

SENATE BILL REPORT

2SHB 1325

As of March 12, 2021

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

Brief Description: Implementing policies related to children and youth behavioral health.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Callan, Eslick, Leavitt, Fitzgibbon, Thai, Duerr, Senn, Ortiz-Self, Davis, Bergquist, Ramos, Lekanoff, Pollet, Dent and Goodman).

Brief History: Passed House: 2/26/21, 92-5.

Committee Activity: Health & Long Term Care: 3/10/21 [w/oRec-BH].
Behavioral Health Subcommittee to Health & Long Term Care: 3/12/21.

Brief Summary of Bill

- Makes changes to Partnership Access Lines which facilitate mental health consultations, including converting the pilot program for the Partnership Access Line for Moms into a permanent program.
- Expands Medicaid benefits to enhance the number of visits and criteria for mental health assessment and diagnosis for children aged birth through five.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

Background: Children and Youth Behavioral Health Work Group. In 2016, the Children's Mental Health Work Group was created by the Legislature. The group was renamed in 2018, as the Children and Youth Behavioral Health Work Group (CYBHWG) and extended

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through 2026. The CYBHWG has a variety of members including legislators, representatives from state agencies, representatives from behavioral health organizations, parents, pediatricians, and youth.

In 2020, the CYBHWG produced a report with recommendations to the Legislature in the following areas:

- prenatal to age five relational health;
- workforce and rates;
- student behavioral health and suicide prevention; and
- youth and young adult continuum of care.

Partnership Access Line. The Partnership Access Line (PAL) is a program administered by the University of Washington Department of Psychiatry and Behavioral Science that supports primary care providers—doctors, nurse practitioners, and physician assistants—with questions about mental health care including:

- diagnostic clarification;
- medication adjustment; or
- treatment planning.

A social worker is available through PAL to assist with finding mental health resources for patients. PAL also provides specialized consultation to facilitate referrals for mental health services for teens and children. A two-year pilot, beginning January 1, 2019, and extended through the end of fiscal year 2021, provides a PAL for Moms program. This program provides perinatal mental health consultation, recommendations, and referrals for providers caring for pregnant or postpartum patients, from faculty members with expertise in perinatal mental health.

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) is a diagnostic manual for children ages birth through age five designed to help mental health and other professionals recognize mental health and developmental challenges in infants and young children. The DC:0-5 uses diagnostic criteria for classification, case formulation, and intervention.

Summary of Bill: The two-year pilot program to implement the Partnership Access Line for Moms is made permanent. The Partnership Access Line for Kids is renamed the Partnership Access Line for Children and Teens. Identification of an in-network mental health professional for a child within this service may be completed within an average of seven days from call intake processing. Reporting requirements relating to the Partnership Access Lines held by the Health Care Authority and University of Washington which expired on January 1, 2021, are revived and extended indefinitely.

Subject to appropriation, Medicaid requirements are expanded to allow up to five sessions for intake and mental health assessment of children aged birth through six months in home

or community settings, including reimbursement for provider travel. Medicaid providers must use the current version of the DC:0-5 diagnostic classification system for mental health assessment and diagnosis of children aged birth through five.

Appropriation: The bill contains a null and void clause requiring specific funding be provided in an omnibus appropriation act.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony: PRO: This bill comes from the recommendations of the CYBHWG. Since 2019, the call volume for PAL for Moms has tripled. In a survey, 97 percent of the users were highly satisfied with their experience. The referral assist line for children and teens has had increased call volumes, likely due to the pandemic, and received over 2,000 requests last year. Nearly two-thirds of behavioral health problems develop in childhood, so we should address them as early as possible. The prenatal to five recommendations help ensure we understand what is going on with those young children. The PAL line was a godsend when we struggled to find mental health assistance for our son. Finding a clinician who is a good match for a family is a full-time job. Please allow us to continue this program. Children whose mothers receive treatment have a better chance for a healthy life. Young children have limited verbal communication, so it is important to allow multiple meetings with families in natural settings, to develop care plans and avoid misdiagnosis. Many clinicians use a tool meant for older children instead of the DC:0-5, which allows connection of young children to more effective services. The PAL lines are important to address the state's service gaps, and are a means of obtaining preventive care before hospitalization becomes necessary. We need significant investment in the behavioral health system.

CON: I oppose use of the DC:0-5, which leads to mislabeling of children and overdiagnosis of pharmaceuticals. Science on the human immune system opens new options for treatment of autism and other disorders, which are not incorporated in current psychiatric manuals. There are no safeguards and protections in this bill. We should invest in non-drug-based health alternatives for children. Psychiatry does not have objective tests; there are no lab tests for a mental disorder. We should not turn behavior into disease.

Persons Testifying: PRO: Representative Lisa Callan, Prime Sponsor; Jamie Elzea, Washington Association for Infant Mental Health; Dr. Deborah Cowley, University of Washington Medical Center; Stephanie Tuffey, Seattle Children's; Karin Butler; Katie Kolan, Washington State Hospital Association.

CON: Steven Pearce, Citizens Commission on Human Rights; Bernadette Pajer.

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