

SENATE BILL REPORT

SB 6479

As Reported By Senate Committee On:
Human Services & Corrections, February 07, 2008
Ways & Means, February 12, 2008

Title: An act relating to screening and treating children with attachment disorders.

Brief Description: Establishing a program to screen and treat children with attachment disorders.

Sponsors: Senators Zarelli, Prentice, Rasmussen and Roach.

Brief History:

Committee Activity: Human Services & Corrections: 2/05/08, 2/07/08 [DPS-WM].
Ways & Means: 2/11/08, 2/12/08 [DP2S].

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 6479 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Hargrove, Chair; Regala, Vice Chair; Stevens, Ranking Minority Member; Brandland, Carrell, Marr and McAuliffe.

Staff: Jennifer Strus (786-7316)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 6479 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Pridemore, Vice Chair, Operating Budget; Zarelli, Ranking Minority Member; Brandland, Carrell, Hatfield, Hewitt, Hobbs, Honeyford, Keiser, Kohl-Welles, Oemig, Parlette, Rasmussen, Regala, Roach, Rockefeller, Schoesler and Tom.

Staff: Paula Moore (786-7449)

Background: According to the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, reactive attachment disorders are identified by the following criteria: disturbed and developmentally inappropriate social relationships beginning before age five; failure to respond to or initiate social interactions, or being inappropriately friendly and familiar with strangers; and failure of early care to meet the

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baby's or child's emotional needs for comfort and affection, failure of early care to attend to the child's physical needs, or repeated changes in the primary caregiver.

The Children's Administration at the Department of Social and Health Services (DSHS) does not currently routinely screen children for reactive attachment disorders.

Summary of Bill (Recommended Second Substitute): DSHS must institute a pilot project in Clark County for which it will contract with a provider to develop an intake tool for screening and assessing reactive attachment disorder in children served by the Division of Children and Family Services (DCFS). DSHS and the provider will work with experts in the field of attachment disorder to develop the tool. The experts are to include a representative of the University of Washington Attachment Disorder Clinic and a representative of the University of Washington Evidence Based Institute. The intake tool is to be developed no later than September 1, 2008.

DSHS must contract with the provider to use the intake tool to screen children served by DCFS. During the pilot period, all children under age nine entering foster care in Clark County and expected to stay for more than 30 days must be screened and assessed for reactive attachment disorder. DSHS must also work with the provider to implement the intake tool. DSHS and the provider must meet with experts in the assessment, diagnosis and treatment of reactive attachment disorder in developing the treatment options that are evidence-based and have been demonstrated to be effective in treating reactive attachment disorder.

The provider must train DCFS personnel to effectively and properly use the intake tool.

DSHS must contract with the provider selected to develop the intake tool to also provide integrated and evidence-based intervention services for children diagnosed with reactive attachment disorder. The provider must also train DCFS staff to effectively and properly use the intervention services.

The Joint Legislative Audit and Review Committee (JLARC) must conduct a study of the pilot program the purpose of which is to evaluate the effectiveness of the intake tool and treatment service model provided in the pilot program. JLARC's report is due to the Legislature no later than December 1, 2010.

The act expires on June 30, 2010.

DSHS must operate the pilot program within the amount of funds appropriated in the budget. If the costs of the pilot exceeds the appropriation, DSHS must conform to the appropriation by adjusting the age of the children screened for reactive attachment disorder. If it does adjust the age, it must promptly notify the fiscal committees of the Legislature.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Recommended Second Substitute): Adds language clarifying that for the purpose of the pilot program, the Department means the Children and Family Services Division of DSHS. Removes the appropriations. Specifies that DSHS must operate the pilot program within the amount of funds appropriated in the budget. If the costs of the pilot exceeds the appropriation, DSHS must conform to the appropriation by adjusting the age of the children screened for reactive attachment disorder. If it does adjust the age, it must promptly notify the fiscal committees of the Legislature.

EFFECT OF CHANGES MADE BY HUMAN SERVICES & CORRECTIONS COMMITTEE (Recommended First Substitute): DSHS and the contracted provider are to meet with experts in the field of reactive attachment disorder to develop an intake tool for the assessment of the disorder in children. The experts are to include the University of Washington Attachment Disorder Clinic and the University of Washington Evidence Based Institute. Once the intake tool is developed, DSHS is to screen all children expected to remain in foster care for more than 30 days and must work with the contracted provider to implement the tool. During the pilot period, DSHS is to refer children under 9 who have significant scores on the intake tool to the contracted provider for further assessment and treatment.

Appropriation: None.

Fiscal Note: A partial fiscal note is available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill (Human Services & Corrections):

PRO: There is a large group of foster children affected by this disorder. It is indicated by the fact that there is no specific bonding between the child and the child's caretaker. If we don't deal with these children early on, then they don't get any better. On the clinical front, there is some disagreement whether this disorder exists and how to deal with it. There are treatment options that should be explored, and if they are not, these children risk becoming sexual predators, or violent offenders, or both. Something needs to be done more systematically to spare parents that pain associated with this disorder. The whole idea of the pilot is to develop an intake tool and test it. Most of these children experience education delays as well, so that needs to be part of the intake process as well.

OTHER: Reactive attachment disorder is a complex diagnosis that is often misunderstood. There are controversies about the validity of the diagnosis and treatment for the disorder. DSHS would like to join with the University of Washington Disorder Clinic to develop the most effective screening tool and treatment for this population of children.

Persons Testifying (Human Services & Corrections): **PRO:** Senator Zarelli, prime sponsor, Kevin Allen, citizen.

OTHER: Barb Putnam and Dana Phelps, DSHS.

Staff Summary of Public Testimony on First Substitute (Ways & Means): None.

Persons Testifying (Ways & Means): No one.