

HOUSE BILL REPORT

HB 1548

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to curricula for persons in long-term care facilities with behavioral health needs.

Brief Description: Concerning curricula for persons in long-term care facilities with behavioral health needs.

Sponsors: Representatives Schmick and Cody.

Brief History:

Committee Activity:

Health Care & Wellness: 2/10/17, 2/17/17 [DPS].

Brief Summary of Substitute Bill

- Requires the Department of Social and Health Services to establish standards for approving curricula for facility-based caregivers serving persons with behavioral health needs and for geriatric behavioral health workers.
- Allows completion of the behavioral health curriculum to substitute for the experience requirement for becoming a geriatric behavioral health worker at a nursing home.
- Removes the requirement that a geriatric behavioral health worker have either a bachelor's or master's degree in social work.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 17 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Rodne, Slatter, Stonier and Tharinger.

Staff: Chris Blake (786-7392).

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.

Background:

Caregivers in an adult family home or assisted living facility must meet training standards in three areas: orientation, basic training, and continuing education. Caregivers must receive special training if they work in a setting with residents who have special needs, such as dementia, developmental disabilities, or mental illness.

Nursing homes must have a staff development program to ensure that each employee receives initial orientation training and appropriate inservice education to help residents maintain the highest practicable level of physical, mental, and psychosocial well-being. To accomplish this, nursing homes must assess the training needs of each employee and determine the special needs of the resident population that may require additional emphasis in training.

Nursing homes must also meet certain staffing level requirements. The standards require that nursing homes maintain levels of direct care staff that are adequate to provide at least 3.4 hours of direct care per resident per day. Nursing homes may include geriatric behavioral health workers when calculating their minimum staffing requirements. To be considered a geriatric behavioral health worker, an employee must: (1) have at least three years of experience caring for persons with chronic mental health issues, dementia, or intellectual and developmental disabilities; (2) have advanced practical knowledge in aging, disability, mental illness, Alzheimer's disease, and developmental disabilities; and (3) if he or she holds less than a master's degree in social work, be directly supervised by an employee who has a master's degree in social work or a registered nurse.

Summary of Substitute Bill:

The Department of Social and Health Services must adopt minimum competencies and standards for approving curricula for: (1) facility-based caregivers serving persons with behavioral health needs; and (2) geriatric behavioral health workers. The curricula must be at least 30 hours in length and cover the diagnosis, care, and crisis management of residents with a mental health disorder, traumatic brain injury, or dementia. The curricula must be outcome-based and a caregiver's competency must be measured through an examination.

The completion of the behavioral health curriculum by a nursing home employee may substitute for the experience requirement for becoming recognized as a geriatric behavioral health worker. The requirement that a geriatric behavioral health worker have either a bachelor's or master's degree in social work is removed.

Substitute Bill Compared to Original Bill:

The substitute bill removes the requirement that a geriatric behavioral health worker have either a bachelor's or master's degree in social work. A duplicative definition is removed.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) None.

(Opposed) None.

(Other) Absent a change to the definition of geriatric behavioral health worker, this bill will be interpreted to require individuals with bachelor's or master's degrees in social work currently working in nursing homes to have an additional 30 hours of training to become a geriatric behavioral health worker even though they are already qualified. The placement of the training makes it applicable to assisted living facilities and adult family homes. It is not clear if this bill intends to replace the existing training requirements for adult family homes and assisted living facilities or if this is an additional training requirement for specialty training.

There is a great need for a program that gives nursing home staff the opportunity to become recognized as geriatric behavioral health workers. Currently, there is no well-defined career path for persons who are interested in focusing on the mental health needs of the aging population. The geriatric behavioral health program is a way for staff who are not interested in providing nursing care, such as bathing and transfers, to have a way of meeting the mental health needs of residents. There is support for a geriatric behavioral health worker program that would be a substitute for the current requirement of three years of experience; however, this program should not be required for all caregivers. This program could become a gateway for those interested in a career in mental health, and over the long term, it could develop a pool of mental health workers in Washington.

Persons Testifying: Robin Dale, Washington Health Care Association; and Josh Wester, Tekoa Care Center.

Persons Signed In To Testify But Not Testifying: None.