
HOUSE BILL 1890

State of Washington

67th Legislature

2022 Regular Session

By Representatives Callan, Dent, Berry, Leavitt, Ramos, Slatter, Stonier, Wicks, Rule, Chopp, Goodman, Paul, Orwall, Taylor, Riccelli, Frame, Lekanoff, Davis, Macri, Harris-Talley, and Pollet

Read first time 01/11/22. Referred to Committee on Children, Youth & Families.

1 AN ACT Relating to the children and youth behavioral health work
2 group; and amending RCW 74.09.4951.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

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

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

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

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

20 (c) The governor shall appoint six members representing the
21 following state agencies and offices: The department of children,

1 youth, and families; the department of social and health services;
2 the health care authority; the department of health; the office of
3 homeless youth prevention and protection programs; and the office of
4 the governor.

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

6 (i) One representative of behavioral health administrative
7 services organizations;

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

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

12 (iv) One regional provider of co-occurring disorder services;

13 (v) One pediatrician or primary care provider;

14 (vi) One provider specializing in infant or early childhood
15 mental health;

16 (vii) One representative who advocates for behavioral health
17 issues on behalf of children and youth;

18 (viii) One representative of early learning and child care
19 providers;

20 (ix) One representative of the evidence-based practice institute;

21 (x) Two parents or caregivers of children who have received
22 behavioral health services, one of which must have a child under the
23 age of six;

24 (xi) One representative of an education or teaching institution
25 that provides training for mental health professionals;

26 (xii) One foster parent;

27 (xiii) One representative of providers of culturally and
28 linguistically appropriate health services to traditionally
29 underserved communities;

30 (xiv) One pediatrician located east of the crest of the Cascade
31 mountains;

32 (xv) One child psychiatrist;

33 (xvi) One representative of an organization representing the
34 interests of individuals with developmental disabilities;

35 (xvii) Two youth representatives who have received behavioral
36 health services;

37 (xviii) One representative of a private insurance organization;

38 (xix) One representative from the statewide family youth system
39 partner roundtable established in the *T.R. v. Strange and McDermott*,
40 formerly the *T.R. v. Dreyfus and Porter*, settlement agreement; and

1 (xx) One substance use disorder professional.

2 (e) The governor shall request participation by a representative
3 of tribal governments.

4 (f) The superintendent of public instruction shall appoint one
5 representative from the office of the superintendent of public
6 instruction.

7 (g) The insurance commissioner shall appoint one representative
8 from the office of the insurance commissioner.

9 (h) The work group shall choose its cochairs, one from among its
10 legislative members and one from among the executive branch members.
11 The representative from the health care authority shall convene at
12 least two, but not more than (~~four~~) six, meetings of the work group
13 each year.

14 (i) The cochairs may invite additional members of the house of
15 representatives and the senate to participate in work group
16 activities, including as leaders of advisory groups to the work
17 group. These legislators are not required to be formally appointed
18 members of the work group in order to participate in or lead advisory
19 groups.

20 (3) The work group shall:

21 (a) Monitor the implementation of enacted legislation, programs,
22 and policies related to children and youth behavioral health,
23 including provider payment for mood, anxiety, and substance use
24 disorder prevention, screening, diagnosis, and treatment for children
25 and young mothers; consultation services for child care providers
26 caring for children with symptoms of trauma; home visiting services;
27 and streamlining agency rules for providers of behavioral health
28 services;

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

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

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

35 (i) Improve inpatient and outpatient access to behavioral health
36 services;

37 (ii) Support the unique needs of young children prenatally
38 through age five, including promoting health and social and emotional
39 development in the context of children's family, community, and
40 culture; and

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

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

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

10 (5) The work group shall convene an advisory group focused on
11 school-based behavioral health and suicide prevention. The advisory
12 group shall advise the full work group on creating and maintaining an
13 integrated system of care through a tiered support framework for
14 kindergarten through twelfth grade school systems defined by the
15 office of the superintendent of public instruction and behavioral
16 health care systems that can rapidly identify students in need of
17 care and effectively link these students to appropriate services,
18 provide age-appropriate education on behavioral health and other
19 universal supports for social-emotional wellness for all students,
20 and improve both education and behavioral health outcomes for
21 students. The work group cochairs may invite nonwork group members to
22 participate as advisory group members.

23 (6) (a) The work group shall convene an advisory group for the
24 purpose of developing a draft strategic plan that describes:

25 (i) The current landscape of behavioral health services available
26 to families in the perinatal phase, children and young adults through
27 age 25, and the caregivers of those children and young adults in
28 Washington state, including a description of:

29 (A) The gaps and barriers in receiving or accessing behavioral
30 health services;

31 (B) Access to high-quality, equitable care and supports in
32 behavioral health education and prevention, intervention, recovery,
33 and ongoing well-being supports;

34 (C) The current continuum of education, prevention services, and
35 supports that will prevent families from needing more intensive
36 behavioral health services; and

37 (D) The current behavioral health care oversight and management
38 of services and systems;

39 (ii) The vision for the behavioral health service delivery system
40 for families in the perinatal phase, children and young adults

1 through age 25, and the caregivers of those children and young
2 adults, including:

3 (A) A complete continuum of services from education, prevention,
4 early intervention through crisis response, intensive treatment,
5 postintervention, and recovery, as well as supports that sustain
6 wellness in the behavioral health spectrum;

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

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

13 (D) The incremental steps needed to achieve the vision for the
14 behavioral health service delivery system based on the current gaps
15 and barriers for accessing behavioral health services, with estimated
16 dates for these steps; and

17 (E) The oversight and management needed to ensure effective
18 behavioral health care; and

19 (iii) A comparison of the current behavioral health system for
20 families in the perinatal phase, children and young adults through
21 age 25, and the caregivers of those children and young adults that is
22 primarily based on crisis response and inadequate capacity with the
23 behavioral health system vision created by the strategic planning
24 process through a cost-benefit analysis.

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

28 (i) Community members with lived experience including those with
29 cultural, linguistic, and ethnic diversity, as well as those having
30 diverse experience with behavioral health care invited by the work
31 group cochairs;

32 (ii) A representative from the department of children, youth, and
33 families;

34 (iii) A representative from the department;

35 (iv) A representative from the authority;

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

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

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

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

3 (ix) A representative from the office of the superintendent of
4 public instruction;

5 (x) A representative from the office of the insurance
6 commissioner;

7 (xi) A tribal representative;

8 (xii) Two legislative members or alternates from the work group;
9 and

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

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

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

27 (i) Following a statewide stakeholder engagement process, a
28 behavioral health landscape analysis for families in the perinatal
29 phase, children and young adults through age 25, and the caregivers
30 of those children and young adults outlining:

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

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

36 (C) Barriers to accessing preventative services and necessary
37 care including inequities in service access, affordability, cultural
38 responsiveness, linguistic responsiveness, gender responsiveness, and
39 developmentally appropriate service availability; and

1 (D) Incorporated information provided by the 988 crisis hotline
2 crisis response improvement strategy committee as required under RCW
3 71.24.893;

4 (ii) A gap analysis estimating the prevalence of needs for
5 Washington state behavioral health services for families in the
6 perinatal phase, children and young adults through age 25, and the
7 caregivers of those children and young adults served by medicaid or
8 private insurance, including:

9 (A) The estimated number of families in the perinatal phase,
10 children and young adults through age 25, and the caregivers of those
11 children and young adults who need clinical behavioral health
12 services on an annual basis;

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

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

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

21 (E) Recommendations on the distribution of resources to deliver
22 needed services to children and youth and their families in the
23 perinatal phase, children and young adults through age 25, and the
24 caregivers of those children and young adults across multiple
25 settings; and

26 (iii) An analysis of peer-reviewed publications, evidence-based
27 practices, and other existing practices and guidelines with preferred
28 outcomes regarding the delivery of behavioral health services to
29 families in the perinatal phase, children and young adults through
30 age 25, and the caregivers of those children and young adults across
31 multiple settings including:

32 (A) Approaches to increasing access and quality of care for
33 underserved populations;

34 (B) Approaches to providing developmentally appropriate care;

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

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

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

1 (e) The strategic plan advisory group shall prioritize its work
2 as follows:

3 (i) Hold its first meeting by August 1, 2022;

4 (ii) Select third-party entities described under (d) of this
5 subsection by October 1, 2022;

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

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

15 (v) Provide a draft strategic plan, along with any materials
16 produced by entities selected under (d) of this subsection, to the
17 work group by October 1, 2024. The draft strategic plan must include
18 an incremental action plan outlining the action steps needed to
19 achieve the vision provided by the draft strategic plan, clear
20 prioritization criteria, and a transparent evaluation plan. The
21 action plan may include further research questions, a proposed budget
22 to continue the strategic planning work or implementation process,
23 and a process for reviewing and updating the strategic plan.

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

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

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

36 (c) Subject to the availability of amounts appropriated for this
37 specific purpose, the office of the superintendent of public
38 instruction must provide staff support to the school-based behavioral
39 health and suicide prevention advisory group, including

1 administration of advisory group meetings and the preparation and
2 delivery of advisory group recommendations to the full work group.

3 ~~((7))~~ (8)(a) Legislative members of the work group are
4 reimbursed for travel expenses in accordance with RCW 44.04.120.
5 Nonlegislative members are not entitled to be reimbursed for travel
6 expenses if they are elected officials or are participating on behalf
7 of an employer, governmental entity, or other organization. ~~((Any))~~
8 Except as provided under (b) of this subsection, any reimbursement
9 for other nonlegislative members is subject to chapter 43.03 RCW.
10 ~~((Advisory group members who are not members of the work group are~~
11 ~~not entitled to reimbursement.~~

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

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

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

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

26 (9) For purposes of this section, "a member with lived
27 experience" means an individual who has received behavioral health
28 services or whose family member has received behavioral health
29 services.

30 (10) Beginning November 1, 2020, and annually thereafter, the
31 work group shall provide recommendations in alignment with subsection
32 (3) of this section to the governor and the legislature. Beginning
33 November 1, 2025, the work group shall include in its annual report a
34 discussion of how the work group's recommendations align with the
35 final strategic plan described under subsection (6) of this section.

36 ~~((9))~~ (11) This section expires December 30, 2026.

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