

SENATE BILL REPORT

SB 5538

**AS REPORTED BY COMMITTEE ON HEALTH & LONG-TERM CARE,
MARCH 6, 1991**

Brief Description: Providing coordinated services for children with disabilities.

SPONSORS: Senators L. Smith, Stratton and Roach.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5538 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

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

Staff: Suzanne Brown (786-7483)

Hearing Dates: March 5, 1991; March 6, 1991

BACKGROUND:

The state provides a variety of service and support programs through five state agencies which offer opportunities for personal growth and development to persons who are developmentally disabled. The developmental disability must be attributed to mental retardation or other similar conditions, originate before the age of 18, continue indefinitely and present a substantial handicap to the individual.

Presently, there is no statewide, comprehensive and coordinated system of early intervention and family support services for infants and toddlers who are handicapped or experiencing significant developmental problems.

The Birth-to-Six Planning Project was begun in 1982 to promote effective interagency planning for coordinated services to children from birth to three years of age at risk for, or affected by, disabilities. Since that time, federal grants and state appropriations have encouraged the continuation of the project. The project has encouraged interagency coordination and developed the foundation of a statewide plan.

SUMMARY:

A new program is created serving infants and toddlers with developmental disabilities from birth to three years of age, as well as their families. A statewide system of coordinated, comprehensive, multidisciplinary interagency programs are established for providing early intervention services to enhance the development of these children. Early intervention

services avoid future educational costs and minimize the likelihood of preventable health impairments and future institutionalization. Early intervention services should assist and support families of disabled children and reinforce their involvement in decisions regarding their child.

Eligible children and their families are entitled to receive a comprehensive, multidisciplinary needs assessment and a written individualized family service plan. The family participates in the development of this plan. The plan outlines the child's present developmental level, the family's strengths and concerns related to enhancing the child's development, a statement of expected outcomes and the specific developmental services required to achieve these outcomes. All agencies involved utilize the plan to provide developmental services. The service plan must be evaluated annually, based on the age and needs of the child and his or her family.

The Governor must designate a lead agency for assuring that the departments of Social and Health Services, Health, Community Development and Services for the Blind, with the assistance of the Superintendent of Public Instruction, jointly develop the statewide system of interagency programs. The system must include a public awareness program, an early identification and referral system and a directory of the state's early intervention resources.

Other duties of the state lead agency include the development of formal interagency agreements and dispute resolution procedures, awarding contracts to county lead agencies, administration of funds, the development of a personnel recruitment system and the establishment of personnel and program standards.

The Governor must establish and appoint members to the State Interagency Coordinating Council. The council is the policy-making body for administering the program. The council oversees the duties of the lead agency and the responsibilities of involved state agencies. The council meets at least four times a year, establishes by-laws and submits an annual report.

The council's administrative board must have no more than 15 members. Members must consist of parents of children with disabilities, public or private early intervention service providers, state legislators, agency representatives and others.

In addition, each county, or group of counties, must appoint local interagency coordinating councils to plan, coordinate and enhance services to children and their families at the local level. The local interagency coordinating councils are the local policy-making bodies and oversee the duties of a county lead agency. The council must establish bylaws, meet at least six times per year and prepare an annual report.

The local councils must consist of at least three parents and representatives from public health, school districts, local health providers, hospitals and other local entities. Parents must comprise at least 30 percent of the local council's membership.

A county lead agency is designated by the state lead agency. This entity, in collaboration with the local council, is responsible for determining the array of early intervention services needed by the community and developing the annual early intervention plan. Other duties of the county lead agency include developing a public awareness program, conducting child-find efforts, planning for the utilization of services and funding, facilitating provider agreements and contracts, dispute resolution and other general administration and monitoring functions.

Procedural safeguards are to be provided, including the confidentiality of client records, complaint resolution and written notice of service changes. Services must not be interrupted pending any eligibility dispute. Disputes must first be resolved by the local lead agency. If the dispute is not resolved at this level, the issue may be heard before the local interagency council and, finally, the state interagency council.

No funds appropriated under this chapter may be used to supplant funds from other sources. This program must not be construed as altering or restricting the provision of existing services to infants and toddlers with disabilities.

EFFECT OF PROPOSED SUBSTITUTE:

Term limitations are provided for state interagency coordinating council members. If a state coordinating council seat is vacated during a member's term, the Governor must appoint a successor of similar qualifications to serve the remainder of the term.

Appropriation: unspecified

Revenue: none

Fiscal Note: available

TESTIMONY FOR:

The bill represents the efforts of a grassroots coalition involved in planning for coordinated statewide early intervention services. The bill establishes a coordinated and collaborative early intervention system centered around the needs of children and their families. Early intervention services provide tangible benefits and cost savings for children, families and society. The current fragmented system fails to support disabled children and their families at a crucial time in their lives.

TESTIMONY AGAINST:

The Department of Social and Health Services and the Department of Health cannot support the legislation because it is not included in the Governor's proposed budget for the 1991-93 biennium.

TESTIFIED: Julia Bell, Wee Care Coalition (pro); Marti Gentili, PAVE (pro); Sharon Hansen, Developmental Disabilities Planning Council (pro); Joseph Bell, Department of Social and Health Services (con); Michael Conn-Powers, Office Superintendent of Public Instruction (pro); Maxine Hayes, Department of Health (pro); Mary Jo Wilcox, Washington Assembly for Citizens with Disabilities (pro); Margaret Casey, Children's Budget Coalition (pro)