

E2SHB 2439 - S AMD
By Senator O'Ban

ADOPTED AND ENGROSSED 3/10/2016

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) The joint legislative audit and review
15 committee shall conduct an inventory of the mental health service
16 models available to students in schools, school districts, and
17 educational service districts and report its findings by October 31,
18 2016. The report must be submitted to the appropriate committees of
19 the house of representatives and the senate, in accordance with RCW
20 43.01.036.

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

25 (3) The inventory and report must include information on the
26 following:

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

30 (b) How many of these students are participating in medicaid
31 programs;

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

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

36 (e) Any other available information related to student access and
37 outcomes.

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

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

2 **Sec. 5.** RCW 28A.310.500 and 2013 c 197 s 6 are each amended to
3 read as follows:

4 (1) Each educational service district shall develop and maintain
5 the capacity to offer training for educators and other school
6 district staff on youth suicide screening and referral, and on
7 recognition, initial screening, and response to emotional or
8 behavioral distress in students, including but not limited to
9 indicators of possible substance abuse, violence, and youth suicide.
10 An educational service district may demonstrate capacity by employing
11 staff with sufficient expertise to offer the training or by
12 contracting with individuals or organizations to offer the training.
13 Training may be offered on a fee-for-service basis, or at no cost to
14 school districts or educators if funds are appropriated specifically
15 for this purpose or made available through grants or other sources.

16 (2)(a) Subject to the availability of amounts appropriated for
17 this specific purpose, Forefront at the University of Washington
18 shall convene a one-day in-person training of student support staff
19 from the educational service districts to deepen the staff's capacity
20 to assist schools in their districts in responding to concerns about
21 suicide. Educational service districts shall send staff members to
22 the one-day in-person training within existing resources.

23 (b) Subject to the availability of amounts appropriated for this
24 specific purpose, after establishing these relationships with the
25 educational service districts, Forefront at the University of
26 Washington must continue to meet with the educational service
27 districts via videoconference on a monthly basis to answer questions
28 that arise for the educational service districts, and to assess the
29 feasibility of collaborating with the educational service districts
30 to develop a multiyear, statewide rollout of a comprehensive school
31 suicide prevention model involving regional trainings, on-site
32 coaching, and cohorts of participating schools in each educational
33 service district.

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

1 (d) The comprehensive school suicide prevention model must
2 consist of:

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

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

10 (iii) Improved identification such as screening, and response
11 systems such as family counseling, to support students who are at
12 risk;

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

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

17 (e) Subject to the availability of amounts appropriated for this
18 specific purpose, and by December 15, 2017, Forefront at the
19 University of Washington shall report to the appropriate committees
20 of the legislature, in accordance with RCW 43.01.036, with the
21 outcomes of the educational service district trainings, any public-
22 private partnership developments, and recommendations on ways to work
23 with the educational service districts or others to implement suicide
24 prevention.

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

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30 On page 1, line 2 of the title, after "youth;" strike the
31 remainder of the title and insert "amending RCW 28A.310.500; adding a

1 new section to chapter 74.09 RCW; creating new sections; and
2 providing expiration dates."

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