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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

Read first time 02/06/23. Referred to Committee on Early Learning & K-12 Education.

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

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 28A.300  
6 RCW to read as follows:

7 (1) A grant program is created within the office of the  
8 superintendent of public instruction to, subject to the availability  
9 of amounts appropriated for this specific purpose, either contract  
10 with a nonprofit organization or directly provide funding to  
11 educational service districts on an ongoing basis to provide students  
12 attending school in rural areas with access to a mental health  
13 professional using telemedicine, with priority given to areas where  
14 mental health services are inadequate or nonexistent and hiring an  
15 in-person mental health professional is infeasible due to geography.  
16 Participating schools shall provide students with a confidential,  
17 private location for the students to connect with the mental health  
18 professional over a high-speed internet connection. The office of the  
19 superintendent of public instruction or its contractor shall provide  
20 training to school personnel in participating schools to identify  
21 students in need of services, schedule and support the students, and

1 provide a safe hand-off for the students before and after services  
2 are provided. The office of the superintendent of public instruction  
3 or its contractor may provide technology to participating schools to  
4 assist in the implementation of this program.

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

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

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

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

17 **Sec. 2.** RCW 71.24.061 and 2021 c 126 s 1 are each amended to  
18 read as follows:

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

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

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

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

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

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

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

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

38 (i) The partnership access line to support primary care providers  
39 in the assessment and provision of appropriate diagnosis and

1 treatment of children with mental and behavioral health disorders and  
2 track outcomes of this program;

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

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

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

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

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

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

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

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

9           (d) A description of resources provided;

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

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

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

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

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