
Health Care & Wellness Committee

HB 1168

Brief Description: Providing prevention services, diagnoses, treatment, and support for prenatal substance exposure.

Sponsors: Representatives Simmons, Ramel, Callan, Wylie, Davis and Ormsby.

Brief Summary of Bill

- Expands the scope of the Fetal Alcohol Exposure Interagency Agreement (Interagency Agreement) to include exposure to prenatal substances other than alcohol, adds the Department of Children, Youth, and Families (DCYF) as a party to the agreement, and directs DCYF to contract with a provider with expertise in comprehensive prenatal exposure treatment by January 1, 2024 and at least three providers statewide by January 1, 2025.
- Requires the Health Care Authority (HCA) to convene meetings with specified stakeholders and submit recommendations to the Legislature on ways to increase access to diagnoses, treatment, services, and supports by June 1, 2024.
- Requires the HCA in coordination with parties to the Agreement and in collaboration with stakeholders, to submit by July 1, 2025, a strategic plan to increase prevention efforts and expand the availability of treatment, services, and supports for persons impacted by fetal alcohol spectrum disorders.

Hearing Date: 1/17/23

Staff: Ingrid Lewis, (786-7293).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Fetal Alcohol Spectrum Disorders.

Fetal alcohol spectrum disorders (FASD) are a group of conditions that can occur in a person who was exposed to alcohol before birth. These effects can include physical problems and problems with behavior and learning. Conditions can range from mild to severe and can affect each person differently. According to the Centers for Disease Control and Prevention, FASD manifests in a variety of ways, including but not limited to low body weight, poor coordination, hyperactive behavior, difficulty with attention, poor memory, speech and language delays, vision or hearing problems, problems with the heart, kidneys, or bones, shorter-than-average height, and abnormal facial features.

FASD diagnoses are based on particular symptoms and include fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, alcohol-related birth defects, and neurobehavioral disorder associated with prenatal alcohol exposure.

Fetal Alcohol Exposure Interagency Agreement (Interagency Agreement).

The Department of Social and Health Services, the Department of Health, the Department of Corrections, and the Office of the Superintendent of Public Instruction execute an Interagency Agreement to ensure the coordination of identification, prevention, and intervention programs for children who have fetal alcohol exposure, and for women at high risk of having children with fetal alcohol exposure.

Department of Children, Youth, and Families.

The Department of Children, Youth, and Families (DCYF) is the agency responsible over child welfare, early learning, and juvenile justice programs.

Summary of Bill:

The DCYF is required to contract with a provider with expertise in comprehensive prenatal exposure treatment and support to offer services to children and families who are or have been involved in the child welfare system or who are at risk of involvement in the system by January 1, 2024. The contract must maximize the number of families served through DCYF and community referrals, reduce the number of placements, and prevent adverse outcomes for impacted children.

In addition, by June 1, 2024, the DCYF must contract with at least three additional providers across the state to offer comprehensive treatment services for prenatal substance exposure and family supports for children both currently and formerly involved with the child welfare system who were exposed to substances before birth.

Comprehensive treatment services family supports must be trauma-informed and must include the following:

- occupational, speech, and language therapy;

- behavioral health counseling and caregiver counseling;
- sensory processing support;
- educational advocacy, psychoeducation, social skills support, and groups;
- linkages to community resources; and
- family supports and education.

The DCYF is required to contract with a Washington-based nonprofit entity with expertise in trauma-informed, comprehensive prenatal substance exposure treatment and family supports for children, including family and caregiver supports, to support the contracted providers. Support includes creating education and training programs for providers and offering ongoing coaching and support.

The DCYF must work with contracted providers and families to collect outcome data. The DCYF must submit a report to the legislature by June 1, 2028 addressing the expansion of services under the contracts, outcome data and ways to improve outcomes, and recommendations related to improving the availability of and access to services.

The Health Care Authority (HCA) is required to convene at least six stakeholder meetings with service providers, medical professionals with expertise in diagnosing and treating prenatal substance exposure, families of children who were exposed to substances during pregnancy, communities affected by prenatal substance exposure, and advocates. By June 1, 2024, the HCA must submit recommendations to the Legislature on ways to increase access to diagnoses, treatment, services, and supports for children who were exposed to substances before birth and their families and caregivers.

Additionally, HCA must contract with a statewide nonprofit entity with expertise in both FASD and family and caregiver support to offer free support groups for individuals with FASD and their parents and caregivers.

Fetal Alcohol Exposure Interagency Agreement (Interagency Agreement).

The DCFY is added to the agencies participating in the Interagency Agreement, and the scope of the Interagency Agreement is expanded to include exposure to prenatal substances other than alcohol. The Interagency Agreement is modified to include a requirement that the agencies collaborate with community advocacy groups, impacted individuals and families, and experts in fetal alcohol exposure or other prenatal substance exposures to adopt a strategic plan to increase prevention efforts and expand the availability of treatment, services, and supports. The plan must include recommendations regarding topics covered by the strategic plan as related to each agency that is a party to the Interagency Agreement. The HCA must submit a preliminary plan to the relevant committees of the Legislature by July 1, 2024, and the final strategic plan by July 1, 2025.

Appropriation: None.

Fiscal Note: Requested on January 10, 2023.

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