

CERTIFICATION OF ENROLLMENT

**ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2536**

Chapter 232, Laws of 2012

62nd Legislature  
2012 Regular Session

CHILDREN AND JUVENILE SERVICES--EVIDENCE-BASED PRACTICES

EFFECTIVE DATE: 06/07/12

Passed by the House March 8, 2012  
Yeas 98 Nays 0

FRANK CHOPP

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**Speaker of the House of Representatives**

Passed by the Senate March 8, 2012  
Yeas 48 Nays 0

BRAD OWEN

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**President of the Senate**

Approved March 30, 2012, 1:05 p.m.

CHRISTINE GREGOIRE

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**Governor of the State of Washington**

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2536** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BARBARA BAKER

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**Chief Clerk**

FILED

March 30, 2012

**Secretary of State  
State of Washington**

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ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2536

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AS AMENDED BY THE SENATE

Passed Legislature - 2012 Regular Session

**State of Washington**                      **62nd Legislature**                      **2012 Regular Session**

**By** House 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)

READ FIRST TIME 02/07/12.

1            AN ACT Relating to the use of evidence-based practices for the  
2 delivery of services to children and juveniles; and adding a new  
3 chapter to Title 43 RCW.

4            BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

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

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

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

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

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

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

20 NEW SECTION. **Sec. 3.** The department of social and health services  
21 shall accomplish the following in consultation and collaboration with  
22 the Washington state institute for public policy, the evidence-based  
23 practice institute at the University of Washington, a university-based  
24 child welfare partnership and research entity, other national experts  
25 in the delivery of evidence-based services, and organizations  
26 representing Washington practitioners:

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

33 (a) In addition to descriptive definitions, the Washington state  
34 institute for public policy and the University of Washington evidence-  
35 based practice institute must prepare an inventory of evidence-based,  
36 research-based, and promising practices for prevention and intervention

1 services that will be used for the purpose of completing the baseline  
2 assessment described in subsection (2) of this section. The inventory  
3 shall be periodically updated as more practices are identified.

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

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

9 (ii) Attempt to identify assessments that use valid and reliable  
10 evidence.

11 (c) Using state, federal, or private funds, the department shall  
12 prioritize the assessment of promising practices identified in (a) of  
13 this subsection with the goal of increasing the number of such  
14 practices that meet the standards for evidence-based and research-based  
15 practices.

16 (2) By June 30, 2013, the department and the health care authority  
17 shall complete a baseline assessment of utilization of evidence-based  
18 and research-based practices in the areas of child welfare, juvenile  
19 rehabilitation, and children's mental health services. The assessment  
20 must include prevention and intervention services provided through  
21 medicaid fee-for-service and healthy options managed care contracts.  
22 The assessment shall include estimates of:

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

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

26 (c) For children's mental health services, the number and  
27 percentage of encounters using these services that are provided to  
28 children served by regional support networks and children receiving  
29 mental health services through medicaid fee-for-service or healthy  
30 options;

31 (d) The relative availability of the service in the various regions  
32 of the state; and

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

34 (3)(a) By December 30, 2013, the department and the health care  
35 authority shall report to the governor and to the appropriate fiscal  
36 and policy committees of the legislature on recommended strategies,  
37 timelines, and costs for increasing the use of evidence-based and

1 research-based practices. The report must distinguish between a  
2 reallocation of existing funding to support the recommended strategies  
3 and new funding needed to increase the use of the practices.

4 (b) The department shall provide updated recommendations to the  
5 governor and the legislature by December 30, 2014, and by December 30,  
6 2015.

7 (4)(a) The report required under subsection (3) of this section  
8 must include recommendations for the reallocation of resources for  
9 evidence-based and research-based practices and substantial increases  
10 above the baseline assessment of the use of evidence-based and  
11 research-based practices for the 2015-2017 and the 2017-2019 biennia.  
12 The recommendations for increases shall be consistent with subsection  
13 (2) of this section.

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

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

21 (5) Recommendations made pursuant to subsections (3) and (4) of  
22 this section must include strategies to identify programs that are  
23 effective with ethnically diverse clients and to consult with tribal  
24 governments, experts within ethnically diverse communities, and  
25 community organizations that serve diverse communities.

26 NEW SECTION. **Sec. 4.** The department of social and health  
27 services, in consultation with a university-based evidence-based  
28 practice institute entity in Washington, the Washington partnership  
29 council on juvenile justice, the child mental health systems of care  
30 planning committee, the children, youth, and family advisory committee,  
31 the Washington state racial disproportionality advisory committee, a  
32 university-based child welfare research entity in Washington state,  
33 regional support networks, the Washington association of juvenile court  
34 administrators, and the Washington state institute for public policy,  
35 shall:

- 36 (1) Develop strategies to use unified and coordinated case plans

1 for children, youth, and their families who are or are likely to be  
2 involved in multiple systems within the department;

3 (2) Use monitoring and quality control procedures designed to  
4 measure fidelity with evidence-based and research-based prevention and  
5 treatment programs; and

6 (3) Utilize any existing data reporting and system of quality  
7 management processes at the state and local level for monitoring the  
8 quality control and fidelity of the implementation of evidence-based  
9 and research-based practices.

10 NEW SECTION. **Sec. 5.** (1) The department of social and health  
11 services and the health care authority shall identify components of  
12 evidence-based practices for which federal matching funds might be  
13 claimed and seek such matching funds to support implementation of  
14 evidence-based practices.

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

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

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

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

28 (b) Redirect funds in a manner that:

29 (i) Conflicts with the requirements of the department's section  
30 1915(b) medicaid mental health waiver; or

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

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

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

      Passed by the House March 8, 2012.

      Passed by the Senate March 8, 2012.

      Approved by the Governor March 30, 2012.

      Filed in Office of Secretary of State March 30, 2012.