

## 2008 Fact Sheet:

# 2SHB1088: Children's mental health

### THE BACKGROUND

The World Health Organization has predicted that childhood mental health disorders will be one of the top five causes of international morbidity, mortality and disability in children by 2020. In Washington State alone, we know that less than one-third of the 14,300 children served by our foster care system receive mental health services tailored to their unique needs. These looming threats helped persuade the Washington State Legislature to pass landmark legislation (2SHB 1088) in 2007 – a law that sets out a series of state goals to improve health care for children, especially in the area of mental health.

Programs in the new law will:

1. **Integrate foster care services with new primary care consultation and training programs**
2. **Establish a improved dialogue between providers and health-care administrators**
3. **Integrate the Medicaid pharmacy benefit with mental health contractors to set quality and safety standards**

The new integrated approach will accelerate the current working relationship of medical and mental health services within DSHS; it also will expand the growing partnership between the agency mental health programs and the University of Washington, a source of expertise, resources and inspiration for the mental health system at all levels across the state.

### CURRENT ACTIVITIES:

**EVIDENCE-BASED PRACTICE INSTITUTE:** This University of Washington institute will work with parents, caregivers, consumers and others to develop outcome-based performance measures that will help measure the effectiveness of 1088 programs. These include decreased Emergency Room hospitalizations, decreased involvement with the juvenile justice system, reductions in prescribed medication, improved school attendance and class performance, decreasing out-of-home placements and runaways.

**CENTERS OF FOSTER CARE HEALTH:** The Health and Recovery Services Administration is establishing centers of excellence in foster health care, beginning with three pilot programs in Longview, Seattle and Spokane. The Centers of Foster Care Health will be health-care establishments that follow evidence-based practices and exhibit proven records of success. They will improve coordination, accessibility and the quality of health care that foster children receive.

**IMPROVED CHILDREN'S MENTAL HEALTH BENEFITS:** HRSA will begin paying for 20 visits rather than 12 mental health visits per year for children in both fee-for-service and Healthy Options Medicaid programs. This will allow a broader set of provider types (psychiatrists and licensed mental health providers with master's degrees) outside of the public mental health system. This expanded set of counseling benefits, available to children in Medicaid, will improve access for those children who do not qualify for care under the Regional Support Networks (RSNs). These benefit changes will begin July 1.

**MEDICATION MANAGEMENT/SECOND OPINION CENTER:** The children's mental health-care system is developing policies to improve prescribing policies and to raise the quality overall of children's mental health therapy. Public health regulators will work with community prescribers to develop effective

safeguards against potential overuse of anti-psychotic and Attention Deficit Hyperactivity Disorder (ADHD) medications, especially in children below the age of 5. The effort will include a second-opinion center at Children's Hospital in Seattle – a state-contracted resource available to physicians across the state who have questions about medical and mental disorders.

**PRIMARY CARE PROVIDER EDUCATION AND CONSULTATION SERVICES:** The University of Washington will be an instrumental link in the state's effort to put more and better information about foster children's mental health needs within the reach of Primary Care Providers. A pilot project in Region 1 in Eastern Washington will develop a web based curriculum and a teaching team to consult with and train some 30 primary providers via a pediatric psychiatrist lead. A second pilot project in Region 6 in southwestern Washington will provide business-hours, phone-based consultations via a pediatric psychiatrist to assist provider in managing difficult medication, therapies and referrals.

**DATA SHARING:** Incomplete or inaccessible medical records represent one of the biggest challenges in quick, effective medical and mental services for foster children. Today, DSHS caseworkers are able to browse the available billing data via a "canned query" hyperlink to each child's electronic case record. While not a complete medical history, the information does include diagnosis, treatment, medications and provider names – a resource with great potential that is available to Child Health and Education Tracking (CHET) screeners, Foster Care Public Health Nurses (formerly Passport nurses) and social workers. DSHS is continuing to review further improvements, including direct access for medical providers to the MMIS billing data through the ProviderOne system. In addition, Children's Administration is developing a CAMIS replacement system called FamLink. FamLink will maintain the current link to MMIS billing data as well as other medical information. It also will have the ability to store scanned documents.

**WRAPAROUND SERVICES:** Three RSN pilot projects in Skagit, Grays Harbor and Cowlitz will provide "wraparound services" for children and youth with severe emotional and behavioral disturbances and their parents. Wraparound is a team-based, family-driven process that can help a child or youth avoid out-of-home placement or hospitalization. Typical wraparound features include services tailored to the special needs of each child and family; unique racial, geographic or social considerations; including parents in decision-making; and flexible funding that can let the wraparound centers cross interagency or interdisciplinary boundaries. While not specifically targeting foster care children, these wraparound services will be available to foster care providers, families and children.

**24/7 NURSE HOTLINE:** A 24-hour, seven-day-a-week "NurseLine" will be available to caregivers or social workers involved in the transition from home to foster placement, making sure that all children in the child welfare system have regular preventive health care and appropriate medical followup care if funding is available. Nurses will have access to medical records and other data as questions arise, and they will be an ongoing resource of reliable information about emergent concerns, non-emergent issues like compliance with EPSDT (Early and Periodic Screening, Diagnosis & Treatment Program) as well as access issues, such as helping locate a primary care provider in the child's new setting

**COVER ALL CHILDREN:** The changes coming under ESHB 1088 are not linked directly to the ongoing effort to bring all Washington State children into health-care coverage by 2010, but the twin efforts are complementary. Putting children into coverage, maximizing the links between state, federal and local resources, helping families find medical homes that will identify and consolidate their health needs, and increasing health literacy – these are undertakings with many ties to the mental health and medical integration we see improving the lives of children in families of all incomes and walks of life.

An overriding theme of the Governor's and the Legislature's health-care agenda is our state's commitment to improving the health of Washington's children and guaranteeing them a "medical home" – a reliable provider who can be a health-care centerpiece, overseeing and coordinating health care not just for an individual but an entire family. When children have access to cost-effective, preventive health care and when families have strong ties to a medical home, tomorrow's citizens will have an unprecedented capacity to become productive adults in the 21st century.

Access to health coverage means healthier kids; healthier kids mean healthier, more productive adults.