

E2SHB 2439 - S AMD  
By Senator O'Ban

ADOPTED AND ENGROSSED 3/3/2016

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

3 "NEW SECTION. **Sec. 1.** (1) The legislature understands that  
4 adverse childhood experiences, such as family mental health issues,  
5 substance abuse, serious economic hardship, and domestic violence,  
6 all increase the likelihood of developmental delays and later health  
7 and mental health problems. The legislature further understands that  
8 early intervention services for children and families at high risk  
9 for adverse childhood experience help build secure parent-child  
10 attachment and bonding, which allows young children to thrive and  
11 form strong relationships in the future. The legislature finds that  
12 early identification and intervention are critical for children  
13 exhibiting aggressive or depressive behaviors indicative of early  
14 mental health problems. The legislature intends to improve access to  
15 adequate, appropriate, and culturally responsive mental health  
16 services for children and youth. The legislature further intends to  
17 encourage the use of behavioral health therapies and other therapies  
18 that are empirically supported or evidence-based and only prescribe  
19 medications for children and youth as a last resort.

20 (2) The legislature finds that nearly half of Washington's  
21 children are enrolled in medicaid and have a higher incidence of  
22 serious health problems compared to children who have commercial  
23 insurance. The legislature recognizes that disparities also exist in  
24 the diagnosis and initiation of treatment services for children of  
25 color, with studies demonstrating that children of color are  
26 diagnosed and begin receiving early interventions at a later age. The  
27 legislature finds that within the current system of care, families  
28 face barriers to receiving a full range of services for children  
29 experiencing behavioral health problems. The legislature intends to  
30 identify what network adequacy requirements, if strengthened, would  
31 increase access, continuity, and coordination of behavioral health  
32 services for children and families. The legislature further intends

1 to encourage managed care plans and behavioral health organizations  
2 to contract with the same providers that serve children so families  
3 are not required to duplicate mental health screenings, and to  
4 recommend provider rates for mental health services to children and  
5 youth which will ensure an adequate network and access to quality  
6 based care.

7 (3) The legislature recognizes that early and accurate  
8 recognition of behavioral health issues coupled with appropriate and  
9 timely intervention enhances health outcomes while minimizing overall  
10 expenditures. The legislature intends to assure that annual  
11 depression screenings are done consistently with the highly  
12 vulnerable medicaid population and that children and families benefit  
13 from earlier access to services.

14 NEW SECTION. **Sec. 2.** (1) The children's mental health work  
15 group is established to identify barriers to accessing mental health  
16 services for children and families, and to advise the legislature on  
17 statewide mental health services for this population.

18 (2)(a) The work group shall include diverse, statewide  
19 representation from the public and nonprofit and for-profit entities.  
20 Its membership shall reflect regional, racial, and cultural diversity  
21 to adequately represent the needs of all children and families in the  
22 state.

23 (b) The work group shall consist of not more than twenty-five  
24 members, as follows:

25 (i) The president of the senate shall appoint one member and one  
26 alternative member from each of the two largest caucuses of the  
27 senate.

28 (ii) The speaker of the house of representatives shall appoint  
29 one member and one alternative member from each of the two largest  
30 caucuses in the house of representatives.

31 (iii) The governor shall appoint at least one representative from  
32 each of the following: The department of early learning, the  
33 department of social and health services, the health care authority,  
34 the department of health, and a representative of the governor.

35 (iv) The superintendent of public instruction shall appoint one  
36 representative from the office of the superintendent of public  
37 instruction.

38 (v) The governor shall request participation by a representative  
39 of tribal governments.

1 (vi) The governor shall appoint one representative from each of  
2 the following: Behavioral health organizations, community mental  
3 health agencies, medicaid managed care organizations, pediatricians  
4 or primary care providers, providers that specialize in early  
5 childhood mental health, child health advocacy groups, early learning  
6 and child care providers, the managed health care plan for foster  
7 children, the evidence-based practice institute, parents or  
8 caregivers who have been a recipient of early childhood mental health  
9 services, and foster parents.

10 (c) The work group shall seek input and participation from  
11 stakeholders interested in the improvement of statewide mental health  
12 services for children and families.

13 (d) The work group shall choose two cochairs, one from among its  
14 legislative membership and one representative of a state agency. The  
15 representative from the health care authority shall convene the  
16 initial meeting of the work group.

17 (3) The children's mental health work group shall review the  
18 barriers that exist to identifying and treating mental health issues  
19 in children with a particular focus on birth to five and report to  
20 the appropriate committees of the legislature. At a minimum the work  
21 group must:

22 (a) Review and recommend developmentally, culturally, and  
23 linguistically appropriate assessment tools and diagnostic approaches  
24 that managed care plans and behavioral health organizations should  
25 use as the mechanism to establish eligibility for services;

26 (b) Identify and review billing issues related to serving the  
27 parent or caregiver in a treatment dyad and the billing issues  
28 related to services that are appropriate for serving children,  
29 including children birth to five;

30 (c) Evaluate and identify barriers to billing and payment for  
31 behavioral health services provided within primary care settings in  
32 an effort to promote and increase the use of behavioral health  
33 professionals within primary care settings;

34 (d) Review workforce issues related to serving children and  
35 families, including issues specifically related to birth to five;

36 (e) Recommend strategies for increasing workforce diversity and  
37 the number of professionals qualified to provide children's mental  
38 health services;

39 (f) Review and make recommendations on the development and  
40 adoption of standards for training and endorsement of professionals

1 to become qualified to provide mental health services to children  
2 birth to five and their parents or caregivers;

3 (g) Analyze, in consultation with the department of early  
4 learning, the health care authority, and the department of social and  
5 health services, existing and potential mental health supports for  
6 child care providers to reduce expulsions of children in child care  
7 and preschool; and

8 (h) Identify outreach strategies that will successfully  
9 disseminate information to parents, providers, schools, and other  
10 individuals who work with children and youth on the mental health  
11 services offered through the health care plans, including referrals  
12 to parenting programs, community providers, and behavioral health  
13 organizations.

14 (4) Legislative members of the work group are reimbursed for  
15 travel expenses in accordance with RCW 44.04.120. Nonlegislative  
16 members are not entitled to be reimbursed for travel expenses if they  
17 are elected officials or are participating on behalf of an employer,  
18 governmental entity, or other organization. Any reimbursement for  
19 other nonlegislative members is subject to chapter 43.03 RCW.

20 (5) The expenses of the work group must be paid jointly by the  
21 senate and the house of representatives. Work group expenditures are  
22 subject to approval by the senate facilities and operations committee  
23 and the house of representatives executive rules committee, or their  
24 successor committees.

25 (6) The work group shall report its findings and recommendations  
26 to the appropriate committees of the legislature by December 1, 2016.

27 (7) Staff support for the committee must be provided by the house  
28 of representatives office of program research, the senate committee  
29 services, and the office of financial management.

30 (8) This section expires December 1, 2017.

31 NEW SECTION. **Sec. 3.** A new section is added to chapter 74.09  
32 RCW to read as follows:

33 To better assure and understand issues related to network  
34 adequacy and access to services, the authority and the department  
35 shall report to the appropriate committees of the legislature by  
36 December 1, 2017, and annually thereafter, on the status of access to  
37 behavioral health services for children birth through age seventeen  
38 using data collected pursuant to RCW 70.320.050. At a minimum, the

1 report must include the following components broken down by age,  
2 gender, and race and ethnicity:

3 (1) The percentage of discharges for patients ages six through  
4 seventeen who had a visit to the emergency room with a primary  
5 diagnosis of mental health or alcohol or other drug dependence during  
6 the measuring year and who had a follow-up visit with any provider  
7 with a corresponding primary diagnosis of mental health or alcohol or  
8 other drug dependence within thirty days of discharge;

9 (2) The percentage of health plan members with an identified  
10 mental health need who received mental health services during the  
11 reporting period; and

12 (3) The percentage of children served by behavioral health  
13 organizations, including the types of services provided.

14 NEW SECTION. **Sec. 4.** (1)(a) Subject to appropriation, health  
15 care authority shall expand the partnership access line service by  
16 selecting a rural inclusive region of the state to offer an  
17 additional level of child mental health care support services for  
18 primary care, to be referred to as the PAL plus pilot program.

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

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

- 31 (i) Evaluation and diagnostic support;
- 32 (ii) Individual patient care progress tracking;
- 33 (iii) Behavior management coaching; and
- 34 (iv) Other evidence supported psychosocial care supports which  
35 are delivered as an early and easily accessed intervention for  
36 families.

37 (b) The PAL team of child psychiatrists and psychologists shall  
38 provide mental health service providers with training and support,  
39 weekly care plan reviews and support on their caseloads, direct

1 patient evaluations for selected enhanced assessments, and must  
2 utilize a shared electronic reporting and tracking system to ensure  
3 that children not improving are identified as such and helped to  
4 receive additional services. The PAL team shall promote the  
5 appropriate use of cognitive behavioral therapies and other  
6 treatments which are empirically supported or evidence-based and  
7 encourage providers to use psychotropic medications as a last resort.

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

10 (i) Characteristics of the population being served;

11 (ii) Process measures of service utilization;

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

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

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

19 (vi) Family and provider feedback.

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

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

28 NEW SECTION. **Sec. 5.** (1) The joint legislative audit and review  
29 committee shall conduct an inventory of the mental health service  
30 models available to students in schools, school districts, and  
31 educational service districts and report its findings by October 31,  
32 2016. The report must be submitted to the appropriate committees of  
33 the house of representatives and the senate, in accordance with RCW  
34 43.01.036.

35 (2) The committee must perform the inventory using data that is  
36 already collected by schools, school districts, and educational  
37 service districts. The committee must not collect or review student-  
38 level data and must not include student-level data in the report.

1 (3) The inventory and report must include information on the  
2 following:

3 (a) How many students are served by mental health services funded  
4 with nonbasic education appropriations in each school, school  
5 district, or educational service district;

6 (b) How many of these students are participating in medicaid  
7 programs;

8 (c) How the mental health services are funded, including federal,  
9 state, local, and private sources;

10 (d) Information on who provides the mental health services,  
11 including district employees and contractors; and

12 (e) Any other available information related to student access and  
13 outcomes.

14 (4) The duties of this section must be carried out within  
15 existing appropriations.

16 (5) This section expires July 1, 2017.

17 **Sec. 6.** RCW 28A.310.500 and 2013 c 197 s 6 are each amended to  
18 read as follows:

19 (1) Each educational service district shall develop and maintain  
20 the capacity to offer training for educators and other school  
21 district staff on youth suicide screening and referral, and on  
22 recognition, initial screening, and response to emotional or  
23 behavioral distress in students, including but not limited to  
24 indicators of possible substance abuse, violence, and youth suicide.  
25 An educational service district may demonstrate capacity by employing  
26 staff with sufficient expertise to offer the training or by  
27 contracting with individuals or organizations to offer the training.  
28 Training may be offered on a fee-for-service basis, or at no cost to  
29 school districts or educators if funds are appropriated specifically  
30 for this purpose or made available through grants or other sources.

31 (2)(a) Subject to the availability of amounts appropriated for  
32 this specific purpose, Forefront at the University of Washington  
33 shall convene a one-day in-person training of student support staff  
34 from the educational service districts to deepen the staff's capacity  
35 to assist schools in their districts in responding to concerns about  
36 suicide. Educational service districts shall send staff members to  
37 the one-day in-person training within existing resources.

38 (b) Subject to the availability of amounts appropriated for this  
39 specific purpose, after establishing these relationships with the

1 educational service districts, Forefront at the University of  
2 Washington must continue to meet with the educational service  
3 districts via videoconference on a monthly basis to answer questions  
4 that arise for the educational service districts, and to assess the  
5 feasibility of collaborating with the educational service districts  
6 to develop a multiyear, statewide rollout of a comprehensive school  
7 suicide prevention model involving regional trainings, on-site  
8 coaching, and cohorts of participating schools in each educational  
9 service district.

10 (c) Subject to the availability of amounts appropriated for this  
11 specific purpose, Forefront at the University of Washington must work  
12 to develop public-private partnerships to support the rollout of a  
13 comprehensive school suicide prevention model across Washington's  
14 middle and high schools.

15 (d) The comprehensive school suicide prevention model must  
16 consist of:

17 (i) School-specific revisions to safe school plans required under  
18 RCW 28A.320.125, to include procedures for suicide prevention,  
19 intervention, assessment, referral, reentry, and intervention and  
20 recovery after a suicide attempt or death;

21 (ii) Developing, within the school, capacity to train staff,  
22 teachers, parents, and students in how to recognize and support a  
23 student who may be struggling with behavioral health issues;

24 (iii) Improved identification such as screening, and response  
25 systems such as family counseling, to support students who are at  
26 risk;

27 (iv) Enhanced community-based linkages of support; and

28 (v) School selection of appropriate curricula and programs to  
29 enhance student awareness of behavioral health issues to reduce  
30 stigma, and to promote resilience and coping skills.

31 (e) Subject to the availability of amounts appropriated for this  
32 specific purpose, and by December 15, 2017, Forefront at the  
33 University of Washington shall report to the appropriate committees  
34 of the legislature, in accordance with RCW 43.01.036, with the  
35 outcomes of the educational service district trainings, any public-  
36 private partnership developments, and recommendations on ways to work  
37 with the educational service districts or others to implement suicide  
38 prevention.



1        NEW SECTION.    **Sec. 7.**    If specific funding for the purposes of  
2 this act, with the exception of section 6 of this act, referencing  
3 this act by bill or chapter number, is not provided by June 30, 2016,  
4 in the omnibus appropriations act, this act, except for section 6 of  
5 this act, is null and void."

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By Senator O'Ban

**ADOPTED AND ENGROSSED 3/3/2016**

6        On page 1, line 2 of the title, after "youth;" strike the  
7 remainder of the title and insert "amending RCW 28A.310.500; adding a  
8 new section to chapter 74.09 RCW; creating new sections; and  
9 providing expiration dates."

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