

FINAL BILL REPORT

E2SHB 1713

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Synopsis as Enacted

Brief Description: Implementing recommendations from the children's mental health work group.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Senn, Dent, Kagi and Kilduff).

House Committee on Early Learning & Human Services
House Committee on Appropriations
Senate Committee on Human Services, Mental Health & Housing
Senate Committee on Ways & Means

Background:

The 2016 legislation established the Children's Mental Health Work Group (Work Group) to identify barriers to accessing mental health services for children and families and to advise the Legislature on statewide mental health services for these populations. The Work Group published its final report and recommendations in December 2016.

Medicaid Managed Care for Children.

The Health Care Authority (HCA) administers Apple Health, the state-federal Medicaid program that provides health care for eligible low-income individuals. Apple Health for Kids is available at low or no cost for children whose families meet income eligibility criteria. Benefits for children and youth up to age 21 who are enrolled through Apple Health managed care organizations (MCOs) include the Early and Periodic Screening Diagnosis and Treatment Program, which covers regularly scheduled health screening (well-child visits) to evaluate a child's growth, development, and general physical and mental health.

When purchasing managed care for Medicaid participants, the HCA must ensure that MCOs demonstrate the ability to supply an adequate provider network. Federal regulations and state law require MCOs to maintain a network of appropriate providers sufficient to provide adequate access to all services covered under the contract.

Behavioral Health Organizations.

The Department of Social and Health Services (DSHS) contracts with behavioral health organizations (BHOs) for the provision of community-based mental health and substance use

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disorder treatment. The BHOs contract with mental health and substance use disorder treatment programs to provide services to Medicaid enrollees who have a medical need and meet Access to Care Standards established by the DSHS.

Access to Care Standards are guidelines published by the DSHS for BHOs and their contracted mental health providers to use when determining eligibility for mental health services for individuals being served through the state public mental health system.

By January 1, 2020, behavioral health services must be fully integrated into MCOs that provide mental health, substance use disorder, and medical care services to Medicaid clients.

Telemedicine.

Telemedicine is the use of electronic communications to provide health care services to a patient at a distance. Electronic communication through audio-visual equipment allows real-time interaction between a patient and provider. Health plans offered by health carriers and Medicaid MCOs must reimburse health care providers for eligible health care services provided through telemedicine. In addition, originating sites other than a person's home may charge a facility fee for infrastructure and preparation of the patient.

Mental Health in K-12 Schools.

In October 2016 the Joint Legislative Audit Review Committee (JLARC) completed an inventory of mental health services available to students through schools, school districts, and educational service districts. The JLARC reported that of the approximately 55,000 children ages 5-17 who received Medicaid-funded mental health services in 2015, approximately 10,000 children received those services in their schools. The remainder of the children who received Medicaid-funded mental health services were served through MCOs or BHOs.

Child Care Consultation Pilot.

In 2008 the Department of Early Learning (DEL) conducted a child care consultation pilot project and project evaluation. The pilot linked childcare providers with resources to support the care of infants and young children who present concerns. Services included targeted consultation and training on social and emotional supports for providers.

Mental Health Workforce.

The Accreditation Council for Graduate Medical Education accredits medical education and residency programs and associated sponsoring institutions. An example of a psychiatry residency program in Washington is the Providence Psychiatry Residency located at the Spokane Teaching Health Clinic on the Washington State University (WSU) Spokane campus.

Summary:

Medicaid Managed Care for Children.

Until June 30, 2020, the HCA must oversee the coordination of mental health resources and services for Medicaid-eligible children, including resources through tribal organizations, regardless of whether the referral occurred through primary care, school-based services, or

another practitioner. The HCA must require each MCO and BHO to develop adequate capacity to facilitate children's mental health treatment services by:

- ensuring that individuals secure appointments;
- coordinating with primary care providers on individual treatment plans and medication management;
- providing information to plan members and primary care providers about the behavioral health resource line; and
- maintaining an accurate list of providers contracted to provide mental health services to children and youth. The list must contain current information about provider availability and be made available to plan members and primary care providers.

The HCA must report annually to the Legislature on the number of children's mental health providers available in the previous year, the languages spoken by those providers, and the overall percentage of providers who were actively accepting new patients.

Depression Screenings.

Beginning January 1, 2018, the HCA must require provider payment for depression screening for:

- maternal depression for mothers of children ages birth to 6 months; and
- children ages 12-18. Screenings may be provided by primary care providers, public health nurses, and other providers in a clinical setting.

Telemedicine.

Beginning January 1, 2018, BHOs contracting with the DSHS must reimburse providers for behavioral health services provided through telemedicine. The DSHS must consult with the HCA to adopt rules to implement this requirement.

Mental Health Leads in Educational Service Districts.

By October 1, 2017, the Office of the Superintendent of Public Instruction (OSPI) must select two Educational Service Districts (ESD) in which to pilot a lead staff person for children's mental health and substance use disorder treatment services. The OSPI must report on the results of the pilot and provide a case study of an ESD that is successfully delivering and coordinating children's mental health services. The OSPI must deliver the report to the Governor and Legislature by December 1, 2019. The report must include recommendations regarding whether to continue or make permanent the pilot projects and how to replicate the pilot projects in other ESDs.

Childcare Provider Consultation.

The DEL must establish a child care consultation program to provide child care providers with evidence-based, trauma-informed, and best-practice resources regarding caring for infants and young children who present behavioral concerns or symptoms of trauma. The DEL may contract with an entity with expertise in child development and early learning programs in order to operate the program.

Mental Health Workforce.

The WSU must offer one 24-month residency position to a resident specializing in child and adolescent psychiatry. The WSU residency must be located in Eastern Washington.

Other.

If either House Bill 1388 or Senate Bill 5259 relating to transferring responsibilities for behavioral health services from the DSHS to the HCA is enacted, the responsibility for contracting for telemedicine reimbursement and adopting associated rules is changed from the DSHS to the HCA.

Provisions related to maternal and youth depression screenings, the child care consultation program, the child and adolescent psychiatry residency, and mental health leads in educational service districts are subject to funds appropriated for these specific purposes.

Votes on Final Passage:

House	75	23
Senate	41	8

Effective: July 23, 2017
Contingent (Sections 7 and 8)