

**E2SHB 1522** - S COMM AMD

By Committee on Human Services & Corrections

**NOT CONSIDERED**

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

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

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

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

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

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

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

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

1 state hospitals; mental health advocates; public defenders with  
2 involuntary mental health commitment or mental health court experience;  
3 medicaid managed care plan representatives; long-term care service  
4 providers; the Washington state hospital association; a chemical  
5 dependency provider; the Washington state medical association; nurses  
6 and psychiatric advanced registered nurse practitioners; and  
7 individuals with expertise in evidence-based and research-based  
8 behavioral health service practices. Leadership of subcommittees  
9 formed by the task force may be drawn from this body of invited  
10 participants.

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

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

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

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

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

25 (e) Public safety practices involving persons with mental illness  
26 with forensic involvement.

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

30 (4) Legislative members of the task force must be reimbursed for  
31 travel expenses in accordance with RCW 44.04.120. Nonlegislative  
32 members, except those representing an employer or organization, are  
33 entitled to be reimbursed for travel expenses in accordance with RCW  
34 43.03.050 and 43.03.060.

35 (5) The expenses of the task force must be paid jointly by the  
36 senate and house of representatives. Task force expenditures are  
37 subject to approval by the senate facilities and operations committee

1 and the house of representatives executive rules committee, or their  
2 successor committees.

3 (6) The task force shall report its findings and recommendations to  
4 the governor and the appropriate committees of the legislature by  
5 January 1, 2014.

6 (7) This section expires June 1, 2014.

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

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

24 (2) The department and the health care authority must implement a  
25 strategy for the improvement of the adult behavioral health system.  
26 The adult behavioral health system improvement strategy must include:

27 (a) An assessment of the capacity of the current publicly funded  
28 behavioral health services system to provide evidence-based, research-  
29 based, and promising practices;

30 (b) Identification, development, and increased use of evidence-  
31 based, research-based, and promising practices;

32 (c) Design and implementation of a transparent quality management  
33 system, including analysis of current system capacity to implement  
34 outcomes reporting, and development of baseline and performance  
35 improvement targets for each outcome measure provided in this section;  
36 and

1 (d) Identification and phased implementation of service delivery,  
2 financing or other strategies that will promote improvement of the  
3 behavioral health system described in this section and incentivize the  
4 medical care, behavioral health, and long-term care service delivery  
5 systems to achieve the improvements described in this section and  
6 collaborate across systems. The strategies must include phased  
7 implementation of public reporting of outcome and performance measures  
8 in a form that allows for comparison of performance and levels of  
9 improvement between geographic regions of Washington. Design of  
10 strategies should include consideration of any legal or practical  
11 barriers and federal funding requirements that would need to be  
12 addressed to fully implement the system.

13 (3) By May 15, 2014, the Washington state institute for public  
14 policy, in consultation with the department, shall prepare an inventory  
15 of evidence-based, research-based, and promising practices for  
16 prevention and intervention services pursuant to subsection (1) of this  
17 section. The department shall use the inventory in preparing the  
18 behavioral health improvement strategy. The department shall provide  
19 the institute with data necessary to complete the inventory.

20 (4) The department must seek private foundation and federal grant  
21 funding to support the adult behavioral health system improvement  
22 strategy.

23 (5) By August 1, 2014, the department must report to the governor  
24 and the relevant fiscal and policy committees of the legislature on the  
25 status of implementation of the behavioral health improvement strategy,  
26 including strategies developed or implemented to date, timelines, and  
27 costs to accomplish phased implementation of the adult behavioral  
28 health system improvement strategy.

29 (6) 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 a plan that establishes a tribal-  
32 centric behavioral health system incorporating both mental health and  
33 chemical dependency services. The plan must ensure that child, adult,  
34 and older adult American Indians and Alaskan Natives eligible for  
35 medicaid have increased access to culturally appropriate mental health  
36 and chemical dependence services. The plan must:

37 (a) Include implementation dates, major milestones, and fiscal  
38 estimates as needed;

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

3 (c) Address equitable access to crisis services, outpatient care,  
4 voluntary and involuntary hospitalization, and behavioral health care  
5 coordination;

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

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

11 (7) The department shall enter into agreements with the tribes and  
12 urban Indian health programs and modify regional support network  
13 contracts as necessary to develop a tribal-centric behavioral health  
14 system that better serves the needs of the tribes.

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

17 (1) 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 (2) This section expires August 1, 2015.

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

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

34 **Sec. 5.** RCW 71.24.025 and 2012 c 10 s 59 are each amended to read  
35 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 described in subsection  
8 (14) 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 the 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. Section 4 of this act takes effect July 1,  
28 2018."

**NOT CONSIDERED**

1           On page 1, line 1 of the title, after "Relating to" strike the  
2 remainder of the title and insert "improving behavioral health services  
3 provided to adults in Washington state; amending RCW 71.24.025 and  
4 18.19.210; adding a new section to chapter 43.20A RCW; adding a new  
5 section to chapter 70.97 RCW; adding a new section to chapter 71.05  
6 RCW; creating a new section; providing an effective date; and providing  
7 expiration dates."

EFFECT:    The contents of the bill are replaced with the text of  
2SSB 5732 as it passed the Senate, with the addition of a chemical  
dependency provider, the Washington State Medical Association, and  
nurses and psychiatric advanced registered nurse practitioners as  
invited task force participants and a provision permitting applicants  
for registration as an agency affiliated counselors to work for 60 days  
pending completion of the registration process.

The provisions of 2SSB 5732 differ from the underlying bill by:  
Replacing the steering committee with a behavioral health task force  
led by the Legislature; eliminating the provision requiring DSHS to  
contract with an independent forensic services consultant; requiring  
DSHS to collaborate with the Health Care Authority on the behavioral  
health improvement strategy, and requiring phased implementation of  
public reporting of performance on outcome measures adopted for  
behavioral health.

--- END ---