

House Bill 303 Behavioral Health Well Check Advisory Committee Final Report

Introduction and Background:

Preventative care is a proven method of reducing the opportunity for chronic illness and disease that creates poorer health outcomes and higher financial burdens for the person while also straining the healthcare system. Similarly, untreated mental health issues become complicated to treat, putting an individual at risk for long term anxiety, depression, or worsening mental illness, and can also add to negative physical health outcomes over the course of a person's lifetime.

Existing depression screeners performed in a physician setting do not currently allow for an adequate and comprehensive evaluation to be considered equivalent to its traditional preventative counterparts (i.e. annual physical exams, annual gynecological exams). An annual behavioral well check creates an opportunity for people to value their mental health as an equal component of their overall health. It introduces another level of assurance that how carriers cover a person's physical and mental health equally.

Most insurance plans cover annual dental care, physical exams, gynecological exams, well checks for children, vision exams, and other preventive care. It is simply common sense, especially considering the global mental health and addiction crises post COVID-19 Pandemic, that carriers also offer equitable and comprehensive, annual behavioral health preventative care.

On August 3, 2022 Governor John Carney signed House Bill 303 into law which establishes an annual, **pre-deductible benefit** providing individuals the option to be seen by a licensed, clinical, mental health professional for a **comprehensive evaluation: The Behavioral Health Well Check**.

HB 303 requires insurance plans in Delaware that are offered as part of the Affordable Care Act, Medicaid, and all State of Delaware self-insured plans include an Behavioral Health Well Check as part of their annual preventative benefit schedule beginning in January 2024.

Another meaningful component of the legislation is the inclusion of diagnosis codes which require carriers to pay providers in a manner that is comparable to their physical health colleagues. When parity is discussed it is usually in reference to the requirement of coverage for the consumer. However, for a robust and thriving behavioral health workforce to exist, there must be a value placed on their profession. *The importance of fair and equitable reimbursement to the clinician performing a Behavioral Health Well Check cannot be understated.*

HB 303 Advisory Committee

In addition to creating the benefit, HB 303 established an Advisory Committee “whose mandate is to create a developmentally appropriate design for the annual behavioral health well check established under this legislation”.

“The advisory committee shall seek to design the annual behavioral health well check in a manner that is reflective of existing annual physical health well checks and include questions and anticipatory guidance specific to each respective age group”.

The work of the committee began in earnest on September 23, 2022 and commenced when its members (as prescribed by legislation) voted to approve the “Guidelines for Administering an Annual Behavioral Health Well Check” on December 9, 2022.

As determined by legislation, the committee utilized the framework of existing annual physical exams and is organized by each of the following stages of life: infant, toddler preschool, school age, adolescence, young adult, middle age adult, and late adulthood.

The guidance includes “recommended” screening tools appropriate for mental health clinicians to use based on the “stage of life” of the person. It also offers age appropriate questions on physical health and social history, developmentally aimed questions, family mental health overview as well as suggested anticipatory guidance.

Highlights and Additional Recommendations of the Committee

In addition to “stage of life” guidance, an “add on” demographic was included for “child bearing individuals”. Committee work also concluded that substance use disorder screenings should be included in all stages of life guidance. Additionally, due to the sharp increase in rates of suicide for middle age and older adults, it was recommended the “Columbia Suicide Rating Scale” for stages.

The advisory committee felt strongly that while these guidelines are meant to assist practitioners they do not want to be so prescriptive that the tools listed be “required”. The advisory committee also felt that while these are recommended tools for each stage of life, the totality of screeners and questionnaires should not be so burdensome on either the patient or practitioner as to dissuade the intention of the well check. Adequate time for discussion and feedback in addition to the information that can be gained from completion of the tools are both critical to providing the individual with the most clear view of their mental health and for the clinician to provide the most appropriate anticipatory guidance and/or referrals

It was also the recommendation of the committee to make screening tools available in advance of the actual appointment with the administering mental health professional; accessible for those with disabilities, diverse in language and in a manner fitting the individual’s comfort level with technology (i.e. phone recording or prompts for the elderly).

It is also worth noting for the purposes of this report that it is required by law that the Behavioral Health Well Check is to be completed by a licensed mental health clinician with a minimum of a master's degree. While the concept of this critically important preventative benefit is new, the methodology and practice needed to perform it will be quite familiar to practicing behavioral health professionals.

HB 303: Behavioral Health Well Check Advisory Committee Members

Voting Members

Co-Chair, Carolyn Petrak, MPA

Co-Chair, Meghan Walls, PsyD

Tim Clement, MPH

James Ellison, MD

Joanne Lopes, MD

Dalissy Washington, LCSW

Brett Herb, LCSW

Vishal Patel, MD

Erin Booker, LPC

Non-voting Members

Elizabeth Brown, MD

Tanisha Merced

House Bill 303 Behavioral Health Well Check Developmental Stages Clinical Recommendations

Age Group	Infant	Notes
Statement of Presentation	Presenting for infant BH well check	Age to be added.
Review of Pertinent Medical History	i.e. premature birth	
Screenings to Consider	Maternal Mood and/or Depression Screen Development Screen	EDPS SWYC, PEDS
Social History Overview	<ul style="list-style-type: none"> • Who is infant living with? • Are there other caretakers involved? • If infant in childcare? • Anything else important to share? 	
Developmentally Aimed Questions	<ul style="list-style-type: none"> • Based on age of infant, are they interacting with you? • Does baby seek attention from parents? • Is baby able to be soothed? • Do you have any specific concerns? 	
Family Mental Health History	<ul style="list-style-type: none"> • Is there a family history of mental health issues including depression, anxiety, PTSD, mood disorders? • Is either caretaker experiencing significant change in mood since infant was born? 	
Domestic Violence Exposure	<ul style="list-style-type: none"> • 	
Anticipatory Guidance	<ul style="list-style-type: none"> • Provide education around attachment. • Encourage talking to infant for language development • Encourage consistent interactions with baby 	
Diagnosis Code	<ul style="list-style-type: none"> • Can use “well infant check” • Consider any other appropriate diagnoses 	

Age Group	Toddler and Preschool	Notes
Statement of Presentation	Presenting for BH well check	Age to be added.
Review of Pertinent Medical History	Inquire about med hx.	i.e. premature birth history of disease (asthma) Ask if they've had pediatrician well check.
Screenings to Consider	Developmental/Autism Sleep Screen	MCHAT Sleep Screen?
Social History Overview	<ul style="list-style-type: none"> • Who is child living with? • Are there other caretakers involved? • If child in childcare? • Anything else important to share? 	
Developmentally Aimed Questions	<ul style="list-style-type: none"> • Meeting developmentally appropriate milestones? • Able to interact with other peers? • Parallel play to interactive play • Fears and anxieties? • Negative or traumatic events? 	
Family Mental Health History	<ul style="list-style-type: none"> • Is there a family history of mental health issues including depression, anxiety, PTSD, mood disorders? 	
Domestic Violence Exposure	<ul style="list-style-type: none"> • 	
Anticipatory Guidance	<ul style="list-style-type: none"> • Provide education around developmentally appropriate behaviors • Parent management of behavior and emotions • Normalize tantrums and responses from parents 	
Diagnosis Code	<ul style="list-style-type: none"> • 	

Age Group	School Age	Notes
Statement of Presentation	Presenting for BH well check	Age to be added.
Review of Pertinent Medical History	Inquire about med hx.	i.e. premature birth history of disease (asthma) Ask if they've had pediatrician well check.
Screenings to Consider	Anxiety Sleep *Learning/Attention	Anxiety Screen- SCARED Sleep Screen? *Consider if needed
Social History Overview	<ul style="list-style-type: none"> • Who is child living with? • Are there other caretakers involved? • If child in school? • Anything else important to share? 	
Developmentally Aimed Questions	<ul style="list-style-type: none"> • Meeting developmentally appropriate milestones? • Social relationships? • School performance • Fears and anxieties? • Negative or traumatic events? 	
Family Mental Health History	<ul style="list-style-type: none"> • Is there a family history of mental health issues including depression, anxiety, PTSD, mood disorders? 	
Domestic Violence Exposure	<ul style="list-style-type: none"> • 	
Anticipatory Guidance	<ul style="list-style-type: none"> • Provide education around developmentally appropriate behaviors • Education around childhood anxiety/mood issues • Education around learning difficulties and attention difficulties 	
Diagnosis Code	<ul style="list-style-type: none"> • 	

Age Group	Adolescence	Notes
Statement of Presentation	Presenting for BH well check	Age to be added.
Review of Pertinent Medical History	Inquire about med hx.	history of disease (asthma) Ask if they've had pediatrician well check.
Screenings to Consider	Depression/Suicide Anxiety Sleep Substance Use	PHQ9 (or 2) Sleep Screener
Social History Overview	<ul style="list-style-type: none"> • Identity • Who is child living with? • Are there other caretakers involved? • If child in school? • Anything else important to share? 	
Developmentally Aimed Questions	<ul style="list-style-type: none"> • Mood and anxiety? <ul style="list-style-type: none"> ○ Suicidality • Social relationships? • School performance? • Substance use and misuse? • Intimate Partner violence? • Negative or traumatic events? 	
Family Mental Health History	<ul style="list-style-type: none"> • Is there a family history of mental health issues including depression, anxiety, PTSD, mood disorders? 	
Domestic Violence Exposure	<ul style="list-style-type: none"> • 	
Anticipatory Guidance	<ul style="list-style-type: none"> • Education around anxiety and mood difficulties in teens • Address conversations around suicide and resources • Discuss substance use and resources 	*Suicide prevention information and hotlines/text lines should always be given.
Diagnosis Code	<ul style="list-style-type: none"> • 	

Age Group	Young Adult	Notes
Statement of Presentation	Presenting for BH well check	Age to be added.
Review of Pertinent Medical History	Inquire about med hx.	history of disease (asthma) Ask if they've had a well check with PCP
Screenings to Consider	Depression/Suicide Anxiety Sleep Substance Use	PHQ9 (or 2) Sleep Screener
Social History Overview	<ul style="list-style-type: none"> • Identity • Who is individual living with? • Are there other important relationships In their life? • Are they working? • Anything else important to share? 	
Developmentally Aimed Questions	<ul style="list-style-type: none"> • Mood and anxiety? <ul style="list-style-type: none"> ○ Suicidality • Social relationships? • School performance? • Substance use and misuse? • Intimate Partner violence? • Negative or traumatic events? 	
Family Mental Health History	<ul style="list-style-type: none"> • Is there a family history of mental health issues including depression, anxiety, PTSD, mood disorders? 	
Domestic Violence Exposure	<ul style="list-style-type: none"> • 	
Anticipatory Guidance	<ul style="list-style-type: none"> • Education around anxiety and mood difficulties • Address conversations around suicide and resources • Discuss substance use and resources • Education around personality disorders if feels pertinent 	*Suicide prevention information and hotlines/text lines should always be given.
Diagnosis Code	<ul style="list-style-type: none"> • 	

Age Group	Young Adult	Notes
Statement of Presentation	Presenting for BH well check	Age to be added.
Review of Pertinent Medical History	Inquire about med hx.	history of disease (asthma) Ask if they've had a well check with PCP
Screenings to Consider	Depression/Suicide Anxiety Sleep Substance Use	PHQ9 (or 2) Sleep Screener
Social History Overview	<ul style="list-style-type: none"> • Identity • Who is individual living with? • Are there other important relationships In their life? • Are they working? • Anything else important to share? 	
Developmentally Aimed Questions	<ul style="list-style-type: none"> • Mood and anxiety? <ul style="list-style-type: none"> ○ Suicidality • Social relationships? • Substance use and misuse? • Intimate Partner violence? • Negative or traumatic events? 	
Family Mental Health History	<ul style="list-style-type: none"> • Is there a family history of mental health issues including depression, anxiety, PTSD, mood disorders? 	
Domestic Violence Exposure	<ul style="list-style-type: none"> • 	
Anticipatory Guidance	<ul style="list-style-type: none"> • Education around anxiety and mood difficulties • Address conversations around suicide and resources • Discuss substance use and resources • Education around personality disorders if feels pertinent 	*Suicide prevention information and hotlines/text lines should always be given.
Diagnosis Code	<ul style="list-style-type: none"> • 	

Age Group	Middle Age Adult	Notes
Statement of Presentation	Presenting for BH well check	Age to be added.
Review of Pertinent Medical History	Inquire about med hx.	history of disease (asthma) Ask if they've had a well check with PCP
Screenings to Consider	Depression/Suicide Anxiety Sleep Substance Use	PHQ9 (or 2) Sleep Screener
Social History Overview	<ul style="list-style-type: none"> • Identity • Who is individual living with? • Are there other important relationships In their life? • Are they working? • Anything else important to share? 	
Developmentally Aimed Questions	<ul style="list-style-type: none"> • Mood and anxiety? <ul style="list-style-type: none"> ○ Suicidality • Social relationships? • Substance use and misuse? • Intimate Partner violence? • Negative or traumatic events? 	
Family Mental Health History	<ul style="list-style-type: none"> • Is there a family history of mental health issues including depression, anxiety, PTSD, mood disorders? 	
Domestic Violence Exposure	<ul style="list-style-type: none"> • 	
Anticipatory Guidance	<ul style="list-style-type: none"> • Education around anxiety and mood difficulties • Address conversations around suicide and resources • Discuss substance use and resources • Education around personality disorders if feels pertinent 	*Suicide prevention information and hotlines/text lines should always be given.
Diagnosis Code	<ul style="list-style-type: none"> • 	

Age Group	Late Adulthood	Notes
Statement of Presentation	Presenting for BH well check	Age to be added.
Review of Pertinent Medical History	Inquire about med hx.	history of disease (asthma) Ask if they've had a well check with PCP or Geriatric provider
Screenings to Consider	Depression/Suicide Anxiety Sleep Substance Use Dementia	PHQ9 (or 2) Sleep Screener *suggestions for other screeners needed
Social History Overview	<ul style="list-style-type: none"> • Identity • Who is individual living with? Any assistance? • Are there other important relationships In their life? • Are they working/retired? • Anything else important to share? 	
Developmentally Aimed Questions	<ul style="list-style-type: none"> • Mood and anxiety? <ul style="list-style-type: none"> ○ Suicidality • Social relationships? • Substance use and misuse? • Intimate Partner violence? • Negative or traumatic events? • Memory 	
Family Mental Health History	<ul style="list-style-type: none"> • Is there a family history of mental health issues including depression, anxiety, PTSD, mood disorders? 	
Domestic Violence Exposure	<ul style="list-style-type: none"> • 	
Anticipatory Guidance	<ul style="list-style-type: none"> • Education around anxiety and mood difficulties • Address conversations around suicide and resources • Discuss substance use and resources • Education around personality disorders if feels pertinent 	*Suicide prevention information and hotlines/text lines should always be given.
Diagnosis Code	<ul style="list-style-type: none"> • 	

Age Group	ADD ON: Child Bearing Individuals	Notes
Statement of Presentation	Presenting for BH well check	Can add “And child bearing age questions)
Review of Pertinent Medical History	Inquire about med hx.	Child bearing- birth history of child, any complications with mother or child
Screenings to Consider	Perinatal Mood Disorders	<p>Consider adding on extra screen to adult screens.</p> <p>*May consider having local PMDD resources</p>