

Chapter 43.20C RCW
EVIDENCE-BASED AND RESEARCH-BASED JUVENILE PREVENTION AND INTERVENTION SERVICES

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RCW 43.20C.005 Intent. (1) The legislature intends that prevention and intervention services delivered to children and juveniles in the areas of mental health, child welfare, and juvenile justice be primarily evidence-based and research-based, and it is anticipated that such services will be provided in a manner that is culturally competent.

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

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

(4) The legislature recognizes that in order to effectively provide evidence-based and research-based practices, contractors should have a workforce trained in these programs, and outcomes from the use of these practices should be monitored. [2012 c 232 § 1.]

RCW 43.20C.010 Definitions. For the purposes of this chapter:

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

(2) "Prevention and intervention services" means 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. [2012 c 232 § 2.]

RCW 43.20C.020 Evidence-based, research-based, and promising practices—Descriptive definitions—Inventory—Baseline assessment—Reports. The department of social and health services shall accomplish the following in consultation and collaboration with the Washington state institute for public policy, the evidence-based practice institute at the University of Washington, a university-based child welfare partnership and research entity, other national experts in the delivery of evidence-based services, and organizations representing Washington practitioners:

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

(a) In addition to descriptive definitions, the Washington state institute for public policy and the University of Washington evidence-based practice institute must prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services that will be used for the purpose of completing the baseline assessment described in subsection (2) of this section. The inventory shall be periodically updated as more practices are identified.

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

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

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

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

(2) By June 30, 2013, the department and the health care authority shall complete a baseline assessment of 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 assessment shall include estimates of:

(a) The number of children receiving each service;

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

(c) For children's mental health services, the number and percentage of encounters using these services that are provided to children served by behavioral health organizations and children receiving mental health services through medicaid fee-for-service or healthy options;

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

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

(3) (a) By December 30, 2013, the department and the health care authority shall report to the governor and to the appropriate fiscal and policy committees of the legislature on recommended strategies,

timelines, and costs for increasing the use of evidence-based and research-based practices. The report must distinguish between a reallocation of existing funding to support the recommended strategies and new funding needed to increase the use of the practices.

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

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

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

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

(5) Recommendations made pursuant to subsections (3) and (4) of this section must include strategies to identify programs that are effective with ethnically diverse clients and to consult with tribal governments, experts within ethnically diverse communities, and community organizations that serve diverse communities. [2014 c 225 § 66; 2012 c 232 § 3.]

Effective date—2014 c 225: See note following RCW 71.24.016.

RCW 43.20C.030 Unified and coordinated case plans—Monitoring and quality control procedures—Quality control and fidelity of implementation. The department of social and health services, 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, the health care authority, the Washington state racial disproportionality advisory committee, a university-based child welfare research entity in Washington state, behavioral health administrative services organizations established in chapter 71.24 RCW, managed care organizations contracted with the authority under chapter 74.09 RCW, the Washington association of juvenile court administrators, and the Washington state institute for public policy, shall:

(1) Develop strategies to use unified and coordinated case plans for children, youth, and their families who are or are likely to be involved in multiple systems within the department;

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

(3) Utilize any existing data reporting and system of quality management processes at the state and local level for monitoring the quality control and fidelity of the implementation of evidence-based and research-based practices. [2019 c 325 § 5011; 2014 c 225 § 67; 2012 c 232 § 4.]

Effective date—2019 c 325: See note following RCW 71.24.011.

Effective date—2014 c 225: See note following RCW 71.24.016.

RCW 43.20C.040 Federal matching funds—Training funds—Training provider. (1) The department of social and health services and the health care authority shall identify components of evidence-based practices for which federal matching funds might be claimed and seek such matching funds to support implementation of evidence-based practices.

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

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

(4) Nothing in this chapter requires the department or the health care authority to:

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

(b) Redirect funds in a manner that:

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

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

(c) Undertake actions that, in the context of a lawsuit against the state, are inconsistent with the department's obligations or authority pursuant to a court order or agreement. [2012 c 232 § 5.]