

# HOUSE BILL REPORT

## HB 2106

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**As Reported by House Committee On:**  
Early Learning & Children's Services

**Title:** An act relating to improving child welfare outcomes through the phased implementation of strategic and proven reforms.

**Brief Description:** Improving child welfare outcomes through the phased implementation of strategic and proven reforms.

**Sponsors:** Representatives Kagi, Roberts, Kenney and Morrell.

**Brief History:**

**Committee Activity:**

Early Learning & Children's Services: 2/17/09, 2/19/09 [DPS].

**Brief Summary of Substitute Bill**

- Requires the Department of Social and Health Services (DSHS) to implement in two demonstration regions a core set of performance-based contracts for evidence-based prevention and intervention services to reduce foster care caseloads.
- Requires the DSHS to report to the Legislature and the Governor by November 2009 with a plan to begin implementation of the contracts in January 2010.
- Directs the Caseload Forecast Council, the Office of Financial Management, and the DSHS to report back to the Legislature and the Governor by November 2009 with procedures necessary for reinvesting savings from reduced foster care caseloads into expanding the delivery of evidence-based prevention and intervention services.

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**HOUSE COMMITTEE ON EARLY LEARNING & CHILDREN'S SERVICES**

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Kagi, Chair; Roberts, Vice Chair; Haler, Ranking Minority Member; Walsh, Assistant Ranking Minority Member; Angel, Goodman and Seaquist.

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*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.*

**Staff:** Sydney Forrester (786-7120)

**Background:**

Report from the Washington State Institute for Public Policy.

In 2007 the Legislature directed the Washington State Institute for Public Policy (Institute) to study evidence-based, cost-effective programs and policies to reduce the likelihood of children entering and remaining in the child welfare system, including prevention and intervention programs. In its analysis, the Institute focused on three key questions:

1. Is there credible evidence that specific programs “work” to improve these outcomes?
2. If so, do benefits outweigh program costs?
3. What would be the total net gain to Washington if these evidence-based programs were implemented more widely across the state?

The Institute conducted a systematic review of 74 rigorous comparison group evaluations of programs and policies to identify what works to improve child welfare outcomes. The Institute then estimated the monetary value of the benefits to Washington if these programs were implemented in the state. In estimating monetary value the Institute examined factors such as reduced child welfare system expenditures, reduced costs to the victims of child maltreatment, and other long-term outcomes to participants and taxpayers, such as improved educational and labor market performance, and lower criminal activity.

The Institute estimated the statewide benefits of implementing an expanded portfolio of evidence-based programs and found that after five years of implementing such a strategy, Washington would receive long-term net benefits between \$317 and \$493 million (of which \$6 million to \$62 million would be net taxpayer benefits). Several of the cost-effective evidence-based programs listed in the expanded portfolio are offered and available to a limited degree in the state, including:

- homebuilders program for intensive family preservation;
- parent-child interaction therapy;
- nurse family partnership home visitation program; and
- parents as teachers.

Foster Care Budgeting.

Budgeting for the state's share of foster care costs includes use of information developed by the Caseload Forecast Council. State appropriations for foster care are increased or reduced depending on the forecasted caseload. When the Department of Social and Health Services (DSHS) is successful in reducing foster care caseloads through implementation of prevention and intervention programs and policies, the savings from reduced caseloads are not available to be used for reinvestment into sustaining or expanding these programs to achieve long-term statewide reforms.

Experts in foster care reform frequently emphasize the importance of implementing a reinvestment strategy as the means to sustain and expand prevention and early intervention programs designed to strengthen permanent families and thereby reduce foster care caseloads and improve long-term child welfare outcomes.

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### **Summary of Substitute Bill:**

The DSHS is directed to collaborate with community partners and stakeholders in two demonstration regions to develop a plan for implementing a core set of performance-based contracts to deliver evidence-based and promising prevention and intervention services to children and families to prevent the need for and reduce the length of stay in foster care. The implementation plan must describe:

1. the array of services to be delivered under the contracts in order to allow providers flexibility to offer relevant and appropriate services depending on the family's needs;
2. the outcome measures to be used in evaluating performance under the contracts;
3. how families will be referred, and a process for continued communication between the provider and the DSHS to assure child safety and well-being and promote family engagement; and
4. the optimum balance of shared responsibility between the state and community-based providers for child protection and child welfare.

The Children's Administration (CA) of the DSHS shall, when selecting the demonstration regions, consider the capacity within the region to deliver evidence-based prevention and intervention programs, including those programs identified in the Institute's July 2008 report; the willingness and ability of the community and stakeholders to collaborate in developing the plan by the reporting date; and the existence of any multidisciplinary or multisystem work groups in the region already engaged in performance improvement or reform efforts.

By November 30, 2009 the CA must report to the Governor and the Legislature with a plan to begin implementation by January 1, 2010. By December 1, 2010 the CA must provide a status update and recommendations for continued progress.

One or more knowledgeable representatives from the Caseload Forecast Council, the Office of Financial Management, and the DSHS jointly must develop procedures to allow for the savings from reduced foster care caseloads in the demonstration regions to be reinvested in the demonstration regions for expanding evidence-based and promising practices to prevent the need for or reduce the duration of foster care placements. The agencies shall brief the Governor and the Legislature by November 30, 2009, regarding the accounting, budgeting, and allocation or other procedures developed to begin implementing the reinvestment strategy beginning January 1, 2010.

### **Substitute Bill Compared to Original Bill:**

The substitute bill makes the following changes to the original bill:

1. expands the focus of the reform goals and performance contracting to include intervention services and programs to achieve more timely permanency for children who do enter foster care, including reducing the length of stay in care and attending to children who are waiting for adoption; and
2. increases the number of demonstration regions from one to two.

**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on February 20, 2009.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support of original bill) This bill comes out of discussions started this interim by Partners for Our Children to consider how Washington contracts for services to children and families, and the balance between the state role and the community role in child welfare services. The current array of contracts makes it difficult to hold contractors accountable for improved outcomes when the contracts are for discrete services. The approach intended by the bill is to be measured and thoughtful in making major changes to the system. One of the most critical elements to sustain reductions in foster care case loads is the recapturing of savings to reinvest in building statewide capacity to more effectively assist parents to safely care for children in their home. Other states have been able to successfully implement this reinvestment approach.

Washington needs a more rational division of labor between the public and private sector. The Children's Administration currently has over 1,500 separate contracts with the private sector and few of those contracts are connected to improved child welfare outcomes. This bill would head in the right direction by taking a humble approach to building the capacity for a comprehensive array of evidence-based prevention and intervention services. Moving from the current system to one that is managed to improve child welfare outcomes will require building the private sector capacity.

The approach of this bill may be too humble. It should be expanded to address not only prevention services, but also those services capable of reducing the length of stay for children who do enter foster care and achieving more timely permanency for children. Contractors should have the flexibility to serve families needing prevention as well as intervention services in order to avoid unintended consequences. Often the same services are effective for families at risk of an out-of-home placement as well as for families with a child in foster care.

The DSHS has had considerations in this area for a long time but has not been a leader in conversations. The current service system has been developed over the years and sometimes has worked well and other times has not worked so well. Some of our current contracts with providers are so small it makes it challenging to hold the provider accountable and to measure what we are paying for. The system in place now has been the result of state laws, federal laws, the Braam settlement, and other requirements. This bill reflects a thoughtful approach and is the right place to begin. We appreciate the measured approach because it will not strain the system. It also is important to allow the system to learn from the change process without creating a risk for children or families to fall through the cracks.

The bill is really speaking to the concept of wrap-around case management. We would like to see a model moving forward more quickly. While developing the plan we could start

expanding current programs. There is no need to wait until November to select the regions and you could name them in the bill or set an early deadline for selection. There are projects in some regions already underway that would dovetail with the approach in the bill. The important thing is that these contracts and the performance measures are developed with local offices and local providers. This is where the working relationships are and this is where the mutual trust will create shared success.

In this extremely difficult budget environment we applaud this approach. This is an opportunity to re-examine how we administer our child welfare system and to utilize a pragmatic approach by using the research from the Institute report about what is proven to be effective in preventing children from entering foster care and reducing the length of stay for those who do enter care. Small tests of change make very good sense. It will be important to create incentives and to avoid being punitive at the front-end of the change process.

Recommendations for improvements include adding a clear statement of a plan to safely reduce the number of children in foster care; requiring the Economic Services Administration and the Children's Administration to jointly plan for assisting and engaging families to reduce the stress on families from complying with two separate plans; addressing the use of relatives to care for children safely; intensifying family finding efforts; increasing exits to permanency with relative caregivers; describing the incentives for quality performance and focus on outcomes; requiring allocation of resources for implementation; ensuring the evidence-based practices include those that are culturally relevant and have proven effective with communities of color; and requiring a process for evaluating the outcomes in the demonstration regions.

(Opposed) None.

**Persons Testifying:** Representative Kagi, prime sponsor; Dr. Mark Courtney, University of Washington; Randy Hart, Department of Social and Health Services, Children's Administration; Byron Manering, Brigid Collins Family Support Center; Ron Murphy and Lyman Legters, Casey Family Programs; and Donald Koenig, Catholic Community Services.

**Persons Signed In To Testify But Not Testifying:** None.