

HOUSE BILL REPORT

HB 1900

As Amended by the Senate

Title: An act relating to implementing the family first prevention services act, P.L. 115-123, regarding expansion of services to children and families.

Brief Description: Maximizing federal funding for prevention and family services and programs.

Sponsors: Representatives Callan, Dent, Senn, Appleton, Doglio, Davis, Pollet, Frame and Jinkins; by request of Department of Children, Youth and Families.

Brief History:

Committee Activity:

Human Services & Early Learning: 2/13/19, 2/15/19 [DP];
Appropriations: 2/27/19, 2/28/19 [DP].

Floor Activity:

Passed House: 3/11/19, 96-1.
Senate Amended.
Passed Senate: 4/11/19, 45-0.

Brief Summary of Bill

- Defines "prevention and family services and programs" to mean specific mental health prevention and treatment services, substance abuse prevention and treatment services, and in-home parent skill-based programs that qualify for federal funding under the Family First Prevention Services Act (FFPSA).
- Authorizes the Department of Children, Youth, and Families to use a family assessment response for up to one year to assess for and provide prevention and family services and programs for families with: (1) children who are candidates for foster care; and (2) children in foster care who are pregnant or parenting, consistent with requirements under the FFPSA.
- Defines a "child who is a candidate for foster care."
- Defines "qualified residential treatment program" to mean a program that meets certain criteria and is licensed as a group care facility that also qualifies for funding under the FFPSA and requires that courts make certain findings within 60 days for children residing in these programs.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

HOUSE COMMITTEE ON HUMAN SERVICES & EARLY LEARNING

Majority Report: Do pass. Signed by 11 members: Representatives Senn, Chair; Callan, Vice Chair; Frame, Vice Chair; Dent, Ranking Minority Member; Eslick, Assistant Ranking Minority Member; Corry, Goodman, Griffey, Kilduff, Lovick and Ortiz-Self.

Minority Report: Do not pass. Signed by 2 members: Representatives McCaslin, Assistant Ranking Minority Member; Klippert.

Staff: Luke Wickham (786-7146).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 32 members: Representatives Ormsby, Chair; Bergquist, 2nd Vice Chair; Robinson, 1st Vice Chair; Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Cody, Dolan, Dye, Fitzgibbon, Hansen, Hoff, Hudgins, Jinkins, Kraft, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Schmick, Senn, Springer, Stanford, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Ybarra.

Staff: Meghan Morris (786-7119).

Background:

Family First Prevention Services Act.

The Family First Prevention Services Act (FFPSA) was signed into federal law in 2018 and modifies the way that Title IV-E funds may be spent by states. Currently, Title IV-E funds can only be used to help with the costs of foster care maintenance; administrative expenses to manage the program; training for staff, foster parents, and private agency staff; adoption assistance; and kinship guardianship assistance. Beginning October 2019 states have the option of using these funds for prevention services for up to 12 months that allow candidates for foster care to stay with parents or relatives. These prevention services can include in-home parent skill-based programs, mental health services, and substance abuse prevention and treatment services.

Services receiving federal funding must be designated as a promising practice, supported practice, or well-supported treatment.

The FFPSA places restrictions on the use of congregate or group care for a child by generally not reimbursing the state for a child placed in a group care setting for more than two weeks that is not a foster home or a qualified residential treatment program (QRTP). For a placement to be considered a QRTP, it must:

- be licensed by one of three organizations;
- utilize a trauma-informed treatment model that includes service of clinical needs;
- be staffed by a registered or licensed nursing staff;
- be inclusive of family members in the treatment process; and
- offer at least six months of support after discharge.

Courts must review a QRTP placement within 60 days and at each following case review.

States may delay the implementation of the congregate care requirements but must also delay the prevention funding for the same period.

Family Assessment Response.

Reports of low- to moderately low-risk allegations of child abuse and neglect will receive family assessment response (FAR) services, where there is no indication of immediate danger. These reports require that the Department of Children, Youth, and Families (DCYF) provide 72-hour face-to-face contact with the child victim.

The FAR is an alternative to the traditional Child Protective Services investigation. The FAR services are voluntary, and no findings of abuse or neglect are made. The FAR cases must be closed within 45 calendar days from the date the intake was received unless the parent or caregiver receiving services consents to the case remaining open for up to 120 calendar days.

Child Welfare Court Proceedings.

Anyone, including the DCYF, may file a petition in court alleging that a child should be a dependent of the state due to abuse, neglect, or because there is no parent, guardian, or custodian capable of adequately caring for the child. These petitions must be verified and contain a statement of facts that constitute a dependency and the names and residence of the parents if known.

When a child is taken into custody, the court is to hold a shelter care hearing within 72 hours. The primary purpose of the shelter care hearing is to determine whether the child can be immediately and safely returned home while the dependency case is being resolved. If a court finds the need to maintain a child out of the home, the shelter care status remains until a dependency fact-finding hearing is held or the parties enter an agreed order of dependency. The fact-finding must be held within 75 days after the filing of the petition, unless exceptional reasons for a continuance are found.

If a court determines that a child is dependent, the court will conduct periodic reviews and make determinations regarding the child's placement, the provision of services by the DCYF, compliance of the parents, and whether progress has been made by the parents.

The DCYF must develop a permanency plan within 60 days from the date the DCYF assumes responsibility for the child which must identify primary outcome goals for the case. The DCYF must submit this permanency plan to the parties and the court at least 14 days before a permanency planning court hearing. A permanency planning hearing must be held in all cases where the child has remained in out-of-home care for at least nine months, but no later than 12 months following out of home placement.

Under certain circumstances after a child has been removed from the custody of a parent for at least six months pursuant to a finding of dependency, a petition may be filed seeking termination of parental rights.

Summary of Bill:

The definition of "remedial services" is modified to mean family reunification services that facilitate the reunification of the child safely and appropriately within a timely fashion.

The term "prevention and family services and programs" is defined to mean specific mental health prevention and treatment services, substance abuse prevention and treatment services, and in-home parent skill-based programs that qualify for federal funding under the FFPSA and not remedial services or family reunification services.

A "qualified residential treatment program" is defined to mean a program licensed as a group care facility that also qualifies for funding under the FFPSA and meets requirements to:

- use a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances; and
- be able to implement treatment for the child that is identified in an assessment that: (a) is completed by a trained professional or licensed clinician who is a "qualified individual" as that term is defined under the FFPSA; (b) assesses the strengths and needs of the child; and (c) determines whether the child's needs can be met with family members or through placement in a foster family home or, if not, which available placement setting would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the child's permanency plan.

A "child who is a candidate for foster care" means a child who the DCYF identifies as being at imminent risk of entering foster care and for whom there is reasonable cause to believe that any of the following circumstances exist:

- The child has been abandoned by the parent and the child's health, safety, and welfare is seriously endangered as a result.
- The child has been abused or neglected and the child's health, safety, and welfare is seriously endangered as a result.
- There is no parent capable of meeting the child's needs such that the child is in circumstances that constitute a serious danger to the child's development.
- The child is otherwise at imminent risk of harm.

Upon receiving a report that a child is a candidate for foster care, the DCYF may provide prevention and family services and programs to the child's parents, guardian, or caregiver. The DCYF may not be held civilly liable for the decision regarding whether to provide prevention and family services and programs, or for the provision of those services and programs, for a child determined to be a candidate for foster care.

The DCYF may use FAR services to assess for and provide prevention and family services and programs for children and their families, consistent with requirements under the FFPSA when a child who is:

- a candidate for foster care; and
- in foster care and who is pregnant, parenting, or both.

For cases in which the DCYF elects to use FAR services to serve the eligibility categories added under the bill, and upon agreement of the child's parent, legal guardian, legal

custodian, or relative placement, the FAR period may be extended up to one year. The DCYF's extension of the FAR must be operated within the DCYF's appropriations.

The DCYF's authority to provide independent living services to youth is expanded to allow serving individual up to age 23 (instead of up to age 21 under current law), who are or have been in the DCYF's care and custody, or who are or were nonminor dependents.

Family preservation services are expanded to include support and retain foster families so they can provide quality family based settings for children in foster care. The DCYF may offer or provide family preservation services or preservation services to families as remedial services pursuant to dependency proceedings. If the DCYF elects to do so, these services are not considered remedial services, and the DCYF may extend the duration of such services for a period of up to 15 months following the return home of a child during a dependency proceeding. The purpose for extending the duration of these services is to, whenever possible, facilitate safe and timely reunification of the family and to ensure the strength and stability of the reunification.

The definition of "group care facility" is modified to include:

- qualified residential treatment programs;
- facilities specializing in providing prenatal, post-partum, or parenting supports for youth; and
- facilities providing high-quality residential care and supportive services to children who are, or who are at risk of becoming, victims of sex trafficking.

Within 60 days of a child's placement in a qualified residential treatment program, a dependency court must hold a hearing to:

- consider the assessment and submit as part of the DCYF's social study, and any related documentation;
- determine whether placement in foster care can meet the child's needs or if placement in another available placement setting best meets the child's needs in the least restrictive environment; and
- approve or disapprove the child's placement in the qualified residential treatment program.

Regardless of whether the primary permanency planning goal has been achieved, for a child who remains placed in a qualified residential treatment program for at least 60 days and remains placed there at subsequent permanency planning hearings, the dependency court during a permanency planning hearing shall establish in writing:

- whether ongoing assessment of the child's strengths and needs continues to support the determination that the child's needs cannot be met through placement in a foster family home;
- whether the child's placement provides the most effective and appropriate level of care in the least restrictive environment;
- whether the placement is consistent with the child's short and long-term goals as stated in the child's permanency plan;
- what specific treatment or service needs will be met in the placement, and how long the child is expected to need the treatment or services; and

- what efforts the DCYF has made to prepare the child to return home or be placed with a fit and willing relative, a legal guardian, an adoptive parent, or in a foster family home.

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment modifies the definition of "child who is a candidate for foster care" to include a child who can remain safely at home or in a kinship placement as long as services or programs that are necessary to prevent entry of the child into foster care are provided, and includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in foster care placement.

Appropriation: None.

Fiscal Note: Available.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for sections 3, 4, and 10 through 15, relating to qualified residential treatment programs, which takes effect October 1, 2019.

Staff Summary of Public Testimony (Human Services & Early Learning):

(In support) This bill will allow the state to take the maximum amount of federal funds allowed for Title IV-E funding. This is one of the most exciting changes to child welfare in a long time. This will help keep children from entering the foster care system by providing funding for preventative services. One of the allowable expenditures under the bill is in-home parenting supports; there are two such programs in Washington state that are on the California Clearinghouse list of evidence-based programs. This bill provides the DCYF the authority to provide preventative services as allowed by the FFPSA. The FFPSA limits the amount of congregate care to QRTPs, and to ensure that the congregate care community meets the FFPSA requirements, resources will be needed.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) None.

(Opposed) None.

Persons Testifying (Human Services & Early Learning): Representative Callan, prime sponsor; Laurie Lippold, Partners for Our Children; Erica Hallock, Fight Crime: Invest in Kids and Home Visiting Coalition; and Frank Ordway, Department of Children, Youth, and Families.

Persons Testifying (Appropriations): None.

Persons Signed In To Testify But Not Testifying (Human Services & Early Learning):
None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.