

**2SHB 1890** - S COMM AMD

By Subcommittee on Behavioral Health

**ADOPTED 03/03/2022**

1 Strike everything after the enacting clause and insert the  
2 following:

3 **"Sec. 1.** RCW 74.09.4951 and 2020 c 130 s 1 are each amended to  
4 read as follows:

5 (1) The children and youth behavioral health work group is  
6 established to identify barriers to and opportunities for accessing  
7 behavioral health services for children and their families, and to  
8 advise the legislature on statewide behavioral health services for  
9 this population.

10 (2) The work group shall consist of members and alternates as  
11 provided in this subsection. Members must represent the regional,  
12 racial, and cultural diversity of all children and families in the  
13 state.

14 (a) The president of the senate shall appoint one member and one  
15 alternate from each of the two largest caucuses in the senate.

16 (b) The speaker of the house of representatives shall appoint one  
17 member and one alternate from each of the two largest caucuses in the  
18 house of representatives.

19 (c) The governor shall appoint six members representing the  
20 following state agencies and offices: The department of children,  
21 youth, and families; the department of social and health services;  
22 the health care authority; the department of health; the office of  
23 homeless youth prevention and protection programs; and the office of  
24 the governor.

25 (d) The governor shall appoint the following members:

26 (i) One representative of behavioral health administrative  
27 services organizations;

28 (ii) One representative of community mental health agencies;

29 (iii) ~~((One representative))~~ Two representatives of medicaid  
30 managed care organizations, one of which must provide managed care to  
31 children and youth receiving child welfare services;

- 1 (iv) One regional provider of co-occurring disorder services;  
2 (v) One pediatrician or primary care provider;  
3 (vi) One provider specializing in infant or early childhood  
4 mental health;  
5 (vii) One representative who advocates for behavioral health  
6 issues on behalf of children and youth;  
7 (viii) One representative of early learning and child care  
8 providers;  
9 (ix) One representative of the evidence-based practice institute;  
10 (x) Two parents or caregivers of children who have received  
11 behavioral health services, one of which must have a child under the  
12 age of six;  
13 (xi) One representative of an education or teaching institution  
14 that provides training for mental health professionals;  
15 (xii) One foster parent;  
16 (xiii) One representative of providers of culturally and  
17 linguistically appropriate health services to traditionally  
18 underserved communities;  
19 (xiv) One pediatrician located east of the crest of the Cascade  
20 mountains;  
21 (xv) One child psychiatrist;  
22 (xvi) One representative of an organization representing the  
23 interests of individuals with developmental disabilities;  
24 (xvii) Two youth representatives who have received behavioral  
25 health services;  
26 (xviii) One representative of a private insurance organization;  
27 (xix) One representative from the statewide family youth system  
28 partner roundtable established in the *T.R. v. Strange and McDermott*,  
29 formerly the *T.R. v. Dreyfus and Porter*, settlement agreement; and  
30 (xx) One substance use disorder professional.

31 (e) The governor shall request participation by a representative  
32 of tribal governments.

33 (f) The superintendent of public instruction shall appoint one  
34 representative from the office of the superintendent of public  
35 instruction.

36 (g) The insurance commissioner shall appoint one representative  
37 from the office of the insurance commissioner.

38 (h) The work group shall choose its cochairs, one from among its  
39 legislative members and one from among the executive branch members.  
40 The representative from the health care authority shall convene at

1 least two, but not more than (~~four~~) six, meetings of the work group  
2 each year.

3 (i) The cochairs may invite additional members of the house of  
4 representatives and the senate to participate in work group  
5 activities, including as leaders of advisory groups to the work  
6 group. These legislators are not required to be formally appointed  
7 members of the work group in order to participate in or lead advisory  
8 groups.

9 (3) The work group shall:

10 (a) Monitor the implementation of enacted legislation, programs,  
11 and policies related to children and youth behavioral health,  
12 including provider payment for mood, anxiety, and substance use  
13 disorder prevention, screening, diagnosis, and treatment for children  
14 and young mothers; consultation services for child care providers  
15 caring for children with symptoms of trauma; home visiting services;  
16 and streamlining agency rules for providers of behavioral health  
17 services;

18 (b) Consider system strategies to improve coordination and remove  
19 barriers between the early learning, K-12 education, and health care  
20 systems;

21 (c) Identify opportunities to remove barriers to treatment and  
22 strengthen behavioral health service delivery for children and youth;

23 (d) Determine the strategies and resources needed to:

24 (i) Improve inpatient and outpatient access to behavioral health  
25 services;

26 (ii) Support the unique needs of young children prenatally  
27 through age five, including promoting health and social and emotional  
28 development in the context of children's family, community, and  
29 culture; and

30 (iii) Develop and sustain system improvements to support the  
31 behavioral health needs of children and youth; and

32 (e) Consider issues and recommendations put forward by the  
33 statewide family youth system partner roundtable established in the  
34 *T.R. v. Strange and McDermott*, formerly the *T.R. v. Dreyfus and*  
35 *Porter*, settlement agreement.

36 (4) At the direction of the cochairs, the work group may convene  
37 advisory groups to evaluate specific issues and report related  
38 findings and recommendations to the full work group.

39 (5) The work group shall convene an advisory group focused on  
40 school-based behavioral health and suicide prevention. The advisory

1 group shall advise the full work group on creating and maintaining an  
2 integrated system of care through a tiered support framework for  
3 kindergarten through twelfth grade school systems defined by the  
4 office of the superintendent of public instruction and behavioral  
5 health care systems that can rapidly identify students in need of  
6 care and effectively link these students to appropriate services,  
7 provide age-appropriate education on behavioral health and other  
8 universal supports for social-emotional wellness for all students,  
9 and improve both education and behavioral health outcomes for  
10 students. The work group cochairs may invite nonwork group members to  
11 participate as advisory group members.

12 (6) (a) Subject to the availability of amounts appropriated for  
13 this specific purpose, the work group shall convene an advisory group  
14 for the purpose of developing a draft strategic plan that describes:

15 (i) The current landscape of behavioral health services available  
16 to families in the perinatal phase, children, youth transitioning  
17 into adulthood, and the caregivers of those children and youth in  
18 Washington state, including a description of:

19 (A) The gaps and barriers in receiving or accessing behavioral  
20 health services, including services for co-occurring behavioral  
21 health disorders or other conditions;

22 (B) Access to high quality, equitable care and supports in  
23 behavioral health education and promotion, prevention, intervention,  
24 treatment, recovery, and ongoing well-being supports;

25 (C) The current supports and services that address emerging  
26 behavioral health issues before a diagnosis and more intensive  
27 services or clinical treatment is needed; and

28 (D) The current behavioral health care oversight and management  
29 of services and systems;

30 (ii) The vision for the behavioral health service delivery system  
31 for families in the perinatal phase, children, youth transitioning  
32 into adulthood, and the caregivers of those children and youth,  
33 including:

34 (A) A complete continuum of services from education, promotion,  
35 prevention, early intervention through crisis response, intensive  
36 treatment, postintervention, and recovery, as well as supports that  
37 sustain wellness in the behavioral health spectrum;

38 (B) How access can be provided to high quality, equitable care  
39 and supports in behavioral health education, promotion, prevention,  
40 intervention, recovery, and ongoing well-being when and where needed;

1 (C) How the children and youth behavioral health system must  
2 successfully pair with the 988 behavioral health crisis response  
3 described under chapter 82.86 RCW;

4 (D) The incremental steps needed to achieve the vision for the  
5 behavioral health service delivery system based on the current gaps  
6 and barriers for accessing behavioral health services, with estimated  
7 dates for these steps; and

8 (E) The oversight and management needed to ensure effective  
9 behavioral health care; and

10 (iii) A comparison of the current behavioral health system for  
11 families in the perinatal phase, children, youth transitioning into  
12 adulthood, and the caregivers of those children and youth that is  
13 primarily based on crisis response and inadequate capacity with the  
14 behavioral health system vision created by the strategic planning  
15 process through a cost-benefit analysis.

16 (b) The work group cochairs may invite nonwork group members to  
17 participate as advisory group members, but the strategic plan  
18 advisory group shall include, at a minimum:

19 (i) Community members with lived experience including those with  
20 cultural, linguistic, and ethnic diversity, as well as those having  
21 diverse experience with behavioral health care invited by the work  
22 group cochairs;

23 (ii) A representative from the department of children, youth, and  
24 families;

25 (iii) A representative from the department;

26 (iv) A representative from the authority;

27 (v) A representative from the department of health;

28 (vi) A representative from the office of homeless youth  
29 prevention and protection programs;

30 (vii) A representative from the office of the governor;

31 (viii) A representative from the developmental disability  
32 administration of the department of social and health services;

33 (ix) A representative from the office of the superintendent of  
34 public instruction;

35 (x) A representative from the office of the insurance  
36 commissioner;

37 (xi) A tribal representative;

38 (xii) Two legislative members or alternates from the work group;  
39 and

1 (xiii) Individuals invited by the work group cochairs with  
2 relevant subject matter expertise.

3 (c) The health care authority shall conduct competitive  
4 procurements as necessary in accordance with chapter 39.26 RCW to  
5 select a third-party facilitator to facilitate the strategic plan  
6 advisory group.

7 (d) To assist the strategic plan advisory group in its work, the  
8 authority, in consultation with the cochairs of the work group, shall  
9 select an entity to conduct the activities set forth in this  
10 subsection. The health care authority may contract directly with a  
11 public agency as defined under RCW 39.34.020 through an interagency  
12 agreement. If the health care authority determines, in consultation  
13 with the cochairs of the work group, that a public agency is not  
14 appropriate for conducting these analyses, the health care authority  
15 may select another entity through competitive procurements as  
16 necessary in accordance with chapter 39.26 RCW. The activities that  
17 entities selected under this subsection must complete include:

18 (i) Following a statewide stakeholder engagement process, a  
19 behavioral health landscape analysis for families in the perinatal  
20 phase, children, youth transitioning into adulthood, and the  
21 caregivers of those children and youth outlining:

22 (A) The current service continuum including the cost of care,  
23 delivery service models, and state oversight for behavioral health  
24 services covered by medicaid and private insurance;

25 (B) Current gaps in the service continuum, areas without access  
26 to services, workforce demand, and capacity shortages;

27 (C) Barriers to accessing preventative services and necessary  
28 care including inequities in service access, affordability, cultural  
29 responsiveness, linguistic responsiveness, gender responsiveness, and  
30 developmentally appropriate service availability; and

31 (D) Incorporated information provided by the 988 crisis hotline  
32 crisis response improvement strategy committee as required under RCW  
33 71.24.893;

34 (ii) A gap analysis estimating the prevalence of needs for  
35 Washington state behavioral health services for families in the  
36 perinatal phase, children, youth transitioning into adulthood, and  
37 the caregivers of those children and youth served by medicaid or  
38 private insurance, including:

39 (A) The estimated number of families in the perinatal phase,  
40 children, youth transitioning into adulthood, and the caregivers of

1 those children and youth who need clinical behavioral health services  
2 or could benefit from preventive or early intervention services on an  
3 annual basis;

4 (B) The estimated number of expectant parents and caregivers in  
5 need of behavioral health services;

6 (C) A collection and analysis of disaggregated data to better  
7 understand regional, economic, linguistic, gender, and racial gaps in  
8 access to behavioral health services;

9 (D) The estimated costs of providing services that include a  
10 range of behavioral health supports that will meet the projected  
11 needs of the population; and

12 (E) Recommendations on the distribution of resources to deliver  
13 needed services to families in the perinatal phase, children, youth  
14 transitioning into adulthood, and the caregivers of those children  
15 and youth across multiple settings; and

16 (iii) An analysis of peer-reviewed publications, evidence-based  
17 practices, and other existing practices and guidelines with preferred  
18 outcomes regarding the delivery of behavioral health services to  
19 families in the perinatal phase, children, youth transitioning into  
20 adulthood, and the caregivers of those children and youth across  
21 multiple settings including:

22 (A) Approaches to increasing access and quality of care for  
23 underserved populations;

24 (B) Approaches to providing developmentally appropriate care;

25 (C) The integration of culturally responsive care with effective  
26 clinical care practices and guidelines;

27 (D) Strategies to maximize federal reinvestment and resources  
28 from any alternative funding sources; and

29 (E) Workforce development strategies that ensure a sustained,  
30 representative, and diverse workforce.

31 (e) The strategic plan advisory group shall prioritize its work  
32 as follows:

33 (i) Hold its first meeting by September 1, 2022;

34 (ii) Select third-party entities described under (d) of this  
35 subsection by December 31, 2022;

36 (iii) Provide a progress report on the development of the  
37 strategic plan, including a timeline of future strategic plan  
38 development steps, to be included in the work group's 2022 annual  
39 report required under subsection (10) of this section;

1 (iv) Provide a progress report on the development of the  
2 strategic plan, including discussion of the work group  
3 recommendations that align with the strategic plan development thus  
4 far, to be included in the work group's 2023 annual report required  
5 under subsection (10) of this section;

6 (v) Provide a draft strategic plan, along with any materials  
7 produced by entities selected under (d) of this subsection, to the  
8 work group by October 1, 2024. The draft strategic plan must include  
9 an incremental action plan outlining the action steps needed to  
10 achieve the vision provided by the draft strategic plan, clear  
11 prioritization criteria, and a transparent evaluation plan. The  
12 action plan may include further research questions, a proposed budget  
13 to continue the strategic planning work or implementation process,  
14 and a process for reviewing and updating the strategic plan.

15 (f) The work group shall discuss the draft strategic plan and  
16 action plan after they are submitted and adopt a final strategic plan  
17 that must be submitted to the governor and the appropriate committees  
18 of the legislature at the same time as the work group's 2024 annual  
19 report required under subsection (10) of this section.

20 (7)(a) Staff support for the work group, including administration  
21 of work group meetings and preparation of full work group  
22 recommendations and reports required under this section, must be  
23 provided by the health care authority.

24 (b) Additional staff support for legislative members of the work  
25 group may be provided by senate committee services and the house of  
26 representatives office of program research.

27 (c) Subject to the availability of amounts appropriated for this  
28 specific purpose, the office of the superintendent of public  
29 instruction must provide staff support to the school-based behavioral  
30 health and suicide prevention advisory group, including  
31 administration of advisory group meetings and the preparation and  
32 delivery of advisory group recommendations to the full work group.

33 ~~((7))~~ (8)(a) Legislative members of the work group are  
34 reimbursed for travel expenses in accordance with RCW 44.04.120.  
35 Nonlegislative members are not entitled to be reimbursed for travel  
36 expenses if they are elected officials or are participating on behalf  
37 of an employer, governmental entity, or other organization. ((Any))  
38 Except as provided under (b) of this subsection, any reimbursement  
39 for other nonlegislative members is subject to chapter 43.03 RCW.

1 ((Advisory group members who are not members of the work group are  
2 not entitled to reimbursement.

3 ~~(8) The work group shall update the findings and recommendations  
4 reported to the legislature by the children's mental health work  
5 group in December 2016 pursuant to chapter 96, Laws of 2016. The work  
6 group must submit the updated report to the governor and the  
7 appropriate committees of the legislature by December 1, 2020.)~~

8 (b) Members of the children and youth behavioral health work  
9 group or an advisory group established under this section with lived  
10 experience may receive a stipend of up to \$200 per day if:

11 (i) The member participates in the meeting virtually or in  
12 person, even if only participating for one meeting and not on an  
13 ongoing basis; and

14 (ii) The member does not receive compensation, including paid  
15 leave, from the member's employer or contractor for participation in  
16 the meeting.

17 (9) The following definitions apply to this section:

18 (a) "A member with lived experience" means an individual who has  
19 received behavioral health services or whose family member has  
20 received behavioral health services; and

21 (b) "Families in the perinatal phase" means families during the  
22 time from pregnancy through one year after birth.

23 (10) Beginning November 1, 2020, and annually thereafter, the  
24 work group shall provide recommendations in alignment with subsection  
25 (3) of this section to the governor and the legislature. Beginning  
26 November 1, 2025, the work group shall include in its annual report a  
27 discussion of how the work group's recommendations align with the  
28 final strategic plan described under subsection (6) of this section.

29 ~~((9))~~ (11) This section expires December 30, 2026.

30 NEW SECTION. Sec. 2. If specific funding for the purposes of  
31 this act, referencing this act by bill or chapter number, is not  
32 provided by June 30, 2022, in the omnibus appropriations act, this  
33 act is null and void."

**2SHB 1890 - S COMM AMD**

By Subcommittee on Behavioral Health

**ADOPTED 03/03/2022**

1        On page 1, line 2 of the title, after "group;" strike the  
2 remainder of the title and insert "amending RCW 74.09.4951; and  
3 creating a new section."

EFFECT: Expands the scope of the advisory group, landscape analysis, gap analysis, and evidence review from families in the perinatal phase to also include children, youth transitioning to adulthood, and the caregivers of those children and youth. Delays the requirement to hold a first meeting until September 1, 2022, and the requirement to select a contractor until December 31, 2022.

Provides that the direction to the Children and Youth Behavioral Health Work Group to convene an advisory group for the purpose of developing a draft strategic plan is subject to amounts appropriated for this specific purpose.

--- **END** ---