SENATE BILL REPORT
E2SHB 2439

As Reported by Senate Committee On:
Human Services, Mental Health & Housing, February 25, 2016

Title: An act relating to increasing access to adequate and appropriate mental health services for children and youth.

Brief Description: Increasing access to adequate and appropriate mental health services for children and youth.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Kagi, Walsh, Senn, Johnson, Orwall, Dent, McBride, Reykdal, Jinkins, Tharinger, Fey, Tarleton, Stanford, Springer, Frame, Kilduff, Sells, Bergquist and Goodman).

Brief History: Passed House: 2/16/16, 77-20.
Committee Activity: Human Services, Mental Health & Housing: 2/22/16, 2/25/16 [DPA, w/oRec].

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Majority Report: Do pass as amended.
Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member; Hargrove.

Minority Report: That it be referred without recommendation.
Signed by Senator Padden.

Staff: Kevin Black (786-7747)

Background: The Department of Social and Health Services (DSHS) contracts with regional support networks (RSN) to provide mental health services for adults and children who suffer from serious mental illness or severe emotional disturbance and meet access-to-care standards. An RSN may be a county, group of counties, or a nonprofit or for-profit entity. RSNs are required to provide:

- crisis and involuntary treatment services for all residents in the region;
- medically necessary community based mental health treatment services covered under the state Medicaid plan; and
- limited other services for individuals not covered under the Medicaid program.

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

During the 2015 fiscal year, the Department provided mental health services to approximately 48,000 children through contracts with 11 RSNs.

The Health Care Authority (HCA) administers the Medicaid program, which is a state-federal program that provides health care for low-income state residents who meet certain eligibility criteria. In Washington state, Medicaid is called Apple Health. Apple Health for Kids is free for all children in families below 210 percent of the federal poverty level. Families above that level may be eligible for the same coverage at a low cost. HCA is responsible for providing medically necessary community-based mental health treatment services covered under the state Medicaid plan for Medicaid clients who do not meet access-to-care standards.

Summary of Bill (Recommended Amendments): The Children's Mental Health Work Group (Work Group) is established, consisting of four legislators, one from each caucus of the Senate and House of Representatives; four alternate legislators; five executive members; a representative of tribal governments; and a representative of each of the following: behavioral health organizations, community mental health agencies, Medicaid-managed care organizations, pediatricians or primary care providers, providers that specialize in early childhood mental health, the evidence-based practice institute, parents or caregivers who have been a recipient of early childhood mental health services, foster parents, child health advocacy groups, child care providers, and the managed health care plan serving foster children. The Work Group must review barriers that exist to identifying and treating mental health issues in children with a particular focus on birth to five, including at a minimum:

- appropriate assessment tools to establish eligibility for services;
- billing issues related to serving the parent or caregiver;
- workforce issues;
- barriers to billing and payment for behavioral health services provided within primary care settings;
- the adoption of standards for training and endorsement of professionals;
- supports for child care providers to reduce expulsions of children from child care and preschool; and
- outreach strategies to effectively disseminate information about available mental health services.

The Work Group must report its findings by December 1, 2016.

HCA and DSHS must report annually to the Legislature, staring December 1, 2017, on the status of access to behavioral health services for children from birth through age 17. The reports must include measures including the rate of access of mental health or substance use treatment by children aged 6-17 within 30 days of an emergency room visit related to mental health or substance use, the percentage of health plan members with an identified mental health need who received mental health services during the reporting period, and the percentage of children served by behavioral health organizations, including the type of services provided.

The Joint Legislative Audit and Review Committee (JLARC) must conduct an inventory of mental health service models available to students in schools, school districts, and educational service districts within current appropriations and report its finding by October 31, 2016.

An intent section states that the Legislature intends to discourage the overuse of psychotropic medications for children and youth.

The bill is subject to a null and void clause.

EFFECT OF CHANGES MADE BY HUMAN SERVICES, MENTAL HEALTH & HOUSING COMMITTEE (Recommended Amendments): Requirements for a PALS Plus pilot program and coverage for annual depression screenings and provider payment for children aged 13-21 are eliminated. JLARC must perform its inventory of mental health treatment models within current appropriations. The Legislature intends to discourage the overuse of psychotropic medications for children and youth.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: Yes.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This is an important step forward to strengthen mental health. Half of adults with mental health issues have those issues appear before the age of 14. A work group considered these issues over the last interim. We can teach coping skills to children before they reach K-12. We need to study billing problems and workforce problems. The PALS access line pilot program would provide critical access to psychiatric consultation with primary care doctors in rural areas. Otherwise, the only alternative is to pull out the prescription pad. The depression screening is two questions unless there is an indication of a problem, in which case there are nine questions. A teen will sometimes tell a doctor things they won't tell their parent. If you provide mental health consultation to a provider and parent, you can teach parenting skills to the parent that can help. In pediatrics, earlier is better, and prevention is cost effective. Mental health issues need to be identified early and addressed before they become devastating. Early identification gives us tools we can use to prevent real psychoses. The coverage for depression screenings will bring Medicaid up to the nationally recognized standard of care that private carriers already cover. Just as we screen all children for poor vision, we should screen them for mental health. The PALS line has been so important to our practice in Seattle. We have heard for years about challenges that families have accessing mental health services for their children. The focus is on access, network adequacy, and holding folks accountable. Do we have the right kind of providers? Effective programs and practices exist, but access is limited statewide. Our goal is to avoid long-term suffering and the negative impacts that can occur without early intervention for children. Focusing attention on children through the work group will go a long way towards reducing barriers to access. Suicide is a leading cause of death among youth. Screening provides an opportunity to identify youth who are at risk and not connected to care.

Persons Testifying: PRO: Representative Kagi, prime sponsor; Dr. Danette Glassy, pediatrician; Laurie Lippold, Partners for Our Children; Donna Christensen, WA State

Catholic Conference; Joan Miller, WA Council for Behavioral Health; Lauren Davis, Forefront: Innovations in Suicide Prevention.

Persons Signed In To Testify But Not Testifying: No one.