

FINAL BILL REPORT

SSB 5670

PARTIAL VETO

C 306 L 91

SYNOPSIS AS ENACTED

Brief Description: Changing provisions relating to children's mental health.

SPONSORS: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Niemi and West).

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

HOUSE COMMITTEE ON HUMAN SERVICES

BACKGROUND:

A 1989 Washington State Children's Mental Health System Analysis estimates that approximately 6.7 percent of the public school population, or 50,250 children, have a severe emotional disturbance (SED). The report defines SED children as suffering from "chronic mental disability, psychosis or other behavioral disorders that require sustained treatment interventions for a year or more and which require attention on several levels of functioning."

The report estimates that 94 percent of SED public school children are not receiving a specific mental health service despite the presence of severe emotional disturbance. The report also indicates that only 26 percent of these children are receiving state-funded treatment. According to the report, 60 percent of SED children are from families within a low socioeconomic class.

The 1990 supplemental budget contained a proviso which required the Department of Social and Health Services (DSHS) to develop a statewide action plan for children's mental health. This action plan was required to contain recommendations for changes to the mental health and other statutes to accommodate children's special needs and circumstances.

The Title XIX Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) is a federally mandated Medicaid program which provides scheduled checkups and follow-up health services to eligible children under age 21. The federal Omnibus Reconciliation Act of 1989 requires states to provide all medically necessary health services to children whose physical or mental illnesses are discovered by EPSDT screening services. These health services must be provided regardless

of whether these services are currently covered by the state Medicaid plan.

SUMMARY:

Legislative intent regarding the community mental health program is expanded to promote the early identification of mentally ill children and ensure that they receive mental health care and treatment which is appropriate to their developmental level. Children's mental health care should improve home, school and community functioning and maintain children in a safe and nurturing home environment. Children's mental health treatment decisions should be made in response to the child's clinical needs, using sound professional judgment and recognizing a parent's right to participate in decisions regarding their child's treatment.

The current definition of children eligible for mental health services is modified. Severely emotionally disturbed children are defined as infants or children determined by the regional support network to be experiencing a mental disorder that is clearly interfering with the child's functioning in their school or family, who have: undergone inpatient or involuntary treatment or out-of-home placement related to their mental disorder within the last two years; or are currently served by a specified child-serving system; or are at risk of escalating maladjustment due to chronic family dysfunction involving mentally ill or inadequate caretakers, changes in custodial adult or residential setting, repeated physical abuse or neglect, substance abuse or homelessness. Mental disorders include those which result in a behavioral or conduct disorder.

Severely emotionally disturbed children are included in existing priority populations. These children must receive equal priority with chronically mentally ill adults.

Severely emotionally disturbed children are added to the groups eligible for community support services. These services include diagnosis and treatment for acutely mentally ill and severely emotionally disturbed children discovered under screening through the federal Title XIX Early and Periodic Screening, Diagnosis and Treatment Program and the maintenance of a patient tracking system for severely emotionally disturbed children.

Residential services are expanded to include severely emotionally disturbed children. With the exception of children's long term residential facilities existing prior to January 1, 1991, residential services for children in out-of-home placements related to their mental disorder must not include the costs of food and shelter.

Resource management services must include mental health screening for children eligible under the federal Title XIX Early and Periodic Screening, Diagnosis and Treatment Program.

The Department of Social and Health Services, in consultation with affected parties, must revise the existing community mental health funding formula to include and reflect the number of severely emotionally disturbed children. The Department of Social and Health Services must submit the revised distribution formula to the Ways and Means and Health and Long-Term Care Committees of the Senate and to the Ways and Means and Human Services Committees of the House of Representatives by October 1, 1991.

Existing requirements regarding county authorities and the administration and development of regional support networks are expanded to include severely emotionally disturbed children.

By December 1, 1991, the Department of Social and Health Services must develop criteria under the federal Title XIX Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) to serve acutely mentally ill and severely emotionally disturbed children. These criteria must maximize federal reimbursement by: developing qualifications for certified mental health screening providers; ensuring that mental health screenings do not duplicate or are coordinated with complete screening examinations; developing referral criteria used by EPSDT screening providers to identify children with mental disorders eligible for referral to further evaluation and treatment planning; requiring prior authorization and utilization review for residential and inpatient services; and providing reimbursement for specialized family, home, school, and community-based mental health services or programs designed to promote primary prevention or intervention and maximize the development and potential of these children and their families. The plan must be submitted to the Legislature by December 1, 1991.

The Department of Social and Health Services' authority to operate a pilot program regarding the impact of case management services for persons released from state or community hospitals is repealed. This program terminated June 30, 1989.

The bill contains a severability clause. In addition, if any part of this act conflicts with federal requirements that are a necessary condition to the receipt of federal funds by the state, the state appropriation for mental health services provided to children whose mental disorders are discovered under screening through the federal Title XIX Early and Periodic Screening, Diagnosis and Treatment Program must be provided through the Division of Medical Assistance and no state funds appropriated to the Division of Mental Health may be expended or transferred for this purpose.

VOTES ON FINAL PASSAGE:

Senate	49	0	
House	97	0	(House amended)
Senate			(Senate refused to concur)
House			(House refused to recede)
Senate			(Senate refused to concur)
House			(House receded in part)
Senate	48	0	(Senate concurred)
House			(House refused to recede)

Conference Committee

House	98	0
Senate	46	0

EFFECTIVE: July 28, 1991

Partial Veto Summary: The requirement that DSHS develop criteria and submit a plan to the Legislature for using federal Title XIX EPSDT funds to serve mentally ill children was vetoed. (See VETO MESSAGE)