

# HOUSE BILL REPORT

## HB 1090

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*As Reported By House Committee on:  
Human Services*

**Title:** An act relating to early intervention services for infants and toddlers.

**Brief Description:** Creating a statewide system of early intervention services for infants and toddlers with disabilities or special needs.

**Sponsor(s):** Representatives Leonard, Ferguson, Pruitt, Holland, Rayburn, Prentice, Brekke, Appelwick, Anderson, Silver, Scott, R. Johnson, Wineberry, Inslee, Hargrove, Sprenkle, Dorn, Spanel, Dellwo, R. King, Winsley, Phillips, Riley, Haugen, Vance, Kremen, Rasmussen, Franklin, Basich, Jacobsen, Fraser, Broback, Edmondson, D. Sommers, Roland, Jones, Chandler, Ludwig, Mielke, Nelson, Miller, Wood, Cooper, Bray, Ogden and Morris.

**Brief History:**

Reported by House Committee on:  
Human Services, February 18, 1991, DPS.

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**HOUSE COMMITTEE ON  
HUMAN SERVICES**

**Majority Report:** *That Substitute House Bill No. 1090 be substituted therefor, and the substitute bill do pass.*  
Signed by 11 members: Representatives Leonard, Chair; Riley, Vice Chair; Winsley, Ranking Minority Member; Tate, Assistant Ranking Minority Member; Anderson; Beck; Brekke; Hargrove; Hochstatter; R. King; and H. Myers.

**Staff:** David Knutson (786-7146).

**Background:** The State provides a variety of services and supports through five state agencies which offer opportunities for personal growth and development to persons who are developmentally disabled. The developmental disability must be attributed to mental retardation or other similar conditions, originating before the age of eighteen and which continues indefinitely and constitutes a substantial handicap to the individual.

Presently, there is no statewide, comprehensive, coordinated system of early intervention and family support services for

infants who are handicapped or are at risk for experiencing significant developmental problems.

The Birth-to-Six Planning Project began as a planning project for Zero-to-Three infants in 1982. Since that time, federal grants and state appropriations have encouraged the continuation of the project. Interagency coordination has been encouraged and the foundation of a statewide plan has been developed.

**Summary of Substitute Bill:** A new program is created serving infants and toddlers with developmental disabilities from birth to three years of age, as well as their families. A statewide system of coordinated, comprehensive, multidisciplinary, interagency programs are established for providing early intervention services to enhance the development of these children to minimize their developmental delay, while avoiding the future costs of special education, a likelihood of institutionalization and preventable secondary health impairments. The family would participate in the development of an individualized treatment plan.

The governor is to select a lead agency for assuring that the Departments of Social and Health Services, Health, Community Development, and Services for the Blind, with the assistance of the Superintendent of Public Instruction, jointly develop the statewide system of interagency programs by July 1.

The governor is also to establish and appoint members to the State Interagency Coordinating Council for three-year terms. The council is the policy-making body for administering the program and oversees the duties of the lead agency and the responsibilities of the state agencies involved and awards grants to local councils for providing services. The council meets at least four times a year, hires staff, establishes by-laws, submits an annual report, develops a public awareness program, resolves disputes, develops a system of personnel recruitment, develops program and health and safety standards, monitors activities of the lead agency and develops models for detecting infants at risk.

The council shall have an administrative board of no more than fifteen members, appointed by the governor, consisting of parents of children with disabilities, public and private providers of services, a state legislator and agency representatives, among others.

In addition, each county or group of counties, must appoint local interagency coordinating councils to plan, coordinate

and provide services, directly or by contract, to children and their families at the local level.

The local councils must contain at least three parents, or 30 percent of the membership, in addition to representatives of public health and school districts, local health providers and hospitals, among others. The duties of the local councils include determining the array of services needed in the community, planning for the utilization of services and funding, designating a local lead agency, facilitating provider agreements, resolving disputes and monitoring program activities. In addition, the local councils are to develop a local public awareness program, conduct child-find efforts, establish by-laws, meet at least six times a year and prepare an annual report.

With specific regards to services, each infant and toddler is to receive a comprehensive, multidisciplinary assessment of needs and the identification of services to meet those needs. The family is also to receive a needs assessment, with a written individualized family service plan, containing the child's present developmental level, the family's strengths and needs related to enhancing the child's development, a statement of expected outcomes and specific services necessary to achieve them. The service plan is to be used by all agencies involved and is to be evaluated annually, based on the age and needs of the child.

Procedural safeguards are to be provided, including the confidentiality of client records, resolution of complaints and written notice of changes in services. Services shall not be interrupted pending any eligibility dispute. Disputes must first be resolved by the local lead agency, but can then be brought before the local council and then the administrative board in turn.

The use of funds provided for this program cannot be used to supplant funds from other sources and this program is not to be construed as altering the provision of existing services for the developmentally disabled.

The Department of Social and Health Services is provided \$13,118,750.00 for this act.

***Substitute Bill Compared to Original Bill:*** Services to children with special needs are removed from the legislation. The Department of Health is designated as the state lead agency. Local health departments, or districts, are designated as the county lead agencies. The county interagency advisory councils are removed from the legislation. The local public health department, or health district, is responsible to initiate a local planning

process to coordinate and enhance early intervention services. The appropriation is reduced to reflect the removal of services to children with special needs and the county interagency advisory councils.

**Fiscal Note:** Available.

**Appropriation:** Yes.

**Effective Date:** July 1, 1991.

**Testimony For:** Early intervention services for young children with disabilities, have a profound effect on their ability to reach their full potential. Young children who do not receive these services have a very difficult time when they first enter the public school system. It makes fiscal sense and is enlightened public policy, to provide services as soon as disabilities are identified.

**Testimony Against:** The Department of Social and Health Services and the Department of Health cannot support the legislation because they are not funded through the governor's budget request for the 1991-93 biennium.

**Witnesses:** Joseph Bell, Department of Social and Health Services (con); Maxine Hayes, Department of Health (con); Michael Conn-Powers, Office of the Superintendent of Public Instruction; Sharon Hansen, Developmental Disabilities Planning Council; Judi Moore, Early Childhood Association of Washington; Tammy Likowitz, State Interagency Coordinating Council; Cassie Johnston and Julia Bell, Wee Care Coalition; Mary Jo Wilcox, Assembly for Citizens with Disabilities; L. Mike Freeman, parent; Margaret Casey, Children's Alliance; Steve Lansing, Lutheran Public Policy Office; and Laurie Lippold, Children's Home Society.