

**E2SHB 2779** - S COMM AMD

By Committee on Human Services & Corrections

**ADOPTED AS AMENDED 03/01/2018**

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

1 December 1, 2017, may continue to serve as members of the work group  
2 without reappointment.

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

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

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

14 (d) The governor shall appoint one member representing each of  
15 the following:

16 (i) Behavioral health organizations;

17 (ii) Community mental health agencies;

18 (iii) Medicaid managed care organizations;

19 (iv) A regional provider of co-occurring disorder services;

20 (v) Pediatricians or primary care providers;

21 (vi) Providers specializing in infant or early childhood mental  
22 health;

23 (vii) Child health advocacy groups;

24 (viii) Early learning and child care providers;

25 (ix) The evidence-based practice institute;

26 (x) Parents or caregivers who have been the recipient of early  
27 childhood mental health services;

28 (xi) An education or teaching institution that provides training  
29 for mental health professionals;

30 (xii) Foster parents;

31 (xiii) Providers of culturally and linguistically appropriate  
32 health services to traditionally underserved communities;

33 (xiv) Pediatricians located east of the crest of the Cascade  
34 mountains; and

35 (xv) Child psychiatrists.

36 (e) The governor shall request participation by a representative  
37 of tribal governments.

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

1 (g) The insurance commissioner shall appoint one representative  
2 from the office of the insurance commissioner.

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

8 (3) The work group shall:

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

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

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

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

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

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

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

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

1        (1) To better assure and understand issues related to network  
2 adequacy and access to services, the authority and the department  
3 shall report to the appropriate committees of the legislature by  
4 December 1, 2017, and annually thereafter, on the status of access to  
5 behavioral health services for children birth through age seventeen  
6 using data collected pursuant to RCW 70.320.050.

7        ~~((1))~~ (2) At a minimum, the report must include the following  
8 components broken down by age, gender, and race and ethnicity:

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

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

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

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

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

27        (i) Eating disorder diagnoses;

28        (ii) Patients treated in outpatient, residential, emergency, and  
29 inpatient care settings; and

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

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

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

38        (2) The authority must contract with a third party to:

1 (a) Build upon the research and strategies developed in the  
2 Washington state home visiting and medicaid financing strategies  
3 report submitted by the health care authority to the department of  
4 early learning in August 2017; and

5 (b) Provide a set of recommendations to the legislature by  
6 December 1, 2018.

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

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

12 (b) Develop a strategy to expand home visiting programs  
13 statewide; and

14 (c) Collaborate with the health care authority to maximize  
15 medicaid and other federal resources in implementing current home  
16 visiting programs and the statewide strategy developed under this  
17 section.

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

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

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

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

26 (i) Crisis diversion services;

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

28 (iii) Residential treatment;

29 (iv) Programs for intensive community treatment;

30 (v) Outpatient services, including family support;

31 (vi) Peer support services;

32 (vii) Community support services;

33 (viii) Resource management services; and

34 (ix) Supported housing and supported employment services.

35 (b) With substance use disorders and their families, people  
36 incapacitated by alcohol or other psychoactive chemicals, and  
37 intoxicated people.

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

- 4 (A) Withdrawal management;
- 5 (B) Residential treatment; and
- 6 (C) Outpatient treatment.

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

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

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

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

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

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

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

36 The behavioral health organization shall:

37 (1) Contract as needed with licensed service providers. The  
38 behavioral health organization may, in the absence of a licensed  
39 service provider entity, become a licensed service provider entity

1 pursuant to minimum standards required for licensing by the  
2 department for the purpose of providing services not available from  
3 licensed service providers;

4 (2) Operate as a licensed service provider if it deems that doing  
5 so is more efficient and cost effective than contracting for  
6 services. When doing so, the behavioral health organization shall  
7 comply with rules promulgated by the secretary that shall provide  
8 measurements to determine when a behavioral health organization  
9 provided service is more efficient and cost effective;

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

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

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

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

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

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

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

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

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

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

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

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

11       (2) may allow reimbursement for services delivered through a  
12 partial hospitalization or intensive outpatient program as described  
13 in RCW 71.24.385.

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

18       (a) The age of consent for the behavioral health treatment of a  
19 minor;

20       (b) Options for parental involvement in youth treatment  
21 decisions;

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

24       (d) The definition of medical necessity for emergency mental  
25 health services and options for parental involvement in those  
26 determinations.

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

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

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

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

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

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

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

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

16 (b) Facilitating partnerships with community mental health  
17 agencies, providers of substance use disorder treatment, and other  
18 providers;

19 (c) Sharing service models;

20 (d) Seeking public and private grant funding;

21 (e) Ensuring the adequacy of other system level supports for  
22 students with mental health and substance use disorder treatment  
23 needs; ((and))

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

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

29 (i) Improves mental health literacy in students;

30 (ii) Is designed to support teachers; and

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

33 (4) The office of the superintendent of public instruction must  
34 report on the results of the two pilot projects to the governor and  
35 the appropriate committees of the legislature in accordance with RCW  
36 43.01.036 by December 1, 2019. The report must also include:

37 (a) A case study of an educational service district that is  
38 successfully delivering and coordinating children's mental health  
39 activities and services. Activities and services may include but are  
40 not limited to medicaid billing, facilitating partnerships with

1 community mental health agencies, and seeking and securing public and  
2 private funding; and

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

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

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

17 NEW SECTION. **Sec. 12.** Section 11 of this act takes effect July  
18 1, 2020."

**E2SHB 2779** - S COMM AMD

By Committee on Human Services & Corrections

**ADOPTED AS AMENDED 03/01/2018**

19 On page 1, line 2 of the title, after "youth;" strike the  
20 remainder of the title and insert "amending RCW 74.09.495, 71.24.385,  
21 71.24.045, and 28A.630.500; adding new sections to chapter 74.09 RCW;  
22 creating new sections; providing an effective date; and providing  
23 expiration dates."

EFFECT: (1) Changes language to reflect two cochairs, one must be  
a member of the legislature, and one must be from the executive  
branch members.

(2) Removes language that the work group shall choose three  
cochairs, with two representing the minority and majority caucuses in  
the House of Representatives.

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