

SENATE BILL REPORT

SB 6205

As of February 6, 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: Senators Hargrove, Stevens and Regala.

Brief History:

Committee Activity: Human Services & Corrections: 1/24/12.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Staff: Jennifer Strus (786-7316)

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 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. EBPI also oversees implementation of evidence-based practices to ensure fidelity to program models.

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.

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 WSIPP and 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 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 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 WSIPP and 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. 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, 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;
- EBPI; and
- WSIPP.

Reports. *Department of Social and Health Services.* 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 coordinating the purchase of evidence-based services and developing 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. WSIPP and 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 DSHS's method of documenting its compliance with the act's requirements.

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 23, 2012.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This bill would move our state forward in outcomes for children and families and taxpayers. These programs teach skills that families can use rather than foster a dependency. EBPI trains providers and supports those practices that are promising, and it puts us as a state in a good position to improve outcomes. The strategy of using our resources for treating effectively rather than just treating is an improvement. There need to be sufficient resources dedicated to this effort, not only for EBPI but also for the providers who are working through this with the state.

OTHER: Should not take all the funds for services and push them all into EBPs. While EBPs are good, not all services are good for EBPs, so we have a question as to how all-encompassing this bill is meant to be. With the budget cuts that are proposed, transferring money to EBPs could be problematic. Need to look at how these programs apply to diverse populations as well. How does this bill fit into existing services and programs? WSIPP should be added to the group that evaluates a program to determine whether it is an EBP. Extremely difficult to evaluate the feasibility of the timelines and percentages in the bill, as it is not known what percentage of dollars goes into EBPs currently. Federal Medicaid requirements for measuring costs require that indirect costs must be allocated fairly across all programs; therefore, EBPs cannot be exempted from that requirement as is required in the bill. Not all clients served are appropriate candidates for the available EBPs. One goal of the bill is to shift funding away from services that do not work to those that do work. But there are services that are effective that are not EBPs.

Persons Testifying: PRO: Brian Carroll, WA Coalition for Children in Care; Eric Trupin, University of WA.

OTHER: Pete Peterson, WA Assn. of Juvenile Court Administrators; Dana Phelps, Juvenile Rehabilitation Administration, DSHS; Steve Aos, WSIPP; John Masterson, WA Community Mental Health Center; Rashi Gupta, Assn. of Counties.