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.

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

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

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

The legislature intends to ((encourage the development of community-based interagency collaborative efforts to plan for and provide mental health services to children in a manner that)) 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 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 and promising practices;

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

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

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

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

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

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

(5) "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.

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

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

(8) "Promising practice" means a practice that presents, based upon preliminary information, potential for becoming an evidence-based practice.
(9) "Regional support network" means a county authority or group of county authorities or other nonprofit entity that ((have)) has entered into contracts with the secretary pursuant to chapter 71.24 RCW.

(10) "Secretary" means the secretary of social and health services.

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

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

ELEMENTS OF A CHILDREN'S MENTAL HEALTH SYSTEM. (1) It is the goal of the legislature that, by 2012, 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, 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 responsive 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 diverse children's mental health providers;

(f) Use of developmentally appropriate evidence-based and promising 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 department and the evidence-based practice institute established in
section 7 of this act, in consultation with parents, caregivers, youth,
regional support networks, mental health services providers, health
plans, pediatricians and other physicians, 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 chemical dependency;
(g) Decreased recidivism;
(h) Improved school attendance and performance;
(i) Reductions in school or child care suspensions or expulsions;
(j) Improved rates of high school graduation and employment; and
(k) Decreased use of mental health services upon reaching
adulthood.

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

(1) The development of recommended revisions to the access to care
standards for children. The recommended revisions shall reflect the
policies and principles set out in RCW 71.36.005, 71.36.010, and
section 3 of this act. Revised access to care standards shall assess
a child's need for mental health services relying upon behaviors
exhibited by a child and interference with a child's functioning in
family, school, or the community, as well as a child's diagnosis, and
should not condition the receipt of services upon a determination that
a child is engaged in high risk behavior or is in imminent need of hospitalization or out-of-home placement. They shall provide an opportunity for children under the age of six to be served without the need to diagnose a specific mental disorder. The recommendations shall also address whether amendments to RCW 71.24.025 (26) and (27) and 71.24.035(5) are necessary to implement revised access to care standards;

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

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

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

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

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

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

In conjunction with the revision of program standards under this section, the department and the evidence-based practice institute established in section 7 of this act shall develop, and the department shall implement, policies to improve prescribing practices for
treatment of emotional or behavioral disturbances in children, improve
the quality of children's mental health therapy through increased use
of evidence-based and promising practices and reduced variation in
practice, and improve communication and care coordination between
primary care and mental health providers.

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

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

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

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

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

(a) Improve the implementation of evidence-based and promising
practices by providing sustained and effective training and
consultation to specialty and primary care providers statewide on
treatments for specific children's mental health problems. Primary
care providers should receive timely consultation from psychiatric
specialists to promote their ability to safely and effectively
prescribe medication and to coordinate their treatment with therapy and
other supportive services a child is receiving;
(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 diverse provider organizations to develop a series of
information sessions, literature, and on-line resources for families to
become informed and engaged in evidence-based and promising practices;
(d) Participate in the identification of outcome-based performance
measures under section 3(2) of this act and partner in a statewide
effort to implement statewide outcomes monitoring and quality
improvement processes; and
(e) Serve as a statewide resource to the department and other
entities on child and adolescent evidence-based and promising
practices, 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.

NEW SECTION. Sec. 8. A new section is added to chapter 74.09 RCW
to read as follows:
(1) The department shall adopt rules and policies providing that
when youth who were enrolled in a medical assistance program
immediately prior to confinement are released from confinement, their
medical assistance coverage will be fully reinstated on the day of
their release, subject to any expedited review of their continued
eligibility for medical assistance coverage that is required under
federal or state law.
(2) The department, in collaboration with county juvenile court
administrators and regional support networks, shall establish
procedures for coordination between department field offices, juvenile
rehabilitation administration institutions, county juvenile courts, and
institutes for mental diseases that result in prompt reinstatement of
eligibility and speedy eligibility determinations for youth who are
likely to be eligible for medical assistance services upon release from confinement. Procedures developed under this subsection must address:

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

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

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

(3) For purposes of this section:

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

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

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

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

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

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

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

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

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

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

(c) To fund services provided through the wraparound model sites, the department shall combine and transfer such funds appropriated in the biennial operating budget to the children's administration for out-of-home placements, the juvenile rehabilitation administration for institutional placements, and the health and rehabilitation services administration for its medical assistance programs and mental health programs. The amount of funding assigned to the wraparound model sites from each program may not exceed the average per capita cost of an out-of-home, correctional, or institutional placement assumed in the biennial budget for the respective programs. In implementing the wraparound model sites, the department may withhold from calculations
of "available resources," as set forth in RCW 71.24.025, sums needed to finance mental health services for children receiving mental health services through thewraparound model sites.

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

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

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

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

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

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

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

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

(3) Seven hundred thousand dollars from the general fund--state for fiscal year 2008 and seven hundred thousand dollars from the general
fund--state for fiscal year 2009 is provided to the University of Washington for the purpose of implementing section 7 of this act.

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

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

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