2439-S2.E AMS FROC CANT 066

**E2SHB 2439** - S AMD TO S AMD (S-5083.1/16) **699**

By Senators Frockt, O'Ban

**ADOPTED 03/03/2016**

 On page 5, after line 13 of the amendment, insert the following:

"NEW SECTION. **Sec.**  (1)(a) Subject to appropriation, health care authority shall expand the partnership access line service by selecting a rural inclusive region of the state to offer an additional level of child mental health care support services for primary care, to be referred to as the PAL plus pilot program.

(b) For purposes of the PAL plus pilot program, the health care authority shall work in collaboration with faculty from the University of Washington working on the integration of mental health and medical care.

(2)(a) The PAL plus service is targeted to help children and families with medicaid coverage who have mental health concerns not already being served by the regional support network system or other local specialty care providers, and who instead receive treatment from their primary care providers. Services must be offered by regionally based and multipractice shared mental health service providers who deliver in person and over the telephone the following services upon primary care request:

(i) Evaluation and diagnostic support;

(ii) Individual patient care progress tracking;

(iii) Behavior management coaching; and

(iv) Other evidence supported psychosocial care supports which are delivered as an early and easily accessed intervention for families.

(b) The PAL team of child psychiatrists and psychologists shall provide mental health service providers with training and support, weekly care plan reviews and support on their caseloads, direct patient evaluations for selected enhanced assessments, and must utilize a shared electronic reporting and tracking system to ensure that children not improving are identified as such and helped to receive additional services. The PAL team shall promote the appropriate use of cognitive behavioral therapies and other treatments which are empirically supported or evidence-based and encourage providers to use psychotropic medications as a last resort.

(3)(a) The health care authority shall monitor PAL plus service outcomes, including, but not limited to:

(i) Characteristics of the population being served;

(ii) Process measures of service utilization;

(iii) Behavioral health symptom rating scale outcomes of individuals and aggregate rating scale outcomes of populations of children served;

(iv) Claims data comparison of implementation versus nonimplementation regions;

(v) Service referral patterns to local specialty mental health care providers; and

(vi) Family and provider feedback.

(b) By December 31, 2017, the health care authority shall make a preliminary evaluation of the viability of a statewide PAL plus service program and report to the appropriate committees of the legislature, with a final evaluation report due by December 31, 2018. The final report must include recommendations on sustainability and leveraging funds through behavioral health and managed care organizations.

(4) This section expires December 31, 2019."

 Renumber the remaining sections consecutively and correct any internal references accordingly.

|  |  |
| --- | --- |
|  |  EFFECT:  Requires the Health Care Authority to establish a PAL plus pilot program in a rural inclusive region of the state to provide support from child psychiatrists and psychologists at the University of Washington to mental health service providers. |

**--- END ---**