

SENATE BILL REPORT

ESB 6432

AS PASSED SENATE, FEBRUARY 12, 1992

Brief Description: Providing coordinated services for children with disabilities.

SPONSORS: Senators L. Smith, West and Sellar

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, M. Kreidler, Niemi, and Wojahn.

Staff: Sarena Seifer (786-7417)

Hearing Dates: February 3, 1992; February 5, 1992

BACKGROUND:

In 1982, Washington State was selected by the National Center for Clinical Infant Programs to participate in an initiative designed to promote effective interagency planning for coordinated services to disabled children from birth to three years of age. Since 1985, federal grants and state appropriations have encouraged continuation of the initiative as the Birth-to-Six State Planning Project. The project has encouraged interagency coordination and developed the foundation of a statewide plan for infants and toddlers with disabilities.

SUMMARY:

The Legislature finds that there is an urgent and substantial need to enhance the development of infants and toddlers with disabilities in the state of Washington in order to minimize developmental delay, maximize individual potential for adult independence, enhance the capacity of families to meet the needs of their infants and toddlers with disabilities, and maintain family integrity.

The Legislature further finds that there is an urgent and substantial need to coordinate and enhance the state's existing early intervention services to ensure a statewide, community-based, coordinated interagency program of early intervention services for infants and toddlers with disabilities and their families, and to facilitate the coordination of payment for early intervention services from federal, state, local, and private sources.

The Governor is required to appoint a state birth-to-six interagency coordinating council. The council must identify and work with county early childhood interagency coordinating

councils to coordinate and enhance existing early intervention services and assist each community to meet the needs of infants and toddlers with disabilities and their families. The Governor must also ensure that state agencies involved in providing or paying for early intervention services to infants and toddlers with disabilities and their families coordinate and collaborate in the planning and delivery of such services.

State or local agencies or entities which receive public money for providing or paying for early intervention services must enter into formal interagency agreements that define their relationships and financial responsibilities in the provision of services within each county. Such agreements must include dispute resolution procedures and all additional components necessary to ensure coordination and collaboration.

All state and local agencies must ensure that the implementation of this chapter will not cause any interruption in existing early intervention services for infants and toddlers with disabilities.

No state or local agency currently providing early intervention services to infants and toddlers with disabilities may use funds appropriated for such services to supplant funds from other sources. No state or local agency may delay, interrupt, or divert funds appropriated for such services from existing programs. Nothing in the bill must be construed to permit the restriction or reduction of eligibility for infants and toddlers with disabilities under the federal Maternal and Child Health Block Grant or Medicaid programs.

Appropriation: none

Revenue: none

Fiscal Note: available

TESTIMONY FOR:

The fragmentation and lack of coordination of care of children with developmental disabilities can be stressful for parents. Early intervention efforts are successful and should be expanded. The state's efforts thus far have improved service coordination for developmentally disabled children and their families and have fostered collaboration between social service agencies at the state and local level.

TESTIMONY AGAINST: None

TESTIFIED: PRO: Mary Jo Wilcox, The Assembly; Dr. Maxine Hayes, Dept. of Health; Julia Bell, Wee Care Coalition; Joseph Bell, Dept. of Social and Health Services