

# HOUSE BILL REPORT

## HB 1841

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**As Reported by House Committee On:**  
Children & Family Services

**Title:** An act relating to the funding of prevention and early intervention services.

**Brief Description:** Establishing funding criteria for prevention and early intervention services.

**Sponsors:** Representatives Kagi, Boldt, O'Brien, McIntire, Hunt, Schual-Berke, Shabro, Cooper, Linville, Pettigrew, Upthegrove, Moeller, Darneille, Miloscia, Dickerson, Clements, Armstrong, Orcutt, Fromhold, Delvin, Roach, Kenney, Haigh, Lovick, Chase, Santos and Hudgins.

**Brief History:**

**Committee Activity:**

Children & Family Services: 2/17/03, 3/4/03 [DPS].

**Brief Summary of Substitute Bill**

- Requires the Children's Administration in the Department of Social and Health Services to identify and implement criteria for funding state-operated or contracted prevention and early intervention services and programs.

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### 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 Kagi, Chair; Darneille, Vice Chair; Boldt, Ranking Minority Member; Roach, Assistant Ranking Minority Member; Bailey, Dickerson, Miloscia, Pettigrew and Shabro.

**Staff:** Cynthia Forland (786-7152).

**Background:**

The Children's Administration (CA) in the Department of Social and Health Services (DSHS) administers the following prevention and early intervention programs focused on children and youth in the state:

- Alternate Response System, which provides services to low-risk families referred to Child Protective Services;
- Family Reconciliation Services, which provides voluntary services devoted to maintaining the family as a unit and preventing adolescents from being placed outside of the home;
- Family Preservation Services, which provides services to families whose children face substantial likelihood of being placed outside of the home or have already been placed outside of the home;
- Intensive Family Preservation Services, which provides in-home therapist time to families whose children are at imminent risk of being placed outside of the home;
- Continuum of Care, which provides early intervention services to low-risk families designed to be appropriate, accessible, and sensitive to the population served;
- Community Public Health and Safety Networks, which provides community-based services for reducing child abuse and neglect, youth violence, youth substance abuse, teen pregnancy, domestic violence, school dropout, and teen suicide;
- Parent Trust Programs, which provides child abuse and neglect prevention services to families throughout the state;
- Home-Based Services, which provides individualized supplemental services for families whose children are at risk of being placed outside of the home or in need of reunification following placement outside of the home; and
- Public Health Nurse Early Intervention Program, which provides trained public health nurses for voluntary in-home nursing services that can prevent the need for more intrusive Division of Children and Family Services interventions in at-risk families with young children.

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**Summary of Substitute Bill:**

The CA is required to identify and implement criteria for funding prevention and early intervention services and programs that are either state-operated or contracted, and incorporate the funding criteria into contracts and operating policies within existing resources. The criteria must require that funded programs, at a minimum: define clear, measurable outcomes; identify research that may be applicable; identify anticipated cost-effectiveness; describe broad community involvement, support, and partnerships; and provide data related to program outcomes. The CA is required to collect and analyze the program data and make the data and the analysis available for public review.

"Prevention and early intervention services and programs" include, but are not limited to, the following or their successors: Alternate Response System, Family Reconciliation Services, Family Preservation Services, Intensive Family Preservation Services, Continuum of Care, Community Public Health and Safety Networks, Parent Trust Programs, Home-Based Services, and the Public Health Nurse Early Intervention Program.

The Washington State Institute for Public Policy (WSIPP) is required to conduct a review of existing research to identify specific research-proven prevention and early intervention programs that pertain to families involved with or at risk of becoming involved with Child Protective Services. The review must focus on programs that produce a positive return on the dollar compared to the cost of the program. The WSIPP is required to report its findings to the appropriate committees of the Legislature no later than January 1, 2004.

Nothing in the act may be construed to create: an entitlement to services; judicial authority to order the provision of services to any person or family if the services are unavailable or unsuitable, or the child or family is not eligible for such services; or a private right of action or claim on the part of any individual, entity, or agency.

The Legislature encourages other administrations within the DSHS and other state agencies funding prevention and early intervention services to identify and implement the funding criteria.

#### **Substitute Bill Compared to Original Bill:**

The Department of Community, Trade, and Economic Development (DCTED), the Department of Health (DOH), the Office of Superintendent of Public Instruction (OSPI), and the Washington Council for Prevention of Child Abuse and Neglect (WCPCAN) are no longer required to each establish and implement uniform funding criteria for funding prevention and early intervention services and programs. The DSHS, the DCTED, the DOH, the OSPI, and the WCPCAN are no longer required to report to the appropriate fiscal and policy committees of the Legislature by April 1, 2004, regarding the implementation of the required funding criteria for prevention and early intervention services and programs. The requirement that the DSHS establish and implement uniform funding criteria for funding prevention and early intervention services and programs is replaced by the requirement that the CA identify and implement criteria for funding prevention and early intervention services and programs. The criteria must require, rather than mandate, the provided minimum characteristics. Of the provided minimum characteristics: research-based is replaced by identifying research that may be applicable; being able to demonstrate their anticipated cost effectiveness is replaced by identifying anticipated cost-effectiveness; being able to demonstrate broad community involvement, support, and partnerships is replaced by describing broad community involvement, support, and partnerships; and conducting an evaluation of their program outcomes is replaced by providing data related to program outcomes. The requirement that the DSHS assure that data regarding program outcomes are collected, analyzed, and reported in a format enabling public review is replaced by the requirement that the CA must collect and analyze the program data and make the data and the analysis available for public review. The list of "prevention and early intervention services and programs" is specified to include, but not be limited to, the provided programs and services or their successors. The following items are removed from the list of specified prevention and

early intervention programs: parent education, early childhood programs, Community Mobilization Program, Readiness to Learn, Youth Violence Prevention Grants, Youth Suicide Prevention Program, Parent-Child Assistance Program, and Home Support Specialists. The CA is required to incorporate the funding criteria into contracts and operating policies within existing resources. The WSIPP's review of existing research to identify specific research-proven prevention and early intervention programs must focus not only on programs that produce a positive return on the dollar compared to the cost of the program, but also on programs that specifically pertain to families involved with or at risk of becoming involved with Child Protective Services. The WSIPP is no longer required to identify possible mechanisms for funding such programs. It is provided that nothing in the act may be construed to create: an entitlement to services; judicial authority to order the provision of services to any person or family if the services are unavailable or unsuitable, or the child or family is not eligible for such services; or a private right of action or claim on the part of any individual, entity, or agency. It is provided that the Legislature encourages other administrations within the DSHS and other state agencies funding prevention and early intervention services to identify and implement the funding criteria.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of session in which bill is passed.

**Testimony For:** (In support) (Original bill) This process began with the Prevention Pays work group. Many sources of private funding already require programs to define and measure outcomes. This is good public policy and a good investment strategy. This bill will assure the means to support prevention programs. This approach is complimentary to the work of the Community Networks, which already operates with these criteria. This approach coincides with the priorities of the Washington State Parent Teacher Association. Innovation should be evidence-based. Programs cannot improve without evaluating their outcomes. This approach provides accountability. This bill builds on work already being undertaken in the DSHS and the DOH. Children and families throughout the state will benefit.

(With comments) Uniformity both within and across departments must be ensured. The WSIPP could serve as an objective party to ensure uniformity. The WCPCAN is a good example of the approach promoted in this bill. The requirement that programs be research-based may be interpreted as requiring programs to be research-proven. There is no room for innovation. The timeline provided in the bill is too short. The bill should not be limited to the identified programs. All reporting should be included in the WSIPP report in order to cut costs associated with the bill.

**Testimony Against:** None.

**Testified:** Representative Kagi, prime sponsor; Cathy Garland, Children's Home Society of Washington; Norma Turner; Denese Bohanna, Community Network Coalition; Tim Gahm, Washington Council for Prevention of Child Abuse and Neglect; Mary Kenfield, Washington State Parent Teacher Association; Ken Stark, Division of Alcohol and Substance Abuse, Department of Social and Health Services; Victor Colman, Department of Health; Therese Grant, Nancy Whitney, and Deanna E. Romero, Parent-Child Assistance Program; Linda McDaniels, Parent Trust; and Delight Roberts, Children's Alliance.

(With comments) Charles Shelan, Washington Council for Prevention of Child Abuse and Neglect; Linda Thompson, Washington Association for Substance Abuse and Violence Prevention; and LaVerne Lamoureux, Department of Social and Health Services.