

2SHB 2737 - S COMM AMD

By Committee on Ways & Means

ADOPTED 03/05/2020

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

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

5 (1) (~~(A children's mental)~~) The children and youth behavioral
6 health work group is established to identify barriers to and
7 opportunities for accessing (~~(mental)~~) behavioral health services for
8 children and their families, and to advise the legislature on
9 statewide (~~(mental)~~) behavioral health services for 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. (~~(Members of the children's mental health work group created~~
14 ~~in chapter 96, Laws of 2016, and serving on the work group as of~~
15 ~~December 1, 2017, may continue to serve as members of the work group~~
16 ~~without reappointment.)~~)

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

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

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

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

30 (i) (~~(Behavioral)~~) One representative of behavioral health
31 administrative services organizations;

- 1 (ii) (~~Community~~) One representative of community mental health
2 agencies;
- 3 (iii) (~~Medicaid~~) One representative of medicaid managed care
4 organizations;
- 5 (iv) (~~A~~) One regional provider of co-occurring disorder
6 services;
- 7 (v) (~~Pediatricians~~) One pediatrician or primary care
8 provider(~~s~~);
- 9 (vi) (~~Providers~~) One provider specializing in infant or early
10 childhood mental health;
- 11 (vii) (~~Child health advocacy groups~~) One representative who
12 advocates for behavioral health issues on behalf of children and
13 youth;
- 14 (viii) (~~Early~~) One representative of early learning and child
15 care providers;
- 16 (ix) (~~The~~) One representative of the evidence-based practice
17 institute;
- 18 (x) (~~Parents~~) Two parents or caregivers of children who have
19 (~~been the recipient of early childhood mental~~) received behavioral
20 health services, one of which must have a child under the age of six;
- 21 (xi) (~~A~~) One representative of an education or teaching
22 institution that provides training for mental health professionals;
- 23 (xii) (~~Foster~~) One foster parent(~~s~~);
- 24 (xiii) (~~Providers~~) One representative of providers of
25 culturally and linguistically appropriate health services to
26 traditionally underserved communities;
- 27 (xiv) (~~Pediatricians~~) One pediatrician located east of the
28 crest of the Cascade mountains; (~~and~~)
- 29 (xv) (~~Child~~) One child psychiatrist(~~s~~);
- 30 (xvi) One representative of an organization representing the
31 interests of individuals with developmental disabilities;
- 32 (xvii) Two youth representatives who have received behavioral
33 health services;
- 34 (xviii) One representative of a private insurance organization;
- 35 (xix) One representative from the statewide family youth system
36 partner roundtable established in the *T.R. v. Strange and McDermott*,
37 formerly the *T.R. v. Dreyfus and Porter*, settlement agreement; and
- 38 (xx) One substance use disorder professional.
- 39 (e) The governor shall request participation by a representative
40 of tribal governments.

1 (f) The superintendent of public instruction shall appoint one
2 representative from the office of the superintendent of public
3 instruction.

4 (g) The insurance commissioner shall appoint one representative
5 from the office of the insurance commissioner.

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

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

17 (3) The work group shall:

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

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

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

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

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

36 (ii) Support the unique needs of young children prenatally
37 through age five, including promoting health and social and emotional
38 development in the context of children's family, community, and
39 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) ~~((a))~~ The work group shall convene an advisory group ~~((to~~
11 ~~develop a funding model for:~~

12 ~~(i) The partnership access line activities described in RCW~~
13 ~~71.24.061, including the partnership access line for moms and kids~~
14 ~~and community referral facilitation;~~

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

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

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

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

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

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

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

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

28 ~~(vi) The office of the insurance commissioner;~~

29 ~~(vii) The University of Washington school of medicine; and~~

30 ~~(viii) Other organizations and individuals, as determined by the~~
31 ~~cochairs.~~

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

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

38 ~~(ii) Differentiate between partnership access line activities~~
39 ~~eligible for medicaid funding and activities that are nonmedicaid~~
40 ~~eligible.~~

1 ~~(d) By December 1, 2019, the advisory group formed under this~~
2 ~~subsection must deliver the funding model and any associated~~
3 ~~recommendations to the work group.)~~ focused on school-based
4 behavioral health and suicide prevention. The advisory group shall
5 advise the full work group on creating and maintaining an integrated
6 system of care through a tiered support framework for kindergarten
7 through twelfth grade school systems defined by the office of the
8 superintendent of public instruction and behavioral health care
9 systems that can rapidly identify students in need of care and
10 effectively link these students to appropriate services, provide age-
11 appropriate education on behavioral health and other universal
12 supports for social-emotional wellness for all students, and improve
13 both education and behavioral health outcomes for students. The work
14 group cochairs may invite nonwork group members to participate as
15 advisory group members.

16 (6) (a) Staff support for the work group, including administration
17 of work group meetings and preparation of ~~((the updated))~~ full work
18 group recommendations and reports required under ~~((subsection (8)~~
19 ~~ef))~~ this section, must be 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 (7) 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. Any reimbursement for
34 other nonlegislative members is subject to chapter 43.03 RCW.
35 Advisory group members who are not members of the work group are not
36 entitled to reimbursement.

37 (8) The work group shall update the findings and recommendations
38 reported to the legislature by the children's mental health work
39 group in December 2016 pursuant to chapter 96, Laws of 2016. The work
40 group must submit the updated report to the governor and the

1 appropriate committees of the legislature by December 1, 2020.
2 Beginning November 1, 2020, and annually thereafter, the work group
3 shall provide recommendations in alignment with subsection (3) of
4 this section to the governor and the legislature.

5 (9) This section expires December 30, (~~2020~~) 2026."

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6 On page 1, line 2 of the title, after "group;" strike the
7 remainder of the title and insert "amending RCW 74.09.4951; and
8 providing an expiration date."

EFFECT: Makes section 1(6)(c), which requires OSPI to provide staff support for the school-based behavioral health and suicide prevention advisory group (a subcommittee of the children and youth behavioral health work group) subject to appropriations.

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