

# SENATE BILL REPORT

## SHB 1800

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As Passed Senate - Amended, March 3, 2022

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

**Committee Activity:** Health & Long Term Care: 2/16/22 [w/oRec-BH].

Behavioral Health Subcommittee to Health & Long Term Care: 2/16/22, 2/24/22 [DPA-WM].

Ways & Means: 2/26/22, 2/28/22 [DPA (BH), w/oRec].

**Floor Activity:** Passed Senate - Amended: 3/3/22, 47-0.

### Brief Summary of Bill (As Amended by Senate)

- Requires the Health Care Authority (HCA) to design and implement a parent portal to connect families with information and services related to behavioral health for minors.
- Requires HCA to dedicate staff resources to conducting engagement efforts with parents, youth, and behavioral health providers related to behavioral health services for minors.
- Adds members to the advisory council for the State Office of Behavioral Health Consumer Advocacy.
- Imposes training requirements for behavioral health consumer advocates related to behavioral health services for minors.

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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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## SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

**Majority Report:** Do pass as amended and be referred to Committee on Ways & Means.  
Signed by Senators Frockt, Chair; Wagoner, Ranking Member; Nobles and Warnick.

**Staff:** Kevin Black (786-7747)

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## SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** Do pass as amended by Committee on Behavioral Health Subcommittee to Health & Long Term Care.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Billig, Braun, Carlyle, Conway, Dhingra, Gildon, Hasegawa, Hunt, Keiser, Mullet, Muzzall, Pedersen, Rivers, Van De Wege, Wagoner, Warnick and Wellman.

**Minority Report:** That it be referred without recommendation.

Signed by Senators Schoesler, Assistant Ranking Member, Capital; Honeyford, Ranking Minority Member, Capital.

**Staff:** Corban Nemeth (786-7736)

**Background:** The Health Care Authority. The Health Care Authority (HCA) is the state behavioral health authority. HCA purchases health services for children and families through the Medicaid program and administers a number of programs related to behavioral health services for children and adolescents, including the Children's Long-Term Inpatient Program, reviews for family-initiated treatment, and the Children and Youth Behavioral Health Work Group.

Health Care Authority Annual Survey. 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 was created to establish rules, standards, and procedures for behavioral health consumer advocacy services across the state. The State Office of Behavioral Health Consumer Advocacy 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 Amended Bill:** 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 involving social media and other forms of outreach; and
- monitoring the HCA website to ensure its information is accurate and communicated in a manner accessible to families.

HCA must convene stakeholders including parents, caregivers, youth, and young adults to design and implement a parent portal to connect families to service and education infrastructure related to behavioral health services for minors. HCA must work with stakeholders including Washington State Community Connectors and consider the website prototype already under development by that organization. HCA must provide a report describing these activities to the Governor and Legislature by November 1, 2022.

Instead of conducting an annual survey, HCA must conduct annual stakeholder engagement efforts with parents, youth, and behavioral health providers, including live events soliciting feedback from stakeholders and other means to solicit feedback, in 2022, 2023, and 2024, concluding with a final report including recommendations by November 1, 2024.

The membership of the statewide advisory council to the State Office of Behavioral Health Consumer Advocacy is increased by the addition of:

- two parents or caregivers of a child who received behavioral health services, including at least one who received complex, multisystem behavioral health services; and
- two representatives of Medicaid managed care organizations, one of which must provide managed care to children and youth receiving child welfare services.

Behavioral health consumer advocates certified by the State Office of Behavioral Health Consumer Advocacy must receive training in behavioral health services for minors.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Substitute House Bill (Behavioral Health Subcommittee to Health & Long Term Care):** *The committee recommended a different*

*version of the bill than what was heard.* PRO: We are good at making new bills but not good at communicating what they say. Inquires to my office show that parents don't know what resources are available. This bill will create an expert at HCA to publicize information and make sure the website is kept up and accurate. Parents need a place to go to get peer-to-peer mentoring. This is an integral part in saving children and families from the crisis in mental health and suicide. This bill helps restore communication and parents' access to their children's behavioral health records. Parents know their children best and play a big role in treatment. Restoring parental rights will have a big impact on children's recovery. Since this idea was proposed there has been tremendous progress. A prototype of the parent portal is in development. Please amend the bill to ensure that family-led organizations continue to lead the project. When a young person struggles, families start from a point of total confusion. An interactive website will guide families to learn what they don't know about how to support their children.

CON: This bill will lead to overdiagnosis and overdrugging of our children. Psychiatric labels on behavior are subjective and arbitrary. Please amend the bill to provide information on the side effects of psychotropic drugs and about non-drug alternatives.

**Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):**

PRO: Representative Carolyn Eslick, Prime Sponsor; Julie Barrett, Conservative Ladies of Washington; Peggy Dolane, Healthy Minds Healthy Futures; Jerri Clark, MOMI--Mothers of the Mentally Ill.

CON: Kathleen Wedemeyer, Citizens Commission on Human Rights.

**Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care):** No one.

**Staff Summary of Public Testimony on Bill as Amended by Behavioral Health Subcommittee to Health & Long Term Care (Ways & Means):** PRO: Our behavioral health services are siloed, laws are complex, and parents don't know what they don't know. The Health Care Authority needs support to provide accurate information to the public. This bill includes public facing outreach that is needed. This bill also promotes access to services through the planning and implementation of the portal which will increase access to services.

CON: We assume that this bill won't focus on the failures induced by medication-based treatment. We need to address those failures and those issues. We have to bring these issues to attention. We refer you to the latest United Nations report on the failures of drug and medication based behavioral health treatment. Please incorporate physical health exams that may resolve what are typically considered behavioral health issues.

**Persons Testifying (Ways & Means):** PRO: Peggy Dolane, Healthy Minds Healthy Futures.

CON: Steven Pearce, CCHR Seattle.

**Persons Signed In To Testify But Not Testifying (Ways & Means):** No one.