

HOUSE BILL REPORT

2SSB 5903

As Reported by House Committee On:
Human Services & Early Learning
Appropriations

Title: An act relating to implementing policies related to children's mental health as reviewed and recommended by the children's mental health work group.

Brief Description: Concerning children's mental health.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Darneille, Warnick, Das, Nguyen and O'Ban).

Brief History:

Committee Activity:

Human Services & Early Learning: 3/26/19, 3/28/19 [DPA];

Appropriations: 4/6/19, 4/8/19 [DPA(APP w/o HSEL)].

**Brief Summary of Second Substitute Bill
(As Amended by Committee)**

- Requires the development of a funding model for Partnership Access Line activities.
- Directs school districts to use a professional learning day for training in behavioral health topics.
- Expands residencies in child and adolescent psychiatry.
- Requires statewide coordinated specialty care for early identification and intervention for psychosis.
- Establishes mental health consultants to support child care providers and coaches.

HOUSE COMMITTEE ON HUMAN SERVICES & EARLY LEARNING

Majority Report: Do pass as amended. Signed by 9 members: Representatives Senn, Chair; Callan, Vice Chair; Frame, Vice Chair; Eslick, Assistant Ranking Minority Member; Goodman, Griffey, Kilduff, Lovick and Ortiz-Self.

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.

Minority Report: Do not pass. Signed by 3 members: Representatives McCaslin, Assistant Ranking Minority Member; Corry and Klippert.

Staff: Dawn Eychaner (786-7135).

Background:

The Children's Mental Health Work Group (CMHWG) was established 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 CMHWG expires in December 2020.

Partnership Access Line.

The Partnership Access Line (PAL) is a phone consultation service for primary care providers to consult with a pediatric psychiatrist. Seattle Children's Hospital delivers the PAL consultation services in affiliation with the University of Washington (UW) through a contract with the Health Care Authority (HCA). The PAL for Moms and Kids pilot project provides consultation for health care professionals to assess and treat depression in pregnant women and new mothers. The PAL for Moms and Kids pilot project also facilitates referrals to children's mental health services and other resources for parents and guardians. The PAL for Moms and Kids pilot project will conclude in 2021.

In December 2018 the HCA reported recommendations to the Legislature related to an alternative funding model for PAL services and a strategy to ensure that expanded PAL services do not duplicate existing managed care organization requirements.

School District Training and Model Plan.

Professional learning for kindergarten through twelfth grade (K-12) school personnel is defined as a sustained, job-embedded, and collaborative approach to improving teachers' and principals' effectiveness in raising student achievement. The Legislature must phase in funding for professional learning days for certificated instructional staff, beginning with a minimum of one professional learning day in the 2018-19 school year, two professional learning days in 2019-20, and three professional learning days in 2020-21.

The Office of the Superintendent of Public Instruction (OSPI) has developed a model plan template for school districts to use in recognizing, screening, and responding to emotional or behavioral distress in students. The model plan includes indicators of possible substance abuse, violence, and youth suicide, among other elements.

Psychiatry Residencies.

The Accreditation Council for Graduate Medical Education accredits medical education and residency programs and associated sponsoring institutions. The UW Child and Adolescent Psychiatry Residency Program based at Seattle Children's Hospital and the Providence Psychiatry Residency located at the Spokane Teaching Health Clinic on the Washington State University (WSU) Spokane campus are psychiatry residency programs. Legislation enacted in 2017 and 2018 required the UW and WSU to each offer a 24-month position to a resident specializing in child and adolescent psychiatry. The UW residency requirement becomes effective July 1, 2020.

Coordinated Specialty Care.

The National Institute for Mental Health describes Coordinated Specialty Care (CSC) as a recovery-oriented treatment program for individuals experiencing first-episode psychosis. The CSC is a shared decision-making approach using a team of specialists who work together to develop a patient's treatment plan. Psychosis describes conditions that affect the mind where there has been some loss of contact with reality and often begins in adolescence or early adulthood.

Child Care Consultation.

In 2017 the former Department of Early Learning, now the Department of Children, Youth, and Families (DCYF), was directed to establish a child care consultation program to provide child care providers with evidence-based, trauma-informed, and best-practice resources regarding caring for infants and young children who present behavioral concerns or symptoms of trauma.

The DCYF provides infant-toddler consultation to early learning providers participating in the Early Achievers (EA) quality rating and improvement system. Referrals for infant-toddler consultation are made by EA coaches and are available for children ages birth to 3 years. Infant-toddler consultation services include specialized coaching in social and emotional development, child care health, positive teacher-child interactions, developmental screenings and classroom environments.

Summary of Amended Bill:

Partnership Access Line.

The Office of Financial Management (OFM) must enter into a contractual agreement with a facilitator to organize a work group to develop a PAL funding model. The model must include existing PAL, PAL for Moms and Kids, and community referral activities and include an expansion of PAL services to educational service districts (ESDs) and to consultations for health care professionals serving adults.

The work group must consist of one member of the House of Representatives, one member of the Senate, and one member from each of the following groups, appointed by the Director of the Health Care Authority (HCA):

- private insurance carriers;
- Medicaid managed care plans;
- self-insured organizations;
- Seattle Children's Hospital;
- the PAL;
- the Office of the Insurance Commissioner;
- the UW School of Medicine; and
- other organizations and individuals, as determined by the Director of the HCA.

The funding model must:

- build upon work completed by the HCA in 2018;

- determine the annual cost of operating the PAL and collect a proportional share of program costs from each health insurance carrier; and
- differentiate between PAL activities eligible for Medicaid funding and activities that are non-Medicaid eligible.

By December 1, 2019, the OFM must report to the Governor and the Legislature on the funding model.

Professional Learning Days.

Beginning in the 2020-21 school year, school districts must use a professional learning day to train district staff in social-emotional learning, trauma-informed practices, using the model plan related to recognition and response to emotional or behavioral distress in students, consideration of adverse childhood experiences, mental health literacy, antibullying strategies, and culturally sustaining practices.

Psychiatry Residencies.

Subject to funds appropriated, the WSU must offer two 24-month residency positions to residents specializing in child and adolescent psychiatry. The residencies must include at least 18 months of training in a supervised setting and must be located in eastern Washington.

Coordinated Specialty Care.

Subject to available funds, the HCA must collaborate with the UW and a professional association of licensed community behavioral health agencies to develop a statewide plan to implement evidence-based CSC programs that provide early identification and intervention for psychosis in licensed or certified community behavioral health agencies. The plan is due to the Governor and the Legislature by March 1, 2020, and must include:

- an analysis of existing benefit packages, payment rates, and resource gaps, including needs for non-Medicaid resources;
- development of a discrete benefit package and case rate for CSC;
- identification of costs for statewide start-up, training, and community outreach;
- determination of the number of CSC teams needed in each regional service area; and
- a timeline for statewide implementation.

The HCA must ensure at least one CSC team is starting up or in operation in each regional service area (RSA) by October 1, 2020, and must ensure that each RSA has an adequate number of CSC teams based on incidence and population by December 31, 2023.

Child Care Consultation.

The DCYF must enter into a contractual agreement with an organization providing coaching services to EA program participants to hire one qualified mental health consultant for each of the six DCYF-designated regions. The consultants must support EA program coaches and child care providers by providing resources, information, and guidance regarding challenging behavior and expulsions. The DCYF must report to the Governor and the Legislature on the services provided and the outcomes of consultant activities by June 30, 2021.

Amended Bill Compared to Second Substitute Bill:

The striking amendment:

- requires the OFM to convene a work group to develop a funding model for the PAL, PAL for Moms and Kids, community referral facilitation, and expanding the PAL to ESDs and to health care providers serving adults;
- modifies the requirement for school districts to use a professional learning day to train district staff in certain topics to require the training to be conducted every other year and adds to the required training topics; and
- requires the DCYF to contract with an organization providing coaching services to EA participants to hire one qualified mental health consultant for each of the six department-designated regions and report on services provided and outcomes by June 30, 2021.

The striking amendment removes the following provisions:

- behavioral health coordination responsibilities for ESDs;
- the PAL for Schools pilot project;
- the requirement for the OSPI to identify and make available mental health literacy and healthy relationships instructional materials to school districts and to adopt certain rules into graduation requirements;
- the establishment of UW certificate programs in evidence-based practices for behavioral health;
- the expansion of the UW Child and Adolescent Psychiatry Residency Program;
- the requirement for the UW and the OSPI to convene a work group to develop a statewide multitiered system of school supports;
- the development and implementation of an infant and early childhood mental health consultation model and service delivery;
- the trauma-informed early care and education pilot project;
- the requirement for the HCA to provide online training for behavioral health providers regarding laws and best practices in behavioral health services for children, youth, and families; and
- the requirement for the HCA to conduct an annual survey related to parent-initiated treatment policy changes.

Appropriation: None.

Fiscal Note: Requested on March 29, 2019.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill rolls up recommendations from the CMHWG into an omnibus proposal and deals with prevention, as well as getting assistance to families when they need the help. There is tremendous legislative interest in and support for the interventions identified by the CMHWG. The New Journeys program is evidence-based and has wonderful outcomes for kids at the first sign of psychosis. The PAL for Schools is based on the success of the PAL and will help schools determine needed services through consultation, providing services to

kids at school where they are most of the day. Including two child psychiatry residencies helps address the critical workforce shortage. The suicide prevention and mental health literacy components will reduce stigma. An average of two Washington youth per week are lost to suicide. Eighty percent of kids with mental health needs do not receive the treatment they need. Families are not able to get timely care in the community. No family should have to be in crisis and have to go to the emergency department to receive the care they need. These interventions make good financial sense by reducing expensive services like in-patient hospitalization and emergency room visits. The OSPI supports the overall concepts of the core elements in this bill which will increase access; however, some of the bill language is duplicative to language in another House bill. Language requiring the OSPI to identify and make available certain materials, and including language around graduation requirements, are unclear. The OSPI does not adopt graduation requirements and does not adopt the identified standards in rule. Child care providers who do not have adequate tools burn out at a higher rate. Infant and early childhood mental health consultation will help keep children in the classroom and help retain the workforce. The state only has two psychiatry residency programs; one in Seattle, and one in Spokane. Seventy percent of individuals who complete a residency stay and practice within a 100-mile radius of where they complete their program.

(Opposed) None.

Persons Testifying: Senator Darneille, prime sponsor; Hugh Ewart, Seattle Children's Hospital; Abby Moore, Washington Council for Behavioral Health; Todd Crooks, Chad's Legacy Project; Caroline Hogan, Washington Chapter of the American Academy of Pediatrics; Martin Mueller, Office of the Superintendent of Public Instruction; Laurie Lippold, Partners for Our Children; and Ian Goodhew, University of Washington School of Medicine.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass as amended by Committee on Appropriations and without amendment by Committee on Human Services & Early Learning. Signed by 32 members: Representatives Ormsby, Chair; Bergquist, 2nd Vice Chair; Robinson, 1st Vice Chair; Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Cody, Dolan, Dye, Fitzgibbon, Hansen, Hoff, Hudgins, Jinkins, Kraft, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Schmick, Senn, Springer, Stanford, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Ybarra.

Staff: Andy Toulon (786-7178).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Human Services & Early Learning:

The Appropriations Committee recommended allowing school districts to train staff in one or more, rather than all, specified topics related to behavioral health. The number of graduate student residency positions in the University of Washington (UW) Child and Adolescent

Psychiatry Residency Program increased from one to two positions effective July 1, 2022, and the length of supervised training for UW residents was extended from 12 to 18 months. The expansion of residency positions at Washington State University made effective July 1, 2020.

Provisions related to the Department of Children, Youth, and Families contracting for regional mental health consultants codified as a new section in Chapter 43.216 RCW, and the June 30, 2022, expiration date on these requirements was removed. A null and void clause was added.

Appropriation: None.

Fiscal Note: Requested on March 29, 2019.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 4, relating to expanding WSU child and adolescent psychiatry residencies, which takes effect July 1, 2020, and section 5, relating to expanding UW child and adolescent psychiatry residencies, which takes effect July 1, 2022. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) Washington falls short of providing the behavioral health care that kids need. Eighty percent of kids with behavioral health conditions do not receive the care that they need, and that is largely because of barriers to referrals. Senate Bill 5903 includes several provisions that will increase access to services for kids. This includes the Partnership Access Line to schools which supports counselors and educators in keeping kids safe and ready to learn. Early intervention for psychosis improves quality of life, reduces hospitalizations, and allows youth to stay integrated in their communities. These interventions make good financial sense because they reduce use of emergency departments and inpatient hospitalization days. They provide additional behavioral health access for kids, which is gravely needed.

The bill has been scaled back quite a bit, but it still includes very significant strategies geared towards improving access to behavioral health services, increasing awareness and understanding of behavioral health issues, and providing support to school-based behavioral health professionals working directly with students with very challenging behaviors. The early psychosis component is important and has the potential for reducing hospitalizations.

Children who act out in child care programs are 10 times more likely to get expelled than children who act out in the kindergarten through twelfth grade system. Being expelled from a child care early learning program could have serious consequences down the road. The establishment of the mental health consultation program provides child care providers with a place to turn to get support and help for being able to address behaviors that children as young as 2 and 3 years old are bringing into the classroom. This will help reduce costs further down the road.

(Opposed) None.

Persons Testifying: Amber Ulvenes, Washington Chapter of the American Academy of Pediatrics; and Laurie Lippold, Partners for Our Children.

Persons Signed In To Testify But Not Testifying: None.