
HOUSE BILL 2256

State of Washington

68th Legislature

2024 Regular Session

By Representatives Callan, Eslick, Senn, Davis, Paul, Thai, Ormsby, Pollet, and Macri

Read first time 01/10/24. Referred to Committee on Human Services, Youth, & Early Learning.

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

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

4 **Sec. 1.** RCW 74.09.4951 and 2022 c 76 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))~~:

8 (a) Identify barriers to and opportunities for accessing
9 behavioral health services for ~~((children))~~ youth and young adults
10 and their families ~~((, and to advise))~~;

11 (b) Strengthen and build a coordinated systemic approach to
12 providing behavioral health care and supports that ensure that all
13 children, youth, young adults, and their families have timely access
14 to high quality, equitable, well-resourced behavioral health
15 education, care, and supports across the continuum when and where
16 they need it, including prenatal care; and

17 (c) Advise the legislature on statewide behavioral health
18 services for this population.

19 (2) The work group shall consist of members and alternates as
20 provided in this subsection. Members must represent the regional,

1 racial, and cultural diversity of all children and families in the
2 state.

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

5 (b) The speaker of the house of representatives shall appoint one
6 member and one alternate from each of the two largest caucuses in the
7 house of representatives.

8 (c) The governor shall appoint (~~(six members representing)~~) at
9 least one representative from the following state agencies and
10 offices: The department of children, youth, and families; the
11 department of social and health services; the health care authority;
12 the department of health; the office of homeless youth prevention and
13 protection programs; and the office of the governor.

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

15 (i) One representative of behavioral health administrative
16 services organizations;

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

18 (iii) Two representatives of medicaid managed care organizations,
19 one of which must provide managed care to children and youth
20 receiving child welfare services;

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

22 (v) One pediatrician or primary care provider;

23 (vi) One provider specializing in infant or early childhood
24 mental health;

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

27 (viii) One representative of early learning and child care
28 providers;

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

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

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

35 (xii) One foster parent;

36 (xiii) One representative of providers of culturally and
37 linguistically appropriate health services to traditionally
38 underserved communities;

39 (xiv) One pediatrician located east of the crest of the Cascade
40 mountains;

1 (xv) One child psychiatrist;
2 (xvi) One representative of an organization representing the
3 interests of individuals with developmental disabilities;
4 (xvii) Two youth representatives who have received behavioral
5 health services;
6 (xviii) One representative of a private insurance organization;
7 (xix) One representative from the statewide family youth system
8 partner roundtable established in the *T.R. v. Strange and McDermott*,
9 formerly the *T.R. v. Dreyfus and Porter*, settlement agreement;
10 (~~and~~)

11 (xx) One substance use disorder professional; and
12 (xxi) Three youth or young adult representatives who have
13 experience with behavioral health issues.

14 (e) The governor shall request participation by a representative
15 of tribal governments.

16 (f) The superintendent of public instruction shall appoint one
17 representative from the office of the superintendent of public
18 instruction.

19 (g) The insurance commissioner shall appoint one representative
20 from the office of the insurance commissioner.

21 (h) The work group shall choose (~~(its cochairs,~~) one of the work
22 group's cochairs from among its legislative members and (~~(one from~~
23 ~~among the executive branch members)~~) the other cochair must be the
24 representative from the health care authority. The representative
25 from the health care authority shall convene at least two (~~(, but not~~
26 ~~more than six,~~) meetings of the work group each year.

27 (i) The cochairs may invite additional members of the house of
28 representatives and the senate to participate in work group
29 activities, including as leaders of advisory groups to the work
30 group. These legislators are not required to be formally appointed
31 members of the work group in order to participate in or lead advisory
32 groups.

33 (j) The cochairs may request that the governor appoint additional
34 members of the work group representing specific professions,
35 organizations, or communities.

36 (3) The work group shall:

37 (a) Monitor the implementation of enacted legislation, programs,
38 and policies related to children and youth behavioral health,
39 including provider payment for mood, anxiety, and substance use
40 disorder prevention, screening, diagnosis, and treatment for children

1 and young mothers; consultation services for child care providers
2 caring for children with symptoms of trauma; home visiting services;
3 and streamlining agency rules for providers of behavioral health
4 services;

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

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

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

11 (i) Improve inpatient and outpatient access to behavioral health
12 services;

13 (ii) Support the unique needs of young children prenatally
14 through age five, including promoting health and social and emotional
15 development in the context of children's family, community, and
16 culture; ~~((and))~~

17 (iii) Develop and sustain system improvements to support the
18 behavioral health needs of children ~~((and))~~, youth, and young adults;
19 and

20 (iv) Achieve parity of private health insurance coverage for
21 behavioral health conditions with the coverage provided for other
22 health conditions; ~~((and))~~

23 (e) Consider issues and recommendations put forward by the
24 statewide family youth system partner roundtable established in the
25 *T.R. v. Strange and McDermott*, formerly the *T.R. v. Dreyfus and*
26 *Porter*, settlement agreement; and

27 (f) Determine the length of work group member terms.

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

31 (5) The work group shall convene an advisory group focused on
32 school-based behavioral health and suicide prevention. The advisory
33 group shall advise the full work group on creating and maintaining an
34 integrated system of care through a tiered support framework for
35 kindergarten through twelfth grade school systems defined by the
36 office of the superintendent of public instruction and behavioral
37 health care systems that can rapidly identify students in need of
38 care and effectively link these students to appropriate services,
39 provide age-appropriate education on behavioral health and other
40 universal supports for social-emotional wellness for all students,

1 and improve both education and behavioral health outcomes for
2 students. The work group cochairs may invite nonwork group members to
3 participate as advisory group members.

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

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

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

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

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

20 (D) The current behavioral health care oversight and management
21 of services and systems;

22 (ii) The vision for the behavioral health service delivery system
23 for families in the perinatal phase, children, youth transitioning
24 into adulthood, and the caregivers of those children and youth,
25 including:

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

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

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

36 (D) The incremental steps needed to achieve the vision for the
37 behavioral health service delivery system based on the current gaps
38 and barriers for accessing behavioral health services, with estimated
39 dates for these steps; and

1 (E) The oversight and management needed to ensure effective
2 behavioral health care; and

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

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

12 (i) Community members with lived experience including those with
13 cultural, linguistic, and ethnic diversity, as well as those having
14 diverse experience with behavioral health care invited by the work
15 group cochairs;

16 (ii) A representative from the department of children, youth, and
17 families;

18 (iii) A representative from the department;

19 (iv) A representative from the authority;

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

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

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

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

26 (ix) A representative from the office of the superintendent of
27 public instruction;

28 (x) A representative from the office of the insurance
29 commissioner;

30 (xi) A tribal representative;

31 (xii) Two legislative members or alternates from the work group;
32 and

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

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

39 (d) To assist the strategic plan advisory group in its work, the
40 authority, in consultation with the cochairs of the work group, shall

1 select an entity to conduct the activities set forth in this
2 subsection. The health care authority may contract directly with a
3 public agency as defined under RCW 39.34.020 through an interagency
4 agreement. If the health care authority determines, in consultation
5 with the cochairs of the work group, that a public agency is not
6 appropriate for conducting these analyses, the health care authority
7 may select another entity through competitive procurements as
8 necessary in accordance with chapter 39.26 RCW. The activities that
9 entities selected under this subsection must complete include:

10 (i) Following a statewide stakeholder engagement process, a
11 behavioral health landscape analysis for families in the perinatal
12 phase, children, youth transitioning into adulthood, and the
13 caregivers of those children and youth outlining:

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

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

19 (C) Barriers to accessing preventative services and necessary
20 care including inequities in service access, affordability, cultural
21 responsiveness, linguistic responsiveness, gender responsiveness, and
22 developmentally appropriate service availability; and

23 (D) Incorporated information provided by the 988 crisis hotline
24 crisis response improvement strategy committee (~~as required under~~
25 ~~RCW 71.24.893~~);

26 (ii) A gap analysis estimating the prevalence of needs for
27 Washington state behavioral health services for families in the
28 perinatal phase, children, youth transitioning into adulthood, and
29 the caregivers of those children and youth served by medicaid or
30 private insurance, including:

31 (A) The estimated number of families in the perinatal phase,
32 children, youth transitioning into adulthood, and the caregivers of
33 those children and youth who need clinical behavioral health services
34 or could benefit from preventive or early intervention services on an
35 annual basis;

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

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

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

4 (E) Recommendations on the distribution of resources to deliver
5 needed services to families in the perinatal phase, children, youth
6 transitioning into adulthood, and the caregivers of those children
7 and youth across multiple settings; and

8 (iii) An analysis of peer-reviewed publications, evidence-based
9 practices, and other existing practices and guidelines with preferred
10 outcomes regarding the delivery of behavioral health services to
11 families in the perinatal phase, children, youth transitioning into
12 adulthood, and the caregivers of those children and youth across
13 multiple settings including:

14 (A) Approaches to increasing access and quality of care for
15 underserved populations;

16 (B) Approaches to providing developmentally appropriate care;

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

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

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

23 (e) The strategic plan advisory group shall prioritize its work
24 as follows:

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

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

28 ~~(iii))~~ Provide a progress report on the development of the
29 strategic plan, including a timeline of future strategic plan
30 development steps, to be included in the work group's 2022 annual
31 report required under subsection (10) of this section;

32 ~~((iv))~~ (iii) Provide a progress report on the development of
33 the strategic plan, including discussion of the work group
34 recommendations that align with the strategic plan development thus
35 far, to be included in the work group's ~~((2023))~~ 2024 annual report
36 required under subsection (10) of this section;

37 ~~((v))~~ (iv) Provide a draft strategic plan, along with any
38 materials produced by entities selected under (d) of this subsection,
39 to the work group by ~~((October 1, 2024))~~ August 1, 2025. The draft
40 strategic plan must ~~((include an incremental action plan outlining~~

1 ~~the action steps needed to achieve the vision provided by the draft~~
2 ~~strategic plan, clear prioritization criteria, and a transparent~~
3 ~~evaluation plan. The action plan may include further research~~
4 ~~questions, a proposed budget to continue the strategic planning work~~
5 ~~or implementation process, and a process for reviewing and updating~~
6 ~~the strategic plan)) be developed in coordination with the joint~~
7 ~~legislative and executive committee on behavioral health established~~
8 ~~in section 135(15), chapter 475, Laws of 2023, and the department of~~
9 ~~health related to the implementation of the 988 crisis hotline.~~

10 (f) The work group shall discuss the draft strategic plan (~~and~~
11 ~~action plan after they are submitted~~) and adopt a final strategic
12 plan that must be submitted to the governor and the appropriate
13 committees of the legislature at the same time as the work group's
14 ((2024)) 2025 annual report required under subsection (10) of this
15 section.

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

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

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

29 (8) (a) 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. Except as provided under
34 (b) of this subsection, any reimbursement for other nonlegislative
35 members is subject to chapter 43.03 RCW.

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

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

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

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

8 (a) "A member with lived experience" means an individual who has
9 received behavioral health services or whose family member has
10 received behavioral health services; and

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

13 (10) Beginning November 1, 2020, and annually thereafter, the
14 work group shall provide recommendations in alignment with subsection
15 (3) of this section to the governor and the legislature. Beginning
16 November 1, ((2025)) 2026, the work group shall include in its annual
17 report a discussion of how the work group's recommendations align
18 with the final strategic plan described under subsection (6) of this
19 section.

20 (11) This section expires December 30, ((2026)) 2027.

--- END ---