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**SENATE BILL 5710**

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**State of Washington 68th Legislature 2023 Regular Session**

**By** Senators Torres, Wellman, Braun, Muzzall, Dozier, Nobles, and L. Wilson

AN ACT Relating to providing access to behavioral health services to youth in rural and underserved areas; amending RCW 71.24.061; and adding a new section to chapter 28A.300 RCW.

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

NEW SECTION. **Sec.**  A new section is added to chapter 28A.300 RCW to read as follows:

(1) A grant program is created within the office of the superintendent of public instruction to, subject to the availability of amounts appropriated for this specific purpose, either contract with a nonprofit organization or directly provide funding to educational service districts on an ongoing basis to provide students attending school in rural areas with access to a mental health professional using telemedicine, with priority given to areas where mental health services are inadequate or nonexistent and hiring an in-person mental health professional is infeasible due to geography. Participating schools shall provide students with a confidential, private location for the students to connect with the mental health professional over a high-speed internet connection. The office of the superintendent of public instruction or its contractor shall provide training to school personnel in participating schools to identify students in need of services, schedule and support the students, and provide a safe hand-off for the students before and after services are provided. The office of the superintendent of public instruction or its contractor may provide technology to participating schools to assist in the implementation of this program.

(2) No student shall be charged a fee for using this program, but the office of the superintendent of public instruction or its contractor may, to the extent feasible, recover costs for mental health professional services provided through public or private insurance held by the students to extend the reach of the program.

(3) The office of the superintendent of public instruction may adopt rules and procedures to implement this program.

(4) The office of the superintendent of public instruction shall report annually to relevant committees of the legislature describing the utilization and results achieved by this program.

(5) For the purpose of this section, "mental health professional" has the same meaning as in RCW 71.05.020.

**Sec.**  RCW 71.24.061 and 2021 c 126 s 1 are each amended to read as follows:

(1) The authority shall provide flexibility to encourage licensed or certified community behavioral health agencies to subcontract with an adequate, culturally competent, and qualified children's mental health provider network.

(2) To the extent that funds are specifically appropriated for this purpose or that nonstate funds are available, a children's mental health evidence-based practice institute shall be established at the University of Washington department of psychiatry and behavioral sciences. The institute shall closely collaborate with entities currently engaged in evaluating and promoting the use of evidence-based, research‑based, promising, or consensus‑based practices in children's mental health treatment, including but not limited to the University of Washington department of psychiatry and behavioral sciences, Seattle children's hospital, the University of Washington school of nursing, the University of Washington school of social work, and the Washington state institute for public policy. To ensure that funds appropriated are used to the greatest extent possible for their intended purpose, the University of Washington's indirect costs of administration shall not exceed ten percent of appropriated funding. The institute shall:

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

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

(c) Partner with youth, family members, family advocacy, and culturally competent provider organizations to develop a series of information sessions, literature, and online resources for families to become informed and engaged in evidence-based and research‑based practices;

(d) Participate in the identification of outcome-based performance measures under RCW 71.36.025(2) and partner in a statewide effort to implement statewide outcomes monitoring and quality improvement processes; and

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

(3)(a) To the extent that funds are specifically appropriated for this purpose, the authority in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle children's hospital shall implement the following access lines:

(i) The partnership access line to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of children with mental and behavioral health disorders and track outcomes of this program;

(ii) The partnership access line for moms to support obstetricians, pediatricians, primary care providers, mental health professionals, and other health care professionals providing care to pregnant women and new mothers through same-day telephone consultations in the assessment and provision of appropriate diagnosis and treatment of depression in pregnant women and new mothers; and

(iii) The mental health referral service for children and teens to facilitate referrals to children's mental health services and other resources for parents and guardians with concerns related to the mental health of the parent or guardian's child. Facilitation activities include assessing the level of services needed by the child; within an average of seven days from call intake processing with a parent or guardian, identifying mental health professionals who are in-network with the child's health care coverage who are accepting new patients and taking appointments; coordinating contact between the parent or guardian and the mental health professional; and providing postreferral reviews to determine if the child has outstanding needs. In conducting its referral activities, the program shall collaborate with existing databases and resources to identify in-network mental health professionals.

(b) The program activities described in (a) of this subsection shall be designed to promote more accurate diagnoses and treatment through timely case consultation between primary care providers and child psychiatric specialists, and focused educational learning collaboratives with primary care providers.

(c) The authority, in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle children's hospital, shall investigate the disproportionally low participation by eastern Washington families in the mental health referral service under (a)(iii) of this subsection, develop a mitigation plan to remedy this disparity, and report their findings and activities to the governor and relevant committees of the legislature by December 1, 2023.

(4) The authority, in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle children's hospital, shall report on the following:

(a) The number of individuals who have accessed the resources described in subsection (3) of this section;

(b) The number of providers, by type, who have accessed the resources described in subsection (3) of this section;

(c) Demographic information, as available, for the individuals described in (a) of this subsection. Demographic information may not include any personally identifiable information and must be limited to the individual's age, gender, and city and county of residence;

(d) A description of resources provided;

(e) Average time frames from receipt of call to referral for services or resources provided; and

(f) Systemic barriers to services, as determined and defined by the health care authority, the University of Washington department of psychiatry and behavioral sciences, and Seattle children's hospital.

(5) Beginning December 30, 2019, and annually thereafter, the authority must submit, in compliance with RCW 43.01.036, a report to the governor and appropriate committees of the legislature with findings and recommendations for improving services and service delivery from subsection (4) of this section.

(6) The authority shall enforce requirements in managed care contracts to ensure care coordination and network adequacy issues are addressed in order to remove barriers to access to mental health services identified in the report described in subsection (4) of this section.

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