

CERTIFICATION OF ENROLLMENT  
**ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2439**

64th Legislature  
2016 Regular Session

Passed by the House March 10, 2016  
Yeas 86 Nays 11

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**Speaker of the House of Representatives**

Passed by the Senate March 10, 2016  
Yeas 47 Nays 1

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2439** as passed by House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2439

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AS AMENDED BY THE SENATE

Passed Legislature - 2016 Regular Session

State of Washington

64th Legislature

2016 Regular Session

By House Appropriations (originally sponsored by Representatives Kagi, Walsh, Senn, Johnson, Orwall, Dent, McBride, Reykdal, Jinkins, Tharinger, Fey, Tarleton, Stanford, Springer, Frame, Kilduff, Sells, Bergquist, and Goodman)

READ FIRST TIME 02/09/16.

1 AN ACT Relating to increasing access to adequate and appropriate  
2 mental health services for children and youth; amending RCW  
3 28A.310.500; adding a new section to chapter 74.09 RCW; creating new  
4 sections; and providing expiration dates.

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

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

1 that are empirically supported or evidence-based and only prescribe  
2 medications for children and youth as a last resort.

3 (2) The legislature finds that nearly half of Washington's  
4 children are enrolled in medicaid and have a higher incidence of  
5 serious health problems compared to children who have commercial  
6 insurance. The legislature recognizes that disparities also exist in  
7 the diagnosis and initiation of treatment services for children of  
8 color, with studies demonstrating that children of color are  
9 diagnosed and begin receiving early interventions at a later age. The  
10 legislature finds that within the current system of care, families  
11 face barriers to receiving a full range of services for children  
12 experiencing behavioral health problems. The legislature intends to  
13 identify what network adequacy requirements, if strengthened, would  
14 increase access, continuity, and coordination of behavioral health  
15 services for children and families. The legislature further intends  
16 to encourage managed care plans and behavioral health organizations  
17 to contract with the same providers that serve children so families  
18 are not required to duplicate mental health screenings, and to  
19 recommend provider rates for mental health services to children and  
20 youth which will ensure an adequate network and access to quality  
21 based care.

22 (3) The legislature recognizes that early and accurate  
23 recognition of behavioral health issues coupled with appropriate and  
24 timely intervention enhances health outcomes while minimizing overall  
25 expenditures. The legislature intends to assure that annual  
26 depression screenings are done consistently with the highly  
27 vulnerable medicaid population and that children and families benefit  
28 from earlier access to services.

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

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

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

1 (i) The president of the senate shall appoint one member and one  
2 alternative member from each of the two largest caucuses of the  
3 senate.

4 (ii) The speaker of the house of representatives shall appoint  
5 one member and one alternative member from each of the two largest  
6 caucuses in the house of representatives.

7 (iii) The governor shall appoint at least one representative from  
8 each of the following: The department of early learning, the  
9 department of social and health services, the health care authority,  
10 the department of health, and a representative of the governor.

11 (iv) The superintendent of public instruction shall appoint one  
12 representative from the office of the superintendent of public  
13 instruction.

14 (v) The governor shall request participation by a representative  
15 of tribal governments.

16 (vi) The governor shall appoint one representative from each of  
17 the following: Behavioral health organizations, community mental  
18 health agencies, medicaid managed care organizations, pediatricians  
19 or primary care providers, providers that specialize in early  
20 childhood mental health, child health advocacy groups, early learning  
21 and child care providers, the managed health care plan for foster  
22 children, the evidence-based practice institute, parents or  
23 caregivers who have been a recipient of early childhood mental health  
24 services, and foster parents.

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

28 (d) The work group shall choose two cochairs, one from among its  
29 legislative membership and one representative of a state agency. The  
30 representative from the health care authority shall convene the  
31 initial meeting of the work group.

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

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

1 (b) Identify and review billing issues related to serving the  
2 parent or caregiver in a treatment dyad and the billing issues  
3 related to services that are appropriate for serving children,  
4 including children birth to five;

5 (c) Evaluate and identify barriers to billing and payment for  
6 behavioral health services provided within primary care settings in  
7 an effort to promote and increase the use of behavioral health  
8 professionals within primary care settings;

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

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

14 (f) Review and make recommendations on the development and  
15 adoption of standards for training and endorsement of professionals  
16 to become qualified to provide mental health services to children  
17 birth to five and their parents or caregivers;

18 (g) Analyze, in consultation with the department of early  
19 learning, the health care authority, and the department of social and  
20 health services, existing and potential mental health supports for  
21 child care providers to reduce expulsions of children in child care  
22 and preschool; and

23 (h) Identify outreach strategies that will successfully  
24 disseminate information to parents, providers, schools, and other  
25 individuals who work with children and youth on the mental health  
26 services offered through the health care plans, including referrals  
27 to parenting programs, community providers, and behavioral health  
28 organizations.

29 (4) Legislative members of the work group are reimbursed for  
30 travel expenses in accordance with RCW 44.04.120. Nonlegislative  
31 members are not entitled to be reimbursed for travel expenses if they  
32 are elected officials or are participating on behalf of an employer,  
33 governmental entity, or other organization. Any reimbursement for  
34 other nonlegislative members is subject to chapter 43.03 RCW.

35 (5) The expenses of the work group must be paid jointly by the  
36 senate and the house of representatives. Work group expenditures are  
37 subject to approval by the senate facilities and operations committee  
38 and the house of representatives executive rules committee, or their  
39 successor committees.

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

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

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

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

9 To better assure and understand issues related to network  
10 adequacy and access to services, the authority and the department  
11 shall report to the appropriate committees of the legislature by  
12 December 1, 2017, and annually thereafter, on the status of access to  
13 behavioral health services for children birth through age seventeen  
14 using data collected pursuant to RCW 70.320.050. At a minimum, the  
15 report must include the following components broken down by age,  
16 gender, and race and ethnicity:

17 (1) The percentage of discharges for patients ages six through  
18 seventeen who had a visit to the emergency room with a primary  
19 diagnosis of mental health or alcohol or other drug dependence during  
20 the measuring year and who had a follow-up visit with any provider  
21 with a corresponding primary diagnosis of mental health or alcohol or  
22 other drug dependence within thirty days of discharge;

23 (2) The percentage of health plan members with an identified  
24 mental health need who received mental health services during the  
25 reporting period; and

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

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

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