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SECOND SUBSTITUTE HOUSE BILL 2737

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State of Washington

66th Legislature

2020 Regular Session

**By** House Appropriations (originally sponsored by Representatives Callan, Dent, Frame, Stonier, Eslick, Lovick, Entenman, Senn, Caldier, Davis, Leavitt, Bergquist, Goodman, Riccelli, and Chambers)

READ FIRST TIME 02/11/20.

1 AN ACT Relating to revising the name, term, membership, and  
2 duties of the children's mental health work group; amending RCW  
3 74.09.4951; and providing an expiration date.

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

5 **Sec. 1.** RCW 74.09.4951 and 2019 c 360 s 2 are each amended to  
6 read as follows:

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

12 (2) The work group shall consist of members and alternates as  
13 provided in this subsection. Members must represent the regional,  
14 racial, and cultural diversity of all children and families in the  
15 state. (~~(Members of the children's mental health work group created~~  
16 ~~in chapter 96, Laws of 2016, and serving on the work group as of~~  
17 ~~December 1, 2017, may continue to serve as members of the work group~~  
18 ~~without reappointment.)~~)

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

1 (b) The speaker of the house of representatives shall appoint one  
2 member and one alternate from each of the two largest caucuses in the  
3 house of representatives.

4 (c) The governor shall appoint six members representing the  
5 following state agencies and offices: The department of children,  
6 youth, and families; the department of social and health services;  
7 the health care authority; the department of health; the office of  
8 homeless youth prevention and protection programs; and the office of  
9 the governor.

10 (d) The governor shall appoint (~~one member representing each~~  
11 ~~of~~) the following members:

12 (i) (~~Behavioral~~) One representative of behavioral health  
13 administrative services organizations;

14 (ii) (~~Community~~) One representative of community mental health  
15 agencies;

16 (iii) (~~Medicaid~~) One representative of medicaid managed care  
17 organizations;

18 (iv) (~~A~~) One regional provider of co-occurring disorder  
19 services;

20 (v) (~~Pediatricians~~) One pediatrician or primary care  
21 provider(s);

22 (vi) (~~Providers~~) One provider specializing in infant or early  
23 childhood mental health;

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

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

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

31 (x) (~~Parents~~) Two parents or caregivers of children who have  
32 (~~been the recipient of early childhood mental~~) received behavioral  
33 health services, one of which must have a child under the age of six;

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

36 (xii) (~~Foster~~) One foster parent(s);

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

1 (xiv) (~~Pediatricians~~) One pediatrician located east of the  
2 crest of the Cascade mountains; (~~and~~)

3 (xv) (~~Child~~) One child psychiatrist(~~s~~);

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

6 (xvii) Two youth representatives who have received behavioral  
7 health services;

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

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

12 (xx) One substance use disorder professional.

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

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

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

20 (h) The work group shall choose its cochairs, one from among its  
21 legislative members and one from among the executive branch members.  
22 The representative from the health care authority shall convene at  
23 least two, but not more than four, meetings of the work group each  
24 year.

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

31 (3) The work group shall:

32 (a) Monitor the implementation of enacted legislation, programs,  
33 and policies related to (~~children's mental~~) children and youth  
34 behavioral health, including provider payment for (~~depression~~  
35 ~~screenings for youth and new mothers,~~) mood, anxiety, and substance  
36 use disorder prevention, screening, diagnosis, and treatment for  
37 children and young mothers; consultation services for child care  
38 providers caring for children with symptoms of trauma(~~r~~); home  
39 visiting services(~~r~~); and streamlining agency rules for providers  
40 of behavioral health services;

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

4 (c) Identify opportunities to remove barriers to treatment and  
5 strengthen ((mental)) behavioral health service delivery for children  
6 and youth;

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

8 (i) Improve inpatient and outpatient access to behavioral health  
9 services;

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

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

16 (e) Consider issues and recommendations put forward by the  
17 statewide family youth system partner roundtable established in the  
18 T.R. v. Strange and McDermott, formerly the T.R. v. Dreyfus and  
19 Porter, settlement agreement.

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

23 (5) ~~((a))~~ The work group shall convene an advisory group ~~((to~~  
24 ~~develop a funding model for:~~

25 ~~(i) The partnership access line activities described in RCW~~  
26 ~~71.24.061, including the partnership access line for moms and kids~~  
27 ~~and community referral facilitation;~~

28 ~~(ii) Delivering partnership access line services to educational~~  
29 ~~service districts for the training and support of school staff~~  
30 ~~managing children with challenging behaviors; and~~

31 ~~(iii) Expanding partnership access line consultation services to~~  
32 ~~include consultation for health care professionals serving adults.~~

33 ~~(b) The work group cochairs shall invite representatives from the~~  
34 ~~following organizations and interests to participate as advisory~~  
35 ~~group members under this subsection:~~

36 ~~(i) Private insurance carriers;~~

37 ~~(ii) Medicaid managed care plans;~~

38 ~~(iii) Self-insured organizations;~~

39 ~~(iv) Seattle children's hospital;~~

40 ~~(v) The partnership access line;~~

1 ~~(vi) The office of the insurance commissioner;~~  
2 ~~(vii) The University of Washington school of medicine; and~~  
3 ~~(viii) Other organizations and individuals, as determined by the~~  
4 ~~cochairs.~~

5 ~~(c) The funding model must build upon previous funding model~~  
6 ~~efforts by the health care authority, including work completed~~  
7 ~~pursuant to chapter 288, Laws of 2018. The funding model must:~~

8 ~~(i) Determine the annual cost of operating the partnership access~~  
9 ~~line and its various components and collect a proportional share of~~  
10 ~~program cost from each health insurance carrier; and~~

11 ~~(ii) Differentiate between partnership access line activities~~  
12 ~~eligible for medicaid funding and activities that are nonmedicaid~~  
13 ~~eligible.~~

14 ~~(d) By December 1, 2019, the advisory group formed under this~~  
15 ~~subsection must deliver the funding model and any associated~~  
16 ~~recommendations to the work group.) focused on school-based~~  
17 ~~behavioral health and suicide prevention. The advisory group shall~~  
18 ~~advise the full work group on creating and maintaining an integrated~~  
19 ~~system of care through a tiered support framework for kindergarten~~  
20 ~~through twelfth grade school systems defined by the office of the~~  
21 ~~superintendent of public instruction and behavioral health care~~  
22 ~~systems that can rapidly identify students in need of care and~~  
23 ~~effectively link these students to appropriate services, provide age-~~  
24 ~~appropriate education on behavioral health and other universal~~  
25 ~~supports for social-emotional wellness for all students, and improve~~  
26 ~~both education and behavioral health outcomes for students. The work~~  
27 ~~group cochairs may invite nonwork group members to participate as~~  
28 ~~advisory group members.~~

29 ~~(6) (a) Staff support for the work group, including administration~~  
30 ~~of work group meetings and preparation of ((the updated)) full work~~  
31 ~~group recommendations and reports required under ((subsection (8)~~  
32 ~~of)) this section, must be 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) The office of the superintendent of public instruction must~~  
37 ~~provide staff support to the school-based behavioral health and~~  
38 ~~suicide prevention advisory group, including administration of~~  
39 ~~advisory group meetings and the preparation and delivery of advisory~~  
40 ~~group recommendations to the full work group.~~

1           (7) Legislative members of the work group are reimbursed for  
2 travel expenses in accordance with RCW 44.04.120. Nonlegislative  
3 members are not entitled to be reimbursed for travel expenses if they  
4 are elected officials or are participating on behalf of an employer,  
5 governmental entity, or other organization. Any reimbursement for  
6 other nonlegislative members is subject to chapter 43.03 RCW.  
7 Advisory group members who are not members of the work group are not  
8 entitled to reimbursement.

9           (8) The work group shall update the findings and recommendations  
10 reported to the legislature by the children's mental health work  
11 group in December 2016 pursuant to chapter 96, Laws of 2016. The work  
12 group must submit the updated report to the governor and the  
13 appropriate committees of the legislature by December 1, 2020.  
14 Beginning November 1, 2020, and annually thereafter, the work group  
15 shall provide recommendations in alignment with subsection (3) of  
16 this section to the governor and the legislature.

17           (9) This section expires December 30, ((2020)) 2026.

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