

CERTIFICATION OF ENROLLMENT
SECOND SUBSTITUTE HOUSE BILL 1427

69th Legislature
2025 Regular Session

Passed by the House March 11, 2025
Yeas 85 Nays 11

**Speaker of the House of
Representatives**

Passed by the Senate April 16, 2025
Yeas 46 Nays 2

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 1427** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SECOND SUBSTITUTE HOUSE BILL 1427

Passed Legislature - 2025 Regular Session

State of Washington 69th Legislature 2025 Regular Session

By House Appropriations (originally sponsored by Representatives Davis, Caldier, Obras, Eslick, Lekanoff, Ramel, Ormsby, and Santos)

READ FIRST TIME 02/28/25.

1 AN ACT Relating to certified peer support specialists; amending
2 RCW 74.09.871, 71.24.920, 18.420.005, 18.420.010, 18.420.020,
3 18.420.030, 18.420.040, 18.420.050, 18.420.060, 18.420.090,
4 18.420.800, 43.70.250, 48.43.825, 71.24.585, 71.24.903, 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; creating a new
7 section; and adding a new section to chapter 41.05 RCW.

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

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

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

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

18 (b) Standards regarding the quality of services to be provided,
19 including increased use of evidence-based, research-based, and
20 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 December 31, 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;

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; and

5 (iv) Tribes, tribal health providers, and urban Indian health
6 programs to bill for peer support services provided by tribal elders;

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

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

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

21 **Sec. 3.** RCW 71.24.920 and 2023 c 469 s 13 are each amended to
22 read as follows:

23 (1)(a) By January 1, 2025, the authority must develop a course of
24 instruction to become a certified peer support specialist under
25 chapter 18.420 RCW. The course must be approximately 80 hours in
26 duration and based upon the curriculum offered by the authority in
27 its peer counselor training as of July 23, 2023, as well as
28 additional instruction in the principles of recovery coaching and
29 suicide prevention. The authority shall establish a peer engagement
30 process to receive suggestions regarding subjects to be covered in
31 the 80-hour curriculum beyond those addressed in the peer counselor
32 training curriculum and recovery coaching and suicide prevention
33 curricula, including the cultural appropriateness of the 80-hour
34 training. The education course must be taught by certified peer
35 support specialists. The education course must be offered by the
36 authority with sufficient frequency to accommodate the demand for
37 training and the needs of the workforce. The authority must establish
38 multiple configurations for offering the education course, including
39 offering the course as an uninterrupted course with longer class

1 hours held on consecutive days for students seeking accelerated
2 completion of the course and as an extended course with reduced daily
3 class hours, possibly with multiple days between classes, to
4 accommodate students with other commitments. Upon completion of the
5 education course, the student must pass an oral examination
6 administered by the course trainer.

7 (b) The authority shall develop an expedited course of
8 instruction that consists of only those portions of the curriculum
9 required under (a) of this subsection that exceed the authority's
10 certified peer counselor training curriculum as it exists on July 23,
11 2023. The expedited training shall focus on assisting persons who
12 completed the authority's certified peer counselor training as it
13 exists on July 23, 2023, to meet the education requirements for
14 certification under RCW 18.420.050.

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

18 (3)(a) By July 1, 2025, the authority shall offer a 40-hour
19 specialized training course in peer crisis response services for
20 individuals employed as peers who work with individuals who may be
21 experiencing a behavioral health crisis. When offering the training
22 course, priority for enrollment must be given to certified peer
23 support specialists employed in a crisis-related setting, including
24 entities identified in (b) of this subsection. The training shall
25 incorporate best practices for responding to 988 behavioral health
26 crisis line calls, as well as processes for co-response with law
27 enforcement when necessary.

28 (b) Beginning July 1, 2025, any entity that uses certified peer
29 support specialists as peer crisis responders, may only use certified
30 peer support specialists who have completed the training course
31 established by (a) of this subsection. A behavioral health agency
32 that uses certified peer support specialists to work as peer crisis
33 responders must maintain the records of the completion of the
34 training course for those certified peer support specialists who
35 provide these services and make the records available to the state
36 agency for auditing or certification purposes.

37 (4) By July 1, 2025, the authority shall offer a course designed
38 to inform licensed or certified behavioral health agencies of the
39 benefits of incorporating certified peer support specialists and
40 certified peer support specialist trainees into their clinical staff

1 and best practices for incorporating their services. The authority
2 shall encourage entities that hire certified peer support specialists
3 and certified peer support specialist trainees, including licensed or
4 certified behavioral health agencies, hospitals, primary care
5 offices, and other entities, to have appropriate staff attend the
6 training by making it available in multiple formats.

7 (5) The authority, in consultation with the office of crime
8 victims advocacy established under RCW 43.280.080, must contract with
9 one or more training entities for the development of three separate
10 courses of instruction related to the provision of peer support
11 services to persons who have experienced domestic violence, sexual
12 assault, or human trafficking. The authority shall collaborate with
13 people with lived and living experience in the development of the
14 courses. The courses must supplement the instruction received by
15 certified peer support specialists and incorporate competencies that
16 are typically taught in training programs for victim advocates,
17 including safety planning, a foundational understanding of domestic
18 violence, sexual assault, or human trafficking, as applicable, and
19 advocacy across legal, medical, social services, and other systems.

20 (6) The authority shall:

21 (a) Hire clerical, administrative, investigative, and other staff
22 as needed to implement this section to serve as examiners for any
23 practical oral or written examination and assure that the examiners
24 are trained to administer examinations in a culturally appropriate
25 manner and represent the diversity of applicants being tested. The
26 authority shall adopt procedures to allow for appropriate
27 accommodations for persons with a learning disability, other
28 disabilities, and other needs and assure that staff involved in the
29 administration of examinations are trained on those procedures;

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

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

38 (d) Approve entities to provide the educational courses required
39 by this section and approve entities to prepare, grade, and
40 administer written examinations for the educational courses required

1 by this section(~~(. In establishing approval criteria, the authority~~
2 ~~shall consider the recommendations of the Washington state peer~~
3 ~~specialist advisory committee));~~

4 (e) Develop examination preparation materials and make them
5 available to students enrolled in the courses established under this
6 section in multiple formats, including specialized examination
7 preparation support for students with higher barriers to passing the
8 written examination; and

9 (f) (~~The authority shall administer~~) Administer, through
10 contract, a program to link eligible persons in recovery from
11 behavioral health challenges who are seeking employment as peers with
12 employers seeking to hire peers, including certified peer support
13 specialists. The authority must contract for this program with an
14 organization that provides peer workforce development, peer coaching,
15 and other peer supportive services. The contract must require the
16 organization to create and maintain a statewide database which is
17 easily accessible to eligible persons in recovery who are seeking
18 employment as peers and potential employers seeking to hire peers,
19 including certified peer support specialists. The program must be
20 fully implemented by July 1, 2024.

21 (~~(+6))~~ (7) For the purposes of this section(~~(, the term "peer"))~~;

22 (a) "Peer crisis responder" means a peer support specialist
23 certified under chapter 18.420 RCW who has completed the training
24 under subsection (3) of this section whose job involves responding to
25 behavioral health emergencies, including those dispatched through a
26 988 crisis hotline or the 911 system.

27 (b) "Victim services agency" means a program or organization that
28 provides, as its primary purpose, assistance and advocacy for persons
29 who have experienced domestic violence, sexual assault, or human
30 trafficking. Services may include crisis intervention, individual and
31 group support, information, referrals, and safety planning.

32 **Sec. 4.** RCW 18.130.040 and 2024 c 362 s 8, 2024 c 217 s 7, and
33 2024 c 50 s 5 are each reenacted and amended to read as follows:

34 (1) This chapter applies only to the secretary and the boards and
35 commissions having jurisdiction in relation to the professions
36 licensed under the chapters specified in this section. This chapter
37 does not apply to any business or profession not licensed under the
38 chapters specified in this section.

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

3 (i) Dispensing opticians licensed and designated apprentices
4 under chapter 18.34 RCW;

5 (ii) Midwives licensed under chapter 18.50 RCW;

6 (iii) Ocularists licensed under chapter 18.55 RCW;

7 (iv) Massage therapists and businesses licensed under chapter
8 18.108 RCW;

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

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

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

14 (viii) Respiratory care practitioners licensed under chapter
15 18.89 RCW;

16 (ix) Hypnotherapists registered, agency affiliated counselors
17 registered, certified, or licensed, and advisors and counselors
18 certified under chapter 18.19 RCW;

19 (x) Persons licensed as mental health counselors, mental health
20 counselor associates, marriage and family therapists, marriage and
21 family therapist associates, social workers, social work associates—
22 advanced, and social work associates—independent clinical under
23 chapter 18.225 RCW;

24 (xi) Persons registered as nursing pool operators under chapter
25 18.52C RCW;

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

28 (xiii) Dietitians and nutritionists certified under chapter
29 18.138 RCW;

30 (xiv) Substance use disorder professionals, substance use
31 disorder professional trainees, or co-occurring disorder specialists
32 certified under chapter 18.205 RCW;

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

35 (xvi) Persons licensed and certified under chapter 18.73 RCW or
36 RCW 18.71.205;

37 (xvii) Orthotists and prosthetists licensed under chapter 18.200
38 RCW;

39 (xviii) Surgical technologists registered under chapter 18.215
40 RCW;

1 (xix) Recreational therapists under chapter 18.230 RCW;
2 (xx) Animal massage therapists certified under chapter 18.240
3 RCW;
4 (xxi) Athletic trainers licensed under chapter 18.250 RCW;
5 (xxii) Home care aides certified under chapter 18.88B RCW;
6 (xxiii) Genetic counselors licensed under chapter 18.290 RCW;
7 (xxiv) Reflexologists certified under chapter 18.108 RCW;
8 (xxv) Medical assistants-certified, medical assistants-
9 hemodialysis technician, medical assistants-phlebotomist, forensic
10 phlebotomist, medical assistant-EMT, and medical assistants-
11 registered certified and registered under chapter 18.360 RCW;
12 (xxvi) Behavior analysts, assistant behavior analysts, and
13 behavior technicians under chapter 18.380 RCW;
14 (xxvii) Birth doulas certified under chapter 18.47 RCW;
15 (xxviii) Music therapists licensed under chapter 18.233 RCW;
16 (xxix) Behavioral health support specialists certified under
17 chapter 18.227 RCW; and
18 (xxx) Certified peer support specialists and certified peer
19 support specialist trainees under chapter 18.420 RCW.
20 (b) The boards and commissions having authority under this
21 chapter are as follows:
22 (i) The podiatric medical board as established in chapter 18.22
23 RCW;
24 (ii) The chiropractic quality assurance commission as established
25 in chapter 18.25 RCW;
26 (iii) The dental quality assurance commission as established in
27 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW,
28 licenses and registrations issued under chapter 18.260 RCW, licenses
29 issued under chapter 18.265 RCW, and certifications issued under
30 chapter 18.350 RCW;
31 (iv) The board of hearing and speech as established in chapter
32 18.35 RCW;
33 (v) The board of examiners for nursing home administrators as
34 established in chapter 18.52 RCW;
35 (vi) The optometry board as established in chapter 18.54 RCW
36 governing licenses issued under chapter 18.53 RCW;
37 (vii) The board of osteopathic medicine and surgery as
38 established in chapter 18.57 RCW governing licenses issued under
39 chapter 18.57 RCW;

1 (viii) The pharmacy quality assurance commission as established
2 in chapter 18.64 RCW governing licenses issued under chapters 18.64
3 and 18.64A RCW;

4 (ix) The Washington medical commission as established in chapter
5 18.71 RCW governing licenses and registrations issued under chapters
6 18.71, 18.71A, and 18.71D RCW;

7 (x) The board of physical therapy as established in chapter 18.74
8 RCW;

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

11 (xii) The board of nursing as established in chapter 18.79 RCW
12 governing licenses and registrations issued under that chapter and
13 under chapter 18.80 RCW;

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

16 (xiv) The veterinary board of governors as established in chapter
17 18.92 RCW;

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

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

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

25 (4) All disciplining authorities shall adopt procedures to ensure
26 substantially consistent application of this chapter, the uniform
27 disciplinary act, among the disciplining authorities listed in
28 subsection (2) of this section.

29 **Sec. 5.** RCW 18.130.175 and 2023 c 469 s 19 and 2023 c 425 s 25
30 are each reenacted and amended to read as follows:

31 (1) In lieu of disciplinary action under RCW 18.130.160 and if
32 the disciplining authority determines that the unprofessional conduct
33 may be the result of an applicable impairing or potentially impairing
34 health condition, the disciplining authority may refer the license
35 holder to a physician health program or a voluntary substance use
36 disorder monitoring program approved by the disciplining authority.

37 The cost of evaluation and treatment shall be the responsibility
38 of the license holder, but the responsibility does not preclude
39 payment by an employer, existing insurance coverage, or other

1 sources. Evaluation and treatment shall be provided by providers
2 approved by the entity or the commission. The disciplining authority
3 may also approve the use of out-of-state programs. Referral of the
4 license holder to the physician health program or voluntary substance
5 use disorder monitoring program shall be done only with the consent
6 of the license holder. Referral to the physician health program or
7 voluntary substance use disorder monitoring program may also include
8 probationary conditions for a designated period of time. If the
9 license holder does not consent to be referred to the program or does
10 not successfully complete the program, the disciplining authority may
11 take appropriate action under RCW 18.130.160 which includes
12 suspension of the license unless or until the disciplining authority,
13 in consultation with the director of the applicable program,
14 determines the license holder is able to practice safely. The
15 secretary shall adopt uniform rules for the evaluation by the
16 disciplining authority of return to substance use or program
17 violation on the part of a license holder in the program. The
18 evaluation shall encourage program participation with additional
19 conditions, in lieu of disciplinary action, when the disciplining
20 authority determines that the license holder is able to continue to
21 practice with reasonable skill and safety.

22 (2) In addition to approving the physician health program or the
23 voluntary substance use disorder monitoring program that may receive
24 referrals from the disciplining authority, the disciplining authority
25 may establish by rule requirements for participation of license
26 holders who are not being investigated or monitored by the
27 disciplining authority. License holders voluntarily participating in
28 the approved programs without being referred by the disciplining
29 authority shall not be subject to disciplinary action under RCW
30 18.130.160 for their impairing or potentially impairing health
31 condition, and shall not have their participation made known to the
32 disciplining authority, if they meet the requirements of this section
33 and the program in which they are participating.

34 (3) The license holder shall sign a waiver allowing the program
35 to release information to the disciplining authority if the licensee
36 does not comply with the requirements of this section or is unable to
37 practice with reasonable skill or safety. The physician health
38 program or voluntary substance use disorder program shall report to
39 the disciplining authority any license holder who fails to comply
40 with the requirements of this section or the program or who, in the

1 opinion of the program, is unable to practice with reasonable skill
2 or safety. License holders shall report to the disciplining authority
3 if they fail to comply with this section or do not complete the
4 program's requirements. License holders may, upon the agreement of
5 the program and disciplining authority, reenter the program if they
6 have previously failed to comply with this section.

7 (4) Program records including, but not limited to, case notes,
8 progress notes, laboratory reports, evaluation and treatment records,
9 electronic and written correspondence within the program, and between
10 the program and the participant or other involved entities including,
11 but not limited to, employers, credentialing bodies, referents, or
12 other collateral sources, relating to license holders referred to or
13 voluntarily participating in approved programs are confidential and
14 exempt from disclosure under chapter 42.56 RCW and shall not be
15 subject to discovery by subpoena or admissible as evidence except:

16 (a) To defend any civil action by a license holder regarding the
17 restriction or revocation of that individual's clinical or staff
18 privileges, or termination of a license holder's employment. In such
19 an action, the program will, upon subpoena issued by either party to
20 the action, and upon the requesting party seeking a protective order
21 for the requested disclosure, provide to both parties of the action
22 written disclosure that includes the following information:

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

27 (ii) The dates of participation;

28 (iii) Whether or not the program identified an impairing or
29 potentially impairing health condition;

30 (iv) Whether the health care professional was compliant with the
31 requirements of the physician health program or voluntary substance
32 use disorder monitoring program; and

33 (v) Whether the health care professional successfully completed
34 the physician health program or voluntary substance use disorder
35 monitoring program; and

36 (b) Records provided to the disciplining authority for cause as
37 described in subsection (3) of this section. Program records relating
38 to license holders mandated to the program, through order or by
39 stipulation, by the disciplining authority or relating to license
40 holders reported to the disciplining authority by the program for

1 cause, must be released to the disciplining authority at the request
2 of the disciplining authority. Records held by the disciplining
3 authority under this section are exempt from chapter 42.56 RCW and
4 are not subject to discovery by subpoena except by the license
5 holder.

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

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

13 (a) The immunity from civil liability provided by this section
14 shall be liberally construed to accomplish the purposes of this
15 section, and applies to both license holders and students and
16 trainees when students and trainees of the applicable professions are
17 served by the program. The persons entitled to immunity shall
18 include:

19 (i) An approved physician health program or voluntary substance
20 use disorder monitoring program;

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

22 (iii) Members, employees, or agents of the program or
23 associations;

24 (iv) Persons reporting a license holder as being possibly
25 impaired or providing information about the license holder's
26 impairment; and

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

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

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

35 (7) In the case of a person who is applying to be a substance use
36 disorder professional or substance use disorder professional trainee
37 certified under chapter 18.205 RCW, an agency affiliated counselor
38 registered under chapter 18.19 RCW, or a peer support specialist or
39 peer support specialist trainee certified under chapter 18.420 RCW,
40 if the person is:

1 (a) Less than one year in recovery from a substance use disorder,
2 the duration of time that the person may be required to participate
3 in an approved substance use disorder monitoring program may not
4 exceed the amount of time necessary for the person to achieve one
5 year in recovery; or

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

9 (8) The provisions of subsection (7) of this section apply to any
10 person employed as a peer support specialist as of July 1, 2025,
11 participating in a program under this section as of July 1, 2025, and
12 applying to become a certified peer support specialist under RCW
13 18.420.050, regardless of when the person's participation in a
14 program began. To this extent, subsection (7) of this section applies
15 retroactively, but in all other respects it applies prospectively.

16 **Sec. 6.** RCW 18.420.005 and 2023 c 469 s 1 are each amended to
17 read as follows:

18 (1) The legislature finds that peers play a critical role along
19 the behavioral health continuum of care, from outreach to treatment
20 to recovery support. Peers deal in the currency of hope and
21 motivation. Peers bring hope to individuals receiving services and
22 are incredibly adept at supporting people with behavioral health
23 challenges on their recovery journeys. Peers represent the only
24 segment of the behavioral health workforce where there is not a
25 shortage, but a surplus of willing workers. Peers, however, are
26 presently limited to serving only medicaid recipients and working
27 only in community behavioral health agencies. As a result, youth and
28 adults with commercial insurance have no access to peer services.
29 Furthermore, peers who work in other settings, such as emergency
30 departments and behavioral health urgent care, cannot bill insurance
31 for their services.

32 (2) Therefore, it is the intent of the legislature to address the
33 behavioral health workforce crisis, expand access to peer services,
34 eliminate financial barriers to professional licensing, and honor the
35 contributions of the peer profession by creating the profession of
36 certified peer support specialists.

37 **Sec. 7.** RCW 18.420.010 and 2023 c 469 s 2 are each amended to
38 read as follows:

1 The definitions in this section apply throughout this chapter
2 unless the context clearly requires otherwise.

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

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

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

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

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

16 (ii) The training developed by the health care authority under
17 RCW 71.24.920.

18 ~~((3))~~ (2) "Certified peer support specialist" means a person
19 certified under this chapter to engage in the practice of peer
20 support services.

21 ~~((4))~~ (3) "Certified peer support specialist trainee" means an
22 individual working toward the supervised experience and written
23 examination requirements to become a certified peer support
24 specialist under this chapter.

25 ~~((5))~~ (4) "Department" means the department of health.

26 ~~((6))~~ (5) "Practice of peer support services" means the
27 provision of interventions by a peer who is either a person in
28 recovery from a mental health condition or substance use disorder, or
29 both, or the parent or legal guardian of a youth who is receiving or
30 has received behavioral health services ~~((The client receiving the~~
31 ~~interventions receives them from a person)), to a person with a~~
32 similar lived experience ~~((as either a person in recovery from a~~
33 ~~mental health condition or substance use disorder, or both, or the~~
34 ~~parent or legal guardian of a youth who is receiving or has received~~
35 ~~behavioral health services)). The ~~((person))~~ peer provides the~~
36 interventions through the use of shared experiences to assist ~~((a~~
37 ~~client))~~ the participant in the acquisition and exercise of skills
38 needed to support the ~~((client's))~~ participant's recovery.
39 Interventions may include activities that assist ~~((clients))~~
40 participants in accessing or engaging in treatment and in symptom

1 management; promote social connection, recovery, and self-advocacy;
2 provide guidance in the development of natural community supports and
3 basic daily living skills; and support ~~((clients))~~ participants in
4 engagement, motivation, and maintenance related to achieving and
5 maintaining health and wellness goals.

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

7 **Sec. 8.** RCW 18.420.020 and 2023 c 469 s 3 are each amended to
8 read as follows:

9 In addition to any other authority, the secretary has the
10 authority to:

11 (1) Adopt rules under chapter 34.05 RCW necessary to implement
12 this chapter;

13 (2) Establish all certification, examination, and renewal fees
14 for certified peer support specialists in accordance with RCW
15 43.70.110 and 43.70.250;

16 (3) Establish forms and procedures necessary to administer this
17 chapter;

18 (4) Issue certificates to applicants who have met the education,
19 training, and examination requirements for obtaining a certificate
20 and to deny a certificate to applicants who do not meet the
21 requirements;

22 (5) Coordinate with the health care authority to confirm an
23 applicants' successful completion of the certified peer support
24 specialist education course offered by the health care authority
25 under RCW 71.24.920 and successful passage of the associated oral
26 examination as proof of eligibility to take a qualifying written
27 examination for applicants for obtaining a certificate;

28 (6) Establish practice parameters consistent with the definition
29 of the practice of peer support services;

30 ~~((Provide staffing and administrative support to the advisory
31 committee;~~

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

35 ~~((9))~~ (8) Define and approve any supervised experience
36 requirements for certification;

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

1 ~~(11))~~ (9) Adopt rules implementing a continuing competency
2 program; and

3 ~~((12))~~ (10) Establish by rule the procedures for an appeal of
4 an examination failure.

5 **Sec. 9.** RCW 18.420.030 and 2023 c 469 s 5 are each amended to
6 read as follows:

7 Beginning July 1, 2025, except as provided in RCW 71.24.920, the
8 decision of a person practicing peer support services to become
9 certified under this chapter is voluntary. A person may not use the
10 title certified peer support specialist unless the person holds a
11 credential under this chapter.

12 **Sec. 10.** RCW 18.420.040 and 2023 c 469 s 6 are each amended to
13 read as follows:

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

15 (1) An individual who holds a credential issued by this state,
16 other than as a certified peer support specialist or certified peer
17 support specialist trainee, to engage in the practice of an
18 occupation or profession without obtaining an additional credential
19 from the state. The individual may not use the title certified peer
20 support specialist unless the individual holds a credential under
21 this chapter; or

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

25 **Sec. 11.** RCW 18.420.050 and 2023 c 469 s 7 are each amended to
26 read as follows:

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

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

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

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

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

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

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

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

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

14 (2) The secretary(~~(, with the recommendation of the advisory~~
15 ~~committee,)~~) shall establish criteria for the issuance of a
16 certificate to engage in the practice of peer support services based
17 on prior experience as a peer specialist attained before July 1,
18 2025. The criteria shall establish equivalency standards necessary to
19 be deemed to have met the requirements of subsection (1) of this
20 section. An applicant under this subsection shall have until July 1,
21 2026, to complete any standards in which the applicant is determined
22 to be deficient.

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

28 (4) A certificate to engage in the practice of peer support
29 services is valid for two years. A certificate may be renewed upon
30 demonstrating to the department that the certified peer support
31 specialist has successfully completed 30 hours of continuing
32 education approved by the department. As part of the continuing
33 education requirement, every six years the applicant must submit
34 proof of successful completion of at least three hours of suicide
35 prevention training and at least six hours of coursework in
36 professional ethics and law, which may include topics under RCW
37 18.130.180.

38 **Sec. 12.** RCW 18.420.060 and 2023 c 469 s 8 are each amended to
39 read as follows:

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

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

9 (b) The applicant is enrolled in an apprenticeship program
10 registered and approved under chapter 49.04 RCW and approved by the
11 secretary under RCW 18.420.020.

12 (2) An applicant seeking to become a certified peer support
13 specialist trainee under this section shall submit to the secretary
14 for approval an attestation, in accordance with rules adopted by the
15 department, that the certified peer support specialist trainee is
16 actively pursuing the supervised experience requirements of RCW
17 18.420.050(1)(~~(d)~~) (e). This attestation must be updated with the
18 trainee's annual renewal.

19 (3) A certified peer support specialist trainee certified under
20 this section may practice only under the supervision of an approved
21 supervisor. Supervision may be provided through distance supervision.
22 Supervision may be provided by an approved supervisor who is employed
23 by the same employer that employs the certified peer support
24 specialist trainee or by an arrangement made with a third-party
25 approved supervisor to provide supervision, or a combination of both
26 types of approved supervisors.

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

29 **Sec. 13.** RCW 18.420.090 and 2023 c 469 s 12 are each amended to
30 read as follows:

31 The uniform disciplinary act, chapter 18.130 RCW, governs
32 uncertified practice of peer support services, the issuance and
33 denial of certificates, and the discipline of certified peer support
34 specialists and certified peer support specialist trainees under this
35 chapter.

36 **Sec. 14.** RCW 18.420.800 and 2023 c 469 s 11 are each amended to
37 read as follows:

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

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

6 (a) An analysis of the adequacy of the supply of certified peer
7 support specialists serving as approved supervisors pursuant to RCW
8 18.420.010(~~((2))~~) (1)(b) with respect to the ability to meet the
9 anticipated supervision needs of certified peer support specialist
10 trainees upon the expiration of behavioral health providers serving
11 as approved supervisors pursuant to RCW 18.420.010(~~((2))~~) (1)(a);

12 (b) An assessment of whether or not it is necessary to extend the
13 expiration of behavioral health providers serving as approved
14 supervisors pursuant to RCW 18.420.010(~~((2))~~) (1)(a) in order to meet
15 the anticipated supervision needs of certified peer support
16 specialist trainees;

17 (c) Recommendations for increasing the supply of certified peer
18 support specialists serving as approved supervisors pursuant to RCW
19 18.420.010(~~((2))~~) (1)(b), including any potential modifications to
20 the requirements to become an approved supervisor; and

21 (d) Recommendations for alternative methods of providing
22 supervision to certified peer support specialist trainees, including
23 options for team-based supervision that incorporate supervision from
24 both behavioral health providers serving as approved supervisors
25 pursuant to RCW 18.420.010(~~((2))~~) (1)(a) and certified peer support
26 specialists serving as approved supervisors pursuant to RCW
27 18.420.010(~~((2))~~) (1)(b).

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

30 (1) It shall be the policy of the state of Washington that the
31 cost of each professional, occupational, or business licensing
32 program be fully borne by the members of that profession, occupation,
33 or business.

34 (2) The secretary shall from time to time establish the amount of
35 all application fees, license fees, registration fees, examination
36 fees, permit fees, renewal fees, and any other fee associated with
37 licensing or regulation of professions, occupations, or businesses
38 administered by the department. Any and all fees or assessments, or
39 both, levied on the state to cover the costs of the operations and

1 activities of the interstate health professions licensure compacts
2 with participating authorities listed under chapter 18.130 RCW shall
3 be borne by the persons who hold licenses issued pursuant to the
4 authority and procedures established under the compacts. In fixing
5 said fees, the secretary shall set the fees for each program at a
6 sufficient level to defray the costs of administering that program
7 and the cost of regulating licensed volunteer medical workers in
8 accordance with RCW 18.130.360, except as provided in RCW 18.79.202.
9 In no case may the secretary impose any certification, examination,
10 or renewal fee upon a person seeking certification as a certified
11 peer support specialist trainee under chapter 18.420 RCW or, between
12 July 1, 2025, and July 1, 2030, impose a certification, examination,
13 or renewal fee of more than \$100 upon any person seeking
14 certification as a certified peer support specialist under chapter
15 18.420 RCW. Subject to amounts appropriated for this specific
16 purpose, between July 1, 2024, and July 1, 2029, the secretary may
17 not impose any certification or certification renewal fee on a person
18 seeking certification as a substance use disorder professional or
19 substance use disorder professional trainee under chapter 18.205 RCW
20 of more than \$100.

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

24 **Sec. 16.** RCW 48.43.825 and 2023 c 469 s 16 are each amended to
25 read as follows:

26 By July 1, 2026, each carrier shall provide access to services
27 provided by certified peer support specialists and certified peer
28 support specialist trainees in a manner sufficient to meet the
29 network access standards set forth in rules established by the office
30 of the insurance commissioner.

31 **Sec. 17.** RCW 71.24.025 and 2024 c 368 s 2, 2024 c 367 s 1, and
32 2024 c 121 s 25 are each reenacted and amended to read as follows:

33 Unless the context clearly requires otherwise, the definitions in
34 this section apply throughout this chapter.

35 (1) "23-hour crisis relief center" means a community-based
36 facility or portion of a facility which is licensed or certified by
37 the department of health and open 24 hours a day, seven days a week,
38 offering access to mental health and substance use care for no more

1 than 23 hours and 59 minutes at a time per patient, and which accepts
2 all behavioral health crisis walk-ins drop-offs from first
3 responders, and individuals referred through the 988 system
4 regardless of behavioral health acuity, and meets the requirements
5 under RCW 71.24.916.

6 (2) "988 crisis hotline" means the universal telephone number
7 within the United States designated for the purpose of the national
8 suicide prevention and mental health crisis hotline system operating
9 through the national suicide prevention lifeline.

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

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

14 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
15 case of a child, a gravely disabled minor as defined in RCW
16 71.34.020; or

17 (c) Presenting a likelihood of serious harm as defined in RCW
18 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

19 (4) "Alcoholism" means a disease, characterized by a dependency
20 on alcoholic beverages, loss of control over the amount and
21 circumstances of use, symptoms of tolerance, physiological or
22 psychological withdrawal, or both, if use is reduced or discontinued,
23 and impairment of health or disruption of social or economic
24 functioning.

25 (5) "Approved substance use disorder treatment program" means a
26 program for persons with a substance use disorder provided by a
27 treatment program licensed or certified by the department as meeting
28 standards adopted under this chapter.

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

30 (7) "Available resources" means funds appropriated for the
31 purpose of providing community behavioral health programs, federal
32 funds, except those provided according to Title XIX of the Social
33 Security Act, and state funds appropriated under this chapter or
34 chapter 71.05 RCW by the legislature during any biennium for the
35 purpose of providing residential services, resource management
36 services, community support services, and other behavioral health
37 services. This does not include funds appropriated for the purpose of
38 operating and administering the state psychiatric hospitals.

39 (8) "Behavioral health administrative services organization"
40 means an entity contracted with the authority to administer

1 behavioral health services and programs under RCW 71.24.381,
2 including crisis services and administration of chapter 71.05 RCW,
3 the involuntary treatment act, for all individuals in a defined
4 regional service area.

5 (9) "Behavioral health aide" means a counselor, health educator,
6 and advocate who helps address individual and community-based
7 behavioral health needs, including those related to alcohol, drug,
8 and tobacco abuse as well as mental health problems such as grief,
9 depression, suicide, and related issues and is certified by a
10 community health aide program of the Indian health service or one or
11 more tribes or tribal organizations consistent with the provisions of
12 25 U.S.C. Sec. 16161 and RCW 43.71B.010 (7) and (8).

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

17 (11) "Behavioral health services" means mental health services,
18 substance use disorder treatment services, and co-occurring disorder
19 treatment services as described in this chapter and chapter 71.36 RCW
20 that, depending on the type of service, are provided by licensed or
21 certified behavioral health agencies, behavioral health providers, or
22 integrated into other health care providers.

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

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

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

29 (b) Has experienced a continuous behavioral health
30 hospitalization or residential treatment exceeding six months'
31 duration within the preceding year; or

32 (c) Has been unable to engage in any substantial gainful activity
33 by reason of any mental disorder which has lasted for a continuous
34 period of not less than 12 months. "Substantial gainful activity"
35 shall be defined by the authority by rule consistent with Public Law
36 92-603, as amended.

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

1 (15) "Community behavioral health program" means all
2 expenditures, services, activities, or programs, including reasonable
3 administration and overhead, designed and conducted to prevent or
4 treat substance use disorder, mental illness, or both in the
5 community behavioral health system.

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

11 (17) "Community support services" means services authorized,
12 planned, and coordinated through resource management services
13 including, at a minimum, assessment, diagnosis, emergency crisis
14 intervention available 24 hours, seven days a week, prescreening
15 determinations for persons who are mentally ill being considered for
16 placement in nursing homes as required by federal law, screening for
17 patients being considered for admission to residential services,
18 diagnosis and treatment for children who are acutely mentally ill or
19 severely emotionally or behaviorally disturbed discovered under
20 screening through the federal Title XIX early and periodic screening,
21 diagnosis, and treatment program, investigation, legal, and other
22 nonresidential services under chapter 71.05 RCW, case management
23 services, psychiatric treatment including medication supervision,
24 counseling, psychotherapy, assuring transfer of relevant patient
25 information between service providers, recovery services, and other
26 services determined by behavioral health administrative services
27 organizations.

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

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

1 (20) "Coordinated regional behavioral health crisis response
2 system" means the coordinated operation of 988 call centers, regional
3 crisis lines, certified public safety telecommunicators, and other
4 behavioral health crisis system partners within each regional service
5 area.

6 (21) "County authority" means the board of county commissioners,
7 county council, or county executive having authority to establish a
8 behavioral health administrative services organization, or two or
9 more of the county authorities specified in this subsection which
10 have entered into an agreement to establish a behavioral health
11 administrative services organization.

12 (22) "Crisis stabilization services" means services such as 23-
13 hour crisis relief centers, crisis stabilization units, short-term
14 respite facilities, peer-run respite services, and same-day walk-in
15 behavioral health services, including within the overall crisis
16 system components that operate like hospital emergency departments
17 that accept all walk-ins, and ambulance, fire, and police drop-offs,
18 or determine the need for involuntary hospitalization of an
19 individual.

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

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

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

29 (26) "Designated crisis responder" has the same meaning as in RCW
30 71.05.020.

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

32 (28) "Drug addiction" means a disease characterized by a
33 dependency on psychoactive chemicals, loss of control over the amount
34 and circumstances of use, symptoms of tolerance, physiological or
35 psychological withdrawal, or both, if use is reduced or discontinued,
36 and impairment of health or disruption of social or economic
37 functioning.

38 (29) "Early adopter" means a regional service area for which all
39 of the county authorities have requested that the authority purchase

1 medical and behavioral health services through a managed care health
2 system as defined under RCW 71.24.380(7).

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

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

19 (32) "First responders" includes ambulance, fire, mobile rapid
20 response crisis team, coresponder team, designated crisis responder,
21 fire department mobile integrated health team, community assistance
22 referral and education services program under RCW 35.21.930, and law
23 enforcement personnel.

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

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

33 (35) "Intensive behavioral health treatment facility" means a
34 community-based specialized residential treatment facility for
35 individuals with behavioral health conditions, including individuals
36 discharging from or being diverted from state and local hospitals,
37 whose impairment or behaviors do not meet, or no longer meet,
38 criteria for involuntary inpatient commitment under chapter 71.05
39 RCW, but whose care needs cannot be met in other community-based
40 placement settings.

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

2 (a) An entity licensed or certified according to this chapter or
3 chapter 71.05 RCW;

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

7 (c) An entity with a tribal attestation that it meets state
8 minimum standards for a licensed or certified behavioral health
9 agency.

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

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

16 "Long-term inpatient care" as used in this chapter does not include:

17 (a) Services for individuals committed under chapter 71.05 RCW who
18 are receiving services pursuant to a conditional release or a court-
19 ordered less restrictive alternative to detention; or (b) services
20 for individuals voluntarily receiving less restrictive alternative
21 treatment on the grounds of the state hospital.

22 (39) "Managed care organization" means an organization, having a
23 certificate of authority or certificate of registration from the
24 office of the insurance commissioner, that contracts with the
25 authority under a comprehensive risk contract to provide prepaid
26 health care services to enrollees under the authority's managed care
27 programs under chapter 74.09 RCW.

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

31 (41) Mental health "treatment records" include registration and
32 all other records concerning persons who are receiving or who at any
33 time have received services for mental illness, which are maintained
34 by the department of social and health services or the authority, by
35 behavioral health administrative services organizations and their
36 staffs, by managed care organizations and their staffs, or by
37 treatment facilities. "Treatment records" do not include notes or
38 records maintained for personal use by a person providing treatment
39 services for the entities listed in this subsection, or a treatment
40 facility if the notes or records are not available to others.

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

4 (43) "Mobile rapid response crisis team" means a team that
5 provides professional on-site community-based intervention such as
6 outreach, de-escalation, stabilization, resource connection, and
7 follow-up support for individuals who are experiencing a behavioral
8 health crisis, that shall include certified peer counselors or
9 certified peer support specialists as a best practice to the extent
10 practicable based on workforce availability, and that meets standards
11 for response times established by the authority.

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

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

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

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

1 outpatient services provided as an element in a package of services
2 in a supported housing model. Residential services for children in
3 out-of-home placements related to their mental disorder shall not
4 include the costs of food and shelter, except for children's long-
5 term residential facilities existing prior to January 1, 1991.

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

9 (49) "Resource management services" mean the planning,
10 coordination, and authorization of residential services and community
11 support services administered pursuant to an individual service plan
12 for: (a) Adults and children who are acutely mentally ill; (b) adults
13 who are chronically mentally ill; (c) children who are severely
14 emotionally disturbed; or (d) adults who are seriously disturbed and
15 determined by a behavioral health administrative services
16 organization or managed care organization to be at risk of becoming
17 acutely or chronically mentally ill. Such planning, coordination, and
18 authorization shall include mental health screening for children
19 eligible under the federal Title XIX early and periodic screening,
20 diagnosis, and treatment program. Resource management services
21 include seven day a week, 24 hour a day availability of information
22 regarding enrollment of adults and children who are mentally ill in
23 services and their individual service plan to designated crisis
24 responders, evaluation and treatment facilities, and others as
25 determined by the behavioral health administrative services
26 organization or managed care organization, as applicable.

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

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

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

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

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

38 (d) Exhibits suicidal preoccupation or attempts; or

39 (e) Is a child diagnosed by a mental health professional, as
40 defined in chapter 71.34 RCW, as experiencing a mental disorder which

1 is clearly interfering with the child's functioning in family or
2 school or with peers or is clearly interfering with the child's
3 personality development and learning.

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

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

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

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

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

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

22 (ii) Changes in custodial adult;

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

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

28 (v) Drug or alcohol abuse; or

29 (vi) Homelessness.

30 (53) "State minimum standards" means minimum requirements
31 established by rules adopted and necessary to implement this chapter
32 by:

33 (a) The authority for:

34 (i) Delivery of mental health and substance use disorder
35 services; and

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

37 (b) The department of health for:

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

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

3 (iii) Residential services.

4 (54) "Substance use disorder" means a cluster of cognitive,
5 behavioral, and physiological symptoms indicating that an individual
6 continues using the substance despite significant substance-related
7 problems. The diagnosis of a substance use disorder is based on a
8 pathological pattern of behaviors related to the use of the
9 substances.

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

12 **Sec. 18.** RCW 71.24.585 and 2019 c 314 s 28 are each amended to
13 read as follows:

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

37 (b) The authority must work with other state agencies and
38 stakeholders to develop value-based payment strategies to better

1 support the ongoing care of persons with opioid and other substance
2 use disorders.

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

6 (2) The authority must promote the use of medication therapies
7 and other evidence-based strategies to address the opioid epidemic in
8 Washington state. Additionally, by January 1, 2020, the authority
9 must prioritize state resources for the provision of treatment and
10 recovery support services to inpatient and outpatient treatment
11 settings that allow patients to start or maintain their use of
12 medications for opioid use disorder while engaging in services.

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

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

23 (5) The authority must partner with the department of social and
24 health services, the department of corrections, the department of
25 health, the department of children, youth, and families, and any
26 other agencies or entities the authority deems appropriate to develop
27 a statewide approach to leveraging medicaid funding to treat opioid
28 use disorder and provide emergency overdose treatment. Such
29 alternative sources of funding may include:

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

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

36 (6) (a) The authority shall work with the department of health to
37 promote coordination between medication-assisted treatment
38 prescribers, federally accredited opioid treatment programs,
39 substance use disorder treatment facilities, and state-certified
40 substance use disorder treatment agencies to:

1 (i) Increase patient choice in receiving medication and
2 counseling;

3 (ii) Strengthen relationships between opioid use disorder
4 providers;

5 (iii) Acknowledge and address the challenges presented for
6 individuals needing treatment for multiple substance use disorders
7 simultaneously; and

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

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

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

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

22 (iii) Estimate the costs needed to support these models and
23 recommendations for funding strategies that must be included in the
24 report;

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

28 (v) Outline strategies to lower the cost of federal food and drug
29 administration approved products for the treatment of opioid use
30 disorder.

31 (7) State agencies shall review and promote positive outcomes
32 associated with the accountable communities of health funded opioid
33 projects and local law enforcement and human services opioid
34 collaborations as set forth in the Washington state interagency
35 opioid working plan.

36 (8) The authority must partner with the department and other
37 state agencies to replicate effective approaches for linking
38 individuals who have had a nonfatal overdose with treatment
39 opportunities, with a goal to connect certified peer counselors or

1 certified peer support specialists with individuals who have had a
2 nonfatal overdose.

3 (9) State agencies must work together to increase outreach and
4 education about opioid overdoses to non-English-speaking communities
5 by developing a plan to conduct outreach and education to non-
6 English-speaking communities. The department must submit a report on
7 the outreach and education plan with recommendations for
8 implementation to the appropriate legislative committees by July 1,
9 2020.

10 **Sec. 19.** RCW 71.24.890 and 2024 c 368 s 4 and 2024 c 364 s 1 are
11 each reenacted and amended to read as follows:

12 (1) Establishing the state designated 988 contact hubs and
13 enhancing the crisis response system will require collaborative work
14 between the department, the authority, and regional system partners
15 within their respective roles. The department shall have primary
16 responsibility for designating 988 contact hubs, and shall seek
17 recommendations from the behavioral health administrative services
18 organizations to determine which 988 contact hubs best meet regional
19 needs. The authority shall have primary responsibility for
20 developing, implementing, and facilitating coordination of the crisis
21 response system and services to support the work of the designated
22 988 contact hubs, regional crisis lines, and other coordinated
23 regional behavioral health crisis response system partners. In any
24 instance in which one agency is identified as the lead, the
25 expectation is that agency will communicate and collaborate with the
26 other to ensure seamless, continuous, and effective service delivery
27 within the statewide crisis response system.

28 (2) The department shall provide adequate funding for the state's
29 crisis call centers to meet an expected increase in the use of the
30 988 contact hubs based on the implementation of the 988 crisis
31 hotline. The funding level shall be established at a level
32 anticipated to achieve an in-state call response rate of at least 90
33 percent by July 22, 2022. The funding level shall be determined by
34 considering standards and cost per call predictions provided by the
35 administrator of the national suicide prevention lifeline, call
36 volume predictions, guidance on crisis call center performance
37 metrics, and necessary technology upgrades. Contracts with the 988
38 contact hubs:

1 (a) May provide funding to support designated 988 contact hubs to
2 enter into limited partnerships with the public safety answering
3 point to increase the coordination and transfer of behavioral health
4 calls received by certified public safety telecommunicators that are
5 better addressed by clinic interventions provided by the 988 system.
6 Tax revenue may be used to support partnerships. These partnerships
7 with 988 and public safety may be expanded to include regional crisis
8 lines administered by behavioral health administrative services
9 organizations;

10 (b) Shall require that 988 contact hubs enter into data-sharing
11 agreements, when appropriate, with the department, the authority,
12 regional crisis lines, and applicable regional behavioral health
13 administrative services organizations to provide reports and client
14 level data regarding 988 contact hub calls, as allowed by and in
15 compliance with existing federal and state law governing the sharing
16 and use of protected health information. Data-sharing agreements with
17 regional crisis lines must include real-time information sharing. All
18 coordinated regional behavioral health crisis response system
19 partners must share dispatch time, arrival time, and disposition for
20 behavioral health calls referred for outreach by each region
21 consistent with any regional protocols developed under RCW 71.24.432.
22 The department and the authority shall establish requirements for 988
23 contact hubs to report data to regional behavioral health
24 administrative services organizations for the purposes of maximizing
25 medicaid reimbursement, as appropriate, and implementing this chapter
26 and chapters 71.05 and 71.34 RCW. The behavioral health
27 administrative services organization may use information received
28 from the 988 contact hubs in administering crisis services for the
29 assigned regional service area, contracting with a sufficient number
30 of licensed or certified providers for crisis services, establishing
31 and maintaining quality assurance processes, maintaining patient
32 tracking, and developing and implementing strategies to coordinate
33 care for individuals with a history of frequent crisis system
34 utilization.

35 (3) The department shall adopt rules by January 1, 2025, to
36 establish standards for designation of crisis call centers as
37 designated 988 contact hubs. The department shall collaborate with
38 the authority, other agencies, and coordinated regional behavioral
39 health crisis response system partners to assure coordination and
40 availability of services, and shall consider national guidelines for

1 behavioral health crisis care as determined by the federal substance
2 abuse and mental health services administration, national behavioral
3 health accrediting bodies, and national behavioral health provider
4 associations to the extent they are appropriate, and recommendations
5 from behavioral health administrative services organizations and the
6 crisis response improvement strategy committee created in RCW
7 71.24.892.

8 (4) The department shall designate 988 contact hubs considering
9 the recommendations of behavioral health administrative services
10 organizations by January 1, 2026. The designated 988 contact hubs
11 shall provide connections to crisis intervention services, triage,
12 care coordination, and referrals for individuals contacting the 988
13 contact hubs from any jurisdiction within Washington 24 hours a day,
14 seven days a week, using the system platform developed under
15 subsection (5) of this section. The department may not designate more
16 than a total of four 988 contact hubs without legislative approval.

17 (a) To be designated as a 988 contact hub, the applicant must
18 demonstrate to the department the ability to comply with the
19 requirements of this section and to contract to provide 988 contact
20 hub services. If a 988 contact hub fails to substantially comply with
21 the contract, data-sharing requirements, or approved regional
22 protocols developed under RCW 71.24.432, the department may revoke
23 the designation of the 988 contact hub and, after consulting with the
24 affected behavioral health administrative services organization, may
25 designate a 988 contact hub recommended by a behavioral health
26 administrative services organization which is able to meet necessary
27 state and federal requirements.

28 (b) The contracts entered shall require designated 988 contact
29 hubs to:

30 (i) Have an active agreement with the administrator of the
31 national suicide prevention lifeline for participation within its
32 network;

33 (ii) Meet the requirements for operational and clinical standards
34 established by the department and based upon the national suicide
35 prevention lifeline best practices guidelines and other recognized
36 best practices;

37 (iii) Employ highly qualified, skilled, and trained clinical
38 staff who have sufficient training and resources to provide empathy
39 to callers in acute distress, de-escalate crises, assess behavioral
40 health disorders and suicide risk, triage to system partners for

1 callers that need additional clinical interventions, and provide case
2 management and documentation. Call center staff shall be trained to
3 make every effort to resolve cases in the least restrictive
4 environment and without law enforcement involvement whenever
5 possible. Call center staff shall coordinate with certified peer
6 counselors or certified peer support specialists to provide follow-up
7 and outreach to callers in distress as available. It is intended for
8 transition planning to include a pathway for continued employment and
9 skill advancement as needed for experienced crisis call center
10 employees;

11 (iv) Train employees on agricultural community cultural
12 competencies for suicide prevention, which may include sharing
13 resources with callers that are specific to members from the
14 agricultural community. The training must prepare staff to provide
15 appropriate assessments, interventions, and resources to members of
16 the agricultural community. Employees may make warm transfers and
17 referrals to a crisis hotline that specializes in working with
18 members from the agricultural community, provided that no person
19 contacting 988 shall be transferred or referred to another service if
20 they are currently in crisis and in need of emotional support;

21 (v) Prominently display 988 crisis hotline information on their
22 websites and social media, including a description of what the caller
23 should expect when contacting the crisis call center and a
24 description of the various options available to the caller, including
25 call lines specialized in the behavioral health needs of veterans,
26 American Indian and Alaska Native persons, Spanish-speaking persons,
27 and LGBTQ populations. The website may also include resources for
28 programs and services related to suicide prevention for the
29 agricultural community;

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

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

38 (viii) Provide data and reports and participate in evaluations
39 and related quality improvement activities, according to standards

1 established by the department in collaboration with the authority;
2 and

3 (ix) Enter into data-sharing agreements with the department, the
4 authority, regional crisis lines, and applicable behavioral health
5 administrative services organizations to provide reports and client
6 level data regarding 988 contact hub calls, as allowed by and in
7 compliance with existing federal and state law governing the sharing
8 and use of protected health information, which shall include sharing
9 real-time information with regional crisis lines. The department and
10 the authority shall establish requirements that the designated 988
11 contact hubs report data to regional behavioral health administrative
12 services organizations for the purposes of maximizing medicaid
13 reimbursement, as appropriate, and implementing this chapter and
14 chapters 71.05 and 71.34 RCW including, but not limited to,
15 administering crisis services for the assigned regional service area,
16 contracting with a sufficient number of licensed or certified
17 providers for crisis services, establishing and maintaining quality
18 assurance processes, maintaining patient tracking, and developing and
19 implementing strategies to coordinate care for individuals with a
20 history of frequent crisis system utilization.

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

25 (5) The department and authority must coordinate to develop the
26 technology and platforms necessary to manage and operate the
27 behavioral health crisis response and suicide prevention system. The
28 department and the authority must include designated 988 contact
29 hubs, regional crisis lines, and behavioral health administrative
30 services organizations in the decision-making process for selecting
31 any technology platforms that will be used to operate the system. No
32 decisions made by the department or the authority shall interfere
33 with the routing of the 988 contact hubs calls, texts, or chat as
34 part of Washington's active agreement with the administrator of the
35 national suicide prevention lifeline or 988 administrator that routes
36 988 contacts into Washington's system. The technologies developed
37 must include:

38 (a) A new technologically advanced behavioral health and suicide
39 prevention crisis call center system platform for use in 988 contact
40 hubs designated by the department under subsection (4) of this

1 section. This platform, which shall be implemented as soon as
2 possible and fully funded by January 1, 2026, shall be developed by
3 the department and must include the capacity to receive crisis
4 assistance requests through phone calls, texts, chats, and other
5 similar methods of communication that may be developed in the future
6 that promote access to the behavioral health crisis system; and

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

11 (6) In developing the new technologies under subsection (5) of
12 this section, the department and the authority must coordinate to
13 designate a primary technology system to provide each of the
14 following:

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

18 (i) Real-time bed availability for all behavioral health bed
19 types and recliner chairs, including but not limited to crisis
20 stabilization services, 23-hour crisis relief centers, psychiatric
21 inpatient, substance use disorder inpatient, withdrawal management,
22 peer-run respite centers, and crisis respite services, inclusive of
23 both voluntary and involuntary beds, for use by crisis response
24 workers, first responders, health care providers, emergency
25 departments, and individuals in crisis; and

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

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

31 (B) Information necessary to enable the designated 988 contact
32 hubs to actively collaborate with regional crisis lines, emergency
33 departments, primary care providers and behavioral health providers
34 within managed care organizations, behavioral health administrative
35 services organizations, and other health care payers to establish a
36 safety plan for the person in accordance with best practices and
37 provide the next steps for the person's transition to follow-up
38 noncrisis care. To establish information-sharing guidelines that
39 fulfill the intent of this section the authority shall consider input

1 from the confidential information compliance and coordination
2 subcommittee established under RCW 71.24.892;

3 (b) The means to track the outcome of the 988 call to enable
4 appropriate follow-up, cross-system coordination, and accountability,
5 including as appropriate: (i) Any immediate services dispatched and
6 reports generated from the encounter; (ii) the validation of a safety
7 plan established for the caller in accordance with best practices;
8 (iii) the next steps for the caller to follow in transition to
9 noncrisis follow-up care, including a next-day appointment for
10 callers experiencing urgent, symptomatic behavioral health care
11 needs; and (iv) the means to verify and document whether the caller
12 was successful in making the transition to appropriate noncrisis
13 follow-up care indicated in the safety plan for the person, to be
14 completed either by the care coordinator provided through the
15 person's managed care organization, health plan, or behavioral health
16 administrative services organization, or if such a care coordinator
17 is not available or does not follow through, by the staff of the
18 designated 988 contact hub;

19 (c) A means to facilitate actions to verify and document whether
20 the person's transition to follow-up noncrisis care was completed and
21 services offered, to be performed by a care coordinator provided
22 through the person's managed care organization, health plan, or
23 behavioral health administrative services organization, or if such a
24 care coordinator is not available or does not follow through, by the
25 staff of the designated 988 contact hub;

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

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

33 (7) The authority shall:

34 (a) Collaborate with county authorities and behavioral health
35 administrative services organizations to develop procedures to
36 dispatch behavioral health crisis services in coordination with
37 designated 988 contact hubs to effectuate the intent of this section;

38 (b) Establish formal agreements with managed care organizations
39 and behavioral health administrative services organizations by
40 January 1, 2023, to provide for the services, capacities, and

1 coordination necessary to effectuate the intent of this section,
2 which shall include a requirement to arrange next-day appointments
3 for persons contacting the 988 contact hub or a regional crisis line
4 experiencing urgent, symptomatic behavioral health care needs with
5 geographically, culturally, and linguistically appropriate primary
6 care or behavioral health providers within the person's provider
7 network, or, if uninsured, through the person's behavioral health
8 administrative services organization;

9 (c) Create best practices guidelines by July 1, 2023, for
10 deployment of appropriate and available crisis response services by
11 behavioral health administrative services organizations in
12 coordination with designated 988 contact hubs to assist 988 hotline
13 callers to minimize nonessential reliance on emergency room services
14 and the use of law enforcement, considering input from relevant
15 stakeholders and recommendations made by the crisis response
16 improvement strategy committee created under RCW 71.24.892;

17 (d) Develop procedures to allow appropriate information sharing
18 and communication between and across crisis and emergency response
19 systems for the purpose of real-time crisis care coordination
20 including, but not limited to, deployment of crisis and outgoing
21 services, follow-up care, and linked, flexible services specific to
22 crisis response; and

23 (e) Establish guidelines to appropriately serve high-risk
24 populations who request crisis services. The authority shall design
25 these guidelines to promote behavioral health equity for all
26 populations with attention to circumstances of race, ethnicity,
27 gender, socioeconomic status, sexual orientation, and geographic
28 location, and include components such as training requirements for
29 call response workers, policies for transferring such callers to an
30 appropriate specialized center or subnetwork within or external to
31 the national suicide prevention lifeline network, and procedures for
32 referring persons who access the 988 contact hubs to linguistically
33 and culturally competent care.

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

39 (9) Subject to authorization by the national 988 administrator
40 and the availability of amounts appropriated for this specific

1 purpose, any Washington state subnetwork of the 988 crisis hotline
2 dedicated to the crisis assistance needs of American Indian and
3 Alaska Native persons shall offer services by text, chat, and other
4 similar methods of communication to the same extent as does the
5 general 988 crisis hotline. The department shall coordinate with the
6 substance abuse and mental health services administration for the
7 authorization.

8 **Sec. 20.** RCW 71.24.903 and 2023 c 454 s 9 are each amended to
9 read as follows:

10 (1) By April 1, 2024, the authority shall establish standards for
11 issuing an endorsement to any mobile rapid response crisis team or
12 community-based crisis team that meets the criteria under either
13 subsection (2) or (3) of this section, as applicable. The endorsement
14 is a voluntary credential that a mobile rapid response crisis team or
15 community-based crisis team may obtain to signify that it maintains
16 the capacity to respond to persons who are experiencing a significant
17 behavioral health emergency requiring an urgent, in-person response.
18 The attainment of an endorsement allows the mobile rapid response
19 crisis team or community-based crisis team to become eligible for
20 performance payments as provided in subsection (10) of this section.

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

24 (a) Minimum staffing requirements to effectively respond in-
25 person to individuals experiencing a significant behavioral health
26 emergency. Except as provided in subsection (3) of this section, the
27 team must include appropriately credentialed and supervised staff
28 employed by a licensed or certified behavioral health agency and may
29 include other personnel from participating entities listed in
30 subsection (3) of this section. The team shall include certified peer
31 counselors or certified peer support specialists as a best practice
32 to the extent practicable based on workforce availability. The team
33 may include fire departments, emergency medical services, public
34 health, medical facilities, nonprofit organizations, and city or
35 county governments. The team may not include law enforcement
36 personnel;

37 (b) Capabilities for transporting an individual experiencing a
38 significant behavioral health emergency to a location providing
39 appropriate level crisis stabilization services, as determined by

1 regional transportation procedures, such as crisis receiving centers,
2 crisis stabilization units, and triage facilities. The standards must
3 include vehicle and equipment requirements, including minimum
4 requirements for vehicles and equipment to be able to safely
5 transport the individual, as well as communication equipment
6 standards. The vehicle standards must allow for an ambulance or aid
7 vehicle licensed under chapter 18.73 RCW to be deemed to meet the
8 standards; and

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

11 (3) The authority must adjust the standards for issuing an
12 endorsement to a community-based crisis team under subsection (2) of
13 this section if the team is comprised solely of an emergency medical
14 services agency, whether it is part of a fire service agency or a
15 private entity, that is located in a rural county in eastern
16 Washington with a population of less than 60,000 residents. Under the
17 adjusted standards, until January 1, 2030, the authority shall exempt
18 a team from the personnel standards under subsection (2)(a) of this
19 section and issue an endorsement to a team if:

20 (a) The personnel assigned to the team have met training
21 requirements established by the authority under subsection (2)(c) of
22 this section, as those requirements apply to emergency medical
23 service and fire service personnel, including completion of the
24 three-hour training in suicide assessment, treatment, and management
25 under RCW 43.70.442;

26 (b) The team operates under a memorandum of understanding with a
27 licensed or certified behavioral health agency to provide direct,
28 real-time consultation through a behavioral health provider employed
29 by a licensed or certified behavioral health agency while the team is
30 responding to a call. The consultation may be provided by telephone,
31 through remote technologies, or, if circumstances allow, in person;
32 and

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

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

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

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

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

3 (8) (a) The decision of a mobile rapid response crisis team or
4 community-based crisis team to seek endorsement is voluntary and does
5 not prohibit a nonendorsed team from participating in the crisis
6 response system when (i) responding to individuals who are not
7 experiencing a significant behavioral health emergency that requires
8 an urgent in-person response or (ii) responding to individuals who
9 are experiencing a significant behavioral health emergency that
10 requires an urgent in-person response when there is not an endorsed
11 team available.

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

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

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

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

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

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

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

39 (iii) Issue supplemental performance payments in the form of an
40 enhanced case rate higher than that available in (a)(ii) of this

1 subsection (10) to mobile rapid response crisis teams and community-
2 based crisis teams that have received an endorsement from the
3 authority under either subsection (2) or (3) of this section and
4 demonstrate to the authority that for the previous three months they
5 met the following response time and in route time standards:

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

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

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

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

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

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

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

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

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

28 (11) The authority shall contract with the actuaries responsible
29 for development of medicaid managed care rates to conduct an analysis
30 and develop options for payment mechanisms and levels for rate
31 enhancements under subsection (10) of this section. The authority
32 shall consult with staff from the office of financial management and
33 the fiscal committees of the legislature in conducting this analysis.
34 The payment mechanisms must be developed to maximize leverage of
35 allowable federal medicaid match. The analysis must clearly identify
36 assumptions, include cost projections for the rate level options
37 broken out by fund source, and summarize data used for the cost
38 analysis. The cost projections must be based on Washington state
39 specific utilization and cost data. The analysis must identify low,
40 medium, and high ranges of projected costs associated for each option

1 accounting for varying scenarios regarding the numbers of teams
2 estimated to qualify for the enhanced case rates and supplemental
3 performance payments. The analysis must identify costs for both
4 medicaid clients, and for state-funded nonmedicaid clients paid
5 through contracts with behavioral health administrative services
6 organizations. The analysis must account for phasing in of the number
7 of teams that meet endorsement criteria over time and project annual
8 costs for a four-year period associated with each of the scenarios.
9 The authority shall submit a report summarizing the analysis, payment
10 mechanism options, enhanced performance payment and supplemental
11 performance payment rate level options, and related cost estimates to
12 the office of financial management and the appropriate committees of
13 the legislature by December 1, 2023.

14 (12) The authority shall conduct a review of the endorsed
15 community-based crisis teams established under subsection (3) of this
16 section and report to the governor and the health policy committees
17 of the legislature by December 1, 2028. The report shall provide
18 information about the engagement of the community-based crisis teams
19 receiving an endorsement under subsection (3) of this section and
20 their ability to provide a timely and appropriate response to persons
21 experiencing a behavioral health crisis and any recommended changes
22 to the teams to better meet the needs of the community including
23 personnel requirements, training standards, and behavioral health
24 provider consultation.

25 **Sec. 21.** RCW 71.24.922 and 2023 c 469 s 14 are each amended to
26 read as follows:

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

32 **Sec. 22.** RCW 71.24.924 and 2023 c 469 s 15 are each amended to
33 read as follows:

34 (1) Beginning January 1, 2027, a person who engages in the
35 practice of peer support services and who bills a health carrier or
36 medical assistance or whose employer bills a health carrier or
37 medical assistance for those services must hold an active credential

1 as a certified peer support specialist or certified peer support
2 specialist trainee under chapter 18.420 RCW.

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

9 **Sec. 23.** RCW 71.40.040 and 2022 c 134 s 4 are each amended to
10 read as follows:

11 The state office of behavioral health consumer advocacy shall
12 assure performance of the following activities, as authorized in
13 contract:

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

19 (2) Certification of behavioral health consumer advocates by
20 October 1, 2022, and coordination of the activities of the behavioral
21 health consumer advocates throughout the state according to standards
22 adopted by the office;

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

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

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

35 (6) Establishment of procedures consistent with the standards
36 adopted by the office to protect the confidentiality of the office's
37 records, including the records of patients, residents, clients,
38 providers, and complainants;

1 (7) Establishment of a statewide advisory council, a majority of
2 which must be composed of people with lived experience, that shall
3 include:

4 (a) Individuals with a history of mental illness including one or
5 more members from the black community, the indigenous community, or a
6 community of color;

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

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

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

15 (e) Representatives of behavioral health providers and
16 facilities, including representatives of facilities offering
17 inpatient and residential behavioral health services;

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

19 (g) One or more medical clinicians serving individuals with
20 behavioral health needs;

21 (h) One or more nonmedical providers serving individuals with
22 behavioral health needs;

23 (i) One representative from a behavioral health administrative
24 services organization;

25 (j) Two parents or caregivers of a child who received behavioral
26 health services, including one parent or caregiver of a child who
27 received complex, multisystem behavioral health services, one parent
28 or caregiver of a child ages one through 12, or one parent or
29 caregiver of a child ages 13 through 17;

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

33 (l) Other community representatives, as determined by the office;
34 and

35 (m) One representative from a labor union representing workers
36 who work in settings serving individuals with behavioral health
37 conditions;

38 (8) Monitoring the development of and recommend improvements in
39 the implementation of federal, state, and local laws, rules,

1 regulations, and policies with respect to the provision of behavioral
2 health services in the state and advocate for consumers;

3 (9) Development and delivery of educational programs and
4 information statewide to patients, residents, and clients of
5 behavioral health providers or facilities, and their families on
6 topics including, but not limited to, the execution of mental health
7 advance directives, wellness recovery action plans, crisis services
8 and contacts, peer services and supports, family advocacy and rights,
9 family-initiated treatment and other behavioral health service
10 options for minors, and involuntary treatment; and

11 (10) Reporting to the office, the legislature, and all
12 appropriate public agencies regarding the quality of services,
13 complaints, problems for individuals receiving services from
14 behavioral health providers or facilities, and any recommendations
15 for improved services for behavioral health consumers.

16 **Sec. 24.** RCW 71.40.090 and 2022 c 134 s 5 are each amended to
17 read as follows:

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

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

24 (a) Behavioral health and other related social services programs,
25 including behavioral health services for minors;

26 (b) The legal system, including differences in state or federal
27 law between voluntary and involuntary patients, residents, or
28 clients;

29 (c) Advocacy and supporting self-advocacy;

30 (d) Dispute or problem resolution techniques, including
31 investigation, mediation, and negotiation; and

32 (e) All applicable patient, resident, and client rights
33 established by either state or federal law.

34 (2) A certified behavioral health consumer advocate may not have
35 been employed by any behavioral health provider or facility within
36 the previous twelve months, except as a certified peer support
37 specialist or where prior to July 25, 2021, the person has been
38 employed by a regional behavioral health consumer advocate.

1 (3) No certified behavioral health consumer advocate or any
2 member of a certified behavioral health consumer advocate's family
3 may have, or have had, within the previous twelve months, any
4 significant ownership or financial interest in the provision of
5 behavioral health services.

6 NEW SECTION. **Sec. 25.** If specific funding for the purposes of
7 sections 2 and 3 of this act, referencing sections 2 and 3 of this
8 act by bill or chapter number and section number, is not provided by
9 June 30, 2025, in the omnibus appropriations act, sections 2 and 3 of
10 this act are null and void.

--- END ---