A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To establish a behavioral health access project to improve the mental health of children in the District by promoting the integration of mental health care and primary care by increasing pediatric primary care providers' understanding and ability to treat children and adolescents with mental health issues which can be appropriately managed in primary care.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA,

That this act may be cited as the "Behavioral Health System of Care Act of 2014".

Sec. 2. Definitions:

For the purpose of this act, the term:

(1) "Behavioral health" shall have the same meaning as set forth in section section 5112(1) of the Department of Behavioral Health Establishment Act of 2013, effective December 24, 2013 (D.C. Act 20-157; 60 DCR 12472),

(2) "DBH" means the Department of Behavioral Health.

(3) "Pediatric primary care provider" means a person licensed under the laws of the District to practice medicine or a person who practices medicine in the employment of the government of the United States who conducts general well visits.

(4) "Program" means the Behavioral Health Access Project.
“Youth” means an individual under the age of 22 receiving pediatric care in the District.

Sec. 3. Establishment of behavioral health access project.

(1) DBH shall develop and have oversight over a collaborative program that:

(a) Provides timely mental health consultation to pediatric primary care providers who need assistance managing patients’ mental health needs, including diagnosis and ongoing treatment;

(b) Encourages pediatric primary care providers to provide mental health screening in regular child well visits;

(c) Proactively engages, provides mentoring, training, and education to pediatric primary care physicians and their clinical teams to properly diagnose and manage low-acuity mental health needs of patients;

(d) Provides consultative and referral services to youth under the age of 22 who exhibit a possible mental health or substance use disorder regardless of their insurance coverage;

(e) Creates a multidisciplinary team consultative team consisting of professionals from various fields of mental health that may consist of psychiatrists, psychologists, clinical social workers, nurses, and other licensed medical professionals as deemed necessary by the agency;

(g) Includes the ability to provide face-to-face consultations with the patient when telephonic consultation with the physician is not sufficient; and

(h) Includes the ability to provide care coordinator and facilitated referral services for youth requiring behavioral health treatment.

(2) The District may contract with non-profit organizations with expertise in mental health to carry out the functions of the Program.

Sec. 4. Reporting Requirements.
By October 1, 2014, and then annually thereafter, DBH shall report the following information to the Council the:

(1) Number of individual patients who participate from the Program;
(2) Number and percentage of pediatric primary care providers using the Program; and
(3) Efforts used to engage physicians to participate in the Program, including but not limited to:
   (A) Number of physicians approached;
   (B) Events attended; and
   (C) Fora or conferences held.

Sec. 5. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 6. Effective date.

This act shall take effect following approval by the Mayor (or in the event of a veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review by the Mayor as provided in section 601(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.