

E2SHB 2779 - S COMM AMD

By Committee on Human Services & Corrections

ADOPTED AND ENGROSSED 3/1/18

1 Strike everything after the enacting clause and insert the
2 following:

3 NEW SECTION. **Sec. 1.** The legislature finds that the children's
4 mental health work group established in chapter 96, Laws of 2016
5 reported recommendations in December 2016 related to increasing
6 access to adequate, appropriate, and culturally and linguistically
7 relevant mental health services for children and youth. The
8 legislature further finds that legislation implementing many of the
9 recommendations of the children's mental health work group was
10 enacted in 2017. Despite these gains, barriers to service remain and
11 additional work is required to assist children with securing adequate
12 mental health treatment. The legislature further finds that by
13 January 1, 2020, the community behavioral health program must be
14 fully integrated in a managed care health system that provides
15 behavioral and physical health care services to medicaid clients.
16 Therefore, it is the intent of the legislature to reestablish the
17 children's mental health work group through December 2020 and to
18 implement additional recommendations from the work group in order to
19 improve mental health care access for children and their families.

20 NEW SECTION. **Sec. 2.** (1) A children's mental health work group
21 is established to identify barriers to and opportunities for
22 accessing mental health services for children and families and to
23 advise the legislature on statewide mental health services for this
24 population.

25 (2) The work group shall consist of members and alternates as
26 provided in this subsection. Members must represent the regional,
27 racial, and cultural diversity of all children and families in the
28 state. Members of the children's mental health work group created in
29 chapter 96, Laws of 2016, and serving on the work group as of
30 December 1, 2017, may continue to serve as members of the work group
31 without reappointment.

1 (a) The president of the senate shall appoint one member and one
2 alternate from each of the two largest caucuses in the senate.

3 (b) The speaker of the house of representatives shall appoint one
4 member and one alternate from each of the two largest caucuses in the
5 house of representatives.

6 (c) The governor shall appoint six members representing the
7 following state agencies and offices: The department of children,
8 youth, and families; the department of social and health services;
9 the health care authority; the department of health; the office of
10 homeless youth prevention and protection programs; and the office of
11 the governor.

12 (d) The governor shall appoint one member representing each of
13 the following:

- 14 (i) Behavioral health organizations;
- 15 (ii) Community mental health agencies;
- 16 (iii) Medicaid managed care organizations;
- 17 (iv) A regional provider of co-occurring disorder services;
- 18 (v) Pediatricians or primary care providers;
- 19 (vi) Providers specializing in infant or early childhood mental
20 health;
- 21 (vii) Child health advocacy groups;
- 22 (viii) Early learning and child care providers;
- 23 (ix) The evidence-based practice institute;
- 24 (x) Parents or caregivers who have been the recipient of early
25 childhood mental health services;
- 26 (xi) An education or teaching institution that provides training
27 for mental health professionals;
- 28 (xii) Foster parents;
- 29 (xiii) Providers of culturally and linguistically appropriate
30 health services to traditionally underserved communities;
- 31 (xiv) Pediatricians located east of the crest of the Cascade
32 mountains; and
- 33 (xv) Child psychiatrists.

34 (e) The governor shall request participation by a representative
35 of tribal governments.

36 (f) The superintendent of public instruction shall appoint one
37 representative from the office of the superintendent of public
38 instruction.

39 (g) The insurance commissioner shall appoint one representative
40 from the office of the insurance commissioner.

1 (h) The work group shall choose its cochairs, one from among its
2 legislative members and one from among the executive branch members.
3 The representative from the health care authority shall convene at
4 least two, but not more than four, meetings of the work group each
5 year.

6 (3) The work group shall:

7 (a) Monitor the implementation of enacted legislation, programs,
8 and policies related to children's mental health, including provider
9 payment for depression screenings for youth and new mothers,
10 consultation services for child care providers caring for children
11 with symptoms of trauma, home visiting services, and streamlining
12 agency rules for providers of behavioral health services;

13 (b) Consider system strategies to improve coordination and remove
14 barriers between the early learning, K-12 education, and health care
15 systems; and

16 (c) Identify opportunities to remove barriers to treatment and
17 strengthen mental health service delivery for children and youth.

18 (4) Staff support for the work group, including administration of
19 work group meetings and preparation of the updated report required
20 under subsection (6) of this section, must be provided by the health
21 care authority. Additional staff support for legislative members of
22 the work group may be provided by senate committee services and the
23 house of representatives office of program research.

24 (5) Legislative members of the work group are reimbursed for
25 travel expenses in accordance with RCW 44.04.120. Nonlegislative
26 members are not entitled to be reimbursed for travel expenses if they
27 are elected officials or are participating on behalf of an employer,
28 governmental entity, or other organization. Any reimbursement for
29 other nonlegislative members is subject to chapter 43.03 RCW.

30 (6) The work group shall update the findings and recommendations
31 reported to the legislature by the children's mental health work
32 group in December 2016 pursuant to chapter 96, Laws of 2016. The work
33 group must submit the updated report to the governor and the
34 appropriate committees of the legislature by December 1, 2020.

35 (7) This section expires December 30, 2020.

36 **Sec. 3.** RCW 74.09.495 and 2017 c 226 s 6 are each amended to
37 read as follows:

38 (1) To better assure and understand issues related to network
39 adequacy and access to services, the authority and the department

1 shall report to the appropriate committees of the legislature by
2 December 1, 2017, and annually thereafter, on the status of access to
3 behavioral health services for children birth through age seventeen
4 using data collected pursuant to RCW 70.320.050.

5 ~~((1))~~ (2) At a minimum, the report must include the following
6 components broken down by age, gender, and race and ethnicity:

7 (a) The percentage of discharges for patients ages six through
8 seventeen who had a visit to the emergency room with a primary
9 diagnosis of mental health or alcohol or other drug dependence during
10 the measuring year and who had a follow-up visit with any provider
11 with a corresponding primary diagnosis of mental health or alcohol or
12 other drug dependence within thirty days of discharge;

13 (b) The percentage of health plan members with an identified
14 mental health need who received mental health services during the
15 reporting period; ~~((and))~~

16 (c) The percentage of children served by behavioral health
17 organizations, including the types of services provided~~((-))~~;

18 ~~((2) The report must also include))~~ (d) The number of children's
19 mental health providers available in the previous year, the languages
20 spoken by those providers, and the overall percentage of children's
21 mental health providers who were actively accepting new patients; and

22 (e) Data related to mental health and medical services for eating
23 disorder treatment in children and youth by county, including the
24 number of:

25 (i) Eating disorder diagnoses;

26 (ii) Patients treated in outpatient, residential, emergency, and
27 inpatient care settings; and

28 (iii) Contracted providers specializing in eating disorder
29 treatment and the overall percentage of those providers who were
30 actively accepting new patients during the reporting period.

31 NEW SECTION. Sec. 4. A new section is added to chapter 74.09
32 RCW to read as follows:

33 (1) The authority shall collaborate with the department of
34 children, youth, and families to identify opportunities to leverage
35 medicaid funding for home visiting services.

36 (2) The authority must provide a set of recommendations relevant
37 to subsection (1) of this section to the legislature by December 1,
38 2018, that builds upon the research and strategies developed in the
39 Washington state home visiting and medicaid financing strategies

1 report submitted by the authority to the department of early learning
2 in August 2017.

3 NEW SECTION. **Sec. 5.** (1) By November 1, 2018, the department of
4 children, youth, and families must:

5 (a) Develop a common set of definitions to clarify differences
6 between evidence-based, research-based, and promising practices home
7 visiting programs and discrete services provided in the home;

8 (b) Develop a strategy to expand home visiting programs
9 statewide; and

10 (c) Collaborate with the health care authority to maximize
11 medicaid and other federal resources in implementing current home
12 visiting programs and the statewide strategy developed under this
13 section.

14 (2) This section expires December 30, 2018.

15 **Sec. 6.** RCW 71.24.385 and 2016 sp.s. c 29 s 510 are each amended
16 to read as follows:

17 (1) Within funds appropriated by the legislature for this
18 purpose, behavioral health organizations shall develop the means to
19 serve the needs of people:

20 (a) With mental disorders residing within the boundaries of their
21 regional service area. Elements of the program may include:

22 (i) Crisis diversion services;

23 (ii) Evaluation and treatment and community hospital beds;

24 (iii) Residential treatment;

25 (iv) Programs for intensive community treatment;

26 (v) Outpatient services, including family support;

27 (vi) Peer support services;

28 (vii) Community support services;

29 (viii) Resource management services; and

30 (ix) Supported housing and supported employment services.

31 (b) With substance use disorders and their families, people
32 incapacitated by alcohol or other psychoactive chemicals, and
33 intoxicated people.

34 (i) Elements of the program shall include, but not necessarily be
35 limited to, a continuum of substance use disorder treatment services
36 that includes:

37 (A) Withdrawal management;

38 (B) Residential treatment; and

1 (C) Outpatient treatment.

2 (ii) The program may include peer support, supported housing,
3 supported employment, crisis diversion, or recovery support services.

4 (iii) The department may contract for the use of an approved
5 substance use disorder treatment program or other individual or
6 organization if the secretary considers this to be an effective and
7 economical course to follow.

8 (2)(a) The behavioral health organization shall have the
9 flexibility, within the funds appropriated by the legislature for
10 this purpose and the terms of their contract, to design the mix of
11 services that will be most effective within their service area of
12 meeting the needs of people with behavioral health disorders and
13 avoiding placement of such individuals at the state mental hospital.
14 Behavioral health organizations are encouraged to maximize the use of
15 evidence-based practices and alternative resources with the goal of
16 substantially reducing and potentially eliminating the use of
17 institutions for mental diseases.

18 (b) The behavioral health organization may allow reimbursement to
19 providers for services delivered through a partial hospitalization or
20 intensive outpatient program. Such payment and services are distinct
21 from the state's delivery of wraparound with intensive services under
22 the *T.R. v. Strange and McDermott*, formerly the *T.R. v. Dreyfus and*
23 *Porter*, settlement agreement.

24 (3)(a) Treatment provided under this chapter must be purchased
25 primarily through managed care contracts.

26 (b) Consistent with RCW 71.24.580, services and funding provided
27 through the criminal justice treatment account are intended to be
28 exempted from managed care contracting.

29 **Sec. 7.** RCW 71.24.045 and 2016 sp.s. c 29 s 421 are each amended
30 to read as follows:

31 The behavioral health organization shall:

32 (1) Contract as needed with licensed service providers. The
33 behavioral health organization may, in the absence of a licensed
34 service provider entity, become a licensed service provider entity
35 pursuant to minimum standards required for licensing by the
36 department for the purpose of providing services not available from
37 licensed service providers;

38 (2) Operate as a licensed service provider if it deems that doing
39 so is more efficient and cost effective than contracting for

1 services. When doing so, the behavioral health organization shall
2 comply with rules promulgated by the secretary that shall provide
3 measurements to determine when a behavioral health organization
4 provided service is more efficient and cost effective;

5 (3) Monitor and perform biennial fiscal audits of licensed
6 service providers who have contracted with the behavioral health
7 organization to provide services required by this chapter. The
8 monitoring and audits shall be performed by means of a formal process
9 which insures that the licensed service providers and professionals
10 designated in this subsection meet the terms of their contracts;

11 (4) Establish reasonable limitations on administrative costs for
12 agencies that contract with the behavioral health organization;

13 (5) Assure that the special needs of minorities, older adults,
14 individuals with disabilities, children, and low-income persons are
15 met within the priorities established in this chapter;

16 (6) Maintain patient tracking information in a central location
17 as required for resource management services and the department's
18 information system;

19 (7) Collaborate to ensure that policies do not result in an
20 adverse shift of persons with mental illness into state and local
21 correctional facilities;

22 (8) Work with the department to expedite the enrollment or
23 reenrollment of eligible persons leaving state or local correctional
24 facilities and institutions for mental diseases;

25 (9) Work closely with the designated crisis responder to maximize
26 appropriate placement of persons into community services; ~~((and))~~

27 (10) Coordinate services for individuals who have received
28 services through the community mental health system and who become
29 patients at a state psychiatric hospital to ensure they are
30 transitioned into the community in accordance with mutually agreed
31 upon discharge plans and upon determination by the medical director
32 of the state psychiatric hospital that they no longer need intensive
33 inpatient care; and

34 (11) Allow reimbursement for time spent supervising persons
35 working toward satisfying supervision requirements established for
36 the relevant practice areas pursuant to RCW 18.225.090.

37 NEW SECTION. Sec. 8. A new section is added to chapter 74.09
38 RCW to read as follows:

1 Upon adoption of a fully integrated managed health care system
2 pursuant to chapter 71.24 RCW, regional service areas:

3 (1) Must allow reimbursement for time spent supervising persons
4 working toward satisfying supervision requirements established for
5 the relevant practice areas pursuant to RCW 18.225.090; and

6 (2) may allow reimbursement for services delivered through a
7 partial hospitalization or intensive outpatient program as described
8 in RCW 71.24.385.

9 NEW SECTION. **Sec. 9.** (1) The department of social and health
10 services must convene an advisory group of stakeholders to review the
11 parent-initiated treatment process authorized by chapter 71.34 RCW.
12 The advisory group must develop recommendations regarding:

13 (a) The age of consent for the behavioral health treatment of a
14 minor;

15 (b) Options for parental involvement in youth treatment
16 decisions;

17 (c) Information communicated to families and providers about the
18 parent-initiated treatment process; and

19 (d) The definition of medical necessity for emergency mental
20 health services and options for parental involvement in those
21 determinations.

22 (2) The advisory group established in this section must review
23 the effectiveness of serving commercially sexually exploited children
24 using parent-initiated treatment, involuntary treatment, or other
25 treatment services delivered pursuant to chapter 71.34 RCW.

26 (3) By December 1, 2018, the department of social and health
27 services must report the findings and recommendations of the advisory
28 group to the children's mental health work group established in
29 section 2 of this act.

30 (4) This section expires December 30, 2018.

31 **Sec. 10.** RCW 28A.630.500 and 2017 c 202 s 6 are each amended to
32 read as follows:

33 (1) Subject to the availability of amounts appropriated for this
34 specific purpose, the office of the superintendent of public
35 instruction shall establish a competitive application process to
36 designate two educational service districts in which to pilot one
37 lead staff person for children's mental health and substance use
38 disorder services.

1 (2) The office must select two educational service districts as
2 pilot sites by October 1, 2017. When selecting the pilot sites, the
3 office must endeavor to achieve a balanced geographic distribution of
4 sites east of the crest of the Cascade mountains and west of the
5 crest of the Cascade mountains.

6 (3) The lead staff person for each pilot site must have the
7 primary responsibility for:

8 (a) Coordinating medicaid billing for schools and school
9 districts in the educational service district;

10 (b) Facilitating partnerships with community mental health
11 agencies, providers of substance use disorder treatment, and other
12 providers;

13 (c) Sharing service models;

14 (d) Seeking public and private grant funding;

15 (e) Ensuring the adequacy of other system level supports for
16 students with mental health and substance use disorder treatment
17 needs; ((and))

18 (f) Collaborating with the other selected project and with the
19 office of the superintendent of public instruction; and

20 (g) Delivering a mental health literacy curriculum, mental health
21 literacy curriculum resource, or comprehensive instruction to
22 students in one high school in each pilot site that:

23 (i) Improves mental health literacy in students;

24 (ii) Is designed to support teachers; and

25 (iii) Aligns with the state health and physical education K-12
26 learning standards as they existed on January 1, 2018.

27 (4) The office of the superintendent of public instruction must
28 report on the results of the two pilot projects to the governor and
29 the appropriate committees of the legislature in accordance with RCW
30 43.01.036 by December 1, 2019. The report must also include:

31 (a) A case study of an educational service district that is
32 successfully delivering and coordinating children's mental health
33 activities and services. Activities and services may include but are
34 not limited to medicaid billing, facilitating partnerships with
35 community mental health agencies, and seeking and securing public and
36 private funding; and

37 (b) Recommendations regarding whether to continue or make
38 permanent the pilot projects and how the projects might be replicated
39 in other educational service districts.

40 (5) This section expires January 1, 2020.

1 NEW SECTION. **Sec. 11.** Subject to the availability of amounts
2 appropriated for this specific purpose, the child and adolescent
3 psychiatry residency program at the University of Washington shall
4 offer one additional twenty-four month residency position that is
5 approved by the accreditation council for graduate medical education
6 to one resident specializing in child and adolescent psychiatry. The
7 residency must include a minimum of twelve months of training in
8 settings where children's mental health services are provided under
9 the supervision of experienced psychiatric consultants and must be
10 located west of the crest of the Cascade mountains.

11 NEW SECTION. **Sec. 12.** Section 11 of this act takes effect July
12 1, 2020."

E2SHB 2779 - S COMM AMD

By Committee on Human Services & Corrections

ADOPTED 3/1/18

13 On page 1, line 2 of the title, after "youth;" strike the
14 remainder of the title and insert "amending RCW 74.09.495, 71.24.385,
15 71.24.045, and 28A.630.500; adding new sections to chapter 74.09 RCW;
16 creating new sections; providing an effective date; and providing
17 expiration dates."

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