

# HOUSE BILL REPORT

## SSB 6558

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

**Title:** An act relating to intensive home and community-based mental health services for medicaid-eligible children.

**Brief Description:** Concerning intensive home and community-based mental health services for medicaid-eligible children.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators O'Ban and Darneille).

**Brief History:**

**Committee Activity:**

Early Learning & Human Services: 2/26/14 [DPA].

**Brief Summary of Substitute Bill  
(As Amended by Committee)**

- Replaces the Wraparound Pilot Program with a requirement that the Department of Social and Health Services (DSHS) implement a Wraparound with Intensive Services (WISE) program of intensive home and community-based children's mental health services beginning July 1, 2014, and repurposes the funding for the Wraparound Pilot toward the WISE implementation.
- Specifies that the WISE program must serve youth under age 21 with a mental illness or condition who have a functional impairment which substantially interferes 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 the mental illness.
- Requires that the DSHS provide an annual implementation report to the Office of Financial Management and the appropriate committees of the Legislature by December 1 of each year during implementation of the WISE.

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### HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

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*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.*

**Majority Report:** Do pass as amended. Signed by 12 members: Representatives Kagi, Chair; Freeman, Vice Chair; Walsh, Ranking Minority Member; Scott, Assistant Ranking Minority Member; Fagan, Goodman, Ortiz-Self, Roberts, Sawyer, Senn, Young and Zeiger.

**Staff:** Luke Wickham (786-7146).

**Background:**

Children who meet the Access to Care Standards (ACS) receive their mental health services through the Regional Support Networks (RSNs) in Washington. The RSNs provide services administered by the Department of Social and Health Services (DSHS) including both outpatient and inpatient treatment. For Medicaid eligible youth, comprehensive mental health services are available through the RSNs, while crisis-focused services are available to non-Medicaid eligible youth.

Medicaid eligible youth who do not meet the ACS receive outpatient mental health services through the Managed Care Organizations or the Fee-for-Service program. These are outpatient-only services administered by the Health Care Authority (HCA).

Wraparound Pilot Programs.

The Legislature directed that the DSHS contract for implementation of a wraparound model of integrated children's mental health services in up to four regional support networks. The wraparound model sites are required to serve children with serious emotional or behavioral disturbances who are at a high risk of residential or correctional placement or psychiatric hospitalization, and who have been referred for services from the DSHS, a county juvenile court, a tribal court, a school, or a licensed mental health provider or agency.

T.R. vs. Quigley & Teeter Settlement.

There was final court approval of a settlement agreement on December 19, 2013, related to the *T.R. v. Quigley & Teeter* class action litigation. The class includes youth that qualify or would qualify for Medicaid, have a mental illness or condition as determined by a licensed practitioner, and have a functional impairment that substantially interferes with functioning in family, school, or the community, and for whom intensive home and community-based services coverable by Medicaid have been recommended. The defendants in the litigation are the Secretary of the DSHS and the Director of the HCA.

The specific objective of the settlement is the development and successful implementation of a five-year plan that delivers Wraparound with Intensive Services (WISe) and supports statewide. The agreement is intended to result in all eligible class members receiving timely WISe that are medically necessary.

The WISe program is a less restrictive alternative to Behavioral Rehabilitation Services (BRS) and the Children's Long-term Inpatient Program (CLIP), and the WISe will be provided if a youth is determined eligible. The DSHS must provide a WISe screen to all youth prior to approval for the BRS or the CLIP to determine medical necessity for the WISe program and if the youth's needs can be safely met in a less restrictive environment. Youth enrolled in the BRS and the CLIP will be periodically screened, at least every six months and at discharge, to determine if they can be transitioned to the WISe program.

The settlement agreement includes three components including goals, commitments, and exit strategies. The goals are provided for planning and development purposes. The commitments are the action items that the DSHS and the HCA will do to implement the agreement. The exit criteria are the measures that will determine whether the DSHS and the HCA are in substantial compliance with the settlement agreement such that the case can be dismissed.

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### **Summary of Amended Bill:**

The Wraparound Pilot Program for children with serious emotional or behavioral disturbance is replaced with a requirement that the DSHS implement, statewide, a WISE program of intensive home and community-based children's mental health services beginning July 1, 2014. The DSHS must develop standards, policies, and protocols to direct the implementation. The services must be phased in as rapidly as feasible according to a schedule that prioritizes infrastructure availability and local provider readiness. The services must include:

- intensive care coordination;
- intensive home and community-based services; and
- mobile crisis intervention and stabilization.

The WISE program must serve youth under age 21 with a mental illness or condition who have a functional impairment which substantially interferes 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 the mental illness.

The individuals who may refer youth for the WISE program include:

- self-referrals from the youth or youth's family;
- regional support networks;
- mental health or medical providers;
- tribes or tribal courts;
- the HCA;
- the DSHS;
- juvenile courts;
- schools; and
- law enforcement.

The DSHS must track, monitor, and report on specified measures. During implementation of the WISE program, the DSHS must provide an annual implementation outcome report to the Office of Financial Management and the appropriate committees of the Legislature by December 1 each year. Throughout the implementation process, the DSHS must seek input from stakeholders on:

- the adequacy and availability of core services required for the WISE program within each provider network;
- performance measures, outcomes, and quality improvement; and

- recommendations for participants in a local collaborative body to ensure that stakeholders have a clear pathway to receive intensive home and community-based wraparound services.

Beginning July 1, 2014, funding provided for the Wraparound Pilot Programs must be repurposed toward the costs of phasing in the WISE implementation. The DSHS must prioritize service areas based on provider readiness and develop a schedule for phase-in by county.

**Amended Bill Compared to Substitute Bill:**

The striking amendment specifies that the WISE include intensive care coordination, intensive home and community-based services, and mobile crisis intervention and stabilization services. It requires the DSHS to develop standards, policies and protocols to direct the implementation of the WISE. Finally, the striking amendment specifies that the DSHS will prioritize service areas based on provider readiness and develop a schedule for phase-in by county.

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**Appropriation:** None.

**Fiscal Note:** Available.

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

**Staff Summary of Public Testimony:**

(In support) The DSHS supports the bill and believes that the striking amendment aligns with the requirements of the settlement agreement. Wraparound, especially intensive services, are so important for youth experiencing serious mental health challenges. The outcomes for youth receiving intensive wraparound services are very positive. Many children receiving wraparound intensive services are able to reside in their homes or communities instead of the CLIP facilities. The state is transitioning into implementation of the WISE services required by the settlement agreement. This bill would place in statute the components of the settlement agreement.

(Opposed) None.

**Persons Testifying:** Jane Beyer, Department of Social and Health Services; Donna Christensen, Catholic Conference; and David Lord, Disability Rights Washington.

**Persons Signed In To Testify But Not Testifying:** None.