

WEST VIRGINIA LEGISLATURE

2016 REGULAR SESSION

Committee Substitute

for

Senate Bill 286

BY SENATORS TRUMP, BOLEY AND WOELFEL

[Originating in the Committee on Health and Human

Resources; reported on January 29, 2016]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated §49-2-127, relating to creating Commission to Accelerate Statewide
3 Coordination of Mental Health Services for Children and Adolescents; and providing
4 findings, requirements, reports, recommendations and termination.

Be it enacted by the Legislature of West Virginia:

1 That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new
2 section, designated §49-2-127, to read as follows:

ARTICLE 2. STATE RESPONSIBILITIES FOR CHILDREN.

**§49-2-127. Commission to Accelerate Statewide Coordination of Mental Health Services
for Children and Adolescents; findings; requirements; reports; recommendations;
termination.**

1 (a) The Legislature finds that the state’s current system of addressing the mental and
2 behavioral health needs of children and adolescents is fragmented. The existing categorical
3 structure of government, schools, private and nonprofit programs and their funding streams
4 discourages collaboration and effective utilization for limited resources.

5 (b) To improve care, the Legislature commissioned a study entitled “Identifying and
6 Meeting Children’s Behavioral Health Needs: Feasibility and Effectiveness of In-state and Out-of-
7 state Alternatives”. A key recommendation from this study was to develop and implement a
8 unified statewide strategic plan to meet the behavioral health needs of West Virginia children and
9 families, with particular emphasis on prevention and early intervention, utilizing school-based
10 services and strengthening community-based services for children and families.

11 (c) This section is meant to foster the development of a comprehensive array of evidence-
12 based and trauma-informed mental and behavioral health care services available to children,
13 adolescents and their families where most needed in homes, schools, communities, provider
14 agencies and facilities. To this end, recommendations are to be made to the respective agencies
15 and to the Legislature regarding funding and statutory, regulatory and policy-related changes.

16 (c) It is further intended that the Legislature build upon these recommendations to
17 establish an integrated system of care that makes prudent and cost-effective use of limited state
18 resources by drawing upon the experience of successful models and best practices in this and
19 other jurisdictions focusing on delivering services in the least restrictive setting appropriate to the
20 needs of the child and which produces better outcomes for children, families and the state.

21 (d) There is created within the Department of Health and Human Resources the
22 Commission to Accelerate Statewide Coordination of Mental Health Services for Children and
23 Adolescents. The commission shall consists of:

- 24 (1) The Secretary of the Department of Health and Human Resources
- 25 (2) The Commissioner of the Bureau for Children and Families
- 26 (3) The Commissioner for the Bureau for Behavioral Health and Health Facilities
- 27 (4) The Commissioner for the Bureau for Medical Services
- 28 (5) The Commissioner for the Bureau for Public Health
- 29 (6) The State Superintendent of Schools
- 30 (7) The Director of the Office of Institutional Educational Programs
- 31 (8) The Director of the Office of Special Education Programs and Assurance
- 32 (9) The Director of the Division of Juvenile Services
- 33 (10) The Coordinator of West Virginia Department of Education's school health services
- 34 (11) The Coordinator of the West Virginia Department of Education's school counseling
35 services
- 36 (12) The Executive Director of the West Virginia Prosecuting Attorney's Institute
- 37 (13) A representative of the West Virginia School-Based Health Assembly (WVSBHA).
- 38 (14) A consumer representative affiliated with a school-based health center
- 39 (15) A teen representative affiliated with a school-based health center
- 40 (16) A school nurse
- 41 (17) A school counselor

- 42 (18) A representative of the West Virginia School Psychologist Association
- 43 (19) A representative of the National Association of Social Workers, West Virginia (NASW-
- 44 WV) Chapter
- 45 (20) A licensed independent clinical social worker who works primarily with children and
- 46 families, licensed in this state
- 47 (21) A faculty representative from the West Virginia University School of Social Work
- 48 (22) A representative of the West Virginia Primary Care Association (WVPCA)
- 49 (23) A pediatrician licensed to practice medicine in this state
- 50 (24) A child psychiatrist licensed to practice medicine in this state
- 51 (25) A representative of the West Virginia Behavioral Healthcare Providers Association
- 52 (WVBHPA)
- 53 (26) A representative of a community-based private or nonprofit behavioral healthcare
- 54 provider not affiliated with WVBHPA
- 55 (27) A representative of the West Virginia Child Advocacy Network (WVCAN)
- 56 (28) A family representative affiliated with a local Child Advocacy Center
- 57 (29) A representative of CASA for Children, Inc
- 58 (30) Two additional youth representatives, as identified and designated by the
- 59 commission; and
- 60 (31) At the discretion of the West Virginia Supreme Court of Appeals, circuit and family
- 61 court judges and other court personnel, including the Administrator of the Supreme Court of
- 62 Appeals, the Juvenile Justice System Court Monitor, and the Director of the Juvenile Probation
- 63 Services Division, may serve on the commission.
- 64 (e) These statutory members may further designate additional persons in their respective
- 65 offices who may attend the meetings of the commission if they are the administrative head of the
- 66 office or division whose functions necessitate their inclusion in this process. In its deliberations,
- 67 the commission shall also consult and solicit input from families and service providers.

68 (f) The Secretary of the Department of Health and Human Resources, or his or her
69 designee, and the State Superintendent of Schools, or his or her designee, shall serve as cochairs
70 of the commission. The commission shall meet on a quarterly basis or additionally at the call of
71 the cochairs. The cochairs may also appoint committees, designate committee chairs and assign
72 areas of study for reporting back to the full commission. These committees may meet as
73 frequently as necessary upon the call of the chair of the committee.

74 (g) The commission shall study and recommend, at a minimum, strategies to improve
75 timely access to comprehensive behavioral and mental health services available to all children
76 and adolescents in the state. This work shall culminate in the development of a statewide strategic
77 plan. This plan shall be completed by December 31, 2017.

78 (h) The work of the commission shall include:

79 (1) Establishing strategies across systems to reduce negative outcomes which may result
80 from untreated behavioral disorders and/or mental illnesses, including but not limited to the
81 following:

82 (A) Suicide

83 (B) Self-injury

84 (C) Substance abuse

85 (D) Sexual assault

86 (E) Bullying, cruelty, violence and similar disruptions to learning

87 (F) Behavioral disruption of the educational environment

88 (G) Juvenile incarceration

89 (H) School truancy or dropout

90 (I) Teen pregnancy

91 (J) Prolonged placement in residential or foster care

92 (K) Homelessness; and

93 (L) Removal of children from their homes.

94 (2) Fostering and promoting innovative and promising evidence-based approaches to
95 prevention, intervention and treatment, including:

96 (A) A positive social norms approach to prevention of substance abuse, bullying, cruelty
97 and interpersonal violence

98 (B) Comprehensive wraparound prevention, support and intervention services available
99 to all children, youth and families in their communities, schools and homes

100 (C) Trauma-informed therapy and systems of care

101 (D) Intensive outpatient treatment

102 (E) Crisis stabilization

103 (F) Day or partial hospitalization

104 (G) Assertive Community Treatment Teams; and

105 (H) School-based mental health care.

106 (3) Identifying ways to promote, integrate, coordinate and evaluate behavioral and mental
107 health services across state, private and nonprofit agencies and organizations with respect to the
108 problems facing children and adolescents and their families;

109 (4) Identifying alternatives to reduce the number of children who must be placed in
110 residential and/or out-of-state facilities, and to instead serve the mental and behavioral health
111 care needs of children and adolescents in less-restrictive community-based settings;

112 (5) Formulating recommendations to expand, coordinate and improve behavioral health
113 and mental health care programs and services specific to the behavioral health and mental health
114 care needs of all children and adolescents in their respective counties and communities across
115 the state, emphasizing the need for collaborative and integrated services among multiple systems
116 of care;

117 (6) Establishing statewide and regional partnerships among behavioral health, primary
118 care, and educational systems to expand outreach and preventive services into underserved
119 areas of the state;

120 (7) Identifying and promoting the use of effective evidence-based programs and activities
121 across multiple systems of care;

122 (8) Identifying in-state service gaps and the feasibility of developing services to fill those
123 gaps, including funding;

124 (9) Identifying fiscal, statutory and regulatory barriers to developing needed services in
125 this state in a timely and responsive way;

126 (10) Identifying where behavioral and mental health services are provided in all counties
127 and settings available to children, adolescents and their families.

128 (i) The commission shall report annually in writing to the Legislative Oversight Commission
129 on Health and Human Resources Accountability regarding its conclusions, recommendations and
130 desired outcomes, including an implementation plan whereby:

131 (1) State systems of care, including the Bureau for Children and Families, the Bureau for
132 Medical Services, the Bureau for Behavioral Health and Health Facilities, the Bureau for Public
133 Health, and the Department of Education, shall identify and reduce barriers to providing the
134 optimal level of care to state children and adolescents in the least restrictive setting, emphasizing
135 and optimizing services provided in school and community based settings;

136 (2) Wait times for referral to ongoing behavioral and mental health therapy services will
137 be reduced by fifty percent;

138 (3) Health and behavioral health services provided by county boards of education are
139 enhanced by and fully coordinated with the services provided by school-based health centers and
140 other community health, behavioral and mental health providers;

141 (4) An evaluation of the plan for strategic goals and objectives will be included as part of
142 the annual report submitted to the Legislative Oversight Commission on Health and Human
143 Resources Accountability.

144 (5) Recommendations for changes in fiscal, statutory and regulatory provisions are
145 included for legislative action.

146 (f) The commission shall terminate on December 31, 2017, unless continued by act of the

147 Legislature.

NOTE: The purpose of this bill is to create the Commission to Accelerate Statewide Coordination of Mental Health Services for Children and Adolescents; and provide findings, requirements, reports, recommendations and termination.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.