

HOUSE BILL REPORT

SHB 2985

As Passed Legislature

Title: An act relating to creating a foster care health unit in the department of social and health services.

Brief Description: Creating a foster care health unit in the department of social and health services.

Sponsors: By House Committee on Children & Family Services (originally sponsored by Representatives Schual-Berke, Clibborn, Appleton, Moeller, Green, Cody, Morrell, Walsh, McIntire, Kagi, Kenney, Hasegawa and Simpson).

Brief History:

Committee Activity:

Children & Family Services: 1/25/06, 1/30/06 [DPS];

Appropriations: 2/3/06, 2/4/06 [DPS(CFS)].

Floor Activity:

Passed House: 2/9/06, 97-1.

Senate Amended.

Passed Senate: 3/1/06, 46-0.

House Concurred.

Passed House: 3/4/06, 96-1.

Passed Legislature.

<h3>Brief Summary of Substitute Bill</h3>

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| <ul style="list-style-type: none">• Creates a foster care health unit in the Department of Social and Health Services. |
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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 8 members: Representatives Kagi, Chair; Roberts, Vice Chair; Walsh, Ranking Minority Member; Hinkle, Assistant Ranking Minority Member; Darneille, Dickerson, Haler and Pettigrew.

Minority Report: Without recommendation. Signed by 1 member: Representative Dunn.

Staff: Sonja Hallum (786-7092).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Children & Family Services be substituted therefor and the substitute bill do pass. Signed by 30 members: Representatives Sommers, Chair; Fromhold, Vice Chair; Alexander, Ranking Minority Member; Anderson, Assistant Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Armstrong, Bailey, Buri, Chandler, Clements, Cody, Conway, Darneille, Dunshee, Grant, Haigh, Hinkle, Hunter, Kagi, Kenney, Kessler, Linville, McDermott, Miloscia, Pearson, Priest, Schual-Berke, P. Sullivan, Talcott and Walsh.

Staff: Amy Skei (786-7140).

Background:

If there are allegations of abandonment, abuse or neglect, or no parent who is capable of caring for a child, the state may investigate the allegations and initiate a dependency proceeding in juvenile court. If the court finds the statutory requirements have been met, the court will find the child to be a dependent of the state.

For children who are found to be dependent, the state provides all routine medical and dental examinations and care, and all necessary emergency care.

Summary of Substitute Bill:

The Department of Social and Health Services (DSHS) is authorized to provide routine and necessary medical, dental, and mental health care, or necessary emergency care, for children in the custody of DSHS.

Within existing resources, the Children's Administration (CA), in collaboration with the Health and Recovery Services Administration, within the DSHS is required to establish a foster care health unit. The health unit is required to review and provide recommendations to the Legislature by September 1, 2006, regarding issues which include, but are not limited to, the following:

- creation of an office within the DSHS to consolidate and coordinate physical, dental, and mental health services provided to children who are in the custody of the DSHS;
- alternative payment structures for health care organization the DSHS may consider managed care as an alternative structure for health care; however, the DSHS may not implement managed care for health care services for children unless it is in the best interest of the child and not for cost containment purposes;
- improving coordination of health care for children in foster care, including medical, dental, and mental health care;
- improving access to health information available to the CA for providers of health services for children in foster care, including the use of the Child Profile as a means to facilitate access to such information;
- establishing a medical home for each child placed in foster care to ensure that appropriate, timely, and necessary quality care is available through a coordinated system of care and analyzing how a medical home might be utilized to meet the unique needs of children in foster care; in establishing a medical home, the DSHS shall consider primary

- care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective;
- examining how existing resources are being utilized to provide health care for foster children and options for improving how the resources are utilized. Particular emphasis shall be placed on the following:
 - whether the health care services provided to foster children are evidence-based;
 - whether resources are duplicative or redundant between agencies or departments in the provision of medical, dental, or mental health services for children;
 - identification of where resources are inadequate to meet the routine and necessary medical, dental, and mental health needs of children in foster care; and
 - any other issues related to medical, dental, or mental health care for children in foster care.

The foster care health unit, in collaboration with regional medical consultants, is required to develop a statewide, uniform role for the regional medical consultants with emphasis placed on the mental health needs of the children in foster care. The DSHS is required to implement the utilization of the statewide, uniform role for the regional medical consultants by September 1, 2006.

The foster care health unit expires January 1, 2007.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: (Children & Family Services) (Original bill) This legislation is necessary to provide direction to the DSHS to place appropriate focus on the special and highlighted needs of children in foster care. A medical home is necessary for children who have exceptional needs and move from home-to-home. Children in foster care have higher mental health needs that are not being met. The medical passport has not been an effective tool. The problem is not a lack of funding, it is disorganization. The agency is always reacting to crisis rather than coordinating the health care for children. One of the responses the DSHS is looking at now is managed care, but managed care doesn't work for these kids because their needs are too high.

Testimony For: (Appropriations) It is difficult to speak to the fiscal impact of a bill when you don't think there should be one. This bill as amended is an effort to keep things moving in the right direction regarding meeting the health care needs of foster children. We want to make sure the DSHS Medical Assistance Administration and the Children's Administration are working together to make improvements. People are already in place to work on these issues, and this bill will help make sure this happens.

Testimony Against: (Children & Family Services) (Original bill) We have concerns with the way the bill is written because it amends the definition of physical care to equate physical care with medical care. The bill seems to require more than the routine and emergency care

currently authorized. The DSHS recognized these kids have unique needs and the DSHS will be considering an alternative for improvement including a Foster Care Health Unit. The bill doesn't define "medical home" or specify where the new office is to be located.

Testimony Against: (Appropriations) None.

Persons Testifying: (Children & Family Services) (In support of original bill) Representative Schual-Berke, prime sponsor; Abe Bergman, Harborview Medical Center; and Laurie Lippold, Children's Home Society.

(Opposed on original bill) Nancy Anderson, Department of Social and Health Services.

Persons Testifying: (Appropriations) Laurie Lippold, Children's Home Society.

Persons Signed In To Testify But Not Testifying: (Children & Family Services) None.

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