

2SSB 5903 - H COMM AMD

By Committee on Human Services & Early Learning

NOT ADOPTED 04/12/2019

1 Strike everything after the enacting clause and insert the
2 following:

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

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

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

25 NEW SECTION. **Sec. 2.** (1) The office of financial management
26 must enter into a contractual agreement with a facilitator to
27 organize a work group for the development of a funding model for:

28 (a) The partnership access line activities described in RCW
29 71.24.061, including the partnership access line for moms and kids
30 and community referral facilitation;

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

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

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

12 (a) Private insurance carriers;

13 (b) Medicaid managed care plans;

14 (c) Self-insured organizations;

15 (d) Seattle children's hospital;

16 (e) The partnership access line;

17 (f) The office of the insurance commissioner;

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

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

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

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

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

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

33 (5) This section expires June 30, 2020.

34 NEW SECTION. **Sec. 3.** A new section is added to chapter 28A.415
35 RCW to read as follows:

36 Beginning in the 2020-21 school year, and every other school year
37 thereafter, school districts must use one of the professional
38 learning days funded under RCW 28A.150.415 to train school district
39 staff in social-emotional learning, trauma-informed practices, using

1 the model plan developed under RCW 28A.320.1271 related to
2 recognition and response to emotional or behavioral distress,
3 consideration of adverse childhood experiences, mental health
4 literacy, antibullying strategies, and culturally sustaining
5 practices.

6 **Sec. 4.** RCW 28B.30.357 and 2017 c 202 s 9 are each amended to
7 read as follows:

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

18 NEW SECTION. **Sec. 5.** A new section is added to chapter 74.09
19 RCW to read as follows:

20 (1) Subject to the availability of amounts appropriated for this
21 specific purpose, the authority shall collaborate with the University
22 of Washington and a professional association of licensed community
23 behavioral health agencies to develop a statewide plan to implement
24 evidence-based coordinated specialty care programs that provide early
25 identification and intervention for psychosis in licensed and
26 certified community behavioral health agencies. The authority must
27 submit the statewide plan to the governor and the legislature by
28 March 1, 2020. The statewide plan must include:

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

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

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

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

37 (e) A timeline for statewide implementation.

38 (2) The authority shall ensure that:

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

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

6 (3) This section expires June 30, 2024.

7 NEW SECTION. **Sec. 6.** (1) The department of children, youth, and
8 families must enter into a contractual agreement with an organization
9 providing coaching services to early achievers program participants
10 to hire one qualified mental health consultant for each of the six
11 department-designated regions. The consultants must support early
12 achievers program coaches and child care providers by providing
13 resources, information, and guidance regarding challenging behavior
14 and expulsions and may travel to assist providers in serving families
15 and children with severe behavioral needs. In coordination with the
16 contractor, the department of children, youth, and families must
17 report on the services provided and the outcomes of the consultant
18 activities to the governor and the appropriate policy and fiscal
19 committees of the legislature by June 30, 2021.

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

21 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.

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