

HOUSE BILL REPORT

HB 1784

As Reported by House Committee On:
Children & Family Services

Title: An act relating to improving coordination of services for children's mental health.

Brief Description: Improving coordination of services for children's mental health.

Sponsors: Representatives Darneille, Upthegrove, Chase, Linville, Wallace, Kagi, Kessler, Kenney, Schual-Berke, Wood, Dickerson, Santos, Simpson and Morrell.

Brief History:

Committee Activity:

Children & Family Services: 2/19/03, 2/26/03 [DPS].

Brief Summary of Substitute Bill

- Requires the Department of Social and Health Services (DSHS) and the Office of the Superintendent of Public Instruction (OSPI) to implement recommendations to improve the coordination and delivery of mental health treatment for children.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Kagi, Chair; Darneille, Vice Chair; Boldt, Ranking Minority Member; Roach, Assistant Ranking Minority Member; Bailey, Dickerson, Miloscia, Pettigrew and Shabro.

Staff: Sonja Hallum (786-7092).

Background:

The 2001-02 Biennial Budget directed the Joint Legislative Audit and Review Committee (JLARC) to study children's public mental health services in Washington. The proviso was limited in scope and asked JLARC to make recommendations as appropriate for the improvement of services and system performance.

On August 7, 2002, JLARC completed its study on children's mental health. The

JLARC recommendations included the following:

1. The DSHS, as a coordinating agency, should identify issues that limit its ability to coordinate children's mental health programs, and should make changes to support cross program collaboration and efficiency.
2. DSHS Mental Health Division (MHD) should continue to implement and collect reliable mental health cost service data to support an outcome reporting system specific to children's mental health.
3. The Medical Assistance Administration (MAA) and MHD should jointly revise the early periodic screening diagnosis and treatment plan (EPSDT) to reflect the current mental health system structure.
4. The OSPI and DSHS/MHD should identify examples of mental health and education systems coordination and share this information among other school districts, Regional Support Networks, and other agencies; and
5. The Legislature should update statutes to reflect a focus on improvement of cost, service, and outcome data and eliminate the requirement to maintain an inventory of children's mental health services.

Summary of Substitute Bill:

The Legislature requires the DSHS to implement the following recommendations within available resources by January 2004:

1. The DSHS shall identify cross-agency business operation issues that limit the agency's ability to meet statutory intent to coordinate existing categorical children's mental health programs and funding;
2. The DSHS shall collect reliable mental health cost, service, and outcome data specific to children. This information must be used to identify best practices and costs of services;
3. The DSHS, in consultation with the Office of Financial Management (OFM), is required to develop a plan for the early periodic screening diagnosis and treatment services;
4. The DSHS and the OSPI shall jointly identify school districts where mental health and education systems coordinate services and resources to provide public mental health care for children. These agencies shall work together to share information about these approaches with other school districts, regional support networks, and state agencies.

The DSHS is required to submit a report to the Legislature on the status of the implementation of the above recommendations by June 1, 2004 and each year thereafter until 2007.

The requirement of the DSHS to maintain an inventory of children's mental health services is eliminated.

Substitute Bill Compared to Original Bill:

The substitute changes the DSHS to the lead agency responsible for developing a plan for the early periodic screening diagnosis and treatment services, rather than the OFM.

Appropriation: None.

Fiscal Note: Requested.

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

Testimony For: The bill reflects the five recommendations from the JLARC report. We know that 28 percent of kids have mental health disorders and only 7 percent are receiving mental health services in this state. The study is bolstered by the Surgeon General's report. We know that unrecognized and untreated mental health disorders increase the burden on the state in terms of child welfare, juvenile corrections, and other services. The DSHS has already begun work on implementing some of the JLARC recommendations. They are also working with the OSPI. Within the DSHS, they are working on better protocols to coordinate services with the mental health division and JRA. There has been research showing that nationally, children's mental health needs are underserved. This is not a problem unique to Washington. We need to work towards solutions and this is a step in the right direction. When preventative work has been done, it really has an effect of reduction of services or no services when children become adults.

Testimony Against: None.

Testified: Representative Darneille, prime sponsor; Karl Brimmer, Department of Social and Health Services, Mental Health Division; Seth Dawson, Compass Health and the Washington State Council of Child and Adolescent Psychiatrists; and Laurie Lippold, Children's Home Society.