
HOUSE BILL 1088

State of Washington

60th Legislature

2007 Regular Session

By Representatives Dickerson, Kagi, Haler, Cody, Appleton, Darneille, Simpson, Takko, Kenney, Williams, Green, McDermott, Roberts, Lantz, McCoy, Ormsby, Schual-Berke, B. Sullivan, Hurst, Pettigrew, O'Brien, Lovick, P. Sullivan, Hasegawa, Hunt, Hudgins, Clibborn, Upthegrove, Morrell, Conway, Sells, Haigh, Quall, Moeller, Goodman, Wallace, Wood and Santos

Read first time 01/10/2007. Referred to Committee on Early Learning & Children's Services.

1 AN ACT Relating to children's mental health services; amending RCW
2 71.36.005 and 71.36.010; adding new sections to chapter 71.36 RCW;
3 adding a new section to chapter 71.24 RCW; adding a new section to
4 chapter 74.09 RCW; creating new sections; repealing RCW 71.36.020,
5 71.36.030, and 71.36.040; and making appropriations.

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

7 **Sec. 1.** RCW 71.36.005 and 1991 c 326 s 11 are each amended to read
8 as follows:

9 The legislature intends to ~~((encourage the development of
10 community based interagency collaborative efforts to plan for and
11 provide mental health services to children in a manner that))~~
12 substantially improve the delivery of children's mental health services
13 in Washington state through the development and implementation of a
14 children's mental health system that:

15 (1) Values early intervention and prevention;

16 (2) Coordinates existing categorical children's mental health
17 programs and funding, through efforts that include elimination of
18 duplicative care plans and case management;

1 (3) Treats each child in the context of his or her family, and
2 provides services and supports needed to maintain a child with his or
3 her family and community;

4 (4) Integrates families into treatment through choice of treatment,
5 participation in treatment, and provision of peer support;

6 (5) Focuses on resiliency and recovery;

7 (6) Relies to a greater extent on evidence-based and promising
8 practices;

9 (7) Is sensitive to the unique cultural circumstances of children
10 of color(~~(, eliminates duplicative case management,)~~); and

11 (8) To the greatest extent possible, blends categorical funding to
12 offer more service and support options to each child.

13 **Sec. 2.** RCW 71.36.010 and 1991 c 326 s 12 are each amended to read
14 as follows:

15 Unless the context clearly requires otherwise, the definitions in
16 this section apply throughout this chapter.

17 (1) "Agency" means a state, tribal, or local governmental entity or
18 a private not-for-profit organization.

19 (2) "Child" means a person under (~~(eighteen)~~) twenty-one years of
20 age, except as expressly provided otherwise in federal law.

21 (3) "County authority" means the board of county commissioners or
22 county executive.

23 (4) "Department" means the department of social and health
24 services.

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

28 (6) "Evidence-based practice" means practices that are based on
29 valid and reliable scientific evidence demonstrating that the practice
30 is effective, adapted when necessary to respond to individual treatment
31 needs and cultural values.

32 (7) "Family" means a child's biological parents, adoptive parents,
33 foster parents, guardian, or a relative with whom a child has been
34 placed by the department of social and health services or a tribe.

35 (8) "Promising practice" means a practice that presents, based upon
36 preliminary information, potential for becoming an evidence-based
37 practice.

1 (9) "Regional support network" means a county authority or group of
2 county authorities or other nonprofit entity that (~~(have))~~ has entered
3 into contracts with the secretary pursuant to chapter 71.24 RCW.

4 (~~(7))~~ (10) "Secretary" means the secretary of social and health
5 services.

6 (11) "Wraparound process" means a process of addressing the needs
7 of children and youth with complex needs that involves the formation of
8 a team that empowers the family to make key decisions regarding the
9 care of the child or youth through partnership with professionals and
10 the family's natural supports, focuses on strengths and needs based
11 upon a care plan produced by the team, defines goals that the family
12 and team seek to achieve, respects the unique culture and values of the
13 child and youth, and adheres to the ten principles of the wraparound
14 process and evidence-based wraparound practices developed through the
15 national wraparound initiative at Portland State University.

16 NEW SECTION. Sec. 3. A new section is added to chapter 71.36 RCW
17 to read as follows:

18 ELEMENTS OF A CHILDREN'S MENTAL HEALTH SYSTEM. (1) It is the goal
19 of the legislature that, by 2012, the children's mental health system
20 in Washington state include the following elements:

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

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

26 (c) Developmentally appropriate, high quality, and culturally
27 responsive services available statewide;

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

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

33 (f) Use of developmentally appropriate evidence-based and promising
34 practices;

35 (g) Integrated and flexible services to meet the needs of children
36 who, due to mental illness or emotional or behavioral disturbance, are

1 at risk of out-of-home placement or involved with multiple child-
2 serving systems.

3 (2) The effectiveness of the children's mental health system shall
4 be determined through the use of outcome-based performance measures.
5 The department and the evidence-based practice institute established in
6 section 7 of this act, in consultation with parents, caregivers, youth,
7 regional support networks, mental health services providers, health
8 plans, pediatricians and other physicians, tribes, and others, shall
9 develop outcome-based performance measures such as:

- 10 (a) Decreased emergency room utilization;
- 11 (b) Decreased psychiatric hospitalization;
- 12 (c) Lessening of symptoms, as measured by commonly used assessment
13 tools;
- 14 (d) Decreased out-of-home placement, including residential, group,
15 and foster care, and increased stability of such placements, when
16 necessary;
- 17 (e) Decreased runaways from home or residential placements;
- 18 (f) Decreased rates of chemical dependency;
- 19 (g) Decreased recidivism;
- 20 (h) Improved school attendance and performance;
- 21 (i) Reductions in school or child care suspensions or expulsions;
- 22 (j) Improved rates of high school graduation and employment; and
- 23 (k) Decreased use of mental health services upon reaching
24 adulthood.

25 NEW SECTION. **Sec. 4.** REGIONAL SUPPORT NETWORK SERVICES--
26 CHILDREN'S ACCESS TO CARE STANDARDS AND BENEFIT PACKAGE. As part of
27 the system transformation initiative, the department of social and
28 health services shall undertake the following activities related
29 specifically to children's mental health services:

30 (1) The development of recommended revisions to the access to care
31 standards for children. The recommended revisions shall reflect the
32 policies and principles set out in RCW 71.36.005, 71.36.010, and
33 section 3 of this act. Revised access to care standards shall assess
34 a child's need for mental health services relying upon behaviors
35 exhibited by a child and interference with a child's functioning in
36 family, school, or the community, as well as a child's diagnosis, and
37 should not condition the receipt of services upon a determination that

1 a child is engaged in high risk behavior or is in imminent need of
2 hospitalization or out-of-home placement. They shall provide an
3 opportunity for children under the age of six to be served without the
4 need to diagnose a specific mental disorder. The recommendations shall
5 also address whether amendments to RCW 71.24.025 (26) and (27) and
6 71.24.035(5) are necessary to implement revised access to care
7 standards;

8 (2) Development of a revised children's mental health benefit
9 package. The department shall ensure that services included in the
10 children's mental health benefit package reflect the policies and
11 principles included in RCW 71.36.005 and section 3 of this act, to the
12 extent allowable under medicaid, Title XIX of the federal social
13 security act. Strong consideration shall be given to developmentally
14 appropriate evidence-based and promising practices, family-based
15 interventions, the use of natural and peer supports, and community
16 support services;

17 (3) Consistent with the timeline developed for the system
18 transformation initiative, recommendations for revisions to the
19 children's access to care standards and the children's mental health
20 services benefits package shall be presented to the legislature by
21 January 1, 2008.

22 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.36 RCW
23 to read as follows:

24 SERVICES FOR CHILDREN WHO DO NOT MEET ACCESS TO CARE STANDARDS.
25 The department shall revise its medicaid healthy options and fee-for-
26 service program standards under Title XIX of the federal social
27 security act to improve access to mental health services for children
28 who do not meet the regional support network access to care standards.
29 The program standards shall be revised to allow:

30 (1) Outpatient therapy services to be provided by mental health
31 professionals, as defined in RCW 71.34.020; and

32 (2) Up to twenty outpatient therapy visits per year, including
33 family therapy visits integral to a child's treatment.

34 In conjunction with the revision of program standards under this
35 section, the department and the evidence-based practice institute
36 established in section 7 of this act shall develop, and the department
37 shall implement, policies to improve prescribing practices for

1 treatment of emotional or behavioral disturbances in children, improve
2 the quality of children's mental health therapy through increased use
3 of evidence-based and promising practices and reduced variation in
4 practice, and improve communication and care coordination between
5 primary care and mental health providers.

6 NEW SECTION. **Sec. 6.** A new section is added to chapter 71.36 RCW
7 to read as follows:

8 MEDICAID ELIGIBLE CHILDREN IN TEMPORARY JUVENILE DETENTION. In
9 determining payment for services under medicaid, Title XIX of the
10 federal social security act, the department shall interpret 42 C.F.R.
11 435.1008 and 42 C.F.R. 435.1009 to allow payment for services on behalf
12 of a medicaid enrolled youth who is temporarily placed in a juvenile
13 detention facility. Temporary placement shall be defined as until
14 adjudication or up to sixty continuous days, whichever occurs first.

15 NEW SECTION. **Sec. 7.** A new section is added to chapter 71.24 RCW
16 to read as follows:

17 CHILDREN'S MENTAL HEALTH PROVIDERS. (1) The department shall
18 provide flexibility in provider contracting to regional support
19 networks for children's mental health services. Beginning with 2007-
20 2009 biennium contracts, regional support network contracts shall give
21 networks flexibility to contract with providers other than licensed
22 community mental health agencies when necessary to meet the need for an
23 adequate, culturally diverse, and qualified children's mental health
24 provider network.

25 (2) Within funds provided in the biennial operating budget, a
26 children's evidence-based practice institute shall be established at
27 the University of Washington division of public behavioral health and
28 justice policy. The institute shall be developed and operated in
29 partnership with the University of Washington school of nursing and the
30 University of Washington school of social work. The institute shall:

31 (a) Improve the implementation of evidence-based and promising
32 practices by providing sustained and effective training and
33 consultation to specialty and primary care providers statewide on
34 treatments for specific children's mental health problems. Primary
35 care providers should receive timely consultation from psychiatric

1 specialists to promote their ability to safely and effectively
2 prescribe medication and to coordinate their treatment with therapy and
3 other supportive services a child is receiving;

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

9 (c) Partner with youth, family members, family advocacy, and
10 culturally diverse provider organizations to develop a series of
11 information sessions, literature, and on-line resources for families to
12 become informed and engaged in evidence-based and promising practices;

13 (d) Participate in the identification of outcome-based performance
14 measures under section 3(2) of this act and partner in a statewide
15 effort to implement statewide outcomes monitoring and quality
16 improvement processes; and

17 (e) Serve as a statewide resource to the department and other
18 entities on child and adolescent evidence-based and promising
19 practices, maintaining a working knowledge through ongoing review of
20 academic and professional literature, and knowledge of other evidence-
21 based practice implementation efforts in Washington and other states.

22 NEW SECTION. **Sec. 8.** A new section is added to chapter 74.09 RCW
23 to read as follows:

24 (1) The department shall adopt rules and policies providing that
25 when youth who were enrolled in a medical assistance program
26 immediately prior to confinement are released from confinement, their
27 medical assistance coverage will be fully reinstated on the day of
28 their release, subject to any expedited review of their continued
29 eligibility for medical assistance coverage that is required under
30 federal or state law.

31 (2) The department, in collaboration with county juvenile court
32 administrators and regional support networks, shall establish
33 procedures for coordination between department field offices, juvenile
34 rehabilitation administration institutions, county juvenile courts, and
35 institutes for mental diseases that result in prompt reinstatement of
36 eligibility and speedy eligibility determinations for youth who are

1 likely to be eligible for medical assistance services upon release from
2 confinement. Procedures developed under this subsection must address:

3 (a) Mechanisms for receiving medical assistance services'
4 applications on behalf of confined youth in anticipation of their
5 release from confinement;

6 (b) Expeditious review of applications filed by or on behalf of
7 confined youth and, to the extent practicable, completion of the review
8 before the youth is released; and

9 (c) Mechanisms for providing medical assistance services' identity
10 cards to youth eligible for medical assistance services immediately
11 upon their release from confinement.

12 (3) For purposes of this section:

13 (a) "Confined" or "confinement" means detained in a facility
14 operated by or under contract with the department of social and health
15 services, juvenile rehabilitation administration; detained in a
16 juvenile detention facility operated under chapter 13.04 RCW; or
17 admitted to an institute for mental disease, as defined in 42 C.F.R.
18 Part 435, section 1009 on the effective date of this section.

19 (b) "Likely to be eligible" means that a youth was enrolled in a
20 medical assistance program anytime during the year prior to his or her
21 confinement and his or her enrollment was terminated during his or her
22 confinement.

23 (4) The department shall adopt standardized statewide screening and
24 application practices and forms designed to facilitate the application
25 of a confined youth who is likely to be eligible for a medical
26 assistance program.

27 NEW SECTION. **Sec. 9.** The following acts or parts of acts are each
28 repealed:

29 (1) RCW 71.36.020 (Plan for early periodic screening, diagnosis,
30 and treatment services) and 2003 c 281 s 4 & 1991 c 326 s 13;

31 (2) RCW 71.36.030 (Children's mental health services delivery
32 system--Local planning efforts) and 1991 c 326 s 14; and

33 (3) RCW 71.36.040 (Issue identification, data collection, plan
34 revision--Coordination with other state agencies) and 2003 c 281 s 2.

35 NEW SECTION. **Sec. 10.** APPROPRIATIONS. (1) One million seven
36 hundred thousand dollars from the general fund--state for fiscal year

1 2008 and one million three hundred thousand dollars from the general
2 fund--state for fiscal year 2009 is provided to the department of
3 social and health services solely for the following costs associated
4 with implementation of a wraparound model of integrated children's
5 services delivery in three counties in Washington state: Costs
6 associated with the request for proposal and contracting process;
7 administrative costs associated with successful bidders' operation of
8 the wraparound model; and the evaluation under (e) of this subsection.
9 Two of the counties shall be located in western Washington, and one of
10 the counties shall be located in eastern Washington.

11 (a) The wraparound model sites shall serve children with serious
12 emotional or behavioral disturbances who are at immediate risk of
13 residential or correctional placement or psychiatric hospitalization,
14 and who have been referred for services from the children's
15 administration, a county juvenile court, a tribal court, or the
16 juvenile rehabilitation administration.

17 (b) The department shall contract with regional support networks or
18 other entities that are licensed to provide mental health services to
19 children with serious emotional or behavioral disturbances to operate
20 the wraparound model sites. The contractor shall provide care
21 coordination services and a network of contracted agency and individual
22 providers to facilitate the delivery of services and other supports to
23 families using a strength-based, highly individualized wraparound
24 process that adheres to the ten principles of the wraparound process
25 and evidence-based wraparound practices developed through the national
26 wraparound initiative at Portland State University.

27 (c) To fund services provided through the wraparound model sites,
28 the department shall combine and transfer such funds appropriated in
29 the biennial operating budget to the children's administration for out-
30 of-home placements, the juvenile rehabilitation administration for
31 institutional placements, and the health and rehabilitation services
32 administration for its medical assistance programs and mental health
33 programs. The amount of funding assigned to the wraparound model sites
34 from each program may not exceed the average per capita cost of an out-
35 of-home, correctional, or institutional placement assumed in the
36 biennial budget for the respective programs. In implementing the
37 wraparound model sites, the department may withhold from calculations

1 of "available resources," as set forth in RCW 71.24.025, sums needed to
2 finance mental health services for children receiving mental health
3 services through the wraparound model sites.

4 (d) Contracts for operation of the wraparound model sites shall be
5 executed on or before April 1, 2008, with enrollment and service
6 delivery beginning on or before July 1, 2008.

7 (e) The department shall contract with an independent entity for
8 evaluation of the wraparound model sites, measuring outcomes for
9 children served. Outcomes measured shall include, but are not limited
10 to: Stable family environment, school attendance, school performance,
11 recidivism, emergency room utilization, and hospitalization.

12 (2) Twelve million dollars from the general fund--state for fiscal
13 year 2008 and twelve million dollars from the general fund--state for
14 fiscal year 2009 is provided to the department of social and health
15 services solely for mental health services for low-income children who
16 do not meet regional support network access to care standards,
17 regardless of their medical assistance eligibility status. These funds
18 are intended to serve as a temporary source of funding during the 2007-
19 2009 biennium, pending the adoption of revised regional support network
20 children's access to care standards and a revised children's mental
21 health services package. Funds may be expended through contracts with
22 licensed mental health professionals as defined in RCW 71.34.020,
23 community mental health centers, community or migrant health clinics,
24 or other providers. Funds appropriated under this subsection may be
25 used for necessary mental health services for children that include,
26 but are not limited to:

27 (a) Children being served by the children's administration;

28 (b) Children on parole following release from a facility operated
29 by or under contract with the juvenile rehabilitation administration;

30 (c) Children on probation under a court order issued by a county
31 juvenile court or tribal court; and

32 (d) Medicaid eligible children who have exhausted their medicaid
33 healthy options or fee-for-service benefit.

34 These amounts shall supplement, and not supplant, state, local, or
35 other funding for services funded in this subsection.

36 (3) Seven hundred thousand dollars from the general fund--state for
37 fiscal year 2008 and seven hundred thousand dollars from the general

1 fund--state for fiscal year 2009 is provided to the University of
2 Washington for the purpose of implementing section 7 of this act.

3 (4) Five hundred thousand dollars from the general fund--state for
4 fiscal year 2008 and five hundred thousand dollars from the general
5 fund--state for fiscal year 2009 is provided to the economic services
6 program for the purpose of implementing section 8 of this act.

7 NEW SECTION. **Sec. 11.** Captions used in this act are not part of
8 the law.

--- END ---