
SUBSTITUTE HOUSE BILL 1242

State of Washington

68th Legislature

2023 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Dent, Davis, Ortiz-Self, Doglio, Eslick, and Lekanoff)

READ FIRST TIME 02/17/23.

1 AN ACT Relating to creating a behavioral health work group to
2 study the root causes of rising behavioral health issues in
3 Washington communities; creating new sections; and providing an
4 expiration date.

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

6 NEW SECTION. **Sec. 1.** The legislature finds that:

7 (1) There is an increased need for timely and affordable
8 behavioral health services for children, youth, and adults. Planning
9 is necessary across a broad range of policy areas including health
10 care delivery, public health, long-term services and supports,
11 economic and other social services, housing, workforce, both the K-12
12 and higher education systems, and the criminal justice system.

13 (2) This issue demands a reasoned and constructive discussion
14 regarding the objectives of the state's behavioral health system, and
15 a coordinated, coherent, actionable, and sustainable plan to achieve
16 those objectives.

17 (3) In establishing the joint legislative executive committee on
18 behavioral health, it is the intent of the legislature to ensure a
19 strategic statewide approach to behavioral health services by
20 providing a forum to conduct a systemic study of the current
21 behavioral health landscape informed by the perspectives of

1 individuals with actual and practical experience dealing with the
2 behavioral health system; providing direction to the legislature in
3 coordinating state and federal resources; and creating partnerships
4 across complementary sectors for the development, implementation, and
5 coordination of long-term strategies to ensure access to appropriate
6 and affordable behavioral health care for all Washington residents.

7 NEW SECTION. **Sec. 2.** (1) A joint legislative executive
8 committee on behavioral health is established, with members as
9 provided in this subsection:

10 (a) The president of the senate shall appoint three legislative
11 members, including a chair of a senate committee that includes
12 behavioral health within its jurisdiction and a member of the
13 children and youth behavioral health work group;

14 (b) The speaker of the house of representatives shall appoint
15 three legislative members, including a chair of a house committee
16 that includes behavioral health within its jurisdiction and a member
17 of the children and youth behavioral health work group;

18 (c) The governor or his or her designee;

19 (d) The secretary of the department of social and health services
20 or his or her designee;

21 (e) The director of the health care authority or his or her
22 designee;

23 (f) The insurance commissioner or his or her designee;

24 (g) The superintendent of public instruction or his or her
25 designee;

26 (h) The secretary of the department of health or his or her
27 designee;

28 (i) The secretary of the department of corrections or his or her
29 designee;

30 (j) The secretary of the department of children, youth, and
31 families or his or her designee; and

32 (k) The director of the department of veterans affairs.

33 (2)(a) The joint legislative executive committee on behavioral
34 health must be convened by September 1, 2023, and shall meet at least
35 quarterly. Cochairs shall be selected by members of the committee at
36 the first meeting.

37 (b) Legislative members of the joint legislative executive
38 committee on behavioral health shall be reimbursed for travel
39 expenses in accordance with RCW 44.04.120. Nonlegislative members are

1 not entitled to be reimbursed for travel expenses if they are elected
2 officials or are participating on behalf of an employer, governmental
3 entity, or other organization. Except as provided under subsection
4 (3)(a) of this section, any reimbursement for other nonlegislative
5 members is subject to chapter 43.03 RCW.

6 (3) The joint legislative executive committee on behavioral
7 health shall establish ad hoc technical advisory committees as
8 appropriate to focus on specific topic areas and provide technical
9 analysis and input needed to formulate system change. Technical
10 analysis and input must center on the perspective of individuals with
11 actual and practical experience dealing with the behavioral health
12 system. Advisory committees must consist of at least three
13 stakeholders and must be chaired by a member of the joint legislative
14 executive committee on behavioral health. Stakeholders must include:
15 Members with lived experience who have received behavioral health
16 services in a variety of settings and circumstances throughout the
17 behavioral health system; behavioral health service providers with
18 experience providing behavioral health services in various settings,
19 including crisis behavioral health services; representatives of
20 higher education and professional boards; public health officials;
21 county representatives; representatives of businesses;
22 representatives of the managed care system; behavioral health
23 administrative services organizations; state agencies; tribal
24 representatives with experience providing or receiving behavioral
25 health services from tribal health departments; representatives of
26 the courts; members of the clergy; law enforcement who have training
27 and experience dealing with individuals with behavioral health
28 conditions or undergoing behavioral health crises; and behavioral
29 health advocates.

30 (a) Members of an advisory committee established under this
31 section with lived experience may receive a stipend of up to \$200 per
32 day if:

33 (i) The member participates in the meeting virtually or in
34 person, even if only participating for one meeting and not on an
35 ongoing basis; and

36 (ii) The member does not receive compensation, including paid
37 leave, from the member's employer or contractor for participation in
38 the meeting.

39 (b) Behavioral health treatment providers serving on an advisory
40 committee may not represent, or be employed by, any organizations or

1 interest groups representing the interests of health care providers
2 or behavioral health stakeholders.

3 (c) For the purpose of this subsection, a member has lived
4 experience when he or she has received behavioral health services or
5 has a family member who has received behavioral health services.

6 (4) The joint legislative executive committee on behavioral
7 health shall be informed by the past and existing work of behavioral
8 health work groups, including the crisis response improvement
9 strategy committee and the children and youth behavioral health work
10 group.

11 (5) All meetings of the joint legislative executive committee on
12 behavioral health and the advisory committees shall be open to the
13 public.

14 (6) Subject to amounts appropriated specifically for this
15 purpose, the office of financial management shall hire dedicated
16 staff to facilitate and provide staff support to the joint
17 legislative executive committee on behavioral health.

18 (7) The expenses of the joint legislative executive committee on
19 behavioral health shall be paid jointly by the senate and the house
20 of representatives. Expenditures are subject to approval by the
21 senate facilities and operations committee and the house executive
22 rules committee, or their successor committees.

23 NEW SECTION. **Sec. 3.** (1) The joint legislative executive
24 committee on behavioral health shall conduct the following
25 activities:

26 (a) (i) Establish a profile of Washington's current population and
27 its behavioral health needs;

28 (ii) Establish an inventory of existing behavioral health
29 services and supports for adults, children, and youth, including
30 health care providers and facilities, taking into account projects
31 which are planned and funded;

32 (iii) Assess the capacity shortages, gaps, and barriers in
33 receiving or accessing behavioral health services, including
34 inequities in service access, affordability, cultural responsiveness,
35 linguistic responsiveness, gender responsiveness, and developmentally
36 appropriate service availability where the additional support is
37 needed for Washington's current population;

38 (iv) Establish a profile of Washington's expected population and
39 evaluate anticipated need in 2028 and beyond; and

1 (v) Establish an anticipated inventory of future services and
2 supports that will be required to meet the behavioral health needs of
3 the population in 2028 and beyond;

4 (b) Evaluate the effectiveness of the integrated care initiative
5 on access to timely and appropriate behavioral health services for
6 individuals with acute behavioral health needs; reductions in
7 hospitalization and institutionalization; improvements in community-
8 based cases; and support for an effective and adequate network of
9 community-based care providers for individuals with acute behavioral
10 health needs;

11 (c) Evaluate current behavioral health care oversight and
12 management of services and systems by state agencies;

13 (d) Explore the role the following systems have in the
14 identification and treatment of behavioral health issues:

15 (i) The K-12 educational system;

16 (ii) The higher education system;

17 (iii) The affordable and supportive housing and homelessness
18 response systems; and

19 (iv) The criminal justice system;

20 (e) Evaluate workforce demand and whether the current education,
21 training, and continuing education requirements for professions
22 working in the behavioral health field match the demand for service
23 approaches; and

24 (f) Develop a strategy to prepare for the future demographic
25 trends in the population and build the necessary capacity to meet
26 these demands, including the identification of statutory and
27 regulatory changes to promote the most efficient use of resources,
28 such as simplifying administrative procedures, facilitating access to
29 services and supports systems, and improving transitions between care
30 settings.

31 (2) The joint legislative executive committee on behavioral
32 health shall consult with the office of the insurance commissioner,
33 the caseload forecast council, and other appropriate entities with
34 specialized knowledge of the growing behavioral health needs. In the
35 conduct of its business, the joint legislative executive committee on
36 behavioral health shall have access to all health-related data
37 available to state agencies by statute. The head of each agency shall
38 provide the joint legislative executive committee on behavioral
39 health with all requested data or other relevant information
40 maintained by the agency in a timely and easy to comprehend manner.

1 NEW SECTION. **Sec. 4.** By December 1, 2025, the joint legislative
2 executive committee on behavioral health shall submit a sustainable
3 five-year plan to substantially improve access to behavioral health
4 for all Washington residents to the governor, the office of financial
5 management, and the legislature. The plan shall:

6 (1) Be based on explicit, measurable goals reflecting a realistic
7 assessment of the current status of Washington's behavioral health
8 system, the treatments and services to which all Washington residents
9 should have access, and the financial and other resources available
10 to provide these treatments and services;

11 (2) Identify the most significant factors contributing to the
12 increased demand for behavioral health services;

13 (3) Include a list of strategies prioritized by their likelihood
14 to cost-effectively address those factors and achieve the identified
15 goals;

16 (4) Identify what must be done, by whom, and by when to assure
17 implementation of each of the listed strategies, including any
18 necessary changes in statute or administrative rule;

19 (5) Estimate the cost to the party responsible for implementing
20 the listed strategies;

21 (6) Recommend fiscal strategies for approaches that are assessed
22 to rely predominantly on state and federal funding to enable
23 implementation;

24 (7) Recommend resources and strategies from any alternative
25 funding sources;

26 (8) Build a foundation for subsequent long-term plans to assure
27 ongoing access for all Washington residents to timely and affordable
28 behavioral health care; and

29 (9) Incorporate and reconcile, where necessary, recommendations
30 from the children and youth behavioral health work group strategic
31 plan submitted pursuant to RCW 74.09.4951 and the crisis response
32 improvement strategy committee recommendations submitted pursuant to
33 RCW 71.24.892.

34 NEW SECTION. **Sec. 5.** If specific funding for the purposes of
35 this act, referencing this act by bill or chapter number, is not
36 provided by June 30, 2023, in the omnibus appropriations act, this
37 act is null and void.

1 NEW SECTION. **Sec. 6.** This act expires June 30, 2026.

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