SUBSTITUTE SENATE BILL 6558

State of Washington 63rd Legislature 2014 Regular Session

By Senate Ways & Means (originally sponsored by Senators O'Ban and Darneille)

READ FIRST TIME 02/11/14.

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AN ACT Relating to intensive home and community-based mental health services for medicaid-eligible children; amending RCW 71.24.065; and creating new sections.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. The legislature finds that low-income Washington with serious mental health needs in insufficiently served in their community and that many families are forced to seek intensive, out-of-home placements for their child in order to receive services. Entering a state institution, foster home, or other out-of-home placement may create additional hardship on the child and the family by forcing a child into an unfamiliar living situation and separating them from their family, friends, school, community, and natural supports. The legislature intends to expand intensive home and community-based children's services previously provided through a wraparound pilot program and to repurpose pilot funding toward a similar statewide model to serve children with serious mental health needs.

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Sec. 2. RCW 71.24.065 and 2007 c 359 s 10 are each amended to read 2 as follows:

((To the extent funds are specifically appropriated for this purpose,)) (1) The department of social and health services shall ((contract for implementation of)) implement statewide, a wraparound ((model)) with intensive services medicaid program of integrated home and community-based children's mental health services ((delivery in up to four regional support network regions in Washington state in which wraparound programs are not currently operating, and in up to two regional support network regions in which wraparound programs are currently operating. Contracts in regions with existing wraparound programs shall be for the purpose of expanding the number of children served.

(1) Funding provided may be expended for: Costs associated with a request for proposal and contracting process; administrative costs associated with successful bidders' operation of the wraparound model; the evaluation under subsection (5) of this section; and funding for services needed by children enrolled in wraparound model sites that are not otherwise covered under existing state programs. The services provided through the wraparound model sites shall include, but not be limited to, services covered under the medicaid program. The department shall maximize the use of medicaid and other existing statefunded programs as a funding source. However, state funds provided may be used to develop a broader service package to meet needs identified in a child's care plan. Amounts provided shall supplement, and not supplant, state, local, or other funding for services that a child being served through a wraparound site would otherwise be eligible to receive)) beginning July 1, 2014. The services must be phased in as rapidly as feasible and according to a schedule that prioritizes infrastructure availability and local provider readiness.

(2) The wraparound ((model sites)) with intensive services medicaid program shall serve children ((with serious emotional or behavioral disturbances who are at high risk of residential or correctional placement or psychiatric hospitalization, and who have been referred for services from the department, a county juvenile court, a tribal court, a school, or a licensed mental health provider or agency)) and youth under the age of twenty-one with a mental illness or condition and who have a functional impairment which substantially interferes

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- with or substantially limits the ability to function in the family, school or community setting, and for whom intensive home and community-based services have been recommended by a licensed practitioner to correct or ameliorate the mental illness or condition.
 - (((3) Through a request for proposal process, the department shall contract, with regional support networks, alone or in partnership with either educational service districts or entities licensed to provide mental health services to children with serious emotional or behavioral disturbances, to operate the wraparound model sites. The contractor shall provide care coordination and facilitate the delivery of services and other supports to families using a strength-based, highly individualized wraparound process. The request for proposal shall require that:
 - (a) The regional support network agree to use its medicaid revenues to fund services included in the existing regional support network's benefit package that a medicaid-eligible child participating in the wraparound model site is determined to need;
 - (b) The contractor provide evidence of commitments from at least the following entities to participate in wraparound care plan development and service provision when appropriate: Community mental health agencies, schools, the department of social and health services children's administration, juvenile courts, the department of social and health services juvenile rehabilitation administration, and managed health care systems contracting with the department under RCW 74.09.522; and
 - (c) The contractor will operate the wraparound model site in a manner that maintains fidelity to the wraparound process as defined in RCW 71.36.010.
 - (4) Contracts for operation of the wraparound model sites shall be executed on or before April 1, 2008, with enrollment and service delivery beginning on or before July 1, 2008.
 - (5) The evidence-based practice institute established in RCW 71.24.061 shall evaluate the wraparound model sites, measuring outcomes for children served. Outcomes measured shall include,)). Referral to services may include, but is not limited to:
 - (a) A self-referral from the child or the child's family;
- (b) Regional support networks;

(c) Mental health or medical providers;

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- 1 (d) Tribes or tribal courts;
- 2 (e) Health care authority;
- 3 (f) The department of social and health services;
- 4 (g) County juvenile courts;
- 5 (h) Schools; and

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- 6 <u>(i) Local law enforcement.</u>
- 7 (3) The department shall track, monitor, and report on client outcomes including, but ((are)) not limited to: Decreased out-of-home 9 placement, including residential, group, and foster care, and increased stability of such placements, school attendance, school performance, recidivism, emergency room utilization, involvement with the juvenile justice system, decreased use of psychotropic medication, and decreased hospitalization.
- 14 (((6) The evidence-based practice institute shall provide a report
 15 and recommendations to the appropriate committees of the legislature by
 16 December 1, 2010.))
 - NEW SECTION. Sec. 3. For the duration of the implementation process of the wraparound with intensive services medicaid program, the department of social and health services shall provide annual implementation outcome reports to the office of financial management and the appropriate legislative committees on or before December 1st each year. Throughout the implementation process, and as services are phased in, the department shall seek input from local stakeholders to include families and youth, local government, tribal partners, and service providers on:
 - (1) The adequacy and availability of core services required for the wraparound with intensive services medicaid program within each provider network and shall engage in problem-solving around shortages or lack of quality core service availability;
 - (2) Performance measures, outcomes, and quality improvement relevant to children's behavioral health in Washington state; and
- 32 (3) Recommendations for participants in a local collaborative body 33 to ensure that children, families, and other stakeholders have a clear 34 pathway to receive intensive home and community-based wraparound 35 services.

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NEW SECTION. Sec. 4. Beginning July 1, 2014, funding provided for the wraparound pilot programs must be repurposed toward the costs of phasing in a statewide implementation of wraparound with intensive services medicaid program. The department of social and health services shall prioritize service areas where pilot programs were previously established first on the phase-in implementation schedule.

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