

2SSB 5732 - H AMD 470

By Representative Green

ADOPTED 04/24/2013

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1)(a) Beginning May 1, 2014, the
4 legislature shall convene a task force to examine reform of the adult
5 behavioral health system, with voting members as provided in this
6 subsection.

7 (i) The president of the senate shall appoint one member from each
8 of the two largest caucuses of the senate.

9 (ii) The speaker of the house of representatives shall appoint one
10 member from each of the two largest caucuses in the house of
11 representatives.

12 (iii) The governor shall appoint five members consisting of the
13 secretary of the department of social and health services or the
14 secretary's designee, the director of the health care authority or the
15 director's designee, the director of the office of financial management
16 or the director's designee, the secretary of the department of
17 corrections or the secretary's designee, and a representative of the
18 governor.

19 (iv) The governor shall request participation by a representative
20 of tribal governments.

21 (b) The task force shall choose two cochairs from among its
22 legislative members.

23 (c) The task force shall adopt a bottom-up approach and welcome
24 input and participation from all stakeholders interested in the
25 improvement of the adult behavioral health system. To that end, the
26 task force must invite participation from, at a minimum, the following:
27 Behavioral health service recipients and their families; local
28 government; representatives of regional support networks;
29 representatives of county coordinators; law enforcement; city and
30 county jails; tribal representatives; behavioral health service

1 providers; housing providers; labor representatives; counties with
2 state hospitals; mental health advocates; public defenders with
3 involuntary mental health commitment or mental health court experience;
4 medicaid managed care plan representatives; long-term care service
5 providers; the Washington state hospital association; and individuals
6 with expertise in evidence-based and research-based behavioral health
7 service practices. Leadership of subcommittees formed by the task
8 force may be drawn from this body of invited participants.

9 (2) The task force shall undertake a systemwide review of the adult
10 behavioral health system and make recommendations for reform
11 concerning, but not limited to, the following:

12 (a) The means by which services are delivered for adults with
13 mental illness and chemical dependency disorders;

14 (b) Availability of effective means to promote recovery and prevent
15 harm associated with mental illness;

16 (c) Crisis services, including boarding of mental health patients
17 outside of regularly certified treatment beds;

18 (d) Best practices for cross-system collaboration between
19 behavioral health treatment providers, medical care providers, long-
20 term care service providers, entities providing health home services to
21 high-risk medicaid clients, law enforcement, and criminal justice
22 agencies; and

23 (e) Public safety practices involving persons with mental illness
24 with forensic involvement.

25 (3) Staff support for the task force must be provided by the senate
26 committee services and the house of representatives office of program
27 research.

28 (4) Legislative members of the task force must be reimbursed for
29 travel expenses in accordance with RCW 44.04.120. Nonlegislative
30 members, except those representing an employer or organization, are
31 entitled to be reimbursed for travel expenses in accordance with RCW
32 43.03.050 and 43.03.060.

33 (5) The expenses of the task force must be paid jointly by the
34 senate and house of representatives. Task force expenditures are
35 subject to approval by the senate facilities and operations committee
36 and the house of representatives executive rules committee, or their
37 successor committees.

1 (6) The task force shall report its findings and recommendations to
2 the governor and the appropriate committees of the legislature by
3 January 1, 2015.

4 (7) This section expires June 1, 2015.

5 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.20A RCW
6 to read as follows:

7 (1) The systems responsible for financing, administration, and
8 delivery of publicly funded mental health and chemical dependency
9 services to adults must be designed and administered to achieve
10 improved outcomes for adult clients served by those systems through
11 increased use and development of evidence-based, research-based, and
12 promising practices, as defined in RCW 71.24.025. For purposes of this
13 section, client outcomes include: Improved health status; increased
14 participation in employment and education; reduced involvement with the
15 criminal justice system; enhanced safety and access to treatment for
16 forensic patients; reduction in avoidable utilization of and costs
17 associated with hospital, emergency room, and crisis services;
18 increased housing stability; improved quality of life, including
19 measures of recovery and resilience; and decreased population level
20 disparities in access to treatment and treatment outcomes.

21 (2) The department and the health care authority must implement a
22 strategy for the improvement of the adult behavioral health system.

23 (a) The department must establish a steering committee that
24 includes at least the following members: Behavioral health service
25 recipients and their families; local government; representatives of
26 regional support networks; representatives of county coordinators; law
27 enforcement; city and county jails; tribal representatives; behavioral
28 health service providers, including at least one chemical dependency
29 provider and at least one psychiatric advanced registered nurse
30 practitioner; housing providers; medicaid managed care plan
31 representatives; long-term care service providers; organizations
32 representing health care professionals providing services in mental
33 health settings; the Washington state hospital association; the
34 Washington state medical association; individuals with expertise in
35 evidence-based and research-based behavioral health service practices;
36 and the health care authority.

1 (b) The adult behavioral health system improvement strategy must
2 include:

3 (i) An assessment of the capacity of the current publicly funded
4 behavioral health services system to provide evidence-based, research-
5 based, and promising practices;

6 (ii) Identification, development, and increased use of evidence-
7 based, research-based, and promising practices;

8 (iii) Design and implementation of a transparent quality management
9 system, including analysis of current system capacity to implement
10 outcomes reporting and development of baseline and improvement targets
11 for each outcome measure provided in this section;

12 (iv) Identification and phased implementation of service delivery,
13 financing, or other strategies that will promote improvement of the
14 behavioral health system as described in this section and incentivize
15 the medical care, behavioral health, and long-term care service
16 delivery systems to achieve the improvements described in this section
17 and collaborate across systems. The strategies must include phased
18 implementation of public reporting of outcome and performance measures
19 in a form that allows for comparison of performance and levels of
20 improvement between geographic regions of Washington; and

21 (v) Identification of effective methods for promoting workforce
22 capacity, efficiency, stability, diversity, and safety.

23 (c) The department must seek private foundation and federal grant
24 funding to support the adult behavioral health system improvement
25 strategy.

26 (d) By May 15, 2014, the Washington state institute for public
27 policy, in consultation with the department, the University of
28 Washington evidence-based practice institute, the University of
29 Washington alcohol and drug abuse institute, and the Washington
30 institute for mental health research and training, shall prepare an
31 inventory of evidence-based, research-based, and promising practices
32 for prevention and intervention services pursuant to subsection (1) of
33 this section. The department shall use the inventory in preparing the
34 behavioral health improvement strategy. The department shall provide
35 the institute with data necessary to complete the inventory.

36 (e) By August 1, 2014, the department must report to the governor
37 and the relevant fiscal and policy committees of the legislature on the
38 status of implementation of the behavioral health improvement strategy,

1 including strategies developed or implemented to date, timelines, and
2 costs to accomplish phased implementation of the adult behavioral
3 health system improvement strategy.

4 (3) The department must contract for the services of an independent
5 consultant to review the provision of forensic mental health services
6 in Washington state and provide recommendations as to whether and how
7 the state's forensic mental health system should be modified to provide
8 an appropriate treatment environment for individuals with mental
9 disorders who have been charged with a crime while enhancing the safety
10 and security of the public and other patients and staff at forensic
11 treatment facilities. By August 1, 2014, the department must submit a
12 report regarding the recommendations of the independent consultant to
13 the governor and the relevant fiscal and policy committees of the
14 legislature.

15 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.97 RCW
16 to read as follows:

17 To the extent that funds are specifically appropriated for this
18 purpose, the department must issue a request for a proposal for
19 enhanced services facility services by June 1, 2014, and complete the
20 procurement process by January 1, 2015.

21 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.05 RCW
22 to read as follows:

23 When a person has been involuntarily committed for treatment to a
24 hospital for a period of ninety or one hundred eighty days, and the
25 superintendent or professional person in charge of the hospital
26 determines that the person no longer requires active psychiatric
27 treatment at an inpatient level of care, the regional support network
28 responsible for resource management services for the person must work
29 with the hospital to develop an individualized discharge plan and
30 arrange for a transition to the community in accordance with the
31 person's individualized discharge plan within twenty-one days of the
32 determination.

33 **Sec. 5.** RCW 71.24.025 and 2012 c 10 s 59 are each amended to read
34 as follows:

1 Unless the context clearly requires otherwise, the definitions in
2 this section apply throughout this chapter.

3 (1) "Acutely mentally ill" means a condition which is limited to a
4 short-term severe crisis episode of:

5 (a) A mental disorder as defined in RCW 71.05.020 or, in the case
6 of a child, as defined in RCW 71.34.020;

7 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
8 case of a child, a gravely disabled minor as defined in RCW 71.34.020;
9 or

10 (c) Presenting a likelihood of serious harm as defined in RCW
11 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

12 (2) "Available resources" means funds appropriated for the purpose
13 of providing community mental health programs, federal funds, except
14 those provided according to Title XIX of the Social Security Act, and
15 state funds appropriated under this chapter or chapter 71.05 RCW by the
16 legislature during any biennium for the purpose of providing
17 residential services, resource management services, community support
18 services, and other mental health services. This does not include
19 funds appropriated for the purpose of operating and administering the
20 state psychiatric hospitals.

21 (3) "Child" means a person under the age of eighteen years.

22 (4) "Chronically mentally ill adult" or "adult who is chronically
23 mentally ill" means an adult who has a mental disorder and meets at
24 least one of the following criteria:

25 (a) Has undergone two or more episodes of hospital care for a
26 mental disorder within the preceding two years; or

27 (b) Has experienced a continuous psychiatric hospitalization or
28 residential treatment exceeding six months' duration within the
29 preceding year; or

30 (c) Has been unable to engage in any substantial gainful activity
31 by reason of any mental disorder which has lasted for a continuous
32 period of not less than twelve months. "Substantial gainful activity"
33 shall be defined by the department by rule consistent with Public Law
34 92-603, as amended.

35 (5) "Clubhouse" means a community-based program that provides
36 rehabilitation services and is certified by the department of social
37 and health services.

1 (6) "Community mental health program" means all mental health
2 services, activities, or programs using available resources.

3 (7) "Community mental health service delivery system" means public
4 or private agencies that provide services specifically to persons with
5 mental disorders as defined under RCW 71.05.020 and receive funding
6 from public sources.

7 (8) "Community support services" means services authorized,
8 planned, and coordinated through resource management services
9 including, at a minimum, assessment, diagnosis, emergency crisis
10 intervention available twenty-four hours, seven days a week,
11 prescreening determinations for persons who are mentally ill being
12 considered for placement in nursing homes as required by federal law,
13 screening for patients being considered for admission to residential
14 services, diagnosis and treatment for children who are acutely mentally
15 ill or severely emotionally disturbed discovered under screening
16 through the federal Title XIX early and periodic screening, diagnosis,
17 and treatment program, investigation, legal, and other nonresidential
18 services under chapter 71.05 RCW, case management services, psychiatric
19 treatment including medication supervision, counseling, psychotherapy,
20 assuring transfer of relevant patient information between service
21 providers, recovery services, and other services determined by regional
22 support networks.

23 (9) "Consensus-based" means a program or practice that has general
24 support among treatment providers and experts, based on experience or
25 professional literature, and may have anecdotal or case study support,
26 or that is agreed but not possible to perform studies with random
27 assignment and controlled groups.

28 (10) "County authority" means the board of county commissioners,
29 county council, or county executive having authority to establish a
30 community mental health program, or two or more of the county
31 authorities specified in this subsection which have entered into an
32 agreement to provide a community mental health program.

33 (11) "Department" means the department of social and health
34 services.

35 (12) "Designated mental health professional" means a mental health
36 professional designated by the county or other authority authorized in
37 rule to perform the duties specified in this chapter.

1 (13) "Emerging best practice" or "promising practice" means a
2 (~~practice that presents, based on preliminary information, potential~~
3 ~~for becoming a research-based or consensus-based practice~~) program or
4 practice that, based on statistical analyses or a well established
5 theory of change, shows potential for meeting the evidence-based or
6 research-based criteria, which may include the use of a program that is
7 evidence-based for outcomes other than those listed in subsection (14)
8 of this section.

9 (14) "Evidence-based" means a program or practice that has (~~had~~
10 ~~multiple site random controlled trials across heterogeneous populations~~
11 ~~demonstrating that the program or practice is effective for the~~
12 ~~population~~) been tested in heterogeneous or intended populations with
13 multiple randomized, or statistically controlled evaluations, or both;
14 or one large multiple site randomized, or statistically controlled
15 evaluation, or both, where the weight of the evidence from a systemic
16 review demonstrates sustained improvements in at least one outcome.
17 "Evidence-based" also means a program or practice that can be
18 implemented with a set of procedures to allow successful replication in
19 Washington and, when possible, is determined to be cost-beneficial.

20 (15) "Licensed service provider" means an entity licensed according
21 to this chapter or chapter 71.05 RCW or an entity deemed to meet state
22 minimum standards as a result of accreditation by a recognized
23 behavioral health accrediting body recognized and having a current
24 agreement with the department, that meets state minimum standards or
25 persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it
26 applies to registered nurses and advanced registered nurse
27 practitioners.

28 (16) "Long-term inpatient care" means inpatient services for
29 persons committed for, or voluntarily receiving intensive treatment
30 for, periods of ninety days or greater under chapter 71.05 RCW. "Long-
31 term inpatient care" as used in this chapter does not include: (a)
32 Services for individuals committed under chapter 71.05 RCW who are
33 receiving services pursuant to a conditional release or a court-ordered
34 less restrictive alternative to detention; or (b) services for
35 individuals voluntarily receiving less restrictive alternative
36 treatment on the grounds of the state hospital.

37 (17) "Mental health services" means all services provided by

1 regional support networks and other services provided by the state for
2 persons who are mentally ill.

3 (18) "Mentally ill persons," "persons who are mentally ill," and
4 "the mentally ill" mean persons and conditions defined in subsections
5 (1), (4), (27), and (28) of this section.

6 (19) "Recovery" means the process in which people are able to live,
7 work, learn, and participate fully in their communities.

8 (20) "Regional support network" means a county authority or group
9 of county authorities or other entity recognized by the secretary in
10 contract in a defined region.

11 (21) "Registration records" include all the records of the
12 department, regional support networks, treatment facilities, and other
13 persons providing services to the department, county departments, or
14 facilities which identify persons who are receiving or who at any time
15 have received services for mental illness.

16 (22) "Research-based" means a program or practice that has (~~some~~
17 ~~research demonstrating effectiveness, but that does not yet meet the~~
18 ~~standard of evidence-based practices~~) been tested with a single
19 randomized, or statistically controlled evaluation, or both,
20 demonstrating sustained desirable outcomes; or where the weight of the
21 evidence from a systemic review supports sustained outcomes as
22 described in subsection (14) of this section but does not meet the full
23 criteria for evidence-based.

24 (23) "Residential services" means a complete range of residences
25 and supports authorized by resource management services and which may
26 involve a facility, a distinct part thereof, or services which support
27 community living, for persons who are acutely mentally ill, adults who
28 are chronically mentally ill, children who are severely emotionally
29 disturbed, or adults who are seriously disturbed and determined by the
30 regional support network to be at risk of becoming acutely or
31 chronically mentally ill. The services shall include at least
32 evaluation and treatment services as defined in chapter 71.05 RCW,
33 acute crisis respite care, long-term adaptive and rehabilitative care,
34 and supervised and supported living services, and shall also include
35 any residential services developed to service persons who are mentally
36 ill in nursing homes, assisted living facilities, and adult family
37 homes, and may include outpatient services provided as an element in a
38 package of services in a supported housing model. Residential services

1 for children in out-of-home placements related to their mental disorder
2 shall not include the costs of food and shelter, except for children's
3 long-term residential facilities existing prior to January 1, 1991.

4 (24) "Resilience" means the personal and community qualities that
5 enable individuals to rebound from adversity, trauma, tragedy, threats,
6 or other stresses, and to live productive lives.

7 (25) "Resource management services" mean the planning,
8 coordination, and authorization of residential services and community
9 support services administered pursuant to an individual service plan
10 for: (a) Adults and children who are acutely mentally ill; (b) adults
11 who are chronically mentally ill; (c) children who are severely
12 emotionally disturbed; or (d) adults who are seriously disturbed and
13 determined solely by a regional support network to be at risk of
14 becoming acutely or chronically mentally ill. Such planning,
15 coordination, and authorization shall include mental health screening
16 for children eligible under the federal Title XIX early and periodic
17 screening, diagnosis, and treatment program. Resource management
18 services include seven day a week, twenty-four hour a day availability
19 of information regarding enrollment of adults and children who are
20 mentally ill in services and their individual service plan to
21 designated mental health professionals, evaluation and treatment
22 facilities, and others as determined by the regional support network.

23 (26) "Secretary" means the secretary of social and health services.

24 (27) "Seriously disturbed person" means a person who:

25 (a) Is gravely disabled or presents a likelihood of serious harm to
26 himself or herself or others, or to the property of others, as a result
27 of a mental disorder as defined in chapter 71.05 RCW;

28 (b) Has been on conditional release status, or under a less
29 restrictive alternative order, at some time during the preceding two
30 years from an evaluation and treatment facility or a state mental
31 health hospital;

32 (c) Has a mental disorder which causes major impairment in several
33 areas of daily living;

34 (d) Exhibits suicidal preoccupation or attempts; or

35 (e) Is a child diagnosed by a mental health professional, as
36 defined in chapter 71.34 RCW, as experiencing a mental disorder which
37 is clearly interfering with the child's functioning in family or school

1 or with peers or is clearly interfering with the child's personality
2 development and learning.

3 (28) "Severely emotionally disturbed child" or "child who is
4 severely emotionally disturbed" means a child who has been determined
5 by the regional support network to be experiencing a mental disorder as
6 defined in chapter 71.34 RCW, including those mental disorders that
7 result in a behavioral or conduct disorder, that is clearly interfering
8 with the child's functioning in family or school or with peers and who
9 meets at least one of the following criteria:

10 (a) Has undergone inpatient treatment or placement outside of the
11 home related to a mental disorder within the last two years;

12 (b) Has undergone involuntary treatment under chapter 71.34 RCW
13 within the last two years;

14 (c) Is currently served by at least one of the following child-
15 serving systems: Juvenile justice, child-protection/welfare, special
16 education, or developmental disabilities;

17 (d) Is at risk of escalating maladjustment due to:

18 (i) Chronic family dysfunction involving a caretaker who is
19 mentally ill or inadequate;

20 (ii) Changes in custodial adult;

21 (iii) Going to, residing in, or returning from any placement
22 outside of the home, for example, psychiatric hospital, short-term
23 inpatient, residential treatment, group or foster home, or a
24 correctional facility;

25 (iv) Subject to repeated physical abuse or neglect;

26 (v) Drug or alcohol abuse; or

27 (vi) Homelessness.

28 (29) "State minimum standards" means minimum requirements
29 established by rules adopted by the secretary and necessary to
30 implement this chapter for: (a) Delivery of mental health services;
31 (b) licensed service providers for the provision of mental health
32 services; (c) residential services; and (d) community support services
33 and resource management services.

34 (30) "Treatment records" include registration and all other records
35 concerning persons who are receiving or who at any time have received
36 services for mental illness, which are maintained by the department, by
37 regional support networks and their staffs, and by treatment
38 facilities. Treatment records do not include notes or records

1 maintained for personal use by a person providing treatment services
2 for the department, regional support networks, or a treatment facility
3 if the notes or records are not available to others.

4 (31) "Tribal authority," for the purposes of this section and RCW
5 71.24.300 only, means: The federally recognized Indian tribes and the
6 major Indian organizations recognized by the secretary insofar as these
7 organizations do not have a financial relationship with any regional
8 support network that would present a conflict of interest.

9 **Sec. 6.** RCW 18.19.210 and 2008 c 135 s 9 are each amended to read
10 as follows:

11 (1)(a) An applicant for registration as an agency affiliated
12 counselor who applies to the department within seven days of employment
13 by an agency may work as an agency affiliated counselor for up to sixty
14 days while the application is processed. The applicant must stop
15 working on the sixtieth day of employment if the registration has not
16 been granted for any reason.

17 (b) The applicant may not provide unsupervised counseling prior to
18 completion of a criminal background check performed by either the
19 employer or the secretary. For purposes of this subsection,
20 "unsupervised" means the supervisor is not physically present at the
21 location where the counseling occurs.

22 (2) Agency affiliated counselors shall notify the department if
23 they are either no longer employed by the agency identified on their
24 application or are now employed with another agency, or both. Agency
25 affiliated counselors may not engage in the practice of counseling
26 unless they are currently affiliated with an agency.

27 **NEW SECTION. Sec. 7.** A new section is added to chapter 43.20A RCW
28 to read as follows:

29 (1) By November 30, 2013, the department and the health care
30 authority must report to the governor and the relevant fiscal and
31 policy committees of the legislature, consistent with RCW 43.01.036, a
32 plan that establishes a tribal-centric behavioral health system
33 incorporating both mental health and chemical dependency services. The
34 plan must assure that child, adult, and older adult American Indians
35 and Alaskan Natives eligible for medicaid have increased access to

1 culturally appropriate mental health and chemical dependency services.

2 The plan must:

3 (a) Include implementation dates, major milestones, and fiscal
4 estimates as needed;

5 (b) Emphasize the use of culturally appropriate evidence-based and
6 promising practices;

7 (c) Address equitable access to crisis services, outpatient care,
8 voluntary and involuntary hospitalization, and behavioral health care
9 coordination;

10 (d) Identify statutory changes necessary to implement the tribal-
11 centric behavioral health system; and

12 (e) Be developed with the department's Indian policy advisory
13 committee and the American Indian health commission, in consultation
14 with Washington's federally recognized tribes.

15 (2) The department shall enter into agreements with the tribes and
16 urban Indian health programs and modify regional support network
17 contracts as necessary to develop a tribal-centric behavioral health
18 system that better serves the needs of the tribes.

19 NEW SECTION. **Sec. 8.** Section 4 of this act takes effect July 1,
20 2018."

21 Correct the title.

EFFECT: Removes the requirement that the strategy include ways to incentivize medical care, behavioral health, and long-term care systems to collaborate. Establishes a steering committee to assist DSHS in developing the strategy.

Adds other entities for the Washington State Institute for Public Policy to consult when preparing the inventory of evidence-based practices, including the University of Washington Evidence-Based Practice Institute, the University of Washington Alcohol and Drug Abuse Institute, and the Washington Institute for Mental Health Research and Training.

Requires DSHS to contract with a consultant for a review of the provision of forensic mental health services.

Authorizes applicants for registration as agency-affiliated counselors to work for sixty days while their applications are being processed by the Department of Health.

Delays the start of the task force until May 1, 2014. Delays the task force report until January 1, 2015.

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