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**SUBSTITUTE HOUSE BILL 1876**

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**State of Washington 66th Legislature 2019 Regular Session**

**By** House Human Services & Early Learning (originally sponsored by Representatives Frame, Eslick, Appleton, Davis, Bergquist, Pollet, and Doglio)

AN ACT Relating to implementing policies related to children's mental health as reviewed and recommended by the children's mental health work group; amending RCW 28B.20.445, 28B.30.357, and 43.216.745; adding a new section to chapter 74.09 RCW; adding new sections to chapter 71.34 RCW; creating new sections; repealing 2018 c 175 s 12 (uncodified); providing a contingent effective date; and providing expiration dates.

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

NEW SECTION. **Sec.**  (1) The legislature finds that the children's mental health work group established in chapter 96, Laws of 2016 reported recommendations related to increasing access to mental health services for children and youth and that many of those recommendations were adopted by the 2017 and 2018 legislatures. The legislature further finds that additional work is needed to improve mental health support for children and families and that the children's mental health work group was reestablished for this purpose in chapter 175, Laws of 2018.

(2) The legislature finds that there is a workforce shortage of behavioral health professionals and that increasing medicaid rates to a level that is equal to medicare rates will increase the number of providers who will serve children and families on medicaid. Further, the legislature finds that there is a need to increase the cultural and linguistic diversity among children's behavioral health professionals and that hiring practices, professional training, and high-quality translations of accreditation and licensing exams should be implemented to incentivize this diversity in the workforce.

(3) Therefore, the legislature intends to implement the recommendations adopted by the children's mental health work group in January 2019, in order to improve mental health care access for children and their families.

NEW SECTION. **Sec.**  (1) Subject to the availability of amounts appropriated for this specific purpose, beginning July 1, 2019, the health care authority shall collaborate with the University of Washington department of psychiatry and behavioral sciences, Seattle children's hospital, and the office of the superintendent of public instruction, to develop a plan to implement a two-year pilot program called the partnership access line for schools.

(2) The pilot program must be implemented by January 1, 2020, and shall support two educational service districts selected by the office of the superintendent of public instruction.

(3) Elements of the pilot program must include:

(a) Developing a general behavioral health support curriculum appropriate for the roles of school staff;

(b) Delivering behavioral health trainings for school counselors, social workers, psychologists, nurses, teachers, and administrators with content designed specifically for these roles;

(c) Providing school staff who have participated in training under this section access to telephone consultation with psychologists and psychiatrists to support school staff in managing children with challenging behaviors; and

(d) Providing timely crisis management appointments, delivered in person or through interactive audio and video technology, between partnership access line clinical staff and school staff when assessed as clinically appropriate by the partnership access line and when similar support is not immediately available in the local community.

(4) By December 1, 2022, the health care authority shall submit a report to the governor and the legislature describing the services delivered through the pilot program and recommending whether the pilot program should continue or be made permanent.

(5) This section expires December 30, 2022.

**Sec.**  RCW 28B.20.445 and 2018 c 175 s 11 are each amended to read as follows:

Subject to the availability of amounts appropriated for this specific purpose, the child and adolescent psychiatry residency program at the University of Washington shall offer ((~~one~~)) two additional twenty-four month residency positions that ((~~is~~)) are approved by the accreditation council for graduate medical education to ((~~one~~)) two residents specializing in child and adolescent psychiatry. The ((~~residency~~)) positions must each include a minimum of ((~~twelve~~)) eighteen months of training in settings where children's mental health services are provided under the supervision of experienced psychiatric consultants and must be located west of the crest of the Cascade mountains.

**Sec.**  RCW 28B.30.357 and 2017 c 202 s 9 are each amended to read as follows:

Subject to the availability of amounts appropriated for this specific purpose, Washington State University shall offer ((~~one~~)) two twenty-four month residency positions that ((~~is~~)) are approved by the accreditation council for graduate medical education to ((~~one~~)) two residents specializing in child and adolescent psychiatry. The ((~~residency~~)) positions must each include a minimum of ((~~twelve~~)) eighteen months of training in settings where children's mental health services are provided under the supervision of experienced psychiatric consultants and must be located east of the crest of the Cascade mountains.

NEW SECTION. **Sec.**  A new section is added to chapter 74.09 RCW to read as follows:

(1) The authority shall collaborate with the University of Washington and a professional association of licensed community behavioral health agencies to develop a statewide plan to implement evidence-based coordinated specialty care programs that provide early identification and intervention for psychosis in licensed and certified community behavioral health agencies. The authority must submit the statewide plan to the governor and the legislature by March 1, 2020. The statewide plan must include:

(a) Analysis of existing benefit packages, payment rates, and resource gaps, including needs for nonmedicaid resources;

(b) Development of a discrete benefit package and case rate for coordinated specialty care;

(c) Identification of costs for statewide start-up, training, and community outreach;

(d) Determination of the number of coordinated specialty care teams needed in each regional service area; and

(e) A timeline for statewide implementation.

(2) The authority shall ensure that:

(a) At least one coordinated specialty care team is starting up or in operation in each regional service area by October 1, 2020; and

(b) Each regional service area has an adequate number of coordinated specialty care teams based on incidence and population across the state by December 31, 2023.

(3) This section is subject to the availability of amounts appropriated for the specific purposes of this section.

(4) This section expires June 30, 2024.

**Sec.**  RCW 43.216.745 and 2017 c 202 s 5 are each amended to read as follows:

(1)(a) Subject to the availability of amounts appropriated for this specific purpose, the department shall establish ((~~a child care~~)) an infant and early childhood mental health consultation program linking ((~~child care~~)) early learning 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 with expertise in child development and early learning programs in order to operate the ((~~child care~~)) consultation program.

((~~(2)~~)) (b) In establishing and operating the program, the department or contracted entity shall: ((~~(a)~~)) (i) Assist ((~~child care~~)) early learning providers in recognizing the signs and symptoms of trauma in children; ((~~(b)~~)) (ii) provide support and guidance to ((~~child care~~)) early learning staff; ((~~(c)~~)) (iii) consult and coordinate with parents, other caregivers, and experts or practitioners involved with the care and well-being of the young children; and ((~~(d)~~)) (iv) provide referrals for children who need additional services.

(2)(a) Subject to the availability of amounts appropriated for this specific purpose, the department shall develop an infant and early childhood mental health consultation model for children ages birth through five and provide the model to the governor and the legislature by November 1, 2019.

(b) In the development of the model, the department must consult with public and private partners, including tribal representatives, to ensure the model meets community needs in a culturally responsive manner.

(c) The model must include:

(i) A workforce development plan that addresses initial training and ongoing professional development for infant and early childhood mental health consultants in accordance with nationally recognized competencies in the field;

(ii) Consultation standards that are informed by current evidence in the field, trauma-informed, and culturally responsive;

(iii) A program evaluation protocol for outcome measurement; and

(iv) A plan for a data tracking system for consultation activities.

(d) The department must phase in service delivery and begin implementation in at least two regions by July 1, 2020, followed by full statewide implementation by December 31, 2023.

NEW SECTION. **Sec.**  A new section is added to chapter 71.34 RCW to read as follows:

Subject to the availability of amounts appropriated for this specific purpose, the health care authority must provide an online training for behavioral health providers regarding state law and best practices when providing behavioral health services to children, youth, and families. The training must be free for providers and must include information related to parent-initiated treatment, minor-initiated treatment, and other treatment services provided under this chapter.

NEW SECTION. **Sec.**  A new section is added to chapter 71.34 RCW to read as follows:

(1) Subject to the availability of amounts appropriated for this specific purpose, the authority must conduct an annual survey of a sample group of parents, youth, and behavioral health providers to measure the impacts of implementing policies resulting from the enactment of chapter . . . (House Bill No. 1874), Laws of 2019 (including any later amendments or substitutes) during the first three years of implementation. The first survey must be complete by July 1, 2020, followed by subsequent annual surveys completed by July 1, 2021, and by July 1, 2022. The authority must report on the results of the surveys annually to the governor and the legislature beginning November 1, 2020. The final report is due November 1, 2022, and must include any recommendations for statutory changes identified as needed based on survey results.

(2) This section expires December 31, 2022.

NEW SECTION. **Sec.**  Section 8 of this act takes effect only if chapter . . . (House Bill No. 1874), Laws of 2019 (including any later amendments or substitutes) is enacted by the effective date of this section.

NEW SECTION. **Sec.**  2018 c 175 s 12 (uncodified) is repealed.

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