

FINAL BILL REPORT

E2SHB 2536

C 232 L 12

Synopsis as Enacted

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).

House Committee on Early Learning & Human Services

House Committee on Ways & Means

Senate Committee on Human Services & Corrections

Senate Committee on Ways & Means

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), 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" 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.

Medicaid.

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.

In 2011 the Health Care Authority (HCA) was designated as the single state agency for the administration and supervision of Washington's Medicaid program.

Summary:

A new chapter is created in Title 43 regarding the use of evidence-based and research-based prevention and intervention services in the areas of children's mental health, juvenile rehabilitation, and child welfare. "Prevention and intervention services" are defined as services and programs for children and youth and their families that are specifically directed to address behaviors that have resulted or may result in truancy, abuse or neglect, out-of-home placements, chemical dependency, substance abuse, sexual aggressiveness, or mental or emotional disorders.

Description and Inventory of Practices.

By September 30, 2012, the Department of Social and Health Services (Department), in consultation with the WSIPP, the EBPI, a university-based child welfare partnership and research entity, other national experts in the delivery of evidence-based services, and organizations representing Washington practitioners, is required to publish descriptive definitions for and prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services in the areas of child welfare, juvenile rehabilitation, and children's mental health services. The inventory must be periodically updated as more practices are identified.

In the identification of evidence-based and research-based services, the WSIPP and the EBPI must consider available systemic evidence-based assessment of a program's efficacy and cost effectiveness and attempt to identify assessments that use valid and reliable evidence. The Department must prioritize the assessment of promising practices that it has identified with the goal of increasing the number of promising practices that meet the standards for evidence-based or research-based practices.

Baseline Assessment of Utilization.

By June 30, 2013, the Department and the HCA must complete a baseline assessment of the utilization of evidence-based and research-based practices in the areas of child welfare, juvenile rehabilitation, and children's mental health services. The assessment must include prevention and intervention services provided through Medicaid fee-for-service and Healthy Options managed care contracts. The assessments of services must include estimates of:

- the number of children receiving each service;
- the total amount of state and federal funds expended for juvenile rehabilitation and child welfare services;
- the number and percentage of encounters for children's mental health services provided to children served by the Regional Support Networks and for children receiving services through Medicaid fee-for-service or Healthy Options;
- the relative availability of the service in different regions in the state; and
- the unmet need for each service, to the extent it can be assessed.

Coordinated Care and Monitoring Procedures.

The Department must develop strategies to use unified and coordinated case plans for children, youth, and their families who are or will likely be involved in multiple systems within the Department. It must also use monitoring and quality control procedures designed to measure fidelity with evidence-based and research-based prevention and treatment services, including the use of existing data reporting and system of quality management processes at the state and local levels. The Department must carry out these responsibilities in consultation with:

- a university-based evidence-based practice institute entity in Washington;
- the Washington Partnership Council on Juvenile Justice;
- the Child Mental Health Systems of Care Planning Committee;
- the Children, Youth, and Family Advisory Committee;
- a university-based Child Welfare entity in Washington;
- Regional Support Networks;
- the Washington Association of Juvenile Court Administrators; and
- the WSIPP.

Matching Funds.

The Department and the HCA must identify components of evidence-based practices for which federal funds might be claimed and seek federal matching funds for such components.

Training.

The Department must efficiently use funds to coordinate training across program areas, and training for child welfare employees must be delivered by the University of Washington School of Social Work in Coordination with the EBPI.

Implementation of Act.

The Department and the HCA, in implementing this act, are not required to take actions that are in conflict with Presidential Executive Order 13175 or that adversely impact tribal-state consultation protocols or contractual relations. The Department and the HCA are not required to redirect funds in a manner that conflicts with the Department's Section 1915(b) Medicaid mental health waiver or that would substantially reduce Medicaid funding or impair access to services for a substantial number of Medicaid clients.

The Department is not required to take actions inconsistent with its obligations or authority pursuant to a court order or agreement in the context of a lawsuit.

Reports.

By December 30, 2013, the Department and the HCA must report to the Governor and to the Legislature regarding recommended strategies, timelines, and costs for increasing the use of evidence-based and research-based practices. The report must include recommendations for substantial increases above the baseline assessment for the 2015-2017 and the 2017-2019 biennia. The recommendations for increases must be relative to the estimates of the number of persons served, service encounters, availability of services, unmet need, and funding

expenditures contained in the June 2013 report. They must also include strategies to identify programs that are effective with ethnically diverse clients and to consult with tribal governments and experts within diverse communities.

The report must distinguish between a reallocation of existing funding to support recommended strategies and new funding necessary to effect increases in the use of evidence-based and research-based practices. Subsequent reports with updated recommendations are required by December 30, 2014, and by December 30, 2015.

If the Department or the HCA anticipates that it will not meet the levels recommended in the reports to the Governor and the Legislature, the relevant entity must report to the Legislature by November 1 of the year preceding the biennium. The report must include identified impediments, current and anticipated performance levels, and strategies to improve performance.

Votes on Final Passage:

House	97	1
Senate	48	0 (Senate amended)
House		(House refused to concur)
Senate	48	0 (Senate amended)
House	98	0 (House concurred)

Effective: June 7, 2012