

HOUSE BILL REPORT

2SHB 1965

As Passed House:
April 11, 2011

Title: An act relating to public and private partnership in addressing adverse childhood experiences.

Brief Description: Concerning adverse childhood experiences.

Sponsors: House Committee on Ways & Means (originally sponsored by Representatives Kagi, Jinkins, Frockt and Kenney).

Brief History:

Committee Activity:

Early Learning & Human Services: 2/15/11, 2/17/11 [DPS];
Ways & Means: 3/14/11, 3/31/11 [DP2S(w/o sub ELHS)].

Floor Activity:

Passed House: 4/11/11, 63-33.

Brief Summary of Second Substitute Bill

- Eliminates the Family Policy Council effective June 30, 2012.
- Eliminates the Council for Children and Families effective June 30, 2012.
- Creates a nongovernmental public-private partnership to reduce adverse childhood experiences.

HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 8 members: Representatives Kagi, Chair; Roberts, Vice Chair; Walsh, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Dickerson, Goodman, Johnson and Orwall.

Minority Report: Do not pass. Signed by 1 member: Representative Overstreet.

Staff: Linda Merelle (786-7092).

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.

HOUSE COMMITTEE ON WAYS & MEANS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Early Learning & Human Services. Signed by 16 members: Representatives Hunter, Chair; Darneille, Vice Chair; Hasegawa, Vice Chair; Carlyle, Cody, Dickerson, Haigh, Hudgins, Hunt, Kagi, Kenney, Ormsby, Pettigrew, Seaquist, Springer and Sullivan.

Minority Report: Do not pass. Signed by 11 members: Representatives Alexander, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Dammeier, Assistant Ranking Minority Member; Orcutt, Assistant Ranking Minority Member; Chandler, Haler, Hinkle, Parker, Ross, Schmick and Wilcox.

Staff: Amy Skei (786-7109).

Background:

Family Policy Council.

The Family Policy Council (FPC) was established to modify public policy and programs to empower communities to support and respond to the needs of individual families and children, and to improve the responsiveness of services for children and families at risk by facilitating greater coordination and flexibility in the use of funds by state and local service agencies.

Duties of the FPC. The FPC is required to:

- establish boundaries for community networks;
- develop technical assistance and training programs to assist communities in developing networks;
- approve the structure, purpose, goals, plan, and performance measures of each network;
- identify prevention and early intervention programs and funds which could be transferred to a community network and report findings to the Governor and Legislature;
- reward exceptionally successful community networks;
- seek opportunities to maximize federal and other funding that is consistent with the plans approved by the FPC; and
- monitor the implementation of programs contracted by participating state agencies.

Community Networks. The FPC partners with approximately 42 community public health and safety networks. Networks are required to:

- review state and local public health data related to risk factors, protective factors, and at-risk children and youth;
- prioritize risk factors and protective factors to reduce the likelihood of children and youth becoming at-risk;
- develop long-term comprehensive plans to reduce the rate of at-risk children and youth;

- comply with the Department of Health and local boards of health to provide data and determine outcomes; and
- coordinate its efforts with anti-drug use efforts and organizations.

Council for Children and Families.

The Council for Children and Families (CCF) was established to increase educational programs and services to prevent child abuse and neglect in partnership between communities, citizens, and the state.

The CCF is authorized to contract with public or private nonprofit organizations, agencies, schools, or with qualified individuals for the establishment of a range of community-based programs and services designed to reduce child abuse and neglect. The CCF is also charged with:

- facilitating the exchange of information between groups concerned with families and children;
- consulting with the applicable agencies, commissions, and boards to help determine the probable effectiveness, fiscal soundness, and need for proposed educational and service programs for the prevention of child abuse and neglect;
- establishing fee schedules to provide for the recipients of services to reimburse the State General Fund for the cost of services received; and
- accepting and dispersing funds from the Children's Trust Fund.

Adverse Childhood Experiences.

The Center for Disease Control and Prevention (CDC) has conducted a long-term, large-scale study, to examine the relationship between adverse childhood experiences (ACE), and critical outcomes later in life. The ACE study findings have indicated that particular experiences early in life are major risk factors for the leading causes of illness, death, and poor quality of life.

The CDC defines ACE as any of the following conditions in a household of a child under age 18:

- recurrent physical abuse;
- recurrent emotional abuse;
- sexual abuse;
- an alcohol and/or drug abuser in the household;
- an incarcerated household member;
- someone who is chronically depressed, mentally ill, institutionalized, or suicidal;
- mother is treated violently;
- one or no parents; and
- emotional or physical neglect.

In 2010 the first Washington ACE data became available through the Behavioral Risk Factor Surveillance System (BRFSS). According to the Department of Health, the BRFSS is the largest, continuously conducted, telephone health survey in the world. It enables the CDC, state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.

According to the 2010 FPC report, *Adverse Childhood Experiences and Population Health in Washington: the Face of a Chronic Public Health Disaster*, ACE have been common in Washington. The data have indicated a need for "integrated approaches to prevent ACE, and intervene early on [in the lives of] children... better identification and treatment of the effects of ACE among persons and systems interacting with children...." The FPC concluded that "...development of more integrated approaches will likely contribute to improved treatment of affected persons, and better integration of research priorities, preventive social and educational services and legal venues."

Summary of Second Substitute Bill:

Family Policy Council.

The FPC is eliminated effective June 30, 2012. Community networks are preserved. The authority to award Readiness to Learn Grants is transferred to the Office of the Superintendent of Public Instruction.

Council for Children and Families.

The CCF is eliminated effective June 30, 2012. Authority related to the Children's Trust Fund is transferred to the Department of Social and Health Services (DSHS). The duty to fund evidence- and research-based home visitation programs, and work with the DSHS and the Department of Health to develop a plan to coordinate or consolidate home visitation services, is transferred to the Department of Early Learning (DEL).

Adverse Childhood Experiences.

Public-Private Partnership. A nongovernmental public-private partnership (PPP) may be an existing or a new entity which will focus on the prevention and reduction of ACE. The PPP must use research- and evidence-based approaches to prevent and intervene in ACE of children in their early childhood by:

- aligning the interests of various community-based organizations around the goal of reducing ACE; and
- developing a method to distribute funds based on data indicating areas of need and the use of evidence- and research-based strategies to address those needs.

The PPP envisioned will acknowledge that community networks across the state have knowledge and expertise regarding reduction of adverse childhood experiences. The PPP must assemble the strongest components of the networks and coalitions to respond to the initiative of reducing and preventing ACE. The PPP must give great weight to specific community networks when establishing its criteria to distribute funds.

Department of Social and Health Services. The Secretary of the DSHS is authorized to:

- enter into contracts on behalf of the DSHS to reduce ACE;
- provide funding to the PPP;
- accept gifts, grants, or other funds to reduce ACE;
- disperse funds from the Children's Trust Fund; and

- establish blended funding projects without seeking input from community networks established under the FPC.

Department of Early Learning.

The DEL must work with the PPP and key partners and stakeholders to develop a plan to coordinate or consolidate home visitation services, in addition to the existing requirement of working with the Department of Health and the DSHS. The DEL is authorized to disburse funds from the Children's Trust Fund. The DEL shall be the lead agency for the Children's Trust Fund and the Community-Based Child Abuse and Prevention Fund after December 1, 2012.

Appropriation: None.

Fiscal Note: Available on substitute bill. New fiscal note requested on April 5, 2011.

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

Staff Summary of Public Testimony (Early Learning & Human Services):

(In support) This state is well known for following research and basing policy on research. There has been compelling research regarding the fact that ACE have a very deleterious impact on the lives of children who have experienced them. It affects their employment, their mental health, their chemical dependency status, and a whole range of outcomes. There is a lot of interest in the private sector to work with the public sector to address those impacts and to mobilize the interest and the knowledge of communities to help them organize around families and reduce ACE. This bill is intended to be a vehicle for community mobilization and for a PPP which can be an existing or new organization which brings together public and private resources to leverage more funding to address this critical concern. Focus is on enabling the PPP to work with communities and to define how it would move forward. The networks are authorized to continue. Communities should have determination of what mechanism they want to use at the local level. The issues addressed in this bill underscore the importance of the first five years of life. There is a clear linear relationship: the more ACE there are in a child's life, the more detrimental the effects in all aspects of adjustment. It is most important to have people closest to the action define what they need and how they do it. There are many local districts in our state. What is important is that the local entity decides which entity is best to do the work in their community.

(In support with concerns) The requirement of the use of evidence-based programs severely limits the ability to do things at the local level. The networks and coalitions need support in developing a design to implement local strategies to reduce childhood abuse and neglect. The bill has a lot of promise. If children grow up with positive experiences rather than ACE, the likelihood that children will not be involved in crime is increased. The best of all of the communities can be used to create something greater than the sum of the parts. In order for this to happen there needs to be an authentic process which includes the CCF and the FPC. The PPP does not have to be something new. It can be something that is already in existence.

(Neutral) The CCF, the FPC, and the community networks have done an incredible amount of work over the past many years. It is important to see that work and outcomes retained to the highest degree possible. There has been a lot of focus on ACE, and the efforts to advance that work are appreciated. The CCF and the FPC should be involved in deciding what the PPP should look like.

(Opposed) The FPC made it possible for the Washington researchers to work with the researchers who developed the ACE study. The FPC has been considered the main leader for educating community leaders regarding ACE. The structure of the PPP is not explained in the bill. It is important to keep citizens involved in the process. The bill's focus on children ages birth to 5 years old is too narrow. The sunset date for the CCF and the FPC is next year. We are at risk of losing 30 percent of funding when current funding is already bare bones. The Legislature may want to extend the sunset date. The public aspect of the PPP is not clear, and a supported infrastructure is needed to have the accountability for the programs that the PPP may support. Families will not go to the DSHS for help because they are afraid that their children will be removed. The CCF needs to be kept alive so that families can find what they need.

Staff Summary of Public Testimony (Ways & Means):

(In support) There is a lot of private sector and philanthropic interest in developing a partnership with the state to move forward community mobilization around ACEs. Adverse childhood experiences are the long-term negative health and other impacts that result from experiencing severe stress at a young age. This is a vehicle to either create such a partnership or use an existing one in order to support community efforts to reduce ACEs. The FPC and the CCF would sunset in a year which gives some time for a transition period. This takes advantage of the community networks' experience in local communities. The prime sponsor has gathered a lot of people together to shape this idea. The Governor's budget proposal eliminates both councils and creates a community initiative with the development spearheaded by the DSHS. This bill provides more time for the interested parties to come together to define the long-term work of the partnership, but still produces savings and moves the work out from the mantle of state government.

(In support with concerns) The bill should be broadened to focus on ACEs beyond just early childhood; the research shows that trauma affects kids and their brain development well past early childhood. The bill should also be expanded to include promising practices. It is critical that the state continue its focus on using proven methods to reduce child abuse and neglect.

(Opposed) None.

Persons Testifying (Early Learning & Human Services): (In support) Representative Kagi, prime sponsor; Bette Hyde, Department of Early Learning; Andi Smith, Office of the Governor; and Jody Becker-Green, Department of Social and Health Services.

(In support with concerns) Annie Cubberly, Child Care Action Council; Laura Wells, Fight Crime: Invest in Kids; and Beverly Bowen Bennett.

(Neutral) Laurie Lippold, Children's Home Society of Washington.

(Opposed) Trish McNabb, Eastside and Lewis County Community Network; Robin Higa; and Mary Ellis-Meraz.

Persons Testifying (Ways & Means): (In support) Representative Kagi, prime sponsor; and Andi Smith, Office of the Governor.

(In support with concerns) Rob Been, Community Network Coalition; Sarah Kluesner, Greater Pierce County Community Network; and Laura Wells, Fight Crime: Invest in Kids.

Persons Signed In To Testify But Not Testifying (Early Learning & Human Services): None.

Persons Signed In To Testify But Not Testifying (Ways & Means): None.