HOUSE BILL REPORT
HB 1890

As Reported by House Committee On:
Children, Youth & Families
Appropriations

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: 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:
Committee Activity:
Children, Youth & Families: 1/17/22, 1/20/22 [DPS];
Appropriations: 2/1/22, 2/3/22 [DP2S(w/o sub CYF)].

Brief Summary of Second Substitute Bill

- Creates a strategic plan advisory group under the children and youth behavioral health work group for the purpose of developing a behavioral health strategic plan for children, transitioning youth, and their caregivers.
- Modifies the children and youth behavioral health work group by adding a member, allowing up to six meetings per year, and allowing stipends up to $200 per day for members with lived experience.

HOUSE COMMITTEE ON CHILDREN, YOUTH & FAMILIES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Senn, Chair; Harris-Talley, Vice Chair; Rule, Vice Chair; Dent, Ranking Minority Member; Callan, Eslick, Goodman, Klippert, Ortiz-Self, Wicks and Young.

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.

Minority Report: Without recommendation. Signed by 2 members: Representatives Chase, Assistant Ranking Minority Member; McCaslin, Assistant Ranking Minority Member.

Staff: Luke Wickham (786-7146).

Background:

Children and Youth Behavioral Health Work Group.
The children and youth behavioral health work group (work group) was established 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, representatives from state agencies, 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.

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. The work group is required to convene an advisory group focused on school-based behavioral health and suicide prevention.

The work group must submit annual recommendations to the Governor and the Legislature.

Summary of Substitute Bill:

Children and Youth Behavioral Health Work Group.
A representative of a Medicaid managed care organization providing managed care to children and youth receiving child welfare services is added as a member of the work group.

The maximum number of meetings of the work group is increased from four to six meetings.

Members of the work group or advisory groups established by the work group with lived experience may receive a stipend of up to $200 per day if the member participates in the meeting and does not receive compensation from the member's employer or contractor for participation in the meeting.

Strategic Plan Advisory Group.
The work group is required to convene an advisory group for the purpose of developing a

draft strategic plan describing:

- the current landscape of behavioral health services available to families in the perinatal phase, children and young adults through age 25, and the caregivers of those children and young adults;
- the vision for the behavioral health service delivery system for families in the perinatal phase, children and young adults through age 25, and the caregivers of those children and young adults; and
- a comparison of the current behavioral health system for families in the perinatal phase, children and young adults through age 25, and the caregivers of those children and young adults and the vision created by the strategic planning process.

The work group co-chairs may invite nonwork group members to participate as advisory group members, but the strategic plan advisory group must include, at a minimum:

- community members with lived experience;
- a representative from the Department of Children, Youth, and Families;
- a representative from the Department of Social and Health Services;
- a representative from the Health Care Authority (HCA);
- a representative from the Department of Health;
- a representative from the Office of Homeless Youth Prevention and Protection Programs;
- a representative from the Office of the Governor;
- a representative from the Developmental Disability Administration;
- a representative from the Office of the Superintendent of Public Instruction;
- a representative from the Office of the Insurance Commissioner;
- a tribal representative;
- two legislative members or alternates from the work group; and
- individuals invited by the work group co-chairs with relevant subject matter expertise.

The HCA must conduct competitive procurements to select a third party facilitator to facilitate the strategic plan advisory group. The HCA must also select, in consultation with the work group co-chairs, an entity to conduct:

- a behavioral health landscape analysis for families in the perinatal phase, children and young adults through age 25, and the caregivers of those children and young adults;
- a gap analysis estimating the prevalence of needs for behavioral health services for families in the perinatal phase, children and young adults through age 25, and the caregivers of those children and young adults; and
- an analysis of peer-reviewed publications, evidence-based practices, and other existing practices and guidelines with preferred outcomes regarding the delivery of behavioral health services to families in the perinatal phase, children and young adults through age 25, and the caregivers of those children and young adults.

The strategic plan advisory group must:

- hold its first meeting by August 1, 2022;
- provide a progress report on the development of the strategic plan to be included in

the work group's 2022 and 2023 annual reports; and
- provide a draft of the strategic plan to the work group by October 1, 2024.

The work group must discuss the draft strategic plan and adopt a final strategic plan that must be that must be submitted to the Governor and the Legislature by November 1, 2024.

Substitute Bill Compared to Original Bill:

The substitute bill expands the strategic plan requirements to include services for co-occurring behavioral health disorders and other conditions in the description of the current landscape.

The substitute bill expands components of the strategic plan to include behavioral health "promotion."

The substitute bill modifies provisions of the strategic plan current landscape to require a description of the current supports and services that address emerging behavioral health issues before a diagnosis and more intensive services or clinical treatment is needed.

Appropriation: None.

Fiscal Note: Preliminary 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) A system focused on prevention, not just on crisis, should be created. There has been a steep curve in behavioral health needs. There is a long road ahead for this, but this is the first step.

A system of care for children and families and an intentional and cohesive system that knits together support for families from the start that provides quick access to mental health care is urgently needed.

Most pediatricians are experiencing severe behavioral health needs for children and families. A suicidal 12-year-old was recently placed forty-third on a waiting list of children needing the most emergent services. These children deserve help now. Some primary care providers are integrating behavioral health services to better support families.

Stipends for individuals with lived experience will increase diversity and allow participation. This will go a long way toward increasing the accessibility of the children

and youth behavioral health work group.

There is a widespread concern about the behavioral health of students across the state, including violent behavior. About half of students are struggling with anxiety and depression in certain school districts.

Student voice and the voice of educators should be included. It is important to work on preventative measures to address children and youth behavioral health.

Throughout the pandemic, students have been struggling more than ever. Educators are doing their best, but providing additional support to students is important without making people wait several months before being served.

This behavioral health crisis continues to intensify. The result of the inability for children and youth to receive outpatient treatment immediately is a worsening of the symptoms and behaviors. There are not enough services available for children and youth today.

In October alone Seattle Children's Hospital saw more than 360 patients in its emergency department for mental health concerns, which was a record high. Both the emergency department and the inpatient and psychiatric unit report increasing levels of severity, symptoms, and behaviors.

The behavioral health services for children and youth are provided by programs and agencies that are siloed from each other. For this reason, many families have to leave the state to get care for their children.

Rather than moving from crisis to crisis, there needs to be a vision and a strategic plan to advance the state's pediatric behavioral health system to one that meets the needs of all of Washington's children and youth prenatal to age 25 for the long-term.

The prenatal to age 5 period forms the foundations of emotional and physical development. The long-term importance of prenatal health is known. When parents are experiencing adverse experiences in the prenatal phase, those adverse experiences impact the child.

It is exciting to see this bill being presented. Systems are dismantling without creating appropriate replacements. In 2008 school counselors were reduced, and kids need their help.

Access to behavioral health services is a statewide need that requires statewide planning efforts. Funding structures sometimes prevent the ability to serve all students. There is a need for community partners to join school partners to implement one continuous behavioral health service model.

The behavioral health system has been somewhat neglected until the last four to five years.

In the last few years, the Legislature has improved the system, but there are continuing needs. This bill fills the gap to help define the behavioral health system needs for children, youth, and families, at the same time that the Statewide 988 Behavioral Health Crisis Response Line Work Group prepares a similar strategic plan for crisis services.

Kids are experiencing acute behavioral health issues related to lack of services available along with the absence of in-person school. Once a Children's Long-term Inpatient Program placement is approved, it can take at least six months for a kid to be admitted.

Coordinated Care provides care through the Apple Health medical program and Medicare. Twenty-four thousand youths in the child welfare system through the Core Connections program are served.

Pre-pandemic one in 10 children had a severe behavioral health issue; that has only increased. Many people have to wait eight to 10 years for the appropriate care.

This bill provides a unique opportunity to not just respond to the latest crisis, but long-term thinking is needed.

Co-occuring behavioral health services are often the most difficult to find and should be called out in the legislation.

The kindergarten through grade 12 education system is impacted by every level of behavioral health needs. The way to meet these needs is not in a silo as educators, but as a group to appropriately respond to these needs. With remote learning and quarantine periods fluctuating, it is difficult for adults to provide the typical support of students in crisis that would happen when adults have in person interactions with youth.

(Opposed) The emotion of the issue is that there are crises that need to be dealt with, but there are also overreaches in the psychiatric care given to people. Psychosis and even sudden death have occurred from the psychiatric treatment that is being given, and state action needs to be taken.

The vast majority of people who come into contact with the mental health system leave the system because they are done with it. This is not a long-term situation.

The psychiatric labels are subjective which gets people into trouble because everybody is being treated as though they are mentally ill.

There should be an inclusion of at least two people on the strategic plan work group that have experience with nondrug approaches to behavioral health, especially for people ages birth to 5.

There are over 16 different medical causes of schizophrenia.

The state wants to drug 50,000 to 80,000 children aged birth to 5, and that should be discussed.

Persons Testifying: (In support) Representative Lisa Callan, prime sponsor; Lee Collyer, Office of Superintendent of Public Instruction; Marissa Ingalls, Coordinated Care of Washington; Lillian Williamson; Elizabeth Nelson, Washington Association of School Social Workers; Melanie Smith, Wonderland Child and Family Services; Tessa McIlraith and Liz Pray, School Nurse Organization of Washington; Mary Ann Woodruff, Washington American Academy of Pediatrics and Pediatrics Northwest; Kashi Arora, Seattle Children's Hospital; Bridget Lecheile, Washington Association for Infant Mental Health; Eric Sobotta, Eastern Washington Quality School Coalition; Sarnika Ali; Kim Justice, Department of Commerce; Peggy Dolane, Healthy Minds Healthy Futures; Len Mc Comb, Washington State Hospital Association and Community Health Network of Washington; Keri Waterland, Washington State Health Care Authority; Angie Withers, Washington State Association of School Psychologists Mental Health Committee; and Anna McCartney.

(Opposed) Steven Pearce, Citizens Commission on Human Rights.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Children, Youth & Families. Signed by 32 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Boehnke, Chandler, Chopp, Cody, Dolan, Dye, Fitzgibbon, Frame, Hansen, Harris, Hoff, Jacobsen, Johnson, J., Lekanoff, Pollet, Rude, Ryu, Schmick, Senn, Springer, Steele, Stonier, Sullivan and Tharinger.

Staff: Andrew Toulon (786-7178).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Children, Youth & Families:

The scope of the strategic plan advisory group was modified to include families in the perinatal phase focusing on the well-being of the child, children and transitioning youth, and the caregivers of those children and transitioning youth (rather than families in the perinatal phase, children and young adults through age 25, and the caregivers of children and young adults). Families in the perinatal phase is defined to mean families during the time from pregnancy through one year after birth.

A clause was added making the bill null and void unless funded in the operating budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) The behavioral health crisis amongst young people in the state is an urgent and deadly problem. The current system is confusing and disorganized, which makes it hard for young people to find help. Creating a strategic plan advisory group with representatives from youth-serving agencies is an important step to improving behavioral health services. In addition, stipends for those with lived experiences will increase the accessibility and diversity of voices and perspectives in the work group.

There is an urgent need for an intentional, cohesive system of care for children and families that knits together support and provides quick access for mental health care. Today's piecemeal approach to children's mental health is resulting in enormous tolls, human and physical. When untreated, post-birth mental health needs are the largest contributor to preventable maternal deaths in Washington. The cost for treatment delay of post-natal depression is a staggering $14 billion a year in the United States and one of the single biggest cost drivers in pediatrics. This includes emergency room visits resulting from delayed care, lost wages for parents, schooling interrupted, and families destabilized. There are examples of systematic approaches to effective mental health treatment that prevent expensive emergency room care. This bill will result in more effective and humane care for kids.

There is a behavioral health crisis in the state which requires immediate and long-term interventions by creating a vision and strategic plan. This modest state investment will enable the use of state behavioral health resources strategically, rather than reacting to crisis after crisis. The current state is inefficient and there is need at every level of the continuum of care. An intentionally designed and right-sized system is necessary to prevent and treat mental health issues and reduce emergency department use. A review of strategies to maximize federal investment and alternative funding sources is part of that design. The bill provides an opportunity to build a behavioral health system with practical, strategic, and intentional investment. It is fiscally smart and critically necessary.

This bill will take a step forward by creating a vision of a functional and equitable system by a strategic advisory group tasked with surveying current available services for children,

youth and families. Inclusion of committee members with lived experience will provide context for decisions. There are a lot of youth and adults who have developmental disabilities and also have mental health struggles. Typically, they are low income and usually do not drive, which means they have to figure out transportation and other needs to get to meetings, so it is very important to allow stipends for people with lived experience to participate in these meetings.

(Opposed) The bill should be amended to emphasize nonpsychiatric and nondrug approaches which can be toxic and cause damage. According to a Washington State Institute of Public Policy report, 90 percent of new consumers who receive services do not return. Only 1 percent of consumers stay longer than 8.7 months in treatment. The vast majority of people who come into contact with the public mental health system leave. Why these individuals leave and go out on their own needs to be addressed.

Persons Testifying: (In support) Lillian Williamson; Mary Ann Woodruff, Washington Chapter American Academy of Pediatrics; Kashi Arora, Seattle Children's Hospital; Jody Disney; and Diana Stadden, The Arc of Washington State.

(Opposed) Steven Pearce, Citizens Commission on Human Rights.

Persons Signed In To Testify But Not Testifying: None.