

FINAL BILL REPORT

2SHB 1907

C 446 L 19
Synopsis as Enacted

Brief Description: Concerning the substance use disorder treatment system.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Davis, Appleton, Doglio, Ryu, Goodman and Jenkins).

House Committee on Civil Rights & Judiciary

House Committee on Appropriations

Senate Committee on Health & Long Term Care

Senate Committee on Behavioral Health Subcommittee to Health & Long Term Care

Background:

Under the Involuntary Treatment Act (ITA), a person may be ordered to undergo involuntary behavioral health treatment if the person, as a result of a mental health or a substance use disorder, poses a likelihood of serious harm, is gravely disabled, or is in need of assisted outpatient behavioral health treatment. Designated crisis responders (DCR) are mental health professionals appointed to conduct evaluations for individuals with mental disorders and substance use disorders under the ITA. The Health Care Authority (HCA) is required to develop statewide protocols to be utilized by professional persons and designated crisis responders in the administration of the ITA and update these proposals every three years. The DCR protocols are not due for update until 2020.

The Department of Health (DOH) is responsible for certifying and licensing behavioral health service providers, including evaluation and treatment facilities, secure detoxification facilities, and approved substance use disorder treatment facilities, and establishing minimum standards for service provision. The DOH also regulates several types of mental health professionals, including agency-affiliated counselors (AAC).

Agency-Affiliated and Peer Counselors.

Agency-affiliated counselors are counselors that are employed by a county, or an agency or facility operated, licensed or certified by the state. Agency-affiliated counselors must register with the DOH by demonstrating that they are employed by an agency or have an offer of employment by an agency, and by passing a background check. Applicants for registration as AACs may work in that capacity for up to 60 days while their applications are being processed by the DOH.

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.

Peer counselors are individuals who share life experiences with persons in recovery and who successfully complete a 40-hour training course and pass the state exam. Peer counselors are certified by the HCA to provide recovery support to individuals participating in Medicaid funded mental health services and are employed by behavioral health agencies that obtain approval to employ them and must register as AACs.

Substance Abuse Monitoring Programs.

A disciplining authority may refer a licensee to a substance abuse monitoring program in lieu of formal discipline if the disciplining authority determines that unprofessional conduct is the product of substance abuse. The licensee must consent to the referral and the referral may include probationary conditions. If the licensee does not consent to the referral or fails to meet the requirements of the program, the disciplining authority may take formal disciplinary action against the licensee.

The Washington Recovery and Monitoring Program (WRAMP) is the substance use monitoring program for AACs, among other health care professions, and is operated by the DOH. The WRAMP applies to licensed or certified professionals who are referred following a complaint or investigation, professionals who self-refer to the program, and applicants for a license or certification who disclose a history of substance use disorder during the application process. The WRAMP requires participants to obtain a chemical dependency evaluation at their expense, the cost of which may in some cases be covered by insurance. The WRAMP requires between three to five years of participation, depending on the severity of the substance use disorder, with credit applied for any time spent in continuous recovery before the evaluation.

Disqualifying Crimes.

Agencies, facilities, and individuals who provide care to vulnerable adults may not allow persons to work in a position that may involve unsupervised access to minors or vulnerable adults if the person has been convicted of or has a pending charge for certain disqualifying crimes. In some cases a person will not be automatically disqualified from employment if a designated number of years have passed since the date of conviction for the disqualifying crime.

Summary:

General Provisions.

References to "secure detoxification facility" are changed to "secure withdrawal management and stabilization facility" in the adult and minor involuntary treatment acts.

The Department of Health (DOH) is required to develop a process by which a provider of behavioral health services may become dually licensed as both an evaluation and treatment facility and a secure withdrawal management and stabilization facility.

The Health Care Authority (HCA) is required to develop an addendum to the designated crisis responder statewide protocols in consultation with specified stake holders concerned with mental illness and substance use disorders. The update must address implementation of the integration of mental health and substance use disorder treatment systems, to include the

applicability of commitment criteria and general processes for referrals and investigations of individuals with substance use disorders. The HCA must adopt and submit the addendum to the Governor and the Legislature by December 1, 2019.

Agency-Affiliated Counselors and Peer Counselors.

The time limit is eliminated for an AAC who applies for registration to work as an AAC while the application is being processed, provided that the applicant must provide required documentation to the DOH within reasonable time limits.

The HCA must incorporate education and training for substance use disorder peer counselors into its peer counselor certification program, and include reimbursement in the Medicaid state plan for substance use disorder peer support services, by July 1, 2019.

The DOH must conduct a sunrise review to evaluate the following:

- transfer of the peer support counselor certification program to DOH to bring the program under DOH oversight, with structure, discipline, and continuing education requirements similar to other behavioral health licensure or certification programs; and
- the need for the creation of an advanced peer support specialist credential for peer support services provided in the areas of mental health, substance use disorders, and forensic behavioral health.

Transfer of the program to the DOH must allow for grandfathering current individuals who hold a peer support counselor certification.

Substance Abuse Monitoring Program.

The DOH is prohibited from requiring an applicant for registration as an agency-affiliated counselor (AAC) who intends to practice as a peer counselor to participate in the Washington Recovery and Monitoring Program (WRAMP) if the applicant has at least one year in recovery from a substance use disorder. If the applicant has less than one year in recovery, the DOH may require participation in the WRAMP for only the amount of time necessary to achieve one year in recovery.

Disqualifying Crimes.

The DOH is prohibited from automatically denying an application for registration as an AAC, and an agency or facility that provides care and treatment to vulnerable adults is prohibited from automatically denying an application for employment if:

- at least one year has passed since the most recent conviction and the date of application;
- the offense was committed as a result of the applicant's substance use; and
- the applicant has been in recovery from a substance use disorder for at least one year, whether through abstinence or stability on medication-assisted therapy, or in recovery from mental health challenges.

Votes on Final Passage:

House	98	0	
Senate	48	0	(Senate amended)

House 94 0 (House concurred)

Effective: July 28, 2019

July 1, 2026 (Sections 5, 7, 9, 12, 15, 31, 33, 35, 38, 40, and 42)

July 1, 2019 (Sections 48-53)