SENATE BILL REPORT
SB 6494

As Reported by Senate Committee On:
Human Services, Mental Health & Housing, February 4, 2016
Ways & Means, February 9, 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: Senators Darneille, Frockt, Rivers, O'Ban, Conway, Carlyle, Rolfes, Keiser, McAuliffe and Hasegawa.

Brief History:

Committee Activity: Human Services, Mental Health & Housing: 2/01/16, 2/04/16 [DPS-WM, DNP, w/oRec].

Ways & Means: 2/08/16, 2/09/16 [DP2S, w/oRec].

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Majority Report: That Substitute Senate Bill No. 6494 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators O'Ban, Chair; Darneille, Ranking Minority Member; Hargrove.

Minority Report: Do not pass.

Signed by Senator Padden.

Minority Report: That it be referred without recommendation.

Signed by Senator Miloscia, Vice Chair.

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 6494 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Hill, Chair; Honeyford, Vice Chair, Capital Budget Chair; Hargrove, Ranking Member; Keiser, Assistant Ranking Member on the Capital Budget; Ranker,

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Ranking Minority Member, Operating; Billig, Conway, Darneille, Hasegawa, Nelson, O'Ban and Pedersen.

Minority Report: That it be referred without recommendation.
Signed by Senators Braun, Vice Chair; Dammeier, Vice Chair; Bailey, Becker, Brown, Hewitt, Padden, Schoesler and Warnick.

Staff: Sandy Stith (786-7710)

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.

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.

Federal law requires group and individual health plans to provide coverage for several types of preventive health services. For infants, children, and adolescents, these services include evidence-informed preventive care and screenings provided for in the Health Resources Services Administration (HRSA) comprehensive guidelines. The HRSA's comprehensive guidelines have adopted the American Academy of Pediatric's "Periodicity Schedule of the Bright Futures Recommendations for Preventive Health Care" (Periodicity Schedule). The Periodicity Schedule establishes a recommended timetable for patients to receive preventive services from birth through 21 years of age. In 2015, the American Academy of Pediatrics updated the Periodicity Schedule, recommending annual depression screenings for children ages 11 through 21 years of age.

Medicaid programs are not required to follow the Bright Futures guidelines. However, Medicaid includes benefits under the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) for enrollees under 21 years of age. EPSDT covers health screening visits, which are regularly scheduled examinations and evaluations of the general physical and mental health, growth, development, and nutritional status of infants, children, and youth.

Summary of Bill (Recommended Second Substitute): 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, and with an emphasis on:

- appropriate assessment tools to establish eligibility for services;
- billing issues related to serving the parent or caregiver;
- workforce issues;
- 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.

Effective January 1, 2017, subject to the availability of funding, HCA must require universal screening and provider payment for depression for children aged 11-21, as recommended by the Bright Futures Guidelines of the American Academy of Pediatrics.

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 funding and report its finding by October 31, 2016.

The bill is subject to a null and void clause.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Recommended Second Substitute): Removes the requirement for HCA to create a PAL Plus pilot program. Removes the requirement that depression screening be an annual covered service. Requires that the JLARC inventory of mental health services be completed within existing appropriations.

EFFECT OF CHANGES MADE BY HUMAN SERVICES, MENTAL HEALTH & HOUSING COMMITTEE (Recommended Substitute): The composition and requirements of the Work Group are changed. HCA and DSHS must report additional data relating to usage of mental health services by children. HCA must create a PAL Plus pilot program. JLARC must inventory mental health services models available to students and report its findings by October 31, 2016. Universal depression screening for children must be an annual service. The Legislature encourages the use of behavioral health therapies that are empirically supported and discourages the overuse of psychotropic medication 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 on Original Bill (Human Services, Mental Health & Housing): PRO: It is hard for legislators to learn about something as devastating as the circumstances of mental illness among children if we can't do something about it. One in seven children has a diagnosable mental health problem. We continue to look in the deep end of the system and overlook children's issues. This bill will provide information to legislators and embrace the idea of doing early intervention. Please consider changes made to this bill in the House. It's been a while since serious children's mental health legislation was passed. The work group created in this bill is an important step towards identifying what most needs to be done to ensure that children and youth can receive the services they need. There is little awareness of what good things are happening. We appreciate the intent to identify how to strengthen network adequacy requirements. We need to collect data to understand the flaws in the system. Please amend the bill to increase the amount of data which is collected. Half of mental illness starts by 14 years of age, but only one out of five children receive treatment. One in five kids seen by health providers are there for a behavioral health problem, and they often do not receive care. Integration of behavioral health is essential. Implementation of depression screenings would be a positive step. Stigma and inconvenience are barriers to treatment. There is only one child psychiatrist in this state for every 1,100 kids with serious emotional disturbance. Our group looked into the services being delivered by the health plans to the children in this state. Only 2 percent of children received mental health services from the health plans. This is not mental health parity. Some providers under the health plans aren't taking more Medicaid, or they have a month-long delay. RSNs and health plans should cover the same providers and share information. Please add a member of the Superior Court Judges Association to the Work Group; we can help stop sending troubled kids to JRA. The current mental health system is crisis driven. Children are most amendable to treatment, so it's disappointing they don't receive it.

CON: The state has the obligation to ensure that all prescriptions are necessary and appropriate. Kids need love not drugs. Please adopt the House amendment discouraging psychotropic medication for children. Let's focus on health outcomes, not system outcomes. Adolescents are anxious--that's normal, not a sign of disease.

Persons Testifying on Original Bill (Human Services, Mental Health & Housing): PRO: Senator Darneille, prime sponsor; Laurie Lippold, Partners for Our Children; Joan Miller, Washington Council for Behavioral Health; Robert Hilt, Seattle Children's Hospital; Tom Parker, Superior Court Judges; Kristin Houser, King County Mental Health Advisory Board; Seth Dawson, National Alliance on Mental Illness, NAMI Washington.

CON: Steven Pearce, Citizens Commission on Human Rights.

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

Staff Summary of Public Testimony on First Substitute (Ways & Means): PRO: Over the last couple of years, a group has gotten together to look at the aspects of children's mental health system. We learned many things. This will help address access and accountability with the goal being to serve children early on to help reduce the need for other more intensive specialized care later on. As few as one in five children who are in need of services receive services. The Partnership Access Line (PAL) helps better coordinate care for children who are in rural areas who are lacking access to specialized care. This helps reduce the cost and need for more intensive services and helps increase non-medication services. Across the nation and throughout time, there hasn't been much legislation addressing mental health for children. The workgroup addresses this. Kids don't get the mental health care they need. The research is clear. If kids get the help they need, they do better in school. It also leads to less costs for services, less involvement with child welfare and juvenile justice. Previous studies have shown that for every dollar invested there is a $7 to $31 return over that child's lifetime.

Persons Testifying on First Substitute (Ways & Means): PRO: Laurie Lippold, Partners for Our Children; Seth Dawson, National Alliance on Mental Illness, NAMI Wa.; Wash. Assoc. for Children & Families; Dr Robert Hilt, Seattle Children's Hospital.

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