

2 **2SHB 2319 - H AMD 1132 ADOPTED 2-21-94**

3 By Representatives Flemming, Sommers and others

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5 On page 3, beginning on line 16, strike all of sections 102, 103,
6 104, and 105 and insert the following:

7 "NEW SECTION. **Sec. 102.** HEALTHY FAMILIES--WASHINGTON PROGRAM.

8 (1) The department of health shall coordinate and fund community-based
9 projects providing screening, tracking, and the delivery of appropriate
10 primary prevention services to infants and toddlers and their families.
11 The program shall be known as the healthy families--Washington program
12 and shall have a goal of helping families and communities promote
13 healthy child development, reduce preventable illnesses and
14 disabilities, and reduce child abuse and neglect in Washington state.

15 (2) Participation by parents in the healthy families--Washington
16 program shall be voluntary.

17 (3) Parents who elect to participate in the healthy families--
18 Washington program shall receive education and support services only
19 after signing a voluntary written authorization. The parents shall be
20 informed of their right to withdraw their decision to participate in
21 the healthy families--Washington program at any time of their choosing.

22 (4) Program criteria shall be established by the department of
23 health in consultation with the family policy council established
24 pursuant to chapter 70.190 RCW, and with private and public groups
25 involved in child abuse and neglect prevention and shall reflect the
26 following principles:

27 (a) Family policy principles enunciated by the family policy
28 council;

29 (b) Flexibility in program design and implementation to accommodate
30 unique community characteristics and needs;

31 (c) Services are offered, subject to the availability of funding,
32 to infants and their families where a screening has revealed the infant
33 meets one or more risk factors related to a biological, environmental,
34 or psychosocial risk factor; and

35 (d) Increased coordination of existing services to prospective
36 parents and parents of newborn children.

1 (5) The department of health shall establish a sliding fee scale
2 for the provision of services under sections 102 through 104 of this
3 act.

4 (6) For the purposes of sections 102 through 104 of this act
5 "parent" means the birth or adoptive parent, or the legal guardian of
6 a child.

7 NEW SECTION. **Sec. 103.** HEALTHY FAMILIES-WASHINGTON PROGRAM
8 SITES--REQUIREMENTS. (1) Each community-based healthy families--
9 Washington program site shall be designed to promote healthy child
10 development and to reduce the incidence of preventable illnesses,
11 disabilities, and child abuse and neglect in the defined community.

12 (2) Program participation by parents shall be voluntary. In
13 offering or providing services, every effort shall be made to
14 coordinate with and utilize other programs that fund or provide any of
15 the services referenced in subsection (3) of this section. The primary
16 focus for expenditure of healthy families--Washington program funds
17 should be development of a coordinated system of family support
18 services for parents of newborn children in the community who meet
19 eligibility criteria, provision of visits at locations comfortable for
20 parents and provision of services referenced in subsection (3) of this
21 section that are not currently funded from other sources.

22 (3) Each program site shall make the following services available
23 to families in the defined community:

24 (a) Screening prior to or soon after the birth of a child to
25 determine whether an infant meets one or more risk factors related to
26 a biological, environmental, or psychosocial risk factor;

27 (b) Visits for expectant or new parents of infants identified
28 pursuant to (a) of this subsection and their parents, who have
29 voluntarily signed a written authorization to participate, at a
30 location with which the parent is comfortable. Visits shall be
31 conducted by professionals or paraprofessionals under rules established
32 by the department of health. If a professional or paraprofessional is
33 not available to conduct the visit, volunteers may be used to the
34 extent that they meet minimum competency standards established by the
35 department of health. At the initial visit, areas of concern shall be
36 identified in consultation with the parents;

37 (c) Linking each family with a primary care provider for the
38 infant, tracking the infant's utilization of well-child health

1 services, and providing reminders to participating families when a
2 well-child visit has been missed;

3 (d) Parenting education and skills development;

4 (e) Parenting and family support information and referral;

5 (f) Parent support groups;

6 (g) Service coordination for individual families, and assistance
7 with accessing services, provided in a manner that ensures that
8 individual families have only one individual or agency to which they
9 look for service coordination. Where appropriate for a family, service
10 coordination may be conducted through interdisciplinary or interagency
11 teams.

12 (4) The department of health shall evaluate each program site. The
13 evaluation shall include an analysis of the impact of program services
14 on the rate of child abuse and neglect in the community served by the
15 program. The department of health shall report to the appropriate
16 committees of the house of representatives and senate on the
17 effectiveness of the healthy families--Washington program and whether
18 funding should be continued or terminated. The department of health
19 shall report its findings on December 1, 1998.

20 NEW SECTION. **Sec. 104.** HEALTHY FAMILIES-WASHINGTON PROGRAM
21 SITES--APPLICATIONS. In developing and designing each healthy
22 families--Washington program site, the department shall:

23 (1) Actively involve entities in the community of the program site
24 with a demonstrated interest in healthy child development and family
25 support activities;

26 (2) Actively involve parents who are not affiliated with entities
27 providing child development or family support services;

28 (3) Identify a lead agency in each site, which may be a private
29 nonprofit or public agency, that will be responsible for fiscal and
30 administrative coordination of the program site;

31 (4) Identify the entities that will be providing the services
32 described in section 103(3) of this act to participating families
33 through the program;

34 (5) Develop statistics for each program site, with the assistance
35 of the department of social and health services, on the rate of
36 childhood immunization, preventable illnesses and disabilities, and
37 child abuse and neglect over at least the past five years;

1 (6) Identify the community matching funds required by the
2 department of health by rule; and

3 (7) Include components that will demonstrate sensitivity to
4 religious, cultural, and socioeconomic differences in the program
5 site."

6 Renumber the sections consecutively and correct any internal
7 references accordingly.

8 On page 71, beginning on line 8, after "(1)" strike all material
9 through "43.121 RCW" on line 9, and insert "Sections 102 through 104 of
10 this act are each added to chapter 43.70 RCW"

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