

# FINAL BILL REPORT

## 2SSB 5732

---

---

C 338 L 13  
Synopsis as Enacted

**Brief Description:** Concerning the adult behavioral health system in Washington state.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Carrell, Darneille, Keiser and Pearson).

**Senate Committee on Human Services & Corrections**

**Senate Committee on Ways & Means**

**House Committee on Health Care & Wellness**

**House Committee on Appropriations**

**Background:** Publically funded mental health services are delivered to adults and children in Washington through a wide variety of systems and programs. Research indicates that over 50 percent of adults meet diagnostic criteria for a behavioral health disorder during their lifetime. National studies indicate that the mortality rate is double for persons with mental illness. However, only 38 percent of persons with mental health disorders and 18 percent of persons with substance abuse disorders receive treatment. Persons with behavioral health disorders use emergency room and hospital services at a higher rate than the general population, and are at comparatively high risk for homelessness, unemployment, and criminal justice system involvement.

Enhanced services facility is defined in chapter 70.97 RCW as a facility which provides treatment and services to persons for whom acute inpatient treatment is not medically necessary and who have been determined by the Department of Social and Health Services (DSHS) to be inappropriate for placement in other licensed facilities due to complex needs that result in behavioral and security issues. A system of laws governing such facilities was adopted by the Legislature in 2005, but no such facilities have been funded in Washington.

Evidence-based is defined as a program or practice that has had multiple-site random-controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population. Research-based is defined as a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices. Emerging best practice or promising practice is defined as a practice that presents, based on preliminary information, potential for becoming a research-based or consensus-based practice.

---

*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.*

**Summary:** The Legislature must convene a task force beginning May 1, 2014, to examine reform of the adult behavioral health system. The voting members of the task force must consist of one member from each of the two largest caucuses in the Senate and House of Representatives; the Secretary of DSHS or the Secretary's designee; the Director of the Health Care Authority (HCA) or the Director's designee; the Director of the Office of Financial Management or the Director's designee; the Secretary of the Department of Corrections or the Secretary's designee; a representative of the Governor; and a representative of tribal authorities.

The task force must undertake a systemwide review of the public mental health system and make recommendations for reform by January 1, 2015, concerning, but not limited to, the following:

- the means by which services are delivered for adults with mental illness and chemical dependency disorders;
- availability of effective means to promote recovery and prevent harm associated with mental illness;
- crisis services, including boarding of mental health patients outside of regularly certified treatment beds; and
- public safety practices involving persons with mental illnesses with forensic involvement.

The systems for financing, administration, and delivery of public behavioral health services must be designed to achieve improved outcomes for adult clients through increased use and development of evidence-based, research-based, and promising practices. Client outcomes are identified including the following: improved health status; increased participation in employment and education; reduced involvement with the criminal justice system; enhanced safety and access to treatment for forensic patients; reduction in avoidable utilization and costs associated with hospital, emergency room, and crisis services; increased housing stability; improved quality of life, including measures of recovery and resilience; and decreased population-level disparities in access to treatment and treatment outcomes.

DSHS and HCA must implement a strategy for the improvement of the adult behavioral health system. The strategy must include the following: an assessment of the current capacity to provide evidence-based, research-based, and promising practices; identification, development, and increased use of these practices; design and implementation of a transparent quality management system, including outcome reporting and development of baseline and improvement targets for identified outcome measures; identification of phased implementation of services delivery and financing mechanisms that will best promote improvement of the behavioral health system described in this strategy, including public reporting of outcome measures; and identification of effective methods to promote workforce capacity, efficiency, stability, diversity, and safety. DSHS must establish a steering committee and seek private-foundation and federal-grant funding to support its strategy and report on the status of implementation by August 1, 2014. The Washington State Institute for Public Policy and others must assist by providing an inventory of evidence-based, research-based, and promising practices.

DSHS must contract for the services of an independent consultant to review the provision of forensic mental health services and recommend changes that enhance the safety of the public, other patients, and forensic staff while providing an appropriate treatment environment.

By November 2013, DSHS must report a plan for establishing a tribal-centric behavioral health system ensuring increased access to culturally appropriate services for Medicaid-eligible tribal members.

To the extent funded, DSHS must begin a procurement process for enhanced services facility services by June 1, 2014, and complete the process by January 1, 2015.

Starting July 1, 2018, when the superintendent of a state hospital determines that a long-term patient no longer requires active psychiatric treatment at an inpatient level of care, the regional support network responsible for the individual must collaborate with the state hospital to transition the person into the community within 21 days of the determination.

An applicant for registration as an agency-affiliated counselor must be permitted to work for up to 60 days pending completion of the registration process with the Department of Health.

**Votes on Final Passage:**

Senate	46	0	
House	93	3	(House amended)
House	94	3	(House receded/amended)
Senate	47	0	(Senate concurred)

**Effective:** July 28, 2013  
July 1, 2018 (Section 4)