

HOUSE BILL REPORT

HB 1800

As Reported by House Committee On:
Children, Youth & Families

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

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

Sponsors: 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].

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 Office of Behavioral Health Consumer Advocacy.

HOUSE COMMITTEE ON CHILDREN, YOUTH & FAMILIES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass.

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.

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

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.

Substitute Bill Compared to Original Bill:

The substitute bill requires the Health Care Authority (HCA) employee that is added in the underlying bill to monitor 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 substitute bill adds two representatives of Medicaid managed care organizations, one of which must provide managed care to children and youth receiving child welfare services to the advisory council for the State Office of Behavioral Health Consumer Advocacy (SOBHCO).

The substitute bill adds two instead of one parent or caregiver to the statewide advisory council for the SOBHCO and specifies that one of these parents or caregivers include 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.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

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

Staff Summary of Public Testimony:

(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.

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