

SENATE BILL REPORT

E2SHB 2779

As of February 21, 2018

Title: An act relating to improving access to mental health services for children and youth.

Brief Description: Improving access to mental health services for children and youth.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Senn, Dent, Eslick, Bergquist, Tharinger, Goodman, Doglio, Pollet, Kloba, Macri and Santos).

Brief History: Passed House: 2/12/18, 84-14.

Committee Activity: Human Services & Corrections: 2/20/18.

Brief Summary of Bill

- Re-establishes the Children's Mental Health Workgroup (Workgroup) until December 30, 2020, and increases the co-chairs from two to three, with two representing the minority and majority caucuses in the House of Representatives.
- Directs the Health Care Authority (HCA) to provide staff support for the Workgroup, and the HCA representative to convene at least two, but not more than four meetings each year.
- Adds a pediatrician located east of the crest of the Cascade mountains and a child psychiatrist to the Workgroup membership.
- Allows provider reimbursement for partial hospitalization and intensive outpatient treatment programs, as well as time supervising persons working toward certain behavioral health licenses.
- Directs the Department of Children, Youth, and Families (DCYF) to develop strategies for expanding home visiting services.
- Directs the Department of Social and Health Services (DSHS) to convene an advisory group to make recommendations regarding parent-initiated treatment.
- Establishes one additional residency in child psychiatry at the University of Washington, effective July 1, 2020.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

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.

Staff: Keri Waterland (786-7490)

Background: The 2016 Legislature established the Workgroup 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 Workgroup published a final report and recommendations in December 2016 and expired in law in December 2017.

Apple Health for Kids, administered by HCA, is available at low or no cost for children whose families meet income eligibility criteria. When purchasing managed care for Medicaid participants, HCA must ensure that managed care organizations (MCOs) demonstrate the ability to supply an adequate provider network. MCOs must maintain a network of appropriate providers sufficient to provide adequate access to all services covered under the contract. The 2017 Legislature required HCA and the DSHS to report annually, beginning in December 2017, on issues related to network adequacy for children's mental health.

Persons working toward licensure as a social worker, mental health counselor, or marriage and family therapist have to show that they have successfully completed supervised experience. The supervised experience needed ranges from 3200 hours to over 4000 hours, depending on the type of license.

Home visiting programs are voluntary, family-focused services offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of the child. The Department of Early Learning (DEL) administers funding for home visiting programs through the Home Visiting Services Account. In August 2017, HCA delivered a Home Visiting and Medicaid Financing Strategies report to DEL that included recommendations regarding the potential use of Medicaid funds for home visiting services.

A minor child aged 13 to 18 years old, may request an evaluation for outpatient or inpatient mental health treatment without parental consent. If the facility agrees with the need for mental health treatment the child may be offered mental health services. For a child under the age of 13, either parental consent or consent from an approved guardian is required for inpatient treatment. If the child is under the age of 18, the parent, guardian, or authorized individual may bring the child to any mental health facility or hospital and request that a mental health evaluation be provided. This process is parent-initiated treatment (PIT). Consent of the child is not required for either an outpatient or inpatient evaluation, or recommended inpatient treatment. The PIT process will be expanded to include treatment for substance use disorders, beginning April 1, 2018.

In 2017, the Office of the Superintendent of Public Instruction (OSPI) selected two educational service districts (ESDs) in which to pilot a lead staff person for mental health and substance use disorder services. Responsibilities for the lead staff person include coordinating Medicaid billing and facilitating partnerships with community mental health agencies, providers of substance use disorder treatment, and other providers.

Summary of Bill: The Workgroup is re-established through December 2020, and increases the number of co-chairs of the Workgroup from two to three. Two of the co-chairs must be

legislators representing the minority and majority caucuses in the House of Representatives. The representative from HCA must convene at least two, but not more than four meetings each year. A pediatrician located east of the crest of the Cascade mountains and a child psychiatrist are added as members of the Workgroup. Members serving on the Workgroup as of December 1, 2017, may continue to serve without reappointment. The Workgroup must update the 2016 Workgroup findings and recommendations by December 1, 2020. HCA must provide staff support for the Workgroup, including administration of Workgroup meetings and preparation of the updated report. Senate Committee Services and the House of Representatives Office of Program Research may provide additional staff support for legislative members of the Workgroup.

DSHS and HCA must expand the annual report related to network adequacy and access for children's mental health services to include data on mental health and medical services provided for eating disorder treatment in children and youth. The data must include the number of diagnoses by county; patients treated in outpatient, residential, emergency, and inpatient settings; and contracted providers specializing in eating disorder treatment, including the overall percentage actively accepting new patients during the reporting period.

HCA must collaborate with DCYF to identify opportunities to leverage Medicaid funding for home visiting services. HCA must contract with a third party to:

- build upon the *Home Visiting and Medicaid Financing Strategies* report submitted by HCA and DEL in August 2017; and
- provide a set of recommendations to the Legislature by December 1, 2018.

By November 1, 2018, DCYF must:

- develop a common set of definitions to clarify differences between evidence-based, research-based, and promising practices that home visiting programs and discrete services provided in the home;
- develop a strategy to expand home visiting programs statewide; and
- collaborate with HCA to maximize Medicaid and other federal resources in implementing current home visiting programs and the statewide strategy.

Behavioral health organizations (BHOs) must develop means to provide family support services as a part of outpatient services. BHOs may allow provider reimbursement for services delivered through partial hospitalization or intensive outpatient treatment programs, but are distinct from the state's delivery of Wraparound with Intensive Services. BHOs must allow reimbursement for time supervising persons working toward licensure as a social worker, mental health counselor, or marriage and family therapist. Regional Service Areas (RSAs) must, upon adoption of a fully integrated managed health care system, allow reimbursement for time supervising persons working toward licensure as a social worker, mental health counselor, or marriage and family therapist. RSAs may, upon adoption of a fully integrated managed health care system, allow provider reimbursement for services delivered through partial hospitalization or intensive outpatient programs.

Effective July 1, 2020, and subject to funds appropriated for this purpose, the Child and Adolescent Psychiatry Residency Program at the University of Washington must offer one additional 24-month residency in child and adolescent psychology. It must include at least 12 months of training in settings where children's mental health services are provided under

the supervision of experienced psychiatric consultants and must be located west of the crest of the Cascade Mountains.

DSHS must convene an advisory group of stakeholders to review the PIT process and develop recommendations regarding:

- the age of consent for behavioral health treatment of a minor;
- options for parental involvement in youth treatment decisions;
- information communicated to families and providers about PIT; and
- the definition of medical necessity for emergency mental health services and options for parental involvement in those determinations.

The advisory group must review the effectiveness of serving commercially sexually exploited children using PIT, involuntary treatment, or other treatment services. DSHS must report the findings and recommendations of the advisory group to the Workgroup by December 1, 2018.

OSPI must expand the duties of the lead staff person in each ESD mental pilot site to include delivering a mental health literacy curriculum, mental health literacy curriculum resource, or comprehensive instruction to students in one high school in each pilot site.

Appropriation: None.

Fiscal Note: Requested on February 14, 2018.

Creates Committee/Commission/Task Force that includes Legislative members: Yes.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony: PRO: This is to address children's mental health issues, and if treated, can help keep adult mental health issues at bay. Home visits would be wonderful for new families. Outpatient hospitalization portion of bill is a good piece. Very supportive of home visiting and leveraging Medicaid. Supportive, and appreciate the work on this bill, it is the right direction. More should be provided up front to avoid more serious issues down the road. Mental health needs cut across many divisions and the needs of children have been overlooked. One in five kids still can't get the help they need. This workgroup has proposed good solutions and things that can be implemented. This is an exciting time and the child psychiatric position is needed. Wonderful fixes have been passed because of this group. Workgroup can also follow up on the interventions and recommendations.

CON: This bill continues business as usual and convinces you that behavior is a disease and psychiatric label on a child without a medical test or objective evidence indicating that anything is wrong with them.

Persons Testifying: PRO: Representative Tana Senn, Prime Sponsor; Ruth Conn, Washington Chapter of the American Academy of Pediatrics; Erica Hallock, Fight Crime: Invest in Kids; Laurie Lippold, Partners for Children; Seth Dawson, Washington State Psychiatric Association; Kristin Houser, King County Behavioral Health Advisory Board.

CON: Steven Pearce, Citizens Commission on Human Rights.

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