

HB 3115-S2 - DIGEST

(DIGEST AS ENACTED)

Finds that: (1) Foster parents are able to successfully maintain placements of children who are sexually reactive, physically assaultive, or who have other high-risk behaviors when they are provided with proper training and support. Lack of support contributes to placement disruptions and multiple moves between foster homes.

(2) Young children who have experienced repeated early abuse and trauma are at high risk for behavior later in life that is sexually deviant, if left untreated. Placement with a well-trained, prepared, and supported foster family can break this cycle.

Establishes a foster parent critical support and retention program to retain foster parents who care for children who act out sexually, are physically assaultive, or have other high-risk behaviors. The foster parent critical support and retention program is to be implemented under the division of children and family services' contract and supervision. A contractor must demonstrate experience providing in-home case management to foster homes that are licensed through the division of children and family services.

Provides that, under the foster parent critical support and retention program, foster parents who care for children who act out sexually and/or physically or have other high-risk behaviors shall receive: (1) Twenty-four/seven emergency assistance;

(2) Assessment of risk and development of a safety and supervision plan;

(3) Home-based foster parent training utilizing evidence-based models; and

(4) Referral to community services.

Requires the department of social and health services to prepare and provide to the legislature, by December 1, 2006, a comprehensive report regarding the department's policies and practices relating to referrals, investigations, and records of child abuse and neglect allegations. At a minimum, the report shall include recommendations for improvement of the department's current practice to: (1) Define terms relating to referrals and investigative findings;

(2) Provide guidelines for determining whether a referral is to be assigned and investigated;

(3) Manage records of calls which are received but not investigated;

(4) Establish a timeline for the destruction of records regarding investigations which resulted in no investigation, an inconclusive finding, or an unfounded finding;

(5) Disclose to foster parents information regarding sexually reactive and physically aggressive tendencies of children placed in their homes;

(6) Respond to allegations of abuse, neglect, or failure to supervise against foster parents when the allegations arise from the conduct of a child who is sexually reactive or has physically aggressive tendencies and the foster parent did not have prior knowledge of those tendencies or the child was not in the reasonable control of the foster parent; and

(7) Protect the due process rights of individuals who are not afforded the protection of the child abuse and prevention and treatment act.

VETO MESSAGE ON 2SHB 3115

March 30, 2006

To the Honorable Speaker and Members,
The House of Representatives of the State of Washington

Ladies and Gentlemen:

I am returning, without my approval as to Section 5, Second Substitute House Bill No. 3115 entitled:

"AN ACT Relating to establishing a foster parent critical support and retention program."

Section 5 of the bill creates a statutory duty for the Department of Social and Health Services (DSHS) to disclose information to care providers regarding a dependent child's behavioral and emotional problems or regarding whether a dependent child is "sexually reactive." The duty to share this information is not limited to only that information known to the DSHS. Moreover, the term "sexually reactive" is not defined in this bill or in existing statutes. The lack of clarity regarding what specific information is to be shared and the absence of a key definition might result in misunderstandings between the DSHS and care providers. This, in turn, might result in inadequate supervision of children or unnecessary litigation.

I am directing the DSHS, however, to develop policies to implement the intent of Section 5. The DSHS policies are to specify what types of information must be shared with care providers, when the information is to be shared, and the manner in which the information is to be shared. The policies should include definitions of key terms. The DSHS' duty to share information should not be limited to only that information known at the time of placement. Rather, the DSHS should share information, consistent with the criteria outlined in policy, on an on-going basis.

For these reasons, I have vetoed Section 5 of Second Substitute House Bill No. 3115.

With the exception of Section 5, Second Substitute House Bill No. 3115 is approved.

Respectfully submitted,
Christine O. Gregoire
Governor