

SENATE BILL REPORT

ESHB 2574

As Reported By Senate Committee On:
Human Services & Corrections, February 27, 2002

Title: An act relating to a children's system of care.

Brief Description: Establishing demonstration sites for a statewide children's system of care.

Sponsors: House Committee on Children & Family Services (originally sponsored by Representatives Ogden, Dunn, Tokuda, Hankins, O'Brien, Jarrett, Fromhold, Santos, Schual-Berke and Kenney).

Brief History:

Committee Activity: Human Services & Corrections: 2/21/02, 2/27/02 [DPA].

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: Do pass as amended.

Signed by Senators Hargrove, Chair; Costa, Vice Chair; Carlson, Franklin, Hewitt, Kastama, Kohl-Welles, Long and Stevens.

Staff: Fara Daun (786-7459)

Background: The Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government operates the Comprehensive Community Mental Health Services for Children Program through its Center for Mental Health Services. SAMHSA estimates that one child in five has mental health problems that can lead to serious problems and one child in 20 is seriously emotionally disturbed at any given time. The center also estimates that two-thirds of children needing mental health services do not receive them.

The Comprehensive Community Mental Health Services for Children Program provides federal matching funds for demonstration programs to provide "systems of care" for children and adolescents with mental health problems and serious emotional disturbances. Systems of care are based on the premise that the mental health needs of children can be met within their home, school, and community environments. They are developed to include families as partners in designing services and focus on the strengths of children and their families in a culturally competent manner and include interagency collaboration. Grants are five years in length and require an increasing match from non-federal sources.

Summary of Amended Bill: The secretary of the Department of Social and Health Services must establish demonstration sites for statewide implementation of systems of care for children and their families. To be selected as a demonstration site, the system administrator must have received federal funds from the Comprehensive Community Mental Health Services for Children Program, must have established a process for ongoing input and coordination from the public health and safety networks in the project's catchment area, and may be a project site under a Title IV-E waiver. There are two existing programs that meet

the selection criteria. The site must use existing resources of the various child-serving agencies and local school districts are expected to collaborate with the children's system of care demonstration sites.

The children's system of care has eight goals:

1. Maintain a multiagency collaborative planning and system management mechanism at the state and local levels through the establishment of a local oversight committee;
2. Recommend and make necessary financing changes to support individualized and flexible home and community based services based on the principles of a children's system of care;
3. Support a common screening tool and integrated care coordination system;
4. Recommend and make necessary contracting changes to support integrated service delivery;
5. Promote and increase the expansion of system capacity for children and their families in each demonstration site community;
6. Develop the capacity of family members to provide support to each other and to strengthen the family voice in system implementation through the use of the citizens' advisory board and other outreach activities;
7. Conduct research and draw on outside consultation to identify best practices to inform system development and refinement; and
8. Demonstrate cost effectiveness by creating system efficiencies that generate savings from the current levels of spending for these children. Savings may be used to provide additional services to these children or to serve more children.

A citizens' advisory board and the participating agencies must establish evaluation criteria consistent with the goals of a children's system of care within 60 days of enactment. Evaluation must be conducted by an entity with experience evaluating programs that have received federal funds from the Comprehensive Community Mental Health Services for Children Program and have Title IV-E waivers. Each demonstration site in existence July 1, 2002, must submit both an interim report on December 1, 2002, and a final report on December 1, 2003, to the appropriate committees of the Legislature.

Funding for children's system of care programs following the federal grant is determined using the existing process for blended funding projects. Funded programs must be included in the annual report on blended funding programs.

Amended Bill Compared to Substitute Bill: The striking amendment requires children's system of care projects to establish a process for ongoing input and coordination with the community health and safety networks and requires post-grant funding to proceed through the established process for blended funding projects. The reporting requirement is amended to reflect the existing structure and programs.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: A children's system of care develops an individualized service plan for each child and the target population is children with mental health issues. The legislation would memorialize the efforts that are currently working independently and ask the state to recognize those efforts. The difference between this program and the networks is that this program is providing service delivery to specific individuals based on the strengths of each child and his or her family. A fully integrated system of care would save dollars and duplication. One child who was previously receiving services at the level of over \$100,000 per year is now not using any state funds due to the program in Vancouver. By placing this into statute it would encourage reluctant organizations to participate more willingly. The language that the school districts are expected to collaborate will help bring the school districts to the table. The current program works well with individual principals and schools; the problems come in working with school superintendents and boards. The program in King County works mostly with BECCA juveniles and has one-year outcome data. There has been over a 50 percent reduction in criminal justice contacts and a 55 percent reduction in the use of juvenile detention. DSHS supports both projects and is interested in collaboration but has not done more with the federal grants because they are limited to five years. DSHS is also concerned with the restrictions in their accountability process due to federal restrictions, consequently the projects need to fit within the Title IV-E waiver. Some sites turn down Title IV-E waiver because the waiver requires random assignment and a control group based study.

Testimony Against: None.

Testified: Representative Val Ogden, sponsor; Michael Piper, Clark County (pro); Cheri Delazal, Clark County (pro); Catherine Follett, King County (pro); Peggy Brown, DSHS.