

2SHB 1088 - S COMM AMD
By Committee on Ways & Means

ADOPTED 04/09/2007

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

3 "Sec. 1. RCW 71.36.005 and 1991 c 326 s 11 are each amended to
4 read as follows:

5 The legislature intends to (~~encourage the development of~~
6 ~~community based interagency collaborative efforts to plan for and~~
7 ~~provide mental health services to children in a manner that~~)
8 substantially improve the delivery of children's mental health services
9 in Washington state through the development and implementation of a
10 children's mental health system that:

- 11 (1) Values early identification, intervention, and prevention;
12 (2) Coordinates existing categorical children's mental health
13 programs and funding, through efforts that include elimination of
14 duplicative care plans and case management;
15 (3) Treats each child in the context of his or her family, and
16 provides services and supports needed to maintain a child with his or
17 her family and community;
18 (4) Integrates families into treatment through choice of treatment,
19 participation in treatment, and provision of peer support;
20 (5) Focuses on resiliency and recovery;
21 (6) Relies to a greater extent on evidence-based practices;
22 (7) Is sensitive to the unique cultural circumstances of children
23 of color(~~, eliminates duplicative case management,~~) and children in
24 families whose primary language is not English;
25 (8) Integrates educational support services that address students'
26 diverse learning styles; and
27 (9) To the greatest extent possible, blends categorical funding to
28 offer more service and support options to each child.

1 **Sec. 2.** RCW 71.36.010 and 1991 c 326 s 12 are each amended to read
2 as follows:

3 Unless the context clearly requires otherwise, the definitions in
4 this section apply throughout this chapter.

5 (1) "Agency" means a state, tribal, or local governmental entity or
6 a private not-for-profit organization.

7 (2) "Child" means a person under eighteen years of age, except as
8 expressly provided otherwise in state or federal law.

9 (3) "Consensus-based" means a program or practice that has general
10 support among treatment providers and experts, based on experience or
11 professional literature, and may have anecdotal or case study support,
12 or that is agreed but not possible to perform studies with random
13 assignment and controlled groups.

14 (4) "County authority" means the board of county commissioners or
15 county executive.

16 (~~(4)~~) (5) "Department" means the department of social and health
17 services.

18 (~~(5)~~) (6) "Early periodic screening, diagnosis, and treatment"
19 means the component of the federal medicaid program established
20 pursuant to 42 U.S.C. Sec. 1396d(r), as amended.

21 (~~(6)~~) (7) "Evidence-based" means a program or practice that has
22 had multiple site random controlled trials across heterogeneous
23 populations demonstrating that the program or practice is effective for
24 the population.

25 (8) "Family" means a child's biological parents, adoptive parents,
26 foster parents, guardian, legal custodian authorized pursuant to Title
27 26 RCW, a relative with whom a child has been placed by the department
28 of social and health services, or a tribe.

29 (9) "Promising practice" or "emerging best practice" means a
30 practice that presents, based upon preliminary information, potential
31 for becoming a research-based or consensus-based practice.

32 (10) "Regional support network" means a county authority or group
33 of county authorities or other nonprofit entity that (~~have~~) has
34 entered into contracts with the secretary pursuant to chapter 71.24
35 RCW.

36 (~~(7)~~) (11) "Research-based" means a program or practice that has
37 some research demonstrating effectiveness, but that does not yet meet
38 the standard of evidence-based practices.

1 (12) "Secretary" means the secretary of social and health services.

2 (13) "Wraparound process" means a family driven planning process
3 designed to address the needs of children and youth by the formation of
4 a team that empowers families to make key decisions regarding the care
5 of the child or youth in partnership with professionals and the
6 family's natural community supports. The team produces a community-
7 based and culturally competent intervention plan which identifies the
8 strengths and needs of the child or youth and family and defines goals
9 that the team collaborates on achieving with respect for the unique
10 cultural values of the family. The "wraparound process" shall
11 emphasize principles of persistence and outcome-based measurements of
12 success.

13 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.36 RCW
14 to read as follows:

15 ELEMENTS OF A CHILDREN'S MENTAL HEALTH SYSTEM. (1) It is the goal
16 of the legislature that, by 2012, the children's mental health system
17 in Washington state include the following elements:

18 (a) A continuum of services from early identification,
19 intervention, and prevention through crisis intervention and inpatient
20 treatment, including peer support and parent mentoring services;

21 (b) Equity in access to services for similarly situated children,
22 including children with co-occurring disorders;

23 (c) Developmentally appropriate, high quality, and culturally
24 competent services available statewide;

25 (d) Treatment of each child in the context of his or her family and
26 other persons that are a source of support and stability in his or her
27 life;

28 (e) A sufficient supply of qualified and culturally competent
29 children's mental health providers;

30 (f) Use of developmentally appropriate evidence-based,
31 research-based, promising, or consensus-based practices;

32 (g) Integrated and flexible services to meet the needs of children
33 who, due to mental illness or emotional or behavioral disturbance, are
34 at risk of out-of-home placement or involved with multiple child-
35 serving systems.

36 (2) The effectiveness of the children's mental health system shall
37 be determined through the use of outcome-based performance measures.

1 The department and the evidence-based practice institute established in
2 section 7 of this act, in consultation with parents, caregivers, youth,
3 regional support networks, mental health services providers, health
4 plans, primary care providers, tribes, and others, shall develop
5 outcome-based performance measures such as:

- 6 (a) Decreased emergency room utilization;
- 7 (b) Decreased psychiatric hospitalization;
- 8 (c) Lessening of symptoms, as measured by commonly used assessment
9 tools;
- 10 (d) Decreased out-of-home placement, including residential, group,
11 and foster care, and increased stability of such placements, when
12 necessary;
- 13 (e) Decreased runaways from home or residential placements;
- 14 (f) Decreased rates of chemical dependency;
- 15 (g) Decreased involvement with the juvenile justice system;
- 16 (h) Improved school attendance and performance;
- 17 (i) Reductions in school or child care suspensions or expulsions;
- 18 (j) Reductions in use of prescribed medication where cognitive
19 behavioral therapies are indicated;
- 20 (k) Improved rates of high school graduation and employment; and
- 21 (l) Decreased use of mental health services upon reaching adulthood
22 for mental disorders other than those that require ongoing treatment to
23 maintain stability.

24 Performance measure reporting for children's mental health services
25 should be integrated into existing performance measurement and
26 reporting systems developed and implemented under chapter 71.24 RCW.

27 NEW SECTION. **Sec. 4.** REGIONAL SUPPORT NETWORK SERVICES--
28 CHILDREN'S ACCESS TO CARE STANDARDS AND BENEFIT PACKAGE. As part of
29 the system transformation initiative, the department of social and
30 health services shall undertake the following activities related
31 specifically to children's mental health services:

- 32 (1) The development of recommended revisions to the access to care
33 standards for children. The recommended revisions shall reflect the
34 policies and principles set out in RCW 71.36.005, 71.36.010, and
35 section 3 of this act, and recognize that early identification,
36 intervention and prevention services, and brief intervention services
37 may be provided outside of the regional support network system.

1 Revised access to care standards shall assess a child's need for mental
2 health services based upon the child's diagnosis and its negative
3 impact upon his or her persistent impaired functioning in family,
4 school, or the community, and should not solely condition the receipt
5 of services upon a determination that a child is engaged in high risk
6 behavior or is in imminent need of hospitalization or out-of-home
7 placement. Assessment and diagnosis for children under five years of
8 age shall be determined using a nationally accepted assessment tool
9 designed specifically for children of that age. The recommendations
10 shall also address whether amendments to RCW 71.24.025 (26) and (27)
11 and 71.24.035(5) are necessary to implement revised access to care
12 standards;

13 (2) Development of a revised children's mental health benefit
14 package. The department shall ensure that services included in the
15 children's mental health benefit package reflect the policies and
16 principles included in RCW 71.36.005 and section 3 of this act, to the
17 extent allowable under medicaid, Title XIX of the federal social
18 security act. Strong consideration shall be given to developmentally
19 appropriate evidence-based, research-based, promising, or
20 consensus-based practices, family-based interventions, the use of
21 natural and peer supports, and community support services. This effort
22 shall include a review of other states' efforts to fund family-centered
23 children's mental health services through their medicaid programs;

24 (3) Consistent with the timeline developed for the system
25 transformation initiative, recommendations for revisions to the
26 children's access to care standards and the children's mental health
27 services benefits package shall be presented to the legislature by
28 January 1, 2009.

29 NEW SECTION. **Sec. 5.** A new section is added to chapter 74.09 RCW
30 to read as follows:

31 IMPROVING MEDICATION MANAGEMENT AND CARE COORDINATION. (1)(a) The
32 department, in consultation with the evidence-based practice institute
33 established in section 7 of this act, shall develop and implement
34 policies to improve prescribing practices for treatment of emotional or
35 behavioral disturbances in children, improve the quality of children's
36 mental health therapy through increased use of evidence-based,
37 research-based, promising, or consensus-based practices and reduced

1 variation in practice, improve communication and care coordination
2 between primary care and mental health providers, and prioritize care
3 in the family home or care which integrates the family where
4 out-of-home placement is required.

5 (b) The department shall identify those children with emotional or
6 behavioral disturbances who may be at high risk due to off-label use of
7 prescription medication, use of multiple medications, high medication
8 dosage, or lack of coordination among multiple prescribing providers,
9 and establish one or more mechanisms to evaluate the appropriateness of
10 the medication these children are using, including but not limited to
11 obtaining second opinions from experts in child psychiatry.

12 (c) The department shall review the psychotropic medications of all
13 children under five and establish one or more mechanisms to evaluate
14 the appropriateness of the medication these children are using,
15 including but not limited to obtaining second opinions from experts in
16 child psychiatry.

17 (d) The department shall track prescriptive practices with respect
18 to psychotropic medications with the goal of reducing the use of
19 medication.

20 (e) The department shall encourage the use of cognitive behavioral
21 therapies and other treatments which are empirically supported or
22 evidence-based, in addition to or in the place of prescription
23 medication where appropriate.

24 (2) The department shall convene a representative group of regional
25 support networks, community mental health centers, and managed health
26 care systems contracting with the department under RCW 74.09.522 to:

27 (a) Establish mechanisms and develop contract language that ensures
28 increased coordination of and access to medicaid mental health benefits
29 available to children and their families, including ensuring access to
30 services that are identified as a result of a developmental screen
31 administered through early periodic screening, diagnosis, and
32 treatment;

33 (b) Define managed health care system and regional support network
34 contractual performance standards that track access to and utilization
35 of services; and

36 (c) Set standards for reducing the number of children that are
37 prescribed antipsychotic drugs and receive no outpatient mental health
38 services with their medication.

1 (3) The department shall report on progress and any findings under
2 this section to the legislature by January 1, 2009.

3 NEW SECTION. **Sec. 6.** A new section is added to chapter 71.36 RCW
4 to read as follows:

5 MEDICAID ELIGIBLE CHILDREN IN TEMPORARY JUVENILE DETENTION. The
6 department shall explore the feasibility of obtaining a medicaid state
7 plan amendment to allow the state to receive medicaid matching funds
8 for health services provided to medicaid enrolled youth who are
9 temporarily placed in a juvenile detention facility. Temporary
10 placement shall be defined as until adjudication or up to sixty
11 continuous days, whichever occurs first.

12 NEW SECTION. **Sec. 7.** A new section is added to chapter 71.24 RCW
13 to read as follows:

14 CHILDREN'S MENTAL HEALTH PROVIDERS. (1) The department shall
15 provide flexibility in provider contracting to regional support
16 networks for children's mental health services. Beginning with 2007-
17 2009 biennium contracts, regional support network contracts shall
18 authorize regional support networks to allow and encourage licensed
19 community mental health centers to subcontract with individual licensed
20 mental health professionals when necessary to meet the need for an
21 adequate, culturally competent, and qualified children's mental health
22 provider network.

23 (2) To the extent that funds are specifically appropriated for this
24 purpose or that nonstate funds are available, a children's mental
25 health evidence-based practice institute shall be established at the
26 University of Washington division of public behavioral health and
27 justice policy. The institute shall closely collaborate with entities
28 currently engaged in evaluating and promoting the use of evidence-
29 based, research-based, promising, or consensus-based practices in
30 children's mental health treatment, including but not limited to the
31 University of Washington department of psychiatry and behavioral
32 sciences, children's hospital and regional medical center, the
33 University of Washington school of nursing, the University of
34 Washington school of social work, and the Washington state institute
35 for public policy. To ensure that funds appropriated are used to the

1 greatest extent possible for their intended purpose, the University of
2 Washington's indirect costs of administration shall not exceed ten
3 percent of appropriated funding. The institute shall:

4 (a) Improve the implementation of evidence-based, research-based,
5 promising, or consensus-based practices by providing sustained and
6 effective training and consultation to licensed children's mental
7 health providers and child-serving agencies who are implementing
8 evidence-based or promising practices for treatment of children's
9 emotional or behavioral disorders, or who are interested in adapting
10 these practices to better serve ethnically or culturally diverse
11 children. Efforts under this subsection should include a focus on
12 appropriate oversight of implementation of evidence-based practices to
13 ensure fidelity to these practices and thereby achieve positive
14 outcomes;

15 (b) Continue the successful implementation of the "partnerships for
16 success" model by consulting with communities so they may select,
17 implement, and continually evaluate the success of evidence-based
18 practices that are relevant to the needs of children, youth, and
19 families in their community;

20 (c) Partner with youth, family members, family advocacy, and
21 culturally competent provider organizations to develop a series of
22 information sessions, literature, and on-line resources for families to
23 become informed and engaged in evidence-based, research-based,
24 promising, or consensus-based practices;

25 (d) Participate in the identification of outcome-based performance
26 measures under section 3(2) of this act and partner in a statewide
27 effort to implement statewide outcomes monitoring and quality
28 improvement processes; and

29 (e) Serve as a statewide resource to the department and other
30 entities on child and adolescent evidence-based, research-based,
31 promising, or consensus-based practices for children's mental health
32 treatment, maintaining a working knowledge through ongoing review of
33 academic and professional literature, and knowledge of other evidence-
34 based practice implementation efforts in Washington and other states.

35 (3) To the extent that funds are specifically appropriated for this
36 purpose, the department in collaboration with the evidence-based
37 practice institute shall implement a pilot program to support primary
38 care providers in the assessment and provision of appropriate diagnosis

1 and treatment of children with mental and behavioral health disorders
2 and track outcomes of this program. The program shall be designed to
3 promote more accurate diagnoses and treatment through timely case
4 consultation between primary care providers and child psychiatric
5 specialists, and focused educational learning collaboratives with
6 primary care providers.

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

9 (1) The department shall adopt rules and policies providing that
10 when youth who were enrolled in a medical assistance program
11 immediately prior to confinement are released from confinement, their
12 medical assistance coverage will be fully reinstated on the day of
13 their release, subject to any expedited review of their continued
14 eligibility for medical assistance coverage that is required under
15 federal or state law.

16 (2) The department, in collaboration with county juvenile court
17 administrators and regional support networks, shall establish
18 procedures for coordination between department field offices, juvenile
19 rehabilitation administration institutions, and county juvenile courts
20 that result in prompt reinstatement of eligibility and speedy
21 eligibility determinations for youth who are likely to be eligible for
22 medical assistance services upon release from confinement. Procedures
23 developed under this subsection must address:

24 (a) Mechanisms for receiving medical assistance services'
25 applications on behalf of confined youth in anticipation of their
26 release from confinement;

27 (b) Expeditious review of applications filed by or on behalf of
28 confined youth and, to the extent practicable, completion of the review
29 before the youth is released; and

30 (c) Mechanisms for providing medical assistance services' identity
31 cards to youth eligible for medical assistance services immediately
32 upon their release from confinement.

33 (3) For purposes of this section, "confined" or "confinement" means
34 detained in a facility operated by or under contract with the
35 department of social and health services, juvenile rehabilitation
36 administration, or detained in a juvenile detention facility operated
37 under chapter 13.04 RCW.

1 (4) The department shall adopt standardized statewide screening and
2 application practices and forms designed to facilitate the application
3 of a confined youth who is likely to be eligible for a medical
4 assistance program.

5 NEW SECTION. **Sec. 9.** Educational service district boards may
6 partner with regional support networks to respond to a request for
7 proposal for operation of a wraparound model site under this act and,
8 if selected, may contract for the provision of services to coordinate
9 care and facilitate the delivery of services and other supports under
10 a wraparound model.

11 NEW SECTION. **Sec. 10.** WRAPAROUND MODEL OF INTEGRATED CHILDREN'S
12 MENTAL HEALTH SERVICES DELIVERY. To the extent funds are specifically
13 appropriated for this purpose, the department of social and health
14 services shall contract for implementation of a wraparound model of
15 integrated children's mental health services delivery in up to three
16 counties in Washington state.

17 (1) Funding provided may be expended for: Costs associated with a
18 request for proposal and contracting process; administrative costs
19 associated with successful bidders' operation of the wraparound model;
20 the evaluation under subsection (5) of this section; and funding for
21 services needed by children enrolled in wraparound model sites that are
22 not otherwise covered under existing state programs. The services
23 provided through the wraparound model sites shall include, but not be
24 limited to, services covered under the medicaid program. The
25 department shall maximize the use of medicaid and other existing state-
26 funded programs as a funding source. However, state funds provided may
27 be used to develop a broader service package to meet needs identified
28 in a child's care plan. Amounts provided shall supplement, and not
29 supplant, state, local, or other funding for services that a child
30 being served through a wraparound site would otherwise be eligible to
31 receive.

32 (2) The wraparound model sites shall serve children with serious
33 emotional or behavioral disturbances who are at high risk of
34 residential or correctional placement or psychiatric hospitalization,
35 and who have been referred for services from the department, a county

1 juvenile court, a tribal court, a school, or a licensed mental health
2 provider or agency.

3 (3) Through a request for proposal process, the department shall
4 contract, with educational service districts, regional support
5 networks, or entities licensed to provide mental health services to
6 children with serious emotional or behavioral disturbances, to operate
7 the wraparound model sites. The contractor shall provide care
8 coordination and facilitate the delivery of services and other supports
9 to families using a strength-based, highly individualized wraparound
10 process. The request for proposal shall require that the contractor
11 provide evidence of commitments from at least the following entities to
12 participate in wraparound care plan development and service provision
13 when appropriate: Regional support networks, community mental health
14 agencies, schools, the department of social and health services
15 children's administration, juvenile courts, the department of social
16 and health services juvenile rehabilitation administration, and managed
17 health care systems contracting with the department under RCW
18 74.09.522.

19 (4) Contracts for operation of the wraparound model sites shall be
20 executed on or before April 1, 2008, with enrollment and service
21 delivery beginning on or before July 1, 2008.

22 (5) The evidence-based practice institute established in section 7
23 of this act shall evaluate the wraparound model sites, measuring
24 outcomes for children served. Outcomes measured shall include, but are
25 not limited to: Decreased out-of-home placement, including
26 residential, group, and foster care, and increased stability of such
27 placements, school attendance, school performance, recidivism,
28 emergency room utilization, involvement with the juvenile justice
29 system, and decreased hospitalization.

30 NEW SECTION. **Sec. 11.** A new section is added to chapter 74.09 RCW
31 to read as follows:

32 (1) To the extent that funds are specifically appropriated for this
33 purpose the department shall revise its medicaid healthy options
34 managed care and fee-for-service program standards under medicaid,
35 Title XIX of the federal social security act to improve access to
36 mental health services for children who do not meet the regional
37 support network access to care standards. Effective July 1, 2008, the

1 program standards shall be revised to allow outpatient therapy services
2 to be provided by licensed mental health professionals, as defined in
3 RCW 71.34.020, and up to twenty outpatient therapy hours per calendar
4 year, including family therapy visits integral to a child's treatment.

5 (2) This section expires July 1, 2010.

6 NEW SECTION. **Sec. 12.** The following acts or parts of acts are
7 each repealed:

8 (1) RCW 71.36.020 (Plan for early periodic screening, diagnosis,
9 and treatment services) and 2003 c 281 s 4 & 1991 c 326 s 13; and

10 (2) RCW 71.36.030 (Children's mental health services delivery
11 system--Local planning efforts) and 1991 c 326 s 14.

12 NEW SECTION. **Sec. 13.** Captions used in this act are not part of
13 the law.

14 NEW SECTION. **Sec. 14.** If specific funding for the purposes of
15 sections 4, 5, 7, 8, 10, and 11 of this act, referencing the section by
16 section number and by bill or chapter number, is not provided by June
17 30, 2007, each section not referenced is null and void."

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18 On page 1, line 1 of the title, after "services;" strike the
19 remainder of the title and insert "amending RCW 71.36.005 and
20 71.36.010; adding new sections to chapter 71.36 RCW; adding new
21 sections to chapter 74.09 RCW; adding a new section to chapter 71.24
22 RCW; creating new sections; repealing RCW 71.36.020 and 71.36.030; and
23 providing an expiration date."

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