

CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2439

Chapter 96, Laws of 2016

64th Legislature
2016 Regular Session

CHILDREN AND YOUTH--MENTAL HEALTH SERVICES

EFFECTIVE DATE: 6/9/2016

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

FRANK CHOPP

Speaker of the House of Representatives

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

BRAD OWEN

President of the Senate

Approved March 31, 2016 11:04 AM

JAY INSLEE

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.

BARBARA BAKER

Chief Clerk

FILED

April 1, 2016

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 2439

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.

Passed by the House March 10, 2016.

Passed by the Senate March 10, 2016.

Approved by the Governor March 31, 2016.

Filed in Office of Secretary of State April 1, 2016.

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