SENATE BILL REPORT 2SHB 2737

As of March 3, 2020

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

Brief History: Passed House: 2/14/20, 98-0.

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care:

2/21/20, 2/27/20 [DP-WM].

Ways & Means: 2/29/20.

Brief Summary of Bill

- Extends the Children's Mental Health Work Group until 2026 and renames it the Children and Youth Behavioral Health Work Group.
- Expands the membership of the work group.
- Establishes an advisory group on school-based health and suicide prevention.

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

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Dhingra, Chair; Wagoner, Ranking Member; Darneille, Frockt and O'Ban.

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Travis Sugarman (786-7446)

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

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Background: Children's Mental Health Work Group. The Children's Mental Health Work Group (CMHWG) 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 population. The Health Care Authority provides staff support for CMHWG, which expires in law on December 20, 2020.

Family, Youth, and System Partner Roundtables. In 2009, the *T.R. v. Strange and McDermott* lawsuit was filed against the state 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.

Summary of Bill: The CMHWG is renamed the Children and Youth Behavioral Health Work Group (work group), and its focus is expanded to include behavioral health services for children from prenatal up to age 25. Membership is expanded to include:

- a representative of an organization representing persons with developmental disabilities;
- two youth representatives;
- a representative of private insurance;
- a representative from the statewide FYSPRTs; and
- a substance use disorder professional.

The focus of the work group is altered to encompass the needs of youth aged 18 to 25, young children prenatally though age 5, and young mothers. The work group must convene an advisory group focused on school-based behavioral health and suicide prevention. An annual reporting requirement is established starting November 1, 2020. The expiration of the work group is extended six years to December 30, 2026.

Appropriation: None.

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 (Behavioral Health Subcommittee to Health & Long Term Care): PRO: The CMHWG has a strong, bipartisan track record of success. This is the deep table where complex issues can be dealt with. The new subcommittee created by this bill is key to making a difference in children's lives and their ability to thrive. We want the work group to be reauthorized so that leaders can continue to find solutions to improve the mental health of children and increase academic performance early. I applaud the focus on infants, young children, and mothers. Families can do their best when they have support. OSPI finds significant value in its participation on the CMHWG. This bill

establishes a school-based behavioral health and suicide prevention advisory group which we look forward to staffing.

Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care): PRO: Representative Lisa Callan, Prime Sponsor; Jamie Elzea, Washington Association for Infant Mental Health; Camille Goldy, Office of the Superintendent of Public Instruction.

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

Staff Summary of Public Testimony (Ways & Means): PRO: We are in support of the school-based advisory group and for OSPI to convene the group with the appropriate resources. There are two suicides a week of school-aged youth. The Work Group has coordinated behavioral health issues for youth and brought them to the attention of the Legislature.

Persons Testifying (Ways & Means): PRO: Laurie LIppold, Partners for Our Children; Katherine Mahoney, OSPI.

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

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