HOUSE BILL 1086

State of Washington 67th Legislature 2021 Regular Session

By Representatives Simmons, Caldier, Bateman, Ortiz-Self, Shewmake, Ryu, Chopp, Cody, Goodman, Fey, Stonier, Macri, Fitzgibbon, Frame, and Davis

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AN ACT Relating to the creation of the state office of behavioral health consumer advocacy; amending RCW 71.24.045 and 71.24.380; adding a new chapter to Title 71 RCW; repealing RCW 71.24.350; and providing an effective date.

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

6 <u>NEW SECTION.</u> Sec. 1. (1) The legislature finds that:

7 (a) According to the federal substance abuse and mental health 8 services administration's 2019 report, one in five adults in the 9 United States will experience some form of mental illness this year 10 and one in thirteen will need substance use disorder treatment;

(b) Fewer than half of all individuals needing behavioral health treatment receive those services;

13 (c) An untreated behavioral health need can have long-term 14 negative impacts on an individual's health, well-being, and 15 productivity;

(d) The state has made significant investments in the efficacy ofthe publicly funded behavioral health system and its providers;

18 (e) Behavioral health parity is required by both state and 19 federal law;

20 (f) All patients deserve to be treated and cared for with dignity 21 and respect;

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(g) Patients often cross local and administrative boundaries when
 seeking effective behavioral health care;

3 (h) Individuals with behavioral health needs are 4 disproportionately involved with the criminal justice system; and

5 (i) Providing robust community-based services can prevent 6 expensive hospitalizations.

7 (2) The legislature intends to create the state office of the 8 behavioral health consumer advocacy that shall:

9 (a) Advocate for all patients seeking privately and publicly 10 funded behavioral health services;

(b) Advocate for all patients receiving inpatient behavioral health services from a behavioral health provider or facility;

13 (c) Assure that patients are afforded all of the rights given to 14 them by state and federal laws;

15 (d) Maintain independence and be free from all conflicts of 16 interest;

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(e) Provide consistent quality services across the state; and

(f) Retain an office within the boundaries of the region servedby each behavioral health administrative services organization.

20 <u>NEW SECTION.</u> Sec. 2. The definitions in this section apply 21 throughout this chapter unless the context clearly requires 22 otherwise.

23 (1) "Behavioral health provider or facility" means:

24 (a) A behavioral health provider, as defined in RCW 71.24.025;

(b) A licensed or certified behavioral health agency, as defined in RCW 71.24.025;

(c) A long-term care facility, as defined in RCW 43.190.020, in
 which adults or children with behavioral health conditions reside;

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(d) A state hospital, as defined in RCW 72.23.010; or

30 (e) A facility or agency that receives funds from the state to 31 provide behavioral health treatment services to adults or children 32 with a behavioral health condition.

(2) "Department" means the department of commerce.

34 (3) "Office" means the state office of behavioral health consumer 35 advocacy.

36 <u>NEW SECTION.</u> Sec. 3. (1) By January 1, 2022, the department 37 shall contract with a private nonprofit organization to provide 38 behavioral health consumer advocacy services. The department shall

assure all program and staff support necessary to enable the director 1 of the office to effectively protect the interests of persons with 2 behavioral health needs in accordance with this chapter. The 3 department shall designate the organization to be the state office of 4 behavioral health consumer advocacy by a competitive bidding process 5 6 and shall assure that the designated agency (a) has demonstrated 7 financial stability and meets the qualifications for the duties identified in this chapter, and (b) does not have any conflicts of 8 interest that would interfere with the duties identified in this 9 chapter. 10

(2) Following the designation of the organization to be the state 11 12 office of behavioral health consumer advocacy, the department shall not redesignate the organization except upon a showing of misconduct 13 14 or neglect of duty and proof that the organization is failing to provide services as specified in section 4 of this act, or has a 15 16 demonstrated conflict of interest. Prior to redesignating the 17 organization, the department shall provide an opportunity for comment by the organization and the public and provide the organization the 18 opportunity to appeal the redesignation to the department. 19

20 (3) The department shall adopt rules to carry out the purposes of 21 this chapter.

22 <u>NEW SECTION.</u> Sec. 4. The state office of behavioral health 23 consumer advocacy shall have the following powers and duties:

(1) Certifying and coordinating the activities of the behavioralhealth consumer advocates throughout the state;

(2) Establish procedures consistent with this act for appropriate
 access by behavioral health consumer advocates to behavioral health
 providers or facilities;

(3) Establish a toll-free telephone number, website, and other appropriate technology to facilitate access to office services for patients, residents, and clients of behavioral health providers or facilities;

(4) Establish a statewide uniform reporting system to collect and analyze data relating to complaints, conditions, and service quality provided by behavioral health providers or facilities for the purpose of identifying and resolving significant problems, with permission to submit the data to all appropriate state agencies on a regular basis;

(5) Establish procedures consistent with section 13 of this act
 to protect the confidentiality of the office's records, including the
 records of patients, residents, clients, providers, and complainants;
 (6) Establish a statewide advisory council that shall include:

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(a) Individuals with a history of mental illness;

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(b) Individuals with a history of substance use disorder;

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(c) Family members of individuals with behavioral health needs;

8 (d) One or more representatives of an organization representing 9 consumers of behavioral health services;

10 (e) One or more representatives of behavioral health providers or 11 facilities, including representatives of facilities offering 12 inpatient behavioral health services;

13 (f) One or more certified peer counselors;

14 (g) One medical clinician serving individuals with behavioral 15 health needs;

16 (h) One or more nonmedical providers serving individuals with 17 behavioral health needs;

18 (i) One representative from a behavioral health administrative 19 services organization; and

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(j) Other community representatives, as determined by the office;

(7) Monitor the development of and recommend improvements in the implementation of federal, state, and local laws, rules, regulations, and policies with respect to the provision of behavioral health services in the state and advocate for consumers; and

(8) Report to the legislature and all appropriate public agencies regarding the quality of services, complaints, problems for individuals receiving services from behavioral health providers or facilities, and any recommendations for improved services for behavioral health consumers.

30 <u>NEW SECTION.</u> Sec. 5. A certified behavioral health consumer 31 advocate shall:

(1) Identify, investigate, and resolve complaints made by, or on behalf of, patients, residents, and clients of behavioral health providers or facilities relating to administrative action, inaction, or decisions that may adversely affect the health, safety, welfare, and rights of these individuals;

37 (2) Assist and advocate on behalf of patients, residents, and38 clients of behavioral health providers or facilities by using

1 informal complaint resolution methods or formal grievance processes
2 including, if applicable, a fair hearing process;

3 (3) Inform patients, residents, and clients or their 4 representatives about applicable patient and resident rights, and 5 provide information, as appropriate, to patients, residents, clients, 6 family members, guardians, resident representatives, employees of 7 behavioral health providers or facilities, and others regarding the 8 rights of patients and residents;

9 (4) Monitor and make recommendations for improvements to the 10 quality of services provided to patients, residents, and clients of 11 behavioral health providers or facilities; and

12 (5) With the consent of the patient, resident, or client, involve 13 family members, friends, or other designated individuals in the 14 process of resolving complaints.

15 Sec. 6. (1) The office and all certified NEW SECTION. behavioral health consumer advocates shall have the right of entry to 16 17 behavioral health providers or facilities at any time deemed necessary and reasonable to effectively carry out the provisions of 18 this chapter, with provisions made for the privacy of patients, 19 20 residents, and clients. The office must develop policies and procedures to allow certified behavioral health consumer advocates to 21 have access to patients, residents, and clients of behavioral health 22 providers or facilities for the purpose of hearing, investigating, 23 24 and resolving complaints, as well as monitoring the quality of 25 services.

(2) Nothing in this chapter restricts, limits, or increases any
 existing right of any organizations or individuals not described in
 subsection (1) of this section to enter or provide assistance to
 patients, residents, and clients of behavioral health providers or
 facilities.

31 (3) Nothing in this chapter restricts any right or privilege of a 32 patient, resident, or client of a behavioral health provider or 33 facility to receive visitors of their choice.

NEW SECTION. Sec. 7. (1) Every behavioral health provider or facility shall post in a conspicuous location a notice providing the state office of behavioral health consumer advocacy's toll-free number and website as well as the name, address, and phone number of the office of the appropriate local behavioral health consumer

1 advocate and a brief description of the services provided by the state office of behavioral health consumer advocacy. The form of the 2 notice must be approved by the office. This information must also be 3 distributed to the patients, residents, and clients of behavioral 4 health providers or facilities, upon application for behavioral 5 6 health services and upon admission to a behavioral health facility. The information shall also be provided to the family members and 7 legal guardians of the patients, residents, or clients of a 8 behavioral health provider or facility, as allowed by state and 9 federal privacy laws. 10

11 (2) Every behavioral health provider or facility must provide 12 access to a free telephone for the express purpose of contacting the 13 state office of behavioral health consumer advocacy.

14 <u>NEW SECTION.</u> Sec. 8. The office shall develop a process to 15 train and certify all behavioral health consumer advocates, whether 16 paid or volunteer, authorized by this chapter as follows:

17 (1) Certified behavioral health consumer advocates must have 18 training or experience in the following areas:

19 (a) Behavioral health and other related social services programs;

20 (b) The legal system, including differences in state or federal 21 law between voluntary and involuntary patients, residents, or 22 clients;

23 (c) Advocacy and supporting self-advocacy;

24 (d) Dispute or problem resolution techniques, including25 investigation, mediation, and negotiation; and

(e) All applicable patient, resident, and client rightsestablished by either state or federal law.

(2) A certified behavioral health consumer advocate may not have been employed by any behavioral health provider or facility within the previous twelve months, except as a certified peer specialist or where prior to the effective date of this section the person has been employed by a regional behavioral health consumer advocate.

33 (3) No certified behavioral health consumer advocate or any 34 member of a certified behavioral health consumer advocate's family 35 may have, or have had, within the previous twelve months, any 36 significant ownership or financial interest in the provision of 37 behavioral health services.

<u>NEW SECTION.</u> Sec. 9. (1) The office shall develop referral procedures for all certified behavioral health consumer advocates to refer any complaint, in accordance with a mutually established working agreement, to an appropriate state or local government agency. The appropriate agency shall respond to any complaint referred to it by a certified behavioral health consumer advocate, in accordance with a mutually established working agreement.

8 (2) State agencies shall review a complaint against a behavioral 9 health provider or facility which was referred to it by a certified 10 behavioral health consumer advocate, in accordance with a mutually 11 established working agreement, and shall forward to that certified 12 behavioral health consumer advocate a summary of the results of the 13 review or investigation and action proposed or taken.

14 (3) State agencies that regulate or contract with behavioral 15 health providers or facilities shall adopt necessary rules to 16 effectively work in coordination with the office.

17 <u>NEW SECTION.</u> Sec. 10. (1) The office shall develop and 18 implement working agreements with the protection and advocacy agency, 19 the long-term care ombuds, the developmental disabilities ombuds, the 20 corrections ombuds, and the children and family ombuds, and work in 21 cooperation to assure efficient, coordinated service.

(2) The office shall develop working agreements with each managed care organization, behavioral health administrative services organization, the state and private psychiatric hospitals, all appropriate state and local agencies, and other such entities as necessary to carry out their duties. Working agreements must include:

(a) The roles of the office and the agency in complaint
 investigations, complaint referral criteria, and a process for
 sharing information regarding complaint review and investigation, as
 appropriate; and

31 (b) Processes and procedures to assure timely and seamless 32 information sharing among all interested parties and that the office 33 is responsive to all local information requests.

34 <u>NEW SECTION.</u> Sec. 11. (1) No certified behavioral health 35 consumer advocate is liable for good faith performance of 36 responsibilities under this chapter.

37 (2) No discriminatory, disciplinary, or retaliatory action may be 38 taken against an employee or volunteer of a behavioral health

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1 provider or facility, or a patient, resident, or client of a behavioral health provider or facility, for any communication made, 2 or information given or disclosed, to aid the certified behavioral 3 health consumer advocate in carrying out duties and responsibilities 4 under this chapter, unless the same was done maliciously or without 5 6 good faith. This subsection is not intended to infringe on the rights of the employer to supervise, discipline, or terminate an employee or 7 volunteer for other reasons, and shall serve as a defense to any 8 action in libel or slander. 9

10 (3) All communications by a certified behavioral health consumer 11 advocate, if reasonably related to the requirements of that 12 individual's responsibilities under this chapter and done in good 13 faith, are privileged and confidential, subject to the procedures 14 established by the office.

15 (4) A representative of the office is exempt from being required 16 to testify in court as to any confidential matters except upon the 17 express consent of the client, resident, or patient that is subject 18 to the court proceedings, or their representatives, as applicable.

19 <u>NEW SECTION.</u> Sec. 12. It is the intent of the legislature that:

(1) Regional behavioral health ombuds programs existing prior to this act be integrated into this new statewide program and the ombuds from those programs be assessed and certified by the office as behavioral health consumer advocates;

(2) There shall be a behavioral health consumer advocate office
within the boundaries of the region served by each behavioral health
administrative services organization;

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(3) Federal medicaid requirements be complied with; and

(4) The department annually expend at least the amount expended
on regional behavioral health ombuds services prior to the effective
date of this section to establish the office under this chapter.

NEW SECTION. Sec. 13. (1) All records and files of the office 31 and any certified behavioral health consumer advocates related to any 32 complaint or investigation made pursuant to carrying out their duties 33 and the identities of complainants, witnesses, patients, residents, 34 or clients and information that could reasonably identify any of 35 these individuals shall remain confidential unless disclosure is 36 37 authorized in writing by the subject of the information, or the subject's guardian or legal representative. 38

1 (2) No disclosures of records and files related to a complaint or investigation may be made to any organization or individual outside 2 the office without the written consent of any named witnesses, 3 complainants, patients, residents, or clients unless the disclosure 4 is made without the identity of any of these individuals and without 5 6 information that could reasonably identify any of these individuals unless such disclosure is required in carrying out its duties under 7 8 this chapter.

9 (3) Notwithstanding subsections (1) and (2) of this section, 10 disclosures of records and files may be made pursuant to a court 11 order.

12 (4) All disclosures must be compliant with state and federal 13 privacy laws applicable to the type of information that is sought for 14 disclosure.

15 Sec. 14. RCW 71.24.045 and 2019 c 325 s 1008 are each amended to 16 read as follows:

(1) The behavioral health administrative services organizationcontracted with the authority pursuant to RCW 71.24.381 shall:

(a) Administer crisis services for the assigned regional servicearea. Such services must include:

(i) A behavioral health crisis hotline for its assigned regionalservice area;

(ii) Crisis response services twenty-four hours a day, seven days
a week, three hundred sixty-five days a year;

25 (iii) Services related to involuntary commitments under chapters 26 71.05 and 71.34 RCW;

(iv) Additional noncrisis behavioral health services, within available resources, to individuals who meet certain criteria set by the authority in its contracts with the behavioral health administrative services organization. These services may include services provided through federal grant funds, provisos, and general fund state appropriations;

33 (v) Care coordination, diversion services, and discharge planning 34 for nonmedicaid individuals transitioning from state hospitals or 35 inpatient settings to reduce rehospitalization and utilization of 36 crisis services, as required by the authority in contract; and

37 (vi) Regional coordination, cross-system and cross-jurisdiction 38 coordination with tribal governments, and capacity building efforts, 39 such as supporting the behavioral health advisory board((, the)

behavioral health ombuds,)) and efforts to support access to services or to improve the behavioral health system;

3 (b) Administer and provide for the availability of an adequate 4 network of evaluation and treatment services to ensure access to 5 treatment, investigation, transportation, court-related, and other 6 services provided as required under chapter 71.05 RCW;

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(c) Coordinate services for individuals under RCW 71.05.365;

8 (d) Administer and provide for the availability of resource 9 management services, residential services, and community support 10 services as required under its contract with the authority;

(e) Contract with a sufficient number, as determined by the authority, of licensed or certified providers for crisis services and other behavioral health services required by the authority;

14 (f) Maintain adequate reserves or secure a bond as required by 15 its contract with the authority;

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(g) Establish and maintain quality assurance processes;

17 (h) Meet established limitations on administrative costs for 18 agencies that contract with the behavioral health administrative 19 services organization; and

20 (i) Maintain patient tracking information as required by the 21 authority.

(2) The behavioral health administrative services organization must collaborate with the authority and its contracted managed care organizations to develop and implement strategies to coordinate care with tribes and community behavioral health providers for individuals with a history of frequent crisis system utilization.

(3) The behavioral health administrative services organizationshall:

(a) Assure that the special needs of minorities, older adults,
 individuals with disabilities, children, and low-income persons are
 met;

32 (b) Collaborate with local government entities to ensure that 33 policies do not result in an adverse shift of persons with mental 34 illness into state and local correctional facilities; and

35 (c) Work with the authority to expedite the enrollment or 36 reenrollment of eligible persons leaving state or local correctional 37 facilities and institutions for mental diseases.

38 Sec. 15. RCW 71.24.380 and 2019 c 325 s 1022 are each amended to 39 read as follows: 1 (1) The director shall purchase behavioral health services 2 primarily through managed care contracting, but may continue to 3 purchase behavioral health services directly from providers serving 4 medicaid clients who are not enrolled in a managed care organization.

(2) The director shall require that contracted managed care 5 6 organizations have a sufficient network of providers to provide adequate access to behavioral health services for residents of the 7 regional service area that meet eligibility criteria for services, 8 and for maintenance of quality assurance processes. Contracts with 9 10 managed care organizations must comply with all federal medicaid and state law requirements related to managed health care contracting, 11 12 including RCW 74.09.522.

(3) A managed care organization must contract with the 13 authority's selected behavioral health administrative services 14 15 organization for the assigned regional service area for the 16 administration of crisis services. The contract shall require the 17 managed care organization to reimburse the behavioral health administrative services organization for behavioral health crisis 18 services delivered to individuals enrolled in the managed care 19 organization. 20

(4) <u>A managed care organization must contract with the state</u> 21 22 office of behavioral health consumer advocacy established in section 23 3 of this act for the provision of behavioral health consumer advocacy services delivered to individuals enrolled in the managed 24 care organization. The contract shall require the managed care 25 organization to reimburse the office of behavioral health consumer 26 27 advocacy for behavioral health consumer advocacy services delivered 28 to individuals enrolled in the managed care organization.

29 (5) A managed care organization must collaborate with the 30 authority and its contracted behavioral health administrative 31 services organization to develop and implement strategies to 32 coordinate care with tribes and community behavioral health providers 33 for individuals with a history of frequent crisis system utilization.

34 (((5))) (6) A managed care organization must work closely with 35 designated crisis responders, behavioral health administrative 36 services organizations, and behavioral health providers to maximize 37 appropriate placement of persons into community services, ensuring 38 the client receives the least restrictive level of care appropriate 39 for their condition. Additionally, the managed care organization 40 shall work with the authority to expedite the enrollment or

reenrollment of eligible persons leaving state or local correctional
 facilities and institutions for mental diseases.

3 (((6))) <u>(7)</u> As an incentive to county authorities to become early adopters of fully integrated purchasing of medical and behavioral 4 health services, the standards adopted by the authority shall provide 5 6 for an incentive payment to counties which elect to move to full integration by January 1, 2016. Subject to federal approval, the 7 incentive payment shall be targeted at ten percent of savings 8 realized by the state within the regional service area in which the 9 fully integrated purchasing takes place. Savings shall be calculated 10 11 in alignment with the outcome and performance measures established in 12 RCW 71.24.435, 70.320.020, and 71.36.025, and incentive payments for early adopter counties shall be made available for up to a six-year 13 period, or until full integration of medical and behavioral health 14 services is accomplished statewide, whichever comes sooner, according 15 16 to rules to be developed by the authority.

NEW SECTION. Sec. 16. RCW 71.24.350 (Behavioral health ombuds office) and 2019 c 325 s 1020, 2018 c 201 s 4019, 2016 sp.s. c 29 s 523, 2014 c 225 s 41, 2013 c 23 s 189, & 2005 c 504 s 803 are each repealed.

21 <u>NEW SECTION.</u> Sec. 17. Sections 1 through 13 of this act 22 constitute a new chapter in Title 71 RCW.

23 <u>NEW SECTION.</u> Sec. 18. Sections 15 and 16 of this act take 24 effect January 1, 2022.

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