

FINAL BILL REPORT

3SHB 1682

C 157 L 16
Synopsis as Enacted

Brief Description: Improving educational outcomes for homeless students through increased in-school guidance supports, housing stability, and identification services.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Fey, Stambaugh, Walsh, Riccelli, Goodman, Orwall, Zeiger, Appleton, Van De Wege, Lytton, Gregerson, Reykdal, Tarleton, Ortiz-Self, Kagi, Carlyle, Wylie, Bergquist, S. Hunt, Tharinger, Senn, Robinson, Moscoso, Pollet, Walkinshaw, McBride and Jinkins).

House Committee on Education

House Committee on Appropriations

Senate Committee on Early Learning & K-12 Education

Senate Committee on Ways & Means

Background:

According to a 2015 report from the Office of Superintendent of Public Instruction (OSPI), between the 2008-09 school year and the 2013-14 school year, the state experienced a 56 percent increase in the number of enrolled homeless students reported by school districts. During the 2013-14 school year, 32,494 students were identified as homeless. The percentage of homeless students meeting standard on assessments is much lower than the percentage for all students statewide. Homeless students had a 46.1 percent four-year graduation rate and a 31.5 percent cohort dropout rate, compared to an all student statewide graduation rate of 77.2 percent and a cohort dropout rate of 12.3 percent.

State law establishes homeless student data collection and reporting requirements for school districts and the OSPI. School districts are required to track additional expenditures for transporting homeless students using a uniform process established by the OSPI. The OSPI is required to post on its website the total expenditures related to the transportation of homeless students, and is required also to report specific homeless student data to the Office of the Governor and the Legislature every two years. Reported data must include information about "unaccompanied homeless students." Legislation adopted in 2015 (*i.e.*, 2SSB 5404, enacted as Chapter 69, Laws of 2015) defined "unaccompanied homeless student" as a student who is not in the physical custody of a parent or guardian and is without a fixed, regular, and adequate nighttime residence as set forth in the federal McKinney-Vento Homeless Assistance Act.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The Department of Commerce (Department) has a number of homeless assistance and prevention programs within its portfolio, including:

- Consolidated Homeless Grant (CHG) combines state homeless resources into a single grant opportunity for county governments and other designated entities.
- Emergency Solutions Grants (ESG) is funded by the Department of Housing and Urban Development (HUD) Homeless Emergency Assistance and Rapid Transitions to Housing Act of 2009. The Department is a grantee of HUD and administers this award for eligible counties and cities that are not direct recipients of HUD. The purpose of the ESG program is to provide homelessness prevention assistance to households who would otherwise become homeless and to provide assistance to rapidly re-house persons who are experiencing homelessness.
- Independent Youth Housing Program (IYHP) provides rental assistance and case management for eligible youth who have aged out of the state foster care system. The Department contracts with five agencies to provide program services.
- Homeless Management Information Systems (HMIS) is used by state and federally funded homeless and housing service providers to collect and manage data gathered during the course of providing housing assistance to people already experiencing homelessness and to households at-risk of losing their housing.

Consent for Medical Treatment of Minor.

Generally, persons under the age of 18 cannot provide consent for their own medical procedures in Washington state. However, minors can receive medical treatment without the consent of an authorized adult if the minor:

- is in need of emergency medical treatment;
- is seeking family planning services or pregnancy care;
- is aged 15 or older and satisfies the "mature minor rule," meaning the minor has, based on a number of factors, demonstrated the maturity to provide consent for medical treatment;
- is aged 13 or older and seeking mental health treatment; or
- is aged 13 or older and seeking outpatient substance abuse treatment.

If a minor's consent is not sufficient to access health care services, an individual authorized by statute must furnish consent for a health care provider to treat the patient. State law provides that informed consent for health care may be obtained from a member of one of the following classes of persons in the following order of priority:

1. the court-appointed guardian or custodian of the patient, if any;
2. a person authorized by the court to consent to medical care for a child in out-of-home placement pursuant to the dependency and termination of parental rights statutes, if applicable;
3. parents of the minor patient;
4. the individual, if any, to whom the minor's parent has given signed authorization to make health care decisions for the minor patient; or
5. a competent adult representing himself or herself to be a relative responsible for the healthcare of such a minor patient or a competent adult who has signed and dated a declaration under penalty of perjury stating that the adult person is a relative responsible for the health care of the minor patient.

Consent for Medical Treatment of Minor.

Generally, persons under the age of 18 cannot provide consent for their own medical procedures in Washington state. However, minors can receive medical treatment without the consent of an authorized adult if the minor:

- is in need of emergency medical treatment;
- is seeking family planning services or pregnancy care;
- is aged 15 or older and satisfies the "mature minor rule," meaning the minor has, based on a number of factors, demonstrated the maturity to provide consent for medical treatment;
- is aged 13 or older and seeking mental health treatment; or
- is aged 13 or older and seeking outpatient substance abuse treatment.

If a minor's consent is not sufficient to access health care services, an individual authorized by statute must furnish consent for a health care provider to treat the patient. State law provides that informed consent for health care may be obtained from a member of one of the following classes of persons in the following order of priority:

1. the court-appointed guardian or custodian of the patient, if any;
2. a person authorized by the court to consent to medical care for a child in out-of-home placement pursuant to the dependency and termination of parental rights statutes, if applicable;
3. parents of the minor patient;
4. the individual, if any, to whom the minor's parent has given signed authorization to make health care decisions for the minor patient; or
5. a competent adult representing himself or herself to be a relative responsible for the healthcare of such a minor patient or a competent adult who has signed and dated a declaration under penalty of perjury stating that the adult person is a relative responsible for the health care of the minor patient.

Summary:

Competitive Grant Program.

Subject to funds appropriated, the Office of Superintendent of Public Instruction (OSPI) is tasked with creating a competitive grant process to evaluate and award state-funded grants to school districts to pilot increased identification of homeless students and the capacity of the districts to provide support. Support may include homeless education liaisons. The process must complement any similar federal grant program or programs in order to minimize agency overhead and administrative costs for the Superintendent of Public Instruction and school districts. Districts may access both federal and state money to identify and support homeless students.

Award criteria for the grants must be based on demonstrated need and may consider the number or overall percentage, or both, of homeless children and youths enrolled in preschool, elementary, and secondary school in the district and the ability of the district to meet these needs. School districts may not use grant funds to supplant existing federal, state, or local resources for homeless student supports.

Housing Grant Program.

Subject to funds appropriated, the Department of Commerce (Department), in consultation with the OSPI, is charged with administering a grant program that links homeless students, their families, and unaccompanied homeless students with stable housing located in the homeless student's school district. The OSPI may award grants of up to \$100,000 per school to school districts partnered with eligible organizations. Total awards may not exceed \$500,000 per school district and may not exceed 15 school districts per school year.

In determining which school districts receive grants, preference must be given to districts with a demonstrated commitment of partnership and history with eligible organizations. "Eligible organization" means any local government, local housing authority, Regional Support Network, nonprofit community or neighborhood-based organization, federally recognized Indian tribe within the state, or regional or statewide nonprofit housing assistance organization.

Beneficiaries of funds from the grant program must be from very low-income households. "Very low-income" is defined as a family or unrelated persons living together whose adjusted income is less than 50 percent of the median family income, adjusted for household size, for the county where the grant recipient is located.

Applications for the grant program must include contractual agreements between the housing providers and the school districts defining the responsibilities and commitments of each party to identify, house, and support students. Eligible activities for assistance include, but are not limited to:

- rental assistance, including security deposits, utilities, and moving expenses;
- transportation assistance, including gasoline for vehicles and bus passes;
- emergency shelter; and
- housing stability case management.

Grantee school districts must compile and report information to the Department. The Department must report to the Legislature the findings of the grantee, the housing stability of the homeless families, the academic performance of the grantee population, and any related policy recommendations.

Data on all grant program participants must be entered into and tracked through the Department's Homeless Client Management Information System. Program review and monitoring may be conducted concurrently with other program reviews and monitoring.

Homeless Student Reporting.

The OSPI's data collection and reporting requirements on homeless students is expanded to include the number of identified homeless students of color. When reporting the number of identified unaccompanied homeless students, the OSPI must also include the number for each district and report the information on the Washington state report card website.

Health Care Consent.

A school nurse, school counselor, or homeless student liaison is authorized to provide consent for health care for a homeless student under the following conditions:

- consent is necessary for nonemergency outpatient primary care services;

- the patient meets the definition of a "homeless child or youth" under the federal McKinney-Vento Homeless Assistance Act; and
- the patient is not under the supervision or control of a parent, custodian, or legal guardian.

A person consenting care and the person's employing school are not liable for any care or payment for care, and must provide written notice of his or her exemption from liability to the person providing care.

Votes on Final Passage:

2015 Regular Session

House 82 16

2016 Regular Session

House 68 28

Senate 42 6 (Senate amended)

House 80 16 (House concurred)

Effective: June 9, 2016