
**Early Learning & Children's
Services Committee**

HB 1088

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

Sponsors: Representatives Dickerson, Kagi, Haler, Cody, Appleton, Darneille, Simpson, Takko, Kenney, Williams, Green, McDermott, Roberts, Lantz, McCoy, Ormsby, Schual-Berke, B. Sullivan, Hurst, Pettigrew, O'Brien, Lovick, P. Sullivan, Hasegawa, Hunt, Hudgins, Clibborn, Upthegrove, Morrell, Conway, Sells, Haigh, Quall, Moeller, Goodman, Wallace, Wood and Santos.

Brief Summary of Bill

- Declares legislative intent to establish a system of children's mental health care based on defined elements and evaluated on outcome-based performance measures.
- Requires the access-to-care standards and the benefits packages for children's mental health services be revised.
- Establishes a children's evidence-based practice institute at the University of Washington.
- Appropriates General Fund-State dollars for implementation.

Hearing Date: 1/23/07

Staff: Sydney Forrester (786-7120).

Background:

Delivery Structure

Children's mental health services in Washington are delivered through Regional Support Networks (RSNs) established to develop local systems of care. This is the same structure used to deliver adult mental health services. RSNs consist of counties or groups of counties authorized to

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.

contract with licensed service providers and deliver services directly. Thirteen RSNs across the state currently coordinate and deliver children's mental health services.

Children's mental health services also are provided through programs operated by the Department of Social and Health Service's Juvenile Rehabilitation Administration (JRA), Children's Administration (CA), and Health Recovery Services Administration (HRSA). Services include therapeutic foster care, coordinated assistance with youth transitioning from a JRA facility to the community, drug and alcohol substance abuse treatment, and short- and long-term in-patient mental health care.

Access

Access-to-care standards are intended to create standard criteria for accessing services across the RSNs. Current standards utilize two levels of access, both of which depend on a diagnosis of a mental illness; a specific score on a functioning assessment; and one or more functioning impairments, high-risk behaviors, escalating symptoms, or prior hospitalization or treatment within a specified time.

Access to mental health treatment can be achieved through minor-initiated, parent-initiated, or state-initiated options. Each option has a slightly different statutory framework and involves certain determinations be made by professionals. Parent-initiated and state-initiated treatment options also involve petitions to and hearings by the superior court.

Evidence-Based Practice

In 2003, the Legislature directed the Washington State Institute for Public Policy (WSIPP) to review research assessing the effectiveness of prevention and early intervention programs concerning children and youth. The Legislature required the WSIPP to use the research to identify specific research-proven programs that produce a positive return on the dollar compared to the costs of the program. As a result of that study, the WSIPP found some prevention and early intervention programs for youth can give taxpayers a good return on their dollar. The study identified several programs, including some mental health programs, likely to reduce taxpayer and other costs in the future if properly implemented.

Summary of Bill:

The legislative intent statement for children's mental health services is revised to place an emphasis on early intervention and prevention with a greater reliance on evidence-based and promising practices. The intended goal of the legislature is to create by 2012, a children's mental health system with the following elements:

- 1) a continuum of services from early intervention through crisis intervention, including peer support and parent mentoring services;
- 2) equity in access to services;
- 3) developmentally appropriate, high-quality, and culturally responsive services;
- 4) treatment of children within the context of their families and other supports;
- 5) a sufficient supply of qualified and culturally diverse providers;
- 6) use of developmentally appropriate evidence-based and promising practices; and
- 7) integrated and flexible services to meet the needs of children at-risk;

The effectiveness of such a system of children's mental health will be determined by outcome-based performance measures to be developed jointly by the Department of Social and Health Services (DSHS); mental health practitioners, experts, and researchers; parents and other

caregivers; youth; tribes; and other stakeholders. Definitions are added for the following terms: *evidence-based practice*; *family*; *promising practice*; and *wraparound process*.

The DSHS, is directed to revise the access-to-care standards to assess a child's need for services based on behaviors exhibited by the child and interference with a child's functioning in family, school, or the community, as well as a child's diagnosis. Receipt of services should not be conditioned on a determination the child is highly at-risk or in imminent need of hospitalization of an out-of-home placement. The revised standards should provide for children under the age of six years to receive services without the need for a specific diagnosis. The DSHS also is directed to revise the benefits packages for children's mental health services to reflect the revised legislative intent. Revised access-to-care standards and benefits packages are due to the Legislature by January 1, 2008.

The Children's Evidence-Based Practice Institute (Institute) is created at the University of Washington. The Institute will be housed within the Division of Public Behavioral Health and Justice Policy and will be operated in partnership with the Schools of Nursing and Social Work. The Institute is charged with:

- 1) Improving implementation of evidence-based and promising practices sustained and effective training and consultation to primary care providers statewide;
- 2) Consulting with communities for selection, implementation, and evaluation of evidence-based practices;
- 3) Partnering with youth, families, advocates and culturally diverse provider organizations to develop information for families;
- 4) Serving as a statewide resource to the DSHS and other entities on child and adolescent evidence-based and promising practices.

The DSHS shall adopt rules and policies to ensure that Medicaid coverage of eligible youth who were enrolled in Medicaid at the time of entering confinement will be reinstated on the day of release from confinement, subject to any expedited review of continuing eligibility that may be required. The DSHS also must collaborate with other entities to promote speedy eligibility determinations for youth likely to be eligible for medial assistance service upon release from confinement.

The DSHS is directed to establish three county sites, two in western Washington and one in eastern Washington, for providing wraparound services for children with serious emotional or behavioral disturbance who are at immediate risk of residential or correctional placement, or psychiatric hospitalization. The DSHS must contract with RSNs or other entities licensed to provide mental health services. Contractors must provide care coordination services and a network of services and supports using strength-based and highly individualized services.

Appropriation:

Appropriates the sum of \$12 million from General Fund State for each of the fiscal years 2008 and 2009 to the DSHS for providing mental health services to low-income children who do not meet current access-to-care standards during the pending revision of those standards.

Appropriates the sum of \$1.7 million General Fund State for the fiscal year 2008 and \$1.3 million General Fund State to the DSHS for implementation of a wraparound model of integrated children's services delivery in three Washington counties.

Appropriates the sum of \$500,000 General Fund State for each of the fiscal years 2008 and 2009 to the DSHS for rule making related to eligibility for enrollment or re-enrollment in medical assistance programs for youth being released from confinement.

Appropriates the sum of \$700,000 General Fund State for each of the fiscal years 2008 and 2009 to the University of Washington to create an evidence-based practice institute to serve as a statewide resource for the implementation and evaluation of children's mental health services.

Fiscal Note: Requested on January 10, 2007.

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