

SENATE BILL REPORT

2SHB 1784

As Reported By Senate Committee On:
Children & Family Services & Corrections, April 4, 2003

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: House Committee on Appropriations (originally sponsored by Representatives Darneille, Upthegrove, Chase, Linville, Wallace, Kagi, Kessler, Kenney, Schual-Berke, Wood, Dickerson, Santos, Simpson and Morrell).

Brief History:

Committee Activity: Children & Family Services & Corrections: 4/2/03, 4/4/03 [DPA].

SENATE COMMITTEE ON CHILDREN & FAMILY SERVICES & CORRECTIONS

Majority Report: Do pass as amended.

Signed by Senators Stevens, Chair; Parlette, Vice Chair; Carlson, Deccio, Hargrove, McAuliffe and Regala.

Staff: Fara Daun (786-7459)

Background: In 2001, the Legislature directed the Joint Legislative Audit and Review Committee (JLARC) to make a limited study of children's mental health services in Washington and recommend improvements to services and system performance. The JLARC report, in August, 2002, made five recommendations.

1. Department of Social and Health Services (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. The Mental Health Division (MHD) of DSHS should continue to implement and collect reliable mental health cost, service, and outcome data to support an outcome reporting system specific to children's mental health.
3. The Medical Assistance Administration and MHD should jointly revise the early periodic screening diagnosis and treatment plan to reflect the current mental health system structure.
4. The Office of the Superintendent of Public Instruction (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 Amended Bill: The Legislature supports the JLARC recommendations and DSHS and OSPI shall, within available funds, implement the recommendations including: identification of cross-agency business operation issues that limit the ability to coordinate existing mental health programs and funding; collection of reliable cost, service, and outcome data to identify best practices and costs of services; revision of the early periodic screening diagnosis and treatment plan to reflect the current mental health system structure with ongoing revisions as needed; and joint identification with OSPI of school districts where mental health and education systems coordinate services and resources to provide public mental health care for children to share these approaches with other school districts, regional support networks and state agencies.

DSHS must submit an initial status report on the implementation of the recommendations to the Governor and the appropriate committees of the Legislature by June 1, 2004, and a final report by June 1, 2006.

The Office of Financial Management (OFM) is relieved of the responsibility to provide the Legislature with an inventory of children's mental health services. The requirement that OFM develop a plan for early periodic screening in consultation with DSHS is shifted to DSHS, in consultation with OFM.

Amended Bill Compared to Second Substitute Bill: The second substitute bill was not considered.

Appropriation: None.

Fiscal Note: Available. Revised fiscal note on second substitute requested on March 20, 2003.

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

Testimony For: Since the 1960s, the mental health needs of children in the USA have been sadly underserved. Five percent of children have severe mental health disorders. Only 40 percent of children with a serious mental health problem see a professional within two years of the problem being identified. Children's mental health is an area that needs a lot of work. This is a major issue with profound impacts. There has been a lot of work done on causation and it runs the gamut, including biological and environmental factors. Poverty and many other things can exacerbate the conditions. This is a first effort to implement the JLARC recommendations.

Testimony Against: None.

Testified: Representative Jeannie Darneille, prime sponsor; Seth Dawson, Compass Health & Washington State Council of Child and Adolescent Psychiatrists (pro); Laurie Lippold, Children's Home Society (pro).