
HOUSE BILL 2728

State of Washington

66th Legislature

2020 Regular Session

By Representatives Slatter, Davis, Senn, Bergquist, Frame, Fey, and Pollet

Read first time 01/20/20. Referred to Committee on Appropriations.

1 AN ACT Relating to implementation of a sustainable funding model
2 for the services provided through the children's mental health
3 services consultation program and the telebehavioral health video
4 call center; amending RCW 71.24.061; and adding new sections to
5 chapter 71.24 RCW.

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

7 **Sec. 1.** RCW 71.24.061 and 2019 c 325 s 1009 are each amended to
8 read as follows:

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

13 (2) To the extent that funds are specifically appropriated for
14 this purpose or that nonstate funds are available, a children's
15 mental health evidence-based practice institute shall be established
16 at the University of Washington division of public behavioral health
17 and justice policy. The institute shall closely collaborate with
18 entities currently engaged in evaluating and promoting the use of
19 evidence-based, research-based, promising, or consensus-based
20 practices in children's mental health treatment, including but not
21 limited to the University of Washington department of psychiatry and

1 behavioral sciences, Seattle children's hospital, the University of
2 Washington school of nursing, the University of Washington school of
3 social work, and the Washington state institute for public policy. To
4 ensure that funds appropriated are used to the greatest extent
5 possible for their intended purpose, the University of Washington's
6 indirect costs of administration shall not exceed ten percent of
7 appropriated funding. The institute shall:

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

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

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

29 (d) Participate in the identification of outcome-based
30 performance measures under RCW 71.36.025(2) and partner in a
31 statewide effort to implement statewide outcomes monitoring and
32 quality improvement processes; and

33 (e) Serve as a statewide resource to the authority and other
34 entities on child and adolescent evidence-based, research-based,
35 promising, or consensus-based practices for children's mental health
36 treatment, maintaining a working knowledge through ongoing review of
37 academic and professional literature, and knowledge of other
38 evidence-based practice implementation efforts in Washington and
39 other states.

1 (3) (a) To the extent that funds are specifically appropriated for
2 this purpose, the authority in collaboration with the University of
3 Washington department of psychiatry and behavioral sciences and
4 Seattle children's hospital shall:

5 (i) Implement a program to support primary care providers in the
6 assessment and provision of appropriate diagnosis and treatment of
7 children with mental and behavioral health disorders and track
8 outcomes of this program;

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

11 (A) Support obstetricians, pediatricians, primary care providers,
12 mental health professionals, and other health care professionals
13 providing care to pregnant women and new mothers through same-day
14 telephone consultations in the assessment and provision of
15 appropriate diagnosis and treatment of depression in pregnant women
16 and new mothers; and

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

30 (b) The program activities described in (a) (i) and (a) (ii) (A) of
31 this subsection shall be designed to promote more accurate diagnoses
32 and treatment through timely case consultation between primary care
33 providers and child psychiatric specialists, and focused educational
34 learning collaboratives with primary care providers.

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

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

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

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

7 ~~(d) A description of resources provided;~~

8 ~~(e) Average time frames from receipt of call to referral for~~
9 ~~services or resources provided; and~~

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

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

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

23 NEW SECTION. **Sec. 2.** A new section is added to chapter 71.24
24 RCW to read as follows:

25 (1) To the extent that funds are specifically appropriated for
26 this purpose or nonstate funds are available, the authority in
27 collaboration with the University of Washington department of
28 psychiatry and behavioral sciences shall implement a telebehavioral
29 health video call center to provide emergency department providers,
30 primary care providers, and county and municipal correctional
31 facility providers with on-demand access to psychiatric and substance
32 use disorder clinical consultation for adult patients.

33 (2) When clinically appropriate and technically feasible, the
34 clinical consultation may also involve direct assessment of patients
35 using televideo technology.

36 (3) Beginning in fiscal year 2021, to the extent that adequate
37 funds are appropriated, the service shall be available seven days a
38 week, twenty-four hours a day.

1 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24

2 RCW to read as follows:

3 (1) The University of Washington department of psychiatry and
4 behavioral health sciences shall collect the following information
5 for the partnership access line described in RCW 71.24.061(3)(a)(i),
6 and the psychiatric consultation line, described in section 2 of this
7 act, in coordination with any hospital that it collaborates with to
8 administer the programs:

9 (a) The number of individuals served;

10 (b) Demographic information regarding the individuals served, as
11 available, including the individual's age, gender, and city and
12 county of residence. Demographic information may not include any
13 personally identifiable information;

14 (c) Demographic information regarding the providers placing the
15 calls, including type of practice, and city and county of practice;

16 (d) Insurance information, including health plan and carrier, as
17 available;

18 (e) A description of the resources provided; and

19 (f) Provider satisfaction.

20 (2) The University of Washington department of psychiatry and
21 behavioral health sciences shall collect the following information
22 for the two-year pilot program called the partnership access line for
23 moms and kids described in RCW 71.24.061(3)(a)(ii), in coordination
24 with any hospital that it collaborates with to administer the
25 program:

26 (a) The number of individuals served;

27 (b) Demographic information regarding the individuals served, as
28 available, including the individual's age, gender, and city and
29 county of residence. Demographic information may not include any
30 personally identifiable information;

31 (c) Demographic information regarding the providers placing the
32 calls, including type of practice, and city and county of practice;

33 (d) Insurance information, including health plan and carrier, as
34 available;

35 (e) A description of the resources provided;

36 (f) Average time frames from receipt of the call to referral for
37 services or resources provided;

38 (g) The most frequently requested issues that providers are
39 asking for assistance with;

1 (h) The most frequently requested issues that families are asking
2 for referral assistance with;

3 (i) The number of individuals that receive an appointment based
4 on referral assistance; and

5 (j) Provider satisfaction.

6 (3) By December 1, 2021, the University of Washington must submit
7 a report to the governor and the committees of the legislature with
8 jurisdiction over fiscal matters and health policy. The report shall
9 provide a summary of the information collected in subsections (1) and
10 (2) of this section.

11 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24
12 RCW to read as follows:

13 (1) Beginning July 1, 2022, the partnership access line described
14 in RCW 71.24.061, and the psychiatric consultation line, described in
15 section 2 of this act, shall be funded as follows:

16 (a) The authority, in consultation with the University of
17 Washington department of psychiatry and behavioral sciences and any
18 hospital that the University of Washington collaborates with to
19 administer the programs, shall determine the annual costs of
20 operating each program, as well as the authority's costs for
21 administering the programs.

22 (b) For each program, the authority shall calculate the
23 proportion of clients that are covered by programs administered
24 pursuant to chapter 74.09 RCW, based on data collected by the
25 University of Washington department of psychiatry and behavioral
26 sciences in coordination with any hospital that the University of
27 Washington collaborates with to administer the programs. The state
28 must cover the cost for programs administered pursuant to chapter
29 74.09 RCW through state and federal funds, as appropriated.

30 (c)(i) The authority shall collect a proportional share of
31 program costs from each of the following entities that are not under
32 contract with the authority as medicaid managed care organizations:

33 (A) Health carriers, as defined in RCW 48.43.005;

34 (B) Self-funded multiple employer welfare arrangements, as
35 defined in RCW 48.125.010;

36 (C) Employers or other entities that provide health care in this
37 state, including self-funding entities or employee welfare benefit
38 plans.

1 (ii) For entities listed in (c)(i) of this subsection, a
2 proportional share of the entity's annual program costs for each
3 program must be calculated by determining the annual cost of
4 operating the program and multiplying it by a fraction that in which
5 the numerator is the entity's total number of resident insured
6 persons among the population served by the program and the
7 denominator is the total number of residents in the state who are
8 served by the program and not covered by programs administered
9 pursuant to chapter 74.09 RCW. The total number of resident insured
10 persons among the population served by the program shall be
11 determined according to the covered lives per calendar year
12 determined by covered person months.

13 (d) The authority's administrative costs for these programs may
14 not be included in the assessments.

15 (2) The authority may contract with a third-party administrator
16 to calculate and administer the assessments of the entities
17 identified in subsection (1)(c)(i) of this section.

18 (3) The authority shall develop separate performance measures for
19 the partnership access line described in RCW 71.24.061(3)(a)(i), and
20 the psychiatric consultation line, described in section 2 of this
21 act.

22 (4) The University of Washington department of psychiatry and
23 behavioral sciences, in coordination with any hospital that it
24 collaborates with to administer the programs, shall provide quarterly
25 reports to the authority on the demographic data collected by each
26 program, as described in section 3 (1) and (2) of this act, any
27 performance measures specified by the authority, and systemic
28 barriers to services, as determined and defined by the authority, the
29 University of Washington, and Seattle children's hospital.

30 (5) The authority must submit, in compliance with RCW 43.01.036,
31 a report to the governor and appropriate committees of the
32 legislature, including the children's mental health work group, with
33 findings and recommendations for improving services and service
34 delivery from subsection (4) of this section.

35 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.24
36 RCW to read as follows:

37 (1) At the conclusion of the two-year pilot period for the
38 partnership access line for moms and kids, as described in RCW
39 71.24.061(3)(a)(ii), the joint legislative audit and review committee

1 shall conduct a review, in consultation with the authority, of the
2 programs, covering the period from January 1, 2019, through June 30,
3 2020. The review shall evaluate the programs' success at addressing
4 patients' issues related to access to mental health and substance use
5 disorder services.

6 (2) The joint legislative audit and review committee shall submit
7 the review, including its findings and recommendations, to the
8 legislature by December 1, 2020.

9 (3) If the legislature decides to make the programs permanent,
10 the programs shall be funded in the same manner as in section 2 of
11 this act.

12 NEW SECTION. **Sec. 6.** A new section is added to chapter 71.24
13 RCW to read as follows:

14 The telebehavioral health access account is created in the state
15 treasury. All receipts from collections under section 4 of this act
16 must be deposited into the account. Moneys in the account may be
17 spent only after appropriation. Expenditures from the account may be
18 used only for supporting telebehavioral health programs identified in
19 RCW 71.24.061(3)(a) and section 2 of this act.

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