

# SENATE BILL REPORT

## SB 5056

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As of January 18, 2021

**Title:** An act relating to wilderness therapy programs.

**Brief Description:** Concerning wilderness therapy programs.

**Sponsors:** Senators Salomon, Hunt, Cleveland and Das.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/18/21.

**Brief Summary of Bill**

- Requires the Department of Health to create a business license for wilderness therapy programs.
- Provides parameters for wilderness therapy programs.
- Requires rulemaking for wilderness therapy programs to be completed by December 31, 2022.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

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

**Background:** Wilderness Therapy. Wilderness therapy is a program model that evolved from a broader field of wilderness experience programs aimed at the personal growth of participants, such as Outward Bound. Different wilderness therapy models have been employed, including a nomadic model involving extended wilderness stays, a base camp model with weekly returns to a base structure, and integrated programs that may incorporate wilderness periods in phases with treatment in other settings. Wilderness therapy may involve backpacking, camping, ocean-based sailing, adventure therapy, horticulture therapy, and more variations. Wilderness therapy programs emerged to prominence in the 1990s and have proliferated in the Northwest, but have a limited presence in Washington State.

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Department of Health Licensing. The Department of Health (DOH) licenses and regulates "establishments," defined as places receiving or caring for persons with mental illness or substance use disorder. To become licensed to operate an establishment, a person must receive a certificate of need for the project, obtain approval of facility plans under the construction review process, obtain approval from the state director of fire protection, and successfully complete a DOH survey of the facility. Establishments must comply with DOH regulations regarding clinical facilities, patient care services, staffing, patient safety, clinical records, and pharmacy and medication services.

DOH may conduct inspections at any time to determine compliance with establishment standards. DOH may issue a statement of deficiencies if it finds the establishment is not in compliance with operating standards. Failure to correct the deficiencies may result in the denial, suspension, modification, or revocation of the establishment license.

**Summary of Bill:** The bill as referred to committee not considered.

**Summary of Bill (Proposed Substitute):** DOH must create a business license for wilderness therapy programs catering to persons who experience emotional and behavioral problems. Wilderness therapy must include behavioral health treatment delivered by licensed professionals, which may include professionals practicing as agency affiliated counselors. Wilderness therapy is defined as a form of behavioral health treatment provided in a nontraditional setting that employs supportive peer groups, skill building, and experiential learning challenges alongside more traditional therapy techniques.

A wilderness therapy program must:

- build self-confidence;
- deliver important lessons;
- provide medically necessary behavioral health therapy;
- help participants develop social connections;
- help move participants in the direction of repair to fractured family units; and
- use wilderness as a healing source for persons who may not be reached by traditional therapy techniques.

DOH must adopt rules for wilderness therapy programs by December 31, 2022. DOH must examine programs in other states, with an emphasis on wilderness therapy models grounded in evidence demonstrating their effectiveness. DOH must consider safety, cultural competency, and in the case of youth participants strategies which maximize the potential for family reintegration. DOH must consider program designs that facilitate coverage by insurance providers.

A licensed wilderness therapy program may not be used for the purpose of conversion therapy.

**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 Proposed Substitute:** PRO: We put a lot of money and energy into medication and treatment for behavioral health. Wilderness therapy is an alternative which may be cheaper and more effective for some people. It uses the healing power of nature and experiential challenges to push people to discover their inner resources. We are trying not to be too prescriptive and stifle innovation. We want programs to be just professional enough to get public and private insurers to cover it, so the program is available to everyone. It is not my intention to create barriers for any currently-operating programs. This bill allows an option for children who have very few options. There are only 82 long-term psychiatric inpatient beds for children in Washington. My children benefited from a wilderness therapy program in another state. For indigenous people, land is our relation and our teacher. It teaches us who we are, how to be, and how to move through the world. Our tribe has offered these programs for over a decade and seen it increase youth participation and engagement. Licensure would help us expand our programming. Youth make therapeutic gains faster in wilderness therapy than they would in an office setting. We support guidelines and accountability to maintain physical safety while out on the land, and to addresses training needs. Access should not be a privilege limited to those who can afford to pay out of pocket. Please include Tribes in rule-making. Treatment is not a one size fits all. Wilderness therapy strips away outside distractions and influences, and allows for powerful trauma therapy and development of recovery and resiliency skills. Our granddaughter ran from all other kinds of therapy. She was transformed after two weeks and had her hope back. This is an opportunity to regulate programs which have historically engendered complaints. An extensive body of research shows the effectiveness of wilderness therapy programs. It is more safe for a youth to be in such a program than it is for them to stay at home. Wilderness therapy is the only program that benefited me long-term. Although I hated it when I first got there, I ended up loving it and even wanted to go back there to work.

CON: I started a wilderness-based program for veterans. I fear that licensing will be a drain. We do not use licensed professionals because many veterans are distrustful of traditional services. They have a healthy suspicion of engaging with systems that have traumatized them. There should be an extended consultation with existing programs. We want to honor all paths of healing. The Veteran Rites program gave me a home and community which I did not know existed. I am fearful that state regulation may be too much administratively. The wilderness is very healing.

OTHER: These programs have a long history of abuse and questionable ethics. I would

prefer to prohibit minors from participating in these programs due to the difficulty of assuring their informed, uncoerced consent. Short of this, the protections put in place by California would be helpful. Over the years there have been thousands of allegations of abuse and even death. We are not opposed to the objective to license wilderness therapy programs, but we are concerned by the reference to insurance coverage, which creates an impression that there will be coverage. Insurance covers programs that are efficacious, based on medical evidence. The current evidence for wilderness therapy does not meet these standards.

**Persons Testifying:** PRO: Senator Jesse Salomon, Prime Sponsor; Lisa Wilson, Muckleshoot Indian Tribe; Peggy Dolane, Youth Behavioral Healthcare Advocates of Washington; Paulette Chaussee, Washington Recovery Alliance; Rick Heizer, Evoke Therapy; Kassiah Lakey, citizen.

CON: Mark Oravsky, Veteran Rites; Ryan Mielcarek, Veteran Rites; Michael O'Connell, citizen.

OTHER: Spencer Lively, citizen; Chris Bandoli, Association of Washington Healthcare Plans.

**Persons Signed In To Testify But Not Testifying:** No one.