

HOUSE BILL REPORT

SSB 5740

As Reported by House Committee On:
Early Learning & Human Services
Appropriations

Title: An act relating to extended foster care services.

Brief Description: Concerning extended foster care services.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Fain, Billig, Litzow, McAuliffe, Frockt, Miloscia, Darneille and Jayapal).

Brief History:

Committee Activity:

Early Learning & Human Services: 3/18/15, 3/26/15 [DPA];
Appropriations: 4/6/15, 4/7/15 [DPA(ELHS)].

Brief Summary of Substitute Bill
(As Amended by Committee)

- Expands eligibility for extended foster care services to youth who are unable to participate in any of the four qualifying activities due to a documented medical condition.

HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

Majority Report: Do pass as amended. Signed by 10 members: Representatives Kagi, Chair; Walkinshaw, Vice Chair; Walsh, Ranking Minority Member; Dent, Hawkins, Kilduff, McCaslin, Ortiz-Self, Sawyer and Senn.

Minority Report: Do not pass. Signed by 1 member: Representative Scott, Assistant Ranking Minority Member.

Staff: Luke Wickham (786-7146).

Background:

The Fostering Connections to Success and Increasing Adoptions Act of 2008.

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.

In October 2008 Congress passed the Fostering Connections to Success and Increasing Adoptions Act. This legislation allows states to use foster care funds to provide extended foster care services to youth between the ages of 18 and 21 years old who engage in certain qualifying activities or are incapable of engaging in those activities due to a medical condition.

Extended Foster Care Services in Washington.

In 2011 the Legislature established extended foster care services, which are defined as residential and other support services that the Department of Social and Health Services (DSHS) is authorized to provide to foster children who have an open dependency case when they turn age 18.

Extended foster care services include: (1) placement in licensed, relative, or otherwise approved care; (2) supervised independent living settings; (3) assistance in meeting basic needs; (4) independent living services; (5) medical assistance; and (6) counseling or treatment.

Eligibility Criteria.

Under the legislation enacted in 2011, a youth was eligible for extended foster care services until age 21 while he or she participated in or completed a secondary education program or a secondary education equivalency program.

In 2012 the Legislature expanded eligibility to include youth who were enrolled, or had applied for and demonstrated intent to enroll, in a postsecondary academic or postsecondary vocational program.

In 2013 the Legislature expanded eligibility to include youth participating in a program or activity designed to promote employment or remove barriers to employment.

In 2014 the Legislature expanded eligibility, effective March, 2015, to include youth engaging in employment for 80 hours or more per month.

Court Procedure.

When a dependent youth turns age 18, his or her parent or guardian is dismissed from the dependency proceeding. After turning age 18, the dependency court must maintain the dependency proceeding for youth who would qualify for extended foster care services. If the court maintains the dependency proceeding, the youth is eligible to receive extended foster care services, subject to the youth's continuing eligibility and agreement to participate.

Summary of Amended Bill:

The eligibility for extended foster care services is expanded to include youth who are not able to engage in any of the activities that would make him or her eligible due to a documented medical condition. The language "within amounts appropriated specifically for this purpose" is removed for purposes of extended foster care eligibility when a youth is engaged in employment for 80 or more hours per month

Medical condition is defined to mean a physical or mental health condition as documented by any licensed health care provider.

The DSHS shall make efforts to ensure that extended foster care providers maximize Medicaid reimbursement. This must include ensuring that extended foster care health and mental health providers participate in Medicaid..

For youth aging out of foster care, the Children's Administration (CA) must invite representatives from the Division of Behavioral Health and Recovery, the Disability Services Administration, the Economic Services Administration, and the Juvenile Justice and Rehabilitation Administration to the youth's shared planning meeting that occurs between age 17 and 17.5 years old that is used to develop a transition plan. The CA must direct youth who may qualify for developmental disability services to apply for those services and provide assistance in the application process.

The act is null and void if not funded.

Amended Bill Compared to Substitute Bill:

The amended bill removes the language "within amounts appropriated specifically for this purpose" for purposes of extended foster care eligibility when a youth is engaged in employment for 80 or more hours per month and when a youth is not able to engage in the eligibility categories due to a documented medical condition.

The amended bill specifies that the DSHS shall make efforts to ensure that extended foster care providers maximize Medicaid reimbursement. This must include ensuring that extended foster care health and mental health providers participate in Medicaid.

The amended bill requires the CA to direct youth who may qualify for developmental disability services to apply for those services and provide assistance in the application process.

The amended bill adds a null and void clause and a delayed effective date of July 1, 2016.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect July 1, 2016. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) Youth who have a serious medical condition that prevents them from going to school or getting a job are likely not ready to be out on their own. It is unlikely that

biological parents would release a youth with a serious medical condition out on their own, so the state should provide extended services to foster youth in this situation, as well. Foster youth didn't ask to be in foster care or for the state to be their legal guardian but, having been placed in that situation, the state has a responsibility to continue caring for certain foster youth with serious medical conditions preventing them from getting a job or going to school beyond the age of 18.

Being in extended foster care allows youth to alleviate worries about housing and employment and allows them time to transition into adulthood. The state has a responsibility to help foster youth transition into being productive members of society. After so many years of the Legislature's support of extended foster care, this bill extends eligibility to the last possible group—those who are unable to work or go to school because of a documented medical condition. In 2006 the Legislature established the Foster Care to 21 Pilot Program. What we learned from the pilot was that the state gained \$5.16 from every dollar invested. A delayed effective date should be added to this bill, which gives the DSHS enough time to plan for the addition of the new group. This bill gives youth the opportunity to avoid more costly outcomes, including incarceration.

(In support with concerns) The DSHS supports this bill. Extended foster care is an incredible service for older youth. The DSHS has struggled with funding and forecasting cost for extended foster care. The DSHS prefers the null and void clause included in the House bill over the "within amounts appropriated specifically for this purpose" language included in the Senate bill. It is more appropriate to use a null and void clause in relation to a federal entitlement program. The DSHS would prefer a delayed effective date as included in the House bill. The DSHS is confused by the provision in this bill requiring a Medicaid core provider agreement as the DSHS does not make payments through the Provider One system. The DSHS works with the Developmental Disabilities Administration and other agencies to find the appropriate services for a dependent youth.

(Opposed) None.

Persons Testifying: (In support) Deonate Cruz and Erin Shea McCann, Mockingbird Society; and Sherry Krainick, Washington State PTA.

(In support with concerns) David DelVillar Fox, Children's Administration.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended by Committee on Early Learning & Human Services. Signed by 28 members: Representatives Hunter, Chair; Ormsby, Vice Chair; Parker, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Buys, Carlyle, Cody, Dent, Dunshee, Fagan, Haler, Hansen, Hudgins, S. Hunt, Jinkins, Kagi, Lytton, MacEwen, Magendanz, Pettigrew, Sawyer, Senn, Springer, Stokesbary, Sullivan, Tharinger, Van Werven and Walkinshaw.

Minority Report: Do not pass. Signed by 4 members: Representatives Chandler, Ranking Minority Member; Condotta, G. Hunt and Taylor.

Staff: Mary Mulholland (786-7391).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Early Learning & Human Services:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill takes effect on July 1, 2016. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) The Mockingbird Society receives no financial benefit from extended foster care and commends the bill to the Appropriations Committee. Washington has been working on extended foster care since 2006 when an initial three-year program was conducted to serve up to 50 youth per year. A Washington State Institute for Public Policy evaluation found a \$5.16 return for each \$1 invested into the program. In addition, a national evaluation done in the Midwestern states found that young people in extended foster care reduced their reliance on public assistance and their criminal justice involvement to the same rate as their peers in the general public, and increased their higher education attainment and lifetime earnings. Clearly, there is a return-on-investment in comparison to former foster youth becoming homeless or incarcerated. The bill addresses kids with documented medical conditions, who are arguably the most vulnerable of the vulnerable. Members are thanked for their bipartisan leadership on the issue. The state is very close to not discharging young people from foster care to homelessness, but with providing them with a path to education, employment, and a seat at the table in their communities. Eligibility processes for extended foster care will be simplified by expanding extended foster care eligibility for basically all youth aging out of foster care. It is worth noting that youth who enroll in extended foster care through the documented medical condition category may remain eligible if they transition to a different eligibility category at perhaps a lower per-capita cost.

(Opposed) None.

Persons Testifying: Jim Theofelis, Mockingbird Society.

Persons Signed In To Testify But Not Testifying: None.