

CERTIFICATION OF ENROLLMENT
SUBSTITUTE SENATE BILL 6452

Chapter 288, Laws of 2018

65th Legislature
2018 Regular Session

CHILDREN'S MENTAL HEALTH--PARTNERSHIP ACCESS LINE

EFFECTIVE DATE: June 7, 2018

Passed by the Senate March 6, 2018
Yeas 48 Nays 0

CYRUS HABIB

President of the Senate

Passed by the House March 1, 2018
Yeas 97 Nays 0

FRANK CHOPP

Speaker of the House of Representatives

Approved March 27, 2018 2:57 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 6452** as passed by Senate and the House of Representatives on the dates hereon set forth.

BRAD HENDRICKSON

Secretary

FILED

March 29, 2018

**Secretary of State
State of Washington**

SUBSTITUTE SENATE BILL 6452

AS AMENDED BY THE HOUSE

Passed Legislature - 2018 Regular Session

State of Washington 65th Legislature 2018 Regular Session

By Senate Ways & Means (originally sponsored by Senators Brown, Frockt, Carlyle, O'Ban, Walsh, Darneille, Miloscia, Kuderer, and Saldaña)

READ FIRST TIME 02/06/18.

1 AN ACT Relating to expanding the activities of the children's
2 mental health services consultation program; amending RCW 71.24.061;
3 creating a new section; and providing an expiration date.

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

5 NEW SECTION. **Sec. 1.** (1) The health care authority shall
6 convene the University of Washington, Seattle children's hospital,
7 medicaid managed care organizations, organizations connecting
8 families to children's mental health services and providers, health
9 insurance carriers as defined in RCW 48.44.010, and the office of the
10 insurance commissioner to recommend:

11 (a) An alternative funding model for the partnership access line;
12 and

13 (b) A strategy to ensure that expanded services for the
14 partnership access line identified in subsection (2) of this section
15 do not duplicate existing requirements for medicaid managed care
16 organizations as required by RCW 74.09.492.

17 (2) The funding model must identify potential sources to support:

18 (a) Current partnership access line services for primary care
19 providers;

1 (b) An expansion of partnership access line services to include
2 consultation services for primary care providers treating depression
3 in pregnant women and new mothers; and

4 (c) An expansion of partnership access line services to include
5 referrals to children's mental health services and other resources
6 for parents and guardians with concerns related to their child's
7 mental health.

8 (3) In the development of the alternative funding model, the
9 authority and office of the insurance commissioner must:

10 (a) Consider a mechanism that determines the annual cost of
11 operating the partnership access line and collects a proportional
12 share of the program cost from each health insurance carrier; and

13 (b) Differentiate between partnership access line activities
14 eligible for medicaid funding from other nonmedicaid eligible
15 activities.

16 (4) By December 1, 2018, the authority must recommend a plan to
17 the appropriate committees of the legislature, and the children's
18 mental health work group created in chapter . . . , Laws of 2018
19 (Engrossed Second Substitute House Bill No. 2779), if chapter . . . ,
20 Laws of 2018 (Engrossed Second Substitute House Bill No. 2779) is
21 enacted by the effective date of this section.

22 (5) This section expires December 30, 2018.

23 **Sec. 2.** RCW 71.24.061 and 2014 c 225 s 35 are each amended to
24 read as follows:

25 (1) The department shall provide flexibility in provider
26 contracting to behavioral health organizations for children's mental
27 health services. Beginning with 2007-2009 biennium contracts,
28 behavioral health organization contracts shall authorize behavioral
29 health organizations to allow and encourage licensed community mental
30 health centers to subcontract with individual licensed mental health
31 professionals when necessary to meet the need for an adequate,
32 culturally competent, and qualified children's mental health provider
33 network.

34 (2) To the extent that funds are specifically appropriated for
35 this purpose or that nonstate funds are available, a children's
36 mental health evidence-based practice institute shall be established
37 at the University of Washington division of public behavioral health
38 and justice policy. The institute shall closely collaborate with
39 entities currently engaged in evaluating and promoting the use of

1 evidence-based, research-based, promising, or consensus-based
2 practices in children's mental health treatment, including but not
3 limited to the University of Washington department of psychiatry and
4 behavioral sciences, (~~children's hospital and regional medical~~
5 ~~center~~) Seattle children's hospital, the University of Washington
6 school of nursing, the University of Washington school of social
7 work, and the Washington state institute for public policy. To ensure
8 that funds appropriated are used to the greatest extent possible for
9 their intended purpose, the University of Washington's indirect costs
10 of administration shall not exceed ten percent of appropriated
11 funding. The institute shall:

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

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

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

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

37 (e) Serve as a statewide resource to the department and other
38 entities on child and adolescent evidence-based, research-based,
39 promising, or consensus-based practices for children's mental health
40 treatment, maintaining a working knowledge through ongoing review of

1 academic and professional literature, and knowledge of other
2 evidence-based practice implementation efforts in Washington and
3 other states.

4 (3) To the extent that funds are specifically appropriated for
5 this purpose, the ~~((department))~~ health care authority in
6 collaboration with the ~~((evidence-based practice institute))~~
7 University of Washington department of psychiatry and behavioral
8 sciences and Seattle children's hospital shall:

9 (a) Implement a ~~((pilot))~~ program to support primary care
10 providers in the assessment and provision of appropriate diagnosis
11 and treatment of children with mental and behavioral health disorders
12 and track outcomes of this program;

13 (b) Beginning January 1, 2019, implement a two-year pilot program
14 called the partnership access line for moms and kids to:

15 (i) Support obstetricians, pediatricians, primary care providers,
16 mental health professionals, and other health care professionals
17 providing care to pregnant women and new mothers through same-day
18 telephone consultations in the assessment and provision of
19 appropriate diagnosis and treatment of depression in pregnant women
20 and new mothers; and

21 (ii) Facilitate referrals to children's mental health services
22 and other resources for parents and guardians with concerns related
23 to the mental health of the parent or guardian's child. Facilitation
24 activities include assessing the level of services needed by the
25 child; within seven days of receiving a call from a parent or
26 guardian, identifying mental health professionals who are in-network
27 with the child's health care coverage who are accepting new patients
28 and taking appointments; coordinating contact between the parent or
29 guardian and the mental health professional; and providing
30 postreferral reviews to determine if the child has outstanding needs.
31 In conducting its referral activities, the program shall collaborate
32 with existing databases and resources to identify in-network mental
33 health professionals.

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

39 (4) The health care authority, in collaboration with the
40 University of Washington department of psychiatry and behavioral

1 sciences and Seattle children's hospital, shall report on the
2 following:

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

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

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

11 (d) A description of resources provided;

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

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

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

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

Passed by the Senate March 6, 2018.

Passed by the House March 1, 2018.

Approved by the Governor March 27, 2018.

Filed in Office of Secretary of State March 29, 2018.

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