
HOUSE BILL 1427

State of Washington

69th Legislature

2025 Regular Session

By Representatives Davis, Caldier, Obras, Eslick, Lekanoff, Ramel, Ormsby, and Santos

Read first time 01/20/25. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to certified peer support specialists; amending
2 RCW 74.09.871, 18.420.005, 18.420.010, 18.420.020, 18.420.030,
3 18.420.040, 18.420.050, 18.420.060, 18.420.090, 18.420.800,
4 43.70.250, 48.43.825, 71.24.585, 71.24.903, 71.24.920, 71.24.922,
5 71.24.924, 71.40.040, and 71.40.090; reenacting and amending RCW
6 18.130.040, 18.130.175, 71.24.025, and 71.24.890; adding a new
7 section to chapter 41.05 RCW; adding a new section to chapter 18.420
8 RCW; and adding a new section to chapter 43.280 RCW.

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

10 **Sec. 1.** RCW 74.09.871 and 2023 c 292 s 2 are each amended to
11 read as follows:

12 (1) Any agreement or contract by the authority to provide
13 behavioral health services as defined under RCW 71.24.025 to persons
14 eligible for benefits under medicaid, Title XIX of the social
15 security act, and to persons not eligible for medicaid must include
16 the following:

17 (a) Contractual provisions consistent with the intent expressed
18 in RCW 71.24.015 and 71.36.005;

19 (b) Standards regarding the quality of services to be provided,
20 including increased use of evidence-based, research-based, and
21 promising practices, as defined in RCW 71.24.025;

1 (c) Accountability for the client outcomes established in RCW
2 71.24.435, 70.320.020, and 71.36.025 and performance measures linked
3 to those outcomes;

4 (d) Standards requiring behavioral health administrative services
5 organizations and managed care organizations to maintain a network of
6 appropriate providers that is supported by written agreements
7 sufficient to provide adequate access to all services covered under
8 the contract with the authority and to protect essential behavioral
9 health system infrastructure and capacity, including a continuum of
10 substance use disorder services;

11 (e) Provisions to require that medically necessary substance use
12 disorder and mental health treatment services be available to
13 clients;

14 (f) Standards requiring the use of behavioral health service
15 provider reimbursement methods that incentivize improved performance
16 with respect to the client outcomes established in RCW 71.24.435 and
17 71.36.025, integration of behavioral health and primary care services
18 at the clinical level, and improved care coordination for individuals
19 with complex care needs;

20 (g) Standards related to the financial integrity of the
21 contracting entity. This subsection does not limit the authority of
22 the authority to take action under a contract upon finding that a
23 contracting entity's financial status jeopardizes the contracting
24 entity's ability to meet its contractual obligations;

25 (h) Mechanisms for monitoring performance under the contract and
26 remedies for failure to substantially comply with the requirements of
27 the contract including, but not limited to, financial deductions,
28 termination of the contract, receivership, reprocurement of the
29 contract, and injunctive remedies;

30 (i) Provisions to maintain the decision-making independence of
31 designated crisis responders; and

32 (j) Provisions stating that public funds appropriated by the
33 legislature may not be used to promote or deter, encourage, or
34 discourage employees from exercising their rights under Title 29,
35 chapter 7, subchapter II, United States Code or chapter 41.56 RCW.

36 (2) At least six months prior to releasing a medicaid integrated
37 managed care procurement, but no later than January 1, 2025, the
38 authority shall adopt statewide network adequacy standards that are
39 assessed on a regional basis for the behavioral health provider
40 networks maintained by managed care organizations pursuant to

1 subsection (1)(d) of this section. The standards shall require a
2 network that ensures access to appropriate and timely behavioral
3 health services for the enrollees of the managed care organization
4 who live within the regional service area. At a minimum, these
5 standards must address each behavioral health services type covered
6 by the medicaid integrated managed care contract. This includes, but
7 is not limited to: Outpatient, inpatient, and residential levels of
8 care for adults and youth with a mental health disorder; outpatient,
9 inpatient, and residential levels of care for adults and youth with a
10 substance use disorder; crisis and stabilization services; providers
11 of medication for opioid use disorders; specialty care; other
12 facility-based services; and other providers as determined by the
13 authority through this process. The authority shall apply the
14 standards regionally and shall incorporate behavioral health system
15 needs and considerations as follows:

16 (a) Include a process for an annual review of the network
17 adequacy standards;

18 (b) Provide for participation from counties and behavioral health
19 providers in both initial development and subsequent updates;

20 (c) Account for the regional service area's population;
21 prevalence of behavioral health conditions; types of minimum
22 behavioral health services and service capacity offered by providers
23 in the regional service area; number and geographic proximity of
24 providers in the regional service area; an assessment of the needs or
25 gaps in the region; and availability of culturally specific services
26 and providers in the regional service area to address the needs of
27 communities that experience cultural barriers to health care
28 including but not limited to communities of color and the LGBTQ+
29 community;

30 (d) Include a structure for monitoring compliance with provider
31 network standards and timely access to the services;

32 (e) Consider how statewide services, such as residential
33 treatment facilities, are utilized cross-regionally; and

34 (f) Consider how the standards would impact requirements for
35 behavioral health administrative service organizations.

36 (3) Before releasing a medicaid integrated managed care
37 procurement, the authority shall identify options that minimize
38 provider administrative burden, including the potential to limit the
39 number of managed care organizations that operate in a regional
40 service area.

1 (4) The following factors must be given significant weight in any
2 medicaid integrated managed care procurement process under this
3 section:

4 (a) Demonstrated commitment and experience in serving low-income
5 populations;

6 (b) Demonstrated commitment and experience serving persons who
7 have mental illness, substance use disorders, or co-occurring
8 disorders;

9 (c) Demonstrated commitment to and experience with partnerships
10 with county and municipal criminal justice systems, housing services,
11 and other critical support services necessary to achieve the outcomes
12 established in RCW 71.24.435, 70.320.020, and 71.36.025;

13 (d) The ability to provide for the crisis service needs of
14 medicaid enrollees, consistent with the degree to which such services
15 are funded;

16 (e) Recognition that meeting enrollees' physical and behavioral
17 health care needs is a shared responsibility of contracted behavioral
18 health administrative services organizations, managed care
19 organizations, service providers, the state, and communities;

20 (f) Consideration of past and current performance and
21 participation in other state or federal behavioral health programs as
22 a contractor;

23 (g) The ability to meet requirements established by the
24 authority;

25 (h) The extent to which a managed care organization's approach to
26 contracting simplifies billing and contracting burdens for community
27 behavioral health provider agencies, which may include but is not
28 limited to a delegation arrangement with a provider network that
29 leverages local, federal, or philanthropic funding to enhance the
30 effectiveness of medicaid-funded integrated care services and promote
31 medicaid clients' access to a system of services that addresses
32 additional social support services and social determinants of health
33 as defined in RCW 43.20.025;

34 (i) Demonstrated prior national or in-state experience with a
35 full continuum of behavioral health services that are substantially
36 similar to the behavioral health services covered under the
37 Washington medicaid state plan, including evidence through past and
38 current data on performance, quality, and outcomes; (~~and~~)

39 (j) Demonstrated commitment by managed care organizations to the
40 use of alternative pricing and payment structures between a managed

1 care organization and its behavioral health services providers,
2 including provider networks described in subsection (b) of this
3 section, and between a managed care organization and a behavioral
4 administrative service organization, in any of their agreements or
5 contracts under this section, which may include but are not limited
6 to:

7 (i) Value-based purchasing efforts consistent with the
8 authority's value-based purchasing strategy, such as capitated
9 payment arrangements, comprehensive population-based payment
10 arrangements, or case rate arrangements; or

11 (ii) Payment methods that secure a sufficient amount of ready and
12 available capacity for levels of care that require staffing 24 hours
13 per day, 365 days per year, to serve anyone in the regional service
14 area with a demonstrated need for the service at all times,
15 regardless of fluctuating utilization; and

16 (k) The accessibility of peer services, as demonstrated in the
17 application through a required comprehensive analysis of access to
18 peer services in the managed care organization's network. The
19 analysis must evaluate the availability of certified peer counselors
20 and peer support specialists certified under chapter 18.420 RCW who
21 are:

22 (i) Adults in recovery from a mental health condition;

23 (ii) Adults in recovery from a substance use disorder;

24 (iii) Youth and young adults in recovery from a mental condition;

25 (iv) Youth and young adults in recovery from a substance use
26 disorder; and

27 (v) The parent or legal guardian of a youth who is receiving or
28 has received behavioral health services.

29 (5) The authority may use existing cross-system outcome data such
30 as the outcomes and related measures under subsection (4)(c) of this
31 section and chapter 338, Laws of 2013, to determine that the
32 alternative pricing and payment structures referenced in subsection
33 (4)(j) of this section have advanced community behavioral health
34 system outcomes more effectively than a fee-for-service model may
35 have been expected to deliver.

36 (6)(a) The authority shall urge managed care organizations to
37 establish, continue, or expand delegation arrangements with a
38 provider network that exists on July 23, 2023, and that leverages
39 local, federal, or philanthropic funding to enhance the effectiveness
40 of medicaid-funded integrated care services and promote medicaid

1 clients' access to a system of services that addresses additional
2 social support services and social determinants of health as defined
3 in RCW 43.20.025. Such delegation arrangements must meet the
4 requirements of the integrated managed care contract and the national
5 committee for quality assurance accreditation standards.

6 (b) The authority shall recognize and support, and may not limit
7 or restrict, a delegation arrangement that a managed care
8 organization and a provider network described in (a) of this
9 subsection have agreed upon, provided such arrangement meets the
10 requirements of the integrated managed care contract and the national
11 committee for quality assurance accreditation standards. The
12 authority may periodically review such arrangements for effectiveness
13 according to the requirements of the integrated managed care contract
14 and the national committee for quality assurance accreditation
15 standards.

16 (c) Managed care organizations and the authority may evaluate
17 whether to establish or support future delegation arrangements with
18 any additional provider networks that may be created after July 23,
19 2023, based on the requirements of the integrated managed care
20 contract and the national committee for quality assurance
21 accreditation standards.

22 (7) The authority shall expand the types of behavioral health
23 crisis services that can be funded with medicaid to the maximum
24 extent allowable under federal law, including seeking approval from
25 the centers for medicare and medicaid services for amendments to the
26 medicaid state plan or medicaid state directed payments that support
27 the 24 hours per day, 365 days per year capacity of the crisis
28 delivery system when necessary to achieve this expansion.

29 (8) The authority shall, in consultation with managed care
30 organizations, review reports and recommendations of the involuntary
31 treatment act work group established pursuant to section 103, chapter
32 302, Laws of 2020 and develop a plan for adding contract provisions
33 that increase managed care organizations' accountability when their
34 enrollees require long-term involuntary inpatient behavioral health
35 treatment and shall explore opportunities to maximize medicaid
36 funding as appropriate.

37 (9) In recognition of the value of community input and consistent
38 with past procurement practices, the authority shall include county
39 and behavioral health provider representatives in the development of
40 any medicaid integrated managed care procurement process. This shall

1 include, at a minimum, two representatives identified by the
2 association of county human services and two representatives
3 identified by the Washington council for behavioral health to
4 participate in the review and development of procurement documents.

5 (10) For purposes of purchasing behavioral health services and
6 medical care services for persons eligible for benefits under
7 medicaid, Title XIX of the social security act and for persons not
8 eligible for medicaid, the authority must use regional service areas.
9 The regional service areas must be established by the authority as
10 provided in RCW 74.09.870.

11 (11) Consideration must be given to using multiple-biennia
12 contracting periods.

13 (12) Each behavioral health administrative services organization
14 operating pursuant to a contract issued under this section shall
15 serve clients within its regional service area who meet the
16 authority's eligibility criteria for mental health and substance use
17 disorder services within available resources.

18 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05
19 RCW to read as follows:

20 (1) The authority shall contract with one or more external
21 entities to expand access to peer support services.

22 (2) Beginning October 1, 2025, the entity or entities shall:

23 (a) Provide technical assistance to support primary care clinics,
24 urgent care clinics, and hospitals to integrate certified peer
25 support specialists into their clinical care models and bill health
26 insurance carriers for those services;

27 (b) Develop detailed and innovative proposals to create low
28 barrier and cost-effective opportunities for:

29 (i) Community-based agencies, including peer-run agencies and
30 organizations that are not currently licensed as behavioral health
31 agencies under chapter 71.24 RCW, to bill health carriers for peer
32 support services;

33 (ii) Service providers to bill health carriers for behavioral
34 health services that are currently funded by the state general fund,
35 including the law enforcement assisted diversion program established
36 under RCW 71.24.589, the recovery navigator program established under
37 RCW 71.24.115, the arrest and jail alternatives program established
38 under RCW 36.28A.450, and the homeless outreach stabilization
39 transition program established under RCW 71.24.145; and

1 (iii) Community-based victim services agencies, including
2 agencies that support domestic violence, sexual assault, and human
3 trafficking victims, to bill health carriers for peer support
4 services provided to victims of gender-based violence;

5 (c) Develop a proposal to establish the concept of, and billing
6 mechanisms for, substance use disorder peer-run respite centers that
7 are modeled after the mental health peer-run respite centers
8 established under RCW 71.24.649; and

9 (d) Explore options for health carriers to pay for peer support
10 services through capitated payment arrangements rather than on a fee-
11 for-service basis.

12 (3) By November 1, 2026, the contracted entity or entities shall
13 submit reports to the authority to describe the type and quantity of
14 technical assistance that have been provided, the proposals that have
15 been developed, and the trends in health carriers providing payment
16 for peer support services, and any policy or budget recommendations
17 to encourage health carriers to reimburse providers for peer support
18 services.

19 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.420
20 RCW to read as follows:

21 (1) The secretary shall issue an endorsement to the certification
22 of a certified peer support specialist in the following categories of
23 practice areas upon demonstrating the following requirements:

24 (a) Domestic violence peer support services:

25 (i) Submission of an attestation to the department that the
26 applicant self-identifies as a survivor of domestic violence; and

27 (ii) Successful completion of the domestic violence peer support
28 services endorsement education course developed by the office of
29 crime victims advocacy under section 4 of this act.

30 (b) Sexual assault peer support services:

31 (i) Submission of an attestation to the department that the
32 applicant self-identifies as a survivor of sexual assault; and

33 (ii) Successful completion of the sexual assault peer support
34 services endorsement education course developed by the office of
35 crime victims advocacy under section 4 of this act.

36 (c) Human trafficking peer support services:

37 (i) Submission of an attestation to the department that the
38 applicant self-identifies as a survivor of human trafficking; and

1 (ii) Successful completion of the human trafficking peer support
2 services endorsement education course developed by the office of
3 crime victims advocacy under section 4 of this act.

4 (2) (a) Except as provided in (b) of this subsection, obtaining an
5 endorsement under this section is voluntary.

6 (b) A certified peer support specialist must hold an endorsement
7 in a category under subsection (1) of this section if:

8 (i) The certified peer support specialist is employed by a victim
9 services agency;

10 (ii) The certified peer support specialist is providing peer
11 support services to a client of the victim services agency who has
12 experienced domestic violence, sexual assault, or human trafficking;
13 and

14 (iii) The victim services agency seeks to bill a medical
15 assistance program under chapter 74.09 RCW or a health carrier for
16 the certified peer support specialist's services to the client.

17 (c) A victim services agency may only bill for peer support
18 services if the certified peer support specialist holds an
19 endorsement in a category that is relevant to the client's experience
20 with domestic violence, sexual assault, or human trafficking. A
21 certified peer support specialist is not required to hold an
22 endorsement to provide peer support services to the client of a
23 victim services agency if the victim services agency does not seek
24 reimbursement for the peer support services.

25 (3) As used in this section, the term "victim services agency"
26 means a nonprofit program or organization that provides, as its
27 primary purpose, assistance and advocacy for persons who have
28 experienced domestic violence, sexual assault, or human trafficking.
29 Services may include crisis intervention, individual and group
30 support, information, referrals, and safety planning.

31 NEW SECTION. **Sec. 4.** A new section is added to chapter 43.280
32 RCW to read as follows:

33 (1) By July 1, 2026, the office of crime victims advocacy
34 established under RCW 43.280.080 shall develop courses of instruction
35 for certified peer support specialists to receive an endorsement in
36 any of the three categories of practice areas under section 3 of this
37 act. The courses must supplement the instruction received by
38 certified peer support specialists under RCW 71.24.920 with an
39 emphasis on the application of the skills taught in the certification

1 training to providing peer support services to persons who have
2 experienced domestic violence, sexual assault, or human trafficking,
3 as applicable. The courses must also incorporate competencies that
4 are typically taught in training programs for victim advocates,
5 including safety planning, a foundational understanding of domestic
6 violence, sexual assault, or human trafficking, as applicable, and
7 advocacy across legal, medical, social services, and other systems.
8 The office shall consult with the department of health to determine
9 the appropriate length and content of the courses.

10 (2) The office shall offer the courses on a regular basis or
11 contract with an entity or entities to offer the courses. The courses
12 must be available to certified peer support specialists at no cost.

13 (3) The office shall collaborate with the department of health to
14 develop a process to verify to the department that the certified peer
15 support specialist has completed the training.

16 **Sec. 5.** RCW 18.130.040 and 2024 c 362 s 8, 2024 c 217 s 7, and
17 2024 c 50 s 5 are each reenacted and amended to read as follows:

18 (1) This chapter applies only to the secretary and the boards and
19 commissions having jurisdiction in relation to the professions
20 licensed under the chapters specified in this section. This chapter
21 does not apply to any business or profession not licensed under the
22 chapters specified in this section.

23 (2) (a) The secretary has authority under this chapter in relation
24 to the following professions:

25 (i) Dispensing opticians licensed and designated apprentices
26 under chapter 18.34 RCW;

27 (ii) Midwives licensed under chapter 18.50 RCW;

28 (iii) Ocularists licensed under chapter 18.55 RCW;

29 (iv) Massage therapists and businesses licensed under chapter
30 18.108 RCW;

31 (v) Dental hygienists licensed under chapter 18.29 RCW;

32 (vi) Acupuncturists or acupuncture and Eastern medicine
33 practitioners licensed under chapter 18.06 RCW;

34 (vii) Radiologic technologists certified and X-ray technicians
35 registered under chapter 18.84 RCW;

36 (viii) Respiratory care practitioners licensed under chapter
37 18.89 RCW;

1 (ix) Hypnotherapists registered, agency affiliated counselors
2 registered, certified, or licensed, and advisors and counselors
3 certified under chapter 18.19 RCW;

4 (x) Persons licensed as mental health counselors, mental health
5 counselor associates, marriage and family therapists, marriage and
6 family therapist associates, social workers, social work associates—
7 advanced, and social work associates—independent clinical under
8 chapter 18.225 RCW;

9 (xi) Persons registered as nursing pool operators under chapter
10 18.52C RCW;

11 (xii) Nursing assistants registered or certified or medication
12 assistants endorsed under chapter 18.88A RCW;

13 (xiii) Dietitians and nutritionists certified under chapter
14 18.138 RCW;

15 (xiv) Substance use disorder professionals, substance use
16 disorder professional trainees, or co-occurring disorder specialists
17 certified under chapter 18.205 RCW;

18 (xv) Sex offender treatment providers and certified affiliate sex
19 offender treatment providers certified under chapter 18.155 RCW;

20 (xvi) Persons licensed and certified under chapter 18.73 RCW or
21 RCW 18.71.205;

22 (xvii) Orthotists and prosthetists licensed under chapter 18.200
23 RCW;

24 (xviii) Surgical technologists registered under chapter 18.215
25 RCW;

26 (xix) Recreational therapists under chapter 18.230 RCW;

27 (xx) Animal massage therapists certified under chapter 18.240
28 RCW;

29 (xxi) Athletic trainers licensed under chapter 18.250 RCW;

30 (xxii) Home care aides certified under chapter 18.88B RCW;

31 (xxiii) Genetic counselors licensed under chapter 18.290 RCW;

32 (xxiv) Reflexologists certified under chapter 18.108 RCW;

33 (xxv) Medical assistants-certified, medical assistants-
34 hemodialysis technician, medical assistants-phlebotomist, forensic
35 phlebotomist, medical assistant-EMT, and medical assistants-
36 registered certified and registered under chapter 18.360 RCW;

37 (xxvi) Behavior analysts, assistant behavior analysts, and
38 behavior technicians under chapter 18.380 RCW;

39 (xxvii) Birth douglas certified under chapter 18.47 RCW;

40 (xxviii) Music therapists licensed under chapter 18.233 RCW;

1 (xxix) Behavioral health support specialists certified under
2 chapter 18.227 RCW; and

3 (xxx) Certified peer support specialists and certified peer
4 support specialist trainees under chapter 18.420 RCW.

5 (b) The boards and commissions having authority under this
6 chapter are as follows:

7 (i) The podiatric medical board as established in chapter 18.22
8 RCW;

9 (ii) The chiropractic quality assurance commission as established
10 in chapter 18.25 RCW;

11 (iii) The dental quality assurance commission as established in
12 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW,
13 licenses and registrations issued under chapter 18.260 RCW, licenses
14 issued under chapter 18.265 RCW, and certifications issued under
15 chapter 18.350 RCW;

16 (iv) The board of hearing and speech as established in chapter
17 18.35 RCW;

18 (v) The board of examiners for nursing home administrators as
19 established in chapter 18.52 RCW;

20 (vi) The optometry board as established in chapter 18.54 RCW
21 governing licenses issued under chapter 18.53 RCW;

22 (vii) The board of osteopathic medicine and surgery as
23 established in chapter 18.57 RCW governing licenses issued under
24 chapter 18.57 RCW;

25 (viii) The pharmacy quality assurance commission as established
26 in chapter 18.64 RCW governing licenses issued under chapters 18.64
27 and 18.64A RCW;

28 (ix) The Washington medical commission as established in chapter
29 18.71 RCW governing licenses and registrations issued under chapters
30 18.71, 18.71A, and 18.71D RCW;

31 (x) The board of physical therapy as established in chapter 18.74
32 RCW;

33 (xi) The board of occupational therapy practice as established in
34 chapter 18.59 RCW;

35 (xii) The board of nursing as established in chapter 18.79 RCW
36 governing licenses and registrations issued under that chapter and
37 under chapter 18.80 RCW;

38 (xiii) The examining board of psychology and its disciplinary
39 committee as established in chapter 18.83 RCW;

1 (xiv) The veterinary board of governors as established in chapter
2 18.92 RCW;

3 (xv) The board of naturopathy established in chapter 18.36A RCW,
4 governing licenses and certifications issued under that chapter; and

5 (xvi) The board of denturists established in chapter 18.30 RCW.

6 (3) In addition to the authority to discipline license holders,
7 the disciplining authority has the authority to grant or deny
8 licenses. The disciplining authority may also grant a license subject
9 to conditions, which must be in compliance with chapter 18.415 RCW.

10 (4) All disciplining authorities shall adopt procedures to ensure
11 substantially consistent application of this chapter, the uniform
12 disciplinary act, among the disciplining authorities listed in
13 subsection (2) of this section.

14 **Sec. 6.** RCW 18.130.175 and 2023 c 469 s 19 and 2023 c 425 s 25
15 are each reenacted and amended to read as follows:

16 (1) In lieu of disciplinary action under RCW 18.130.160 and if
17 the disciplining authority determines that the unprofessional conduct
18 may be the result of an applicable impairing or potentially impairing
19 health condition, the disciplining authority may refer the license
20 holder to a physician health program or a voluntary substance use
21 disorder monitoring program approved by the disciplining authority.

22 The cost of evaluation and treatment shall be the responsibility
23 of the license holder, but the responsibility does not preclude
24 payment by an employer, existing insurance coverage, or other
25 sources. Evaluation and treatment shall be provided by providers
26 approved by the entity or the commission. The disciplining authority
27 may also approve the use of out-of-state programs. Referral of the
28 license holder to the physician health program or voluntary substance
29 use disorder monitoring program shall be done only with the consent
30 of the license holder. Referral to the physician health program or
31 voluntary substance use disorder monitoring program may also include
32 probationary conditions for a designated period of time. If the
33 license holder does not consent to be referred to the program or does
34 not successfully complete the program, the disciplining authority may
35 take appropriate action under RCW 18.130.160 which includes
36 suspension of the license unless or until the disciplining authority,
37 in consultation with the director of the applicable program,
38 determines the license holder is able to practice safely. The
39 secretary shall adopt uniform rules for the evaluation by the

1 disciplining authority of return to substance use or program
2 violation on the part of a license holder in the program. The
3 evaluation shall encourage program participation with additional
4 conditions, in lieu of disciplinary action, when the disciplining
5 authority determines that the license holder is able to continue to
6 practice with reasonable skill and safety.

7 (2) In addition to approving the physician health program or the
8 voluntary substance use disorder monitoring program that may receive
9 referrals from the disciplining authority, the disciplining authority
10 may establish by rule requirements for participation of license
11 holders who are not being investigated or monitored by the
12 disciplining authority. License holders voluntarily participating in
13 the approved programs without being referred by the disciplining
14 authority shall not be subject to disciplinary action under RCW
15 18.130.160 for their impairing or potentially impairing health
16 condition, and shall not have their participation made known to the
17 disciplining authority, if they meet the requirements of this section
18 and the program in which they are participating.

19 (3) The license holder shall sign a waiver allowing the program
20 to release information to the disciplining authority if the licensee
21 does not comply with the requirements of this section or is unable to
22 practice with reasonable skill or safety. The physician health
23 program or voluntary substance use disorder program shall report to
24 the disciplining authority any license holder who fails to comply
25 with the requirements of this section or the program or who, in the
26 opinion of the program, is unable to practice with reasonable skill
27 or safety. License holders shall report to the disciplining authority
28 if they fail to comply with this section or do not complete the
29 program's requirements. License holders may, upon the agreement of
30 the program and disciplining authority, reenter the program if they
31 have previously failed to comply with this section.

32 (4) Program records including, but not limited to, case notes,
33 progress notes, laboratory reports, evaluation and treatment records,
34 electronic and written correspondence within the program, and between
35 the program and the participant or other involved entities including,
36 but not limited to, employers, credentialing bodies, referents, or
37 other collateral sources, relating to license holders referred to or
38 voluntarily participating in approved programs are confidential and
39 exempt from disclosure under chapter 42.56 RCW and shall not be
40 subject to discovery by subpoena or admissible as evidence except:

1 (a) To defend any civil action by a license holder regarding the
2 restriction or revocation of that individual's clinical or staff
3 privileges, or termination of a license holder's employment. In such
4 an action, the program will, upon subpoena issued by either party to
5 the action, and upon the requesting party seeking a protective order
6 for the requested disclosure, provide to both parties of the action
7 written disclosure that includes the following information:

8 (i) Verification of a health care professional's participation in
9 the physician health program or voluntary substance use disorder
10 monitoring program as it relates to aspects of program involvement at
11 issue in the civil action;

12 (ii) The dates of participation;

13 (iii) Whether or not the program identified an impairing or
14 potentially impairing health condition;

15 (iv) Whether the health care professional was compliant with the
16 requirements of the physician health program or voluntary substance
17 use disorder monitoring program; and

18 (v) Whether the health care professional successfully completed
19 the physician health program or voluntary substance use disorder
20 monitoring program; and

21 (b) Records provided to the disciplining authority for cause as
22 described in subsection (3) of this section. Program records relating
23 to license holders mandated to the program, through order or by
24 stipulation, by the disciplining authority or relating to license
25 holders reported to the disciplining authority by the program for
26 cause, must be released to the disciplining authority at the request
27 of the disciplining authority. Records held by the disciplining
28 authority under this section are exempt from chapter 42.56 RCW and
29 are not subject to discovery by subpoena except by the license
30 holder.

31 (5) This section does not affect an employer's right or ability
32 to make employment-related decisions regarding a license holder. This
33 section does not restrict the authority of the disciplining authority
34 to take disciplinary action for any other unprofessional conduct.

35 (6) A person who, in good faith, reports information or takes
36 action in connection with this section is immune from civil liability
37 for reporting information or taking the action.

38 (a) The immunity from civil liability provided by this section
39 shall be liberally construed to accomplish the purposes of this
40 section, and applies to both license holders and students and

1 trainees when students and trainees of the applicable professions are
2 served by the program. The persons entitled to immunity shall
3 include:

4 (i) An approved physician health program or voluntary substance
5 use disorder monitoring program;

6 (ii) The professional association affiliated with the program;

7 (iii) Members, employees, or agents of the program or
8 associations;

9 (iv) Persons reporting a license holder as being possibly
10 impaired or providing information about the license holder's
11 impairment; and

12 (v) Professionals supervising or monitoring the course of the
13 program participant's treatment or rehabilitation.

14 (b) The courts are strongly encouraged to impose sanctions on
15 program participants and their attorneys whose allegations under this
16 subsection are not made in good faith and are without either
17 reasonable objective, substantive grounds, or both.

18 (c) The immunity provided in this section is in addition to any
19 other immunity provided by law.

20 (7) In the case of a person who is applying to be a substance use
21 disorder professional or substance use disorder professional trainee
22 certified under chapter 18.205 RCW, an agency affiliated counselor
23 registered under chapter 18.19 RCW, or a peer support specialist or
24 peer support specialist trainee certified under chapter 18.420 RCW,
25 if the person is:

26 (a) Less than one year in recovery from a substance use disorder,
27 the duration of time that the person may be required to participate
28 in an approved substance use disorder monitoring program may not
29 exceed the amount of time necessary for the person to achieve one
30 year in recovery; or

31 (b) At least one year in recovery from a substance use disorder,
32 the person may not be required to participate in the approved
33 substance use disorder monitoring program.

34 (8) The provisions of subsection (7) of this section apply to any
35 person employed as a peer support specialist as of July 1, 2025,
36 participating in a program under this section as of July 1, 2025, and
37 applying to become a certified peer support specialist under RCW
38 18.420.050, regardless of when the person's participation in a
39 program began. To this extent, subsection (7) of this section applies
40 retroactively, but in all other respects it applies prospectively.

1 **Sec. 7.** RCW 18.420.005 and 2023 c 469 s 1 are each amended to
2 read as follows:

3 (1) The legislature finds that peers play a critical role along
4 the behavioral health continuum of care, from outreach to treatment
5 to recovery support. Peers deal in the currency of hope and
6 motivation. Peers bring hope to individuals receiving services and
7 are incredibly adept at supporting people with behavioral health
8 challenges on their recovery journeys. Peers represent the only
9 segment of the behavioral health workforce where there is not a
10 shortage, but a surplus of willing workers. Peers, however, are
11 presently limited to serving only medicaid recipients and working
12 only in community behavioral health agencies. As a result, youth and
13 adults with commercial insurance have no access to peer services.
14 Furthermore, peers who work in other settings, such as emergency
15 departments and behavioral health urgent care, cannot bill insurance
16 for their services.

17 (2) Therefore, it is the intent of the legislature to address the
18 behavioral health workforce crisis, expand access to peer services,
19 eliminate financial barriers to professional licensing, and honor the
20 contributions of the peer profession by creating the profession of
21 certified peer support specialists.

22 **Sec. 8.** RCW 18.420.010 and 2023 c 469 s 2 are each amended to
23 read as follows:

24 The definitions in this section apply throughout this chapter
25 unless the context clearly requires otherwise.

26 (1) (~~"Advisory committee" means the Washington state certified~~
27 ~~peer specialist advisory committee established under section 4 of~~
28 ~~this act.~~

29 ~~(2))~~ "Approved supervisor" means:

30 (a) Until July 1, 2028, a behavioral health provider, as defined
31 in RCW 71.24.025 with at least two years of experience working in a
32 behavioral health practice that employs peer support specialists or
33 certified peer counselors as part of treatment teams; or

34 (b) A certified peer support specialist who has completed:

35 (i) At least 1,500 hours of work as a fully certified peer
36 support specialist engaged in the practice of peer support services,
37 with at least 500 hours attained through the joint supervision of
38 peers in conjunction with another approved supervisor; and

1 (ii) The training developed by the health care authority under
2 RCW 71.24.920.

3 ~~((3))~~ (2) "Certified peer support specialist" means a person
4 certified under this chapter to engage in the practice of peer
5 support services.

6 ~~((4))~~ (3) "Certified peer support specialist trainee" means an
7 individual working toward the supervised experience and written
8 examination requirements to become a certified peer support
9 specialist under this chapter.

10 ~~((5))~~ (4) "Department" means the department of health.

11 ~~((6))~~ (5) "Practice of peer support services" means the
12 provision of interventions by a peer who is either a person in
13 recovery from a mental health condition or substance use disorder, or
14 both, or the parent or legal guardian of a youth who is receiving or
15 has received behavioral health services ~~((The client receiving the
16 interventions receives them from a person))~~, to a person with a
17 similar lived experience ~~((as either a person in recovery from a
18 mental health condition or substance use disorder, or both, or the
19 parent or legal guardian of a youth who is receiving or has received
20 behavioral health services))~~. The ~~((person))~~ peer provides the
21 interventions through the use of shared experiences to assist ~~((a
22 client))~~ the participant in the acquisition and exercise of skills
23 needed to support the ~~((client's))~~ participant's recovery.
24 Interventions may include activities that assist ~~((clients))~~
25 participants in accessing or engaging in treatment and in symptom
26 management; promote social connection, recovery, and self-advocacy;
27 provide guidance in the development of natural community supports and
28 basic daily living skills; and support ~~((clients))~~ participants in
29 engagement, motivation, and maintenance related to achieving and
30 maintaining health and wellness goals.

31 ~~((7))~~ (6) "Secretary" means the secretary of health.

32 **Sec. 9.** RCW 18.420.020 and 2023 c 469 s 3 are each amended to
33 read as follows:

34 In addition to any other authority, the secretary has the
35 authority to:

36 (1) Adopt rules under chapter 34.05 RCW necessary to implement
37 this chapter;

1 (2) Establish all certification, examination, and renewal fees
2 for certified peer support specialists in accordance with RCW
3 43.70.110 and 43.70.250;

4 (3) Establish forms and procedures necessary to administer this
5 chapter;

6 (4) Issue certificates to applicants who have met the education,
7 training, and examination requirements for obtaining a certificate
8 and to deny a certificate to applicants who do not meet the
9 requirements;

10 (5) Coordinate with the health care authority to confirm an
11 applicants' successful completion of the certified peer support
12 specialist education course offered by the health care authority
13 under RCW 71.24.920 and successful passage of the associated oral
14 examination as proof of eligibility to take a qualifying written
15 examination for applicants for obtaining a certificate;

16 (6) Establish practice parameters consistent with the definition
17 of the practice of peer support services;

18 ~~((Provide staffing and administrative support to the advisory
19 committee;~~

20 ~~(8))~~ Determine which states have credentialing requirements
21 equivalent to those of this state, and issue certificates to
22 applicants credentialed in those states without examination;

23 ~~((9))~~ (8) Define and approve any supervised experience
24 requirements for certification;

25 ~~((10) Assist the advisory committee with the review of peer
26 counselor apprenticeship program applications in the process of being
27 approved and registered under chapter 49.04 RCW;~~

28 ~~(11))~~ (9) Adopt rules implementing a continuing competency
29 program; and

30 ~~((12))~~ (10) Establish by rule the procedures for an appeal of
31 an examination failure.

32 **Sec. 10.** RCW 18.420.030 and 2023 c 469 s 5 are each amended to
33 read as follows:

34 Beginning July 1, 2025, except as provided in RCW 71.24.920, the
35 decision of a person practicing peer support services to become
36 certified under this chapter is voluntary. A person may not use the
37 title certified peer support specialist unless the person holds a
38 credential under this chapter.

1 **Sec. 11.** RCW 18.420.040 and 2023 c 469 s 6 are each amended to
2 read as follows:

3 Nothing in this chapter may be construed to prohibit or restrict:

4 (1) An individual who holds a credential issued by this state,
5 other than as a certified peer support specialist or certified peer
6 support specialist trainee, to engage in the practice of an
7 occupation or profession without obtaining an additional credential
8 from the state. The individual may not use the title certified peer
9 support specialist unless the individual holds a credential under
10 this chapter; or

11 (2) The practice of peer support services by a person who is
12 employed by the government of the United States while engaged in the
13 performance of duties prescribed by the laws of the United States.

14 **Sec. 12.** RCW 18.420.050 and 2023 c 469 s 7 are each amended to
15 read as follows:

16 (1) Beginning July 1, 2025, except as provided in subsections (2)
17 and (3) of this section, the secretary shall issue a certificate to
18 practice as a certified peer support specialist to any applicant who
19 demonstrates to the satisfaction of the secretary that the applicant
20 meets the following requirements:

21 (a) Submission of an attestation to the department that the
22 applicant self-identifies as:

23 (i) A person with one or more years of recovery from a mental
24 health condition, substance use disorder, or both; or

25 (ii) The parent or legal guardian of a youth who is receiving or
26 has received behavioral health services;

27 (b) Successful completion of the education course developed and
28 offered by the health care authority under RCW 71.24.920;

29 (c) Successful passage of an oral examination administered by the
30 health care authority upon completion of the education course offered
31 by the health care authority under RCW 71.24.920;

32 (d) Successful passage of a written examination administered by
33 the health care authority upon completion of the education course
34 offered by the health care authority under RCW 71.24.920;

35 (e) Successful completion of an experience requirement of at
36 least 1,000 supervised hours as a certified peer support specialist
37 trainee engaged in the volunteer or paid practice of peer support
38 services, in accordance with the standards in RCW 18.420.060; and

39 (f) Payment of the appropriate fee required under this chapter.

1 (2) The secretary(~~(, with the recommendation of the advisory~~
2 ~~committee,)~~) shall establish criteria for the issuance of a
3 certificate to engage in the practice of peer support services based
4 on prior experience as a peer specialist attained before July 1,
5 2025. The criteria shall establish equivalency standards necessary to
6 be deemed to have met the requirements of subsection (1) of this
7 section. An applicant under this subsection shall have until July 1,
8 2026, to complete any standards in which the applicant is determined
9 to be deficient.

10 (3) The secretary(~~(, with the recommendation of the advisory~~
11 ~~committee,)~~) shall issue a certificate to engage in the practice of
12 peer support services based on completion of an apprenticeship
13 program registered and approved under chapter 49.04 RCW (~~and~~
14 ~~reviewed by the advisory committee under RCW 18.420.020)~~).

15 (4) A certificate to engage in the practice of peer support
16 services is valid for two years. A certificate may be renewed upon
17 demonstrating to the department that the certified peer support
18 specialist has successfully completed 30 hours of continuing
19 education approved by the department. As part of the continuing
20 education requirement, every six years the applicant must submit
21 proof of successful completion of at least three hours of suicide
22 prevention training and at least six hours of coursework in
23 professional ethics and law, which may include topics under RCW
24 18.130.180.

25 **Sec. 13.** RCW 18.420.060 and 2023 c 469 s 8 are each amended to
26 read as follows:

27 (1) Beginning July 1, 2025, the secretary shall issue a
28 certificate to practice as a certified peer support specialist
29 trainee to any applicant who demonstrates to the satisfaction of the
30 secretary that:

31 (a) The applicant meets the requirements of RCW 18.420.050
32 (1)(a), (b), (c), (d), and (4) and is working toward the supervised
33 experience requirements to become a certified peer support specialist
34 under this chapter; or

35 (b) The applicant is enrolled in an apprenticeship program
36 registered and approved under chapter 49.04 RCW and approved by the
37 secretary under RCW 18.420.020.

38 (2) An applicant seeking to become a certified peer support
39 specialist trainee under this section shall submit to the secretary

1 for approval an attestation, in accordance with rules adopted by the
2 department, that the certified peer support specialist trainee is
3 actively pursuing the supervised experience requirements of RCW
4 18.420.050(1)(~~(d)~~) (e). This attestation must be updated with the
5 trainee's annual renewal.

6 (3) A certified peer support specialist trainee certified under
7 this section may practice only under the supervision of an approved
8 supervisor. Supervision may be provided through distance supervision.
9 Supervision may be provided by an approved supervisor who is employed
10 by the same employer that employs the certified peer support
11 specialist trainee or by an arrangement made with a third-party
12 approved supervisor to provide supervision, or a combination of both
13 types of approved supervisors.

14 (4) A certified peer support specialist trainee certificate is
15 valid for one year and may only be renewed four times.

16 **Sec. 14.** RCW 18.420.090 and 2023 c 469 s 12 are each amended to
17 read as follows:

18 The uniform disciplinary act, chapter 18.130 RCW, governs
19 uncertified practice of peer support services, the issuance and
20 denial of certificates, and the discipline of certified peer support
21 specialists and certified peer support specialist trainees under this
22 chapter.

23 **Sec. 15.** RCW 18.420.800 and 2023 c 469 s 11 are each amended to
24 read as follows:

25 (1) The department(~~(, in consultation with the advisory~~
26 ~~committee,)) shall conduct an assessment and submit a report to the
27 governor and the committees of the legislature with jurisdiction over
28 health policy issues by December 1, 2027.~~

29 (2) The report in subsection (1) of this section shall provide:

30 (a) An analysis of the adequacy of the supply of certified peer
31 support specialists serving as approved supervisors pursuant to RCW
32 18.420.010(~~(2)~~) (1)(b) with respect to the ability to meet the
33 anticipated supervision needs of certified peer support specialist
34 trainees upon the expiration of behavioral health providers serving
35 as approved supervisors pursuant to RCW 18.420.010(~~(2)~~) (1)(a);

36 (b) An assessment of whether or not it is necessary to extend the
37 expiration of behavioral health providers serving as approved
38 supervisors pursuant to RCW 18.420.010(~~(2)~~) (1)(a) in order to meet

1 the anticipated supervision needs of certified peer support
2 specialist trainees;

3 (c) Recommendations for increasing the supply of certified peer
4 support specialists serving as approved supervisors pursuant to RCW
5 18.420.010(~~((2))~~) (1)(b), including any potential modifications to
6 the requirements to become an approved supervisor; and

7 (d) Recommendations for alternative methods of providing
8 supervision to certified peer support specialist trainees, including
9 options for team-based supervision that incorporate supervision from
10 both behavioral health providers serving as approved supervisors
11 pursuant to RCW 18.420.010(~~((2))~~) (1)(a) and certified peer support
12 specialists serving as approved supervisors pursuant to RCW
13 18.420.010(~~((2))~~) (1)(b).

14 **Sec. 16.** RCW 43.70.250 and 2024 c 366 s 14 are each amended to
15 read as follows:

16 (1) It shall be the policy of the state of Washington that the
17 cost of each professional, occupational, or business licensing
18 program be fully borne by the members of that profession, occupation,
19 or business.

20 (2) The secretary shall from time to time establish the amount of
21 all application fees, license fees, registration fees, examination
22 fees, permit fees, renewal fees, and any other fee associated with
23 licensing or regulation of professions, occupations, or businesses
24 administered by the department. Any and all fees or assessments, or
25 both, levied on the state to cover the costs of the operations and
26 activities of the interstate health professions licensure compacts
27 with participating authorities listed under chapter 18.130 RCW shall
28 be borne by the persons who hold licenses issued pursuant to the
29 authority and procedures established under the compacts. In fixing
30 said fees, the secretary shall set the fees for each program at a
31 sufficient level to defray the costs of administering that program
32 and the cost of regulating licensed volunteer medical workers in
33 accordance with RCW 18.130.360, except as provided in RCW 18.79.202.
34 In no case may the secretary impose any certification, examination,
35 or renewal fee upon a person seeking certification as a certified
36 peer support specialist trainee under chapter 18.420 RCW or, between
37 July 1, 2025, and July 1, 2030, impose a certification, examination,
38 or renewal fee of more than \$100 upon any person seeking
39 certification as a certified peer support specialist under chapter

1 18.420 RCW. Subject to amounts appropriated for this specific
2 purpose, between July 1, 2024, and July 1, 2029, the secretary may
3 not impose any certification or certification renewal fee on a person
4 seeking certification as a substance use disorder professional or
5 substance use disorder professional trainee under chapter 18.205 RCW
6 of more than \$100.

7 (3) All such fees shall be fixed by rule adopted by the secretary
8 in accordance with the provisions of the administrative procedure
9 act, chapter 34.05 RCW.

10 **Sec. 17.** RCW 48.43.825 and 2023 c 469 s 16 are each amended to
11 read as follows:

12 By July 1, 2026, each carrier shall provide access to services
13 provided by certified peer support specialists and certified peer
14 support specialist trainees in a manner sufficient to meet the
15 network access standards set forth in rules established by the office
16 of the insurance commissioner.

17 **Sec. 18.** RCW 71.24.025 and 2024 c 368 s 2, 2024 c 367 s 1, and
18 2024 c 121 s 25 are each reenacted and amended to read as follows:

19 Unless the context clearly requires otherwise, the definitions in
20 this section apply throughout this chapter.

21 (1) "23-hour crisis relief center" means a community-based
22 facility or portion of a facility which is licensed or certified by
23 the department of health and open 24 hours a day, seven days a week,
24 offering access to mental health and substance use care for no more
25 than 23 hours and 59 minutes at a time per patient, and which accepts
26 all behavioral health crisis walk-ins drop-offs from first
27 responders, and individuals referred through the 988 system
28 regardless of behavioral health acuity, and meets the requirements
29 under RCW 71.24.916.

30 (2) "988 crisis hotline" means the universal telephone number
31 within the United States designated for the purpose of the national
32 suicide prevention and mental health crisis hotline system operating
33 through the national suicide prevention lifeline.

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

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

1 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
2 case of a child, a gravely disabled minor as defined in RCW
3 71.34.020; or

4 (c) Presenting a likelihood of serious harm as defined in RCW
5 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

6 (4) "Alcoholism" means a disease, characterized by a dependency
7 on alcoholic beverages, loss of control over the amount and
8 circumstances of use, symptoms of tolerance, physiological or
9 psychological withdrawal, or both, if use is reduced or discontinued,
10 and impairment of health or disruption of social or economic
11 functioning.

12 (5) "Approved substance use disorder treatment program" means a
13 program for persons with a substance use disorder provided by a
14 treatment program licensed or certified by the department as meeting
15 standards adopted under this chapter.

16 (6) "Authority" means the Washington state health care authority.

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

26 (8) "Behavioral health administrative services organization"
27 means an entity contracted with the authority to administer
28 behavioral health services and programs under RCW 71.24.381,
29 including crisis services and administration of chapter 71.05 RCW,
30 the involuntary treatment act, for all individuals in a defined
31 regional service area.

32 (9) "Behavioral health aide" means a counselor, health educator,
33 and advocate who helps address individual and community-based
34 behavioral health needs, including those related to alcohol, drug,
35 and tobacco abuse as well as mental health problems such as grief,
36 depression, suicide, and related issues and is certified by a
37 community health aide program of the Indian health service or one or
38 more tribes or tribal organizations consistent with the provisions of
39 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

1 (10) "Behavioral health provider" means a person licensed under
2 chapter 18.57, 18.71, 18.71A, 18.83, 18.205, 18.225, or 18.79 RCW, as
3 it applies to registered nurses and advanced practice registered
4 (~~nurse practitioners~~) nurses.

5 (11) "Behavioral health services" means mental health services,
6 substance use disorder treatment services, and co-occurring disorder
7 treatment services as described in this chapter and chapter 71.36 RCW
8 that, depending on the type of service, are provided by licensed or
9 certified behavioral health agencies, behavioral health providers, or
10 integrated into other health care providers.

11 (12) "Child" means a person under the age of 18 years.

12 (13) "Chronically mentally ill adult" or "adult who is
13 chronically mentally ill" means an adult who has a mental disorder
14 and meets at least one of the following criteria:

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

17 (b) Has experienced a continuous behavioral health
18 hospitalization or residential treatment exceeding six months'
19 duration within the preceding year; or

20 (c) Has been unable to engage in any substantial gainful activity
21 by reason of any mental disorder which has lasted for a continuous
22 period of not less than 12 months. "Substantial gainful activity"
23 shall be defined by the authority by rule consistent with Public Law
24 92-603, as amended.

25 (14) "Clubhouse" means a community-based program that provides
26 rehabilitation services and is licensed or certified by the
27 department.

28 (15) "Community behavioral health program" means all
29 expenditures, services, activities, or programs, including reasonable
30 administration and overhead, designed and conducted to prevent or
31 treat substance use disorder, mental illness, or both in the
32 community behavioral health system.

33 (16) "Community behavioral health service delivery system" means
34 public, private, or tribal agencies that provide services
35 specifically to persons with mental disorders, substance use
36 disorders, or both, as defined under RCW 71.05.020 and receive
37 funding from public sources.

38 (17) "Community support services" means services authorized,
39 planned, and coordinated through resource management services
40 including, at a minimum, assessment, diagnosis, emergency crisis

1 intervention available 24 hours, seven days a week, prescreening
2 determinations for persons who are mentally ill being considered for
3 placement in nursing homes as required by federal law, screening for
4 patients being considered for admission to residential services,
5 diagnosis and treatment for children who are acutely mentally ill or
6 severely emotionally or behaviorally disturbed discovered under
7 screening through the federal Title XIX early and periodic screening,
8 diagnosis, and treatment program, investigation, legal, and other
9 nonresidential services under chapter 71.05 RCW, case management
10 services, psychiatric treatment including medication supervision,
11 counseling, psychotherapy, assuring transfer of relevant patient
12 information between service providers, recovery services, and other
13 services determined by behavioral health administrative services
14 organizations.

15 (18) "Community-based crisis team" means a team that is part of
16 an emergency medical services agency, a fire service agency, a public
17 health agency, a medical facility, a nonprofit crisis response
18 provider, or a city or county government entity, other than a law
19 enforcement agency, that provides the on-site community-based
20 interventions of a mobile rapid response crisis team for individuals
21 who are experiencing a behavioral health crisis.

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

27 (20) "Coordinated regional behavioral health crisis response
28 system" means the coordinated operation of 988 call centers, regional
29 crisis lines, certified public safety telecommunicators, and other
30 behavioral health crisis system partners within each regional service
31 area.

32 (21) "County authority" means the board of county commissioners,
33 county council, or county executive having authority to establish a
34 behavioral health administrative services organization, or two or
35 more of the county authorities specified in this subsection which
36 have entered into an agreement to establish a behavioral health
37 administrative services organization.

38 (22) "Crisis stabilization services" means services such as 23-
39 hour crisis relief centers, crisis stabilization units, short-term
40 respite facilities, peer-run respite services, and same-day walk-in

1 behavioral health services, including within the overall crisis
2 system components that operate like hospital emergency departments
3 that accept all walk-ins, and ambulance, fire, and police drop-offs,
4 or determine the need for involuntary hospitalization of an
5 individual.

6 (23) "Crisis stabilization unit" has the same meaning as under
7 RCW 71.05.020.

8 (24) "Department" means the department of health.

9 (25) "Designated 988 contact hub" or "988 contact hub" means a
10 state-designated contact center that streamlines clinical
11 interventions and access to resources for people experiencing a
12 behavioral health crisis and participates in the national suicide
13 prevention lifeline network to respond to statewide or regional 988
14 contacts that meets the requirements of RCW 71.24.890.

15 (26) "Designated crisis responder" has the same meaning as in RCW
16 71.05.020.

17 (27) "Director" means the director of the authority.

18 (28) "Drug addiction" means a disease characterized by a
19 dependency on psychoactive chemicals, loss of control over the amount
20 and circumstances of use, symptoms of tolerance, physiological or
21 psychological withdrawal, or both, if use is reduced or discontinued,
22 and impairment of health or disruption of social or economic
23 functioning.

24 (29) "Early adopter" means a regional service area for which all
25 of the county authorities have requested that the authority purchase
26 medical and behavioral health services through a managed care health
27 system as defined under RCW 71.24.380(7).

28 (30) "Emerging best practice" or "promising practice" means a
29 program or practice that, based on statistical analyses or a well
30 established theory of change, shows potential for meeting the
31 evidence-based or research-based criteria, which may include the use
32 of a program that is evidence-based for outcomes other than those
33 listed in subsection (31) of this section.

34 (31) "Evidence-based" means a program or practice that has been
35 tested in heterogeneous or intended populations with multiple
36 randomized, or statistically controlled evaluations, or both; or one
37 large multiple site randomized, or statistically controlled
38 evaluation, or both, where the weight of the evidence from a systemic
39 review demonstrates sustained improvements in at least one outcome.
40 "Evidence-based" also means a program or practice that can be

1 implemented with a set of procedures to allow successful replication
2 in Washington and, when possible, is determined to be cost-
3 beneficial.

4 (32) "First responders" includes ambulance, fire, mobile rapid
5 response crisis team, coresponder team, designated crisis responder,
6 fire department mobile integrated health team, community assistance
7 referral and education services program under RCW 35.21.930, and law
8 enforcement personnel.

9 (33) "Immediate jeopardy" means a situation in which the licensed
10 or certified behavioral health agency's noncompliance with one or
11 more statutory or regulatory requirements has placed the health and
12 safety of patients in its care at risk for serious injury, serious
13 harm, serious impairment, or death.

14 (34) "Indian health care provider" means a health care program
15 operated by the Indian health service or by a tribe, tribal
16 organization, or urban Indian organization as those terms are defined
17 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

18 (35) "Intensive behavioral health treatment facility" means a
19 community-based specialized residential treatment facility for
20 individuals with behavioral health conditions, including individuals
21 discharging from or being diverted from state and local hospitals,
22 whose impairment or behaviors do not meet, or no longer meet,
23 criteria for involuntary inpatient commitment under chapter 71.05
24 RCW, but whose care needs cannot be met in other community-based
25 placement settings.

26 (36) "Licensed or certified behavioral health agency" means:

27 (a) An entity licensed or certified according to this chapter or
28 chapter 71.05 RCW;

29 (b) An entity deemed to meet state minimum standards as a result
30 of accreditation by a recognized behavioral health accrediting body
31 recognized and having a current agreement with the department; or

32 (c) An entity with a tribal attestation that it meets state
33 minimum standards for a licensed or certified behavioral health
34 agency.

35 (37) "Licensed physician" means a person licensed to practice
36 medicine or osteopathic medicine and surgery in the state of
37 Washington.

38 (38) "Long-term inpatient care" means inpatient services for
39 persons committed for, or voluntarily receiving intensive treatment
40 for, periods of ninety days or greater under chapter 71.05 RCW.

1 "Long-term inpatient care" as used in this chapter does not include:
2 (a) Services for individuals committed under chapter 71.05 RCW who
3 are receiving services pursuant to a conditional release or a court-
4 ordered less restrictive alternative to detention; or (b) services
5 for individuals voluntarily receiving less restrictive alternative
6 treatment on the grounds of the state hospital.

7 (39) "Managed care organization" means an organization, having a
8 certificate of authority or certificate of registration from the
9 office of the insurance commissioner, that contracts with the
10 authority under a comprehensive risk contract to provide prepaid
11 health care services to enrollees under the authority's managed care
12 programs under chapter 74.09 RCW.

13 (40) "Mental health peer-run respite center" means a peer-run
14 program to serve individuals in need of voluntary, short-term,
15 noncrisis services that focus on recovery and wellness.

16 (41) Mental health "treatment records" include registration and
17 all other records concerning persons who are receiving or who at any
18 time have received services for mental illness, which are maintained
19 by the department of social and health services or the authority, by
20 behavioral health administrative services organizations and their
21 staffs, by managed care organizations and their staffs, or by
22 treatment facilities. "Treatment records" do not include notes or
23 records maintained for personal use by a person providing treatment
24 services for the entities listed in this subsection, or a treatment
25 facility if the notes or records are not available to others.

26 (42) "Mentally ill persons," "persons who are mentally ill," and
27 "the mentally ill" mean persons and conditions defined in subsections
28 (3), (13), (51), and (52) of this section.

29 (43) "Mobile rapid response crisis team" means a team that
30 provides professional on-site community-based intervention such as
31 outreach, de-escalation, stabilization, resource connection, and
32 follow-up support for individuals who are experiencing a behavioral
33 health crisis, that shall include certified peer counselors or
34 certified peer support specialists as a best practice to the extent
35 practicable based on workforce availability, and that meets standards
36 for response times established by the authority.

37 (44) "Recovery" means a process of change through which
38 individuals improve their health and wellness, live a self-directed
39 life, and strive to reach their full potential.

1 (45) "Regional crisis line" means the behavioral health crisis
2 hotline in each regional service area which provides crisis response
3 services 24 hours a day, seven days a week, 365 days a year including
4 but not limited to dispatch of mobile rapid response crisis teams,
5 community-based crisis teams, and designated crisis responders.

6 (46) "Research-based" means a program or practice that has been
7 tested with a single randomized, or statistically controlled
8 evaluation, or both, demonstrating sustained desirable outcomes; or
9 where the weight of the evidence from a systemic review supports
10 sustained outcomes as described in subsection (31) of this section
11 but does not meet the full criteria for evidence-based.

12 (47) "Residential services" means a complete range of residences
13 and supports authorized by resource management services and which may
14 involve a facility, a distinct part thereof, or services which
15 support community living, for persons who are acutely mentally ill,
16 adults who are chronically mentally ill, children who are severely
17 emotionally disturbed, or adults who are seriously disturbed and
18 determined by the behavioral health administrative services
19 organization or managed care organization to be at risk of becoming
20 acutely or chronically mentally ill. The services shall include at
21 least evaluation and treatment services as defined in chapter 71.05
22 RCW, acute crisis respite care, long-term adaptive and rehabilitative
23 care, and supervised and supported living services, and shall also
24 include any residential services developed to service persons who are
25 mentally ill in nursing homes, residential treatment facilities,
26 assisted living facilities, and adult family homes, and may include
27 outpatient services provided as an element in a package of services
28 in a supported housing model. Residential services for children in
29 out-of-home placements related to their mental disorder shall not
30 include the costs of food and shelter, except for children's long-
31 term residential facilities existing prior to January 1, 1991.

32 (48) "Resilience" means the personal and community qualities that
33 enable individuals to rebound from adversity, trauma, tragedy,
34 threats, or other stresses, and to live productive lives.

35 (49) "Resource management services" mean the planning,
36 coordination, and authorization of residential services and community
37 support services administered pursuant to an individual service plan
38 for: (a) Adults and children who are acutely mentally ill; (b) adults
39 who are chronically mentally ill; (c) children who are severely
40 emotionally disturbed; or (d) adults who are seriously disturbed and

1 determined by a behavioral health administrative services
2 organization or managed care organization to be at risk of becoming
3 acutely or chronically mentally ill. Such planning, coordination, and
4 authorization shall include mental health screening for children
5 eligible under the federal Title XIX early and periodic screening,
6 diagnosis, and treatment program. Resource management services
7 include seven day a week, 24 hour a day availability of information
8 regarding enrollment of adults and children who are mentally ill in
9 services and their individual service plan to designated crisis
10 responders, evaluation and treatment facilities, and others as
11 determined by the behavioral health administrative services
12 organization or managed care organization, as applicable.

13 (50) "Secretary" means the secretary of the department of health.

14 (51) "Seriously disturbed person" means a person who:

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

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

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

24 (d) Exhibits suicidal preoccupation or attempts; or

25 (e) Is a child diagnosed by a mental health professional, as
26 defined in chapter 71.34 RCW, as experiencing a mental disorder which
27 is clearly interfering with the child's functioning in family or
28 school or with peers or is clearly interfering with the child's
29 personality development and learning.

30 (52) "Severely emotionally disturbed child" or "child who is
31 severely emotionally disturbed" means a child who has been determined
32 by the behavioral health administrative services organization or
33 managed care organization, if applicable, to be experiencing a mental
34 disorder as defined in chapter 71.34 RCW, including those mental
35 disorders that result in a behavioral or conduct disorder, that is
36 clearly interfering with the child's functioning in family or school
37 or with peers and who meets at least one of the following criteria:

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

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

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

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

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

9 (ii) Changes in custodial adult;

10 (iii) Going to, residing in, or returning from any placement
11 outside of the home, for example, behavioral health hospital, short-
12 term inpatient, residential treatment, group or foster home, or a
13 correctional facility;

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

15 (v) Drug or alcohol abuse; or

16 (vi) Homelessness.

17 (53) "State minimum standards" means minimum requirements
18 established by rules adopted and necessary to implement this chapter
19 by:

20 (a) The authority for:

21 (i) Delivery of mental health and substance use disorder
22 services; and

23 (ii) Community support services and resource management services;

24 (b) The department of health for:

25 (i) Licensed or certified behavioral health agencies for the
26 purpose of providing mental health or substance use disorder programs
27 and services, or both;

28 (ii) Licensed behavioral health providers for the provision of
29 mental health or substance use disorder services, or both; and

30 (iii) Residential services.

31 (54) "Substance use disorder" means a cluster of cognitive,
32 behavioral, and physiological symptoms indicating that an individual
33 continues using the substance despite significant substance-related
34 problems. The diagnosis of a substance use disorder is based on a
35 pathological pattern of behaviors related to the use of the
36 substances.

37 (55) "Tribe," for the purposes of this section, means a federally
38 recognized Indian tribe.

1 **Sec. 19.** RCW 71.24.585 and 2019 c 314 s 28 are each amended to
2 read as follows:

3 (1)(a) The state of Washington declares that substance use
4 disorders are medical conditions. Substance use disorders should be
5 treated in a manner similar to other medical conditions by using
6 interventions that are supported by evidence, including medications
7 approved by the federal food and drug administration for the
8 treatment of opioid use disorder. It is also recognized that many
9 individuals have multiple substance use disorders, as well as
10 histories of trauma, developmental disabilities, or mental health
11 conditions. As such, all individuals experiencing opioid use disorder
12 should be offered evidence-supported treatments to include federal
13 food and drug administration approved medications for the treatment
14 of opioid use disorders and behavioral counseling and social supports
15 to address them. For behavioral health agencies, an effective plan of
16 treatment for most persons with opioid use disorder integrates access
17 to medications and psychosocial counseling and should be consistent
18 with the American society of addiction medicine patient placement
19 criteria. Providers must inform patients with opioid use disorder or
20 substance use disorder of options to access federal food and drug
21 administration approved medications for the treatment of opioid use
22 disorder or substance use disorder. Because some such medications are
23 controlled substances in chapter 69.50 RCW, the state of Washington
24 maintains the legal obligation and right to regulate the uses of
25 these medications in the treatment of opioid use disorder.

26 (b) The authority must work with other state agencies and
27 stakeholders to develop value-based payment strategies to better
28 support the ongoing care of persons with opioid and other substance
29 use disorders.

30 (c) The department of corrections shall develop policies to
31 prioritize services based on available grant funding and funds
32 appropriated specifically for opioid use disorder treatment.

33 (2) The authority must promote the use of medication therapies
34 and other evidence-based strategies to address the opioid epidemic in
35 Washington state. Additionally, by January 1, 2020, the authority
36 must prioritize state resources for the provision of treatment and
37 recovery support services to inpatient and outpatient treatment
38 settings that allow patients to start or maintain their use of
39 medications for opioid use disorder while engaging in services.

1 (3) The state declares that the main goals of treatment for
2 persons with opioid use disorder are the cessation of unprescribed
3 opioid use, reduced morbidity, and restoration of the ability to lead
4 a productive and fulfilling life.

5 (4) To achieve the goals in subsection (3) of this section, to
6 promote public health and safety, and to promote the efficient and
7 economic use of funding for the medicaid program under Title XIX of
8 the social security act, the authority may seek, receive, and expend
9 alternative sources of funding to support all aspects of the state's
10 response to the opioid crisis.

11 (5) The authority must partner with the department of social and
12 health services, the department of corrections, the department of
13 health, the department of children, youth, and families, and any
14 other agencies or entities the authority deems appropriate to develop
15 a statewide approach to leveraging medicaid funding to treat opioid
16 use disorder and provide emergency overdose treatment. Such
17 alternative sources of funding may include:

18 (a) Seeking a section 1115 demonstration waiver from the federal
19 centers for medicare and medicaid services to fund opioid treatment
20 medications for persons eligible for medicaid at or during the time
21 of incarceration and juvenile detention facilities; and

22 (b) Soliciting and receiving private funds, grants, and donations
23 from any willing person or entity.

24 (6) (a) The authority shall work with the department of health to
25 promote coordination between medication-assisted treatment
26 prescribers, federally accredited opioid treatment programs,
27 substance use disorder treatment facilities, and state-certified
28 substance use disorder treatment agencies to:

29 (i) Increase patient choice in receiving medication and
30 counseling;

31 (ii) Strengthen relationships between opioid use disorder
32 providers;

33 (iii) Acknowledge and address the challenges presented for
34 individuals needing treatment for multiple substance use disorders
35 simultaneously; and

36 (iv) Study and review effective methods to identify and reach out
37 to individuals with opioid use disorder who are at high risk of
38 overdose and not involved in traditional systems of care, such as
39 homeless individuals using syringe service programs, and connect such
40 individuals to appropriate treatment.

1 (b) The authority must work with stakeholders to develop a set of
2 recommendations to the governor and the legislature that:

3 (i) Propose, in addition to those required by federal law, a
4 standard set of services needed to support the complex treatment
5 needs of persons with opioid use disorder treated in opioid treatment
6 programs;

7 (ii) Outline the components of and strategies needed to develop
8 opioid treatment program centers of excellence that provide fully
9 integrated care for persons with opioid use disorder;

10 (iii) Estimate the costs needed to support these models and
11 recommendations for funding strategies that must be included in the
12 report;

13 (iv) Outline strategies to increase the number of waived health
14 care providers approved for prescribing buprenorphine by the
15 substance abuse and mental health services administration; and

16 (v) Outline strategies to lower the cost of federal food and drug
17 administration approved products for the treatment of opioid use
18 disorder.

19 (7) State agencies shall review and promote positive outcomes
20 associated with the accountable communities of health funded opioid
21 projects and local law enforcement and human services opioid
22 collaborations as set forth in the Washington state interagency
23 opioid working plan.

24 (8) The authority must partner with the department and other
25 state agencies to replicate effective approaches for linking
26 individuals who have had a nonfatal overdose with treatment
27 opportunities, with a goal to connect certified peer counselors or
28 certified peer support specialists with individuals who have had a
29 nonfatal overdose.

30 (9) State agencies must work together to increase outreach and
31 education about opioid overdoses to non-English-speaking communities
32 by developing a plan to conduct outreach and education to non-
33 English-speaking communities. The department must submit a report on
34 the outreach and education plan with recommendations for
35 implementation to the appropriate legislative committees by July 1,
36 2020.

37 **Sec. 20.** RCW 71.24.890 and 2024 c 368 s 4 and 2024 c 364 s 1 are
38 each reenacted and amended to read as follows:

1 (1) Establishing the state designated 988 contact hubs and
2 enhancing the crisis response system will require collaborative work
3 between the department, the authority, and regional system partners
4 within their respective roles. The department shall have primary
5 responsibility for designating 988 contact hubs, and shall seek
6 recommendations from the behavioral health administrative services
7 organizations to determine which 988 contact hubs best meet regional
8 needs. The authority shall have primary responsibility for
9 developing, implementing, and facilitating coordination of the crisis
10 response system and services to support the work of the designated
11 988 contact hubs, regional crisis lines, and other coordinated
12 regional behavioral health crisis response system partners. In any
13 instance in which one agency is identified as the lead, the
14 expectation is that agency will communicate and collaborate with the
15 other to ensure seamless, continuous, and effective service delivery
16 within the statewide crisis response system.

17 (2) The department shall provide adequate funding for the state's
18 crisis call centers to meet an expected increase in the use of the
19 988 contact hubs based on the implementation of the 988 crisis
20 hotline. The funding level shall be established at a level
21 anticipated to achieve an in-state call response rate of at least 90
22 percent by July 22, 2022. The funding level shall be determined by
23 considering standards and cost per call predictions provided by the
24 administrator of the national suicide prevention lifeline, call
25 volume predictions, guidance on crisis call center performance
26 metrics, and necessary technology upgrades. Contracts with the 988
27 contact hubs:

28 (a) May provide funding to support designated 988 contact hubs to
29 enter into limited partnerships with the public safety answering
30 point to increase the coordination and transfer of behavioral health
31 calls received by certified public safety telecommunicators that are
32 better addressed by clinic interventions provided by the 988 system.
33 Tax revenue may be used to support partnerships. These partnerships
34 with 988 and public safety may be expanded to include regional crisis
35 lines administered by behavioral health administrative services
36 organizations;

37 (b) Shall require that 988 contact hubs enter into data-sharing
38 agreements, when appropriate, with the department, the authority,
39 regional crisis lines, and applicable regional behavioral health
40 administrative services organizations to provide reports and client

1 level data regarding 988 contact hub calls, as allowed by and in
2 compliance with existing federal and state law governing the sharing
3 and use of protected health information. Data-sharing agreements with
4 regional crisis lines must include real-time information sharing. All
5 coordinated regional behavioral health crisis response system
6 partners must share dispatch time, arrival time, and disposition for
7 behavioral health calls referred for outreach by each region
8 consistent with any regional protocols developed under RCW 71.24.432.
9 The department and the authority shall establish requirements for 988
10 contact hubs to report data to regional behavioral health
11 administrative services organizations for the purposes of maximizing
12 medicaid reimbursement, as appropriate, and implementing this chapter
13 and chapters 71.05 and 71.34 RCW. The behavioral health
14 administrative services organization may use information received
15 from the 988 contact hubs in administering crisis services for the
16 assigned regional service area, contracting with a sufficient number
17 of licensed or certified providers for crisis services, establishing
18 and maintaining quality assurance processes, maintaining patient
19 tracking, and developing and implementing strategies to coordinate
20 care for individuals with a history of frequent crisis system
21 utilization.

22 (3) The department shall adopt rules by January 1, 2025, to
23 establish standards for designation of crisis call centers as
24 designated 988 contact hubs. The department shall collaborate with
25 the authority, other agencies, and coordinated regional behavioral
26 health crisis response system partners to assure coordination and
27 availability of services, and shall consider national guidelines for
28 behavioral health crisis care as determined by the federal substance
29 abuse and mental health services administration, national behavioral
30 health accrediting bodies, and national behavioral health provider
31 associations to the extent they are appropriate, and recommendations
32 from behavioral health administrative services organizations and the
33 crisis response improvement strategy committee created in RCW
34 71.24.892.

35 (4) The department shall designate 988 contact hubs considering
36 the recommendations of behavioral health administrative services
37 organizations by January 1, 2026. The designated 988 contact hubs
38 shall provide connections to crisis intervention services, triage,
39 care coordination, and referrals for individuals contacting the 988
40 contact hubs from any jurisdiction within Washington 24 hours a day,

1 seven days a week, using the system platform developed under
2 subsection (5) of this section. The department may not designate more
3 than a total of four 988 contact hubs without legislative approval.

4 (a) To be designated as a 988 contact hub, the applicant must
5 demonstrate to the department the ability to comply with the
6 requirements of this section and to contract to provide 988 contact
7 hub services. If a 988 contact hub fails to substantially comply with
8 the contract, data-sharing requirements, or approved regional
9 protocols developed under RCW 71.24.432, the department may revoke
10 the designation of the 988 contact hub and, after consulting with the
11 affected behavioral health administrative services organization, may
12 designate a 988 contact hub recommended by a behavioral health
13 administrative services organization which is able to meet necessary
14 state and federal requirements.

15 (b) The contracts entered shall require designated 988 contact
16 hubs to:

17 (i) Have an active agreement with the administrator of the
18 national suicide prevention lifeline for participation within its
19 network;

20 (ii) Meet the requirements for operational and clinical standards
21 established by the department and based upon the national suicide
22 prevention lifeline best practices guidelines and other recognized
23 best practices;

24 (iii) Employ highly qualified, skilled, and trained clinical
25 staff who have sufficient training and resources to provide empathy
26 to callers in acute distress, de-escalate crises, assess behavioral
27 health disorders and suicide risk, triage to system partners for
28 callers that need additional clinical interventions, and provide case
29 management and documentation. Call center staff shall be trained to
30 make every effort to resolve cases in the least restrictive
31 environment and without law enforcement involvement whenever
32 possible. Call center staff shall coordinate with certified peer
33 counselors or certified peer support specialists to provide follow-up
34 and outreach to callers in distress as available. It is intended for
35 transition planning to include a pathway for continued employment and
36 skill advancement as needed for experienced crisis call center
37 employees;

38 (iv) Train employees on agricultural community cultural
39 competencies for suicide prevention, which may include sharing
40 resources with callers that are specific to members from the

1 agricultural community. The training must prepare staff to provide
2 appropriate assessments, interventions, and resources to members of
3 the agricultural community. Employees may make warm transfers and
4 referrals to a crisis hotline that specializes in working with
5 members from the agricultural community, provided that no person
6 contacting 988 shall be transferred or referred to another service if
7 they are currently in crisis and in need of emotional support;

8 (v) Prominently display 988 crisis hotline information on their
9 websites and social media, including a description of what the caller
10 should expect when contacting the crisis call center and a
11 description of the various options available to the caller, including
12 call lines specialized in the behavioral health needs of veterans,
13 American Indian and Alaska Native persons, Spanish-speaking persons,
14 and LGBTQ populations. The website may also include resources for
15 programs and services related to suicide prevention for the
16 agricultural community;

17 (vi) Collaborate with the authority, the national suicide
18 prevention lifeline, and veterans crisis line networks to assure
19 consistency of public messaging about the 988 crisis hotline;

20 (vii) Collaborate with coordinated regional behavioral health
21 crisis response system partners within the 988 contact hub's regional
22 service area to develop protocols under RCW 71.24.432, including
23 protocols related to the dispatching of mobile rapid response crisis
24 teams and community-based crisis teams endorsed under RCW 71.24.903;

25 (viii) Provide data and reports and participate in evaluations
26 and related quality improvement activities, according to standards
27 established by the department in collaboration with the authority;
28 and

29 (ix) Enter into data-sharing agreements with the department, the
30 authority, regional crisis lines, and applicable behavioral health
31 administrative services organizations to provide reports and client
32 level data regarding 988 contact hub calls, as allowed by and in
33 compliance with existing federal and state law governing the sharing
34 and use of protected health information, which shall include sharing
35 real-time information with regional crisis lines. The department and
36 the authority shall establish requirements that the designated 988
37 contact hubs report data to regional behavioral health administrative
38 services organizations for the purposes of maximizing medicaid
39 reimbursement, as appropriate, and implementing this chapter and
40 chapters 71.05 and 71.34 RCW including, but not limited to,

1 administering crisis services for the assigned regional service area,
2 contracting with a sufficient number of licensed or certified
3 providers for crisis services, establishing and maintaining quality
4 assurance processes, maintaining patient tracking, and developing and
5 implementing strategies to coordinate care for individuals with a
6 history of frequent crisis system utilization.

7 (c) The department and the authority shall incorporate
8 recommendations from the crisis response improvement strategy
9 committee created under RCW 71.24.892 in its agreements with
10 designated 988 contact hubs, as appropriate.

11 (5) The department and authority must coordinate to develop the
12 technology and platforms necessary to manage and operate the
13 behavioral health crisis response and suicide prevention system. The
14 department and the authority must include designated 988 contact
15 hubs, regional crisis lines, and behavioral health administrative
16 services organizations in the decision-making process for selecting
17 any technology platforms that will be used to operate the system. No
18 decisions made by the department or the authority shall interfere
19 with the routing of the 988 contact hubs calls, texts, or chat as
20 part of Washington's active agreement with the administrator of the
21 national suicide prevention lifeline or 988 administrator that routes
22 988 contacts into Washington's system. The technologies developed
23 must include:

24 (a) A new technologically advanced behavioral health and suicide
25 prevention crisis call center system platform for use in 988 contact
26 hubs designated by the department under subsection (4) of this
27 section. This platform, which shall be implemented as soon as
28 possible and fully funded by January 1, 2026, shall be developed by
29 the department and must include the capacity to receive crisis
30 assistance requests through phone calls, texts, chats, and other
31 similar methods of communication that may be developed in the future
32 that promote access to the behavioral health crisis system; and

33 (b) A behavioral health integrated client referral system capable
34 of providing system coordination information to designated 988
35 contact hubs and the other entities involved in behavioral health
36 care. This system shall be developed by the authority.

37 (6) In developing the new technologies under subsection (5) of
38 this section, the department and the authority must coordinate to
39 designate a primary technology system to provide each of the
40 following:

1 (a) Access to real-time information relevant to the coordination
2 of behavioral health crisis response and suicide prevention services,
3 including:

4 (i) Real-time bed availability for all behavioral health bed
5 types and recliner chairs, including but not limited to crisis
6 stabilization services, 23-hour crisis relief centers, psychiatric
7 inpatient, substance use disorder inpatient, withdrawal management,
8 peer-run respite centers, and crisis respite services, inclusive of
9 both voluntary and involuntary beds, for use by crisis response
10 workers, first responders, health care providers, emergency
11 departments, and individuals in crisis; and

12 (ii) Real-time information relevant to the coordination of
13 behavioral health crisis response and suicide prevention services for
14 a person, including the means to access:

15 (A) Information about any less restrictive alternative treatment
16 orders or mental health advance directives related to the person; and

17 (B) Information necessary to enable the designated 988 contact
18 hubs to actively collaborate with regional crisis lines, emergency
19 departments, primary care providers and behavioral health providers
20 within managed care organizations, behavioral health administrative
21 services organizations, and other health care payers to establish a
22 safety plan for the person in accordance with best practices and
23 provide the next steps for the person's transition to follow-up
24 noncrisis care. To establish information-sharing guidelines that
25 fulfill the intent of this section the authority shall consider input
26 from the confidential information compliance and coordination
27 subcommittee established under RCW 71.24.892;

28 (b) The means to track the outcome of the 988 call to enable
29 appropriate follow-up, cross-system coordination, and accountability,
30 including as appropriate: (i) Any immediate services dispatched and
31 reports generated from the encounter; (ii) the validation of a safety
32 plan established for the caller in accordance with best practices;
33 (iii) the next steps for the caller to follow in transition to
34 noncrisis follow-up care, including a next-day appointment for
35 callers experiencing urgent, symptomatic behavioral health care
36 needs; and (iv) the means to verify and document whether the caller
37 was successful in making the transition to appropriate noncrisis
38 follow-up care indicated in the safety plan for the person, to be
39 completed either by the care coordinator provided through the
40 person's managed care organization, health plan, or behavioral health

1 administrative services organization, or if such a care coordinator
2 is not available or does not follow through, by the staff of the
3 designated 988 contact hub;

4 (c) A means to facilitate actions to verify and document whether
5 the person's transition to follow-up noncrisis care was completed and
6 services offered, to be performed by a care coordinator provided
7 through the person's managed care organization, health plan, or
8 behavioral health administrative services organization, or if such a
9 care coordinator is not available or does not follow through, by the
10 staff of the designated 988 contact hub;

11 (d) The means to provide geographically, culturally, and
12 linguistically appropriate services to persons who are part of high-
13 risk populations or otherwise have need of specialized services or
14 accommodations, and to document these services or accommodations; and

15 (e) When appropriate, consultation with tribal governments to
16 ensure coordinated care in government-to-government relationships,
17 and access to dedicated services to tribal members.

18 (7) The authority shall:

19 (a) Collaborate with county authorities and behavioral health
20 administrative services organizations to develop procedures to
21 dispatch behavioral health crisis services in coordination with
22 designated 988 contact hubs to effectuate the intent of this section;

23 (b) Establish formal agreements with managed care organizations
24 and behavioral health administrative services organizations by
25 January 1, 2023, to provide for the services, capacities, and
26 coordination necessary to effectuate the intent of this section,
27 which shall include a requirement to arrange next-day appointments
28 for persons contacting the 988 contact hub or a regional crisis line
29 experiencing urgent, symptomatic behavioral health care needs with
30 geographically, culturally, and linguistically appropriate primary
31 care or behavioral health providers within the person's provider
32 network, or, if uninsured, through the person's behavioral health
33 administrative services organization;

34 (c) Create best practices guidelines by July 1, 2023, for
35 deployment of appropriate and available crisis response services by
36 behavioral health administrative services organizations in
37 coordination with designated 988 contact hubs to assist 988 hotline
38 callers to minimize nonessential reliance on emergency room services
39 and the use of law enforcement, considering input from relevant

1 stakeholders and recommendations made by the crisis response
2 improvement strategy committee created under RCW 71.24.892;

3 (d) Develop procedures to allow appropriate information sharing
4 and communication between and across crisis and emergency response
5 systems for the purpose of real-time crisis care coordination
6 including, but not limited to, deployment of crisis and outgoing
7 services, follow-up care, and linked, flexible services specific to
8 crisis response; and

9 (e) Establish guidelines to appropriately serve high-risk
10 populations who request crisis services. The authority shall design
11 these guidelines to promote behavioral health equity for all
12 populations with attention to circumstances of race, ethnicity,
13 gender, socioeconomic status, sexual orientation, and geographic
14 location, and include components such as training requirements for
15 call response workers, policies for transferring such callers to an
16 appropriate specialized center or subnetwork within or external to
17 the national suicide prevention lifeline network, and procedures for
18 referring persons who access the 988 contact hubs to linguistically
19 and culturally competent care.

20 (8) The department shall monitor trends in 988 crisis hotline
21 caller data, as reported by designated 988 contact hubs under
22 subsection (4)(b)(ix) of this section, and submit an annual report to
23 the governor and the appropriate committees of the legislature
24 summarizing the data and trends beginning December 1, 2027.

25 (9) Subject to authorization by the national 988 administrator
26 and the availability of amounts appropriated for this specific
27 purpose, any Washington state subnetwork of the 988 crisis hotline
28 dedicated to the crisis assistance needs of American Indian and
29 Alaska Native persons shall offer services by text, chat, and other
30 similar methods of communication to the same extent as does the
31 general 988 crisis hotline. The department shall coordinate with the
32 substance abuse and mental health services administration for the
33 authorization.

34 **Sec. 21.** RCW 71.24.903 and 2023 c 454 s 9 are each amended to
35 read as follows:

36 (1) By April 1, 2024, the authority shall establish standards for
37 issuing an endorsement to any mobile rapid response crisis team or
38 community-based crisis team that meets the criteria under either
39 subsection (2) or (3) of this section, as applicable. The endorsement

1 is a voluntary credential that a mobile rapid response crisis team or
2 community-based crisis team may obtain to signify that it maintains
3 the capacity to respond to persons who are experiencing a significant
4 behavioral health emergency requiring an urgent, in-person response.
5 The attainment of an endorsement allows the mobile rapid response
6 crisis team or community-based crisis team to become eligible for
7 performance payments as provided in subsection (10) of this section.

8 (2) The authority's standards for issuing an endorsement to a
9 mobile rapid response crisis team or a community-based crisis team
10 must consider:

11 (a) Minimum staffing requirements to effectively respond in-
12 person to individuals experiencing a significant behavioral health
13 emergency. Except as provided in subsection (3) of this section, the
14 team must include appropriately credentialed and supervised staff
15 employed by a licensed or certified behavioral health agency and may
16 include other personnel from participating entities listed in
17 subsection (3) of this section. The team shall include certified peer
18 counselors or certified peer support specialists as a best practice
19 to the extent practicable based on workforce availability. The team
20 may include fire departments, emergency medical services, public
21 health, medical facilities, nonprofit organizations, and city or
22 county governments. The team may not include law enforcement
23 personnel;

24 (b) Capabilities for transporting an individual experiencing a
25 significant behavioral health emergency to a location providing
26 appropriate level crisis stabilization services, as determined by
27 regional transportation procedures, such as crisis receiving centers,
28 crisis stabilization units, and triage facilities. The standards must
29 include vehicle and equipment requirements, including minimum
30 requirements for vehicles and equipment to be able to safely
31 transport the individual, as well as communication equipment
32 standards. The vehicle standards must allow for an ambulance or aid
33 vehicle licensed under chapter 18.73 RCW to be deemed to meet the
34 standards; and

35 (c) Standards for the initial and ongoing training of personnel
36 and for providing clinical supervision to personnel.

37 (3) The authority must adjust the standards for issuing an
38 endorsement to a community-based crisis team under subsection (2) of
39 this section if the team is comprised solely of an emergency medical
40 services agency, whether it is part of a fire service agency or a

1 private entity, that is located in a rural county in eastern
2 Washington with a population of less than 60,000 residents. Under the
3 adjusted standards, until January 1, 2030, the authority shall exempt
4 a team from the personnel standards under subsection (2)(a) of this
5 section and issue an endorsement to a team if:

6 (a) The personnel assigned to the team have met training
7 requirements established by the authority under subsection (2)(c) of
8 this section, as those requirements apply to emergency medical
9 service and fire service personnel, including completion of the
10 three-hour training in suicide assessment, treatment, and management
11 under RCW 43.70.442;

12 (b) The team operates under a memorandum of understanding with a
13 licensed or certified behavioral health agency to provide direct,
14 real-time consultation through a behavioral health provider employed
15 by a licensed or certified behavioral health agency while the team is
16 responding to a call. The consultation may be provided by telephone,
17 through remote technologies, or, if circumstances allow, in person;
18 and

19 (c) The team does not include law enforcement personnel.

20 (4) Prior to issuing an initial endorsement or renewing an
21 endorsement, the authority shall conduct an on-site survey of the
22 applicant's operation.

23 (5) An endorsement must be renewed every three years.

24 (6) The authority shall establish forms and procedures for
25 issuing and renewing an endorsement.

26 (7) The authority shall establish procedures for the denial,
27 suspension, or revocation of an endorsement.

28 (8)(a) The decision of a mobile rapid response crisis team or
29 community-based crisis team to seek endorsement is voluntary and does
30 not prohibit a nonendorsed team from participating in the crisis
31 response system when (i) responding to individuals who are not
32 experiencing a significant behavioral health emergency that requires
33 an urgent in-person response or (ii) responding to individuals who
34 are experiencing a significant behavioral health emergency that
35 requires an urgent in-person response when there is not an endorsed
36 team available.

37 (b) The decision of a mobile rapid response crisis team not to
38 pursue an endorsement under this section does not affect its
39 obligation to comply with any standards adopted by the authority with
40 respect to mobile rapid response crisis teams.

1 (c) The decision of a mobile rapid response crisis team not to
2 pursue an endorsement under this section does not affect its
3 responsibilities and reimbursement for services as they may be
4 defined in contracts with managed care organizations or behavioral
5 health administrative services organizations.

6 (9) The costs associated with endorsement activities shall be
7 supported with funding from the statewide 988 behavioral health
8 crisis response and suicide prevention line account established in
9 RCW 82.86.050.

10 (10) The authority shall establish an endorsed mobile rapid
11 response crisis team and community-based crisis team performance
12 program with receipts from the statewide 988 behavioral health crisis
13 response and suicide prevention line account.

14 (a) Subject to funding provided for this specific purpose, the
15 performance program shall:

16 (i) Issue establishment grants to support mobile rapid response
17 crisis teams and community-based crisis teams seeking to meet the
18 elements necessary to become endorsed under either subsection (2) or
19 (3) of this section;

20 (ii) Issue performance payments in the form of an enhanced case
21 rate to mobile rapid response crisis teams and community-based crisis
22 teams that have received an endorsement from the authority under
23 either subsection (2) or (3) of this section; and

24 (iii) Issue supplemental performance payments in the form of an
25 enhanced case rate higher than that available in (a)(ii) of this
26 subsection (10) to mobile rapid response crisis teams and community-
27 based crisis teams that have received an endorsement from the
28 authority under either subsection (2) or (3) of this section and
29 demonstrate to the authority that for the previous three months they
30 met the following response time and in route time standards:

31 (A) Between January 1, 2025, through December 31, 2026:

32 (I) Arrive to the individual's location within 30 minutes of
33 being dispatched by the designated 988 contact hub, at least 80
34 percent of the time in urban areas;

35 (II) Arrive to the individual's location within 40 minutes of
36 being dispatched by the designated 988 contact hub, at least 80
37 percent of the time in suburban areas; and

38 (III) Be in route within 15 minutes of being dispatched by the
39 designated 988 contact hub, at least 80 percent of the time in rural
40 areas; and

1 (B) On and after January 1, 2027:

2 (I) Arrive to the individual's location within 20 minutes of
3 being dispatched by the designated 988 contact hub, at least 80
4 percent of the time in urban areas;

5 (II) Arrive to the individual's location within 30 minutes of
6 being dispatched by the designated 988 contact hub, at least 80
7 percent of the time in suburban areas; and

8 (III) Be in route within 10 minutes of being dispatched by the
9 designated 988 contact hub, at least 80 percent of the time in rural
10 areas.

11 (b) The authority shall design the program in a manner that
12 maximizes the state's ability to receive federal matching funds.

13 (11) The authority shall contract with the actuaries responsible
14 for development of medicaid managed care rates to conduct an analysis
15 and develop options for payment mechanisms and levels for rate
16 enhancements under subsection (10) of this section. The authority
17 shall consult with staff from the office of financial management and
18 the fiscal committees of the legislature in conducting this analysis.
19 The payment mechanisms must be developed to maximize leverage of
20 allowable federal medicaid match. The analysis must clearly identify
21 assumptions, include cost projections for the rate level options
22 broken out by fund source, and summarize data used for the cost
23 analysis. The cost projections must be based on Washington state
24 specific utilization and cost data. The analysis must identify low,
25 medium, and high ranges of projected costs associated for each option
26 accounting for varying scenarios regarding the numbers of teams
27 estimated to qualify for the enhanced case rates and supplemental
28 performance payments. The analysis must identify costs for both
29 medicaid clients, and for state-funded nonmedicaid clients paid
30 through contracts with behavioral health administrative services
31 organizations. The analysis must account for phasing in of the number
32 of teams that meet endorsement criteria over time and project annual
33 costs for a four-year period associated with each of the scenarios.
34 The authority shall submit a report summarizing the analysis, payment
35 mechanism options, enhanced performance payment and supplemental
36 performance payment rate level options, and related cost estimates to
37 the office of financial management and the appropriate committees of
38 the legislature by December 1, 2023.

39 (12) The authority shall conduct a review of the endorsed
40 community-based crisis teams established under subsection (3) of this

1 section and report to the governor and the health policy committees
2 of the legislature by December 1, 2028. The report shall provide
3 information about the engagement of the community-based crisis teams
4 receiving an endorsement under subsection (3) of this section and
5 their ability to provide a timely and appropriate response to persons
6 experiencing a behavioral health crisis and any recommended changes
7 to the teams to better meet the needs of the community including
8 personnel requirements, training standards, and behavioral health
9 provider consultation.

10 **Sec. 22.** RCW 71.24.920 and 2023 c 469 s 13 are each amended to
11 read as follows:

12 (1)(a) By January 1, 2025, the authority must develop a course of
13 instruction to become a certified peer support specialist under
14 chapter 18.420 RCW. The course must be approximately 80 hours in
15 duration and based upon the curriculum offered by the authority in
16 its peer counselor training as of July 23, 2023, as well as
17 additional instruction in the principles of recovery coaching and
18 suicide prevention. The authority shall establish a peer engagement
19 process to receive suggestions regarding subjects to be covered in
20 the 80-hour curriculum beyond those addressed in the peer counselor
21 training curriculum and recovery coaching and suicide prevention
22 curricula, including the cultural appropriateness of the 80-hour
23 training. The education course must be taught by certified peer
24 support specialists. The education course must be offered by the
25 authority with sufficient frequency to accommodate the demand for
26 training and the needs of the workforce. The authority must establish
27 multiple configurations for offering the education course, including
28 offering the course as an uninterrupted course with longer class
29 hours held on consecutive days for students seeking accelerated
30 completion of the course and as an extended course with reduced daily
31 class hours, possibly with multiple days between classes, to
32 accommodate students with other commitments. Upon completion of the
33 education course, the student must pass an oral examination
34 administered by the course trainer.

35 (b) The authority shall develop an expedited course of
36 instruction that consists of only those portions of the curriculum
37 required under (a) of this subsection that exceed the authority's
38 certified peer counselor training curriculum as it exists on July 23,
39 2023. The expedited training shall focus on assisting persons who

1 completed the authority's certified peer counselor training as it
2 exists on July 23, 2023, to meet the education requirements for
3 certification under RCW 18.420.050.

4 (2) By January 1, 2025, the authority must develop a training
5 course for certified peer support specialists providing supervision
6 to certified peer support specialist trainees under RCW 18.420.060.

7 (3)(a) By July 1, 2025, the authority shall offer a 40-hour
8 specialized training course in peer crisis response services for
9 individuals employed as peers who work with individuals who may be
10 experiencing a behavioral health crisis. When offering the training
11 course, priority for enrollment must be given to certified peer
12 support specialists employed in a crisis-related setting, including
13 entities identified in (b) of this subsection. The training shall
14 incorporate best practices for responding to 988 behavioral health
15 crisis line calls, as well as processes for co-response with law
16 enforcement when necessary.

17 (b) Beginning July 1, 2025, any entity that uses certified peer
18 support specialists as peer crisis responders, may only use certified
19 peer support specialists who have completed the training course
20 established by (a) of this subsection. A behavioral health agency
21 that uses certified peer support specialists to work as peer crisis
22 responders must maintain the records of the completion of the
23 training course for those certified peer support specialists who
24 provide these services and make the records available to the state
25 agency for auditing or certification purposes.

26 (4) By July 1, 2025, the authority shall offer a course designed
27 to inform licensed or certified behavioral health agencies of the
28 benefits of incorporating certified peer support specialists and
29 certified peer support specialist trainees into their clinical staff
30 and best practices for incorporating their services. The authority
31 shall encourage entities that hire certified peer support specialists
32 and certified peer support specialist trainees, including licensed or
33 certified behavioral health agencies, hospitals, primary care
34 offices, and other entities, to have appropriate staff attend the
35 training by making it available in multiple formats.

36 (5) The authority shall:

37 (a) Hire clerical, administrative, investigative, and other staff
38 as needed to implement this section to serve as examiners for any
39 practical oral or written examination and assure that the examiners
40 are trained to administer examinations in a culturally appropriate

1 manner and represent the diversity of applicants being tested. The
2 authority shall adopt procedures to allow for appropriate
3 accommodations for persons with a learning disability, other
4 disabilities, and other needs and assure that staff involved in the
5 administration of examinations are trained on those procedures;

6 (b) Develop oral and written examinations required under this
7 section. The initial examinations shall be adapted from those used by
8 the authority as of July 23, 2023(~~(, and modified pursuant to input~~
9 ~~and comments from the Washington state peer specialist advisory~~
10 ~~committee)~~). The authority shall assure that the examinations are
11 culturally appropriate;

12 (c) Prepare, grade, and administer, or supervise the grading and
13 administration of written examinations for obtaining a certificate;

14 (d) Approve entities to provide the educational courses required
15 by this section and approve entities to prepare, grade, and
16 administer written examinations for the educational courses required
17 by this section(~~(. In establishing approval criteria, the authority~~
18 ~~shall consider the recommendations of the Washington state peer~~
19 ~~specialist advisory committee)~~);

20 (e) Develop examination preparation materials and make them
21 available to students enrolled in the courses established under this
22 section in multiple formats, including specialized examination
23 preparation support for students with higher barriers to passing the
24 written examination; and

25 (f) (~~The authority shall administer~~) Administer, through
26 contract, a program to link eligible persons in recovery from
27 behavioral health challenges who are seeking employment as peers with
28 employers seeking to hire peers, including certified peer support
29 specialists. The authority must contract for this program with an
30 organization that provides peer workforce development, peer coaching,
31 and other peer supportive services. The contract must require the
32 organization to create and maintain a statewide database which is
33 easily accessible to eligible persons in recovery who are seeking
34 employment as peers and potential employers seeking to hire peers,
35 including certified peer support specialists. The program must be
36 fully implemented by July 1, 2024.

37 (6) For the purposes of this section, the term "peer crisis
38 responder" means a peer support specialist certified under chapter
39 18.420 RCW who has completed the training under subsection (3) of
40 this section whose job involves responding to behavioral health

1 emergencies, including those dispatched through a 988 crisis hotline
2 or the 911 system.

3 **Sec. 23.** RCW 71.24.922 and 2023 c 469 s 14 are each amended to
4 read as follows:

5 Behavioral health agencies must reduce the caseload for approved
6 supervisors who are providing supervision to certified peer support
7 specialist trainees seeking certification under chapter 18.420 RCW(~~(7~~
8 ~~in accordance with standards established by the Washington state~~
9 ~~certified peer specialist advisory committee)~~).

10 **Sec. 24.** RCW 71.24.924 and 2023 c 469 s 15 are each amended to
11 read as follows:

12 (1) Beginning January 1, 2027, a person who engages in the
13 practice of peer support services and who bills a health carrier or
14 medical assistance or whose employer bills a health carrier or
15 medical assistance for those services must hold an active credential
16 as a certified peer support specialist or certified peer support
17 specialist trainee under chapter 18.420 RCW.

18 (2) A person who is registered as an agency affiliated counselor
19 under chapter 18.19 RCW who engages in the practice of peer support
20 services and whose agency, as defined in RCW 18.19.020, bills medical
21 assistance for those services must hold a certificate as a certified
22 peer support specialist or certified peer support specialist trainee
23 under chapter 18.420 RCW no later than January 1, 2027.

24 **Sec. 25.** RCW 71.40.040 and 2022 c 134 s 4 are each amended to
25 read as follows:

26 The state office of behavioral health consumer advocacy shall
27 assure performance of the following activities, as authorized in
28 contract:

29 (1) Selection of a name for the contracting advocacy organization
30 to use for the advocacy program that it operates pursuant to contract
31 with the office. The name must be selected by the statewide advisory
32 council established in this section and must be separate and
33 distinguishable from that of the office;

34 (2) Certification of behavioral health consumer advocates by
35 October 1, 2022, and coordination of the activities of the behavioral
36 health consumer advocates throughout the state according to standards
37 adopted by the office;

1 (3) Provision of training regarding appropriate access by
2 behavioral health consumer advocates to behavioral health providers
3 or facilities according to standards adopted by the office;

4 (4) Establishment of a toll-free telephone number, website, and
5 other appropriate technology to facilitate access to contracting
6 advocacy organization services for patients, residents, and clients
7 of behavioral health providers or facilities;

8 (5) Establishment of a statewide uniform reporting system to
9 collect and analyze data relating to complaints and conditions
10 provided by behavioral health providers or facilities for the purpose
11 of identifying and resolving significant problems, with permission to
12 submit the data to all appropriate state agencies on a regular basis;

13 (6) Establishment of procedures consistent with the standards
14 adopted by the office to protect the confidentiality of the office's
15 records, including the records of patients, residents, clients,
16 providers, and complainants;

17 (7) Establishment of a statewide advisory council, a majority of
18 which must be composed of people with lived experience, that shall
19 include:

20 (a) Individuals with a history of mental illness including one or
21 more members from the black community, the indigenous community, or a
22 community of color;

23 (b) Individuals with a history of substance use disorder
24 including one or more members from the black community, the
25 indigenous community, or a community of color;

26 (c) Family members of individuals with behavioral health needs
27 including one or more members from the black community, the
28 indigenous community, or a community of color;

29 (d) One or more representatives of an organization representing
30 consumers of behavioral health services;

31 (e) Representatives of behavioral health providers and
32 facilities, including representatives of facilities offering
33 inpatient and residential behavioral health services;

34 (f) One or more certified peer support specialists;

35 (g) One or more medical clinicians serving individuals with
36 behavioral health needs;

37 (h) One or more nonmedical providers serving individuals with
38 behavioral health needs;

39 (i) One representative from a behavioral health administrative
40 services organization;

1 (j) Two parents or caregivers of a child who received behavioral
2 health services, including one parent or caregiver of a child who
3 received complex, multisystem behavioral health services, one parent
4 or caregiver of a child ages one through 12, or one parent or
5 caregiver of a child ages 13 through 17;

6 (k) Two representatives of medicaid managed care organizations,
7 one of which must provide managed care to children and youth
8 receiving child welfare services;

9 (l) Other community representatives, as determined by the office;
10 and

11 (m) One representative from a labor union representing workers
12 who work in settings serving individuals with behavioral health
13 conditions;

14 (8) Monitoring the development of and recommend improvements in
15 the implementation of federal, state, and local laws, rules,
16 regulations, and policies with respect to the provision of behavioral
17 health services in the state and advocate for consumers;

18 (9) Development and delivery of educational programs and
19 information statewide to patients, residents, and clients of
20 behavioral health providers or facilities, and their families on
21 topics including, but not limited to, the execution of mental health
22 advance directives, wellness recovery action plans, crisis services
23 and contacts, peer services and supports, family advocacy and rights,
24 family-initiated treatment and other behavioral health service
25 options for minors, and involuntary treatment; and

26 (10) Reporting to the office, the legislature, and all
27 appropriate public agencies regarding the quality of services,
28 complaints, problems for individuals receiving services from
29 behavioral health providers or facilities, and any recommendations
30 for improved services for behavioral health consumers.

31 **Sec. 26.** RCW 71.40.090 and 2022 c 134 s 5 are each amended to
32 read as follows:

33 The contracting advocacy organization shall develop and submit,
34 for approval by the office, a process to train and certify all
35 behavioral health consumer advocates, whether paid or volunteer,
36 authorized by this chapter as follows:

37 (1) Certified behavioral health consumer advocates must have
38 training or experience in the following areas:

1 (a) Behavioral health and other related social services programs,
2 including behavioral health services for minors;
3 (b) The legal system, including differences in state or federal
4 law between voluntary and involuntary patients, residents, or
5 clients;
6 (c) Advocacy and supporting self-advocacy;
7 (d) Dispute or problem resolution techniques, including
8 investigation, mediation, and negotiation; and
9 (e) All applicable patient, resident, and client rights
10 established by either state or federal law.
11 (2) A certified behavioral health consumer advocate may not have
12 been employed by any behavioral health provider or facility within
13 the previous twelve months, except as a certified peer support
14 specialist or where prior to July 25, 2021, the person has been
15 employed by a regional behavioral health consumer advocate.
16 (3) No certified behavioral health consumer advocate or any
17 member of a certified behavioral health consumer advocate's family
18 may have, or have had, within the previous twelve months, any
19 significant ownership or financial interest in the provision of
20 behavioral health services.

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