
SUBSTITUTE HOUSE BILL 1876

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)

1 AN ACT Relating to implementing policies related to children's
2 mental health as reviewed and recommended by the children's mental
3 health work group; amending RCW 28B.20.445, 28B.30.357, and
4 43.216.745; adding a new section to chapter 74.09 RCW; adding new
5 sections to chapter 71.34 RCW; creating new sections; repealing 2018
6 c 175 s 12 (uncodified); providing a contingent effective date; and
7 providing expiration dates.

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

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

18 (2) The legislature finds that there is a workforce shortage of
19 behavioral health professionals and that increasing medicaid rates to
20 a level that is equal to medicare rates will increase the number of
21 providers who will serve children and families on medicaid. Further,

1 the legislature finds that there is a need to increase the cultural
2 and linguistic diversity among children's behavioral health
3 professionals and that hiring practices, professional training, and
4 high-quality translations of accreditation and licensing exams should
5 be implemented to incentivize this diversity in the workforce.

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

10 NEW SECTION. **Sec. 2.** (1) Subject to the availability of amounts
11 appropriated for this specific purpose, beginning July 1, 2019, the
12 health care authority shall collaborate with the University of
13 Washington department of psychiatry and behavioral sciences, Seattle
14 children's hospital, and the office of the superintendent of public
15 instruction, to develop a plan to implement a two-year pilot program
16 called the partnership access line for schools.

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

20 (3) Elements of the pilot program must include:

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

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

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

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

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

39 (5) This section expires December 30, 2022.

1 **Sec. 3.** RCW 28B.20.445 and 2018 c 175 s 11 are each amended to
2 read as follows:

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

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

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

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

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

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

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

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

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

7 (e) A timeline for statewide implementation.

8 (2) The authority shall ensure that:

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

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

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

16 (4) This section expires June 30, 2024.

17 **Sec. 6.** RCW 43.216.745 and 2017 c 202 s 5 are each amended to
18 read as follows:

19 (1)~~(a)~~ Subject to the availability of amounts appropriated for
20 this specific purpose, the department shall establish ~~((a—child
21 care))~~ an infant and early childhood mental health consultation
22 program linking ~~((child—care))~~ early learning providers with
23 evidence-based, trauma-informed, and best practice resources
24 regarding caring for infants and young children who present
25 behavioral concerns or symptoms of trauma. The department may
26 contract with an entity with expertise in child development and early
27 learning programs in order to operate the ~~((child—care))~~ consultation
28 program.

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

38 (2)(a) Subject to the availability of amounts appropriated for
39 this specific purpose, the department shall develop an infant and

1 early childhood mental health consultation model for children ages
2 birth through five and provide the model to the governor and the
3 legislature by November 1, 2019.

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

8 (c) The model must include:

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

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

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

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

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

21 NEW SECTION. Sec. 7. A new section is added to chapter 71.34
22 RCW to read as follows:

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

31 NEW SECTION. Sec. 8. A new section is added to chapter 71.34
32 RCW to read as follows:

33 (1) Subject to the availability of amounts appropriated for this
34 specific purpose, the authority must conduct an annual survey of a
35 sample group of parents, youth, and behavioral health providers to
36 measure the impacts of implementing policies resulting from the
37 enactment of chapter . . . (House Bill No. 1874), Laws of 2019
38 (including any later amendments or substitutes) during the first

1 three years of implementation. The first survey must be complete by
2 July 1, 2020, followed by subsequent annual surveys completed by July
3 1, 2021, and by July 1, 2022. The authority must report on the
4 results of the surveys annually to the governor and the legislature
5 beginning November 1, 2020. The final report is due November 1, 2022,
6 and must include any recommendations for statutory changes identified
7 as needed based on survey results.

8 (2) This section expires December 31, 2022.

9 NEW SECTION. **Sec. 9.** Section 8 of this act takes effect only if
10 chapter . . . (House Bill No. 1874), Laws of 2019 (including any
11 later amendments or substitutes) is enacted by the effective date of
12 this section.

13 NEW SECTION. **Sec. 10.** 2018 c 175 s 12 (uncodified) is repealed.

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