NEW SECTION.  Sec. 1. (1) The health care authority shall convene a mental health advance directive effective implementation work group to develop recommendations for the effective implementation of mental health advance directives. The work group shall have two subgroups.

(a) The document storage subgroup shall recommend a reliable, standardized, and accessible method for mental health advance directive document creation, storage, and sharing so that individuals, families, agencies, and providers can discover and use mental health advance directives when they are needed. The subgroup shall develop recommendations on the following:

(i) A path to creation of a statewide mental health advance directive repository;

(ii) Next steps towards piloting or implementation;

(iii) How to approach interoperability with other systems such as electronic medical records and the community information exchange; and
(iv) Reasonable steps necessary to protect the privacy of the individual.

(b) The training for document creation and utilization subgroup shall create mental health advance directive document creation and utilization trainings to support utilization by individuals with lived experience, families, agencies, and providers. The subgroup shall address the following tasks:

(i) Stakeholder engagement, including persons with lived experience;

(ii) Development of training toolkits rooted in best practices for recovery and peer support;

(iii) Designation or development of a hosting location for a toolkit library within the authority; and

(iv) Program testing and data collection for training toolkits at two pilot locations, one located to the east of the crest of the Cascade mountain range and one located to the west of the crest of the Cascade mountain range.

(2) The work group must be representative of the diversity of individuals who use mental health advance directives and behavioral health services, and include representation from:

(a) The peer advocacy community;

(b) Individuals and families with lived experience of behavioral health crises;

(c) Chad's legacy project;

(d) Licensed or certified behavioral health agencies;

(e) The Washington state department of veterans affairs;

(f) Black, indigenous, and persons of color;

(g) The behavioral health and recovery division of the health care authority;

(h) The Washington state medical association;

(i) The Washington state hospital association;

(j) The Washington state psychiatric association;

(k) NAMI Washington;

(l) Emergency services responders;

(m) Designated crisis responders;

(n) Emergency departments;

(o) Inpatient hospitals;

(p) Electronic health record vendors;

(q) An expert in technical repositories;
(r) 988 behavioral health crisis response and suicide prevention call centers; and

(s) Individuals with expertise in health care ethics and law.

(3) The state may provide compensation to work group members as authorized under RCW 43.03.220.

(4) The work group shall report on its findings and recommendations to the governor and relevant committees of the legislature by December 1, 2023.

(5) This section expires January 1, 2024.

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