

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

By Senators Frockt, O'Ban

ADOPTED 03/03/2016

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

2  
3 "NEW SECTION. Sec. 4. (1)(a) Subject to appropriation, health  
4 care authority shall expand the partnership access line service by  
5 selecting a rural inclusive region of the state to offer an  
6 additional level of child mental health care support services for  
7 primary care, to be referred to as the PAL plus pilot program.

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

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

20 (i) Evaluation and diagnostic support;  
21 (ii) Individual patient care progress tracking;  
22 (iii) Behavior management coaching; and  
23 (iv) Other evidence supported psychosocial care supports which  
24 are delivered as an early and easily accessed intervention for  
25 families.

26 (b) The PAL team of child psychiatrists and psychologists shall  
27 provide mental health service providers with training and support,

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

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

12 (i) Characteristics of the population being served;

13 (ii) Process measures of service utilization;

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

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

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

21 (vi) Family and provider feedback.

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

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

30 Renumber the remaining sections consecutively and correct any  
31 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.

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