

# SENATE BILL REPORT

## SB 6485

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As of January 29, 2018

**Title:** An act relating to improving access to mental health services for children and youth.

**Brief Description:** Improving access to mental health services for children and youth.

**Sponsors:** Senators Warnick and Darneille.

**Brief History:**

**Committee Activity:** Human Services & Corrections: 1/30/18.

### Brief Summary of Bill

- Re-establishes the Children's Mental Health Workgroup (Workgroup) until December 30, 2020.
- Allows provider reimbursement for services delivered through partial hospitalization and intensive outpatient treatment programs, as well as time supervising persons working toward licensure as a social worker, mental health counselor, or marriage and family therapist.
- Directs the Health Care Authority (HCA) and the Department of Children, Youth, and Families (DCYF) to develop strategies for expanding home visiting services.
- Requires DCYF to provide infant nurse consultation for child care providers in two regions.
- Establishes one additional residency in child psychiatry at the University of Washington.
- Directs the Department of Social and Health Services (DSHS) to convene an advisory group to make recommendations regarding parent-initiated treatment.
- Requires the delivery of mental health curriculum in two high school pilot sites to improve mental health literacy in students and support teachers.

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### SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

**Staff:** Keri Waterland (786-7490)

*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.*

**Background:** The 2016 Legislature established the Workgroup to identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this population. The Workgroup published a final report and recommendations in December 2016, and the law expired in law in December 2017.

Apple Health for Kids, administered by HCA, is available at low or no cost for children whose families meet income eligibility criteria. When purchasing managed care for Medicaid participants, HCA must ensure that managed care organizations (MCO) demonstrate the ability to supply an adequate provider network. MCOs must maintain a network of appropriate providers sufficient to provide adequate access to all services covered under the contract. The 2017 Legislature required HCA and the DSHS to report annually, beginning in December 2017, on issues related to network adequacy for children's mental health.

Persons working toward licensure as a social worker, mental health counselor, or marriage and family therapist have to show that they have successfully completed supervised experience. The supervised experience needed ranges from 3200 hours to over 4000 hours, depending on the type of licensure.

Home visiting programs are voluntary, family-focused services offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of the child. The Department of Early Learning (DEL) administers funding for home visiting programs through the Home Visiting Services Account. In August 2017, HCA delivered a Home Visiting and Medicaid Financing Strategies report to the DEL that included recommendations regarding the potential use of Medicaid funds for home visiting services.

A minor child aged 13 to 18 years old, may request an evaluation for outpatient or inpatient mental health treatment without parental consent. If the facility agrees with the need for mental health treatment the child may be offered mental health services. For a child under the age of 13, either parental consent or consent from an approved guardian is required for inpatient treatment. If the child is under the age of 18, the parent, guardian or authorized individual may bring the child to any mental health facility or hospital and request that a mental health evaluation be provided. This process is parent-initiated treatment (PIT). Consent of the child is not required for either an outpatient or inpatient evaluation, or recommended inpatient treatment. Beginning April 1, 2018, the PIT process will be expanded to include treatment for substance use disorders.

The Office of the Superintendent of Public Instruction (OSPI) selected two educational service districts (ESDs) in which to pilot a lead staff person for mental health and substance use disorder services in 2017. Responsibilities for the lead staff person include coordinating Medicaid billing and facilitating partnerships with community mental health agencies, providers of substance use disorder treatment, and other providers.

**Summary of Bill:** The Workgroup is re-established through December 2020. Members serving on the Workgroup as of December 1, 2017 may continue to serve without reappointment. The Workgroup must update the 2016 Workgroup findings and recommendations by December 1, 2020.

DSHS and HCA must expand the annual report related to network adequacy and access for children's mental health services to include data on mental health and medical services provided for eating disorder treatment in children and youth. The data must include the number of diagnoses by county; patients treated in outpatient, residential, emergency, and inpatient settings; and contracted providers specializing in eating disorder treatment, including the overall percentage actively accepting new patients during the reporting period.

HCA must collaborate with DCYF to identify opportunities to leverage Medicaid funding for home visiting services. HCA must contract with a third party to:

- build upon the Home Visiting and Medicaid Financing Strategies report submitted by HCA and DEL in August 2017;
- develop a common set of definitions to distinguish between home visiting programs and services;
- develop a strategy to expand home visiting programs statewide;
- identify how to maximize Medicaid and other federal resources for home visiting and the statewide strategy; and
- provide a set of recommendations to the Legislature by December 1, 2018.

Behavioral health organizations (BHOs) must develop means to provide family support services as a part of outpatient services. BHOs may allow provider reimbursement for services delivered through partial hospitalization or intensive outpatient treatment programs, but are distinct from the state's delivery of Wraparound with Intensive Services. BHOs must allow reimbursement for time supervising persons working toward licensure as a social worker, mental health counselor, or marriage and family therapist.

DCYF must contract with an infant nurse consultant to provide support and consultation to child care providers in at least two regions selected by the DCYF. The infant nurse consultant must be a currently licensed registered nurse who has either worked in pediatrics or public health in the past year or has taken or taught classes in pediatric nursing at the college level in the past five years. The infant nurse consultant must visit each child care center licensed to care for four or more infants in the region at least monthly. Any requirement adopted by the DCYF for providers to have a consultant must be contingent upon an adequate supply of such consultants in the region.

Subject to funds appropriated for this purpose, the Child and Adolescent Psychiatry Residency Program at the University of Washington must offer one additional 24-month residency in child and adolescent psychology, and must include at least 12 months of training in settings where children's mental health services are provided under the supervision of experienced psychiatric consultants and must be located west of the crest of the Cascade Mountains.

DSHS must convene an advisory group of stakeholders to review the PIT process and develop recommendations regarding:

- the age of consent for behavioral health treatment of a minor;
- options for parental involvement in youth treatment decisions;
- information communicated to families and providers about PIT; and

- the definition of medical necessity for emergency mental health services and options for parental involvement in those determinations.

The advisory group must review the effectiveness of serving commercially sexually exploited children using PIT, involuntary treatment, or other treatment services. DSHS must report the findings and recommendations of the advisory group to the Workgroup by December 1, 2018.

OSPI must expand the duties of the lead staff person in each ESD mental pilot site to include delivering a mental health literacy curriculum, mental health literacy curriculum resource, or comprehensive instruction to students in one high school in each pilot site.

**Appropriation:** None.

**Fiscal Note:** Requested on January 27, 2018.

**Creates Committee/Commission/Task Force that includes Legislative members:** Yes.

**Effective Date:** The bill contains several effective dates. Please refer to the bill.