

---

**Early Learning & Human Services  
Committee**

---

**HB 2439**

**Brief Description:** Increasing access to adequate and appropriate mental health services for children and youth.

**Sponsors:** Representatives Kagi, Walsh, Senn, Johnson, Orwall, Dent, McBride, Reykdal, Jinkins, Tharinger, Fey, Tarleton, Stanford, Springer, Frame, Kilduff, Sells, Bergquist and Goodman.

**Brief Summary of Bill**

- Establishes the Children's Mental Health Work Group to review the barriers that exist in identifying and treating mental health issues in children with a particular focus on birth to age 5, and report to the Legislature by December 1, 2016.
- Directs the Health Care Authority and the Department of Social and Health Services to identify issues related to network adequacy and report annually to the Legislature on the status of access to behavioral health services for children and youth.
- Requires that medical assistance programs cover universal screening and provider payments for depression for children ages 11 through 21, as recommended by the Bright Futures Guidelines.

**Hearing Date:** 1/20/16

**Staff:** Ashley Paintner (786-7120).

**Background:**

Children's Mental Health Services:

**Delivery Structure.** The Department of Social and Health Services (Department) contracts with regional support networks (RSN) to oversee the delivery of mental health services for adults and children who suffer from mental illness or severe emotional disturbance. An RSN may be a county, group of counties, or a nonprofit or for-profit entity. RSNs are required to provide:

---

*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.*

- crisis and involuntary treatment services for all residents in the region;
- medically necessary community based mental health treatment services covered under the state medicaid plan for all Medicaid eligible clients who meet access-to-care standards; and
- limited other services for individuals not covered under the Medicaid program.

The Department's access-to-care standards provide RSNs and Behavioral Health Organizations (BHO) and their contracted community mental health agencies with guidelines to determine eligibility for authorization of mental health services for individuals served through the Washington state public mental health system. During the 2015 fiscal year, the Department provided mental health services to approximately 48,000 children through contracts with 11 RSNs.

The Health Care Authority (Authority) administers the Medicaid program, which is a state-federal program that pays for health care for low-income state residents who meet certain eligibility criteria. In Washington state, Medicaid is called Apple Health. Apple Health for Kids is free for all children in families below 210 percent of the federal poverty level and families above that level may be eligible for the same coverage at a low cost. The Authority is responsible for providing medically necessary community-based mental health treatment services, covered under the state Medicaid plan for all Medicaid eligible clients who do not meet access-to-care standards.

Managed care is a prepaid, comprehensive system of medical and health care delivery, including preventive, primary, specialty, and ancillary health services. Healthy Options is the Authority's Medicaid managed care program.

#### Network Adequacy and Access to Services.

Federal regulations require states to have a written strategy for assessing and improving the quality of health care services offered by managed care organizations (MCOs), which must include standards for access to care. These standards are intended to ensure that each MCO maintains a network of providers that is sufficient to provide adequate access to Medicaid services covered under the contract between the state and the MCO. Regulations require that each MCO provide timely access to care and services. Federal regulations also require states to ensure that external quality reviews are conducted annually to evaluate the quality of, timeliness of, and access to care furnished by MCOs to enrollees.

#### Depression Screenings.

The federal Affordable Care Act requires group and individual health plans to provide coverage without a cost-sharing requirement for several types of preventive health services. For infants, children, and adolescents, these services include evidence-informed preventive care and screenings provided for in the Health Resources Services Administration (HRSA) comprehensive guidelines. The HRSA's comprehensive guidelines have adopted the American Academy of Pediatrics' "Periodicity Schedule of the Bright Futures Recommendations for Preventive Health Care" (Periodicity Schedule). The Periodicity Schedule establishes a recommended timetable for patients to receive preventive services from birth through 21 years of age. In 2015, the American Academy of Pediatrics updated the Periodicity Schedule, recommending annual depression screens for children ages 11 through 21 years of age.

Medicaid programs are not required to follow the Bright Futures guidelines. However, Medicaid includes benefits under the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) for enrollees under 21 years of age. EPSDT covers health screening visits, which are regularly scheduled examinations and evaluations of the general physical and mental health, growth, development, and nutritional status of infants, children, and youth.

### **Summary of Bill:**

#### Children's Mental Health Work Group.

The Children's Mental Health Work Group (Work Group) is established to identify barriers to access of mental health services for children and families, and to advise the Legislature on statewide mental health services for this population with a particular focus on children ages birth to 5. The Work Group is comprised of representatives from state and tribal governments, agencies, and nonprofit and for-profit entities. By December 1, 2016, the Work Group must submit a report to the Legislature that includes:

- recommendations of appropriate assessment tools that managed care plans and behavioral health organizations should use as the mechanism to establish eligibility for services;
- a review identifying billing issues related to serving the parent or caregiver in a treatment dyad and the billing issues related to services that are appropriate for serving children birth to age 5;
- a review of workforce issues related to serving children and families, including issues specifically related to birth to age 5;
- strategies for increasing the number of professionals qualified to provide children's mental health services;
- recommendations on the development and adoption of standards for training and endorsement of professionals to become qualified to provide mental health services to parents of children birth to age 5; and
- an analysis of existing and potential mental health supports for child care providers to reduce expulsions of children in child care and preschool.

#### Review of Network Adequacy and Access to Services.

Beginning December 1, 2017, the Authority and the Department must report annually to the Legislature on the status of access to behavioral health services for children and youth. The annual report must include the following components broken down by age, gender, and race and ethnicity:

- The percentage of discharges for patients ages 6 through 17 who had a visit to the emergency room with a primary diagnosis of mental health or alcohol or other drug dependence during the measuring year and who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 30 days of discharge.
- The percentage of health plan members with an identified mental health need who received mental health services during the reporting period.

#### Depression Screening.

Medical assistance programs must cover universal screening and provider payments for depression for children ages 11 through 21, as recommended by the Bright Futures Guidelines of

the American Academy of Pediatrics, as they existed on January 1, 2016. The coverage is subject to the availability of funds.

**Appropriation:** None.

**Fiscal Note:** Available.

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