

# SENATE BILL REPORT

## SHB 2985

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As Reported By Senate Committee On:  
Human Services & Corrections, February 23, 2006  
Ways & Means, February 27, 2006

**Title:** An act relating to creating a foster care health unit in the department of social and health services.

**Brief Description:** Creating a foster care health unit in the department of social and health services.

**Sponsors:** House Committee on Children & Family Services (originally sponsored by Representatives Schual-Berke, Clibborn, Appleton, Moeller, Green, Cody, Morrell, Walsh, McIntire, Kagi, Kenney, Hasegawa and Simpson).

**Brief History:** Passed House: 2/09/06, 97-1.

**Committee Activity:** Human Services & Corrections: 2/16/06, 2/23/06 [DPA-WM].  
Ways & Means: 2/27/06 [DPA(HSC)].

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### SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

**Majority Report:** Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Hargrove, Chair; Regala, Vice Chair; Stevens, Ranking Minority Member; Brandland, Carrell, McAuliffe and Thibaudeau.

**Staff:** Shani Bauer (786-7468)

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### SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** Do pass as amended by Committee on Human Services & Corrections.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Doumit, Vice Chair, Operating Budget; Zarelli, Ranking Minority Member; Brandland, Kohl-Welles, Parlette, Pflug, Pridemore, Rasmussen, Regala, Roach, Rockefeller, Schoesler and Thibaudeau.

**Staff:** Elaine Deschamps (786-7441)

**Background:** The state provides all routine medical and dental examinations and necessary emergency care for children in foster care. The Department of Social and Health Services (DSHS) created the "Passport" program to better facilitate medical care for children in foster care. The Passport Program is a mechanism used to collect and input information about a foster child's medical history and treatment, as well as social, behavioral, and educational data. The information is to be provided to foster parents at the time of placement.

The Children's Administration also utilizes Regional Medical Consultants (RMC) to assist in coordinating medical care for foster children. Currently, at least one quarter-time pediatrician per region serves as a RMC.

Some concerns exist that medical services for the child are not coordinated as well as they could be. Children in foster care may change residences several times adding another layer of difficulty. In January of this year, the DSHS hired a consultant to review the DSHS foster child medical practices.

**Summary of Amended Bill:** A placement agency or foster home charged with the care of a child when a child is removed from his or her home may authorize an evaluation for the child's routine and necessary medical, dental, and mental health care. In accepting custody of a child, the DSHS must provide for the routine and necessary medical, dental, and mental health care, or necessary emergency care of the child.

Within existing resources, the DSHS is directed to establish a Foster Care Health Unit within the Children's Administration. The unit is established to serve as a workgroup charged with reviewing and providing recommendations to the Legislature related to the physical, dental, and mental health needs of children in custody of the state, including, but not limited to:

- creation of an office within the DSHS to consolidate and coordinate health services;
- alternative payment structures for health care organization;
- improving coordination of health care;
- improving access to health information available for providers;
- establishing a "medical home" for each child placed in foster care;
- examining the availability and use of resources; and
- any other issues that may be relevant.

The Foster Care Health Unit, in collaboration with the RMCs within the DSHS, must develop a statewide, uniform role for the consultants with emphasis placed on the mental health needs of children in foster care.

The DSHS must complete its review, report to the Legislature, and implement a statewide, uniform role for the RMCs by September 1, 2006.

**Amended Bill Compared to Original Bill:** The Children's Administration and the Health and Recovery Services Administration within the DSHS are required to collaborate to accomplish the tasks required in the bill.

Managed care may be implemented for health care services for foster children if it is in the best interest of the foster child, and not for cost containment purposes. The provisions related to creation of a health care unit expire January 1, 2007.

**Appropriation:** None.

**Fiscal Note:** Available on original bill.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Testimony For (Human Services & Corrections):** The problem with medical care for foster children is not money but a lack of coordination and accountability. Child Welfare workers control foster care while Medical Assistance Administration controls Medicaid. These divisions don't work together to get children coordinated care. DSHS already has several programs in place; they just haven't been implemented. DSHS should create a health care unit that looks over the foster care medical system.

**Testimony Against (Human Services & Corrections):** DSHS is excited about the level of interest this issue is getting, but has some concerns. The requirements of the bill exceed the current level of resources and the amount of time given to complete the tasks. DSHS also needs to be able to use managed care if it is in the child's best interest.

**Who Testified (Human Services & Corrections):** PRO: Abe Bergman, MD, Harborview Medical Center.

CON: Tammi Erickson, Nancy Anderson, Children's Administration, DSHS.

**Testimony For (Ways & Means):** None.

**Testimony Against (Ways & Means):** None.

**Testimony Other (Ways & Means):** I am in support of bill, but against the fiscal note - - no new funds are necessary. Rather, the Department just needs to make someone accountable and the health care needs of foster children need to be better coordinated.

**Who Testified (Ways & Means):** OTHER: Abe Bergman, MD, Harborview.