4

5

6 7

8

9

10 11

12

1314

15

1617

18

19

20

<u>2SSB 5903</u> - H COMM AMD By Committee on Appropriations

ADOPTED AS AMENDED 04/12/2019

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

- "NEW SECTION. Sec. 1. (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.
- 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.
- NEW SECTION. Sec. 2. (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:
- 28 (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;

- 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
 - (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:
- 12 (a) Private insurance carriers;

5

7

8

9

10 11

13

17

18

2425

26

33

- (b) Medicaid managed care plans;
- 14 (c) Self-insured organizations;
- 15 (d) Seattle children's hospital;
- 16 (e) The partnership access line;
 - (f) The office of the insurance commissioner;
 - (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:
 - (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
- 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.
 - (5) This section expires June 30, 2020.
- NEW SECTION. Sec. 3. A new section is added to chapter 28A.415 35 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

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

21

22

24

2526

27

2829

30

- 6 **Sec. 4.** 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 8 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 residents specializing in child and adolescent psychiatry. The 12 ((residency)) positions must each include a minimum of ((twelve)) 13 eighteen months of training in settings where children's mental 14 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 **Sec. 5.** RCW 28B.20.445 and 2018 c 175 s 11 are each amended to 19 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 ((ene)) two additional twenty-four month residency positions that ((is)) are approved by the accreditation council for graduate medical education to ((ene)) 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. 6. A new section is added to chapter 74.09
 RCW to read as follows:
- 33 (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 36 behavioral health agencies to develop a statewide plan to implement evidence-based coordinated specialty care programs that provide early Code Rev/PW:lel 3 H-2873.1/19

- 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:
- 5 (a) Analysis of existing benefit packages, payment rates, and 6 resource gaps, including needs for nonmedicaid resources;
 - (b) Development of a discrete benefit package and case rate for coordinated specialty care;
- 9 (c) Identification of costs for statewide start-up, training, and 10 community outreach;
- 11 (d) Determination of the number of coordinated specialty care 12 teams needed in each regional service area; and
 - (e) A timeline for statewide implementation.
- 14 (2) The authority shall ensure that:

8

13

17

18

19

- 15 (a) At least one coordinated specialty care team is starting up 16 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.
- 20 (3) This section expires June 30, 2024.
- NEW SECTION. Sec. 7. A new section is added to chapter 43.216 22 RCW to read as follows:

The department of children, youth, and families must enter into a 23 24 contractual agreement with an organization providing coaching 25 services to early achievers program participants to hire one qualified mental health consultant for each of the six department-26 27 designated regions. The consultants must support early achievers program coaches and child care providers by providing resources, 28 information, and guidance regarding challenging behavior 29 30 expulsions and may travel to assist providers in serving families and children with severe behavioral needs. In coordination with the 31 contractor, the department of children, youth, and families must 32 report on the services provided and the outcomes of the consultant 33 activities to the governor and the appropriate policy and fiscal 34 35 committees of the legislature by June 30, 2021.

NEW SECTION. Sec. 8. Section 4 of this act takes effect July 1, 2020.

- NEW SECTION. Sec. 9. Section 5 of this act takes effect July 1, 2022.
- NEW SECTION. Sec. 10. 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."
- 7 Correct the title.
 - <u>EFFECT:</u> (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 one or more specified behavioral health topics to require the training to be conducted every other year and adds to the possible 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) Adds an effective date of July 1, 2022 for the expansion of the UW child and adolescent psychiatry residencies.
 - (9) Adds an effective date of July 1, 2020 for the expansion of Washington State University child and adolescent psychiatry residencies.
 - (10) Removes the requirement for the UW and OSPI to convene a work group to develop a statewide multitiered system of school supports.
 - (11) Removes the development and implementation of an infant and early childhood mental health consultation model and service delivery.
 - (12) Removes the trauma-informed early care and education pilot.
 - (13) 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.
 - (14) Removes the requirement for the HCA to conduct an annual survey related to parent-initiated treatment policy changes.

(15) Includes a null and void clause.

--- END ---