

HOUSE BILL REPORT

E2SHB 1713

As Passed House:
March 1, 2017

Title: An act relating to implementing recommendations from the children's mental health work group.

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).

Brief History:

Committee Activity:

Early Learning & Human Services: 2/1/17, 2/7/17 [DPS];

Appropriations: 2/20/17, 2/21/17, 2/22/17 [DP2S(w/o sub ELHS)].

Floor Activity:

Passed House: 3/1/17, 75-23.

Brief Summary of Engrossed Second Substitute Bill

- Requires the Health Care Authority to coordinate mental health resources for Medicaid-eligible children, maintain an adequate provider network, and require provider payment for depression screenings for youth ages 12-18 and maternal depression screenings for mothers of children ages birth to 6 months.
- Requires behavioral health organizations to reimburse providers for providing mental health services through telemedicine.
- Requires the Department of Early Learning to establish a child care consultation program for children who present behavioral concerns or symptoms of trauma.
- Requires the Office of the Superintendent of Public Instruction to establish pilot projects in two Educational Service Districts to deliver and coordinate children's mental health and substance use disorder services.

HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

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: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Kagi, Chair; Senn, Vice Chair; Dent, Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Frame, Goodman, Griffey, Kilduff, Klippert, Lovick, McCaslin, Muri and Ortiz-Self.

Staff: Dawn Eychaner (786-7135).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Early Learning & Human Services. Signed by 19 members: Representatives Ormsby, Chair; Robinson, Vice Chair; Bergquist, Cody, Fitzgibbon, Haler, Hansen, Hudgins, Jinkins, Kagi, Lytton, Pettigrew, Pollet, Sawyer, Senn, Springer, Stanford, Sullivan and Tharinger.

Minority Report: Do not pass. Signed by 13 members: Representatives Chandler, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Buys, Caldier, Condotta, Harris, Manweller, Schmick, Taylor, Vick, Volz and Wilcox.

Minority Report: Without recommendation. Signed by 1 member: Representative Nealey.

Staff: Catrina Lucero (786-7192).

Background:

The 2016 Legislature 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 this population. 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 managed care organizations demonstrate the ability to supply an adequate provider network. Federal regulations and state law require managed care organizations 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 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 managed care organizations that provide mental health services, substance use disorder services, 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 managed care organizations 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 students received those services in their schools. The remainder of students 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 childcare consultation pilot project and project evaluation. The pilot linked childcare providers with resources to support the care of infants and young children with behavioral 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 of Engrossed Second Substitute Bill:

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 individuals secure and complete appointments;
- tracking individual utilization of services;
- 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 on the number of children's mental health providers available in the previous year and the overall percentage of providers who were actively accepting new patients in its annual report to the Legislature on the status of access to behavioral health services for children.

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 psychology. 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, and mental health leads in educational service districts are subject to funds appropriated for these specific purposes.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 7, relating to provider reimbursement for behavioral health services provided through telemedicine, which takes effect January 1, 2018.

Staff Summary of Public Testimony (Early Learning & Human Services):

(In support) This bill is at the nexus of two important issues this legislative session: education and mental health. Symptoms of mental illness and depression can manifest at a young age. Without depression screenings, children and young adults may suffer for years without treatment. Outpatients often come to the emergency room because they were unable to access mental health services in their community. Increased access for behavioral health support for childhood providers is needed, and many other states have implemented this type of consultation program with great success. The collaboration between ESDs and the OSPI is appreciated. Every day students suffer from unmet mental health needs and are not diagnosed. This bill will provide infrastructure needed to implement comprehensive mental health services throughout school districts in our state. The language around "culturally appropriate practices" in the bill is unclear. We need to ensure that youth of different ethnic backgrounds can receive the help that is appropriate for them. Several elements in this bill will help address the acute behavioral health workforce shortage. Telemedicine is a cost-effective way to provide services to people in rural areas. There is an extreme shortage of children's mental health providers in Eastern Washington, and training providers in that region will help retain the workforce. More residencies are needed for child psychiatrists in the state. Please add clarification for the roles of MCOs and BHOs regarding network adequacy and to specify additional criteria for the workforce survey data. Schools cannot meet their mission of helping children learn without these mental health supports and services. The PAL provisions will provide stable funding for that program.

(Opposed) Children's mental health needs should not lead to psychiatric labels and drugging. More children receive medication than behavioral treatment for attention deficit hyperactivity

disorder. The bill should be amended to require every program providing children's mental health services to track the administration of psychotropic drugs. Additional controls are needed to create accountability and oversight connected to individual health outcomes.

Staff Summary of Public Testimony (Appropriations):

(In support) We need a more integrated and effective system of care for children and youth so that we can intervene early and prevent serious life consequences. Care coordination is an important component. About 4 percent of children on Medicaid get treatment through outpatient behavioral health services. The prevalence of mental health issues among children on Medicaid is about 20 percent. Eighty percent of children with mental health issues are not receiving the care they need. The Seattle Children's Hospital emergency department often sees children in mental health crisis. There are days when five to 10 of the 50 beds available in the emergency department are occupied by mental health patients. The emergency department is an expensive setting. If these children had had access to care earlier, their stay in the emergency department may have been preventable. Early diagnosis and evidence-based treatments are critical. These children often end up getting treatment in more costly settings. Where students do their residencies is often where they end up staying to practice. There is a dearth of pediatric psychiatrists. This legislation addresses this by funding two child psychology residency positions.

(Opposed) The cost of including depression screening may also trigger additional screening costs. If the Health Care Authority is required to pay providers each time a screen is done this could have a significant budget impact. The cost of including universal mental health screening should be balanced against actual need. Screening for depression-related disorders in children only has a moderate benefit. Children with behavioral issues readily identify themselves without screening. Health care providers are already required to have some knowledge of suicide prevention and be alert to what children are saying and doing.

Persons Testifying (Early Learning & Human Services): (In support) Representative Senn, prime sponsor; Roseann Martinez, Children's Home Society of Washington; Mary Richards; Elizabeth Meade, Washington Chapter American Academy of Pediatrics; Allison Krutsinger, Child Care Aware of Washington; Erin Riffe and Michael Hickman, Capital Region Educational Service District 113; Mary Stone-Smith, Catholic Community; Nickolaus Lewis, Lummi Nation; Chiara Solomon, Lummi Indian Business Council; Mike Hatchett, Washington Council for Behavioral Health; Ken Roberts, Washington State University; Tanya Keeble and Nicole Burkette, Providence Psychiatry Residency Spokane; Erica Hallock, Empire Health Foundation; Sean Graham, Washington State Medical Association; Andrea Tull Davis, Coordinated Care; Tatsuko Go Hollo, Children's Alliance; Joel Ryan, Washington State Association of Headstart & Early Childhood Education and Assistance Program; Melanie Smith, Wellspring Family Services; Greg Williamson, Department of Early Learning; Mona Johnson, Office of Superintendent of Public Instruction; Seth Dawson, National Alliance on Mental Illness; and Ian Goodhew, University of Washington Medicine.

(Opposed) Steven Pearce, Citizens Commission on Human Rights Seattle.

Persons Testifying (Appropriations): (In support) Kristen Houser; Kathryn Kolan, Washington State Medical Association; and Amanda Jacobsen, Washington Chapter American Academy of Pediatrics.

(Opposed) Kelly Richardson, Citizens Commission on Human Rights.

Persons Signed In To Testify But Not Testifying (Early Learning & Human Services): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.