

HOUSE BILL REPORT

HB 1876

As Reported by House Committee On:
Human Services & Early Learning

Title: An act relating to implementing policies related to children's mental health as reviewed and recommended by the children's mental health work group.

Brief Description: Concerning children's mental health.

Sponsors: Representatives Frame, Eslick, Appleton, Davis, Bergquist, Pollet and Doglio.

Brief History:

Committee Activity:

Human Services & Early Learning: 2/6/19, 2/15/19 [DPS].

Brief Summary of Substitute Bill

- Establishes a Partnership Access Line for Schools pilot program.
- Expands child and adolescent psychiatry residencies at the University of Washington and the Washington State University.
- Requires the Health Care Authority (HCA) to develop a state plan for implementing Coordinated Specialty Care (CSC) programs and ensure CSC teams are operating in regional service areas by specified dates.
- Requires the Department of Children, Youth, and Families to deliver infant and early childhood mental health consultation.
- Requires the HCA to provide online training for behavioral health providers related to parent-initiated treatment (PIT) and other treatment options.
- Requires the HCA to conduct an annual survey of parents, youth, and behavioral health providers to measure the impacts of policy changes in PIT.

HOUSE COMMITTEE ON HUMAN SERVICES & EARLY LEARNING

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Senn, Chair; Callan, Vice Chair; Frame, Vice Chair; Dent, Ranking Minority Member; Eslick, Assistant Ranking Minority Member; Corry, Goodman, Griffey, Kilduff, Lovick and Ortiz-Self.

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.

Minority Report: Do not pass. Signed by 2 members: Representatives McCaslin, Assistant Ranking Minority Member; Klippert.

Staff: Dawn Eychaner (786-7135).

Background:

The Children's Mental Health Work Group (CMHWG) was established 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 CMHWG expires in December 2020.

Partnership Access Line.

The Partnership Access Line (PAL) is a telephone consultation service for primary care providers to consult with a pediatric psychiatrist. Seattle Children's Hospital delivers the PAL consultation services in affiliation with the University of Washington (UW) through a contract with the Health Care Authority (HCA). The PAL for Moms and Kids pilot program provides consultation for health care professionals to assess and treat depression in pregnant women and new mothers. The PAL for Moms and Kids pilot program also facilitates referrals to children's mental health services and other resources for parents and guardians. The PAL for Moms and Kids pilot program will conclude in 2021.

Psychiatry Residencies.

The Accreditation Council for Graduate Medical Education accredits medical education and residency programs and associated sponsoring institutions. The UW Child and Adolescent Psychiatry Residency Program based at Seattle Children's Hospital and the Providence Psychiatry Residency located at the Spokane Teaching Health Clinic on the Washington State University (WSU) Spokane campus are psychiatry residency programs. Legislation enacted in 2017 and 2018 required the UW and WSU to each offer a 24-month residency position to a resident specializing in child and adolescent psychiatry. Each residency must include a minimum of 12 months of training in settings where children's mental health services are provided under the supervision of experienced psychiatric consultants. The UW residency must be located in western Washington, and WSU residency must be located in eastern Washington. The UW residency requirement becomes effective July 1, 2020.

Coordinated Specialty Care.

The National Institute for Mental Health describes Coordinated Specialty Care (CSC) as a recovery-oriented treatment program for individuals experiencing first-episode psychosis. The CSC is a shared decision-making approach using a team of specialists who work together to develop a patient's treatment plan. Psychosis describes conditions that affect the mind where there has been some loss of contact with reality and often begins in adolescence or early adulthood.

Regional Service Areas.

Regional Service Areas (RSA) are geographic boundaries used by the HCA for purchasing health care for Medicaid enrollees through managed care contracts. There are 10 RSAs in the state.

Infant and Early Childhood Mental Health Consultation.

Infant and Early Childhood Mental Health Consultation (IECMHC) is an intervention that provides early learning professionals and families with consultation from a mental health specialist in order to improve the social, emotional, and behavioral health of children in care.

The Department of Children, Youth, and Families (DCYF) provides infant toddler consultation to early learning providers participating in the Early Achievers (EA) quality rating and improvement system. Referrals for infant toddler consultation are made by EA coaches and are available for children ages birth to age 3.

Parent-Initiated Treatment.

When a minor age 13 or older is brought to an evaluation and treatment facility or a hospital emergency room for immediate mental health services, the provider or facility must notify the parent in writing of the option for parent-initiated treatment (PIT). The PIT allows a parent to consent on behalf of a minor ages 13-17 for behavioral health treatment. A stakeholder advisory group reviewed the PIT process and made recommendations to the CMHWG and the Legislature in December 2018.

Summary of Substitute Bill:

Partnership Access Line.

Subject to funds appropriated, the HCA must collaborate with the UW Department of Psychiatry and Behavioral Sciences, Seattle Children's Hospital, and the Office of Superintendent of Public Instruction (OSPI) to develop a plan to implement a two-year pilot program called the Partnership Access Line for Schools (PALS). The plan development must begin by July 1, 2019, and the PALS must be implemented by January 1, 2020. The PALS must support two educational service districts (ESDs) selected by the OSPI.

Elements of the PALS pilot program must include the development of a general behavioral support health curriculum appropriate for school staff, and the delivery of behavioral health trainings for school counselors, social workers, psychologists, nurses, teachers, and administrators. For school staff who have participated in the training, the PALS must provide phone consultations with psychologists and psychiatrists for school staff managing children with challenging behaviors. When assessed as clinically appropriate by PALS clinical staff and when similar support is not immediately available in the local community, the PALS must provide timely crisis management appointments in person or through interactive audio and video technology for school staff.

By December 1, 2022, the HCA must report to the Governor and the Legislature on services delivered through the PALS and recommend whether the PALS should continue or be made permanent.

Psychiatry Residencies.

Subject to funds appropriated, the UW and the WSU must each offer two 24-month residency positions to residents specializing in child and adolescent psychiatry. Each position must include a minimum of 18 months of training in settings where children's mental health

services are provided under the supervision of experienced psychiatric consultants. The UW residencies must be located in Western Washington, and WSU residencies must be located in eastern Washington. The July 1, 2020, effective date for the UW child and adolescent psychiatry residency requirement is repealed.

Coordinated Specialty Care.

Subject to funds appropriated, the HCA must collaborate with the UW and a professional association of licensed community behavioral health agencies to develop a statewide plan to implement evidence-based CSC programs that provide early identification and intervention for psychosis in licensed or certified community behavioral health agencies. The plan is due to the Governor and the Legislature by March 1, 2020, and must include an analysis of existing benefit packages, payment rates, and resource gaps, including needs for non-Medicaid resources; development of a discrete benefit package and case rate for CSC; identification of costs for statewide start-up, training, and community outreach; determination of the number of CSC teams needed in each regional service area; and a timeline for statewide implementation.

Subject to funds appropriated, the HCA must ensure that at least one CSC team is starting up or operating in each RSA by October 1, 2020, and that each RSA has an adequate number of CSC teams based on incidence and population across the state by December 31, 2023.

Infant and Early Childhood Mental Health Consultation.

Subject to funds appropriated, the DCYF must develop an IECMH consultation model for children ages birth through age 5 and provide the model to the Governor and the Legislature by November 1, 2019. The DCYF must consult with private and public partners, including tribal representatives, to ensure the model meets community needs in a culturally responsive manner. The model must include a workforce development plan, consultation standards, a program evaluation protocol and a plan for a data tracking system for consultation activities. The DCYF must phase in service delivery and begin implementation of the model in at least two regions by July 1, 2020, followed by full statewide implementation by December 31, 2023.

Parent-Initiated Treatment.

Subject to funds appropriated, the HCA must provide a free online training for behavioral health providers regarding state law and best practices when providing behavioral health services to children, youth, and families. The training must be free for providers and must include information about PIT and other related treatment options.

If House Bill 1874 relating to implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the CMHWG or successor bill is enacted, the HCA must conduct an annual survey of parents, youth, and behavioral health providers to measure its impact during the first three years of implementation, subject to funds appropriated. The first survey must be complete by July 1, 2020, followed by subsequent surveys in 2021 and 2022. The HCA must report annually on survey results to the Governor and the Legislature by November 1, beginning in 2020. The final report is due November 1, 2022, and must include any recommendations for statutory changes identified as needed based on survey results.

Substitute Bill Compared to Original Bill:

The substitute bill:

- removes responsibilities related to behavioral health coordination for ESDs;
- removes the requirement for school districts to use a professional learning day to train district staff in mental health first aid, suicide prevention, social-emotional learning, trauma-informed care, and anti-bullying strategies;
- removes the requirement for the OSPI to provide mental health literacy and healthy relationships instructional materials to school districts;
- removes the establishment of UW certificate programs in evidence-based practices for behavioral health;
- removes the requirement for the UW to convene a work group developing a statewide multi-tiered system of school supports;
- modifies the child and adolescent psychiatry residencies at the UW and WSU to require the positions to include a minimum of 18 months of supervised training rather than 12 months;
- requires, subject to available funds, the HCA to ensure at least one CSC team is starting up or in operation in each RSA by October 1, 2020, and that each RSA has an adequate number of CSC teams based on incidence and population across the state by December 31, 2023;
- renames the DCYF child care consultation program as an IECMHC program;
- replaces the "term child care provider" with "early learning provider" in reference to the IECMHC program; and
- modifies the IECMHC program to clarify the IECMHC model is to apply to children birth "through" age 5 rather than "to" age 5, require the model to be culturally responsive, and require the DCYF to begin implementation in two regions by July 1, 2020, rather than providing the model in two regions by that date.

Appropriation: None.

Fiscal Note: Requested on February 18, 2019.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 8, relating to conducting an annual survey to measure impacts of policy changes in Parent-Initiated Treatment, which takes effect only if HB 1874 takes effect.

Staff Summary of Public Testimony:

(In support) These are consensus recommendations from the CMHWG. There has been a lot of discussion about behavioral health, and this attention to children and youth is welcomed. There is a major shortage in access to services. The intent of increasing Medicaid rates to Medicare levels is very important. The UW is ready to implement the provisions of the bill related to behavioral health. The PALS and residencies are important elements. There are a high number of child care expulsions, and small businesses do not have the support structure needed to keep challenging kids in the classroom. Hispanic and African American boys are

disproportionately expelled from child care. The CSC teams help identify first incidence psychosis, and there are only five teams in the state. Building those teams based on population and incidence will be helpful. The certificate programs in evidence-based practices may establish a new standard of university certification for providers that could be problematic. About 50 percent of adults with a chronic mental illness started showing symptoms by age 14. Early interventions will help our state get a handle on our mental health crisis.

(Opposed) None.

Persons Testifying: Representative Frame, prime sponsor; Ian Goodhew, University of Washington Medical Health System; Laurie Lippold, Partners for Our Children; Robert Hilt, Seattle Children's Hospital and Washington Chapter of the American Academy of Pediatrics; Ryan Pricco, Child Care Aware of Washington; Laurie Tebo, Behavioral Health Resources and Washington Council for Behavioral Health; Mona Johnson, Office of Superintendent of Public Instruction; Alicia Ferris, Community Youth Services; Peggy Dolane; Chris Bandoli, Washington State Hospital Association; and Sean Graham, Washington State Medical Association.

Persons Signed In To Testify But Not Testifying: None.