

CERTIFICATION OF ENROLLMENT
SECOND SUBSTITUTE HOUSE BILL 3115

Chapter 353, Laws of 2006

(partial veto)

59th Legislature
2006 Regular Session

FOSTER PARENT CRITICAL SUPPORT AND RETENTION PROGRAM

EFFECTIVE DATE: 6/7/06

Passed by the House March 8, 2006
Yeas 98 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate March 7, 2006
Yeas 45 Nays 0

BRAD OWEN

President of the Senate

Approved March 30, 2006, with the
exception of section 5, which is vetoed.

CHRISTINE GREGOIRE

Governor of the State of Washington

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 3115** as passed by the House of Representatives and the Senate on the dates hereon set forth.

RICHARD NAFZIGER

Chief Clerk

FILED

March 30, 2006 - 3:25 p.m.

**Secretary of State
State of Washington**

SECOND SUBSTITUTE HOUSE BILL 3115

AS AMENDED BY THE SENATE

Passed Legislature - 2006 Regular Session

State of Washington 59th Legislature 2006 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Darneille, Talcott, Morrell, Green, McDonald, Ormsby, Simpson and Roberts)

READ FIRST TIME 02/08/06.

1 AN ACT Relating to establishing a foster parent critical support
2 and retention program; amending RCW 74.13.280; adding new sections to
3 chapter 74.13 RCW; and creating new sections.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that:

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

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

15 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.13 RCW
16 to read as follows:

17 A foster parent critical support and retention program is
18 established to retain foster parents who care for sexually reactive

1 children, physically assaultive children, or children with other high-
2 risk behaviors. Services shall consist of short-term therapeutic and
3 educational interventions to support the stability of the placement.
4 The foster parent critical support and retention program is to be
5 implemented under the division of children and family services'
6 contract and supervision. A contractor must demonstrate experience
7 providing in-home case management, as well as experience working with
8 caregivers of children with significant behavioral issues that pose a
9 threat to others or themselves or the stability of the placement.

10 NEW SECTION. **Sec. 3.** A new section is added to chapter 74.13 RCW
11 to read as follows:

12 Under the foster parent critical support and retention program,
13 foster parents who care for sexually reactive children, physically
14 assaultive children, or children with other high-risk behaviors shall
15 receive:

16 (1) Availability at any time of the day or night to address
17 specific concerns related to the identified child;

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

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

22 (4) Referral to relevant community services and training provided
23 by the local children's administration office or community agencies.

24 NEW SECTION. **Sec. 4.** The department of social and health services
25 shall prepare and provide to the legislature, by December 1, 2006, a
26 comprehensive report regarding the department's policies and practices
27 relating to referrals, investigations, and records of child abuse and
28 neglect allegations. At a minimum, the report shall include
29 recommendations for improvement of the department's current practice
30 to:

31 (1) Define terms relating to referrals and investigative findings;

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

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

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

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

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

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

16 *Sec. 5. RCW 74.13.280 and 2001 c 318 s 3 are each amended to read
17 as follows:

18 (1) *Except as provided in RCW 70.24.105, whenever a child is placed*
19 *in out-of-home care by the department or a child-placing agency, the*
20 *department or agency shall share information about the child and the*
21 *child's family with the care provider and shall consult with the care*
22 *provider regarding the child's case plan. If the child is dependent*
23 *pursuant to a proceeding under chapter 13.34 RCW, the department or*
24 *agency shall keep the care provider informed regarding the dates and*
25 *location of dependency review and permanency planning hearings*
26 *pertaining to the child.*

27 (2) Information about the child shall include information about
28 behavioral and emotional problems of the child and whether the child is
29 a sexually reactive child.

30 (3) *Any person who receives information about a child or a child's*
31 *family pursuant to this section shall keep the information confidential*
32 *and shall not further disclose or disseminate the information except as*
33 *authorized by law.*

34 ((+3)) (4) Disclosure of any relevant health care information
35 shall be consistent with RCW 70.24.105 and any guidelines or
36 recommendations established by the department of health concerning

1 disclosure of such information, including testing for and disclosure of
2 information related to blood-borne pathogens.

3 (5) Nothing in this section shall be construed to limit the
4 authority of the department or child-placing agencies to disclose
5 client information or to maintain client confidentiality as provided by
6 law.

*Sec. 5 was vetoed. See message at end of chapter.

Passed by the House March 8, 2006.

Passed by the Senate March 7, 2006.

Approved by the Governor March 30, 2006, with the exception of
certain items that were vetoed.

Filed in Office of Secretary of State March 30, 2006.

Note: Governor's explanation of partial veto is as follows:

"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."