

# HOUSE BILL REPORT

## 2SSB 5749

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**As Reported by House Committee On:**  
Early Learning & Human Services

**Title:** An act relating to paperwork reduction in order to improve the availability of mental health services to protect children and families.

**Brief Description:** Concerning paperwork reduction in order to improve the availability of mental health services to protect children and families.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Darneille, Frockt, Kuderer, Warnick and Saldaña).

**Brief History:**

**Committee Activity:**

Early Learning & Human Services: 3/21/17, 3/29/17 [DPA].

**Brief Summary of Second Substitute Bill  
(As Amended by Committee)**

- Requires the Department of Social and Health Services (DSHS) to immediately review and streamline requirements for providers of behavioral health services and provide a single set of regulations by April 1, 2018.
- Establishes requirements related to the DSHS audits of the provision of behavioral health services.
- Requires the DSHS to reduce casework documentation and paperwork requirements for social workers in the Children's Administration.

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**HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES**

**Majority Report:** Do pass as amended. Signed by 12 members: Representatives Kagi, Chair; Senn, Vice Chair; Dent, Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Frame, Goodman, Griffey, Kilduff, Klippert, Lovick, McCaslin and Muri.

**Staff:** Dawn Eychaner (786-7135).

**Background:**

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

The Department of Social and Health Services (DSHS) contracts with behavioral health organizations (BHOs) for the provision of community-based mental health and substance use disorder treatment. Contracts between the DSHS and BHOs must include performance measures linked to client outcomes, standards related to financial integrity of the organization and the quality of services provided, and mechanisms for monitoring contract performance, among other provisions. The DSHS has adopted in rule standards for the operation of BHOs. The BHOs must comply with all applicable local, state, and federal rules and laws.

The Department of Health (DOH) licenses and inspects medical facilities, including establishments that treat mentally ill and chemically dependent persons.

The DSHS provides child welfare services to children and families. These services may include voluntary services, out-of-home placement, case management, and child protective services.

In 2016 the Legislature established the Children's Mental Health Work Group (Work Group) to identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this population. The Work Group published its final report and recommendations in December 2016. Reducing paperwork for behavioral health providers was one of the Work Group's recommendations.

The Behavioral and Primary Health Regulatory Alignment Task Force (Task Force) was established by the Legislature in 2016 to align regulations between behavioral and primary health care settings and to simplify regulations for behavioral health care providers. The Task Force reported its findings to the Legislature in November 2016.

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### **Summary of Amended Bill:**

#### Behavioral Health Rules, Policies, Procedures, and Audits.

Subject to funds appropriated for this purpose, the DSHS must review its rules, policies, and procedures related to the provision of behavioral health services and identify areas in which duplicative and inefficient documentation requirements can be eliminated or streamlined.

The DSHS must adopt rules that allow clinicians to exercise professional judgment to conduct age-appropriate, strength-based psychosocial assessments according to current best practices. By April 1, 2018, the DSHS must provide a single set of regulations for agencies to follow concerning mental health, substance use disorder, and co-occurring disorder treatments. Regulations must be clear, not unduly burdensome on providers, and must exempt providers from duplicative state documentation requirements if the provider is following documentation requirements of an evidence-based, research-based, or state-mandated program that provides adequate protection for patient safety.

When conducting audits relating to the provision of behavioral health services, the DSHS must:

- rely on a sampling methodology for review of clinical files and records that is consistent with standards of other licensing and accrediting bodies;
- treat organizations with multiple locations as a single entity;

- share audit results with BHOs to assist with their review process and take steps to coordinate and combine audit activities when appropriate;
- coordinate audit functions with the DOH to combine audit activities into a single site visit and eliminate redundancies;
- not require duplicative information to be provided in particular documents or locations except where required by federal law; and
- ensure audits involving manualized evidence, such as Wraparound with Intensive Services or research-based programs, are conducted by personnel familiar with the program.

Documentation and Paperwork Requirements for Social Service Specialists.

Subject to funds appropriated for this purpose, the DSHS must immediately review its casework documentation and paperwork requirements for social service specialists and other direct service staff with the Children's Administration (CA) in order to eliminate or streamline duplicative or inefficient requirements. The review must be complete by November 1, 2017, and the DSHS must take immediate steps to amend department rules according to the results of the review.

Other.

If either House Bill 1388 or Senate Bill 5259, related to transferring responsibilities for behavioral health services from the DSHS to the Health Care Authority (HCA) and the DOH is enacted, the responsibility for reviewing and amending rules related to behavioral health services and conducting audits for behavioral health services are changed from the DSHS to the HCA.

**Amended Bill Compared to Second Substitute Bill:**

The requirement for the DSHS to review documentation requirements for behavioral health services and identify areas in which duplicative or inefficient requirements can be eliminated or streamlined is added. The date by which the DSHS must provide a single set of regulations for mental health, substance use disorder, and co-occurring treatment services is changed from October 1, 2017, to April 1, 2018. The DSHS must exempt mental health providers from duplicative state documentation requirements when the provider is following documentation requirements of an evidence-based, research-based, or state-mandated program that provides adequate protection for patient safety. The DSHS review of casework documentation and paperwork requirements for social workers is narrowed to apply to social service specialists and direct service staff within the CA. The second substitute provides for consistent agency designations in the event that either House Bill 1388 or Senate Bill 5259, relating to transferring responsibilities for behavioral health services from the DSHS to the HCA and the DOH, is enacted.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Amended Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed, except section 2, relating to the DSHS' review of behavioral health services requirements and conduct of audits, which takes effect if neither SHB 1388 nor SSB 5259 takes effect, and section 3, relating to the HCA's review of behavioral health services requirements and conduct of audits, which takes effect if either SHB 1388 or SSB 5259 takes effect.

**Staff Summary of Public Testimony:**

(In support) This bill sends a message that we should reduce regulations around the provisions of mental health services. The Work Group found that there are real barriers to providers who find they are filling out more forms than they are providing services. Reducing provider paperwork was one of the Work Group's recommendations. This bill requires the DSHS to recognize that services have changed over the years and it's time to normalize documentation requirements. Duplicative and onerous paperwork is a major productivity burden for providers. Some providers have a 50-50 split where they spend about half their time documenting the services they provide. Three different work groups met last interim on the mental health workforce, and paperwork reduction was recommended by all three. The amount of the fiscal note could easily be recovered within a year if the expense of paying for the paperwork currently required is considered. This bill contains important elements that were removed from the House companion. The goal is to achieve a robust combination of the House and the Senate versions that will be helpful to providers and increase access to care.

(Opposed) None.

(Other) The term "social worker" has a very specific legal definition and the way the term is used in the bill will not capture the intended population.

**Persons Testifying:** (In support) Senator Darneille, prime sponsor; Joan Miller, Washington Council for Behavioral Health; Laurie Lippold, Partners for Our Children; and Alicia Ferris, Community Youth Services.

(Other) Bob Cooper, National Association of Social Workers-Washington Chapter.

**Persons Signed In To Testify But Not Testifying:** None.