

# HOUSE BILL REPORT

## SHB 1800

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### As Amended by the Senate

**Title:** An act relating to increasing access to behavioral health services for minors.

**Brief Description:** Increasing access to behavioral health services for minors.

**Sponsors:** House Committee on Children, Youth & Families (originally sponsored by Representatives Eslick, Callan, Leavitt, Davis, Dent, Goodman, Ramos, Rule, Santos, Senn, Wylie, Tharinger, Stonier and Frame).

### Brief History:

#### Committee Activity:

Children, Youth & Families: 1/17/22, 1/20/22 [DPS];

Appropriations: 2/1/22, 2/3/22 [DPS(CYF)].

#### Floor Activity:

Passed House: 2/10/22, 90-4.

Senate Amended.

Passed Senate: 3/3/22, 47-0.

### Brief Summary of Substitute Bill

- Requires the Health Care Authority (HCA) to dedicate at least one full-time employee focused on connecting families, behavioral health providers, educators, and other stakeholders with current information about law and policy related to behavioral health services for minors.
- Requires the HCA to convene stakeholders to design, further define, and implement a parent portal.
- Requires the HCA to conduct stakeholder engagement efforts instead of an annual survey in measuring the impacts of previous legislation related to minor behavioral health and delays some of the reporting requirements associated with that effort.
- Modifies membership of the statewide advisory council for the State

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*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.*

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## HOUSE COMMITTEE ON CHILDREN, YOUTH & FAMILIES

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Senn, Chair; Harris-Talley, Vice Chair; Rule, Vice Chair; Dent, Ranking Minority Member; Callan, Eslick, Goodman, Klippert, Ortiz-Self and Wicks.

**Minority Report:** Without recommendation. Signed by 3 members: Representatives Chase, Assistant Ranking Minority Member; McCaslin, Assistant Ranking Minority Member; Young.

**Staff:** Luke Wickham (786-7146).

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The substitute bill by Committee on Children, Youth & Families be substituted therefor and the substitute bill do pass. 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).

### **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.

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.

*Health Care Authority Annual Survey.*

The Health Care Authority (HCA) is required to conduct an annual survey of a sample group of parents, youth, and behavioral health providers to measure the impacts of implementing minor behavioral health policies that were established in law in 2019. These annual surveys must be completed for three years ending on July 1, 2022. The HCA must submit a report on the results of the surveys to the Governor and the Legislature, with a final report due November 1, 2022.

*State Office of Behavioral Health Consumer Advocacy.*

In 2021 the State Office of Behavioral Health Consumer Advocacy (SOBHCA) was created to establish rules, standards, and procedures for behavioral health consumer advocacy services across the state. The SOBHCA must contract with a private nonprofit organization to provide behavioral health consumer advocacy services including certifying and coordinating the activities of behavioral health advocates across the state.

**Summary of Substitute Bill:**

The Health Care Authority (HCA) must dedicate at least one full-time employee to:

- connecting families, behavioral health providers, educators, and other stakeholders with current information about law and policy related to behavioral health services for minors;
- creating shareable content appropriate for communicating policy and resources related to behavioral health services for minors;
- designing and maintaining a communications plan related to behavioral health services for minors involving social media and other forms of direct outreach to providers, families, and youth; and
- monitoring the HCA website to make sure that the information included on the website is accurate and designed in a manner that is accessible to families.

The HCA must convene stakeholders to design, further define, and implement a parent portal, which is a method for connecting families to their community's service and education infrastructure related to behavioral health services for minors. By November 1, 2022, the HCA must provide a report to the Legislature and the Governor that describes:

- the stakeholder process used to design the parent portal;
- the design of the parent portal; and
- other relevant information about successfully implementing the parent portal.

The HCA work measuring the effects of implementing policies related to behavioral health services for minors are modified to require stakeholder engagement efforts instead of an annual survey of a sample group. The stakeholder engagement efforts must include live

events soliciting feedback from stakeholders and alternative methods for stakeholders to submit feedback. The deadline for completing these stakeholder efforts are delayed until October 1, 2022, followed by subsequent efforts completed by July 1, 2023, and July 1, 2024. The HCA reports on these efforts are required to occur annually, with a final report due November 1, 2024 (instead of 2022).

Two parents or caregivers of a child who received behavioral health services, including one parent or caregiver of a child who received complex, multi-system behavioral health services; one parent or caregiver of a child ages 1 through 12; or one parent or caregiver of a child ages 13 through 17 are added to the statewide advisory council for the State Office of Behavioral Health Consumer Advocacy (SOBHCO).

Two representatives of Medicaid managed care organizations, one of which must provide managed care to children and youth receiving child welfare services, are added to the statewide advisory council for the SOBHCO.

The SOBHCO is required to develop and deliver educational programs and information statewide regarding family-initiated treatment and other behavioral health service options for minors. The SOBHCO is required to include behavioral health services for minors in its training and certification process for behavioral health consumer advocates.

**EFFECT OF SENATE AMENDMENT(S):**

The Senate amendment requires the Health Care Authority (HCA) to work with stakeholders including Washington State Community Connectors and consider the website prototype already under development by that organization when designing, defining, and implementing the parent portal.

The Senate amendment modifies the additional stakeholders that must be convened by the HCA to include other parents and young adults with relevant lived experience (instead of parents, caregivers, youth, and young adults).

**Appropriation:** None.

**Fiscal Note:** Available.

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

**Staff Summary of Public Testimony (Children, Youth & Families):**

(In support) The Legislature does a great job of passing behavioral health related legislation, but that legislation is not communicated as well as it needs to be to providers. Laws and policy are not effective if the people impacted by them are unaware of them.

There are many heart-wrenching stories from youth and their families about pain and harm that could have been avoided if current information was accessible.

Washington desperately needs at least one full-time employee at the Health Care Authority dedicated to communication.

A parent portal allows parents and families to access accurate information about behavioral health access. That portal needs to be developed with the input of stakeholders so that it can best match the needs of young people.

Representation on a consumer group is a perfect example of how including a focus on children and youth behavioral health experiences is often forgotten.

This bill should be amended to refer to parents with complex behavioral health needs.

The system is complicated. A parent portal can help families figure out options. Some parents are forced to place their children out of state and would prefer to have those children remain in state. This would be more possible if families were aware of the service options in the state.

Caregivers need behavioral health services also and need help identifying the resources that are available so that families can access preventative services before crisis services are needed. A child in crisis is a family in crisis. A family in treatment is a child in treatment.

(Opposed) This bill is really designed to increase or further the drugging, labeling, and diagnosing of the youth today. With over 400,000 youth in the United States ages birth through 5 already on psychotropic drugs, what is needed is a balanced approach to focus on children in need, and not labeling and drugging all children with behavioral health needs.

If help is to be given to those in need, most of the people who come into contact with the mental health system do not stay in the mental health system. The simple way to address this is to make sure that interventions provide alternatives to drugging and ensure that people are providing informed consent. Noncoercive, nondrug alternatives are needed. People need to have information.

The psychiatric lobby is assigning and running this bill.

#### **Staff Summary of Public Testimony (Appropriations):**

(In support) Children are our future and they are hurting. Last year, suicide was the second highest cause of death amongst youth. The prevalence of symptoms like depression and anxiety has likely doubled in children according to the Journal of the American Medical Association. Having access to a well-constructed portal is very important and having

someone at the Health Care Authority whose sole focus is to connect families, behavioral health providers, educators, and other stakeholders could be a game changer.

Parents across Washington face challenges in getting access to health care information and making medical decisions for minors. As a result, some parents opt to send their children out-of-state. This bill restores the ability for parents to get access to the health care records of their minor children. Parents want to help their children, know their kids better than anyone else, and have the biggest role in their care and recovery.

People with lived experience, especially those with a developmental disability and a behavioral health disorder, are in crisis in our state. Complex kids are ending up in hospitals for months at a time and there is no choice but to be sent to an out-of-state facility. In the 2020-21 school year, school districts placed 71 kids in an out-of-state facility as compared to 15 kids in the 2016-17 school year. Families don't know how to address these issues or how to help their kids.

Creating a parent portal to connect families to services and current information is a starting place to fixing these problems. The statewide advisory council should have a parent of a kid with complex multi-system behavioral health needs and should include youth that are in both the developmental disabilities and behavioral health systems.

(Opposed) The policy idea of the bill is that in order to help their children, families need information about access to psychiatric or mainstream mental health services. This would drive future increases across facility and service provider costs. The bill does not provide a broad range of solutions which could be added to the bill at minimal additional costs. There are no medical tests to show there is anything wrong with the brains of these individuals. There needs to be medical attention to non-coercive, non-drug solutions.

**Persons Testifying (Children, Youth & Families):** (In support) Representative Carolyn Eslick, prime sponsor; Lillian Williamson; Peggy Dolane, Healthy Minds Healthy Futures; Penny Quist; and Anna McCartney.

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

**Persons Testifying (Appropriations):** (In support) Jody Disney; Julie Barrett, Conservative Ladies of Washington; and Diana Stadden, The Arc of Washington State.

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

**Persons Signed In To Testify But Not Testifying (Children, Youth & Families):** None.

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