**5903-S2 AMH HSEL H2601.1 - NOT FOR FLOOR USE**

**2SSB 5903** - H COMM AMD

By Committee on Human Services & Early Learning

**NOT ADOPTED 04/12/2019**

Strike everything after the enacting clause and insert the following:

"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) The office of financial management must enter into a contractual agreement with a facilitator to organize a work group for the development of a funding model for:

(a) The partnership access line activities described in RCW 71.24.061, including the partnership access line for moms and kids and community referral facilitation;

(b) Delivering partnership access line services to educational service districts for the training and support of school staff managing children with challenging behaviors; and

(c) Expanding partnership access line consultation services to include consultation for health care professionals serving adults.

(2) The work group shall consist of: One member of the house of representatives, appointed by the speaker of the house of representatives; one member of the senate, appointed by the president of the senate; and one representative from each of the following interests, appointed by the director of the health care authority or his or her designee:

(a) Private insurance carriers;

(b) Medicaid managed care plans;

(c) Self-insured organizations;

(d) Seattle children's hospital;

(e) The partnership access line;

(f) The office of the insurance commissioner;

(g) The University of Washington school of medicine; and

(h) Other organizations and individuals, as determined by the director of the health care authority.

(3) The funding model must build upon previous funding model efforts by the health care authority, including work completed pursuant to chapter 288, Laws of 2018. The funding model must:

(a) Determine the annual cost of operating the partnership access line and its various components and collect a proportional share of program cost from each health insurance carrier; and

(b) Differentiate between partnership access line activities eligible for medicaid funding and activities that are nonmedicaid eligible.

(4) The office of financial management shall submit a report to the governor and the appropriate committees of the legislature by December 1, 2019.

(5) This section expires June 30, 2020.

NEW SECTION. **Sec.**  A new section is added to chapter 28A.415 RCW to read as follows:

Beginning in the 2020-21 school year, and every other school year thereafter, school districts must use one of the professional learning days funded under RCW 28A.150.415 to train school district staff in social-emotional learning, trauma-informed practices, using the model plan developed under RCW 28A.320.1271 related to recognition and response to emotional or behavioral distress, consideration of adverse childhood experiences, mental health literacy, antibullying strategies, and culturally sustaining practices.

**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) Subject to the availability of amounts appropriated for this specific purpose, 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 expires June 30, 2024.

NEW SECTION. **Sec.**  (1) The department of children, youth, and families must enter into a contractual agreement with an organization providing coaching services to early achievers program participants to hire one qualified mental health 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 in serving families and children with severe behavioral needs. In coordination with the contractor, the department of children, youth, and families must report on the services provided and the outcomes of the consultant activities to the governor and the appropriate policy and fiscal committees of the legislature by June 30, 2021.

(2) This section expires June 30, 2022."

Correct the title.

EFFECT: (1) Requires the Office of Financial Management to convene a work group to develop a funding model for the Partnership Access Line (PAL), PAL for Moms and Kids, community referral facilitation, and expanding PAL to Educational Service Districts (ESDs) and to health care providers serving adults.

(2) Requires the Department of Children, Youth, and Families to contract with an organization providing coaching services to Early Achievers participants to hire one qualified mental health consultant for each of the six department-designated regions and report on services provided and outcomes by June 30, 2021.

(3) Removes the provisions related to behavioral health coordination responsibilities for ESDs.

(4) Removes the Partnership Access Line for Schools pilot.

(5) Modifies the requirement for school districts to use a professional learning day to train district staff in certain topics to require the training to be conducted every other year and adds to the required training topics.

(6) Removes the requirement for the Office of the Superintendent of Public Instruction (OSPI) to identify and make available mental health literacy and healthy relationships instructional materials to school districts and to adopt certain rules into graduation requirements.

(7) Removes the establishment of University of Washington (UW) certificate programs in evidence-based practices for behavioral health.

(8) Removes the expansion of the UW child and adolescent psychiatry residencies.

(9) Removes the requirement for the UW and OSPI to convene a work group to develop a statewide multitiered system of school supports.

(10) Removes the development and implementation of an infant and early childhood mental health consultation model and service delivery.

(11) Removes the trauma-informed early care and education pilot.

(12) Removes the requirement for the Health Care Authority (HCA) to provide online training for behavioral health providers regarding laws and best practices in behavioral health services for children, youth, and families.

(13) Removes the requirement for the HCA to conduct an annual survey related to parent-initiated treatment policy changes.