

CERTIFICATION OF ENROLLMENT  
**SECOND SUBSTITUTE SENATE BILL 5732**

63rd Legislature  
2013 Regular Session

Passed by the Senate April 28, 2013  
YEAS 47 NAYS 0

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**President of the Senate**

Passed by the House April 24, 2013  
YEAS 94 NAYS 3

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**Speaker of the House of Representatives**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE SENATE BILL 5732** as passed by the Senate and the House of Representatives on the dates hereon set forth.

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**Secretary**

FILED

**Secretary of State  
State of Washington**

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**SECOND SUBSTITUTE SENATE BILL 5732**

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AS AMENDED BY THE HOUSE

Passed Legislature - 2013 Regular Session

**State of Washington                      63rd Legislature                      2013 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Carrell, Darneille, Keiser, and Pearson)

READ FIRST TIME 03/01/13.

1            AN ACT Relating to improving behavioral health services provided to  
2 adults in Washington state; amending RCW 71.24.025 and 18.19.210;  
3 adding new sections to chapter 43.20A RCW; adding a new section to  
4 chapter 70.97 RCW; adding a new section to chapter 71.05 RCW; creating  
5 a new section; providing an effective date; and providing an expiration  
6 date.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8            NEW SECTION.        **Sec. 1.**        (1)(a) Beginning May 1, 2014, the  
9 legislature shall convene a task force to examine reform of the adult  
10 behavioral health system, with voting members as provided in this  
11 subsection.

12            (i) The president of the senate shall appoint one member from each  
13 of the two largest caucuses of the senate.

14            (ii) The speaker of the house of representatives shall appoint one  
15 member from each of the two largest caucuses in the house of  
16 representatives.

17            (iii) The governor shall appoint five members consisting of the  
18 secretary of the department of social and health services or the  
19 secretary's designee, the director of the health care authority or the

1 director's designee, the director of the office of financial management  
2 or the director's designee, the secretary of the department of  
3 corrections or the secretary's designee, and a representative of the  
4 governor.

5 (iv) The governor shall request participation by a representative  
6 of tribal governments.

7 (b) The task force shall choose two cochairs from among its  
8 legislative members.

9 (c) The task force shall adopt a bottom-up approach and welcome  
10 input and participation from all stakeholders interested in the  
11 improvement of the adult behavioral health system. To that end, the  
12 task force must invite participation from, at a minimum, the following:  
13 Behavioral health service recipients and their families; local  
14 government; representatives of regional support networks;  
15 representatives of county coordinators; law enforcement; city and  
16 county jails; tribal representatives; behavioral health service  
17 providers; housing providers; labor representatives; counties with  
18 state hospitals; mental health advocates; public defenders with  
19 involuntary mental health commitment or mental health court experience;  
20 medicaid managed care plan representatives; long-term care service  
21 providers; the Washington state hospital association; and individuals  
22 with expertise in evidence-based and research-based behavioral health  
23 service practices. Leadership of subcommittees formed by the task  
24 force may be drawn from this body of invited participants.

25 (2) The task force shall undertake a systemwide review of the adult  
26 behavioral health system and make recommendations for reform  
27 concerning, but not limited to, the following:

28 (a) The means by which services are delivered for adults with  
29 mental illness and chemical dependency disorders;

30 (b) Availability of effective means to promote recovery and prevent  
31 harm associated with mental illness;

32 (c) Crisis services, including boarding of mental health patients  
33 outside of regularly certified treatment beds;

34 (d) Best practices for cross-system collaboration between  
35 behavioral health treatment providers, medical care providers, long-  
36 term care service providers, entities providing health home services to  
37 high-risk medicaid clients, law enforcement, and criminal justice  
38 agencies; and

1 (e) Public safety practices involving persons with mental illness  
2 with forensic involvement.

3 (3) Staff support for the task force must be provided by the senate  
4 committee services and the house of representatives office of program  
5 research.

6 (4) Legislative members of the task force must be reimbursed for  
7 travel expenses in accordance with RCW 44.04.120. Nonlegislative  
8 members, except those representing an employer or organization, are  
9 entitled to be reimbursed for travel expenses in accordance with RCW  
10 43.03.050 and 43.03.060.

11 (5) The expenses of the task force must be paid jointly by the  
12 senate and house of representatives. Task force expenditures are  
13 subject to approval by the senate facilities and operations committee  
14 and the house of representatives executive rules committee, or their  
15 successor committees.

16 (6) The task force shall report its findings and recommendations to  
17 the governor and the appropriate committees of the legislature by  
18 January 1, 2015.

19 (7) This section expires June 1, 2015.

20 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.20A RCW  
21 to read as follows:

22 (1) The systems responsible for financing, administration, and  
23 delivery of publicly funded mental health and chemical dependency  
24 services to adults must be designed and administered to achieve  
25 improved outcomes for adult clients served by those systems through  
26 increased use and development of evidence-based, research-based, and  
27 promising practices, as defined in RCW 71.24.025. For purposes of this  
28 section, client outcomes include: Improved health status; increased  
29 participation in employment and education; reduced involvement with the  
30 criminal justice system; enhanced safety and access to treatment for  
31 forensic patients; reduction in avoidable utilization of and costs  
32 associated with hospital, emergency room, and crisis services;  
33 increased housing stability; improved quality of life, including  
34 measures of recovery and resilience; and decreased population level  
35 disparities in access to treatment and treatment outcomes.

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

1 (a) The department must establish a steering committee that  
2 includes at least the following members: Behavioral health service  
3 recipients and their families; local government; representatives of  
4 regional support networks; representatives of county coordinators; law  
5 enforcement; city and county jails; tribal representatives; behavioral  
6 health service providers, including at least one chemical dependency  
7 provider and at least one psychiatric advanced registered nurse  
8 practitioner; housing providers; medicaid managed care plan  
9 representatives; long-term care service providers; organizations  
10 representing health care professionals providing services in mental  
11 health settings; the Washington state hospital association; the  
12 Washington state medical association; individuals with expertise in  
13 evidence-based and research-based behavioral health service practices;  
14 and the health care authority.

15 (b) The adult behavioral health system improvement strategy must  
16 include:

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

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

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

26 (iv) Identification and phased implementation of service delivery,  
27 financing, or other strategies that will promote improvement of the  
28 behavioral health system as described in this section and incentivize  
29 the medical care, behavioral health, and long-term care service  
30 delivery systems to achieve the improvements described in this section  
31 and collaborate across systems. The strategies must include phased  
32 implementation of public reporting of outcome and performance measures  
33 in a form that allows for comparison of performance and levels of  
34 improvement between geographic regions of Washington; and

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

37 (c) The department must seek private foundation and federal grant

1 funding to support the adult behavioral health system improvement  
2 strategy.

3 (d) By May 15, 2014, the Washington state institute for public  
4 policy, in consultation with the department, the University of  
5 Washington evidence-based practice institute, the University of  
6 Washington alcohol and drug abuse institute, and the Washington  
7 institute for mental health research and training, shall prepare an  
8 inventory of evidence-based, research-based, and promising practices  
9 for prevention and intervention services pursuant to subsection (1) of  
10 this section. The department shall use the inventory in preparing the  
11 behavioral health improvement strategy. The department shall provide  
12 the institute with data necessary to complete the inventory.

13 (e) By August 1, 2014, the department must report to the governor  
14 and the relevant fiscal and policy committees of the legislature on the  
15 status of implementation of the behavioral health improvement strategy,  
16 including strategies developed or implemented to date, timelines, and  
17 costs to accomplish phased implementation of the adult behavioral  
18 health system improvement strategy.

19 (3) The department must contract for the services of an independent  
20 consultant to review the provision of forensic mental health services  
21 in Washington state and provide recommendations as to whether and how  
22 the state's forensic mental health system should be modified to provide  
23 an appropriate treatment environment for individuals with mental  
24 disorders who have been charged with a crime while enhancing the safety  
25 and security of the public and other patients and staff at forensic  
26 treatment facilities. By August 1, 2014, the department must submit a  
27 report regarding the recommendations of the independent consultant to  
28 the governor and the relevant fiscal and policy committees of the  
29 legislature.

30 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.97 RCW  
31 to read as follows:

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

1        NEW SECTION.    **Sec. 4.**    A new section is added to chapter 71.05 RCW  
2 to read as follows:

3        When a person has been involuntarily committed for treatment to a  
4 hospital for a period of ninety or one hundred eighty days, and the  
5 superintendent or professional person in charge of the hospital  
6 determines that the person no longer requires active psychiatric  
7 treatment at an inpatient level of care, the regional support network  
8 responsible for resource management services for the person must work  
9 with the hospital to develop an individualized discharge plan and  
10 arrange for a transition to the community in accordance with the  
11 person's individualized discharge plan within twenty-one days of the  
12 determination.

13        **Sec. 5.**    RCW 71.24.025 and 2012 c 10 s 59 are each amended to read  
14 as follows:

15        Unless the context clearly requires otherwise, the definitions in  
16 this section apply throughout this chapter.

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

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

21        (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
22 case of a child, a gravely disabled minor as defined in RCW 71.34.020;  
23 or

24        (c) Presenting a likelihood of serious harm as defined in RCW  
25 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

26        (2) "Available resources" means funds appropriated for the purpose  
27 of providing community mental health programs, federal funds, except  
28 those provided according to Title XIX of the Social Security Act, and  
29 state funds appropriated under this chapter or chapter 71.05 RCW by the  
30 legislature during any biennium for the purpose of providing  
31 residential services, resource management services, community support  
32 services, and other mental health services. This does not include  
33 funds appropriated for the purpose of operating and administering the  
34 state psychiatric hospitals.

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

36        (4) "Chronically mentally ill adult" or "adult who is chronically

1 mentally ill" means an adult who has a mental disorder and meets at  
2 least one of the following criteria:

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

5 (b) Has experienced a continuous psychiatric hospitalization or  
6 residential treatment exceeding six months' duration within the  
7 preceding year; or

8 (c) Has been unable to engage in any substantial gainful activity  
9 by reason of any mental disorder which has lasted for a continuous  
10 period of not less than twelve months. "Substantial gainful activity"  
11 shall be defined by the department by rule consistent with Public Law  
12 92-603, as amended.

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

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

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

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



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

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

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

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

16 (13) "Emerging best practice" or "promising practice" means a  
17 (~~practice that presents, based on preliminary information, potential~~  
18 ~~for becoming a research-based or consensus-based practice~~) program or  
19 practice that, based on statistical analyses or a well established  
20 theory of change, shows potential for meeting the evidence-based or  
21 research-based criteria, which may include the use of a program that is  
22 evidence-based for outcomes other than those listed in subsection (14)  
23 of this section.

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

35 (15) "Licensed service provider" means an entity licensed according  
36 to this chapter or chapter 71.05 RCW or an entity deemed to meet state  
37 minimum standards as a result of accreditation by a recognized  
38 behavioral health accrediting body recognized and having a current

1 agreement with the department, that meets state minimum standards or  
2 persons licensed under chapter 18.57, 18.71, 18.83, or 18.79 RCW, as it  
3 applies to registered nurses and advanced registered nurse  
4 practitioners.

5 (16) "Long-term inpatient care" means inpatient services for  
6 persons committed for, or voluntarily receiving intensive treatment  
7 for, periods of ninety days or greater under chapter 71.05 RCW. "Long-  
8 term inpatient care" as used in this chapter does not include: (a)  
9 Services for individuals committed under chapter 71.05 RCW who are  
10 receiving services pursuant to a conditional release or a court-ordered  
11 less restrictive alternative to detention; or (b) services for  
12 individuals voluntarily receiving less restrictive alternative  
13 treatment on the grounds of the state hospital.

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

17 (18) "Mentally ill persons," "persons who are mentally ill," and  
18 "the mentally ill" mean persons and conditions defined in subsections  
19 (1), (4), (27), and (28) of this section.

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

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

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

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

1           (23) "Residential services" means a complete range of residences  
2 and supports authorized by resource management services and which may  
3 involve a facility, a distinct part thereof, or services which support  
4 community living, for persons who are acutely mentally ill, adults who  
5 are chronically mentally ill, children who are severely emotionally  
6 disturbed, or adults who are seriously disturbed and determined by the  
7 regional support network to be at risk of becoming acutely or  
8 chronically mentally ill. The services shall include at least  
9 evaluation and treatment services as defined in chapter 71.05 RCW,  
10 acute crisis respite care, long-term adaptive and rehabilitative care,  
11 and supervised and supported living services, and shall also include  
12 any residential services developed to service persons who are mentally  
13 ill in nursing homes, assisted living facilities, and adult family  
14 homes, and may include outpatient services provided as an element in a  
15 package of services in a supported housing model. Residential services  
16 for children in out-of-home placements related to their mental disorder  
17 shall not include the costs of food and shelter, except for children's  
18 long-term residential facilities existing prior to January 1, 1991.

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

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

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

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

2 (a) Is gravely disabled or presents a likelihood of serious harm to  
3 himself or herself or others, or to the property of others, as a result  
4 of a mental disorder as defined in chapter 71.05 RCW;

5 (b) Has been on conditional release status, or under a less  
6 restrictive alternative order, at some time during the preceding two  
7 years from an evaluation and treatment facility or a state mental  
8 health hospital;

9 (c) Has a mental disorder which causes major impairment in several  
10 areas of daily living;

11 (d) Exhibits suicidal preoccupation or attempts; or

12 (e) Is a child diagnosed by a mental health professional, as  
13 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
14 is clearly interfering with the child's functioning in family or school  
15 or with peers or is clearly interfering with the child's personality  
16 development and learning.

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

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

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

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

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

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

34 (ii) Changes in custodial adult;

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

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

2 (v) Drug or alcohol abuse; or

3 (vi) Homelessness.

4 (29) "State minimum standards" means minimum requirements  
5 established by rules adopted by the secretary and necessary to  
6 implement this chapter for: (a) Delivery of mental health services;  
7 (b) licensed service providers for the provision of mental health  
8 services; (c) residential services; and (d) community support services  
9 and resource management services.

10 (30) "Treatment records" include registration and all other records  
11 concerning persons who are receiving or who at any time have received  
12 services for mental illness, which are maintained by the department, by  
13 regional support networks and their staffs, and by treatment  
14 facilities. Treatment records do not include notes or records  
15 maintained for personal use by a person providing treatment services  
16 for the department, regional support networks, or a treatment facility  
17 if the notes or records are not available to others.

18 (31) "Tribal authority," for the purposes of this section and RCW  
19 71.24.300 only, means: The federally recognized Indian tribes and the  
20 major Indian organizations recognized by the secretary insofar as these  
21 organizations do not have a financial relationship with any regional  
22 support network that would present a conflict of interest.

23 **Sec. 6.** RCW 18.19.210 and 2008 c 135 s 9 are each amended to read  
24 as follows:

25 (1)(a) An applicant for registration as an agency affiliated  
26 counselor who applies to the department within seven days of employment  
27 by an agency may work as an agency affiliated counselor for up to sixty  
28 days while the application is processed. The applicant must stop  
29 working on the sixtieth day of employment if the registration has not  
30 been granted for any reason.

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

36 (2) Agency affiliated counselors shall notify the department if  
37 they are either no longer employed by the agency identified on their

1 application or are now employed with another agency, or both. Agency  
2 affiliated counselors may not engage in the practice of counseling  
3 unless they are currently affiliated with an agency.

4 NEW SECTION. **Sec. 7.** A new section is added to chapter 43.20A RCW  
5 to read as follows:

6 (1) By November 30, 2013, the department and the health care  
7 authority must report to the governor and the relevant fiscal and  
8 policy committees of the legislature, consistent with RCW 43.01.036, a  
9 plan that establishes a tribal-centric behavioral health system  
10 incorporating both mental health and chemical dependency services. The  
11 plan must assure that child, adult, and older adult American Indians  
12 and Alaskan Natives eligible for medicaid have increased access to  
13 culturally appropriate mental health and chemical dependency services.  
14 The plan must:

15 (a) Include implementation dates, major milestones, and fiscal  
16 estimates as needed;

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

19 (c) Address equitable access to crisis services, outpatient care,  
20 voluntary and involuntary hospitalization, and behavioral health care  
21 coordination;

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

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

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

31 NEW SECTION. **Sec. 8.** Section 4 of this act takes effect July 1,  
32 2018.

--- END ---