House Committee on Human Resources March 13, 1991 - Page

These minutes contain materials which paraphrase and/or summarize statements made during this session. Only text enclosed in quotation marks  $\frac{1}{2}$ 

report a speaker's exact words. For complete contents of the proceedings, please refer to the tapes.

HOUSE COMMITTEE ON HUMAN RESOURCES

March 13, 1991Hearing Room D 1:30 p.m. Tapes 77 - 78

MEMBERS PRESENT: Rep. Mary Alice Ford, Chair Rep. Beverly Stein, Vice-Chair Rep. Jerry Barnes Rep. Cedric Hayden Rep. John Meek Rep. Hedy Rijken Rep. Jackie Taylor

STAFF PRESENT: Melanie Zermer, Committee Administrator Pamela Berger, Committee Assistant

MEASURES CONSIDERED:

HB 2540 - CSD Risk Assessment Tool - Pub SB 92-A - Renames "sheltered workshop" to rehabilitation facility " - Wrk

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TAPE 77, SIDE A

010 CHAIR FORD: Calls the meeting to order at 1:33 p.m.

WORK SESSION: SB 92-A - Renames "sheltered workshop" to "rehabilitation facility" Witness: Lynnae Ruttledge, Vocational rehabilitation Division

Submitted for the record testimony from Joil Southwell, Vocational Rehabilitation Division (EXHIBIT A).

010 MELANIE ZERMER, COMMITTEE ADMINISTRATOR: The reason for changing the term is to comply with federal law terminology and current nomenclature in the rehabilitation field. The committee wanted to be assured that the change did not conflict with terminology used in the alcohol and drug field. The Vocational Rehabilitation responded (EXHIBIT A) that assures the committee that alcohol/drug treatment centers term is treatment facility.

030 REPRESENTATIVE MEEK: Concerned about the state's function if we change the definition for some workshops which are non-profit and even for those that are profit.

CHAIR FORD: The proposed change is for qualified non-profit workshops.

041 LYNNAE RUTTLEDGE, VOCATIONAL REHABILITATION DIVISION: In response to REPRESENTATIVE MEEK, can think of only two rehabilitation facilities that are ran by the State (the Salem Rehabilitation Facility and the Commission for the Blind Rehabilitation Facility). In most local communities families are actually the ones who started the workshop. In some communities there are not organizations that can provide that service. Yamhill County operates a rehabilitation facility. Don't think it opens the door to the state operating facilities.

075 REPRESENTATIVE MEEK: Concerned about language in Section 6.

RUTTLEDGE: Gives the historical perspective of sheltered workshops.

CHAIR FORD: You are wanting a bureaucratic name. Thinks this is silly.

RUTTLEDGE: This is a matter of dignity; disabled persons don't want to be involved in organizations that call themselves "sheltered workshops".

REPRESENTATIVE TAYLOR: They should be called what they want.

REPRESENTATIVE HAYDEN: Once read on article that said the cycle for name changes occurs every 20 years.

107 MOTION: REPRESENTATIVE TAYLOR MOVES SB 92-A TO THE FLOOR WITH A DO PASS RECOMMENDATION.

REPRESENTATIVE MEEK: Am waiting for a response for interested parties on this issue

REPRESENTATIVE BARNES: Don't care what they want to be called, we've already put money and time in processing this bill, let's go with it.

VOTE: IN A VOICE VOTE, THE MOTION PASSES UNANIMOUSLY. REPRESENTATIVE TAYLOR CARRIES SB 92-A TO THE FLOOR.

PUBLIC HEARING: HB 2540 - CSD Risk Assessment Tool Witnesses: Pam Patton, Youth Care Providers Association/Morrison Muriel Goldman, Mental Health Association

- 140 MELANIE ZERMER: HB 2540 had an informational hearing where CSD representatives explained that the bill authorizes CSD to prioritize its caseload based on severity of case and available funding. Submits and explains research findings regarding risk assessment in Washington State (EXHIBIT E).
- 160 PAM PATTON, YOUTH CARE PROVIDERS ASSOCIATION/MORRISON CENTER: Submits and reads written testimony on HB 2540 (EXHIBIT C) focusing on who will serve youth in need when there are not available funds. Our system is not designed to take in only high risk cases. Don't see funds or plans for adjustment to happen. Can't change one system (assessment) without changing the other (service system). HB 2540 will impact all children in need in a negative way.
- 250 REPRESENTATIVE STEIN: Currently CSD brings in a certain number of kids with problems. The same number of kids will be referred.

PATTON: No. Currently children come in from courts, protective services, or at the families request - without CSD saying they are the most vulnerable children on their list. - In Multnomah county the most vulnerable are being served. The less vulnerable receive less service. CSD allows kids in need of extensive help to be placed inappropriately. - If you develop a vulnerability scale the service system is not compatible. There are not many level 5 beds available. - The vulnerability scale isn't going to solve any service problems for kids. - This will not be a coordinated effort between the system designed to serve children and what CSD's responsibility is and who they serve.

290 CHAIR FORD: CSD is serving fewer kids with less resources. How do you serve fewer children - cut off those less at risk? I fail to see where the vulnerability scale will create more at-risk children.

PATTON: The vulnerability scale is, in reality, not a Ballot Measure 5 issue. Less services will be available to children but HB 2540 will not allow CSD control over who is served or how many kids will come into the system.

CHAIR FORD: Do you prefer a system of first come first serve?

340 PATTON: No. Part of the problem is there are different styles for in-taking children throughout the state. There needs to be consistency.

CHAIR FORD: Agrees there needs to be consistency. - Low risk in Multnomah county would be considered high risk in Eastern Oregon.

PATTON: I propose that we create a plan instead of responding to this issue at the same time that we respond to Measure 5. - Bill Carey, CSD, said CSD would have proposed this concept anyway. Don't think this is the best way to deal with the problems that CSD has. - An Interim Task Force needs to be created to look at standardizing and then design a service system with the clients in mind. 355 - Continues reading written testimony. - The proposed system would create an inequity. - Rural communities may no longer have high risk facilities - those will be in highly populated areas.

TAPE 78, SIDE A

- In response REPRESENTATIVE HAYDEN, there are probably more vulnerable children in urban communities because of the environmental factors, visible poverty, and larger numbers of people in need; this may not be so visible in an rural area, although at-risk children are in both areas.

REPRESENTATIVE HAYDEN: Is there a higher per capita income in urban areas?

PATTON: Not sure.

REPRESENTATIVE HAYDEN: I think so.

040 PATTON: Continues reading written testimony. - We need to have a planned system change.

CHAIR FORD: We need to make budgetary decisions before the end of

session.

PATTON: Will address that later on in testimony. - Continues with written testimony.

114 REPRESENTATIVE MEEK: The vulnerability scale will solve problems because it will give us list of work from, currently we have nothing to work with.

PATTON: Support having a scale; don't feel that the vulnerability scale should be in place without a matching service system. - Continues with written testimony.

188 REPRESENTATIVE STEIN: Prevention is necessary; with the limited dollars, where do you feel that prevention efforts should go?

PATTON: Believe that CSD is a prevention service because they are preventing kids from going further into a system.

REPRESENTATIVE STEIN: Would like somebody to show us the continuum of programs and care provided for children so we can see where preventative services are.

PATTON: Will provide you with that information at a later date.

230 REPRESENTATIVE HAYDEN: Discusses triage.

245 PATTON: Triage works well in health and medical area but don't see it for children at risk.

REPRESENTATIVE MEEK: In view of Measure 5, communities are going to know they will take on the added responsibilities. Some of these services were provided before the state ever contributed funds.

PATTON: The communities, through the Children and Youth Services Commission, have opened up options for kids to fill the gaps. - Each county varies in the amount of funds available for children's services. - Where is the state's responsibility to be the safety net for children needing protection? - How does this fit into for CSD, the Mental Health Division, the Children and Youth Services Commission, AFS, schools, and the communities? - Communities are also effected by Measure 5. The state provides 67% of what it costs to run children's programs, we need to solicit money to make up the additional costs. Don't see any additional funds available when the state portion is cut.

CHAIR FORD: We are buying some time and eventually something will change.

348 REPRESENTATIVE BARNES: Agrees with you that funds need to be restored. We do need to look at the immediate structure. In doing that we need to prioritize the available funding. - We need to look at those who are the neediest. - We can't write off a generation of kids; hopefully in two years we can address the issue. - You are looking at the long range plan; and that is good. - If you don't have money in the checkbook, you don't go on vacation. - It is unfortunate that we will not be able to help all of the children.

364 PATTON: Continues reading written testimony. - If we don't invest in the children when they are young they will cost the system much more in the future.

032 REPRESENTATIVE STEIN: How will you determine who will be on the wait list and which are served first? You will end up with a vulnerability scale.

PATTON: There would need to be some ranking tool. - Do not have the answer. - Need to work with the service providers to further look into this. - The vulnerability scale needs to be flexible enough to accommodate rural areas. - Would be able to support a regional vulnerable scale which doesn't move resources and is flexible. 085 - Don't see the wait list as solution to the problem - just a temporary step for CSD to deal with their caseload problem.

100 MURIEL GOLDMAN, MENTAL HEALTH ASSOCIATION/JUVENILE JUSTICE COMMITTEE: Submits and reads written testimony on HB 2540 (EXHIBIT D) focusing on the Juvenile Corrections areas of CSD responsibility. - Discusses differences in needs for children's services in rural and urban areas. 185 - We are concerned that a social policy will be written into statute. - Concerned that those who will be deprived of services will end up back into the system anyhow. - Girls will be one the population hit the hardest.

215 CHAIR FORD: Are you suggesting that CSD could implement the concept of HB 2540 without making it law?

GOLDMAN: Yes. - Currently, when in-take is high, CSD can go to the Emergency Board to request relief. - Concerned if the risk scale is put into statute that CSD may be denied of additional funds.

240 REPRESENTATIVE MEEK: Are there community services available for level 2 children?

GOLDMAN: No. 282 - We need to work on new resources. - Social policy is bad social policy when it is driven by fiscal issues only without consideration of the children, communities, and the future of the state. - Some of the harm will be so severe that children will return to CSD. 315 - Continues with written testimony regarding policy in HB 2540 which affects the juveniles justice system.

395 REPRESENTATIVE STEIN: Do we have a clear idea on the affect of this in terms of outcomes of all the programs within CSD? Has there been any evaluation of where our resources could be better spent to serve the same population?

GOLDMAN: Not prepared at this time to respond to that. Will try to get that information. Feels that CSD has some knowledge of what programs are working better than others. - Some of the programs offered by the youth care centers are very effective, especially those who provide a mentor type model.

TAPE 78, SIDE B

010 CHAIR FORD: Would it be helpful if resources were provided through the Children and Youth Services Commission to help with less at-risk

children at the local level and for them to develop their own plan?

GOLDMAN: Yes, if resources were provided.

PATTON: That would not necessarily meet the needs of children that CSD is serving. - It would need to be done in combination of services provided from CSD.

CHAIR FORD: I am suggesting the local communities work with CSD to provide

services of where they left off in meeting community needs.

036 PATTON: The Children and Youth Services Commission has never defined if they are part of the continuum of filling the gaps. It's funding is sporadic. That issue would need to be addressed.

CHAIR FORD: There is never continued guaranteed funding.

068 GOLDMAN: Continues reading written testimony. - Discusses training schools as being the last resort if HB  $2540\,$  were law. - We need to re-store funding for childrens services.

090 REPRESENTATIVE MEEK: What are your priorities? Where would you pull general funds from?

GOLDMAN and PATTON: Will work on that.

CHAIR FORD: Will schedule another public hearing on HB 2540 at a later date. Would like non-providers to give family experiences.

Submitted for the record testimony from Katherine OSB orn and Judith Swanson, Juvenile Rights Project (EXHIBIT B).

125 CHAIR FORD: Adjourns the meeting at 3:10 p.m.

Submitted by, Reviewed by,

Pamela Berger Melanie Zermer

EXHIBIT LOG: A - SB 92-A - Testimony from Southwell - Staff - 1 p. B - HB 2540 - Testimony from OSB orn and Swanson - Staff - 3 pp. C - HB 2540 - Testimony - Patton - 4 pp. D - HB 2540 - Testimony - Goldman - 3 pp. E - HB 2540 - Washington State Risk Assessment - Staff - 3 pp.