

**Chapter 71.36 RCW**  
**COORDINATION OF CHILDREN'S MENTAL HEALTH SERVICES**

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**RCW 71.36.005 Intent.** The legislature intends to substantially improve the delivery of children's mental health services in Washington state through the development and implementation of a children's mental health system that:

- (1) Values early identification, intervention, and prevention;
- (2) Coordinates existing categorical children's mental health programs and funding, through efforts that include elimination of duplicative care plans and case management;
- (3) Treats each child in the context of his or her family, and provides services and supports needed to maintain a child with his or her family and community;
- (4) Integrates families into treatment through choice of treatment, participation in treatment, and provision of peer support;
- (5) Focuses on resiliency and recovery;
- (6) Relies to a greater extent on evidence-based practices;
- (7) Is sensitive to the unique cultural circumstances of children of color and children in families whose primary language is not English;
- (8) Integrates educational support services that address students' diverse learning styles; and
- (9) To the greatest extent possible, blends categorical funding to offer more service and support options to each child. [2007 c 359 § 1; 1991 c 326 § 11.]

**Captions not law—2007 c 359:** "Captions used in this act are not part of the law." [2007 c 359 § 14.]

**RCW 71.36.010 Definitions.** Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

- (1) "Agency" means a state, tribal, or local governmental entity or a private not-for-profit organization.
- (2) "Behavioral health administrative services organization" means an entity contracted with the health care authority to administer behavioral health services and programs under RCW 71.24.381, including crisis services and administration of the involuntary treatment act, chapter 71.05 RCW, for all individuals in a defined regional service area under chapter 71.24 RCW.
- (3) "Child" means a person under eighteen years of age, except as expressly provided otherwise in state or federal law.

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

(5) "County authority" means the board of county commissioners or county executive.

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

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

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

(9) "Managed care organization" means an organization, having a certificate of authority or certificate of registration from the office of the insurance commissioner, that contracts with the health care authority under a comprehensive risk contract to provide prepaid health care services to enrollees under the authority's managed care programs under chapter 74.09 RCW.

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

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

(12) "Wraparound process" means a family driven planning process designed to address the needs of children and youth by the formation of a team that empowers families to make key decisions regarding the care of the child or youth in partnership with professionals and the family's natural community supports. The team produces a community-based and culturally competent intervention plan which identifies the strengths and needs of the child or youth and family and defines goals that the team collaborates on achieving with respect for the unique cultural values of the family. The "wraparound process" shall emphasize principles of persistence and outcome-based measurements of success. [2019 c 325 § 2010; 2018 c 201 § 5023. Prior: 2014 c 225 § 91; 2007 c 359 § 2; 1991 c 326 § 12.]

**Effective date—2019 c 325:** See note following RCW 71.24.011.

**Findings—Intent—Effective date—2018 c 201:** See notes following RCW 41.05.018.

**Effective date—2014 c 225:** See note following RCW 71.24.016.

**Captions not law—2007 c 359:** See note following RCW 71.36.005.

**RCW 71.36.025 Elements of a children's mental health system.**

(1) It is the goal of the legislature that the children's mental health system in Washington state include the following elements:

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

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

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

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

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

(f) Use of developmentally appropriate evidence-based and research-based practices;

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

(2) The effectiveness of the children's mental health system shall be determined through the use of outcome-based performance measures. The health care authority and the evidence-based practice institute established in RCW 71.24.061, in consultation with parents, caregivers, youth, behavioral health administrative services organizations, managed care organizations contracted with the authority under chapter 74.09 RCW, mental health services providers, health plans, primary care providers, tribes, and others, shall develop outcome-based performance measures such as:

(a) Decreased emergency room utilization;

(b) Decreased psychiatric hospitalization;

(c) Lessening of symptoms, as measured by commonly used assessment tools;

(d) Decreased out-of-home placement, including residential, group, and foster care, and increased stability of such placements, when necessary;

(e) Decreased runaways from home or residential placements;

(f) Decreased rates of substance use disorder;

(g) Decreased involvement with the juvenile justice system;

(h) Improved school attendance and performance;

(i) Reductions in school or child care suspensions or expulsions;

(j) Reductions in use of prescribed medication where cognitive behavioral therapies are indicated;

(k) Improved rates of high school graduation and employment; and

(l) Decreased use of mental health services upon reaching adulthood for mental disorders other than those that require ongoing treatment to maintain stability.

Performance measure reporting for children's mental health services should be integrated into existing performance measurement and reporting systems developed and implemented under chapter 71.24 RCW. [2019 c 325 § 2011; 2018 c 201 § 5024; 2014 c 225 § 92; 2007 c 359 § 3.]

**Effective date—2019 c 325:** See note following RCW 71.24.011.

**Findings—Intent—Effective date—2018 c 201:** See notes following RCW 41.05.018.

**Effective date—2014 c 225:** See note following RCW 71.24.016.

**Captions not law—2007 c 359:** See note following RCW 71.36.005.

**RCW 71.36.040 Issue identification, data collection, plan revision—Coordination and information sharing with other state agencies.** (1) The health care authority shall, within available funds:

(a) Identify internal business operation issues that limit the authority's ability to meet legislative intent to coordinate existing categorical children's mental health programs and funding;

(b) Collect reliable mental health cost, service, and outcome data specific to children. This information must be used to identify best practices and methods of improving fiscal management;

(c) Revise the early and periodic screening diagnosis and treatment plan to reflect the mental health system structure in place as necessary to conform to changes in the structure.

(2) The health care authority and the office of the superintendent of public instruction shall jointly identify school districts where mental health and education systems coordinate services and resources to provide public mental health care for children. The health care authority and the office of the superintendent of public instruction shall work together to share information about these approaches with other school districts, managed care organizations, behavioral health administrative services organizations, and state agencies. [2019 c 325 § 2012; 2018 c 201 § 5025; 2014 c 225 § 93; 2003 c 281 § 2.]

**Effective date—2019 c 325:** See note following RCW 71.24.011.

**Findings—Intent—Effective date—2018 c 201:** See notes following RCW 41.05.018.

**Effective date—2014 c 225:** See note following RCW 71.24.016.

**Legislative support affirmed—2003 c 281:** "The legislature affirms its support for: Improving field-level cross-program collaboration and efficiency; collecting reliable mental health cost, service, and outcome data specific to children; revising the early periodic screening diagnosis and treatment plan to reflect the current mental health system structure; and identifying and promulgating the approaches used in school districts where mental health and education systems coordinate services and resources to provide public mental health care for children." [2003 c 281 § 1.]

**RCW 71.36.060 Medicaid eligible children in temporary juvenile detention.** The health care authority shall explore the feasibility of obtaining a medicaid state plan amendment to allow the state to receive medicaid matching funds for health services provided to medicaid enrolled youth who are temporarily placed in a juvenile detention facility. Temporary placement shall be defined as until adjudication or up to sixty continuous days, whichever occurs first. [2018 c 201 § 5026; 2007 c 359 § 6.]

**Findings—Intent—Effective date—2018 c 201:** See notes following RCW 41.05.018.

**Captions not law—2007 c 359:** See note following RCW 71.36.005.