

HOUSE BILL REPORT

ESHB 2574

As Passed House:

February 14, 2002

Title: An act relating to a children's system of care.

Brief Description: Establishing demonstration sites for a statewide children's system of care.

Sponsors: By House Committee on Children & Family Services (originally sponsored by Representatives Ogden, Dunn, Tokuda, Hankins, O'Brien, Jarrett, Fromhold, Santos, Schual-Berke and Kenney).

Brief History:

Committee Activity:

Children & Family Services: 1/31/02, 2/4/02 [DPS].

Floor Activity:

Passed House: 2/14/02, 98-0.

Brief Summary of Engrossed Substitute Bill

- Requires the secretary of the Department of Social and Health Services (DSHS) to establish demonstration sites for a system of care for children with emotional and behavioral disorders.
- Requires the secretary of the DSHS to assure the collaboration of providers of state operated and contracted services with the sites.
- States the Legislature's expectation that local school districts will collaborate with the demonstration sites.
- Requires an evaluation of the demonstration sites and reports to legislative committees.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Tokuda, Chair; Kagi, Vice Chair; Boldt, Ranking Minority Member; Darneille, Dickerson, Miloscia, Morell, Nixon and Orcutt.

Staff: Deborah Frazier (786-7152).

Background:

The Comprehensive Community Mental Health Services for Children and Their Families Program of the federal Center for Mental Health Services provides grants to states, communities, territories, and Indian tribes and tribal organizations to improve and expand systems of care to meet the needs of children and adolescents, with serious emotional disturbance, and their families. The program supports at least 45 sites across the country, including Clark County, Washington.

This federal program promotes the development of service delivery systems through a "system of care" approach. A "system of care" is a coordinated network of agencies and providers that make comprehensive mental health and support services available to children and their families. Decisions about services are made based on the strengths and needs of the family as a whole, as well as the individual child with a mental health problem. Among the other child-serving systems that may participate in a system of care are: special education, substance abuse, juvenile justice, developmental disabilities and child welfare.

The system of care model is based on three main concepts:

- the mental health service system must be driven by the needs and the preferences of the child and family;
- the management of services must be within a multiagency collaborative environment, within a strong community base; and
- the services offered, the agencies participating, and the programs generated must be responsive to children's different cultural backgrounds.

Summary of Bill:

The secretary of the DSHS is required to establish demonstration sites for a system of care for children with emotional and behavioral disorders. Criteria for site selection are provided. "Children's system of care" is defined.

The goals of the children's system of care are set forth. Among these goals are: multiagency collaboration, expansion of system capacity, strengthening the role of families in system implementation, changes in financing and contracting, and, cost effectiveness.

The secretary of the DSHS is required to assure the collaboration of providers of state operated and contracted services with the sites.

The Legislature states the expectation that local school districts will collaborate with the demonstration sites.

Evaluation criteria for the children's system of care are to be created, by a citizens' advisory board and the demonstration site's participating agencies, within 60 days of passage of this measure. The evaluation criteria must be consistent with the demonstration site goals. The demonstration sites are required to submit an interim report to the House Children & Family Services Committee and to the Human Services and Corrections Committee of the Senate by December 1, 2002. A final report is due to the legislative committees by December 1, 2003.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: After 4 years of working with this grant from the federal government, we've demonstrated that these goals can be met. The site is not interested in usurping authority or taking money away from other entities, we just want to combine the monies in the most efficient way to help children. We want to show what we've done and bring back ideas for statewide implementation. We think we've created best practices, and innovations that others can learn from. We took one child, on whom various systems were spending over \$150,000 annually, and now these systems are spending \$0, due to his improvement through coordinated, collaborative services.

Testimony Against: None.

(With concerns) The department supports the concept, however, if blended funding is contemplated, or a transfer of authority to counties, it makes things more complicated. We need more planning details, and think significant system changes for reporting requirements and contractual changes would be needed.

Testified: (In support) Representative Odgen, prime sponsor; and Mike Piper and Cheri Dolezial, Clark County Community Services.

(With concerns) La Verne Lamoureux and Robbie Downs, Children's Administration, the Department of Social and Health Services.