CERTIFICATION OF ENROLLMENT

**SECOND SUBSTITUTE SENATE BILL 5903**

66th Legislature

2019 Regular Session

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| Passed by the Senate April 18, 2019  Yeas 48 Nays 1  **President of the Senate**  Passed by the House April 12, 2019  Yeas 87 Nays 9  **Speaker of the House of Representatives** | CERTIFICATE  I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE SENATE BILL 5903** as passed by the Senate and the House of Representatives on the dates hereon set forth.  Secretary |
| Approved |  |
| **Governor of the State of Washington** | **Secretary of State**  **State of Washington** |

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**SECOND SUBSTITUTE SENATE BILL 5903**

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AS AMENDED BY THE HOUSE

Passed Legislature - 2019 Regular Session

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

**By** Senate Ways & Means (originally sponsored by Senators Darneille, Warnick, Das, Nguyen, and O'Ban)

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.30.357 and 28B.20.445; amending 2018 c 175 s 2 (uncodified); adding a new section to chapter 28A.415 RCW; adding new sections to chapter 74.09 RCW; adding a new section to chapter 43.216 RCW; creating new sections; providing effective dates; and providing an expiration date.

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.

**Sec.**  2018 c 175 s 2 (uncodified) is amended to read as follows:

(1) A children's mental health work group is established to identify barriers to and opportunities for accessing mental health services for children and families and to advise the legislature on statewide mental health services for this population.

(2) The work group shall consist of members and alternates as provided in this subsection. Members must represent the regional, racial, and cultural diversity of all children and families in the state. Members of the children's mental health work group created in chapter 96, Laws of 2016, and serving on the work group as of December 1, 2017, may continue to serve as members of the work group without reappointment.

(a) The president of the senate shall appoint one member and one alternate from each of the two largest caucuses in the senate.

(b) The speaker of the house of representatives shall appoint one member and one alternate from each of the two largest caucuses in the house of representatives.

(c) The governor shall appoint six members representing the following state agencies and offices: The department of children, youth, and families; the department of social and health services; the health care authority; the department of health; the office of homeless youth prevention and protection programs; and the office of the governor.

(d) The governor shall appoint one member representing each of the following:

(i) Behavioral health organizations;

(ii) Community mental health agencies;

(iii) Medicaid managed care organizations;

(iv) A regional provider of co-occurring disorder services;

(v) Pediatricians or primary care providers;

(vi) Providers specializing in infant or early childhood mental health;

(vii) Child health advocacy groups;

(viii) Early learning and child care providers;

(ix) The evidence-based practice institute;

(x) Parents or caregivers who have been the recipient of early childhood mental health services;

(xi) An education or teaching institution that provides training for mental health professionals;

(xii) Foster parents;

(xiii) Providers of culturally and linguistically appropriate health services to traditionally underserved communities;

(xiv) Pediatricians located east of the crest of the Cascade mountains; and

(xv) Child psychiatrists.

(e) The governor shall request participation by a representative of tribal governments.

(f) The superintendent of public instruction shall appoint one representative from the office of the superintendent of public instruction.

(g) The insurance commissioner shall appoint one representative from the office of the insurance commissioner.

(h) The work group shall choose its cochairs, one from among its legislative members and one from among the executive branch members. The representative from the health care authority shall convene at least two, but not more than four, meetings of the work group each year.

(i) The cochairs may invite additional members of the house of
representatives and the senate to participate in work group
activities, including as leaders of advisory groups to the work
group. These legislators are not required to be formally appointed
members of the work group in order to participate in or lead
advisory groups.

(3) The work group shall:

(a) Monitor the implementation of enacted legislation, programs, and policies related to children's mental health, including provider payment for depression screenings for youth and new mothers, consultation services for child care providers caring for children with symptoms of trauma, home visiting services, and streamlining agency rules for providers of behavioral health services;

(b) Consider system strategies to improve coordination and remove barriers between the early learning, K-12 education, and health care systems; and

(c) Identify opportunities to remove barriers to treatment and strengthen mental health service delivery for children and youth.

(4) At the direction of the cochairs, the work group may convene advisory groups to evaluate specific issues and report related findings and recommendations to the full work group.

(5)(a) The work group shall convene an advisory group to develop a funding model for:

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

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

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

(b) The work group cochairs shall invite representatives from the following organizations and interests to participate as advisory group members under this subsection:

(i) Private insurance carriers;

(ii) Medicaid managed care plans;

(iii) Self-insured organizations;

(iv) Seattle children's hospital;

(v) The partnership access line;

(vi) The office of the insurance commissioner;

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

(viii) Other organizations and individuals, as determined by the cochairs.

(c) 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:

(i) 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

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

(d) By December 1, 2019, the advisory group formed under this subsection must deliver the funding model and any associated recommendations to the work group.

(6) Staff support for the work group, including administration of work group meetings and preparation of the updated report required under subsection ((~~(6)~~)) (8) of this section, must be provided by the health care authority. Additional staff support for legislative members of the work group may be provided by senate committee services and the house of representatives office of program research.

((~~(5)~~)) (7) Legislative members of the work group are reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members are not entitled to be reimbursed for travel expenses if they are elected officials or are participating on behalf of an employer, governmental entity, or other organization. Any reimbursement for other nonlegislative members is subject to chapter 43.03 RCW. Advisory group members who are not members of the work group are not entitled to reimbursement.

((~~(6)~~)) (8) The work group shall update the findings and recommendations reported to the legislature by the children's mental health work group in December 2016 pursuant to chapter 96, Laws of 2016. The work group must submit the updated report to the governor and the appropriate committees of the legislature by December 1, 2020.

((~~(7)~~)) (9) This section expires December 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 one or more of the following topics: 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, or 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.

**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.

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.**  A new section is added to chapter 43.216 RCW to read as follows:

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.

NEW SECTION. **Sec.**  Section 2 of this act is added to chapter 74.09 RCW.

NEW SECTION. **Sec.**  Section 4 of this act takes effect July 1, 2020.

NEW SECTION. **Sec.**  Section 5 of this act takes effect July 1, 2022.

NEW SECTION. **Sec.**  If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2019, in the omnibus appropriations act, this act is null and void.

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