

FINAL BILL REPORT

2SHB 1373

C 388 L 09
Synopsis as Enacted

Brief Description: Concerning children's mental health services.

Sponsors: House Committee on Health & Human Services Appropriations (originally sponsored by Representatives Dickerson, Kagi, Green, Cody, Darneille, Dunshee, Roberts, Goodman, Appleton, Kenney, Orwall, Hurst, Moeller, Takko, Chase, Rolfes, Carlyle, Simpson, Nelson, Conway and Ormsby).

House Committee on Early Learning & Children's Services
House Committee on Health & Human Services Appropriations
House Committee on Ways & Means
Senate Committee on Human Services & Corrections
Senate Committee on Ways & Means

Background:

Overview of Children's Mental Health Services.

State-provided children's mental health services in Washington are delivered primarily through Regional Support Networks (RSNs) established to develop local systems of care. The RSNs consist of counties or groups of counties authorized to contract with licensed service providers and deliver services directly. In addition to RSN's, some children receive mental health services through managed care programs, such as Healthy Options, or from private providers on a fee-for-service basis. Access to mental health treatment can be achieved through minor-initiated, parent-initiated, or state-initiated options.

Second Substitute House Bill 1088.

In 2007 the Legislature enacted Second Substitute House Bill 1088 (2SHB 1088), declaring legislative intent to develop a system of children's mental health emphasizing early identification, intervention, and prevention with a greater reliance on evidence-based and promising practices, with the following elements:

- a continuum of services from early identification and intervention through crisis intervention, including peer support and parent mentoring services;
- equity in access to services;
- developmentally appropriate, high-quality, and culturally competent services;
- treatment of children within the context of their families and other supports;

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- a sufficient supply of qualified and culturally competent providers to respond to children from families whose primary language is not English;
- use of developmentally appropriate evidence-based and research-based practices; and
- integrated and flexible services to meet the needs of children at-risk.

Managed Care and Fee-for-Service Programs.

Under 2SHB 1088, the DSHS was directed to revise its Medicaid managed care and fee-for-service programs to improve access to children's mental health services by:

- increasing from 12 to 20, the number of outpatient therapy visits allowed annually under the programs; and
- allowing those services to be provided by all mental health professionals licensed by the Department of Health.

These changes are set to expire July 1, 2010.

Evidence-Based Practice Institute.

The Children's Mental Health Evidence-Based Practice Institute (EBP Institute) was established in 2007 as part of 2SHB 1088. The EBP Institute is located at the University of Washington Division of Public Behavioral Health and Justice Policy and serves as a statewide resource to the DSHS and other entities on child and adolescent evidence-based and promising practices. The EBP Institute also:

- participates in the identification of outcome-based performance measures for monitoring quality improvement processes in children's mental health services;
- partners with youth, families, and culturally competent providers to develop information and resources for families regarding evidence-based and promising practices;
- consults with communities for the selection, implementation, and evaluation of evidence-based children's mental health practices relevant to the communities' needs;
- provides sustained and effective training and consultation to licensed children's mental health providers implementing evidence-based or promising practices; and
- collaborates with other public and private entities engaged in evaluating and promoting the use of evidence-based and promising practices in children's mental health treatment.

Summary:

Managed Care and Fee-for-Service Programs.

The July 1, 2010, expiration date for the increase in the annual number of out-patient mental health office visits and the provision allowing those services to be provided by all licensed mental health professionals is eliminated. The number of office visits for children receiving outpatient mental health therapy under the managed care and fee-for-service programs remains at 20 visits per year, and those services may be provided by licensed mental health professionals and persons under their direct supervision. Administration of managed care and fee-for-service programs must comply with federal rules relating to early, periodic, screening, diagnosis, and treatment, and developmental screenings must be used to identify and provide medically necessary treatment.

Evidence-Based Practice Institute.

The DSHS and the EBP Institute must collaborate to encourage and create incentives for the use of prescribing practices and evidence-based and research-based practices by licensed mental health professionals serving children.

The act is null and void if funding is not appropriated in the state omnibus appropriations act by June 30, 2009.

Votes on Final Passage:

House	66	29	
Senate	41	3	(Senate amended)
House	69	27	(House concurred)

Effective: July 26, 2009