

SENATE BILL REPORT

2SHB 1890

As Reported by Senate Committee On:
Health & Long Term Care, February 16, 2022
Behavioral Health Subcommittee to Health & Long Term Care, February 24, 2022
Ways & Means, February 28, 2022

Title: An act relating to the children and youth behavioral health work group.

Brief Description: Concerning the children and youth behavioral health work group.

Sponsors: House Committee on Appropriations (originally sponsored 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).

Brief History: Passed House: 2/10/22, 87-7.

Committee Activity: Health & Long Term Care: 2/16/22 [w/oRec-BH].

Behavioral Health Subcommittee to Health & Long Term Care: 2/16/22, 2/24/22 [DPA-WM].

Ways & Means: 2/26/22, 2/28/22 [DPA (BH)].

Brief Summary of Amended Bill

- Directs the Children and Youth Behavioral Health Work Group (CYBHWG) to convene an advisory group to develop a strategic plan related to access to behavioral health services for families with children from pregnancy through transition to adulthood.
- Authorizes CYBHWG to contract with an entity to provide a landscape analysis, gap analysis, and evidence review related to behavioral health services for children, youth, and families.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.
Signed by Senators Frockt, Chair; Wagoner, Ranking Member; Nobles and Warnick.

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended by Committee on Behavioral Health Subcommittee to Health & Long Term Care.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Schoesler, Assistant Ranking Member, Capital; Honeyford, Ranking Minority Member, Capital; Billig, Braun, Carlyle, Conway, Dhingra, Gildon, Hasegawa, Hunt, Keiser, Mullet, Muzzall, Pedersen, Rivers, Van De Wege, Wagoner, Warnick and Wellman.

Staff: Corban Nemeth (786-7736)

Background: The Children and Youth Behavioral Health Work Group (CYBHWG) was established in 2016 to identify barriers to and opportunities for accessing behavioral health services for children and their families and advise the Legislature on statewide behavioral health services for those children and families. There are 38 members of this work group, including legislators, state agency representatives, providers, parent and child representatives, and advocates.

The co-chairs of the work group are selected by the work group members and must include one legislative member and one executive branch member. Staffing is provided by the Health Care Authority (HCA).

At the direction of the co-chairs of the work group, the work group may convene advisory groups to evaluate specific issues and report related findings and recommendations to the full work group. CYBHWG presently has five subgroups:

- prenatal to age five relational health;
- workforce and rates;
- student behavioral health and suicide prevention;
- youth and young adult continuum of care; and
- behavioral health integration.

CYBHWG must submit recommendations to the Governor and the Legislature each November 1st until it expires on December 30, 2026.

Summary of Amended Bill: CYBHWG must convene an advisory group to develop a strategic plan which describes:

- the current landscape of behavioral health services available to families from the perinatal phase through transition to adulthood, including gaps and barriers to access,

- a vision for the behavioral health service delivery system for families; and
- a comparison of the current system to the vision employing a cost-benefit analysis.

The advisory group members must serve by invitation of the CYBHWG co-chairs and may come from either within or outside the work group. They must include:

- diverse community members with lived experience;
- representatives from the Department of Children, Youth and Families, Department of Social and Health Services, Department of Health, HCA, Office of Homeless Youth Prevention and Protective Services, Office of the Governor, Developmental Disabilities Administration, Office of the Superintendent of Public Instruction, and Office of the Insurance Commissioner;
- two legislative members or alternates from CYBHWG;
- a tribal representative; and
- individuals who have relevant subject matter expertise.

To assist the advisory group, subject to funding provided for this specific purpose, HCA must contract with an entity to complete:

- the landscape analysis of behavioral health services available to families from the perinatal phase through transition to adulthood;
- a gap analysis estimating the prevalence of needs in this population, including the estimated cost of providing services; and
- an analysis of peer-reviewed publications, evidence-based practices, and other practices and guidelines for delivery of behavioral health services to families, including materials on ways to provide access and workforce development strategies.

The advisory group must hold its first meeting by September 1, 2022, and engage contractors by December 31, 2022. The advisory group must report its progress annually as part of the CYBHWG report before providing a draft strategic plan to CYBHWG by October 1, 2024. The plan must include an incremental action plan, clear prioritization criteria, and a transparent evaluation plan. The final strategic plan must be adopted by CYBHWG and delivered to the Governor and Legislature by November 1, 2024.

The membership of CYBHWG is increased by an additional member representing Medicaid managed care organizations. One of the Medicaid managed care organization representatives must provide managed care to children and youth receiving child welfare services.

Members of CYBHWG or its advisory groups who have lived experience of receiving behavioral health services or being a family member of a person who has received behavioral health services may receive a stipend of \$200 per day for attending a CYBHWG meeting either virtually or in person, provided they do not receive compensation or paid leave from their employer for participating in the meeting.

"Families in the perinatal phase" is defined to mean families during the time from

pregnancy to one year after birth.

If specific funding is not provided in the budget by June 30, 2022, this act is null and void.

EFFECT OF BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE AMENDMENT(S):

The scope of the advisory group and strategic plan is expanded to include families in the perinatal phase through the transition to young adulthood. The deadline for the first meeting of the advisory committee is delayed until September 1, 2022, and the deadline to select a contractor is delayed until December 31, 2022. Subject to appropriations language is added.

Appropriation: The bill contains a null and void clause requiring specific funding be provided in an omnibus appropriation act.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: Yes.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Second Substitute House Bill (Behavioral Health Subcommittee to Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: The point of this bill is to develop a strategic plan for behavioral health, covering services for families from the perinatal phase through youth transitioning into adulthood. The system was already overburdened before the pandemic. Right now we're perpetuating a crisis cycle. When a child is not eating or suicidal, there is a six month wait to see a clinician, and they start cycling through emergency rooms, that is not the system we want to have in Washington. This is the top recommendation from CYBHWG. Where are the barriers, where are the gaps? Where should we put our dollars and how can we shift to early intervention and promotion of well-being? If we take the vision built here and combine it with the 988 work and *Blake* decision work, we can find a direction for the state. Raising children today isn't easy. Policy makers have gaps in understanding the larger picture. The most vulnerable children are disadvantaged by well-intentioned state policies for adolescent independence. Healthy boundaries by parents shouldn't have to be proved in court. We need to find a middle path and create a common community vision. We have an unprecedented opportunity to address behavioral health access for children and youth. Without it we will be scrambling and waiting for the next crisis. Let's get as far upstream as possible and screen parents for early intervention needs. Let's integrate behavioral health in primary care and make use of community health workers. It all starts with planning. We need to set goals and measure outcomes. School nurses are a vital part of the team for any children struggling with behavioral health. There is significant need which outpaces capacity at every level of care.

The parent assistance line receives over 100 requests each week. The emergency rooms are overburdened. Programs are provided in agencies which are siloed from each other. A vision and a strategic plan is needed.

CON: This bill promotes the same damaging treatments and programs which have created current difficulties in providing services and the lack of progress in patients. Psychiatric drugs cause harm. Please amend the bill to include individuals who have experience in non-drug approaches to treatment.

Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):

PRO: Representative Lisa Callan, Prime Sponsor; Peggy Dolane, Healthy Minds Healthy Futures; Dr. Mary Ann Woodruff, Washington Chapter American Academy of Pediatrics; Liz Pray, School Nurses Organization of Washington; Kashi Arora, Seattle Children's Hospital.

CON: Kathleen Wedemeyer, Citizens Commission on Human Rights.

Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care): No one.

Staff Summary of Public Testimony on Bill as Amended by Behavioral Health Subcommittee to Health & Long Term Care (Ways & Means): PRO: We are in a behavioral health crisis that requires immediate and long term interventions. This bill will allow us to use state resources strategically, rather than responding to each crisis individually. This bill will also allow us to maximize other fund sources to make our state dollars go farther. This bill is the top recommendation of the Children and Youth Behavioral Health Work Group. Our behavioral health system is currently confusing for youth accessing services. Access issues have been made much worse by the pandemic, and this bill offers a solution.

CON: This bill is not a rights based system and is limited by its provider ideology. This leads to a medication based approach despite the lack of evidence for the benefits of that approach. Children have a wide range of medical needs not covered by the providers that this bill relates to. We recommend that the work group membership be revised to include people with experience in the failures of the behavioral health system.

Persons Testifying (Ways & Means): PRO: Kashi Arora; Lillian Williamson.

CON: Steven Pearce, CCHR Seattle.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.