

2SSB 5732 - H COMM AMD
By Committee on Appropriations

ADOPTED 04/16/2013

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

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 43.20A
4 RCW to read as follows:

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

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

21 (a) The department must establish a steering committee that
22 includes at least the following members: Behavioral health service
23 recipients and their families; local government; representatives of
24 regional support networks; representatives of county coordinators; law
25 enforcement; city and county jails; tribal representatives; behavioral
26 health service providers, including at least one chemical dependency
27 provider and at least one psychiatric advanced registered nurse
28 practitioner; housing providers; medicaid managed care plan
29 representatives; long-term care service providers; organizations
30 representing health care professionals providing services in mental

1 health settings; the Washington state hospital association; the
2 Washington state medical association; individuals with expertise in
3 evidence-based and research-based behavioral health service practices;
4 and the health care authority.

5 (b) The adult behavioral health system improvement strategy must
6 include:

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

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

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

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

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

27 (c) The department must seek private foundation and federal grant
28 funding to support the adult behavioral health system improvement
29 strategy.

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

1 behavioral health improvement strategy. The department shall provide
2 the institute with data necessary to complete the inventory.

3 (e) By August 1, 2014, the department must report to the governor
4 and the relevant fiscal and policy committees of the legislature on the
5 status of implementation of the behavioral health improvement strategy,
6 including strategies developed or implemented to date, timelines, and
7 costs to accomplish phased implementation of the adult behavioral
8 health system improvement strategy.

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

20 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.97 RCW
21 to read as follows:

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

26 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.05 RCW
27 to read as follows:

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

1 person's individualized discharge plan within twenty-one days of the
2 determination.

3 **Sec. 4.** RCW 71.24.025 and 2012 c 10 s 59 are each amended to read
4 as follows:

5 Unless the context clearly requires otherwise, the definitions in
6 this section apply throughout this chapter.

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

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

11 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the
12 case of a child, a gravely disabled minor as defined in RCW 71.34.020;
13 or

14 (c) Presenting a likelihood of serious harm as defined in RCW
15 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

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

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

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

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

31 (b) Has experienced a continuous psychiatric hospitalization or
32 residential treatment exceeding six months' duration within the
33 preceding year; or

34 (c) Has been unable to engage in any substantial gainful activity
35 by reason of any mental disorder which has lasted for a continuous
36 period of not less than twelve months. "Substantial gainful activity"

1 shall be defined by the department by rule consistent with Public Law
2 92-603, as amended.

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

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

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

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

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

33 (10) "County authority" means the board of county commissioners,
34 county council, or county executive having authority to establish a
35 community mental health program, or two or more of the county
36 authorities specified in this subsection which have entered into an
37 agreement to provide a community mental health program.

1 (11) "Department" means the department of social and health
2 services.

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

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

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

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

33 (16) "Long-term inpatient care" means inpatient services for
34 persons committed for, or voluntarily receiving intensive treatment
35 for, periods of ninety days or greater under chapter 71.05 RCW. "Long-
36 term inpatient care" as used in this chapter does not include: (a)
37 Services for individuals committed under chapter 71.05 RCW who are
38 receiving services pursuant to a conditional release or a court-ordered

1 less restrictive alternative to detention; or (b) services for
2 individuals voluntarily receiving less restrictive alternative
3 treatment on the grounds of the state hospital.

4 (17) "Mental health services" means all services provided by
5 regional support networks and other services provided by the state for
6 persons who are mentally ill.

7 (18) "Mentally ill persons," "persons who are mentally ill," and
8 "the mentally ill" mean persons and conditions defined in subsections
9 (1), (4), (27), and (28) of this section.

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

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

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

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

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

1 any residential services developed to service persons who are mentally
2 ill in nursing homes, assisted living facilities, and adult family
3 homes, and may include outpatient services provided as an element in a
4 package of services in a supported housing model. Residential services
5 for children in out-of-home placements related to their mental disorder
6 shall not include the costs of food and shelter, except for children's
7 long-term residential facilities existing prior to January 1, 1991.

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

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

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

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

29 (a) Is gravely disabled or presents a likelihood of serious harm to
30 himself or herself or others, or to the property of others, as a result
31 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 several
37 areas of daily living;

38 (d) Exhibits suicidal preoccupation or attempts; or

1 (e) Is a child diagnosed by a mental health professional, as
2 defined in chapter 71.34 RCW, as experiencing a mental disorder which
3 is clearly interfering with the child's functioning in family or school
4 or with peers or is clearly interfering with the child's personality
5 development and learning.

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

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

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

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

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

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

23 (ii) Changes in custodial adult;

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

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

29 (v) Drug or alcohol abuse; or

30 (vi) Homelessness.

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

37 (30) "Treatment records" include registration and all other records
38 concerning persons who are receiving or who at any time have received

1 services for mental illness, which are maintained by the department, by
2 regional support networks and their staffs, and by treatment
3 facilities. Treatment records do not include notes or records
4 maintained for personal use by a person providing treatment services
5 for the department, regional support networks, or a treatment facility
6 if the notes or records are not available to others.

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

12 **Sec. 5.** RCW 18.19.210 and 2008 c 135 s 9 are each amended to read
13 as follows:

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

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

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

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

32 (1) By November 30, 2013, the department and the health care
33 authority must report to the governor and the relevant fiscal and
34 policy committees of the legislature, consistent with RCW 43.01.036, a
35 plan that establishes a tribal-centric behavioral health system
36 incorporating both mental health and chemical dependency services. The

1 plan must assure that child, adult, and older adult American Indians
2 and Alaskan Natives eligible for medicaid have increased access to
3 culturally appropriate mental health and chemical dependency services.
4 The plan must:

5 (a) Include implementation dates, major milestones, and fiscal
6 estimates as needed;

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

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

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

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

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

21 NEW SECTION. **Sec. 7.** Section 3 of this act takes effect July 1,
22 2018."

23 Correct the title.

EFFECT: Eliminates the task force comprised of legislators,
executive branch representatives, and tribal representatives to conduct
a comprehensive review of the adult behavioral health system.

Removes the Health Care Authority from developing the adult
behavioral health system strategy (only the Department of Social and
Health Services (DSHS) will develop the strategy). Removes the
requirement that the strategy include ways to incentivize medical care,
behavioral health, and long-term care systems to collaborate.
Establishes a steering committee to assist DSHS in developing the
strategy.

Adds other entities for the Washington State Institute for Public
Policy to consult when preparing the inventory of evidence-based
practices, including the University of Washington Evidence-Based

Practice Institute, the University of Washington Alcohol and Drug Abuse Institute, and the Washington Institute for Mental Health Research and Training.

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

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

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