
SUBSTITUTE HOUSE BILL 2451

State of Washington

65th Legislature

2018 Regular Session

By House Early Learning & Human Services (originally sponsored by Representatives Slatter, Senn, Kagi, Appleton, Tharinger, and Doglio)

1 AN ACT Relating to expanding the activities of the children's
2 mental health services consultation program; and amending RCW
3 71.24.061.

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

5 **Sec. 1.** RCW 71.24.061 and 2014 c 225 s 35 are each amended to
6 read as follows:

7 (1) The department shall provide flexibility in provider
8 contracting to behavioral health organizations for children's mental
9 health services. Beginning with 2007-2009 biennium contracts,
10 behavioral health organization contracts shall authorize behavioral
11 health organizations to allow and encourage licensed community mental
12 health centers to subcontract with individual licensed mental health
13 professionals when necessary to meet the need for an adequate,
14 culturally competent, and qualified children's mental health provider
15 network.

16 (2) To the extent that funds are specifically appropriated for
17 this purpose or that nonstate funds are available, a children's
18 mental health evidence-based practice institute shall be established
19 at the University of Washington division of public behavioral health
20 and justice policy. The institute shall closely collaborate with
21 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 center,
5 the University of Washington school of nursing, the University of
6 Washington school of social work, and the Washington state institute
7 for public policy. To ensure that funds appropriated are used to the
8 greatest extent possible for their intended purpose, the University
9 of Washington's indirect costs of administration shall not exceed ten
10 percent of appropriated funding. The institute shall:

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

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

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

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

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

1 evidence-based practice implementation efforts in Washington and
2 other states.

3 (3)(a) To the extent that funds are specifically appropriated for
4 this purpose, the ~~((department))~~ health care authority in
5 collaboration with the ~~((evidence-based practice institute))~~
6 University of Washington department of psychiatry and behavioral
7 sciences and in consultation with children's hospital and regional
8 medical center, shall implement a ~~((pilot))~~ partnership access line
9 for moms and kids program to:

10 (i) Support primary care providers in the assessment and
11 provision of appropriate diagnosis and treatment of children with
12 mental and behavioral health disorders and track outcomes of this
13 program;

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

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

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

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