

# **WEST VIRGINIA LEGISLATURE**

## **2016 REGULAR SESSION**

**Introduced**

### **House Bill 4249**

BY DELEGATES CAMPBELL, WAGNER, SOBONYA,  
ATKINSON, LONGSTRETH, COOPER, PERDUE, PERRY,  
ELDRIDGE AND ELLINGTON

[Introduced January 25, 2016; Referred  
to the Committee on Health and Human Resources then  
Government Organization.]

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 the Commission to Accelerate Statewide  
 3 Coordination of Mental Health Services for Children and Adolescents; providing findings,  
 4 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 To improve care, the Legislature commissioned a study entitled, “ Identifying and Meeting  
 6 Children’s Behavioral Health Needs”, feasibility and effectiveness of in-state and out-of-state  
 7 alternatives. A key recommendation from this study was to develop and implement a unified  
 8 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 It is the purpose of this section to foster the development of a comprehensive array of  
 12 evidence-based and trauma-informed mental and behavioral health care services available to  
 13 children, adolescents and their families where they need it the most in homes, schools,  
 14 communities, provider agencies and facilities. To this end, recommendations are to be made to  
 15 the respective agencies and to the Legislature regarding funding and statutory, regulatory and

16 policy changes.

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

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

25 (1) The Secretary of the Department of Health and Human Resources.

26 (2) The Commissioner of the Bureau for Children and Families.

27 (3) The Commissioner for the Bureau for Behavioral Health and Health Facilities.

28 (4) The Commissioner for the Bureau for Medical Services.

29 (5) The Commissioner for the Bureau for Public Health.

30 (6) The State Superintendent of Schools.

31 (7) The Director of the Office of Institutional Educational Programs.

32 (8) The Director of the Office of Special Education Programs and Assurance.

33 (9) The Director of the Division of Juvenile Services.

34 (10) The Coordinator of West Virginia Department of Education's school health services.

35 (11) The Coordinator of the West Virginia Department of Education's school counseling  
36 services.

37 (12) The Executive Director of the West Virginia prosecuting attorney's Institute.

38 (13) A representative of the West Virginia School-Based Health Assembly (WVSBHA).

39 (14) A consumer representative affiliated with a school-based health center.

40 (15) A teen representative affiliated with a school-based health center.

41 (16) A school nurse.

42 (17) A school counselor.

43 (18) A representative of the National Association of Social Workers, West Virginia (NASW-  
44 WV) Chapter.

45 (19) A licensed independent Clinical Social Worker who works primarily with children and  
46 families, licensed in this state.

47 (20) A faculty representative from the West Virginia University School of Social Work.

48 (21) A representative of the West Virginia Primary Care Association (WVPCA).

49 (22) A pediatrician licensed to practice medicine in this state.

50 (23) A Child Psychiatrist licensed to practice medicine in this state.

51 (24) A representative of the West Virginia Behavioral Healthcare Providers Association  
52 (WVBHPA).

53 (25) A representative of a community-based private or nonprofit behavioral healthcare  
54 provider not affiliated with WVBHPA.

55 (26) A representative of the West Virginia Child Advocacy Network (WVCAN).

56 (27) A family representative affiliated with a local Child Advocacy Center.

57 (28) A representative of CASA for Children, Inc.

58 (29) Two additional youth representatives, as identified and designated by the  
59 commission.

60 (30) Two nonvoting members of the state Legislature; one appointed by the President of  
61 the Senate and the other appointed by the Speaker of the House.

62 (31) At the discretion of the West Virginia Supreme Court of Appeals, circuit and family  
63 court judges and other court personnel, including the Administrator of the Supreme Court of  
64 Appeals, the Juvenile Justice System Court Monitor, and the Director of the Juvenile Probation  
65 Services Division, may serve on the commission.

66 These statutory members may further designate additional persons in their respective  
67 offices who may attend the meetings of the commission if they are the administrative head of the

68 office or division whose functions necessitate their inclusion in this process. In its deliberations,  
69 the commission shall also consult and solicit input from families and service providers.

70 (c) The Secretary of the Department of Health and Human Resources and the State  
71 Superintendent of Schools shall serve as cochairs of the commission, which shall meet on a  
72 quarterly basis at the call of the cochairs.

73 (d) At a minimum, the commission shall study and recommend strategies to improve timely  
74 access to a comprehensive array of behavioral and mental health services available to all children  
75 and adolescents in the state. This work shall culminate in the development of a statewide strategic  
76 plan to be completed in 2017. Work shall include:

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

80 (A) Suicide;

81 (B) Self-injury;

82 (C) Substance abuse;

83 (D) Sexual assault;

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

85 (F) Behavioral disruption of the educational environment;

86 (G) Juvenile incarceration;

87 (H) School truancy or dropout;

88 (I) Teen pregnancy;

89 (J) Prolonged placement in residential or foster care;

90 (K) Homelessness, and

91 (L) Removal of children from their homes.

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

- 94           (A) A positive social norms approach to prevention of substance abuse, bullying, cruelty  
95 and interpersonal violence;
- 96           (B) Comprehensive wraparound prevention, support and intervention services available  
97 to all children, youth and families in their communities, schools and homes;
- 98           (C) Trauma-informed therapy and systems of care;
- 99           (D) Intensive outpatient treatment;
- 100          (E) Crisis stabilization;
- 101          (F) Day or partial hospitalization;
- 102          (G) Assertive Community Treatment Teams; and
- 103          (H) School-based mental health care.
- 104          (3) Identifying ways to promote, integrate, coordinate and evaluate behavioral and mental  
105 health services across state, private and nonprofit agencies and organizations with respect to the  
106 problems facing children and adolescents and their families;
- 107          (4) Identifying alternatives to reduce the number of children who must be placed in  
108 residential and/or out-of-state facilities, and to instead serve the mental and behavioral health  
109 care needs of children and adolescents in less-restrictive community-based settings;
- 110          (5) Formulating recommendations to expand, coordinate and improve behavioral health  
111 and mental health care programs and services specific to the behavioral health and mental health  
112 care needs of all children and adolescents in their respective counties and communities across  
113 the state, emphasizing the need for collaborative and integrated services among multiple systems  
114 of care;
- 115          (6) Establishing statewide and regional partnerships between behavioral health, primary  
116 care, and educational systems to expand outreach and preventative services into underserved  
117 areas of the state;
- 118          (7) Identifying and promoting the use of effective evidence-based programs and activities  
119 across multiple systems of care;

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

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

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

126 (e) The commission shall report annually to the Legislative Oversight Commission on  
127 Health and Human Resources Accountability its conclusions, recommendations and desired  
128 outcomes, including an implementation plan whereby:

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

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

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

139 (4) An evaluation of the strategic plan's goals and objectives will be included as part of the  
140 annual report submitted to the Legislative Oversight Commission on Health and Human  
141 Resources Accountability; and

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

144 (f) The commission shall terminate on December 31, 2017, unless continued by act of the  
145 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.