

SENATE BILL REPORT

SSB 5670

AS PASSED SENATE, MARCH 18, 1991

Brief Description: Changing provisions relating to children's mental health.

SPONSORS: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Niemi and West).

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5670 be substituted therefor, and the substitute bill do pass.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, Johnson, L. Kreidler, Niemi, and Wojahn.

Staff: Suzanne Brown (786-7483)

Hearing Dates: February 26, 1991; March 5, 1991

HOUSE COMMITTEE ON HUMAN SERVICES

BACKGROUND:

A 1989 Washington State Children's Mental Health System Analysis estimates that approximately 6.7 percent of the public school population, or 50,250 children, have a severe emotional disturbance (SED). The report defines SED children as suffering from "chronic mental disability, psychosis or other behavioral disorders that require sustained treatment interventions for a year or more and which require attention on several levels of functioning".

The report estimates that 94 percent of SED public school children are not receiving a specific mental health service despite the presence of severe emotional disturbance. The report also indicates that only 26 percent of these children are receiving state-funded treatment. According to the report, 60 percent of SED children are from families within a low socioeconomic class.

The 1990 supplemental budget contained a proviso which required the Department of Social and Health Services (DSHS) to develop a statewide action plan for children's mental health. This action plan was required to contain recommendations for changes to the mental health and other statutes to accommodate children's special needs and circumstances.

The Title XIX Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) is a federally mandated Medicaid program which provides scheduled checkups and follow-up health services to eligible children under age 21. The federal

Omnibus Reconciliation Act of 1989 requires states to provide all medically necessary health services to children whose physical or mental illnesses are discovered by EPSDT screening services. These health services must be provided regardless of whether these services are currently covered by the state Medicaid plan.

SUMMARY:

Legislative intent regarding the community mental health program is expanded to promote the early identification of mentally ill children and ensure that they receive mental health care and treatment which is appropriate to their developmental level. Children's mental health care should improve home, school and community functioning and maintain children in a safe and nurturing home environment. Children's mental health treatment decisions should be made in response to the child's clinical needs, using sound professional judgment and recognizing a parent's right to participate in decisions regarding their child's treatment.

The current definition of children eligible for mental health services is modified as follows: Severely emotionally disturbed children are defined as infants or children determined by the regional support network to be experiencing a mental disorder that is clearly interfering with the child's functioning in their school or family who have undergone inpatient or involuntary treatment or out-of-home placement related to their mental disorder within the last two years, or are currently served by a specified child-serving system, or are at risk of escalating maladjustment due to chronic family dysfunction involving mentally ill or inadequate caretakers, changes in custodial adult or residential setting, repeated physical abuse or neglect, substance abuse or homelessness. Mental disorders include those which result in a behavioral or conduct disorder.

Severely emotionally disturbed children are included in existing priority populations. These children must receive equal priority with chronically mentally ill adults.

Severely emotionally disturbed children are added to the groups eligible for community support services. These services include diagnosis and treatment for acutely mentally ill and severely emotionally disturbed children discovered under screening through the federal Title XIX Early and Periodic Screening, Diagnosis and Treatment Program and the maintenance of a patient tracking system for severely emotionally disturbed children.

Residential services are expanded to include severely emotionally disturbed children. With the exception of children's long term residential facilities existing prior to January 1, 1991, residential services for children in out-of-home placements related to their mental disorder must not include the costs of food and shelter.

Resource management services must include mental health screening for children eligible under the federal Title XIX Early and Periodic Screening, Diagnosis and Treatment Program.

The Department of Social and Health Services, in consultation with affected parties, must revise the existing community mental health funding formula to include and reflect the number of severely emotionally disturbed children. The Department of Social and Health Services must submit the revised distribution formula to the Ways and Means and Health and Long-Term Care Committees of the Senate and to the Ways and Means and Human Services Committees of the House of Representatives by October 1, 1991.

Existing requirements regarding county authorities and the administration and development of regional support networks are expanded to include severely emotionally disturbed children.

The Department of Social and Health Services must amend the Title XIX funding plan for services provided to children through the Early and Periodic Screening, Diagnosis and Treatment Program to authorize regional support networks as exclusive agents of the state to certify mental health screening providers. The plan must require prior authorization and utilization review for residential and inpatient services including inpatient acute hospitalizations and admissions to evaluation and treatment facilities. In consultation with regional support networks and private practitioners, DSHS must develop referral criteria used by EPSDT screening providers to identify children with mental disorders eligible for further evaluation and treatment planning. The Title XIX funding plan must also be amended to provide reimbursement for specialized family, home, school and community based mental health services or programs designed to promote primary prevention and maximize the development and potential of acutely mentally ill and severely emotionally disturbed children and their families.

Regional support networks must plan and coordinate mental health services for all mentally ill children in collaboration with juvenile justice, child protection/welfare, school, developmental disability and other child-serving systems and underserved populations. All other child-serving systems must review the regional support network's children's mental health services plan and consider relevant recommendations in their federal, state and local funding requests and service plans. The children's mental health services plan must be submitted biennially.

The Department of Social and Health Services' authority to operate a pilot program regarding the impact of case management services for persons released from state or community hospitals is repealed. This program terminated June 30, 1989.

The bill contains a severability clause. In addition, if any part of this act conflicts with federal requirements that are a necessary condition to the receipt of federal funds by the state, the state appropriation for mental health services provided to children whose mental disorders are discovered under screening through the federal Title XIX Early and Periodic Screening, Diagnosis and Treatment Program must be provided through the Division of Medical Assistance and no state funds appropriated to the Division of Mental Health may be expended or transferred for this purpose.

Appropriation: none

Revenue: none

Fiscal Note: available

TESTIMONY FOR:

The clear definition and prioritization of children addresses current mental health statutory weaknesses regarding services to severely emotionally disturbed children. The bill begins the service enhancements and changes necessary to appropriately address the mental health needs of children. Children's mental health needs should be planned for and addressed throughout the regional support networks.

TESTIMONY AGAINST:

The proposed definitions may not include children who are at-risk for mental illness or who have not received services. A separate funding stream is needed for children's mental health services. Expanding services through EPSDT funding alone will be insufficient to meet the needs of SED children.

TESTIFIED: Kasey Kramer, Rebecca Cubbage, Thurston/Mason Regional Support Network; Marilyn LaCelle, Washington Community Mental Health Council (pro); Cheryl Strange, Thurston/Mason Regional Support Network (con); Joanne Asaba, King County Regional Support Network (pro); Patricia DeBoer, Thurston/Mason Advocates for the Mentally Ill (pro); Ken Taylor, Evergreen Counseling (pro); Stephen Reinig, North Sound Regional Support Network (pro); Margaret Schacht, Greater Columbia Regional Support Network (pro); Bernie Buchheit, Advocates for the Mentally Ill of Washington State (pro); Ross Kane, North Sound Regional Support Network; Margaret Casey, Barb Kelly, The Children's Alliance (pro)

HOUSE AMENDMENT(S):

The language requiring the Department of Social and Health Services to amend the Title XIX funding plan for services provided to children through the Early and Periodic Screening, Diagnosis and Treatment Program is deleted.

By December 1, 1991, the Department of Social and Health Services must develop criteria under the federal Title XIX Early and Periodic Screening, Diagnosis and Treatment Program

(EPSDT) to serve acutely mentally ill and severely emotionally disturbed children. These criteria must maximize federal reimbursement by: (1) developing qualifications for certified mental health screening providers; (2) ensuring that mental health screenings do not duplicate or are coordinated with complete screening examinations; (3) developing referral criteria used by EPSDT screening providers to identify children with mental disorders eligible for referral to further evaluation and treatment planning; (4) requiring prior authorization and utilization review for residential and inpatient services; and (5) providing reimbursement for specialized family, home, school, and community-based mental health services or programs designed to promote primary prevention or intervention and maximize the development and potential of these children and their families. The plan must be submitted to the Legislature by December 1, 1991.

An interagency Task Force on the Children of Substance Abusers is created. The task force is directed to: (1) consult with the Task Force on Children's Data Collection and Reporting created in SB 5474 to identify current methods of data collection and reporting about drug and alcohol affected children in Washington; (2) determine the current and projected number of children in the state born drug or alcohol affected and estimate the number that can be expected to have learning impairments during school age; (3) investigate the nature of the special needs of children born drug or alcohol affected; (4) identify the categories of education and social services in the state likely to be significantly impacted by changes in the number of children born drug or alcohol affected; (5) identify current education and social service programs designed to address the special problems of drug or alcohol affected children; and (6) identify current educational and treatment programs designed to reduce substance abuse during pregnancy.

Based on these findings, the task force shall: (1) examine implications for the public school system and social services in Washington; (2) investigate promising models for addressing the needs of children born drug or alcohol affected; (3) investigate ways to prevent the problem of substance abuse during pregnancy; (4) investigate other relevant issues; and (5) develop recommendations for state action.

The task force will include representatives of the Legislature (one member from the majority and minority party of each house); Office of the Superintendent of Public Instruction; Department of Health; Department of Community Development; Department of Social and Health Services; University of Washington's Center for Child Development and Mental Retardation; Washington Education Association; Washington Association of School Administrators; Washington State PTA; the Learning Disability Association of Washington; chemical dependency associations (limited to one representative); and private advocacy groups serving families and children (limited to one representative).

The task force will be staffed by OSPI.

The task force will report its final findings and recommendations to the appropriate standing committees of the Legislature before December 1, 1991.

An emergency clause is attached to the sections creating the interagency task force. These sections expire December 31, 1991.