

# SENATE BILL REPORT

## SB 5884

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As Reported by Senate Committee On:  
Health & Long Term Care, January 19, 2022  
Behavioral Health Subcommittee to Health & Long Term Care, January 28, 2022  
Ways & Means, February 7, 2022

**Title:** An act relating to establishing behavioral health support specialists.

**Brief Description:** Establishing behavioral health support specialists.

**Sponsors:** Senators Trudeau, Dhingra, Hasegawa, Kuderer, Lovick, Nguyen, Nobles, Saldaña and Wilson, C..

**Brief History:**

**Committee Activity:** Health & Long Term Care: 1/19/22 [w/oRec-BH].

Behavioral Health Subcommittee to Health & Long Term Care: 1/21/22, 1/28/22 [DPS-WM].

Ways & Means: 2/04/22, 2/07/22 [DP2S].

**Brief Summary of Second Substitute Bill**

- Requires the Department of Health to partner with the University of Washington to develop rules for the certification for behavioral health support specialists by January 1, 2024.
- Defines behavioral health support specialists as paraprofessionals with at least a bachelor's degree level of education who practice in partnership with a licensed behavioral health professional who has behavioral health in their scope of practice, including at a licensed community behavioral health agency.
- Requires the Health Care Authority and Office of the Insurance Commissioner to take actions that promote or require insurance coverage for the services of behavioral health support specialists.

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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 part of the legislation nor does it constitute a statement of legislative intent.*

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## SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5884 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Frockt, Chair; Wagoner, Ranking Member; Dhingra, Nobles and Warnick.

**Staff:** Kevin Black (786-7747)

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## SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Second Substitute Senate Bill No. 5884 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Schoesler, Assistant Ranking Member, Capital; Honeyford, Ranking Minority Member, Capital; Billig, Braun, Carlyle, Conway, Dhingra, Gildon, Hasegawa, Hunt, Keiser, Mullet, Muzzall, Pedersen, Rivers, Van De Wege, Wagoner, Warnick and Wellman.

**Staff:** Corban Nemeth (786-7736)

**Background:** Professional Licensure at the Department of Health. The Department of Health (DOH) licenses and certifies health care professionals in a variety of fields. Licensure or certification may entail the adoption of rules, verification of educational attainment and completion of supervised training, completion of a background check and verification of good character requirements, administration of a knowledge or practical skills examination, and collection of license or certification fees. The Uniform Disciplinary Act provides laws governing the conduct and discipline of license and certification holders, with DOH acting as the disciplinary authority.

Improving Access to Psychological Therapies Model. In 2008, the National Health Service in England (NHS) launched a program called Improving Access to Psychological Therapies (IAPT) which, according to its website, has transformed the treatment of adult anxiety disorders and depression in England. The NHS maintains that IAPT "is widely recognized as the most ambitious programme of talking therapies in the world" with over 1 million persons accessing IAPT services per year. IAPT services are characterized by evidenced-based psychological therapies delivered by trained and accredited practitioners whose level of training is matched to the intensity and expected duration of the mental health problem. The model features routine outcome monitoring and regular outcomes-focused supervision.

In May 2021, it was announced that the Ballmer Group had provided \$3.7 million to the University of Washington Department of Psychiatry to develop a program to train bachelor's degree-level practitioners as behavioral health support specialists. The grant

provides support for curriculum development, training, practicum oversight, and coordination with educational partners in four-year colleges across Washington State. This behavioral health support specialist program builds on ongoing research at the University of Washington into appropriate treatment roles for bachelor's level paraprofessionals, and is based on an adaptation of the IAPT model.

**Summary of Bill:** The bill as referred to committee not considered.

**Summary of Bill (Second Substitute):** DOH must partner with the University of Washington Department of Psychiatry and Behavioral Sciences and consult with other stakeholders including the Washington Council on Behavioral Health to develop rules for the certification of behavioral health support specialists, and for the accreditation of educational programs for behavioral health support specialists, by January 1, 2024. A behavioral health support specialist is defined as a paraprofessional trained to deliver low-intensity, evidence-based behavioral health interventions for adults with mild-to-moderate behavioral health conditions in ongoing partnership with a licensed health care provider whose scope of practice includes behavioral health, including at a licensed community behavioral health agency, using a stepped care model. A behavioral health support specialist does not have within their scope of practice the ability to make diagnoses, but may track and monitor treatment response and outcomes using measurement-based care.

An educational program for a behavioral health support specialist must include a practicum component, and may be integrated into a bachelor's degree program or structured as a continuing education program. Rules adopted by DOH must be consistent with the IAPT model. Behavioral health support specialists must graduate from a bachelor's degree program, meet educational and practicum requirements, pass an examination, and maintain an ongoing partnership with a licensed health care provider whose scope of practice includes behavioral health or a licensed community behavioral health agency. DOH may establish license, certification, and examination fees for behavioral health support specialists. Behavioral health support specialists must be governed by the Uniform Disciplinary Act under the disciplinary authority of DOH.

The Health Care Authority must ensure that the services of behavioral health support specialists are covered under the state Medicaid program. By July 1, 2024, the Office of the Insurance Commissioner must make recommendations to health carriers regarding appropriate use of behavioral health support specialists, network adequacy for behavioral health support specialists, and steps to incorporate services of these professionals into commercial provider networks.

**EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Second Substitute):**

- Clarifies that a behavioral health support specialist must practice in ongoing partnership with a licensed health care provider whose scope of practice includes

behavioral health, including at a licensed community behavioral health agency.

**EFFECT OF CHANGES MADE BY BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE (First Substitute):**

- Delays the date by which DOH must complete rulemaking for behavioral health support specialists until January 1, 2024, and the date by which the Office of the Insurance Commissioner must make recommendations until July 1, 2024.
- Allows a behavioral health support specialist to partner with a licensed community behavioral health agency.
- Requires DOH to consult with stakeholders including the Council on Behavioral Health in the rulemaking process.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill:** *The committee recommended a different version of the bill than what was heard.* PRO: Now more than ever we need transformational behavioral health programs. I want to bring what has worked in other areas into Washington, so our residents benefit from evidence-based practices. Access to behavioral health is an issue across our state, especially in rural areas. This bachelor's level certification will expand our workforce and deliver low-intensity structured interventions to patients when and where they need it. The specialists will provide the least intrusive interventions first, then step up the care to masters and doctoral level professionals as needed. This program started as an idea at the first Mental Health Summit. This will allow us to train people from the communities that need services, and help diversify the workforce. We have already piloted the program with Eastern State University, which as a rural partner is well-placed for this benefit. In the U.K., where these workers are typically found outside traditional mental health care settings, this has resulted in a million more people per year receiving care. Services must be delivered under the supervision of a licensed professional. The scope of practice was developed in consultation with stakeholders. There are a lot of safeguards in place to make sure this treatment is effective. Our top priority is to place these workers within primary care settings. This is a great opportunity for Washington to bring in paraprofessionals. I would like to know if peers would be eligible for this kind of training if they do not have a bachelor's degree.

**Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care):** PRO: Senator Yasmin Trudeau, Prime Sponsor; Bill O'Connell, University of Washington; Anna Ratzliff, University of Washington; Brenna Renn, University of Washington; Rhonda

Ronni Batchelor, citizen.

**Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care):** No one.

**Staff Summary of Public Testimony on First Substitute (Ways & Means):** *The committee recommended a different version of the bill than what was heard.* None.

**Persons Testifying (Ways & Means):** No one.

**Persons Signed In To Testify But Not Testifying (Ways & Means):** No one.