

SENATE BILL REPORT

SSB 5740

As Amended by House, April 14, 2015

Title: An act relating to extended foster care services.

Brief Description: Concerning extended foster care services.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Fain, Billig, Litzow, McAuliffe, Frockt, Miloscia, Darneille and Jayapal).

Brief History:

Committee Activity: Human Services, Mental Health & Housing: 2/09/15, 2/17/15 [DP-WM, w/oRec].

Ways & Means: 2/25/15, 2/27/15 [DPS, w/oRec].

Passed Senate: 3/09/15, 48-1.

Passed House: 4/14/15, 88-9.

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member.

Minority Report: That it be referred without recommendation.

Signed by Senator Padden.

Staff: Alison Mendiola (786-7444)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5740 be substituted therefor, and the substitute bill do pass.

Signed by Senators Hill, Chair; Braun, Vice Chair; Dammeier, Vice Chair; Honeyford, Vice Chair, Capital Budget Chair; Hargrove, Ranking Member; Keiser, Assistant Ranking Member on the Capital Budget; Ranker, Ranking Minority Member, Operating; Bailey, Becker, Billig, Brown, Conway, Fraser, Hasegawa, Hatfield, Hewitt, Kohl-Welles, O'Ban, Parlette, Rolfes, Schoesler and Warnick.

Minority Report: That it be referred without recommendation.

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.

Signed by Senator Padden.

Staff: Breann Boggs (786-7433)

Background: In 2008 the Fostering Connections to Success and Increasing Adoptions Act was signed into federal law. Among its many provisions, the Fostering Connections legislation created a pathway for states to use Title IV-E funds, or foster care funding, to extend foster care services to youth ages 19–21 if the youth engages in certain qualifying activities.

In 2011 the Legislature established the Extended Foster Care program in Washington. Currently a youth age 19–21 is eligible for extended foster care services if the youth:

- is participating in or completing a secondary education program or a secondary education equivalency program;
- is enrolled, or has applied for and demonstrates intent to enroll in a postsecondary academic or postsecondary vocational program;
- has as an open dependency case at age 18 and is participating in a program or activity designed to promote employment or remove barriers to employment; or
- engages in employment for 80 or more hours per month, within amounts specifically appropriated for this purpose.

Extended foster care services may include, but are not limited to, foster care placement or placement in a supervised independent living setting, medical or dental services, transitional living services, case management, and assistance meeting basic needs.

The court must dismiss dependency cases of foster care youth who turn 18 years of age if they are not participating in one of the qualifying activities. Youth whose dependency cases were dismissed at age 18 or after may request extended foster care services through a Voluntary Placement Agreement (VPA) if they request services before turning 19 years of age. A youth may enter into a VPA only once but may transition among eligibility categories, so long as the youth remains eligible during the transition. When the youth is at least 17 years of age but not older than 17 years and six months, the Department of Social and Health Services (DSHS) must provide the youth with written documentation explaining the availability of extended foster care services and detailing instructions about how to access those services after they reach age 18. DSHS is relieved of any supervisory duties over a youth who is age 18 but has not requested extended foster care services. While a youth receives extended foster care services, the youth is under the care and placement authority of DSHS.

Summary of Substitute Bill: If a youth is not able to participate in any of the qualifying activities due to a documented medical condition, the youth may still qualify for the Extended Foster Care program, within amounts specifically appropriated for this purpose.

DSHS must use providers with a valid Medicaid core provider agreement, unless the condition of the extended foster care youth is emergent. DSHS also must coordinate services to maximize federal resources and the most cost-efficient delivery of services for extended foster care youth.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony on Original Bill (Human Services, Mental Health & Housing): PRO: Extended foster care is extremely valuable to children aging out of foster care who likely have been in the system their whole lives and will have nowhere else to go. With extended foster care you can work, go to school, or enroll in job training without having to worry about your housing. The feds allow extended foster care for specific circumstances and adding those who can't work due to a medical condition then includes all the groups approved under federal law. In many ways, this exception helps the most vulnerable people. If a person can't work due to a medical condition then it's likely the person would end up homeless without this provision.

OTHER: The intent of the bill is supported, but the cost is extremely high; \$1.8 million for fiscal year 2016. The costs of extended foster care is greater than anticipated as you still have staffing costs and court costs through the Attorney General's Office. The work requirement of working at least 80 hours per month doesn't go into effect until next month. Similarly, a delayed implementation for the medical exception would be helpful as would further refining the definition that the medical condition prevents the youth from working. Different populations, like therapeutic services, are competing for a limited number of foster care placements.

Persons Testifying (Human Services, Mental Health & Housing): PRO: Jim Theofelis, Mykell Daniels, Deonate Cruz, The Mockingbird Society.

OTHER: Alan Willoughby, Scott Hanauer, Patrick Dowd, Office of the Family & Children's Ombuds; Jennifer Strus, DSHS.

Staff Summary of Public Testimony on Original Bill (Ways & Means): PRO: This is the final group eligible for Extended Foster Care (EFC). The poster child for this category is a former foster care child who found out she was diagnosed with cancer while in college. Children's needs to collaborate with the systems for the Developmentally Disabled. Some of these youth could be served in other systems. There is some disagreement and concern over how many kids will qualify for EFC.

Persons Testifying (Ways & Means): PRO: Jim Theofelis, The Mockingbird Society; Alex Hur, Statewide Poverty Action Network; Pamela Crone, Building Changes; Bob Cooper, WA Assn. of Criminal Defense Lawyers and WA Defender Assn.; Laurie Lippold, Partners for our Children; Seth Dawson, The WA State Community Action Partnership, WA Assn. for Children and Families, Youth Care; Michele Thomas, WA Low Income Housing Alliance; Colleen Laing, United Way of King County; Hillary Madsen, Columbia Legal Services; Donna Christensen, WA State Catholic Conference; Tom Parker, Superior Court Judges Assn.; Timothy Farrell, WA State Patrol Troopers Assn.

House Amendment(s): Removes the language "within amounts appropriated specifically for this purpose" for purposes of extended foster care eligibility when a youth is engaged in employment for 80 or more hours per month and when a youth is not able to engage in the eligibility categories due to a documented medical condition.

Specifies that DSHS must make efforts to ensure that extended foster care providers maximize Medicaid reimbursement. This must include ensuring that extended foster care health and mental health providers participate in Medicaid. Requires DSHS to direct youth who may qualify for developmental disability services to apply for those services and provide assistance in the application process.

Adds a null and void clause.

Adds a delayed effective date of July 1, 2016.