

# HOUSE BILL REPORT

## HB 1124

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**As Reported by House Committee On:**  
Children & Family Services

**Title:** An act relating to mental health services for children.

**Brief Description:** Evaluating mental health programs for children.

**Sponsors:** Representatives Darneille, Morell, Tokuda, Campbell, Hunt, Kagi, Miloscia, Ballasiotes, Veloria, Linville, Dickerson, Edwards, Kenney, O'Brien, Keiser, Edmonds, Schual-Berke, Jackley, Lovick, Santos, McIntire and Haigh.

**Brief History:**

**Committee Activity:**

Children & Family Services: 1/25/01, 2/12/01 [DPS].

**Brief Summary of Substitute Bill**

- The Legislature declares the intent that children with mental health needs will have timely access to efficient and effective services.
- The Regional Support Networks (RSNs) are required to update their children's mental health service plan every two years.
- The Joint Legislative Audit and Review Committee (JLARC) is required to evaluate the effectiveness of the statewide children's mental health services plan, and to assess the overall needs and adequacy of resources available to children with mental illness.

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### HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Boldt, Republican Co-Chair; Tokuda, Democratic Co-Chair; Kagi, Democratic Vice Chair; Morell, Republican Vice Chair; Ballasiotes, Campbell, Darneille, Dickerson, Miloscia and Pflug.

**Staff:** Deborah Frazier (786-7152).

**Background:**

Studies suggest that children with mental illness are not receiving the services they need.

Under contract with the Mental Health Division of the Department of Social and Health Services (DSHS), the 14 Regional Support Networks are responsible for the provision of mental health services to low income persons and all persons in crisis. The RSNs are required by statute to have developed a plan for children's mental health services delivery.

The Office of Financial Management is required to prepare and submit to the Legislature biennially an inventory of state and federal programs providing mental health services to children. The inventory is required to include a number of specific elements.

The Office of Financial Management also is required to have prepared and submitted to the Legislature a plan for the use of early periodic screening, diagnosis, and treatment (EPSDT) services to assist children with mental illness. The EPSDT is a Medicaid funded service intended to provide early intervention in children's health. The plan is required to have a number of features, including screening criteria, qualifications for children's mental health providers and mechanisms to assure the receipt of federal matching funds for the services provided.

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**Summary of Substitute Bill:**

The Legislature declares the intent that the children's mental health system will be operated efficiently and effectively with measurable outcomes, and that children in need of mental health care will have timely access to services.

The RSNs are required to update their children's mental health service plan, and give an assessment of their progress toward goals, every two years.

The secretary of the DSHS is required to compile the RSNs service plans into a statewide report and submit the report to the Legislature every two years.

The JLARC is required to review the current inventory of services created every two years by the Office of Financial Management, and to review the early periodic screening, diagnosis and treatment plan. The JLARC is required to report to the Legislature by July 1, 2002 on the completeness, implementation and needed modifications to the inventory and the EPSDT plan.

The JLARC is required to evaluate the effectiveness of the implementation of the statewide report on children's mental health services compiled by the secretary of DSHS. The JLARC is required to assess the overall needs and resources available to children

with mental illness, to recommend modifications to the children's mental health services system, to recommend performance measures, and to recommend the funding needed to implement the Legislature's intent. The evaluation is due by July 1, 2002.

**Substitute Bill Compared to Original Bill:**

The bill corrects the frequency of the submission of the required information from the RSNs and the DSHS to every two years, rather than every six months.

The intent section is modified by deleting statistical data and the requirement that all children in need of services will receive services by the year 2006. The Legislature declares the intent that the children's mental health system will be operated efficiently and effectively with measurable outcomes, and that children in need of mental health care will have timely access to services.

The required JLARC review shall also include recommendations for performance measures for the children's mental health system.

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**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on February 13, 2001.

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

**Testimony For:** Early intervention can help even the most disturbed child and produce costs savings in the long run. We need to support intervention with families, also. The provisions of the bill create a significant followup to the JLARC study of the adult mental health system. The DSHS supports the bill and anticipates that this review will be as valuable for system planning and prioritizing as the JLARC study of the adult mental health system has been.

**Testimony Against:** We need to step back from this legislation. Kids have troubles, but not mental illnesses, because our schools and families are broken. We should listen to them more. We must stop medicalizing social problems. We should fund services to get troubled kids and their families expert medical exams to see if anything is physically wrong with them that can be treated with proper nutrition and exercise. Mis-diagnosis of over 100 physical illnesses as psychiatric illnesses is common.

**Testified:** (In support) Representative Darnielle, prime sponsor; Jim Legaz, Washington State Catholic Conference; Tom Richardson, National Alliance for the Mentally Ill - Washington; Seth Dawson, Compass Health and Washington State Council of Child & Adolescent Psychiatrists; Sara Erickson, Children's Alliance; Sheril Bechard, parent;

Mike Fitzpatrick, Children's Home Society of Washington; and Jack D. Morris,  
Washington Department of Social and Health Services.

(Opposed) Richard Warner, Citizens Commission on Human Rights.