
SUBSTITUTE HOUSE BILL 2256

State of Washington

68th Legislature

2024 Regular Session

By House Human Services, Youth, & Early Learning (originally sponsored by Representatives Callan, Eslick, Senn, Davis, Paul, Thai, Ormsby, Pollet, and Macri)

1 AN ACT Relating to the children and youth behavioral health work
2 group; amending RCW 74.09.4951; and providing an expiration date.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 74.09.4951 and 2022 c 76 s 1 are each amended to
5 read as follows:

6 (1) The children and youth behavioral health work group is
7 established to ~~((identify))~~:

8 (a) Identify barriers to and opportunities for accessing
9 behavioral health services for children, youth, and young adults and
10 their families(~~(, and to advise))~~;

11 (b) Strengthen and build a coordinated systemic approach to
12 providing behavioral health care and supports that ensure that all
13 children, youth, young adults, and their families have timely access
14 to high quality, equitable, well-resourced behavioral health
15 education, care, and supports across the continuum when and where
16 they need it, including prenatal care; and

17 (c) Advise the legislature on statewide behavioral health
18 services for this population.

19 (2) The work group shall consist of members and alternates as
20 provided in this subsection. Members must represent the regional,

1 racial, and cultural diversity of all children and families in the
2 state.

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

5 (b) The speaker of the house of representatives shall appoint one
6 member and one alternate from each of the two largest caucuses in the
7 house of representatives.

8 (c) The governor shall appoint six members representing the
9 following state agencies and offices: The department of children,
10 youth, and families; the department of social and health services;
11 the health care authority; the department of health; the office of
12 homeless youth prevention and protection programs; and the office of
13 the governor.

14 (d) ~~((The))~~ Subject to the requirements under (k) of this
15 subsection, the governor shall appoint the following members:

16 (i) One representative of behavioral health administrative
17 services organizations;

18 (ii) One representative of community mental health agencies;

19 (iii) Two representatives of medicaid managed care organizations,
20 one of which must provide managed care to children and youth
21 receiving child welfare services;

22 (iv) One regional provider of co-occurring disorder services;

23 (v) One pediatrician or primary care provider;

24 (vi) One provider specializing in infant or early childhood
25 mental health;

26 (vii) One representative who advocates for behavioral health
27 issues on behalf of children and youth;

28 (viii) One representative of early learning and child care
29 providers;

30 (ix) One representative of the evidence-based practice institute;

31 (x) Two parents or caregivers of children who have received
32 behavioral health services, one of which must have a child under the
33 age of six;

34 (xi) One representative of an education or teaching institution
35 that provides training for mental health professionals;

36 (xii) One foster parent;

37 (xiii) One representative of providers of culturally and
38 linguistically appropriate health services to traditionally
39 underserved communities;

1 (xiv) One pediatrician located east of the crest of the Cascade
2 mountains;

3 (xv) One child psychiatrist;

4 (xvi) One representative of an organization representing the
5 interests of individuals with developmental disabilities;

6 (xvii) (~~Two~~) Three youth or young adult representatives who
7 have (~~received~~) experience with behavioral health services;

8 (xviii) One representative of a private insurance organization;

9 (xix) One representative from the statewide family youth system
10 partner roundtable established in the *T.R. v. Strange and McDermott*,
11 formerly the *T.R. v. Dreyfus and Porter*, settlement agreement;
12 (~~and~~)

13 (xx) One representative from educational service districts
14 established under chapter 28A.310 RCW; and

15 (xxi) One substance use disorder professional.

16 (e) The governor shall request participation by a representative
17 of tribal governments.

18 (f) The superintendent of public instruction shall appoint one
19 representative from the office of the superintendent of public
20 instruction.

21 (g) The insurance commissioner shall appoint one representative
22 from the office of the insurance commissioner.

23 (h) The work group shall choose (~~its cochairst,~~) one of the work
24 group's cochairst from among its legislative members and (~~one from~~
25 ~~among the executive branch members~~) the other cochair must be the
26 representative from the health care authority. The representative
27 from the health care authority shall convene at least two (~~but not~~
28 ~~more than six,~~) meetings of the work group each year.

29 (i) The cochairst may invite additional members of the house of
30 representatives and the senate to participate in work group
31 activities, including as leaders of advisory groups to the work
32 group. These legislators are not required to be formally appointed
33 members of the work group in order to participate in or lead advisory
34 groups.

35 (j) The cochairst may request that the governor appoint additional
36 members of the work group representing specific professions,
37 organizations, or communities. The governor's office may consult with
38 the cochairst as needed on these discretionary appointments.

39 (k) The governor shall:

1 (i) Determine appropriate member terms for work group members
2 appointed under (d) of this subsection not to exceed four years; and

3 (ii) Attempt to stagger the current and future terms of member
4 appointments authorized in (d) of this subsection to avoid a large
5 number of work group member terms expiring on the same date.

6 (3) The work group shall:

7 (a) Monitor the implementation of enacted legislation, programs,
8 and policies related to children and youth behavioral health,
9 including provider payment for mood, anxiety, and substance use
10 disorder prevention, screening, diagnosis, and treatment for children
11 and young mothers; consultation services for child care providers
12 caring for children with symptoms of trauma; home visiting services;
13 and streamlining agency rules for providers of behavioral health
14 services;

15 (b) Consider system strategies to improve coordination and remove
16 barriers between the early learning, K-12 education, and health care
17 systems;

18 (c) Identify opportunities to remove barriers to treatment and
19 strengthen behavioral health service delivery for children and youth;

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

21 (i) Improve inpatient and outpatient access to behavioral health
22 services;

23 (ii) Support the unique needs of young children prenatally
24 through age five, including promoting health and social and emotional
25 development in the context of children's family, community, and
26 culture; ~~((and))~~

27 (iii) Develop and sustain system improvements to support the
28 behavioral health needs of children ~~((and))~~, youth, and young adults;
29 and

30 (iv) Achieve parity of private health insurance coverage for
31 behavioral health conditions with the coverage provided for other
32 health conditions; and

33 (e) Consider issues and recommendations put forward by the
34 statewide family youth system partner roundtable established in the
35 *T.R. v. Strange and McDermott*, formerly the *T.R. v. Dreyfus and*
36 *Porter*, settlement agreement.

37 (4) At the direction of the cochairs, the work group may convene
38 advisory groups to evaluate specific issues and report related
39 findings and recommendations to the full work group.

1 (5) The work group shall convene an advisory group focused on
2 school-based behavioral health and suicide prevention. The advisory
3 group shall advise the full work group on creating and maintaining an
4 integrated system of care through a tiered support framework for
5 (~~kindergarten~~) preschool through twelfth grade school systems
6 defined by the office of the superintendent of public instruction and
7 behavioral health care systems that can rapidly identify students in
8 need of care and effectively link these students to appropriate
9 services, provide age-appropriate education on behavioral health and
10 other universal supports for social-emotional wellness for all
11 students, and improve both education and behavioral health outcomes
12 for students. The school-based behavioral health and suicide
13 prevention advisory group shall consider the broader behavioral
14 health issues impacting children, youth, and families, while focusing
15 on the issues that are unique to children and families that interface
16 with schools. The work group cochairs may invite nonwork group
17 members to participate as advisory group members.

18 (6)(a) Subject to the availability of amounts appropriated for
19 this specific purpose, the work group shall convene an advisory group
20 for the purpose of developing a draft strategic plan that describes:

21 (i) The current landscape of behavioral health services available
22 to families in the perinatal phase, children, youth transitioning
23 into adulthood, and the caregivers of those children and youth in
24 Washington state, including a description of:

25 (A) The gaps and barriers in receiving or accessing behavioral
26 health services, including services for co-occurring behavioral
27 health disorders or other conditions;

28 (B) Access to high quality, equitable care and supports in
29 behavioral health education and promotion, prevention, intervention,
30 treatment, recovery, and ongoing well-being supports;

31 (C) The current supports and services that address emerging
32 behavioral health issues before a diagnosis and more intensive
33 services or clinical treatment is needed; and

34 (D) The current behavioral health care oversight and management
35 of services and systems;

36 (ii) The vision for the behavioral health service delivery system
37 for families in the perinatal phase, children, youth transitioning
38 into adulthood, and the caregivers of those children and youth,
39 including:

1 (A) A complete continuum of services from education, promotion,
2 prevention, early intervention through crisis response, intensive
3 treatment, postintervention, and recovery, as well as supports that
4 sustain wellness in the behavioral health spectrum;

5 (B) How access can be provided to high quality, equitable care
6 and supports in behavioral health education, promotion, prevention,
7 intervention, recovery, and ongoing well-being when and where needed;

8 (C) How the children and youth behavioral health system must
9 successfully pair with the 988 behavioral health crisis response
10 described under chapter 82.86 RCW;

11 (D) The incremental steps needed to achieve the vision for the
12 behavioral health service delivery system based on the current gaps
13 and barriers for accessing behavioral health services, with estimated
14 dates for these steps; and

15 (E) The oversight and management needed to ensure effective
16 behavioral health care; and

17 (iii) A comparison of the current behavioral health system for
18 families in the perinatal phase, children, youth transitioning into
19 adulthood, and the caregivers of those children and youth that is
20 primarily based on crisis response and inadequate capacity with the
21 behavioral health system vision created by the strategic planning
22 process through a cost-benefit analysis.

23 (b) The work group cochairs shall appoint a chair for the
24 strategic plan advisory group and may invite nonwork group members to
25 participate as advisory group members, but the strategic plan
26 advisory group shall include, at a minimum:

27 (i) Community members with lived experience including those with
28 cultural, linguistic, and ethnic diversity, as well as those having
29 diverse experience with behavioral health care invited by the work
30 group cochairs;

31 (ii) A representative from the department of children, youth, and
32 families;

33 (iii) A representative from the department;

34 (iv) A representative from the authority;

35 (v) A representative from the department of health;

36 (vi) A representative from the office of homeless youth
37 prevention and protection programs;

38 (vii) A representative from the office of the governor;

39 (viii) A representative from the developmental disability
40 administration of the department of social and health services;

1 (ix) A representative from the office of the superintendent of
2 public instruction;

3 (x) A representative from the office of the insurance
4 commissioner;

5 (xi) A tribal representative;

6 (xii) Two legislative members or alternates from the work group;
7 and

8 (xiii) Individuals invited by the work group cochairs with
9 relevant subject matter expertise.

10 (c) The health care authority shall conduct competitive
11 procurements as necessary in accordance with chapter 39.26 RCW to
12 select a third-party facilitator to facilitate the strategic plan
13 advisory group.

14 (d) To assist the strategic plan advisory group in its work, the
15 authority, in consultation with the cochairs of the work group, shall
16 select an entity to conduct the activities set forth in this
17 subsection. The health care authority may contract directly with a
18 public agency as defined under RCW 39.34.020 through an interagency
19 agreement. If the health care authority determines, in consultation
20 with the cochairs of the work group, that a public agency is not
21 appropriate for conducting these analyses, the health care authority
22 may select another entity through competitive procurements as
23 necessary in accordance with chapter 39.26 RCW. The activities that
24 entities selected under this subsection must complete include:

25 (i) Following a statewide stakeholder engagement process, a
26 behavioral health landscape analysis for families in the perinatal
27 phase, children, youth transitioning into adulthood, and the
28 caregivers of those children and youth outlining:

29 (A) The current service continuum including the cost of care,
30 delivery service models, and state oversight for behavioral health
31 services covered by medicaid and private insurance;

32 (B) Current gaps in the service continuum, areas without access
33 to services, workforce demand, and capacity shortages;

34 (C) Barriers to accessing preventative services and necessary
35 care including inequities in service access, affordability, cultural
36 responsiveness, linguistic responsiveness, gender responsiveness, and
37 developmentally appropriate service availability; and

38 (D) Incorporated information provided by the 988 crisis hotline
39 crisis response improvement strategy committee (~~as required under~~
40 ~~RCW 71.24.893~~);

1 (ii) A gap analysis estimating the prevalence of needs for
2 Washington state behavioral health services for families in the
3 perinatal phase, children, youth transitioning into adulthood, and
4 the caregivers of those children and youth served by medicaid or
5 private insurance, including:

6 (A) The estimated number of families in the perinatal phase,
7 children, youth transitioning into adulthood, and the caregivers of
8 those children and youth who need clinical behavioral health services
9 or could benefit from preventive or early intervention services on an
10 annual basis;

11 (B) The estimated number of expectant parents and caregivers in
12 need of behavioral health services;

13 (C) A collection and analysis of disaggregated data to better
14 understand regional, economic, linguistic, gender, and racial gaps in
15 access to behavioral health services;

16 (D) The estimated costs of providing services that include a
17 range of behavioral health supports that will meet the projected
18 needs of the population; and

19 (E) Recommendations on the distribution of resources to deliver
20 needed services to families in the perinatal phase, children, youth
21 transitioning into adulthood, and the caregivers of those children
22 and youth across multiple settings; and

23 (iii) An analysis of peer-reviewed publications, evidence-based
24 practices, and other existing practices and guidelines with preferred
25 outcomes regarding the delivery of behavioral health services to
26 families in the perinatal phase, children, youth transitioning into
27 adulthood, and the caregivers of those children and youth across
28 multiple settings including:

29 (A) Approaches to increasing access and quality of care for
30 underserved populations;

31 (B) Approaches to providing developmentally appropriate care;

32 (C) The integration of culturally responsive care with effective
33 clinical care practices and guidelines;

34 (D) Strategies to maximize federal reinvestment and resources
35 from any alternative funding sources; and

36 (E) Workforce development strategies that ensure a sustained,
37 representative, and diverse workforce.

38 (e) The strategic plan advisory group shall prioritize its work
39 as follows:

40 (i) Hold its first meeting by September 1, 2022;

1 ~~((Select third-party entities described under (d) of this~~
2 ~~subsection by December 31, 2022;~~

3 ~~((iii))~~) Provide a progress report on the development of the
4 strategic plan, including a timeline of future strategic plan
5 development steps, to be included in the work group's 2022 annual
6 report required under subsection (10) of this section;

7 ~~((iv))~~) (iii) Provide a progress report on the development of
8 the strategic plan, including discussion of the work group
9 recommendations that align with the strategic plan development thus
10 far, to be included in the work group's ~~((2023))~~ 2024 annual report
11 required under subsection (10) of this section;

12 ~~((v))~~) (iv) Provide a draft strategic plan, along with any
13 materials produced by entities selected under (d) of this subsection,
14 to the work group by ~~((October 1, 2024))~~ August 1, 2025. The draft
15 strategic plan must ~~((include an incremental action plan outlining~~
16 ~~the action steps needed to achieve the vision provided by the draft~~
17 ~~strategic plan, clear prioritization criteria, and a transparent~~
18 ~~evaluation plan. The action plan may include further research~~
19 ~~questions, a proposed budget to continue the strategic planning work~~
20 ~~or implementation process, and a process for reviewing and updating~~
21 ~~the strategic plan))~~ be developed in coordination with the joint
22 legislative and executive committee on behavioral health established
23 in section 135(15), chapter 475, Laws of 2023, the department of
24 health, and the health care authority related to the implementation
25 of the 988 crisis hotline.

26 (f) The work group shall discuss the draft strategic plan ~~((and~~
27 ~~action plan after they are submitted))~~ and adopt a final strategic
28 plan that must be submitted to the governor and the appropriate
29 committees of the legislature at the same time as the work group's
30 ~~((2024))~~ 2025 annual report required under subsection (10) of this
31 section.

32 (7) (a) Staff support for the work group, including administration
33 of work group meetings and preparation of full work group
34 recommendations and reports required under this section, must be
35 provided by the health care authority.

36 (b) Additional staff support for legislative members of the work
37 group may be provided by senate committee services and the house of
38 representatives office of program research.

39 (c) Subject to the availability of amounts appropriated for this
40 specific purpose, the office of the superintendent of public

1 instruction must provide staff support to the school-based behavioral
2 health and suicide prevention advisory group, including
3 administration of advisory group meetings and the preparation and
4 delivery of advisory group recommendations to the full work group.

5 (8) (a) Legislative members of the work group are reimbursed for
6 travel expenses in accordance with RCW 44.04.120. Nonlegislative
7 members are not entitled to be reimbursed for travel expenses if they
8 are elected officials or are participating on behalf of an employer,
9 governmental entity, or other organization. Except as provided under
10 (b) of this subsection, any reimbursement for other nonlegislative
11 members is subject to chapter 43.03 RCW.

12 (b) Members of the children and youth behavioral health work
13 group or an advisory group established under this section with lived
14 experience may receive a stipend of up to \$200 per day if:

15 (i) The member participates in the meeting virtually or in
16 person, even if only participating for one meeting and not on an
17 ongoing basis; and

18 (ii) The member does not receive compensation, including paid
19 leave, from the member's employer or contractor for participation in
20 the meeting.

21 (9) The following definitions apply to this section:

22 (a) "A member with lived experience" means an individual who has
23 received behavioral health services or whose family member has
24 received behavioral health services; and

25 (b) "Families in the perinatal phase" means families during the
26 time from pregnancy through one year after birth.

27 (10) Beginning November 1, 2020, and annually thereafter, the
28 work group shall provide recommendations in alignment with subsection
29 (3) of this section to the governor and the legislature. Beginning
30 November 1, (~~2025~~) 2026, the work group shall include in its annual
31 report a discussion of how the work group's recommendations align
32 with the final strategic plan described under subsection (6) of this
33 section.

34 (11) This section expires December 30, (~~2026~~) 2029.

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