

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1800

67th Legislature
2022 Regular Session

Passed by the House March 8, 2022
Yeas 93 Nays 4

**Speaker of the House of
Representatives**

Passed by the Senate March 3, 2022
Yeas 47 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1800** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1800

AS AMENDED BY THE SENATE

Passed Legislature - 2022 Regular Session

State of Washington 67th Legislature 2022 Regular Session

By House Children, Youth & Families (originally sponsored by Representatives Eslick, Callan, Leavitt, Davis, Dent, Goodman, Ramos, Rule, Santos, Senn, Wylie, Tharinger, Stonier, and Frame)

READ FIRST TIME 01/24/22.

1 AN ACT Relating to increasing access to behavioral health
2 services for minors; amending RCW 71.34.3871, 71.40.040, and
3 71.40.090; adding new sections to chapter 71.34 RCW; and providing an
4 expiration date.

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

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 71.34
7 RCW to read as follows:

8 The authority shall dedicate at least one full-time employee to:

9 (1) Connecting families, behavioral health providers, educators,
10 and other stakeholders with current information about law and policy
11 related to behavioral health services for minors;

12 (2) Creating shareable content appropriate for communicating
13 policy and resources related to behavioral health services for
14 minors;

15 (3) Designing and maintaining a communications plan related to
16 behavioral health services for minors involving social media and
17 other forms of direct outreach to providers, families, and youth; and

18 (4) Monitoring the health care authority website to make sure
19 that the information included on the website is accurate and designed
20 in a manner that is accessible to families.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 71.34
2 RCW to read as follows:

3 (1) The authority shall convene stakeholders to design, further
4 define, and implement a parent portal. The authority shall work with
5 stakeholders including Washington state community connectors and
6 consider the website prototype already under development by that
7 organization. The stakeholders convened must additionally include
8 other parents and young adults with relevant lived experience.

9 (2) As used in this section, "parent portal" means a method for
10 connecting families to their community's service and education
11 infrastructure related to behavioral health services for minors,
12 including services supported or provided by:

13 (a) A behavioral health provider as defined in RCW 71.24.025 that
14 provides services to minors;

15 (b) A licensed or certified behavioral health agency as defined
16 in RCW 71.24.025 that provides behavioral health services to minors;

17 (c) A long-term care facility as defined in RCW 43.190.020 in
18 which minors with behavioral health conditions reside;

19 (d) The child study and treatment center as identified in RCW
20 71.34.380;

21 (e) A facility or agency that receives state funding to provide
22 behavioral health treatment services to minors with a behavioral
23 health condition;

24 (f) The department of children, youth, and families;

25 (g) The office of the superintendent of public instruction; and

26 (h) The department.

27 (3) By November 1, 2022, the authority shall provide a report to
28 the governor and the appropriate committees of the legislature
29 detailing:

30 (a) The stakeholder engagement conducted under this section;

31 (b) The design and further definition of the parent portal; and

32 (c) Other relevant information about successfully implementing
33 the parent portal, including needed legislative changes or support.

34 **Sec. 3.** RCW 71.34.3871 and 2019 c 381 s 24 are each amended to
35 read as follows:

36 (1) Subject to the availability of amounts appropriated for this
37 specific purpose, the authority must conduct ~~((an annual survey of a~~
38 ~~sample group of)) stakeholder engagement efforts with parents, youth,
39 and behavioral health providers to measure the impacts of~~

1 implementing policies resulting from chapter 381, Laws of 2019 during
2 the first three years of implementation and sections 1 and 2 of this
3 act. The stakeholder engagement efforts required under this
4 subsection must include live events soliciting feedback from
5 stakeholders and alternative methods for stakeholders to submit
6 feedback. The first ((survey)) stakeholder engagement efforts must be
7 complete by ((July 1, 2020)) October 1, 2022, followed by subsequent
8 annual ((surveys)) stakeholder engagement efforts completed by July
9 1, ((2021)) 2023, and by July 1, ((2022)) 2024. The authority must
10 report on the results of the ((surveys)) stakeholder engagement
11 efforts annually to the governor and the legislature beginning
12 November 1, ((2020)) 2022. The final report is due November 1,
13 ((2022)) 2024, and must include any recommendations for statutory
14 changes identified as needed based on ((survey)) stakeholder
15 engagement efforts results.

16 (2) This section expires December 31, ((2022)) 2024.

17 **Sec. 4.** RCW 71.40.040 and 2021 c 202 s 4 are each amended to
18 read as follows:

19 The state office of behavioral health consumer advocacy shall
20 assure performance of the following activities, as authorized in
21 contract:

22 (1) Selection of a name for the contracting advocacy organization
23 to use for the advocacy program that it operates pursuant to contract
24 with the office. The name must be selected by the statewide advisory
25 council established in this section and must be separate and
26 distinguishable from that of the office;

27 (2) Certification of behavioral health consumer advocates by
28 October 1, 2022, and coordination of the activities of the behavioral
29 health consumer advocates throughout the state according to standards
30 adopted by the office;

31 (3) Provision of training regarding appropriate access by
32 behavioral health consumer advocates to behavioral health providers
33 or facilities according to standards adopted by the office;

34 (4) Establishment of a toll-free telephone number, website, and
35 other appropriate technology to facilitate access to contracting
36 advocacy organization services for patients, residents, and clients
37 of behavioral health providers or facilities;

38 (5) Establishment of a statewide uniform reporting system to
39 collect and analyze data relating to complaints and conditions

1 provided by behavioral health providers or facilities for the purpose
2 of identifying and resolving significant problems, with permission to
3 submit the data to all appropriate state agencies on a regular basis;

4 (6) Establishment of procedures consistent with the standards
5 adopted by the office to protect the confidentiality of the office's
6 records, including the records of patients, residents, clients,
7 providers, and complainants;

8 (7) Establishment of a statewide advisory council, a majority of
9 which must be composed of people with lived experience, that shall
10 include:

11 (a) Individuals with a history of mental illness including one or
12 more members from the black community, the indigenous community, or a
13 community of color;

14 (b) Individuals with a history of substance use disorder
15 including one or more members from the black community, the
16 indigenous community, or a community of color;

17 (c) Family members of individuals with behavioral health needs
18 including one or more members from the black community, the
19 indigenous community, or a community of color;

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

22 (e) Representatives of behavioral health providers and
23 facilities, including representatives of facilities offering
24 inpatient and residential behavioral health services;

25 (f) One or more certified peer specialists;

26 (g) One or more medical clinicians serving individuals with
27 behavioral health needs;

28 (h) One or more nonmedical providers serving individuals with
29 behavioral health needs;

30 (i) One representative from a behavioral health administrative
31 services organization;

32 (j) Two parents or caregivers of a child who received behavioral
33 health services, including one parent or caregiver of a child who
34 received complex, multisystem behavioral health services, one parent
35 or caregiver of a child ages one through 12, or one parent or
36 caregiver of a child ages 13 through 17;

37 (k) Two representatives of medicaid managed care organizations,
38 one of which must provide managed care to children and youth
39 receiving child welfare services;

1 (l) Other community representatives, as determined by the office;
2 and

3 ~~((k))~~ (m) One representative from a labor union representing
4 workers who work in settings serving individuals with behavioral
5 health conditions;

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

10 (9) Development and delivery of educational programs and
11 information statewide to patients, residents, and clients of
12 behavioral health providers or facilities, and their families on
13 topics including, but not limited to, the execution of mental health
14 advance directives, wellness recovery action plans, crisis services
15 and contacts, peer services and supports, family advocacy and rights,
16 family-initiated treatment and other behavioral health service
17 options for minors, and involuntary treatment; and

18 (10) Reporting to the office, the legislature, and all
19 appropriate public agencies regarding the quality of services,
20 complaints, problems for individuals receiving services from
21 behavioral health providers or facilities, and any recommendations
22 for improved services for behavioral health consumers.

23 **Sec. 5.** RCW 71.40.090 and 2021 c 202 s 9 are each amended to
24 read as follows:

25 The contracting advocacy organization shall develop and submit,
26 for approval by the office, a process to train and certify all
27 behavioral health consumer advocates, whether paid or volunteer,
28 authorized by this chapter as follows:

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

31 (a) Behavioral health and other related social services programs,
32 including behavioral health services for minors;

33 (b) The legal system, including differences in state or federal
34 law between voluntary and involuntary patients, residents, or
35 clients;

36 (c) Advocacy and supporting self-advocacy;

37 (d) Dispute or problem resolution techniques, including
38 investigation, mediation, and negotiation; and

1 (e) All applicable patient, resident, and client rights
2 established by either state or federal law.

3 (2) A certified behavioral health consumer advocate may not have
4 been employed by any behavioral health provider or facility within
5 the previous twelve months, except as a certified peer specialist or
6 where prior to July 25, 2021, the person has been employed by a
7 regional behavioral health consumer advocate.

8 (3) No certified behavioral health consumer advocate or any
9 member of a certified behavioral health consumer advocate's family
10 may have, or have had, within the previous twelve months, any
11 significant ownership or financial interest in the provision of
12 behavioral health services.

--- END ---