

FINAL BILL REPORT

ESHB 1608

PARTIAL VETO

C 326 L 91

Brief Description: Improving services for children.

By House Committee on Human Services (originally sponsored by Representatives Leonard, Winsley, Rasmussen, Beck, Anderson, Hargrove, Brekke, Bowman, Dorn, Hine, Rust, Riley, Spanel, H. Myers, Dellwo, Phillips, Haugen, Jacobsen, Jones, R. King, Pruitt, Basich, R. Johnson, Van Luven, Holland, Valle, Paris, Belcher, Sheldon and O'Brien).

House Committee on Human Services
House Committee on Appropriations
Senate Committee on Children & Family Services

Background: The number of group home beds for children has declined dramatically over the past 10 years. The decline in the number of group home beds occurred at a time of increasing child abuse and neglect and increasing alcohol and drug abuse by children. The result is that children who require the structured environment provided by group homes are instead being served in family foster care, or in programs intended for runaways or for children from families experiencing a family conflict which could be resolved through family counseling and short-term residential programs. Consequently, children requiring group home care have not received it; children and families requiring assistance in resolving family conflicts have not received that assistance, and foster parents have been forced to serve children who are not appropriate for foster home care. Increasing numbers of children are involved in destructive lifestyles of drug and street gang activity. The State lacks services for juvenile offenders which provide constructive alternatives to drugs and gang involvement.

Children with emotional and mental disorders may come in contact with several child-serving systems such as schools, child welfare programs, mental health programs, and juvenile justice programs. The current system of mental health care tends to look at the problem experienced by a child in isolation from other aspects of the child's life. This categorical approach to mental health results in a fragmented, uncoordinated array of services provided to children. The Federal Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Program can be used to provide mental

health services to eligible children through the medicaid program.

Summary: The Department of Social and Health Services is authorized to assess a representative sample of children in its care to determine the appropriate level of residential and treatment services needed. By December 1, 1992, the department will recommend to appropriate legislative committees the reallocation of children's services funding. The Department of Social and Health Services is authorized to establish a contracted three-step treatment program for juvenile offenders. The program will be culturally relevant and appropriate and will provide institutional, community residential, and transitional services for selected juvenile offenders. The department may also establish a therapeutic family home program for up to 15 dependent youth who have been abused, neglected, or abandoned.

Transitional living programs for dependent children are authorized. Foster parents will receive written notice five days prior to the removal of a foster child in their care except under very limited circumstances.

The Office of Financial Management (OFM) will perform an inventory of publicly funded programs providing mental health services to children in the state and report to appropriate legislative committees by December 1, 1991. OFM will also develop a plan and criteria for the use of early, periodic screening, diagnosis, and treatment services for children with mental health needs. Each mental health regional support network will begin a local planning process for the delivery of children's mental health services which includes all appropriate agencies and organizations at the local level.

Votes on Final Passage:

House	94	3	
Senate	44	0	(Senate amended)
House			(House refused to concur)

Conference Committee

Senate	41	0
House	87	0

Effective: July 28, 1991

Partial Veto Summary: The requirement that the Department of Social and Health Services assess children in their care to determine the appropriate level of residential and treatment services is removed. The ability of individuals

who are subject to reprisal or retaliation by the Department of Social and Health Services to seek judicial review is removed. The requirement that the Department of Social and Health Services provide foster families with five days written notice of a decision to transfer a foster child is removed.