

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 2985**

Chapter 221, Laws of 2006

59th Legislature  
2006 Regular Session

FOSTER CARE HEALTH UNIT

EFFECTIVE DATE: 6/7/06

Passed by the House March 4, 2006  
Yeas 96 Nays 1

FRANK CHOPP

**Speaker of the House of Representatives**

Passed by the Senate March 1, 2006  
Yeas 46 Nays 0

BRAD OWEN

**President of the Senate**

Approved March 24, 2006.

CHRISTINE GREGOIRE

**Governor of the State of Washington**

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 2985** as passed by the House of Representatives and the Senate on the dates hereon set forth.

RICHARD NAFZIGER

**Chief Clerk**

FILED

March 24, 2006 - 2:54 p.m.

**Secretary of State  
State of Washington**

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**SUBSTITUTE HOUSE BILL 2985**

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AS AMENDED BY THE SENATE

Passed Legislature - 2006 Regular Session

**State of Washington                      59th Legislature                      2006 Regular Session**

**By** House Committee on Children & Family Services (originally sponsored by Representatives Schual-Berke, Clibborn, Appleton, Moeller, Green, Cody, Morrell, Walsh, McIntire, Kagi, Kenney, Hasegawa and Simpson)

READ FIRST TIME 02/02/06.

1            AN ACT Relating to creating a foster care health unit in the  
2 department of social and health services; amending RCW 74.13.031;  
3 adding a new section to chapter 13.34 RCW; adding a new section to  
4 chapter 74.13 RCW; creating a new section; and providing an expiration  
5 date.

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

7            NEW SECTION.    **Sec. 1.** The legislature recognizes that foster  
8 children have enhanced health care needs and that it is necessary to  
9 improve the system of providing health care for foster children. The  
10 legislature further recognizes the importance of meeting the mental  
11 health needs of children in foster care, as well as their medical and  
12 dental health care needs. The legislature finds that there must be  
13 greater coordination and integration of systems, in particular  
14 coordination between children's administration and the health and  
15 recovery services administration as well as other agencies that provide  
16 or pay for health services for foster youth, to ensure that the health  
17 care needs of children in foster care are met in a timely manner.

1        NEW SECTION.    **Sec. 2.**    A new section is added to chapter 13.34 RCW  
2 to read as follows:

3        Whenever a child is ordered removed from his or her home pursuant  
4 to this chapter, the agency charged with his or her care may authorize  
5 an evaluation and treatment for the child's routine and necessary  
6 medical, dental, or mental health care, and all necessary emergency  
7 care.

8        **Sec. 3.**    RCW 74.13.031 and 2004 c 183 s 3 are each amended to read  
9 as follows:

10       The department shall have the duty to provide child welfare  
11 services and shall:

12       (1) Develop, administer, supervise, and monitor a coordinated and  
13 comprehensive plan that establishes, aids, and strengthens services for  
14 the protection and care of runaway, dependent, or neglected children.

15       (2) Within available resources, recruit an adequate number of  
16 prospective adoptive and foster homes, both regular and specialized,  
17 i.e. homes for children of ethnic minority, including Indian homes for  
18 Indian children, sibling groups, handicapped and emotionally disturbed,  
19 teens, pregnant and parenting teens, and annually report to the  
20 governor and the legislature concerning the department's success in:  
21 (a) Meeting the need for adoptive and foster home placements; (b)  
22 reducing the foster parent turnover rate; (c) completing home studies  
23 for legally free children; and (d) implementing and operating the  
24 passport program required by RCW 74.13.285. The report shall include  
25 a section entitled "Foster Home Turn-Over, Causes and Recommendations."

26       (3) Investigate complaints of any recent act or failure to act on  
27 the part of a parent or caretaker that results in death, serious  
28 physical or emotional harm, or sexual abuse or exploitation, or that  
29 presents an imminent risk of serious harm, and on the basis of the  
30 findings of such investigation, offer child welfare services in  
31 relation to the problem to such parents, legal custodians, or persons  
32 serving in loco parentis, and/or bring the situation to the attention  
33 of an appropriate court, or another community agency: PROVIDED, That  
34 an investigation is not required of nonaccidental injuries which are  
35 clearly not the result of a lack of care or supervision by the child's  
36 parents, legal custodians, or persons serving in loco parentis. If the

1 investigation reveals that a crime against a child may have been  
2 committed, the department shall notify the appropriate law enforcement  
3 agency.

4 (4) Offer, on a voluntary basis, family reconciliation services to  
5 families who are in conflict.

6 (5) Monitor out-of-home placements, on a timely and routine basis,  
7 to assure the safety, well-being, and quality of care being provided is  
8 within the scope of the intent of the legislature as defined in RCW  
9 74.13.010 and 74.15.010, and annually submit a report measuring the  
10 extent to which the department achieved the specified goals to the  
11 governor and the legislature.

12 (6) Have authority to accept custody of children from parents and  
13 to accept custody of children from juvenile courts, where authorized to  
14 do so under law, to provide child welfare services including placement  
15 for adoption, to provide for the routine and necessary medical, dental,  
16 and mental health care, or necessary emergency care of the children,  
17 and to provide for the physical care of such children and make payment  
18 of maintenance costs if needed. Except where required by Public Law  
19 95-608 (25 U.S.C. Sec. 1915), no private adoption agency which receives  
20 children for adoption from the department shall discriminate on the  
21 basis of race, creed, or color when considering applications in their  
22 placement for adoption.

23 (7) Have authority to provide temporary shelter to children who  
24 have run away from home and who are admitted to crisis residential  
25 centers.

26 (8) Have authority to purchase care for children; and shall follow  
27 in general the policy of using properly approved private agency  
28 services for the actual care and supervision of such children insofar  
29 as they are available, paying for care of such children as are accepted  
30 by the department as eligible for support at reasonable rates  
31 established by the department.

32 (9) Establish a children's services advisory committee which shall  
33 assist the secretary in the development of a partnership plan for  
34 utilizing resources of the public and private sectors, and advise on  
35 all matters pertaining to child welfare, licensing of child care  
36 agencies, adoption, and services related thereto. At least one member  
37 shall represent the adoption community.

1 (10) Have authority to provide continued foster care or group care  
2 for individuals from eighteen through twenty years of age to enable  
3 them to complete their high school or vocational school program.

4 (11) Refer cases to the division of child support whenever state or  
5 federal funds are expended for the care and maintenance of a child,  
6 including a child with a developmental disability who is placed as a  
7 result of an action under chapter 13.34 RCW, unless the department  
8 finds that there is good cause not to pursue collection of child  
9 support against the parent or parents of the child.

10 (12) Have authority within funds appropriated for foster care  
11 services to purchase care for Indian children who are in the custody of  
12 a federally recognized Indian tribe or tribally licensed child-placing  
13 agency pursuant to parental consent, tribal court order, or state  
14 juvenile court order; and the purchase of such care shall be subject to  
15 the same eligibility standards and rates of support applicable to other  
16 children for whom the department purchases care.

17 Notwithstanding any other provision of RCW 13.32A.170 through  
18 13.32A.200 and 74.13.032 through 74.13.036, or of this section all  
19 services to be provided by the department of social and health services  
20 under subsections (4), (6), and (7) of this section, subject to the  
21 limitations of these subsections, may be provided by any program  
22 offering such services funded pursuant to Titles II and III of the  
23 federal juvenile justice and delinquency prevention act of 1974.

24 (13) Within amounts appropriated for this specific purpose, provide  
25 preventive services to families with children that prevent or shorten  
26 the duration of an out-of-home placement.

27 (14) Have authority to provide independent living services to  
28 youths, including individuals eighteen through twenty years of age, who  
29 are or have been in foster care.

30 NEW SECTION. **Sec. 4.** A new section is added to chapter 74.13 RCW  
31 to read as follows:

32 Within existing resources, the department shall establish a foster  
33 care health unit within the children's administration. The children's  
34 administration and the health and recovery services administration  
35 within the department shall integrally collaborate to accomplish the  
36 following tasks:

1 (1) The health unit shall review and provide recommendations to the  
2 legislature by September 1, 2006, regarding issues including, but not  
3 limited to, the following:

4 (a) Creation of an office within the department to consolidate and  
5 coordinate physical, dental, and mental health services provided to  
6 children who are in the custody of the department;

7 (b) Alternative payment structures for health care organization.  
8 The department may consider managed care as an alternative structure  
9 for health care. The department may not implement managed care for  
10 health care services for children in foster care for cost containment  
11 purposes; however, the department may institute managed care if the  
12 managed care is in the foster child's best interest;

13 (c) Improving coordination of health care for children in foster  
14 care, including medical, dental, and mental health care;

15 (d) Improving access to health information available to the  
16 children's administration for providers of health services for children  
17 in foster care, including the use of the child profile as a means to  
18 facilitate access to such information;

19 (e) Establishing a medical home for each child placed in foster  
20 care to ensure that appropriate, timely, and necessary quality care is  
21 available through a coordinated system of care and analyzing how a  
22 medical home might be utilized to meet the unique needs of children in  
23 foster care. In establishing a medical home, the department shall  
24 consider primary care that is accessible, continuous, comprehensive,  
25 family centered, coordinated, compassionate, and culturally effective;

26 (f) Examining how existing resources are being utilized to provide  
27 health care for foster children and options for improving how the  
28 resources are utilized. Particular emphasis shall be placed on the  
29 following:

30 (i) Whether the health care services provided to foster children  
31 are evidence-based;

32 (ii) Whether resources are duplicative or redundant between  
33 agencies or departments in the provision of medical, dental, or mental  
34 health services for children; and

35 (iii) Identification of where resources are inadequate to meet the  
36 routine and necessary medical, dental, and mental health needs of  
37 children in foster care; and

1 (g) Any other issues related to medical, dental, or mental health  
2 care for children in foster care.

3 (2)(a) The foster care health unit, in collaboration with regional  
4 medical consultants, shall develop a statewide, uniform role for the  
5 regional medical consultants with emphasis placed on the mental health  
6 needs of the children in foster care.

7 (b) By September 1, 2006, the department shall implement the  
8 utilization of the statewide, uniform role for the regional medical  
9 consultants developed in (a) of this subsection.

10 (3) This section expires January 1, 2007.

Passed by the House March 4, 2006.

Passed by the Senate March 1, 2006.

Approved by the Governor March 24, 2006.

Filed in Office of Secretary of State March 24, 2006.