

SENATE BILL REPORT

SHB 1605

As Passed Senate, April 12, 2019

Title: An act relating to requiring traumatic brain injury screenings for children entering the foster care system.

Brief Description: Requiring traumatic brain injury screenings for children entering the foster care system.

Sponsors: House Committee on Human Services & Early Learning (originally sponsored by Representatives Dent, Peterson, Griffey, Caldier, Goodman, Volz, Stanford, Lovick, Reeves, Klippert, Frame, Schmick, Harris, Appleton, Kretz, DeBolt, Cody, Macri, Orwall, Shea, Blake, Kloba, Doglio, Ortiz-Self, Eslick, Jinkins, Van Werven, Fey, Ormsby, Callan, Bergquist, Tarleton and Leavitt).

Brief History: Passed House: 3/05/19, 98-0.

Committee Activity: Human Services, Reentry & Rehabilitation: 3/19/19, 3/21/19 [DP-WM].

Ways & Means: 3/28/19, 4/05/19 [DP].

Floor Activity:

Passed Senate: 4/12/19, 45-0.

Brief Summary of Bill

- Requires the Department of Children, Youth, and Families (DCYF) to evaluate traumatic brain injury screening tools, options for including those tools in existing screens for children in out-of-home care, and treatment actions following identification of traumatic brain injury.
- Requires DCYF to provide a report on this evaluation to the Legislature by December 1, 2019.

SENATE COMMITTEE ON HUMAN SERVICES, REENTRY & REHABILITATION

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

Signed by Senators Darneille, Chair; Nguyen, Vice Chair; Walsh, Ranking Member; Cleveland, O'Ban, Wilson, C. and Zeiger.

Staff: Alison Mendiola (786-7488)

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.

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Operating, Capital Lead; Mullet, Capital Budget Cabinet; Brown, Assistant Ranking Member, Operating; Honeyford, Assistant Ranking Member, Capital; Bailey, Becker, Billig, Carlyle, Conway, Darneille, Hasegawa, Hunt, Keiser, Lias, Palumbo, Pedersen, Schoesler, Van De Wege, Wagoner and Warnick.

Staff: Maria Hovde (786-7474)

Background: Child Welfare. If an individual suspects a child has been abused or neglected, that abuse or neglect can be reported to DCYF's Child Protective Services (CPS) office or to law enforcement. There are many individuals required by law to report suspected abuse or neglect. CPS will determine whether the report of child abuse or neglect is credible and whether the report meets the sufficiency screening criteria. If the report meets the screening criteria, CPS will assign either (1) a 24-hour response that includes an investigation; or (2) a family assessment response for low- to moderate-risk allegations that requires a 72-hour response. DCYF, or anyone else, can file a court petition alleging the child should be a dependent of the state due to abuse, neglect, or because no parent, guardian, or custodian is capable of adequately caring for the child. A court will hold a shelter care hearing following removal of a child from the child's home within 72 hours. At this hearing, the court will determine if the child can return home safely.

Out-of-Home Care. When children are removed from the home of a parent or guardian due to allegations of abuse or neglect, those children may be placed with relatives or in foster care. Relatives care for almost half of the children placed in out-of-home care and are required to meet certain safety requirements, but are not required to be licensed. Foster parents may pursue licensure by either DCYF or private child-placing agencies and provide temporary care to children with the goal of reunifying the child with the child's parent or guardian.

Child Health and Education Tracking. A Child Health and Education Tracking (CHET) screening is conducted by a DCYF screener within 30 days of a child's placement in out-of-home care. This evaluation includes:

- meeting with each child in person to complete the screen if possible;
- assessing each child in the developmentally appropriate domain according to a CHET handbook;
- obtaining information from sources such as parents, caregivers, and teachers; and
- documenting the long-term, well-being needs of the child.

Following a CHET screen, the screener must make referrals to:

- the Early Support for Infants and Toddlers Program if a developmental delay is identified for children younger than age three; and
- Apple Health Core Connections.

The screener must also provide the CHET screening report to caregivers and the assigned social worker within five days of completing the screen.

Traumatic Brain Injury. Traumatic brain injury (TBI) occurs when a sudden trauma causes damage to the brain. A TBI can result when the head suddenly and violently hits an object, or when an object pierces the skull and enters brain tissue. Symptoms of a TBI can be mild, moderate, or severe, depending on the extent of the damage to the brain. TBI can cause a wide range of functional changes. Disabilities resulting from a TBI depend upon the severity of the injury, the location of the injury, and the age and general health of the individual. Some common disabilities include problems with cognition—thinking, memory, and reasoning; sensory processing—sight, hearing, touch, taste, and smell; communication—expression and understanding; and behavior or mental health.

According to the Centers for Disease Control, in 2013, approximately 2.8 million TBI-related emergency department visits, hospitalizations, and deaths occurred in the United States. Being struck by or against an object was the second leading cause of TBI, accounting for about 15 percent of TBI-related emergency visits, hospitalizations, and deaths in the United States in 2013. For children under the age of fifteen, one in five, or 22 percent of TBI-related emergency visits, hospitalizations, and deaths were caused by being struck by or against an object.

Summary of Bill: DCYF, in consultation with the health plan contracted to provide health care coverage to foster youth, must evaluate:

- TBI screening tools that could be used with children entering out-of-home care;
- options to include TBI screening tools in existing screens or regular health care appointments for children in out-of-home care; and
- treatment actions based on health care, behavioral health care, and trauma-related best practices for youth for whom a potential TBI is identified using a screening tool.

DCYF shall provide a report based on the evaluation to the Legislature by December 1, 2019.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on March 7, 2019.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony (Human Services, Reentry & Rehabilitation): PRO: As a former foster parent, it is troubling to realize that kids could have come into foster care with TBI and the resulting behavior was written off as due to former traumatic experiences. If we can recognize TBI up front, we can help the kids who are in our care, which is just the beginning. The idea is not for something invasive like a MRI, but rather an initial screening tool to know if a child is at risk of a TBI. It makes sense to work with Coordinated Care and develop age-appropriate screening tools. This is one of three bills addressing TBI this session; all are great bills that will help those who could be at-risk.

Persons Testifying (Human Services, Reentry & Rehabilitation): PRO: Representative Tom Dent, Prime Sponsor; Mike Hoover, Traumatic Brain Injury Advocates; Andrea Davis, Coordinated Care.

Persons Signed In To Testify But Not Testifying (Human Services, Reentry & Rehabilitation): No one.

Staff Summary of Public Testimony (Ways & Means): PRO: The term screening is not a screening in terms of a deep medical process. Rather, it is a questionnaire tool from which it can be determined if someone needs further follow-up. This bill will result in an opportunity to figure out which tools are appropriate for specific age groups. If we catch TBI early, there is a lot more that can be done. It is common for kids to come into classrooms with disabilities. Often foster children come into the classroom with the label of being a bad kid when in reality their behaviors are common signs of a TBI. Some of these children have been strangled, hit by their parents, or have fallen; all of which can cause TBI. If we are not treating children who have these invisible injuries we are doing them a disservice.

Persons Testifying (Ways & Means): PRO: Mike Hoover, Traumatic Brain Injury Advocates; Daniella Clark, Traumatic Brain Injury Advocates.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.