

HOUSE BILL REPORT

HB 1325

As Reported by House Committee On:

Children, Youth & Families
Appropriations

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: Representatives Callan, Eslick, Leavitt, Fitzgibbon, Thai, Duerr, Senn, Ortiz-Self, Davis, Bergquist, Ramos, Lekanoff, Pollet, Dent and Goodman.

Brief History:

Committee Activity:

Children, Youth & Families: 1/27/21, 2/3/21 [DPS];
Appropriations: 2/16/21, 2/17/21 [DP2S(w/o sub CYF)].

Brief Summary of Second Substitute Bill

- Establishes the Partnership Access Line for Moms and the Mental Health Referral Service for Children and Teens as ongoing programs.
- Requires the Health Care Authority to provide reimbursement for up to five sessions of mental health intake and assessment of children from birth through age 5 in home and community settings.
- Requires providers to use the current version of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.

HOUSE COMMITTEE ON CHILDREN, YOUTH & FAMILIES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass.
Signed by 12 members: Representatives Senn, Chair; Harris-Talley, Vice Chair; Rule, Vice

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Chair; Dent, Ranking Minority Member; Chase, Assistant Ranking Minority Member; McCaslin, Assistant Ranking Minority Member; Callan, Eslick, Goodman, Klippert, Ortiz-Self and Wicks.

Minority Report: Without recommendation. Signed by 1 member: Representative Young.

Staff: Luke Wickham (786-7146).

Background:

Children and Youth Behavioral Health Work Group.

In 2016 the Children's Behavioral 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 through 2026.

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

In 2020 the CYBHWG produced a report with recommendations to the Legislature developed through four advisory groups in the following areas:

- prenatal to age 5 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) 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 the PAL to assist with finding mental health resources for patients.

The PAL also provides specialized consultation for mothers, teens, and children.

The PAL also partners with the Mental Health Referral Service for Children and Teens program where families can speak directly with a referral specialist.

The PAL for Moms program provides perinatal mental health consultation, recommendations, and referrals for providers caring for pregnant or postpartum patients

from faculty members of the University of Washington Department of Psychiatry and Behavioral Sciences 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 5 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 Substitute Bill:

The PAL for Moms and the Mental Health Referral Service for Children and Teens are established as ongoing programs. The Mental Health Referral Service for Children and Teens program must identify mental health professionals who are in-network with the child's health care coverage who are accepting new patients and taking appointments within an average of seven days from call intake processing.

The Health Care Authority is required to allow otherwise eligible reimbursement for the following related to mental health assessment and diagnosis of children from birth through age 5:

- up to five sessions for purposes of intake and assessment; and
- assessments in home or community settings, including reimbursement for provider travel.

Providers must use the current version of the DC:0-5 diagnostic classification system for mental health assessment and diagnosis of children from birth through age 5.

Substitute Bill Compared to Original Bill:

The substitute bill requires that the Mental Health Referral Service for Children and Teens program must identify mental health professionals who are in-network with the child's health care coverage who are accepting new patients and taking appointments within an average of seven days from call intake processing.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the

session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill would match Medicaid to best practice. Currently only one assessment is allowed for reimbursement, while up to five are often needed. When using a manual for assessment that is used for older youth, misdiagnosis is a risk, which is why the DC:0-5 should be used for assessment of children from birth through age 5.

This bill puts into place best practices so that families and children will receive the best services available.

The PAL for Moms program allows for immediate and effective mental health treatment during pregnancy to ensure healthy mothers and children.

Families often have to go through a long list of providers then compare them with those who are covered by a family's insurance and have availability. The Mental Health Referral Service for Children and Teens program helps do this legwork for families and ensure that families receive the support needed.

Access to behavioral health is very different from access to physical health care. Families routinely provide positive feedback for the PAL programs.

(Opposed) This bill will increase the psychiatric diagnosis of youth. There are no protections in the bill to prevent the diagnosis and unnecessary drugging of children.

The bill should be amended to encourage nonpharmaceutical approaches to responding to behavioral health diagnoses of children.

Persons Testifying: (In support) Representative Callan, prime sponsor; Jamie Elzea, Washington Association for Infant Mental Health; Deb Cowley, University of Washington School of Medicine; Bob Hilt, Seattle Children's Hospital; Michelle Landwehr; and Neeloofar Jenks.

(Opposed) Steven Pearce, Citizens Commission on Human Rights.

Persons Signed In To Testify But Not Testifying: Laurie Lippold, Partners for Our Children; and Emily Kemper, Washington Chapter of the American Academy of Pediatrics.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Children, Youth & Families. Signed by 30 members: Representatives Ormsby, Chair; Bergquist, Vice

Chair; Gregerson, Vice Chair; Macri, Vice Chair; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Boehnke, Caldier, Chandler, Chopp, Cody, Dolan, Dye, Fitzgibbon, Frame, Hansen, Hoff, Johnson, J., Lekanoff, Pollet, Rude, Ryu, Schmick, Senn, Springer, Steele, Stonier, Sullivan and Tharinger.

Minority Report: Without recommendation. Signed by 3 members: Representatives Stokesbary, Ranking Minority Member; Harris and Jacobsen.

Staff: Meghan Morris (786-7119).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Children, Youth & Families:

A null and void clause is added, making the bill null and void if funding for the bill is not provided in the operating budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) Most of the Partnership Access Line (PAL) program costs will be recaptured through the funding model outlined in Chapter 291, Laws of 2020 (SHB 2728). As an example of how the PAL for Moms works, imagine an obstetric provider with a six-month pregnant patient dealing with mental health problems and no psychiatric providers in the county to provide the necessary care. The obstetric provider can call PAL for Moms and within minutes have recommendations for the patient's care. Treatment for mothers with mental health issues can give babies a better chance for a healthy life.

Last year the Mental Health Referral Service for Children and Teens received over 2,000 requests from families across the state and the demand is only increasing. In addition to receiving referrals parents learn about navigating the mental health system and about services available through schools, crisis support teams and other supportive resources. Unfortunately, finding a clinician that is a good match is a full-time job. Families often feel defeated after spending months on provider research. The PAL program staff often contact 25 providers just to find one. In a time where parents are taking on the role of teacher, providing for their family, and being supportive to their little ones, it is imperative that referral services are around to help with just one phone number. This is a public health

need.

Young children have limited verbal communication to express experiences of chronic stress, neglect, or trauma. Clinicians must be able to meet with families on multiple occasions and in natural settings such as home or childcare to create effective care plans. In very young children it is critical to determine whether behaviors are due to a medical issue, a mental health concern or developmental delays. Parents have shared heart wrenching stories about years of misdiagnoses that have delayed services for autism and other conditions. Some families are unable to obtain services until starting with the K-12 education system. This bill addresses changes to Medicaid policy to use best practices for social and emotional support services in children birth through age 5.

(Opposed) None.

Persons Testifying: Jamie Elzea, Washington Association for Infant Mental Health; Deborah Cowley, Department of Psychiatry and Behavioral Sciences, University of Washington Medical Center; Stephanie Tuffey, Seattle Children's Hospital; and Karin Butler.

Persons Signed In To Testify But Not Testifying: None.