

FINAL BILL REPORT

E2SHB 2439

C 96 L 16
Synopsis as Enacted

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

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Kagi, Walsh, Senn, Johnson, Orwall, Dent, McBride, Reykdal, Jinkins, Tharinger, Fey, Tarleton, Stanford, Springer, Frame, Kilduff, Sells, Bergquist and Goodman).

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

Background:

Children's Mental Health Services.

Regional Support Networks and Behavioral Health Organizations. The Department of Social and Health Services (Department) contracts with regional support networks (RSNs) 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. Regional Support Networks are required to provide:

- 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 (BHOs) and their contracted community mental health agencies with guidelines to determine eligibility for authorization of mental health services for individuals served through Washington's 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.

Medicaid. 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, Medicaid is called Apple Health. Apple Health for

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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. 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.

Mental Health Services Available in Schools. Schools must respond to a broad range of behavioral and emotional needs that compromise students' and schools' successes. For example:

- School counselors, social workers, psychologists, and nurses must complete a training in youth suicide screening and referral as a condition of certification.
- Each Educational Service District (ESD) must develop and maintain the capacity to offer training on youth suicide screening and referral, and on recognition, initial screening, and response to emotional or behavioral distress in students.
- School districts must adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, and provide the plan to all staff annually.

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. The 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.

Summary:

Children's Mental Health Services.

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 and an analysis on specified issue areas for the purposes of addressing the barriers that exist in receiving children's mental health services.

Mental Health Services Available in Schools. The Joint Legislative Audit and Review Committee (JLARC) must conduct an inventory of the mental health service models available to students through schools, districts, and the ESDs, and report its findings to the Legislature by October 31, 2016. The JLARC must perform the inventory using data that are

already collected by schools, school districts, and the ESDs. The JLARC may not collect or review student-level data and may not include student-level data in the report.

Forefront at the University of Washington must convene a one-day, in-person training for student support staff from the ESDs in order to increase their capacity to assist schools in responding to concerns about suicide. Additionally, Forefront is required to provide supports to the ESDs on a monthly basis via videoconferencing and to assess the feasibility of developing a multiyear, statewide rollout of a comprehensive school suicide prevention model implemented with the support of public-private partnerships. Forefront must report its recommendations to the Legislature by December 15, 2017.

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 specified data components broken down by age, gender, and race and ethnicity.

Votes on Final Passage:

House	77	20	
Senate	48	0	(Senate amended)
House			(House refused to concur)
Senate	47	1	(Senate receded/amended)
House	86	11	(House concurred)

Effective: June 9, 2016