SENATE BILL REPORT
SB 6485

As Reported by Senate Committee On:
Human Services & Corrections, January 31, 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, 1/31/18 [DPS-WM].

Brief Summary of First Substitute Bill

- Re-establishes the Children's Mental Health Workgroup (Workgroup) until December 30, 2020.
- Increases the number of co-chairs of the Workgroup from two to three, with two co-chairs being legislators representing the minority and majority caucuses in the House of Representatives.
- 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 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.

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.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 6485 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Darneille, Chair; Dhingra, Vice Chair; O'Ban, Ranking Member; Carlyle, Frockt and Miloscia.

Staff: Keri Waterland (786-7490)

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 (First Substitute): The Workgroup is re-established through December 2020, and increases the number of co-chairs of the Workgroup from two to three. Two of the co-chairs must be legislators representing the minority and majority caucuses in the House of Representatives. A pediatrician located east of the crest of the Cascade mountains and a child psychiatrist are added as members of the Workgroup. 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; and
- provide a set of recommendations to the Legislature by December 1, 2018.

By November 1, 2018, DCYF must:

- develop a common set of definitions to clarify differences between evidence-based, research-based, and promising practices home visiting programs and discrete services provided in the home;
- develop a strategy to expand home visiting programs statewide; and
- collaborate with HCA to maximize Medicaid and other federal resources in implementing current home visiting programs and the statewide strategy.

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.

EFFECT OF CHANGES MADE BY HUMAN SERVICES & CORRECTIONS COMMITTEE (First Substitute):

- Increases the number of co-chairs of the Workgroup from two to three.
- Requires two co-chairs to be legislators representing the minority and majority caucuses in the House of Representatives.
- Requires the Workgroup to monitor the implementation of programs and policies related to children's mental health.
- Adds a pediatrician located east of the crest of the Cascade mountains as a member of the Workgroup.
- Adds a child psychiatrist as a member of the Workgroup.
- Changes responsibility for developing a common set of definitions, developing a statewide strategy, and maximizing federal resources for home visiting from HCA to the DCYF.

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.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: Mental health needs of children are over looked and many cannot get the help they need. This is a chronic problem, and legislators are interested, but good proposals have been difficult to find. The Work Group has produced a great product. We cannot rest until five out of five kids get the help they need. The House of Representatives made amendments, not sure if you want to consider those. If we can provide intervention early, we can help adults. Much of the issue has to do with the Medicaid rate that we pay to providers, but is also a bed availability issue. There are difficulties in finding psychiatrists, and much boils down to funding. Three positive things about the bill are home visits for families that are struggling, increasing the intensive outpatient treatment capacity, increasing number of psychiatrists. The Work Group has been a collaborative bipartisan process. This bill does some things to address capacity and access issues, including providing for outpatient treatment. Support the bill, but the implementation of pilot sights for ESD's is funded by state and federal funds this may create new work that may not be allowed by current funding mechanisms. If not, further funding may be requested.

Persons Testifying: PRO: Seth Dawson, Washington State Psychiatric Association; Laurie Lippold, Partners for Our Children; Ruth Conn, Washington Chapter American Academy of Pediatrics; Hugh Ewart, State and Federal Government Relations Director; Mona Johnson, Office of Superintendent Public Instruction.

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