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## HOUSE BILL 1086

State of Washington 67th Legislature 2021 Regular Session

By Representatives Simmons and Caldier Prefiled 01/05/21.

- AN ACT Relating to the creation of the state office of behavioral
- 2 health consumer advocacy; amending RCW 71.24.045 and 71.24.380;
- 3 adding a new chapter to Title 71 RCW; repealing RCW 71.24.350; and
- 4 providing an effective date.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 <u>NEW SECTION.</u> **Sec. 1.** (1) The legislature finds that:
- 7 (a) According to the federal substance abuse and mental health 8 services administration's 2019 report, one in five adults in the 9 United States will experience some form of mental illness this year and one in thirteen will need substance use disorder treatment;
- 11 (b) Fewer than half of all individuals needing behavioral health 12 treatment receive those services;
- 13 (c) An untreated behavioral health need can have long-term 14 negative impacts on an individual's health, well-being, and 15 productivity;
- 16 (d) The state has made significant investments in the efficacy of 17 the publicly funded behavioral health system and its providers;
- 18 (e) Behavioral health parity is required by both state and 19 federal law;
- 20 (f) All patients deserve to be treated and cared for with dignity 21 and respect;

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1 (g) Patients often cross local and administrative boundaries when 2 seeking effective behavioral health care;

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- (h) Individuals with behavioral health needs are disproportionately involved with the criminal justice system; and
- 5 (i) Providing robust community-based services can prevent 6 expensive hospitalizations.
- 7 (2) The legislature intends to create the state office of the 8 behavioral health consumer advocacy that shall:
- 9 (a) Advocate for all patients seeking privately and publicly 10 funded behavioral health services;
- 11 (b) Advocate for all patients receiving inpatient behavioral 12 health services from a behavioral health provider or facility;
- 13 (c) Assure that patients are afforded all of the rights given to 14 them by state and federal laws;
- 15 (d) Maintain independence and be free from all conflicts of interest;
  - (e) Provide consistent quality services across the state; and
- 18 (f) Retain an office within the boundaries of the region served 19 by each behavioral health administrative services organization.
- NEW SECTION. Sec. 2. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
  - (1) "Behavioral health provider or facility" means:
  - (a) A behavioral health provider, as defined in RCW 71.24.025;
- 25 (b) A licensed or certified behavioral health agency, as defined in RCW 71.24.025;
- 27 (c) A long-term care facility, as defined in RCW 43.190.020, in which adults or children with behavioral health conditions reside;
  - (d) A state hospital, as defined in RCW 72.23.010; or
- 30 (e) A facility or agency that receives funds from the state to 31 provide behavioral health treatment services to adults or children 32 with a behavioral health condition.
- 33 (2) "Department" means the department of commerce.
- 34 (3) "Office" means the state office of behavioral health consumer 35 advocacy.
- NEW SECTION. Sec. 3. (1) By January 1, 2022, the department shall contract with a private nonprofit organization to provide behavioral health consumer advocacy services. The department shall

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assure all program and staff support necessary to enable the director 1 of the office to effectively protect the interests of persons with 2 behavioral health needs in accordance with this chapter. The 3 department shall designate the organization to be the state office of 4 behavioral health consumer advocacy by a competitive bidding process 5 6 and shall assure that the designated agency (a) has demonstrated 7 financial stability and meets the qualifications for the duties identified in this chapter, and (b) does not have any conflicts of 8 interest that would interfere with the duties identified in this 9 chapter. 10

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- (2) Following the designation of the organization to be the state office of behavioral health consumer advocacy, the department shall not redesignate the organization except upon a showing of misconduct or neglect of duty and proof that the organization is failing to provide services as specified in section 4 of this act, or has a demonstrated conflict of interest. Prior to redesignating the organization, the department shall provide an opportunity for comment by the organization and the public and provide the organization the opportunity to appeal the redesignation to the department.
- 20 (3) The department shall adopt rules to carry out the purposes of this chapter.
- NEW SECTION. Sec. 4. The state office of behavioral health consumer advocacy shall have the following powers and duties:
  - (1) Certifying and coordinating the activities of the behavioral health consumer advocates throughout the state;
  - (2) Establish procedures consistent with this act for appropriate access by behavioral health consumer advocates to behavioral health providers or facilities;
  - (3) Establish a toll-free telephone number, website, and other appropriate technology to facilitate access to office services for patients, residents, and clients of behavioral health providers or facilities;
  - (4) Establish a statewide uniform reporting system to collect and analyze data relating to complaints, conditions, and service quality provided by behavioral health providers or facilities for the purpose of identifying and resolving significant problems, with permission to submit the data to all appropriate state agencies on a regular basis;

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- (5) Establish procedures consistent with section 13 of this act to protect the confidentiality of the office's records, including the records of patients, residents, clients, providers, and complainants;
  - (6) Establish a statewide advisory council that shall include:
  - (a) Individuals with a history of mental illness;

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- (b) Individuals with a history of substance use disorder;
  - (c) Family members of individuals with behavioral health needs;
- 8 (d) One or more representatives of an organization representing 9 consumers of behavioral health services;
- 10 (e) One or more representatives of behavioral health providers or 11 facilities, including representatives of facilities offering 12 inpatient behavioral health services;
  - (f) One or more certified peer counselors;
- 14 (g) One medical clinician serving individuals with behavioral 15 health needs;
- 16 (h) One or more nonmedical providers serving individuals with 17 behavioral health needs;
  - (i) One representative from a behavioral health administrative services organization; and
    - (j) Other community representatives, as determined by the office;
    - (7) Monitor the development of and recommend improvements in the implementation of federal, state, and local laws, rules, regulations, and policies with respect to the provision of behavioral health services in the state and advocate for consumers; and
  - (8) Report to the legislature and all appropriate public agencies regarding the quality of services, complaints, problems for individuals receiving services from behavioral health providers or facilities, and any recommendations for improved services for behavioral health consumers.
- 30 <u>NEW SECTION.</u> **Sec. 5.** A certified behavioral health consumer 31 advocate shall:
- 32 (1) Identify, investigate, and resolve complaints made by, or on 33 behalf of, patients, residents, and clients of behavioral health 34 providers or facilities relating to administrative action, inaction, 35 or decisions that may adversely affect the health, safety, welfare, 36 and rights of these individuals;
- 37 (2) Assist and advocate on behalf of patients, residents, and 38 clients of behavioral health providers or facilities by using

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informal complaint resolution methods or formal grievance processes including, if applicable, a fair hearing process;

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- (3) Inform patients, residents, and clients or their representatives about applicable patient and resident rights, and provide information, as appropriate, to patients, residents, clients, family members, guardians, resident representatives, employees of behavioral health providers or facilities, and others regarding the rights of patients and residents;
- 9 (4) Monitor and make recommendations for improvements to the 10 quality of services provided to patients, residents, and clients of 11 behavioral health providers or facilities; and
- 12 (5) With the consent of the patient, resident, or client, involve 13 family members, friends, or other designated individuals in the 14 process of resolving complaints.
  - NEW SECTION. Sec. 6. (1) The office and all certified behavioral health consumer advocates shall have the right of entry to behavioral health providers or facilities at any time deemed necessary and reasonable to effectively carry out the provisions of this chapter, with provisions made for the privacy of patients, residents, and clients. The office must develop policies and procedures to allow certified behavioral health consumer advocates to have access to patients, residents, and clients of behavioral health providers or facilities for the purpose of hearing, investigating, and resolving complaints, as well as monitoring the quality of services.
  - (2) Nothing in this chapter restricts, limits, or increases any existing right of any organizations or individuals not described in subsection (1) of this section to enter or provide assistance to patients, residents, and clients of behavioral health providers or facilities.
- 31 (3) Nothing in this chapter restricts any right or privilege of a 32 patient, resident, or client of a behavioral health provider or 33 facility to receive visitors of their choice.
- NEW SECTION. Sec. 7. (1) Every behavioral health provider or facility shall post in a conspicuous location a notice providing the state office of behavioral health consumer advocacy's toll-free number and website as well as the name, address, and phone number of the office of the appropriate local behavioral health consumer

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- 1 advocate and a brief description of the services provided by the
- 2 state office of behavioral health consumer advocacy. The form of the
- 3 notice must be approved by the office. This information must also be
- 4 distributed to the patients, residents, and clients of behavioral
- 5 health providers or facilities, upon application for behavioral
- 6 health services and upon admission to a behavioral health facility.
- 7 The information shall also be provided to the family members and
- 8 legal guardians of the patients, residents, or clients of a
- 9 behavioral health provider or facility, as allowed by state and
- 10 federal privacy laws.
- 11 (2) Every behavioral health provider or facility must provide
- 12 access to a free telephone for the express purpose of contacting the
- 13 state office of behavioral health consumer advocacy.
- 14 <u>NEW SECTION.</u> **Sec. 8.** The office shall develop a process to
- 15 train and certify all behavioral health consumer advocates, whether
- 16 paid or volunteer, authorized by this chapter as follows:
- 17 (1) Certified behavioral health consumer advocates must have
- 18 training or experience in the following areas:
- 19 (a) Behavioral health and other related social services programs;
- 20 (b) The legal system, including differences in state or federal
- 21 law between voluntary and involuntary patients, residents, or
- 22 clients;

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- (c) Advocacy and supporting self-advocacy;
- (d) Dispute or problem resolution techniques, including
- 25 investigation, mediation, and negotiation; and
- 26 (e) All applicable patient, resident, and client rights 27 established by either state or federal law.
- established by either state or federal law.

  (2) A certified behavioral health consumer advocate may not have
- (2) A Certified behavioral hearth consumer advocate may not have
- 29 been employed by any behavioral health provider or facility within
- 30 the previous twelve months, except as a certified peer specialist or
- 31 where prior to the effective date of this section the person has been
- 32 employed by a regional behavioral health consumer advocate.
- 33 (3) No certified behavioral health consumer advocate or any
- 34 member of a certified behavioral health consumer advocate's family
- 35 may have, or have had, within the previous twelve months, any
- 36 significant ownership or financial interest in the provision of
- 37 behavioral health services.

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NEW SECTION. Sec. 9. (1) The office shall develop referral procedures for all certified behavioral health consumer advocates to refer any complaint, in accordance with a mutually established working agreement, to an appropriate state or local government agency. The appropriate agency shall respond to any complaint referred to it by a certified behavioral health consumer advocate, in accordance with a mutually established working agreement.

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- (2) State agencies shall review a complaint against a behavioral health provider or facility which was referred to it by a certified behavioral health consumer advocate, in accordance with a mutually established working agreement, and shall forward to that certified behavioral health consumer advocate a summary of the results of the review or investigation and action proposed or taken.
- 14 (3) State agencies that regulate or contract with behavioral 15 health providers or facilities shall adopt necessary rules to 16 effectively work in coordination with the office.
  - NEW SECTION. Sec. 10. (1) The office shall develop and implement working agreements with the protection and advocacy agency, the long-term care ombuds, the developmental disabilities ombuds, the corrections ombuds, and the children and family ombuds, and work in cooperation to assure efficient, coordinated service.
    - (2) The office shall develop working agreements with each managed care organization, behavioral health administrative services organization, the state and private psychiatric hospitals, all appropriate state and local agencies, and other such entities as necessary to carry out their duties. Working agreements must include:
    - (a) The roles of the office and the agency in complaint investigations, complaint referral criteria, and a process for sharing information regarding complaint review and investigation, as appropriate; and
- 31 (b) Processes and procedures to assure timely and seamless 32 information sharing among all interested parties and that the office 33 is responsive to all local information requests.
- NEW SECTION. Sec. 11. (1) No certified behavioral health consumer advocate is liable for good faith performance of responsibilities under this chapter.
- 37 (2) No discriminatory, disciplinary, or retaliatory action may be 38 taken against an employee or volunteer of a behavioral health

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- 1 provider or facility, or a patient, resident, or client of a behavioral health provider or facility, for any communication made, 2 or information given or disclosed, to aid the certified behavioral 3 health consumer advocate in carrying out duties and responsibilities 4 under this chapter, unless the same was done maliciously or without 5 6 good faith. This subsection is not intended to infringe on the rights of the employer to supervise, discipline, or terminate an employee or 7 volunteer for other reasons, and shall serve as a defense to any 8 action in libel or slander. 9
  - (3) All communications by a certified behavioral health consumer advocate, if reasonably related to the requirements of that individual's responsibilities under this chapter and done in good faith, are privileged and confidential, subject to the procedures established by the office.

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(4) A representative of the office is exempt from being required to testify in court as to any confidential matters except upon the express consent of the client, resident, or patient that is subject to the court proceedings, or their representatives, as applicable.

## 19 <u>NEW SECTION.</u> **Sec. 12.** It is the intent of the legislature that:

- 20 (1) Regional behavioral health ombuds programs existing prior to 21 this act be integrated into this new statewide program and the ombuds 22 from those programs be assessed and certified by the office as 23 behavioral health consumer advocates;
  - (2) There shall be a behavioral health consumer advocate office within the boundaries of the region served by each behavioral health administrative services organization;
    - (3) Federal medicaid requirements be complied with; and
- 28 (4) The department annually expend at least the amount expended 29 on regional behavioral health ombuds services prior to the effective 30 date of this section to establish the office under this chapter.
- NEW SECTION. Sec. 13. (1) All records and files of the office 31 and any certified behavioral health consumer advocates related to any 32 complaint or investigation made pursuant to carrying out their duties 33 and the identities of complainants, witnesses, patients, residents, 34 or clients and information that could reasonably identify any of 35 these individuals shall remain confidential unless disclosure is 36 37 authorized in writing by the subject of the information, or the subject's quardian or legal representative. 38

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(2) No disclosures of records and files related to a complaint or investigation may be made to any organization or individual outside the office without the written consent of any named witnesses, complainants, patients, residents, or clients unless the disclosure is made without the identity of any of these individuals and without information that could reasonably identify any of these individuals unless such disclosure is required in carrying out its duties under this chapter.

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- 9 (3) Notwithstanding subsections (1) and (2) of this section, 10 disclosures of records and files may be made pursuant to a court 11 order.
- 12 (4) All disclosures must be compliant with state and federal 13 privacy laws applicable to the type of information that is sought for 14 disclosure.
- 15 **Sec. 14.** RCW 71.24.045 and 2019 c 325 s 1008 are each amended to 16 read as follows:
- 17 (1) The behavioral health administrative services organization 18 contracted with the authority pursuant to RCW 71.24.381 shall:
- 19 (a) Administer crisis services for the assigned regional service 20 area. Such services must include:
- 21 (i) A behavioral health crisis hotline for its assigned regional service area;
- 23 (ii) Crisis response services twenty-four hours a day, seven days 24 a week, three hundred sixty-five days a year;
- 25 (iii) Services related to involuntary commitments under chapters 26 71.05 and 71.34 RCW;
  - (iv) Additional noncrisis behavioral health services, within available resources, to individuals who meet certain criteria set by the authority in its contracts with the behavioral health administrative services organization. These services may include services provided through federal grant funds, provisos, and general fund state appropriations;
  - (v) Care coordination, diversion services, and discharge planning for nonmedicaid individuals transitioning from state hospitals or inpatient settings to reduce rehospitalization and utilization of crisis services, as required by the authority in contract; and
- (vi) Regional coordination, cross-system and cross-jurisdiction coordination with tribal governments, and capacity building efforts, such as supporting the behavioral health advisory board((, the

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behavioral health ombuds,)) and efforts to support access to services or to improve the behavioral health system;

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- (b) Administer and provide for the availability of an adequate network of evaluation and treatment services to ensure access to treatment, investigation, transportation, court-related, and other services provided as required under chapter 71.05 RCW;
  - (c) Coordinate services for individuals under RCW 71.05.365;
- (d) Administer and provide for the availability of resource management services, residential services, and community support services as required under its contract with the authority;
  - (e) Contract with a sufficient number, as determined by the authority, of licensed or certified providers for crisis services and other behavioral health services required by the authority;
- (f) Maintain adequate reserves or secure a bond as required by its contract with the authority;
  - (g) Establish and maintain quality assurance processes;
- (h) Meet established limitations on administrative costs for agencies that contract with the behavioral health administrative services organization; and
- 20 (i) Maintain patient tracking information as required by the 21 authority.
  - (2) The behavioral health administrative services organization must collaborate with the authority and its contracted managed care organizations to develop and implement strategies to coordinate care with tribes and community behavioral health providers for individuals with a history of frequent crisis system utilization.
- 27 (3) The behavioral health administrative services organization 28 shall:
- 29 (a) Assure that the special needs of minorities, older adults, 30 individuals with disabilities, children, and low-income persons are 31 met;
- 32 (b) Collaborate with local government entities to ensure that 33 policies do not result in an adverse shift of persons with mental 34 illness into state and local correctional facilities; and
- 35 (c) Work with the authority to expedite the enrollment or 36 reenrollment of eligible persons leaving state or local correctional 37 facilities and institutions for mental diseases.
- 38 **Sec. 15.** RCW 71.24.380 and 2019 c 325 s 1022 are each amended to read as follows:

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(1) The director shall purchase behavioral health services primarily through managed care contracting, but may continue to purchase behavioral health services directly from providers serving medicaid clients who are not enrolled in a managed care organization.

- (2) The director shall require that contracted managed care organizations have a sufficient network of providers to provide adequate access to behavioral health services for residents of the regional service area that meet eligibility criteria for services, and for maintenance of quality assurance processes. Contracts with managed care organizations must comply with all federal medicaid and state law requirements related to managed health care contracting, including RCW 74.09.522.
- (3) A managed care organization must contract with the authority's selected behavioral health administrative services organization for the assigned regional service area for the administration of crisis services. The contract shall require the managed care organization to reimburse the behavioral health administrative services organization for behavioral health crisis services delivered to individuals enrolled in the managed care organization.
- (4) A managed care organization must contract with the state office of behavioral health consumer advocacy established in section 3 of this act for the provision of behavioral health consumer advocacy services delivered to individuals enrolled in the managed care organization. The contract shall require the managed care organization to reimburse the office of behavioral health consumer advocacy for behavioral health consumer advocacy services delivered to individuals enrolled in the managed care organization.
- (5) A managed care organization must collaborate with the authority and its contracted behavioral health administrative services organization to develop and implement strategies to coordinate care with tribes and community behavioral health providers for individuals with a history of frequent crisis system utilization.
- (((5))) (6) A managed care organization must work closely with designated crisis responders, behavioral health administrative services organizations, and behavioral health providers to maximize appropriate placement of persons into community services, ensuring the client receives the least restrictive level of care appropriate for their condition. Additionally, the managed care organization shall work with the authority to expedite the enrollment or

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reenrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases.

3  $((\frac{6}{1}))$  As an incentive to county authorities to become early adopters of fully integrated purchasing of medical and behavioral 4 health services, the standards adopted by the authority shall provide 5 6 for an incentive payment to counties which elect to move to full integration by January 1, 2016. Subject to federal approval, the 7 incentive payment shall be targeted at ten percent of savings 8 realized by the state within the regional service area in which the 9 fully integrated purchasing takes place. Savings shall be calculated 10 11 in alignment with the outcome and performance measures established in 12 RCW 71.24.435, 70.320.020, and 71.36.025, and incentive payments for early adopter counties shall be made available for up to a six-year 13 period, or until full integration of medical and behavioral health 14 services is accomplished statewide, whichever comes sooner, according 15 16 to rules to be developed by the authority.

NEW SECTION. Sec. 16. RCW 71.24.350 (Behavioral health ombuds office) and 2019 c 325 s 1020, 2018 c 201 s 4019, 2016 sp.s. c 29 s 523, 2014 c 225 s 41, 2013 c 23 s 189, & 2005 c 504 s 803 are each repealed.

- NEW SECTION. Sec. 17. Sections 1 through 13 of this act constitute a new chapter in Title 71 RCW.
- NEW SECTION. Sec. 18. Sections 15 and 16 of this act take effect January 1, 2022.

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