
HOUSE BILL 2779 (Corrected Copy)

State of Washington 65th Legislature 2018 Regular Session

By Representatives Senn, Dent, Eslick, Bergquist, Tharinger, Goodman, Doglio, Pollet, Kloba, Macri, and Santos

Read first time 01/16/18. Referred to Committee on Early Learning & Human Services.

1 AN ACT Relating to improving access to mental health services for
2 children and youth; amending RCW 74.09.495, 71.24.385, 71.24.045, and
3 28A.630.500; adding new sections to chapter 74.09 RCW; adding a new
4 section to chapter 43.216 RCW; adding a new section to chapter 28B.20
5 RCW; creating new sections; providing an effective date; and
6 providing expiration dates.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

1 children's mental health work group through December 2020 and to
2 implement additional recommendations from the work group in order to
3 improve mental health care access for children and their families.

4 NEW SECTION. **Sec. 2.** (1) A children's mental health work group
5 is established to identify barriers to and opportunities for
6 accessing mental health services for children and families and to
7 advise the legislature on statewide mental health services for this
8 population.

9 (2) The work group shall consist of not more than twenty-six
10 members and four alternates as provided in this subsection. Members
11 must represent the regional, racial, and cultural diversity of all
12 children and families in the state. Members of the children's mental
13 health work group created in chapter 96, Laws of 2016, and serving on
14 the work group as of December 1, 2017, may continue to serve as
15 members of the work group without reappointment.

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

18 (b) The speaker of the house of representatives shall appoint one
19 member and one alternate from each of the two largest caucuses in the
20 house of representatives.

21 (c) The governor shall appoint six members representing the
22 following state agencies and offices: The department of children,
23 youth, and families; the department of social and health services;
24 the health care authority; the department of health; the office of
25 homeless youth prevention and protection programs; and the office of
26 the governor.

27 (d) The governor shall appoint thirteen members representing:

28 (i) Behavioral health organizations;

29 (ii) Community mental health agencies;

30 (iii) Medicaid managed care organizations;

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

32 (v) Pediatricians or primary care providers;

33 (vi) Providers specializing in infant or early childhood mental
34 health;

35 (vii) Child health advocacy groups;

36 (viii) Early learning and child care providers;

37 (ix) The evidence-based practice institute;

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

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

3 (xii) Foster parents; and

4 (xiii) Providers of culturally and linguistically appropriate
5 health services to traditionally underserved communities.

6 (e) The governor shall request participation by a representative
7 of tribal governments.

8 (f) The superintendent of public instruction shall appoint one
9 representative from the office of the superintendent of public
10 instruction.

11 (g) The insurance commissioner shall appoint one representative
12 from the office of the insurance commissioner.

13 (h) The work group shall choose two cochairs, one from among its
14 legislative membership and one representative of a state agency. The
15 representative from the health care authority shall convene the
16 initial meeting of the work group.

17 (3) The work group shall:

18 (a) Monitor the implementation of enacted legislation related to
19 children's mental health;

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

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

25 (4) Staff support for the work group must be provided by the
26 house of representatives office of program research, the senate
27 committee services, and the health care authority.

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

34 (6) The expenses of the work group must be paid jointly by the
35 senate and the house of representatives. Work group expenditures are
36 subject to approval by the senate facilities and operations committee
37 and the house of representatives executive rules committee, or their
38 successor committees.

39 (7) The work group shall update the findings and recommendations
40 reported to the legislature by the children's mental health work

1 group in December 2016 pursuant to chapter 96, Laws of 2016. The work
2 group must submit the updated report to the governor and the
3 appropriate committees of the legislature by December 1, 2020.

4 (8) This section expires December 30, 2020.

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

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

13 ~~((1))~~ (2) At a minimum, the report must include the following
14 components broken down by age, gender, and race and ethnicity:

15 (a) The percentage of discharges for patients ages six through
16 seventeen who had a visit to the emergency room with a primary
17 diagnosis of mental health or alcohol or other drug dependence during
18 the measuring year and who had a follow-up visit with any provider
19 with a corresponding primary diagnosis of mental health or alcohol or
20 other drug dependence within thirty days of discharge;

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

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

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

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

33 (i) Eating disorder diagnoses;

34 (ii) Patients treated in outpatient, residential, emergency, and
35 inpatient care settings; and

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

1 NEW SECTION. **Sec. 4.** A new section is added to chapter 74.09
2 RCW to read as follows:

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

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

7 (a) Build upon the research and strategies developed in the
8 Washington state home visiting and medicaid financing strategies
9 report submitted by the health care authority to the department of
10 early learning in August 2017;

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

14 (c) Develop a strategy to expand home visiting programs
15 statewide;

16 (d) Identify how to maximize medicaid and other federal resources
17 in implementing current home visiting programs and the statewide
18 strategy developed under this section; and

19 (e) Provide a set of recommendations to the legislature by
20 December 1, 2018.

21 **Sec. 5.** RCW 71.24.385 and 2016 sp.s. c 29 s 510 are each amended
22 to read as follows:

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

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

28 (i) Crisis diversion services;

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

30 (iii) Residential treatment;

31 (iv) Programs for intensive community treatment;

32 (v) Outpatient services, including family support;

33 (vi) Peer support services;

34 (vii) Community support services;

35 (viii) Resource management services; and

36 (ix) Supported housing and supported employment services.

37 (b) With substance use disorders and their families, people
38 incapacitated by alcohol or other psychoactive chemicals, and
39 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. 6.** 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. 7. 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. 8. A new section is added to chapter 43.216
15 RCW to read as follows:

16 (1) The department must contract with an infant nurse consultant
17 to provide support and consultation for child care providers caring
18 for infants in at least two regions selected by the department. The
19 infant nurse consultant must:

20 (a) Be a currently licensed registered nurse who has either
21 worked in pediatrics or public health in the past year or has taken
22 or taught classes in pediatric nursing at the college level in the
23 past five years;

24 (b) Visit each child care center licensed to care for four or
25 more infants in the region at least once monthly; and

26 (c) Provide a signed, written summary to the department for each
27 child care center visit. The summary must include topics discussed
28 and any areas of concern.

29 (2) Any requirement that is adopted in rule or policy by the
30 department for child care providers to have an infant nurse
31 consultant must be contingent upon an adequate supply of available
32 infant nurse consultants in the region.

33 NEW SECTION. Sec. 9. A new section is added to chapter 28B.20
34 RCW to read as follows:

35 Subject to the availability of amounts appropriated for this
36 specific purpose, the child and adolescent psychiatry residency
37 program at the University of Washington shall offer one additional

1 twenty-four month residency position that is approved by the
2 accreditation council for graduate medical education to one resident
3 specializing in child and adolescent psychiatry. The residency must
4 include a minimum of twelve months of training in settings where
5 children's mental health services are provided under the supervision
6 of experienced psychiatric consultants and must be located west of
7 the crest of the Cascade mountains.

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

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

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

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

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

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

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

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

30 **Sec. 11.** RCW 28A.630.500 and 2017 c 202 s 6 are each amended to
31 read as follows:

32 (1) Subject to the availability of amounts appropriated for this
33 specific purpose, the office of the superintendent of public
34 instruction shall establish a competitive application process to
35 designate two educational service districts in which to pilot one
36 lead staff person for children's mental health and substance use
37 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. 12.** Section 8 of this act takes effect July
2 1, 2018.

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