Title: An act relating to early intervention services for infants and toddlers.

Brief Description: Creating a statewide system of early intervention services for infants and toddlers with disabilities or special needs.


Brief History:
Reported by House Committee on:
  Human Services, February 18, 1991, DPS;
  Appropriations, February 9, 1992, DPS(HS-A APP).

HOUSE COMMITTEE ON HUMAN SERVICES

Majority Report: That Substitute House Bill No. 1090 be substituted therefor, and the substitute bill do pass.
Signed by 11 members: Representatives Leonard, Chair; Riley, Vice Chair; Winsley, Ranking Minority Member; Tate, Assistant Ranking Minority Member; Anderson; Beck; Brekke; Hargrove; Hochstatter; R. King; and H. Myers.

Staff: David Knutson (786-7146).

Background: The state provides a variety of services and support through five state agencies that offer opportunities for personal growth and development to persons who are developmentally disabled. The developmental disability must be attributed to mental retardation or other similar conditions, must originate before the age of 18 and must continue indefinitely and constitute a substantial handicap to the individual.
Presently, there is no statewide, comprehensive, coordinated system of early intervention and family support services for infants who are handicapped or are at risk for experiencing significant developmental problems.

The Birth-to-Six Planning Project began as a planning project for Zero-to-Three infants in 1982. Since that time, federal grants and state appropriations have encouraged the continuation of the project. Interagency coordination has been encouraged and the foundation of a statewide plan has been developed.

**Summary of Substitute Bill:** A new program is created to serve infants and toddlers with developmental disabilities from birth to three years of age, as well as their families. A statewide system of coordinated, comprehensive, multidisciplinary, interagency programs are established for providing early intervention services to enhance the development of these children to minimize their developmental delay, while avoiding the future costs of special education, a likelihood of institutionalization and preventable secondary health impairments. The family would participate in the development of an individualized treatment plan.

The governor is to select a lead agency for assuring that the departments of Social and Health Services, Health, Community Development, and Services for the Blind, with the assistance of the Office of the Superintendent of Public Instruction, jointly develop the statewide system of interagency programs by July 1.

The governor is also to establish and appoint members to the State Interagency Coordinating Council for three-year terms. The council is the policy-making body for administering the program and oversees the duties of the lead agency and the responsibilities of the state agencies involved and awards grants to local councils for providing services. The council meets at least four times a year, hires staff, establishes by-laws, submits an annual report, develops a public awareness program, resolves disputes, develops a system of personnel recruitment, develops program and health and safety standards, monitors activities of the lead agency and develops models for detecting infants at risk.

The council shall have an administrative board of no more than 15 members, appointed by the governor, consisting of parents of children with disabilities, public and private providers of services, a state legislator and agency representatives, among others.
In addition, each county or group of counties, must appoint local interagency coordinating councils to plan, coordinate and provide services, directly or by contract, to children and their families at the local level.

The local councils must contain at least three parents, or 30 percent of the membership, in addition to representatives of public health and school districts, local health providers and hospitals, among others. The duties of the local councils include determining the array of services needed in the community, planning for the utilization of services and funding, designating a local lead agency, facilitating provider agreements, resolving disputes and monitoring program activities. In addition, the local councils are to develop a local public awareness program, conduct child-find efforts, establish by-laws, meet at least six times a year and prepare an annual report.

With specific regards to services, each infant and toddler is to receive a comprehensive, multidisciplinary assessment of needs and the identification of services to meet those needs. The family is also to receive a needs assessment, with a written individualized family service plan, containing the child’s present developmental level, the family’s strengths and needs related to enhancing the child’s development, a statement of expected outcomes and specific services necessary to achieve them. The service plan is to be used by all agencies involved and is to be evaluated annually, based on the age and needs of the child.

Procedural safeguards are to be provided, including the confidentiality of client records, resolution of complaints and written notice of changes in services. Services shall not be interrupted pending any eligibility dispute. Disputes must first be resolved by the local lead agency, but can then be brought before the local council and then the administrative board in turn.

The use of funds provided for this program cannot be used to supplant funds from other sources and this program is not to be construed as altering the provision of existing services for the developmentally disabled.

The Department of Social and Health Services is provided $13,118,750.00 for this act.

**Substitute Bill Compared to Original Bill:** Services to children with special needs are removed from the legislation. The Department of Health is designated as the state lead agency. Local health departments, or districts, are designated as the county lead agencies. The county interagency advisory councils are removed from the
legislation. The local public health department, or health
district, is responsible for initiating a local planning
process to coordinate and enhance early intervention
services. The appropriation is reduced to reflect the
removal of services to children with special needs and the
county interagency advisory councils.

Fiscal Note: Available.

Appropriation: Yes.

Effective Date: July 1, 1991.

Testimony For: Early intervention services for young
children with disabilities, have a profound effect on their
ability to reach their full potential. Young children who
do not receive these services have a very difficult time
when they first enter the public school system. It makes
fiscal sense and is enlightened public policy to provide
services as soon as disabilities are identified.

Testimony Against: The Department of Social and Health
Services and the Department of Health cannot support the
legislation because they are not funded through the
governor’s budget request for the 1991-93 biennium.

Witnesses: Joseph Bell, Department of Social and Health
Services (con); Maxine Hayes, Department of Health (con);
Michael Conn-Powers, Office of the Superintendent of Public
Instruction; Sharon Hansen, Developmental Disabilities
Planning Council; Judi Moore, Early Childhood Association of
Washington; Tammy Likoitz, State Interagency Coordinating
Council; Cassie Johnston and Julia Bell, Wee Care Coalition;
Mary Jo Wilcox, Assembly for Citizens with Disabilities; L.
Mike Freeman, parent; Margaret Casey, Children’s Alliance;
Steve Lansing, Lutheran Public Policy Office; and Laurie
Lippold, Children’s Home Society.

HOUSE COMMITTEE ON
APPROPRIATIONS

Majority Report: The substitute bill by Committee on Human
Services be substituted therefor and the substitute bill as
amended by Committee on Appropriations do pass. Signed by
24 members: Representatives Locke, Chair; Inslee, Vice
Chair; Spanel, Vice Chair; Silver, Ranking Minority Member;
Morton, Assistant Ranking Minority Member; Appelwick;
Belcher; Bowman; Brekke; Carlson; Ebersole; Hine; Lisk; May;
Mielke; Nealey; Peery; Pruitt; Rust; D. Sommers; H. Sommers;
Valle; Vance; and Wang.
Staff:  John Woolley (786-7154).

Summary of Recommendation of Committee on Appropriations Compared to Recommendation of Committee on Human Services:
The amended bill establishes a birth-to-six interagency coordinating council, prohibits any state or local agency from using funds appropriated for services to infants and toddlers with disabilities from using those funds to supplant funds from other services. State and local agencies receiving public money for providing or paying for early intervention services must enter into formal interagency agreements. The state birth-to-six coordinating council will work with county coordinating councils to coordinate and enhance services. Any reference to the provision of services is eliminated.

Fiscal Note:  Not requested.

Appropriation:  Removed.

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

Testimony For:  (In regards to the amendment as considered by Appropriations) Studies show the value of birth to six services, in assisting families and in avoiding developmental delays. Since there is such a variety of agencies providing services, coordination is required; this amended bill will ensure continued emphasis on collaboration and coordination.

Testimony Against:  None.

Witnesses:  (In regards to the amendment as considered by Appropriations) Mary Joe Wilcox and Julia Bell, (We Care Coalition); Michael Conn Powers, Office of Superintendent of Education; and Sandy Lurch, Department of Social and Health Services.