HOUSE BILL REPORT HB 1735

As Reported by House Committee On:

Early Learning & Human Services
Appropriations

Title: An act relating to extended foster care services.

Brief Description: Concerning extended foster care services.

Sponsors: Representatives Orwall, Kagi, Carlyle, Gregerson, Pollet and Ormsby.

Brief History:

Committee Activity:

Early Learning & Human Services: 2/6/15, 2/10/15 [DPS]; Appropriations: 2/24/15, 2/27/15 [DP2S(w/o sub ELHS)].

Brief Summary of Second Substitute Bill

- Expands eligibility for extended foster care services to youth who are unable to participate in any of four qualifying activities due to a documented medical condition.
- Adds an effective date of July 1, 2016.

HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 8 members: Representatives Kagi, Chair; Walkinshaw, Vice Chair; Walsh, Ranking Minority Member; Hawkins, Kilduff, Ortiz-Self, Sawyer and Senn.

Minority Report: Do not pass. Signed by 3 members: Representatives Scott, Assistant Ranking Minority Member; Dent and McCaslin.

Staff: Luke Wickham (786-7146).

Background:

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections 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.

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In October 2008 Congress passed the Fostering Connections Act. This legislation allows states to use foster care funds to provide extended foster care services to youth between the ages of 18 and 21 years old who engage in certain qualifying activities or is incapable of engaging in those activities due to a medical condition.

Extended Foster Care Services in Washington.

In 2011 the Legislature established extended foster care services, which are defined as residential and other support services that the Department of Social and Health Services (DSHS) is authorized to provide to foster children who have an open dependency case when they turn age 18.

Extended foster care services include: (1) placement in licensed, relative, or otherwise approved care; (2) supervised independent living settings; (3) assistance in meeting basic needs; (4) independent living services; (5) medical assistance; and (6) counseling or treatment.

Eligibility Criteria.

Under the legislation enacted in 2011, a youth was eligible for extended foster care services until age 21 while he or she participated in or completed a secondary education program or a secondary education equivalency program.

In 2012 the Legislature expanded eligibility to include youth who were enrolled, or had applied for and demonstrated intent to enroll, in a postsecondary academic or postsecondary vocational program.

In 2013 the Legislature expanded eligibility to include youth participating in a program or activity designed to promote employment or remove barriers to employment.

In 2014 the Legislature expanded eligibility, effective March, 2015, to include youth engaging in employment for 80 hours or more per month.

Court Procedure.

When a dependent youth turns age 18, his or her parent or guardian is dismissed from the dependency proceeding. After turning age 18, the dependency court must maintain the dependency proceeding for youth who would qualify for extended foster care services. If the court maintains the dependency proceeding, the youth is eligible to receive extended foster care services, subject to the youth's continuing eligibility and agreement to participate.

Summary of Substitute Bill:

The eligibility for extended foster care services is expanded to include youth who are not able to engage in any of the activities that would make him or her eligible due to a documented medical condition

Medical condition is defined to mean a physical or mental health condition as documented by any licensed health care provider.

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For youth aging out of foster care, the Children's Administration (CA) must invite representatives from the Division of Behavioral Health and Recovery, the Disability Services Administration, the Economic Services Administration, and the Juvenile Justice and Rehabilitation Administration to the youth's shared planning meeting that occurs between age 17 and 17.5 years old that is used to develop a transition plan. The CA must direct 17-year-old foster youth who may qualify for developmental disability services to apply for those services and assist them in doing so.

Substitute Bill Compared to Original Bill:

The substitute bill adds a requirement that the CA direct 17-year-old foster youth who may qualify for developmental disability services to apply for those services and assist them in doing so.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) As we look at transitions for foster children, there needs to be support. The category included in this bill is the most vulnerable of all. There is language in the bill that requires cooperation among the different state agencies that may serve this vulnerable population. By keeping youth in foster care longer, there are positive outcomes. Community Youth Services in Olympia serves a few extended foster care youth. These individuals chose to remain in foster care to stay connected to staff. All six of these youth are doing very well. It is positive to transition youth from foster care placements to transitional living settings. This bill picks up the last group of foster youth that could use this additional support. Youth that age out of the foster care system often end up in the mental health system and face substance abuse issues. The state is responsible for raising these youth into adulthood. Because of the support from extended foster care, there is financial stability and housing for foster children and their children. Youth who are too sick to go to school or work do not have this support. These youth are getting the short end of the stick, and should get the support that they need and deserve. Thanks to the Legislature for considering making this service available to all youth with medical conditions that prevent them from engaging in employment or education. This bill would make eligible the final group of youth for extended foster care. The youth in extended foster care improve their lives by participating in education, employment activities, and by becoming leaders in the community.

(Neutral) The Office of Family and Children's Ombuds support the intent of this legislation to serve youth with a medical condition. This population is the most vulnerable and subject

to homelessness. The bill requires collaboration among state agencies prior to turning age 18 so that the best existing programs can be identified to support a youth's needs.

(With concerns) The DSHS has concerns about this bill because it will have a substantial fiscal impact that is not included in the Governor's budget. For Fiscal Year 2016, the estimated expenditures are \$572,000. For Fiscal Years 2015-17, the estimated expenditures are \$5.8 million. For Fiscal Years 2017-19, the estimated expenditures are \$7.2 million. These estimated expenditures are mostly services for youth, but also include some Full-Time Equivalent units to manage these services. In the past when estimating expected expenditures for extended foster care eligibility, the CA underestimated the cost to serve youth because many of these youth require Behavioral Rehabilitation Services, which are paid at higher rates. There is some guessing involved in estimating how many additional youth will access extended foster care through the medical condition category included in the bill. There will always be some youth that age out of foster care, but the CA is hopeful that this number will decrease. The CA is not opposed to extended foster care, but there is a fiscal impact that is not currently funded in the Governor's budget. If the bill does move forward, the CA requests a delayed implementation date for this additional eligibility category.

(Opposed) None.

Persons Testifying: (In support) Representative Orwall, prime sponsor; Scott Hanacler, Community Youth Services; Alan Willoughby; Mandy Urwiler, Mykell Daniels, and Jim Theofelis, The Mockingbird Society.

(Neutral) Patrick Dowd, The Office of Family and Children's Ombuds.

(With concerns) Jennifer Strus, Department of Social and Health Services.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Early Learning & Human Services. Signed by 28 members: Representatives Hunter, Chair; Ormsby, Vice Chair; Parker, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Buys, Carlyle, Cody, Dent, Dunshee, Fagan, Haler, Hansen, Hudgins, S. Hunt, Jinkins, Kagi, Lytton, MacEwen, Magendanz, Pettigrew, Sawyer, Schmick, Senn, Springer, Stokesbary, Sullivan, Tharinger and Walkinshaw.

Minority Report: Do not pass. Signed by 5 members: Representatives Chandler, Ranking Minority Member; Condotta, G. Hunt, Taylor and Van Werven.

Staff: Mary Mulholland (786-7391).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Early Learning & Human Services:

An effective date of July 1, 2016 is added. The bill is null and void unless funded in the budget.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on March 1, 2015.

Effective Date of Second Substitute Bill: The bill takes effect on July 1, 2016. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) The final group of young people who may be eligible for extended foster care, as allowed under federal law, are addressed in the bill. These are young people with documented medical conditions that prevent them from qualifying for extended foster care under any of the other four eligibility categories. They are the most vulnerable of the vulnerable.

One example of a youth who could benefit from this bill is a young woman who aged out of foster care at age 18 and was working and attending college until she was diagnosed with cancer. Another example of a youth who could benefit is a young man in foster care who had a severe case of epilepsy that impacted his daily life.

The fiscal note on the bill is tricky. Part of the solution is to fund Behavioral Rehabilitative Services on the basis of forecasted caseloads and per-capita costs.

Efforts began in 2006 to provide options other than homelessness and incarceration for youth who age out of foster care. Youth who participate in extended foster care improve their own lives and save taxpayer dollars by becoming productive members of society.

(Opposed) None.

Persons Testifying: Jim Theofelis, The Mockingbird Society.

Persons Signed In To Testify But Not Testifying: None.

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