

# HOUSE BILL REPORT

## HB 2737

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**As Reported by House Committee On:**  
Human Services & Early Learning

**Title:** An act relating to revising the name, term, membership, and duties of the children's mental health work group.

**Brief Description:** Updating the children's mental health work group.

**Sponsors:** Representatives Callan, Dent, Frame, Stonier, Eslick, Lovick, Entenman, Senn, Caldier, Davis, Leavitt, Bergquist, Goodman, Riccelli and Chambers.

**Brief History:**

**Committee Activity:**

Human Services & Early Learning: 1/29/20, 1/31/20 [DPS].

**Brief Summary of Substitute Bill**

- Renames the Children's Mental Health Work Group (Work Group) as the Children and Youth Behavioral Health Work Group.
- Amends the duties of the Work Group and the Work Group expiration date.

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### HOUSE COMMITTEE ON HUMAN SERVICES & EARLY LEARNING

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Senn, Chair; Callan, Vice Chair; Frame, Vice Chair; Dent, Ranking Minority Member; Eslick, Assistant Ranking Minority Member; McCaslin, Assistant Ranking Minority Member; Corry, Goodman, Kilduff, Klippert, Lovick and Ortiz-Self.

**Staff:** Dawn Eychaner (786-7135).

**Background:**

*Children's Mental Health Work Group.*

The Children's Mental Health Work Group (Work Group) was established in 2016 and reauthorized in 2018 to identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this

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population. The Health Care Authority provides the primary staff support to the Work Group. The Work Group expires in December 2020.

*Family, Youth, and System Partner Roundtables.*

In 2009 the *T.R. v. Strange and McDermott* lawsuit was filed against the state on grounds relating to intensive mental health services for children enrolled in Medicaid. A settlement agreement was reached in 2013. The terms of the settlement include the establishment of an interagency governance structure to improve the coordination of and access to services for youth and their families. This governance structure requires Family, Youth, and System Partner Round Tables (FYSPRTs) at the state and regional levels. The FYSPRTs are comprised of family and youth, government, and tribal partners, and are tasked with identifying local needs and bringing forward recommendations on how to meet those needs.

*Behavioral Health Coordination by Educational Service Districts.*

The 2019 Legislature required the Office of the Superintendent of Public Instruction (OSPI) to establish a State School Safety Center (state center) and educational service districts to establish Regional School Safety Centers (regional centers) in order to form a network to coordinate school safety efforts. The state center must work with the regional centers to provide school districts with:

- behavioral health coordination;
- school-based threat assessments;
- training and technical assistance; and
- partnership development and collaboration.

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**Summary of Substitute Bill:**

The Work Group is renamed as the Children and Youth Behavioral Health Work Group (CYBHWG), and the duties of the group are amended to require:

- focusing on behavioral health access for children and youth from prenatal up to age 25 and their families;
- monitoring mood, anxiety, and substance use disorder prevention, screening, diagnosis, and treatment for children and young mothers;
- determining strategies and resources needed to:
  - improve inpatient and outpatient access to behavioral health services;
  - support the unique needs of youth ages 18-25 and young children prenatally through age 5;
  - develop system improvements to support the behavioral health needs of children and youth; and
- consideration of issues and recommendations put forward by the statewide FYSPRT.

Membership of the CYBHWG is changed to modify the parent representatives to require one of the two parents to have a child under age 6, and add:

- one representative of an organization representing the interests of individuals with developmental disabilities;
- two youth representatives who have received behavioral health services;
- one representative of a private insurance organization;

- one representative from the statewide FYSPRT; and
- one substance use disorder professional.

An advisory group focused on school-based behavioral health and suicide prevention is established to advise the CYBHWG on creating and maintaining an integrated system of care through a tiered support framework for K-12 school systems. The CYBHWG co-chairs may invite non-work group members to participate as advisory group members. Staff support for the advisory group must be provided by the OSPI.

The CYBHWG must provide annual recommendations to the Governor and the Legislature beginning November 1, 2020. The CYBHWG expires December 30, 2026.

**Substitute Bill Compared to Original Bill:**

The substitute bill:

- restores the Department of Social and Health Services as a CYBHWG member;
- adds one substance use disorder professional as a CYBHWG member;
- describes the school-based behavioral health and suicide prevention advisory group as advising the CYBHWG on an integrated system of care through a tiered support framework for K-12 systems as defined by the OSPI;
- includes other universal supports for student social-emotional wellness as a component of the system of care;
- requires annual reports beginning November 1, 2020; and
- expires the CYBHWG on December 30, 2026.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Creating a school-based subcommittee will help break down silos between the behavioral health and school systems. Behavioral health impacts children who are seeking medical care and the silos in place between systems make it difficult for families to obtain care. Timely and effective access to behavioral health care is very important. The window of time for children prenatal to age 5 is a time of great potential as well as vulnerability when parents may be struggling with their own substance use or mental health issues. Early support helps parents and the trajectory of an infant or young child. The state and the nation are in the midst of a mental health crisis. This is a small but important step in ensuring steps are taken to address this crisis. The standing advisory group on school-based behavioral health will be a cost-effective route to mental health access through schools. Washington has not defined a state plan to bring mental health services across the tiers of services. Expanding and renegotiating the expiration date is great. The Work Group brings forward

recommendations to the Legislature in very thoughtful ways. Young people who become homeless are often coming out of an inpatient behavioral health setting. Adding youth and young adults as members of the Work Group is welcome. Adding an organization advocating with people with developmental disabilities is appreciated. An autistic child has a developmental disability and if that child experiences a mental health crisis it can be challenging to figure out where that child fits in the system. Adding a school psychologist and a school social worker to the main Work Group will add skill sets to complement the group. The advisory group should include an active school counselor, a school social worker, a school nurse, and a school psychologist.

(Opposed) None.

**Persons Testifying:** Representative Callan, prime sponsor; Crystal Shen, Seattle Children's Hospital; Jamie Elzea, Washington Association of Infant Mental Health; Eric Bruns, University of Washington; Jim Theofelis, A Way Home Washington; Diana Stadden, The Arc of Washington State; Camille Goldy, Office of the Superintendent of Public Instruction; Lucinda Young, Washington Education Association; and Donna Patrick, Developmental Disabilities Council.

**Persons Signed In To Testify But Not Testifying:** None.