

## Department Directives in Key Legislation

### HB 2439 (2016)

- The **Health Care Authority (HCA)** and the **Department of Social and Health Services (DSHS)** shall report to the appropriate committees of the Legislature by December 1, 2017, and annually thereafter, on the status of access to behavioral health services for children birth through age seventeen using data collected pursuant to RCW 70.320.050. See [2017](#) and [2018](#) reports – *Access to Behavioral Health Services for Children*.

### Others

- The **Joint Legislative Audit and Review Committee (JLARC)** shall conduct an inventory of the mental health service models available to students in schools, school districts, and educational service districts and report its findings by 10/31/2016. See [Briefing Report: Student Mental Health Services Inventory \(2016\)](#).
- Subject to appropriated funds, **Forefront at the University of Washington** shall:
  - Convene a one-day in-person training to deepen the staff's capacity to assist schools in their districts in responding to concerns about suicide. **Education service districts (ESDs)** shall send staff members to the training within existing resources.
  - Continue to meet monthly with the ESDs via videoconference to answer questions and assess the feasibility of collaborating with the ESDs to develop a multiyear, statewide rollout of a comprehensive suicide prevention model involving regional trainings, on-site coaching, and cohorts of participating schools in each ESD.
  - Work to develop public-private partnerships to support the rollout described above.
  - Report to the Legislature by 12/15/2017 with the outcomes of the ESD trainings, any public-private partnership developments, and recommendations on ways to work with the ESDs or others to implement suicide prevention.

### HB 1713 (2017)

- **HCA** must:
  - Oversee the coordination of resources through (a) the managed health care system as defined in RCW 74.09.325 and (b) tribal organizations. HCA must ensure children receive treatment and appropriate care based on their assessed needs, regardless of whether referrals occur through primary care, school-based services or another practitioner.
  - Require each managed care organization (MCO) and behavioral health organization (BHO) to develop and maintain adequate capacity to facilitate child mental health treatment services in the community or transfer to a BHO, depending on the level of required care.

- Subject to appropriated funds, effective 1/1/2018, require provider payment for annual depression screening for youth ages 12-18 as recommended by the Bright Futures guidelines.
- Subject to appropriated funds, effective 1/1/2018, require provider payment for maternal depression screening for mothers of children ages birth to 6 months.
- **MCOs and BHOs** must:
  - Follow up with individuals to ensure an appointment has been secured;
  - Coordinate with and report back to primary care providers on individual treatment plans and medication management, in accordance with patient confidentiality laws;
  - Provide information to health plan members and primary care providers about the 24-hour behavioral health resource line; and
  - Maintain an accurate list of providers contracted to provide mental health services to children and youth, including provider availability; the list must be made available to health plan members and providers.
- **HCA and DSHS** shall include in their report to the Legislature by 12/1/2017 and annually thereafter the number of children’s mental health providers available in the previous year, the languages spoken by those providers, and the overall percentage of children’s mental health providers who were actively accepting new patients.  
*See [2017](#) and [2018](#) reports – Access to Behavioral Health Services for Children.*
- The **Department of Early Learning** shall, subject to appropriated funds, establish a child care consultation program linking child care providers with evidence-based, trauma-informed, and best practice resources regarding caring for infants and young children who present behavioral concerns or symptoms of trauma. The department may contract with an entity to operate the program.
- The **Office of the Superintendent of Public Instruction (OSPI)** shall establish a competitive application process to designate two ESDs in which to pilot a lead staff person for children’s mental health and substance use disorder services, and shall select two ESDs by 10/1/2017, one on either side of the Cascades.
  - The lead staff person shall have primary responsibility for: (a) coordinating Medicaid billing; (b) facilitating partnerships with behavioral health agencies and providers; (c) sharing service models; (d) seeking public and private grant funding; (e) ensuring adequacy of other system level supports for students with behavioral health treatment needs; and (f) collaborating with the other pilot and OSPI.
  - OSPI must report on the pilot results by 12/1/2019, with a case study of an ESD that is successfully delivering and coordinating children’s mental health activities and services, and recommendations regarding whether to continue or make permanent the pilot projects, and how the projects might be replicated.

- **BHOs** shall reimburse a provider for a behavioral health service provided to a covered person under 18 years old through telemedicine or store and forward technology if the service would be provided in person and it is medically necessary. There must also be an associated visit, which may be telemedicine.

#### Others

- **Washington State University (WSU)** shall offer one 24-month residency position to a resident specializing in child and adolescent psychiatry.

#### E2SHB 2779 (2018)

- **HCA and DSHS** shall include in their report to the Legislature by 12/1/2017 and annually thereafter data related to mental health and medical services for eating disorder treatment in children and youth by county, including the number of diagnoses; patients treated in outpatient, residential, emergency, and inpatient care settings; and contracted providers specializing in eating disorder treatment and the percentage who were accepting new patients during the reporting period.

*See [2017](#) and [2018](#) reports – Access to Behavioral Health Services for Children.*

- **HCA** shall:
  - Collaborate with the **Department of Children, Youth and Families (DCYF)** to identify opportunities to leverage Medicaid funding for home visiting services.
  - Provide a set of recommendations by 12/1/2018 that builds upon the research and strategies developed in the Washington State [Home Visiting and Medicaid Financing Strategies report \(2017\)](#).  
*See [Medicaid Financing and Home Visiting Services \(2019\)](#).*
- **DCYF** must:
  - Develop a common set of definitions to clarify differences between evidence-based, research-based, and promising practices home visiting programs and discrete services provided in the home;
  - Develop a strategy to expand home visiting programs statewide; and
  - Collaborate with HCA to maximize Medicaid and other federal resources in implementing current home visiting programs and the statewide strategy developed under this section.
- **BHOs**:
  - May allow reimbursement to providers for services delivered through a partial hospitalization or intensive outpatient program. Such payment and services are distinct from the state’s delivery of wraparound with intensive services under the T.R. v. Strange and McDermott settlement agreement.
  - Shall allow reimbursement for time spent supervising persons working toward satisfying requirements established for the relevant practice areas pursuant to RCW 18.225.090.

- **Regional Service Areas (RSAs)**, upon adoption of a fully integrated managed health care system:
  - Must allow reimbursement for time spent supervising persons working toward satisfying supervision requirements established for the relevant practice areas pursuant to RCW 18.225.090.
  - May allow reimbursement for services delivered through a partial hospitalization or intensive outpatient program as described in RCW 71.24.385.
  
- **DSHS** must:
  - Convene an advisory group of stakeholders to review the parent-initiated treatment process authorized by Chapter 71.34 RCW and develop recommendations.
  - Report the findings and recommendations to the Children’s Mental Health Work Group by 12/1/2018.  
See [Parent Initiated Treatment Stakeholder Advisory Workgroup Report \(2018\)](#).
  
- **OSPI** shall add to the lead staff person’s responsibility for the two ESD children’s mental health lead pilot projects delivering a mental health literacy curriculum, resource, or comprehensive instruction to students in one high school within the pilot that improves students’ mental health literacy, is designed to support teachers, and aligns with the state health and PE K-12 learning standards as they existed on 1/1/2018.

Others

- The **University of Washington (UW)**, subject to appropriated funds, shall offer one additional 24-month residency to one resident specializing in child and adolescent psychiatry.

2SSB 5903 (2019)

- **WSU** shall increase the number of children’s mental health residencies from one to two.
  
- **UW** shall increase the number of children’s mental health residencies from one to two.
  
- **HCA** shall collaborate with UW and a professional association of licensed community behavioral health agencies to develop a statewide plan to implement evidence-based coordinated specialty care (CSC) programs that provide early identification and intervention for psychosis in licensed and certified community behavioral health agencies. HCA must submit a statewide plan by 3/1/2020 that includes:
  - Analysis of existing benefit packages, payment rates, and resource gaps, including needs for non-Medicaid resources;
  - Development of a discrete benefit package and case rate for coordinated specialty care;
  - Identification of costs for statewide start-up, training, and community outreach;

- Determination of the number of CSC teams needed in each RSA; and
- A timeline for implementation.

HCA shall ensure that at least one CSC team is starting up or in operation in each RSA by 10/1/2020; and each RSA has an adequate number of CSC teams based on incidence and population across the state by 12/31/2023.

- **DCYF** must enter into a contractual agreement with an organization providing coaching services to early achievers program participants to hire one qualified MH consultant for each of the six department-designated regions. The consultants must support early achievers program coaches and child care providers by providing resources, information, and guidance regarding challenging behavior and expulsions and may travel to assist providers serving families and children with severe behavioral needs. DCYF to report on services provided and outcomes of consultant activities by 6/30/2021.

#### Others

- **School districts** must, beginning in the 2020-21 school year, and every other year thereafter, use one of the professional learning days funded under RCW 28A.150.415 to train staff in one or more of the following topics: social-emotional learning, trauma-informed practices (using the model plan developed under RCW 28A.320.1271), ACES, mental health literacy, anti-bullying strategies, or culturally sustaining practices.