

Proposed Mental Health Bills

Title: Creating a guardianship program for persons who are gravely disabled ("incapacitated person") to provide them individualized treatment, supervision, and appropriate placement to support successful transition to the community

What the bill does:

- Authorizes the courts to refer a person, upon petition for a guardianship, for an assessment by a local mental health professional to determine if the person is gravely disabled
- Authorizes a mental health professional to make a referral for guardianship and initiate a guardianship investigation
- Requires a guardianship investigation and for the investigator (guardian ad litem, e.g.) to determine all available alternatives to guardianship and submit a report to the court that contains certain recommendations for the guardian and incapacitated person if no alternatives to guardianship exist
- Authorizes the courts to provide a temporary guardianship for persons in order to arrange for care of a person until a guardianship is determined, including the authority to detain the person in a facility for intensive treatment, and to preserve the person's place of residence
- Authorizes guardians to require incapacitated persons to receive treatment
- Requires a treatment plan to be established within 10 days of the court establishing a guardianship
- Authorizes guardians who place incapacitated persons in an inpatient facility to require the person to undergo outpatient treatment
- Provides placement and transfer options for the incapacitated persons, dependent upon severity of the incapacitation as determined by the court, mental health professional, and/or guardian
- Limits guardianships to one year, not including any time served by a temporary guardian, except to allow the guardian to resolve financial obligations of the person or if the guardian petitions the court to allow another one-year guardianship period
- Defines "gravely disabled" as a condition in which a person, as a result of a mental disorder, or as a result of the use of alcohol or other psychoactive chemicals -
 - Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or
 - Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety

Title: Relating to increasing the behavioral health workforce by establishing a reciprocity program to increase the portability of behavioral health licenses and certifications

What the bill does:

- Requires the Department of Health (DOH) to establish a reciprocity program for applicants for licensure or certification as a chemical dependency professional, mental health counselor, or marriage & family therapist in Washington who hold or have held within the past 12 months a license or certification with an equivalent or greater scope of practice in any other state or territory, and have no disciplinary record or disqualifying criminal history.
 - Requires DOH to issue a probationary license or certification to an applicant who meets these requirements allowing the applicant to practice while their application for full licensure or certification in Washington is pending and permits DOH to establish a reasonable time limit for the probationary licensee to make up any deficiencies in training and education requirements and, if required, take a jurisprudential exam.
 - Requires DOH to maintain and publish a list of foreign state licensing or certification requirements which it has determined to have equivalent or greater scope of practice and training or education requirements to a counterpart license or certification in Washington.
 - Requires DOH to explore options for adoption of an interstate compact for counselor licensure supporting license portability and to report recommendations to the Legislature by November 1, 2020.

Title: Relating to expanding the Reentry Community Safety Program

Background: The Offender Reentry Community Safety Program (ORCSP) was established in 1999 as the Dangerous Mentally Ill Offender Program.¹ ORCSP identifies prisoners with serious mental illness within six months of release from prison who pose a potential threat to public safety. ORCSP uses a partnership between the Department of Corrections (DOC), Health Care Authority (HCA), and contracted community behavioral health providers to provide enhanced case management, treatment, and other services to these offenders following release.

A series of studies by the Washington State Institute for Public Policy (WSIPP) concluded that ORCSP reduces new felony recidivism by 42 percent and new violent felony recidivism by 36 percent.² WSIPP currently identifies ORCSP as a cost-effective program which returns \$1.90 of benefits to taxpayers for every dollar spent on the program.³ A meta-analysis of 59 reentry programs published by WSIPP in 2017 revealed that ORCSP has the largest effect size in reducing recidivism than any other reviewed program, twice as large as the next most effective program.⁴

What the bill does:

- Renames ORCSP as the Reentry Community Safety Program (RCSP).
- Expands the RCSP to include state hospital patients who are committed as incompetent to stand trial following commission of a violent felony (known as "1114 patients" based on [E2SHB 1114 \[2013\]](#)) and state hospital patients who are committed based on criminal insanity.
 - Requires the Department of Social and Health Services to model the expanded RCSP off the current ORCSP in consultation with behavioral health experts, DOC, and HCA.
 - Redirects current monies appropriated for 1114 patients to support the RCSP expansion.
 - Requires notification to the Public Safety Review Panel (PSRP) and information sharing with PSRP when state hospital patients are referred to the program.
 - Authorizes community corrections officers to supervise 1114 patients participating in the RCSP and provides training.
- Requires all behavioral health organizations and fully-integrated managed care entities to ensure adequate provider capacity in their region to support the operation of the RCSP.
- Allows RCSP staff, agency staff, or state hospital staff to accompany a state hospital patient on temporary leaves from custody.

¹The program has also been known as the Community Integration Assistance Program. It was renamed ORCSP by the Legislature in 2009 (see [SHB 1201 \[2009\]](#)).

²See http://www.wsipp.wa.gov/ReportFile/1036/WSipp_The-Dangerous-Mentally-Ill-Offender-Program-Four-Year-Felony-Recidivism-and-Cost-Effectiveness_Full-Report.pdf.

³See <http://wsipp.wa.gov/BenefitCost/Program/8>

⁴See Exhibit 2, Bitney, K., Drake, E., Grice, J., Hirsch, M. & Lee, S. (2017). *The effectiveness of reentry programs for incarcerated persons: findings for the Washington Statewide Reentry Council* (Document Number 17-05-1901). Olympia: Washington State Institute for Public Policy, pages 7-8. Available at: http://www.wsipp.wa.gov/ReportFile/1667/WSipp_The-Effectiveness-of-Reentry-Programs-for-Incarcerated-Persons-Findings-for-the-Washington-Statewide-Reentry-Council_Report.pdf

Title: Create an innovative tele-health care delivery model in schools to prevent school violence, adolescent suicide, and substance abuse. Implement a high quality training program for school professionals.

What the bill does: The goal is to start treatment at early onset by identifying those that may need visits through telemedicine and those that need to have more in-depth treatment. Our goal is not just to make good patients but to make patients better and that will be done through measuring the effectiveness of these treatments and making adjustment to training and treatments to continue the focus on patient improvement.

1. The identified agency will undertake a digital survey of each school district to ascertain their specific needs along with the community's structure and available services.
2. The bill will address identifying and treating youth from 8-9th? Grade to graduation.
3. Risk Focus:
 - Mental Health
 - Suicide prevention and harm to others
 - Substance abuse, including opioid abuse
4. Training is the key to identifying above described conditions. Training shall be provided through project Echo based at the University of Washington. Criteria for training shall be developed within the mental health community and shall address all identified areas in #3.
5. Schools currently have employees that can be trained to help identify students demonstrating symptoms at their level of training. Administration, school bus driver's counselors, teachers, food service workers, janitors shall participate in digital based training provided by project ECHO.
6. Students identified from a trained school employee or a community worker shall have access to two telehealth treatments. If determined a student needs additional treatment a referral to the telemedicine program based at the University of Washington shall be made and paid for by insurance carriers, commercial and Medicaid alike while the student remains on the school campus.
7. Funding: The state shall apply for grants to fund said training through project ECHO through various entities. Funds shall be distributed through requirements. State will participate in funding.

Title: Relating to expanding community-based behavioral health facilities through issuance of state bonds

What the bill does:

- Authorizes the State Finance Committee to issue up to \$500 million in general obligation bonds to finance community-based mental health facilities;
 - \$500 million outside of the debt limit and subject to a vote of the people.
 - Provides that the bonds would be issued over ten years.
 - Directs the Secretary of State to submit the bond authorization to a vote of the people.

Why the bill is needed:

- The Legislature and Governor's agreed upon plan is to move long-term civil commits out of Western and Eastern State Hospitals and into community facilities
 - This allows civil commitments to be treated closer to their support systems.
 - Currently, we do not have adequate bed capacity in local communities
 - In order to establish and maintain capacity, we need to provide financing for the capital build out of our community mental health facilities
- Allows the state to focus on forensic mental health services at the state hospitals
- Helps address local need for mental health services; community facilities will allow for quicker treatment, easier access for families, and will help with diversion away from the justice system.

Additional proposed mental health bills. For more information on these bills, contact Tricia Gullion at (360) 786-7395 or tricia.gullion@leg.wa.gov

- Integrating risk for long-term civil involuntary treatment into managed care
- Development of community long-term involuntary treatment capacity
- Relating to increasing behavioral health workforce participation by addressing certification and licensing requirements
- Relating to increasing options for peer support services in behavioral health
- Relating to establishing a risk responsive methodology to calculate periods of competency restoration treatment
- Create the Diversion Incentive Fund for creation, continuation, and continuity of Trueblood-related Diversion programming
- Extending county authority to collect reimbursements from the department when conducting panel competency evaluations
- Concerning the equitable geographic distribution of community placements for institutionalized persons with a history of criminal justice involvement
- Limiting the placement of institutionalized persons with a history of criminal justice involvement in adult family homes
- Concerning veteran diversion from involuntary commitment through increased coordination between the veterans administration and the department of social and health services
- Relating to incentivizing engagement by publicly-funded health systems in efforts to reduce criminal justice system involvement for clients with acute behavioral health disorders