

FINAL BILL REPORT

E2SHB 1965

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Synopsis as Enacted

Brief Description: Concerning adverse childhood experiences.

Sponsors: House Committee on Ways & Means (originally sponsored by Representatives Kagi, Jinkins, Frockt and Kenney).

House Committee on Early Learning & Human Services
House Committee on Ways & Means
Senate Committee on Ways & Means

Background:

Family Policy Council.

The Family Policy Council (FPC) was established to modify public policy and programs to empower communities to support and respond to the needs of individual families and children, and to improve the responsiveness of services for children and families at risk by facilitating greater coordination and flexibility in the use of funds by state and local service agencies.

Duties of the FPC. The FPC is required to:

- establish boundaries for community networks;
- develop technical assistance and training programs to assist communities in developing networks;
- approve the structure, purpose, goals, plan, and performance measures of each network;
- identify prevention and early intervention programs and funds which could be transferred to a community network and report findings to the Governor and Legislature;
- reward exceptionally successful community networks;
- seek opportunities to maximize federal and other funding that is consistent with the plans approved by the FPC; and
- monitor the implementation of programs contracted by participating state agencies.

Community Networks. The FPC partners with approximately 42 community public health and safety networks. Networks are required to:

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- review state and local public health data related to risk factors, protective factors, and at-risk children and youth;
- prioritize risk factors and protective factors to reduce the likelihood of children and youth becoming at-risk;
- develop long-term comprehensive plans to reduce the rate of at-risk children and youth;
- comply with the Department of Health and local boards of health to provide data and determine outcomes; and
- coordinate their efforts with anti-drug use efforts and organizations.

Council for Children and Families.

The Council for Children and Families (CCF) was established to increase educational programs and services to prevent child abuse and neglect in partnership between communities, citizens, and the state.

The CCF is authorized to contract with public or private nonprofit organizations, agencies, schools, or with qualified individuals for the establishment of a range of community-based programs and services designed to reduce child abuse and neglect. The CCF is also charged with:

- facilitating the exchange of information between groups concerned with families and children;
- consulting with the applicable agencies, commissions, and boards to help determine the probable effectiveness, fiscal soundness, and need for proposed educational and service programs for the prevention of child abuse and neglect;
- establishing fee schedules to provide for the recipients of services to reimburse the State General Fund for the cost of services received; and
- accepting and dispersing funds from the Children's Trust Fund.

Adverse Childhood Experiences.

The Centers for Disease Control and Prevention (CDC) has conducted a long-term, large-scale study to examine the relationship between adverse childhood experiences and critical outcomes later in life. The study findings have indicated that particular experiences early in life are major risk factors for the leading causes of illness, death, and poor quality of life.

The CDC defines an adverse childhood experience as any of the following conditions in a household of a child under age 18:

- recurrent physical abuse;
- recurrent emotional abuse;
- sexual abuse;
- an alcohol and/or drug abuser in the household;
- an incarcerated household member;
- someone who is chronically depressed, mentally ill, institutionalized, or suicidal;
- mother is treated violently;
- one or no parents; and
- emotional or physical neglect.

In 2010 the first Washington data regarding adverse childhood experiences became available through the Behavioral Risk Factor Surveillance System (BRFSS). According to the

Department of Health, the BRFSS is the largest, continuously conducted, telephone health survey in the world. It enables the CDC, state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.

According to the 2010 FPC report, *Adverse Childhood Experiences and Population Health in Washington: the Face of a Chronic Public Health Disaster*, adverse childhood experiences have been common in Washington. The data have indicated a need for "integrated approaches to prevent adverse childhood experiences, and intervene early on [in the lives of] children... better identification and treatment of the effects of adverse childhood experiences among persons and systems interacting with children...." The FPC concluded that "... development of more integrated approaches will likely contribute to improved treatment of affected persons, and better integration of research priorities, preventive social and educational services and legal venues."

Reinvesting in Youth Program.

In 2006 House Bill 1483 (HB 1483) was enacted, requiring the Juvenile Rehabilitation Administration (JRA) to establish a Reinvesting in Youth Program that awards grants to counties for implementing research-based early intervention services that target juvenile justice-involved youth and reduce crime. Under the bill, the Washington State Institute for Public Policy and the JRA were required to develop the guidelines for the implementation of the program. The JRA was also required to form a technical advisory group to assist in the implementation of the program.

Summary:

Family Policy Council and Council for Children and Families.

The FPC and the CCF are eliminated effective June 30, 2012. Community networks are preserved.

Adverse Childhood Experiences.

A definition for "Adverse Childhood Experience" is provided in statute.

Private-Public Initiative.

The Secretary of the Department of Social and Health Services (Secretary) and the Director of the Department of Early Learning (Director) must actively participate in the development of a nongovernmental private-public initiative (Initiative) which focuses on coordinating investments, positive development of children, and preventing and mitigating the effects of adverse childhood experiences. The Secretary and Director must convene and co-chair a planning group, with 12 to 15 members, to work with private partners to develop a strategy for reaching the goals of identifying, preventing, and mitigating the harm of adverse childhood experiences, and recommendations to advance the Initiative. The planning group must represent a diversity of interests, including early learning coalitions, community public health and safety networks, organizations that work to prevent and address child abuse and neglect, tribes, public agencies involved in intervention or prevention of adverse childhood experiences, philanthropic organizations, and organizations focused on community mobilization.

The planning group must submit a report on its progress and recommendations to the appropriate legislative committees no later than December 15, 2011.

The Initiative must advise the Secretary regarding the approval of blended funding projects recommended by the community networks.

Authority of the Department of Social and Health Services.

The Secretary is authorized to enter into contracts on behalf of the Department of Social and Health Services (DSHS), provide funding to the Initiative, and accept gifts, grants, or other funds to prevent or reduce adverse childhood experiences.

Duties Transferred to the Department of Early Learning.

Beginning July 1, 2011, the CCF and the Department of Early Learning (DEL) must develop a plan for transitioning to the DEL the work of the CCF, including public awareness campaigns. The CCF and the DEL must participate in the development of the Initiative to streamline efforts around the prevention of child abuse and neglect and avoid duplication of efforts.

The Executive Director of the CCF and the Director of the DEL must consult with the planning group convened under this act to develop strategies to maximize Washington's leverage and match of federal child abuse and neglect prevention moneys. No later than January 1, 2012, the CCF and the DEL must report to the Legislature regarding its transition plan.

The duty to fund evidence-based and research-based home visitation programs is transferred from the CCF to the DEL. General funds intended to support home visiting funding must be appropriated to the Home Visiting Services Account with the purpose of maximizing opportunities to obtain matching funds from private entities. The DEL must work with the DSHS, the Department of Health, the Thrive by Five Washington (a private-public partnership created in statute in 2006), and key partners and stakeholders to develop a plan to coordinate or consolidate home visitation services to the extent practicable.

Beginning July 1, 2012, the DEL is authorized to disburse funds from the Children's Trust Fund.

Readiness to Learn.

The Superintendent of Public Instruction must award grants to community-based consortiums that submit comprehensive plans that include strategies to improve readiness to learn.

Technical Advisory Committee.

The JRA is no longer required to convene a technical advisory committee.

Votes on Final Passage:

House 63 33

First Special Session

House 57 38

Senate	38	8	(Senate amended)
House			(House refused to concur)
Senate	34	14	(Senate amended)
House	74	21	(House concurred)

Effective: August 24, 2011
July 1, 2012 (Section 5)