although developers attempt to design interventions appropriate to a broad spectrum of American society, the literature suggests that behavioral health does not yet have a totally culture-free evidence-based protocol, one devoid of all possible cultural bias. The trend toward wider use of EBPs has given rise to questions about the effectiveness of EBPs with people of diverse racial, ethnic, regional and cultural distinctions. For these reasons, this bill is not an effective solution to improve quality, enhance outcomes and strengthen the stewardship of public resources.

OTHER: While support evidence-based concepts large sums of money and subjects must be involved in the testing of programs so that they may be considered evidence-based. Increased costs of EBP mandates in the bill will be borne by mental health centers. Use EBPs now but are concerned about the cost especially with the percentages in the bill. Ongoing fidelity requirements of EBPs are costly as well. In some cases, facilities have to be remodeled to

accommodate the fidelity requirements of EBPs. Because of the funding cuts of recent years, some EBPs lose their credentials because fidelity to the model cannot be sustained. There are many individuals dealt with by the systems mentioned in the bill that would not be appropriate subjects for EBPs. The bill does not provide that a baseline of what EBPs are being used and paid for by the state now be developed and that is critical to deciding where to go. The bill puts the cart before the horse. There should be a greater focus on outcomes rather than EBPs.

Persons Testifying (Human Services & Corrections): PRO: Representative Dickerson, prime sponsor; Representative Johnson; Andres Soto, THS-MST; Eric Trupin, University of Washington; Lucy Berliner, Harborview.

CON: Janet St. Clair, Asian Counseling and Referral Services.

OTHER: Leslie Emerick, Assn. of Advanced Practice Psychiatric Nurses; Gregory Robinson, WA Community Mental Health Council; Joe Roszak, Kitsap Mental Health Services; Gary Romjue, Catholic Community Services.

Staff Summary of Public Testimony on Bill as Amended by Human Services & Corrections (Ways & Means): PRO: The bill is a bipartisan effort that is about reform, accountability, and getting the best return on state expenditures. WSIPP has concluded that for every \$1 spent on evidence-based practices the state gets a \$3 return. National philanthropies are very interested in this legislation. Children and youth can be served more effectively than they are now by redirecting the way funds are being spent.

CON: Many evidence-based practices require higher staffing ratios, additional staff training, and licensing fees to national organizations in order to use the practice and for those organizations to monitor the fidelity with which it is implemented. Professional groups must therefore oppose the legislation because the funds aren't available to cover these costs without reducing spending on other critical services.

OTHER: There is no baseline information about the extent to which evidence-based practices are presently in place in the mental health and child welfare systems. Randomized trials and evaluations often just demonstrate that a practice is better than a placebo, not that it's more effective than an alternate practice. Evidence-based practices often have large start-up costs for licensing and staff training that will take funds away from direct services.

Persons Testifying (Ways & Means): PRO: Representative Dickerson, prime sponsor; Ramona Hattendorff, Washington PTSA; Eric Trupin, University of WA School of Social Work.

CON: Seth Dawson, WA Coalition for Children in Care; Leslie Emerick, WA Society of Advanced Psychiatric Nurses.

OTHER: Gregory Robinson, WA Community Mental Health Council; Gary Romjue, WA Catholic Community Services; Rashi Gupta, WA Assn. of Counties.