

# SENATE BILL REPORT

## E2SHB 1522

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As Reported by Senate Committee On:  
Human Services & Corrections, April 1, 2013

**Title:** An act relating to improving behavioral health services provided to adults in Washington state by defining outcomes for adult behavioral health services, increasing use of evidence-based, research-based, and promising practices for the provision of adult behavioral health services, implementing a strategy for the improvement of the adult behavioral health system, reviewing the provision of forensic mental health services, procuring enhanced services facility services, and requiring timely hospital discharge under the involuntary treatment act when a person no longer requires active psychiatric treatment in a hospital.

**Brief Description:** Improving behavioral health services provided to adults in Washington state.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Green, Ryu and Morrell; by request of Department of Social and Health Services).

**Brief History:** Passed House: 3/11/13, 95-3.

**Committee Activity:** Human Services & Corrections: 3/25/13, 4/01/13 [DPA-WM].

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### SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

**Majority Report:** Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Pearson, Vice Chair; Darneille, Ranking Member; Hargrove, Harper and Padden.

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

**Background:** Publically funded behavioral health services are delivered to adults and children in Washington through a wide variety of systems and programs. Research indicates that over 50 percent of adults meet diagnostic criteria for a behavioral health disorder during their lifetime. National studies indicate that the mortality rate is double for persons with mental illness. However, only 38 percent of persons with mental health disorders and 18 percent of persons with substance abuse disorders receive treatment. Persons with behavioral health disorders use emergency room and hospital services at a higher rate than the general population, and are at comparatively high risk for homelessness, unemployment, and criminal justice system involvement.

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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 a part of the legislation nor does it constitute a statement of legislative intent.*

Enhanced services facility is defined in law as a facility that provides treatment and services to persons who do not need acute inpatient treatment and who are determined by the Department of Social and Health Services (DSHS) to be inappropriate for placement in other licensed facilities due to complex needs that result in behavioral and security issues. A system of laws governing such facilities was adopted by the Legislature in 2005, but no such facilities are funded in Washington.

Evidence-based is defined as a program or practice that has had multiple-site random-controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population. Research-based is defined as a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices. Emerging best practice or promising practice is defined as a practice that presents, based on preliminary information, potential for becoming a research-based or consensus-based practice.

Agency-affiliated counselors are counselors employed by a county, or an agency or facility operated, licensed, or certified by the state of Washington. Agency-affiliated counselors must register with the Department of Health (DOH) by demonstrating that they are employed by an agency or have an offer of employment by an agency, and by passing a background check.

**Summary of Bill (Recommended Amendments):** The Legislature must convene a taskforce to examine reform of the adult behavioral health system. The voting members of the taskforce must consist of one member from each of the two largest caucuses in the Senate and House of Representatives; the Secretary of DSHS or the Secretary's designee; the Director of the Health Care Authority (HCA) or the director's designee; the Director of the Office of Financial Management or the director's designee; the Secretary of the Department of Corrections or the Secretary's designee; a representative of the Governor; and a representative of tribal authorities.

The taskforce must adopt a bottom-up approach, welcome input and participation from all stakeholders, and report its findings by January 1, 2014. A list of 22 stakeholders who must be invited to participate is provided in the bill. The taskforce must undertake a systemwide review of the public mental health system and make recommendations for reform concerning, but not limited to, the following:

- the means by which services are delivered for adults with mental illness and chemical dependency disorders;
- availability of effective means to promote recovery and prevent harm associated with mental illness;
- crisis services, including boarding of mental health patients outside of regularly certified treatment beds; and
- public safety practices involving persons with mental illnesses with forensic involvement.

Financing, administration, and delivery of public behavioral health services must be designed to achieve improved outcomes for adult clients through increased use and development of evidence-based, research-based, and promising practices. The following client outcomes are identified as such: improved health status; increased participation in employment and education; reduced involvement with the criminal justice system; enhanced safety and access

to treatment for forensic patients; reduction in avoidable utilization and costs associated with hospital, emergency room, and crisis services; increased housing stability; improved quality of life, including measures of recovery and resilience; and decreased population-level disparities in access to treatment and treatment outcomes.

DSHS must implement a strategy for the improvement of the adult behavioral health system. The strategy must include the following: an assessment of the current capacity of the publicly funded behavioral health system to provide evidence-based, research-based, and promising practices; identification, development, and increased use of these practices; design and implementation of a transparent quality management system, including outcome reporting and development of baseline and improvement targets for identified outcome measures; and identification of phased implementation of services delivery and financing mechanisms that will best promote improvement of the behavioral health system described in this strategy, including public reporting of outcome measures. DSHS must seek private foundation and federal grant funding to support its strategy and report on the status of implementation by August 1, 2014. The Washington Institute for Public Policy must assist by providing an inventory of evidence-based, research-based, and promising practices.

By November 2013, DSHS must report a plan for establishing a tribal-centric behavioral health system ensuring increased access to culturally appropriate services for Medicaid-eligible tribal members.

To the extent funded, DSHS must begin a procurement process for enhanced services facility services by June 1, 2014, and complete the process by January 1, 2015.

Starting July 1, 2018, when the superintendent of a state hospital determines that a long-term patient no longer requires active psychiatric treatment at an inpatient level of care, the regional support network responsible for the individual must collaborate with the state hospital to transition the person into the community within 21 days of the determination.

An applicant for registration as an agency-affiliated counselor who applies to DSHS within seven days of employment by an agency may work in that capacity for up to 60 days while the application is processed. The applicant may not provide unsupervised counseling before completion of a criminal background check.

**EFFECT OF CHANGES MADE BY HUMAN SERVICES & CORRECTIONS COMMITTEE (Recommended Amendments):** A behavioral health taskforce led by the Legislature is created. The steering committee is eliminated. The requirement for DSHS to contract with an independent forensic consultant is eliminated. DSHS and HCA must jointly plan for improvement of the behavioral health system, including phased implementation of public reporting of performance on outcome measures for behavioral health.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** Yes.

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

**Staff Summary of Public Testimony on Engrossed Second Substitute House Bill:** PRO: We appreciate the broad inclusion of stakeholders, the emphasis on incentives for cross-system collaboration, and we strongly support the adoption of outcome measures for the behavioral health system. These outcome measures should also be extended to the health care system. We are pleased by the focus on prevention. The amendment related to registration of agency-affiliated counselors was worked out with DOH and will be very helpful for providers, because registration delays cause hardships to both agencies and prospective employees. Fully funding contracts with state employees who provide mental health services would help to relieve system problems. Please add nurses and advanced psychiatric nurse practitioners to the list of stakeholders in the bill. This bill provides the opportunity to do the same good work in the adult behavioral health system that we are already doing in the children's behavioral health system.

CON: The system changes in this bill would bring more of the same ineffective programs that do not work. Psychiatric drugs are ineffective and the side effects are intolerable.

OTHER: We are excited by the prospect of taking a higher-level look at the fractured mental health system in our state. We support increased use of evidence-based practices, and hope this bill will be used to enhance and not supplant the current safety net.

**Persons Testifying:** PRO: Gregory Robinson, WA Community Mental Health Council; Karen Jensen, DOH; Lowell Cowan, Service Employees International Union Healthcare 1199 NW; Melissa Johnson, WA State Nurses Assn.; Leslie Emerick, Assn. of Advanced Practice Psychiatric Nurses; Jane Beyer, DSHS.

CON: Ruth Martin, Citizens' Commission on Human Rights.

OTHER: Matt Zuvich, WA Federation of State Employees.