



PROPOSED RULE MAKING

CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency: Department of Social and Health Services, Behavioral Health Administration

- Preproposal Statement of Inquiry was filed as WSR: 16-24-079; or**
- Expedited Rule Making--Proposed notice was filed as WSR: ___; or**
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).**

- Original Notice**
- Supplemental Notice to WSR:**
- Continuance of WSR:**

Title of rule and other identifying information: (Describe Subject)

The department is proposing to amend WAC 388-877A-0100 "Outpatient mental health services—General", WAC 388-877A-0300 "Recovery support services requiring program-specific certification—General", WAC 388-877A-0330 "Recovery support services requiring program-specific certification--Employment services". The department also is proposing to create new sections including WAC 388-877A-0335 "Recovery support services that require program-specific certification--Supportive housing services", WAC 388-877B-0700 "Substance use disorder recovery support services that require program-specific certification—General", WAC 388-877B-0710 "Substance use disorder recovery support services that require program-specific certification--Agency staff requirements", WAC 388-877B-0720 "Substance use disorder recovery support services that require program-specific certification--Clinical record content and documentation", WAC 388-877B-0730 "Substance use disorder recovery support services that require program-specific certification--Supported employment services", and WAC 388-877B-0740 "Substance use disorder recovery support services that require program-specific certification--Supportive housing services".

Hearing location(s):

Office Building 2
 DSHS Headquarters
 1115 Washington
 Olympia, WA 98504

Public parking at 11th and Jefferson. A map is available at:
<https://www.dshs.wa.gov/sesa/rules-and-policies-assistance-unit/driving-directions-office-bldg-2>

Date: **July 11, 2017** Time: **10:00 a.m.**

Date of intended adoption: Not earlier than July 12, 2017
 (Note: This is **NOT** the **effective** date)

Submit written comments to:

Name: DSHS Rules Coordinator
 Address: PO Box 45850
 Olympia, WA 98504
 e-mail: DSHSRPAURulesCoordinator@dshs.wa.gov
 fax: (360) 664-6185
by: 5:00 p.m. July 11, 2017

Assistance for persons with disabilities: Contact:
 Jeff Kildahl, DSHS Rules Consultant by June 27, 2017
 Phone: (360) 664-6092 or TTY: (360) 664-6178
 Email: KildaJA@dshs.wa.gov

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

RCW 71.24.385 authorizes a supportive housing services program and a supported employment services program to be developed to serve individuals receiving behavioral health services. Programs for supportive housing services and supported employment services are included as part of Washington state's Medicaid Transformation Waiver, which was approved on January 9, 2017. These proposed rules will allow the department to certify these services when a licensed behavioral health agency applies and qualifies for certification.

Reasons supporting proposal: See purpose statement above.

Statutory authority for adoption: RCW 43.20A.550, RCW 70.02.290, RCW 70.02.340, RCW 71.05.560, RCW 71.24.035, RCW 71.24.037, RCW 71.24.520, RCW 71.34.380, RCW 74.04.050, RCW 74.08.090

Statute being implemented: RCW 71.24.385

Is rule necessary because of a:

- Federal Law? Yes No
- Federal Court Decision? Yes No
- State Court Decision? Yes No

If yes, CITATION:

DATE
 May 16, 2017

NAME (type or print)
 Katherine Vasquez

SIGNATURE

TITLE
 DSHS Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
 STATE OF WASHINGTON
 FILED

DATE: May 18, 2017

TIME: 8:17 AM

WSR 17-11-073

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None

Name of proponent: (person or organization) Department of Social and Health Services

- Private
 Public
 Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Stephanie Vaughn	PO Box 45330, Olympia, WA 98504-5330	(360) 725-1342
Implementation:	Melodie Pazolt	PO Box 45330, Olympia, WA 98504-5330	(360) 725-0487
Enforcement	Melodie Pazolt	PO Box 45330, Olympia, WA 98504-5330	(360) 725-0487

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

Yes. Attach copy of small business economic impact statement or school district fiscal impact statement.

A copy of the statement may be obtained by contacting:

Name: See below.

Address:

Phone: ()

Fax: ()

e-mail

No. Explain why no statement was prepared.

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

[A combined cost-benefit analysis and small business economic impact statement is attached.]

Name: Stephanie Vaughn

Address: PO Box 45330
Olympia, WA 98504-5330

Phone: (360) 725-1342

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No:



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health Administration
Division of Behavioral Health and Recovery
PO Box 45330, Olympia, WA 98504-5330

MEMORANDUM

DATE: May 9, 2017

TO: Interested Stakeholders
Katherine Vasquez, DSHS Rules Coordinator

FROM: Melodie Pazolt, Division of Behavioral Health and Recovery
Stephanie Vaughn, Division of Behavioral Health and Recovery
Department of Social and Health Services (DSHS)

SUBJECT: Cost-Benefit Analysis/SBEIS for Proposed Rules Regarding Supportive Housing and Supported Employment Services in Chapter 388-877A WAC Outpatient Mental Health Services and Chapter 388-877B WAC Substance Use Disorder Services

SUMMARY OF PROPOSED RULES

The Division of Behavioral Health and Recovery (DBHR) of the Department of Social and Health Services (DSHS) is proposing amendments and new rules in Chapter 388-877A WAC Outpatient Mental Health Services and Chapter 388-877B WAC Substance Use Disorder Services. These proposed rules will add Supportive Housing and Supported Employment as recovery support services that behavioral health service providers (both mental health and substance use disorder providers) can become certified to provide.

Outpatient Mental Health rules

DBHR currently describes certification requirements for employment services as a recovery support service in WAC 388-877A-0330. In this section we changed the term from “employment services” to “supported employment services”. We created new WAC 388-877A-0335 to describe certification requirements for Supportive Housing services. Because of these changes, we needed to amend two other mental health WAC sections to now refer to the new services, WAC 388-877A-0100 and 388-877A-0300. The only other edits made to these sections were necessary housekeeping edits to change names and terms and clarify language without changing the rules effect. No other policy changes have been made to the rules.

Substance Use Disorder rules

DBHR added the certification requirements for both Supported Employment and Supportive Housing substance use disorder recovery support services in new WAC 388-877B-0730 and 388-877B-0740. Because these were the first substance use disorder recovery support services that the department is describing in rule, we needed to also create a WAC section 388-877B-0700 as a general overview, WAC 388-877B-0710 to describe agency staff requirements, and WAC 388-877B-0720 to describe clinical record content and documentation. The requirements in these three WAC sections closely follow the requirements already described in rule for substance use disorder outpatient treatment services, specifically WACs 388-877B-0300, 388-877B-0310, and 388-877B-0320. The only other edits made to the language from the existing sections were necessary housekeeping edits to change names and terms and clarify language without changing the rules effect. No other policy changes have been made to the rules.

INVOLVEMENT OF STAKEHOLDERS

Policy Academy on Homelessness

In 2012, the Substance Abuse Mental Health Services Administration (SAMHSA) invited Washington State to apply for a Policy Academy to reduce chronic homelessness. The Chronic Homeless Policy Academy was co-sponsored by the U.S. Health and Human Services, Department of Housing and Urban Development (HUD), U.S. Department of Veterans Affairs and the U.S. Interagency Council on Homelessness (USICH). Technical assistance from these agencies includes tools, resources, and expertise to help the state develop a strategic plan based on what works. Washington's team includes representatives of key government agencies including DBHR, people with lived experience of homelessness, providers, and others with essential expertise and skills.

Policy Academy on Employment

In 2013, SAMHSA sponsored a virtual policy academy to further the goals on the Olmstead U.S. Supreme Court decision of further integrating people into the community. DBHR participated with partners such as the state Division of Vocational Rehabilitation, Governor's Committee on Disability Employment Policy, the Employment Security Department, Home and Community Services, Developmental Disabilities Administration, Regional Support Networks, and provider organizations. The Washington State Olmstead Policy Academy on Employment has developed a strategic plan to improve the employment rate of individuals with significant behavioral health issues. The plan includes action steps in the areas of financing Supported Employment services, workforce development, and community education, including educating people with disabilities.

DBHR Stakeholder Involvement with Both Policy Academies

Through these two policy academies (Chronic Homeless Policy Academy and the Olmstead Policy Academy) stakeholders across the state have been participating in providing feedback to DBHR as the division focuses on increasing employment and housing outcomes. Workgroups in

each of these two Policy Academy teams participated in developing the language for the Supportive Housing and Supported Employment certification WACs and have provided feedback throughout the development and drafting process.

DBHR has conducted an electronic survey of the anticipated costs and benefits and distributed the survey to interested parties from across the state including advocacy groups, policy groups, and behavioral health providers. DBHR attempted to include all of the known stakeholders who have indicated interest in possibly becoming certified with DBHR to provide Supportive Housing or Supported Employment behavioral health services. This included providers that currently are licensed and certified by DBHR to provide mental health or substance use disorder services and providers who are not yet licensed or certified through DBHR. In total, DBHR sent the electronic survey to about 246 stakeholder recipients, of which we estimate about 200 are behavioral health providers of some kind. We had 11 responses, each of which informed our analysis below.

SMALL BUSINESS ECONOMIC IMPACT STATEMENT—DETERMINATION OF NEED

Chapter 19.85 RCW, The Regulatory Fairness Act, requires that the economic impact of proposed regulations be analyzed in relation to small businesses. The statute defines small businesses as those businesses that employ fifty or fewer people and are independently owned and operated. These proposed rules impact behavioral health agencies that deliver mental health services, substance use disorder services, or both, that elect to become licensed and certified with DBHR to provide Supportive Housing or Supported Employment services or both.

Preparation of an SBEIS is required when a proposed rule has the potential of placing a disproportionate economic impact on small businesses. The statute outlines information that must be included in a Small Business Economic Impact Statement (SBEIS).

This proposed WAC change describes the certification requirements for a behavioral health agency to add Supportive Housing and Supported Employment to a DBHR license for either substance use disorder or mental health treatment programs. The costs to comply with these certification rules would include certification fees (if applicable) and any costs of developing policies and procedures to comply with certification for these services. The initial nonresidential services fees (if applicable) that DSHS requires for an agency to add certification for Supportive Housing or Supported Employment would be the same for small businesses and large. The costs to develop policies and procedures may vary from agency to agency, as shown below.

DBHR estimates that, of all of the providers who have indicated intent to become licensed and certified to deliver these services, only a small percentage are considered small businesses employing 50 or fewer employees. Only one small business responded to our survey. Since it is difficult for DBHR to determine which agencies will elect to become certified to provide these services in the future (and what the size of those agencies are), and assuming that small businesses might often have somewhat disproportionate costs as compared to large businesses

for many business activities, DBHR is providing the information required by chapter 19.85 RCW for a Small Business Economic Impact Statement in our cost benefit analysis, below.

EVALUATION OF PROBABLE COSTS AND PROBABLE BENEFITS

Since the proposed change to the rule “establishes, alters, or revokes any qualification or standard for the issuance, suspension, or revocation of a license or permit,” DBHR has determined the proposed rules to be “significant” as defined by the legislature in RCW 34.05.328. As required by RCW 34.05.328(1)(d), DBHR has analyzed the probable costs and probable benefits of the proposed amendments, taking into account both the qualitative and quantitative benefits and costs.

COSTS

This proposed WAC change describes the certification requirements for a behavioral health agency to add Supportive Housing and Supported Employment to their DBHR license for either substance use disorder or mental health recovery support services.

WAC 388-877-0345 explains what behavioral health agencies must do to become certified with DBHR to provide a new service. A licensed behavioral health agency must request and submit an abbreviated application that is signed by the agency’s designated official, include a description of the agency’s policies and procedures relating to the new service, and include payment of appropriate fees. Strictly speaking, the costs to comply with this rule change would be:

- The administrative time to fill out the abbreviated application,
- The costs to develop an adequate set of policies and procedures relating to the new service, and
- The cost of fees associated with certification.

During our survey process, DBHR also collected information about other costs that are associated with adding these programs to an agency’s current business in addition to the costs to complying with this rule change. We have reflected this extra cost information below.

Certification Fees (WAC 388-877-0365)

For agencies who are already licensed with DBHR and certified to provide one or more services, there is an application fee of \$200 to add on a substance use disorder treatment service. There is no fee to add on a mental health disorder treatment service.

Administrative Costs and Costs to develop Policies and Procedures

Reported costs varied, depending on whether the agency planned to hire a consultant to provide assistance with developing policies and procedures. One agency (that is not yet

licensed or certified with DBHR) estimated it would be a one-time cost of about \$5,000 for Supportive Housing and \$5,000 for Supported Employment to hire a consultant to develop policies and procedures. Another agency (also not yet licensed with DBHR) estimated that it would incur a one-time administrative staffing cost of \$2,000 to develop policies and procedures (this cost also includes other administrative staff start up activities). **Note:** DBHR provides resources and technical assistance at no cost to behavioral health agencies for the development of policies and procedures.

Costs in addition to costs of compliance with these rules

Subject	Costs Estimated by Survey Responders
Adding new DBHR licensure	<ul style="list-style-type: none"> • \$1,000 initial licensing fee for a new mental health or substance use disorder agency. • \$200-\$750 initial and annual certification fee for substance use disorder nonresidential service • \$500 to \$2,575 initial and annual licensing fees for mental health disorder service
Additional DBHR licensure startup costs	<ul style="list-style-type: none"> • \$50,000 per year for staffing, documentation, policies & procedures. • \$5,000 for consultant to help evaluate/build HIPAA and other compliance, \$5,000 IPS training, \$2,000 finance and other admin staff time including policy & procedure development, \$2,000 contract development (possibly double to cover SH and SE)
Hiring staff cost	\$130,000/year
Training	\$10,000-15,000 for new service, \$5,000 for existing service \$3,000/year
Cost of actual housing itself	\$1000-1200 per month per unit for Supportive Housing (rental assistance + housing case management) Multiple units (group housing) = \$132,000 per year per building
Transportation / mileage / parking	\$5,000/yr
Support services to clients	\$5,000/yr
Costs associated with contracting with the third party administrator for 1115 Waiver funding	No dollar amount, but a suggestion that there may be costs associated with contracting with the third party administrator, including costs for reporting through a separate reporting mechanism.

Note: Many of these costs are anticipated to be offset by funding through contracts with the third party administrator for the supportive housing and supported employment services.

Methods DBHR has undertaken to mitigate these costs, where possible:

DBHR has helped create a series of trainings called ‘Medicaid Academies’ that educated Behavioral Health Organizations, mental health service providers, substance use disorder

service providers, and other stakeholders and communities on becoming certified to provide behavioral health services. DBHR has conducted:

- Webinars,
- In-person trainings, and
- A pre-conference institute at the Washington State Conference on Ending Homelessness.

Some of these training materials and archived webinars are located on the Washington Low Income Housing Alliance website. <http://www.wliha.org/medicaid-benefit-resources>

DBHR has a number of on-line and in person resources for agencies who are becoming licensed and certified, including a Licensing and Certification web page with many resources <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/licensing-and-certification-behavioral-health-agencies>. DBHR also provides in-depth assistance from DBHR staff in the creation of the required policies and procedures.

DBHR is electing to put in place emergency certification rules while the regular rule-making process is underway. This is a means of helping agencies to have time to complete the certification process so they may access the funds we anticipate will be available July 1 through a third party administrator.

For a provider of mental health services that is not yet licensed with DBHR as a behavioral health agency that would like to provide a mental health **recovery support service** like Supportive Housing or Supported Employment, there is a mitigation in place described in WAC 388-877A-0300. The agency may operate through an agreement with a behavioral health agency certified for an outpatient mental health service listed in WAC 388-877A-0100(2). The agreement must specify the responsibility for initial assessments, the determination of appropriate services, individual service planning, and the documentation of these requirements.

BENEFITS

Numerous benefits will result from the adoption of the proposed amendments and the delivery of these newly certified services.

The benefits mentioned by the agencies surveyed include:

Job Creation Benefits

- Agencies anticipated they would create from 1-10 FTEs if they became certified to deliver these services. One agency reported that it could add 2 FTEs for Supportive Housing and 2 FTEs for Supported Employment as well as losing 1 FTE for Supportive Housing and 1 FTE for Supported Employment. No other agencies reported jobs potentially lost.

Benefits Specific to Supportive Housing

- There is an increase in job retention and outcomes when a client has stable and safe housing.
- Clients have improved health, improved stability which may enable financial self-sufficiency.
- Supportive Housing allows agencies to serve clients based on criteria other than behavioral health medical necessity (criteria such as homelessness, etc.).
- This new funding will allow agencies to provide more Supportive Housing services with staff who are experts in Supportive Housing interventions, documentation, and who have the landlord/tenant skill development background.
- New funding for staff in this category will round out the set of stabilization supports needed to reduce recidivism and high utilization of emergency services.
- It is easier to get people jobs if they are housed.
- Supportive Housing services are likely to result in fewer homeless individuals.
- Supportive Housing services are essential for individuals experiencing homelessness and enrolled in behavioral health treatment. Without Supportive Housing, such individuals frequently disengage from treatment or have difficulty making appointments.
- One county program noted that adding Supportive Housing to their book of business substantially increases the number of proposals submitted in response to Requests for Proposals (RFPs) for new behavioral health service programs.
- With Supportive Housing, some agencies can provide more wrap-around services to prevent inpatient hospitalizations.
- The additional staff to provide further Supportive Housing coverage would mean:
 - More feet on the ground to find new landlords and develop those relations,
 - More time to spend with clients in their housing search
 - More time to assist with housing applications and provide housing advocacy
 - Additional ability for staff to act as a liaison between the client and the landlord should issues arise
 - The agency can continue to offer the service and possibly get more patrons who have resided in shelters housed
 - A well rounded agency that can offer a variety of services under one roof
 - Better connection and resource for agency staff, even those outside of the shelter
- The people we serve receive the benefits they are entitled to.
- Supportive Housing can help close the gap of not enough case management services. One agency's Coordinated Entry system is geared to identify and prioritize highly vulnerable chronic homeless individuals who need intensive case management support to ensure long-term tenancy. Supportive Housing will also help this agency provide intensive evidence-based services to eligible individuals.

Benefits Specific to Supported Employment

- Clients have improved contribution to society and it shifts clients from simply receiving members to receiving/contributing members of the community.
- Enhanced connection and increased employment leads to sustained stability and reduced burden on programs funded by taxpayers.
- People who are employed are generally less symptomatic and use less alcohol, fewer drugs, and studies show they access fewer services.
- Adding Supported Employment benefits helps individuals with behavioral health problems who are in (or completed) treatment to become self-sufficient.
- Recipients of Supported Employment services are significantly less likely to relapse and repeatedly come into contact with the criminal justice system.
- Supported Employment could help some clients with meaningful employment opportunities that promote health and wellness.
- The benefits of providing Supported Employment coverage are:
 - Additional resources for clients who stay in shelters who desire to work
 - Improve housing stability through increased income
 - Improved chances for program clients to obtain housing
 - Staff ability to create an employer network
 - Improved success of stability on jobs due to having staff available to address issues
 - Increased rapport and trust built with employers
 - Increased job opportunities for shelter patrons and program clients.
- Supported Employment increases employment for some of our most vulnerable community members.
- One agency reported that adding Supported Employment services to their already robust suite of employment services would allow them to deepen and extend their services to additional individuals and adopt the evidence-based practice Individual Placement and Support model. The agency anticipates achieving even greater results in assisting more of their eligible clients and new clients to secure employment leading to self-sufficiency, which is one of the agency's primary goals as a Community Action Agency.

Benefits Outweighing the Costs

The organizations that responded to the DBHR survey outlined a number of ways that the benefits outweigh the costs of becoming certified to deliver these services. We are quoting some of them, below:

- “The preparation to deliver evidence-based practice models of service delivery.”
- “Housing in this area is awful and all the help my clients can get is worth the cost.”
- “We want to be a one-stop station, if we can, and being able to offer Supportive Housing and Supported Employment will put us on our way to becoming just that. The cost is minor compared to the benefit of being able to offer our patrons and program

clients these additional services, as well as the opportunity to make a small dent in our homeless population.”

- “[Our organization] constantly seeks new funding streams to expand existing and build new programs to help our work with our clients. We serve people; with disabilities, who are in poverty, who are in crisis, who are fleeing domestic violence, who have severe behavioral health disorders, who are medically compromised and fragile, and who are high utilizers of crisis and emergency systems. We think that becoming certified to provide functional community supports [Supportive Housing and Supported Employment] will allow us to extend services to serve additional households and to increase our efficacy with these vulnerable households with dedicated resources. We believe this is consistent with our mission to help the most vulnerable in our community. We recognize the importance of demonstrating cost-effectiveness during the demonstration period and we have documented the effectiveness of programs like this on a local level in the past and are confident functional community supports will bear the same fruit.”

DBHR also recognizes that there may be additional costs over and above that of certification for these specific services that the draft rules describe. A few organizations that responded to our survey indicated uncertainty about these additional costs:

- Several survey responders were unsure if the benefits outweighed the costs, with two indicating that the outcome depends on the contract requirements and rates developed by the third party administrator. One of these survey responders did say that as far the mission of the organization is concerned, the benefits would outweigh the costs because there are many clients who would benefit from this service.
- One large business that is not yet licensed with DBHR commented, “As the DBHR licensure is designed, the agency licensure requirements and employee education/licensure requirements are significant barriers, and we would need to change a number of our agency policies and practices, possibly our entire vision, in order to accommodate this new way of working. We would add 3 staff, at a minimum, and while it would be a net gain of staffing, we would have to lose some employees who do not currently meet licensure/education requirements.”
- One organization reported that the benefits would outweigh the costs, but added: “One big concern, however, for Supportive Housing is the inconsistency with eligibility for 1115 Waiver Services for Supportive Housing compared to eligibility criteria for HUD subsidized units, which typically require proof of chronic homelessness. What is also not clear about supported employment is how this will work with other supported employment funded programs, such as DVR and locally funded programs. Will people need to go through eligibility for these other programs before they can be enrolled under 1115 waiver? The time it takes to determine eligibility for certain programs such as DVR could really delay our ability to start working with eligible individuals.”

CONCLUSION

Homelessness is traumatic, cyclical, and puts people at risk for mental health and substance use disorders. Homelessness also interferes with one's ability to receive services, including services for behavioral health conditions, and jeopardizes the chances for successful recovery. A growing body of research shows that Supportive Housing can improve health and lower health care costs for people who face some of the most significant barriers to housing and health care. (from *Creating a Medicaid Supportive Housing Services Benefit: A Framework for Washington and Other States*, by CSH. The full document of this white paper can be found on CSH.org).

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) research, about 70 percent of adults with serious mental illnesses desire to work (Mueser et al., 2001; Roger et al., 2001). Supported Employment has been proven effective in 23 randomized, controlled trials. It is three times more effective than other vocational approaches in helping people with mental illness to work competitively. (Fact Sheet: Employment to Support Mental Health Recovery, 2016: <https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Fact%20Sheets/SupportedEmployment.pdf>)

DBHR, after consulting with the providers who intend to use these rules to become certified to deliver Supportive Housing or Supported Employment services, concludes that the probable benefits of the proposed rule amendments outweigh the probable cost.

DBHR has complied with the appropriate sections of the Administrative Procedure Act and is prepared to proceed with the rule filing.

Please contact Melodie Pazolt at (360) 725-0487 if you have any questions about DBHR's Supportive Housing or Supported Employment services, or Stephanie Vaughn at (360) 725-1342 if you have any questions about the DBHR rule-making process.

WAC 388-877A-0100 Outpatient mental health services—General.

The rules in this section apply to behavioral health agencies that provide outpatient mental health services. The definitions in WAC 388-877-0200 also apply to outpatient mental health services. ~~((The department requires all agencies and providers affected by this rule to fully comply with the applicable requirements in chapter 388-877 WAC, chapter 388-877A WAC, chapter 388-877B WAC, and chapter 388-877C WAC no later than September 1, 2013.))~~

(1) Outpatient mental health services are intended to improve ~~((and/or))~~ or reduce symptoms~~((τ))~~ and ~~((resolve))~~ help facilitate resolution of situational disturbances for individuals in the areas of ~~((relational, occupational and/or vocational concerns))~~ relationships, employment, and community integration.

(2) Outpatient mental health services include:

(a) Individual treatment services ~~((see))~~ as described in WAC 388-877A-0138~~((+))~~;

(b) Brief intervention treatment services ~~((see))~~ as described in WAC 388-877A-0140~~((+))~~;

(c) Group therapy services ~~((see))~~ as described in WAC 388-877A-0150~~((+))~~;

(d) Family therapy services ~~((see))~~ as described in WAC 388-877A-0155~~((+))~~;

(e) Case management services ~~((see))~~ as described in WAC 388-877A-0170~~((+))~~;

(f) The optional mental health services described in subsection (3) of this ~~((subsection))~~ section; and

(g) The recovery support services described in subsection (4) of this ~~((subsection))~~ section.

(3) A behavioral health agency that provides certified ~~((for))~~ outpatient mental health services may choose to provide optional outpatient mental health services. Optional outpatient mental health services require additional program-specific certification by the department's division of behavioral health and recovery (DBHR) and include the following:

(a) Psychiatric medication services ~~((see))~~ as described in WAC 388-877A-0180~~((+))~~;

(b) Day support services ~~((see))~~ as described in WAC 388-877A-0190~~((+))~~;

(c) Less restrictive alternative (LRA) support services ~~((see))~~ as described in WAC 388-877A-0195~~((+))~~; and

(d) Services provided in a residential treatment facility ~~((see))~~ as described in WAC 388-877A-0197~~((+))~~.

(4) A behavioral health agency that provides certified ~~((for))~~ outpatient mental health services may also provide recovery support services. Recovery support services require program-specific certification and include the following:

(a) Supported employment services ~~((see))~~ as described in WAC 388-877A-0330~~((+))~~;

(b) Supportive housing services as described in WAC 388-877A-0335;

(c) Peer support services ~~((see))~~ as described in WAC 388-877A-0340~~((+))~~;

~~((e))~~ (d) Wraparound facilitation services ~~((see))~~ as described in WAC 388-877A-0350((+));

~~((d))~~ (e) Medication support services ~~((see))~~ as described in WAC 388-877A-0360((+)); and

~~((e))~~ (f) Applied behavior analysis (ABA) services ~~((see))~~ as described in WAC 388-877A-0370((+)).

(5) An agency ~~((providing))~~ that provides outpatient mental health services to individuals must:

(a) Be licensed by the department as a behavioral health agency~~((+))~~;

(b) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC~~((+))~~; and

(c) Have policies and procedures ~~((to))~~ that support and implement the:

(i) General requirements in chapter 388-877 WAC;

(ii) Applicable program-specific requirements for each outpatient mental health service provided~~((+))~~ and each optional and recovery support service requiring program-specific certification that the agency elects to provide; and

(iii) Department of corrections access to confidential mental health information requirements in WAC 388-865-0600 through 388-865-0640.

(6) At the ~~((verbal))~~ oral or written request of the individual, the behavioral health agency must, if applicable:

(a) Include the individual's family members, significant others, and other relevant treatment providers in the clinical services provided to the individual by the agency; and

(b) Document the request in the individual's clinical record.

(7) If an individual has a crisis plan, the crisis plan must be:

(a) Placed in the individual's clinical record; and

(b) Subject to state and federal confidentiality rules and laws, ~~made available to the following((+ subject to state and federal confidentiality rules and laws))~~:

(i) Designated mental health professionals;

(ii) Crisis team members; and

(iii) Voluntary and involuntary inpatient evaluation and treatment facilities.

(8) ~~((An))~~ A behavioral health agency that provides services at an established off-site location(s) must:

(a) Maintain a list of each established off-site location where services are provided~~((+))~~; and

(b) Include, for each established off-site location:

(i) The name and address of the location the services are provided;

(ii) The primary purpose of the off-site location;

(iii) The service(s) provided; and

(iv) The date off-site services began at that location.

(9) ~~((An))~~ A behavioral health agency providing in-home services or services in a public setting must:

(a) Implement and maintain a written protocol of how services will be offered in a manner that promotes individual ~~((and))~~ staff member, and community safety; and

(b) For the purpose of emergency communication~~((+))~~ and as required by RCW 71.05.710, provide a wireless telephone~~((+))~~ or comparable device~~((+))~~ to any mental health professional who makes home visits to individuals.

(10) ~~((An))~~ A behavioral health agency must:

(a) Maintain an individual's confidentiality at the off-site location;

(b) Securely transport confidential information and individual records between the licensed agency and the off-site location, if applicable;

(c) ~~((Be certified to provide))~~ Ensure the type of mental health service offered at each off-site location is certified by DBHR in accordance with chapter 388-877A WAC; and

(d) Ensure the mental health services provided at off-site locations meet the requirements of all applicable local, state, and federal rules and laws.

AMENDATORY SECTION (Amending WSR 14-18-014, filed 8/22/14, effective 9/22/14)

WAC 388-877A-0300 Recovery support services ~~((requiring))~~ that require program-specific certification—General. The rules in this section apply to behavioral health agencies that provide one or more recovery support services that require program-specific certification by the department's division of behavioral health and recovery. The definitions in WAC 388-877-0200 also apply to these services. ~~((The department requires all agencies and providers affected by this rule to fully comply with the applicable requirements in chapter 388-877 WAC, chapter 388-877A WAC, chapter 388-877B WAC, and chapter 388-877C WAC no later than September 1, 2013.))~~

(1) Recovery support services are intended to promote an individual's socialization, recovery, self-advocacy, development of natural support, and maintenance of community living skills.

(2) Recovery support services ~~((requiring))~~ that require program-specific certification include:

(a) Supported employment services ~~((see))~~ as described in WAC 388-877A-0330~~((+))~~;

(b) Supportive housing services as described in WAC 388-877A-0335;

(c) Peer support services ~~((see))~~ as described in WAC 388-877A-0340~~((+))~~;

~~((e+))~~ (d) Wraparound facilitation services ~~((see))~~ as described in WAC 388-877A-0350~~((+))~~;

~~((d+))~~ (e) Medication support services ~~((see))~~ as described in WAC 388-877A-0360~~((+))~~; and

~~((e+))~~ (f) Applied behavior analysis (ABA) services ~~((see))~~ as described in WAC 388-877A-0370~~((+))~~.

(3) ~~((An))~~ A behavioral health agency ~~((providing))~~ that provides any recovery support service ~~((requiring))~~ that requires program-specific certification must:

(a) Be licensed by the department as a behavioral health agency~~((+))~~;

(b) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements in chapter 388-877 WAC~~((+))~~; and

(c) Have policies and procedures ~~((to))~~ that support and implement the:

- (i) General requirements in chapter 388-877 WAC; and
- (ii) Applicable program-specific requirements.

(4) An agency that provides any recovery support service (~~requiring~~) that requires program-specific certification may operate through an agreement with a behavioral health agency that provides certified (~~for an~~) outpatient mental health (~~service~~) services listed in WAC 388-877A-0100(2). The agreement must specify the responsibility for initial assessments, the determination of appropriate services, individual service planning, and the documentation of these requirements.

(5) When providing any recovery support service requiring program-specific certification, (~~an~~) a behavioral health agency must:

(a) Have an assessment process to determine the appropriateness of the agency's services, based on the individual's needs and goals(~~-~~);

(b) Refer an individual to a more intensive level of care when appropriate(~~-~~); and

(c) With the consent of the individual, include the individual's family members, significant others, and other relevant treatment providers(~~-~~) as necessary to provide support to the individual.

AMENDATORY SECTION (Amending WSR 13-12-053, filed 5/31/13, effective 7/1/13)

WAC 388-877A-0330 Recovery support services (~~requiring~~) that require program-specific certification—Supported employment services. Supported employment services are ((a)) recovery support (~~service~~) services that (~~requires~~) require program-specific certification by the department's division of behavioral health and recovery. These services assist in (~~training,~~) job search, (~~and~~) placement services (~~in order~~), and training to help individuals find competitive jobs in their local communities.

(1) (~~An~~) A behavioral health agency (~~providing~~) that provides supported employment services must have knowledge of and provide individuals access to employment and education opportunities by coordinating efforts with one or more entities that provide other rehabilitation and employment services, such as:

(a) The department's division of vocational rehabilitation (DVR). DVR provides supported employment under WAC 388-891-0840 by community rehabilitation program contract as described in WAC 388-892-0100;

(b) The department's community services offices;

(c) Community, trade, and technical colleges;

(~~e~~) (d) The business community;

(~~d~~) (e) WorkSource, Washington state's official site for on-line employment services;

(~~e~~) (f) Washington state department of employment security;
and

(~~f~~) (g) Organizations (~~providing~~) that provide job placement within the community.

(2) (~~An~~) A behavioral health agency (~~providing~~) that provides supported employment services must:

(a) Ensure all staff members (~~providing~~) who provide direct services for employment are knowledgeable and familiar with services

provided by the department's division of vocational rehabilitation((-));

(b) Conduct and document a vocational assessment in partnership with the individual that includes work history, skills, training, education, and personal career goals((-));

(c) Assist the individual to create an individualized job ((and/or)) and career development plan that focuses on the individual's strengths and skills((-));

(d) Assist the individual to locate employment opportunities that are consistent with the individual's skills, goals, and interests((-));

(e) Provide and document any outreach, job coaching, and support at the individual's worksite((τ)) when requested by the individual ((and/or)) or the individual's employer((-)); and

(f) If the employer makes a request, provide information regarding the requirements of reasonable accommodations, consistent with the Americans with Disabilities Act (ADA) of 1990((τ)) and ((the)) Washington state anti-discrimination law.

NEW SECTION

WAC 388-877A-0335 Recovery support services that require program-specific certification—Supportive housing services. Supportive housing services are recovery support services that require program-specific certification by the department's division of behavioral health and recovery. Supportive housing services support an individual's transition to community integrated housing and support the individual to be a successful tenant in a housing arrangement.

(1) A behavioral health agency that provides supportive housing services must have knowledge of and provide housing related collaborative activities to assist individuals in identifying, coordinating, and securing housing or housing resources with entities such as:

(a) Local homeless continuum of care groups or local homeless planning groups;

(b) Housing authorities that operate in a county or city in the behavioral health organization's (BHO) regional service area;

(c) Community action councils that operate in a county or region in the BHO's regional service area;

(d) Landlords of privately owned residential homes; and

(e) State agencies that provide housing resources.

(2) A behavioral health agency that provides supportive housing services must:

(a) Ensure all staff members who provide direct services for supportive housing are knowledgeable and familiar with fair housing laws;

(b) Conduct and document a housing assessment in partnership with the individual that includes housing preferences, affordability, and barriers to housing;

(c) Conduct and document a functional needs assessment in partnership with the individual that includes independent living skills and personal community integration goals;

(d) Assist the individual to create an individualized housing acquisition and maintenance plan that focuses on the individual's choice in housing;

(e) Assist the individual to locate housing opportunities that are consistent with the individual's preferences, goals, and interests;

(f) Provide any outreach, tenancy support, and independent living skill building supports at a location convenient to the individual;

(g) Provide the individual with information regarding the requirements of the Fair Housing Act, Americans with Disabilities Act (ADA) of 1990, and Washington state anti-discrimination law, and post this information in a public place in the agency; and

(h) Ensure the services are specific to each individual and meant to assist in obtaining and maintaining housing in scattered-site, clustered, integrated, or single-site housing as long as the individual holds a lease or sub-lease.

SECTION SEVEN—SUBSTANCE USE DISORDER RECOVERY SUPPORT SERVICES THAT REQUIRE PROGRAM-SPECIFIC CERTIFICATION

NEW SECTION

WAC 388-877B-0700 Substance use disorder recovery support services that require program-specific certification—General. The rules in WAC 388-877B-0700 through 388-877B-0740 apply to behavioral health agencies that provide substance use disorder recovery support services that require program-specific certification. The definitions in WAC 388-877-0200 also apply to substance use disorder recovery support services.

(1) Recovery support services are considered nontreatment services provided to support an individual who has a need for interventions related to substance use disorders.

(2) Recovery support services require additional program-specific certification by the department's division of behavioral health and recovery and include:

(a) Supported employment services as described in WAC 388-877B-0730; and

(b) Supportive housing services as described in WAC 388-877B-0740.

(3) An agency that provides recovery support services to an individual must:

(a) Be licensed by the department as a behavioral health agency;

(b) Meet the applicable behavioral health agency licensure, certification, administrative, personnel, and clinical requirements in chapter 388-877 WAC, behavioral health services administrative requirements; and

(c) Have policies and procedures to support and implement the:

(i) General requirements in chapter 388-877 WAC; and

(ii) Specific applicable requirements in WAC 388-877B-0700 through 388-877B-0740.

(4) A behavioral health agency that provides recovery support services must maintain and provide a list of resources, including self-help groups and referral options, that can be used by staff members to refer an individual to appropriate services.

NEW SECTION

WAC 388-877B-0710 Substance use disorder recovery support services that require program-specific certification—Agency staff requirements. In addition to meeting the agency administrative and personnel requirements in WAC 388-877-0400 through 388-877-0530, an agency providing substance use disorder recovery support services that require program-specific certification must ensure:

(1) All substance use disorder assessment and counseling services are provided by a chemical dependency professional (CDP) or department of health-credential CDP trainee (CDPT) under the supervision of an approved supervisor.

(2) There is a designated clinical supervisor who:

(a) Is a CDP;

(b) Has documented competency in clinical supervision;

(c) Is responsible for monitoring the continued competency of each CDP in assessment, treatment, continuing care, transfer, and discharge. The monitoring must include a semi-annual review of a sample of the clinical records kept by the CDP; and

(d) Has not committed, permitted, aided or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180.

(3) Each chemical dependency professional trainee has at least one approved supervisor who meets the qualifications in WAC 246-811-049. An approved supervisor must decrease the hours of individual contact by twenty percent for each full-time CDPT supervised.

(4) All staff members that provide individual care have a copy of an initial TB screen or test and any subsequent screenings or testing in their personnel files.

(5) All staff members are provided annual training on the prevention and control of communicable disease, bloodborne pathogens and TB, and document the training in their personnel files.

NEW SECTION

WAC 388-877B-0720 Substance use disorder recovery support services that require program-specific certification—Clinical record content and documentation. In addition to the general clinical record content requirements in WAC 388-877-0640, an agency providing substance use disorder recovery support services that require program-specific certification must maintain an individual's clinical record.

(1) The clinical record must contain:

(a) Documentation that the individual was informed of federal confidentiality requirements and received a copy of the individual notice required under 42 C.F.R. Part 2.

(b) Documentation that the individual received a copy of the rules and responsibilities for treatment participants, including the potential use of interventions or sanctions.

(c) Documentation that the initial individual service plan was completed before treatment services are received.

(d) Documentation of progress notes in a timely manner and before any subsequent scheduled appointments of the same type of service session or group type occur or documentation as to why this did not occur. Progress notes must include the date, time, duration, participant names, and a brief summary of the session and the name of the staff member who provided it.

(e) When an individual is transferring to another service provider, documentation that copies of documents pertinent to the individual's course of treatment were forwarded to the new service provider to include:

(i) The individual's demographic information; and

(ii) The diagnostic assessment statement and other assessment information to include:

(A) Documentation of the HIV/AIDS intervention.

(B) Tuberculosis (TB) screen or test result.

(C) A record of the individual's detoxification and treatment history.

(D) The reason for the individual's transfer.

(E) Court mandated, department of correction supervision status or the agency's recommended follow-up treatment.

(F) A discharge summary and continuing care plan.

(f) Justification for the change in the level of care when transferring an individual from one certified treatment service to another within the same agency, at the same location.

(g) Documentation that staff members met with each individual at the time of discharge, unless the individual left without notice, to:

(i) Determine the appropriate recommendation for care and finalize a continuing care plan;

(ii) Assist the individual in making contact with necessary agencies or services; and

(iii) Provide and document the individual was provided with a copy of the plan.

(h) Documentation that a discharge summary was completed within seven days of the individual's discharge, including the date of discharge, a summary of the individual's progress towards each individual service plan goal, legal status, and if applicable, current prescribed medication.

(2) In addition to the requirements in subsection (1) of this section, an agency must ensure each individual service plan:

(a) Is personalized to the individual's unique treatment needs;

(b) Includes individual needs identified in the diagnostic and periodic reviews that address the following:

(i) All substance use needing treatment, including tobacco, if necessary;

(ii) The individual's bio-psychosocial problems;

(iii) Treatment goals;

(iv) Estimated dates or conditions for completion of each treatment goal; and

(v) Approaches to resolve the problem;

(c) Documents approval by a chemical dependency professional (CDP) if the staff member developing the plan is not a CDP;

(d) Documents that the plan was updated to reflect any changes in the individual's treatment needs, or as requested by the individual, at least once per month for the first three months, and at least quarterly thereafter; and

(e) Documents that the plan has been reviewed with the individual.

NEW SECTION

WAC 388-877B-0730 Substance use disorder recovery support services that require program-specific certification—Supported employment services. Supported employment services are substance use disorder recovery support services that require program-specific certification by the department's division of behavioral health and recovery. These services assist in job search, placement services, and training to help individuals find competitive jobs in their local communities.

(1) A behavioral health agency that provides supported employment services must have knowledge of and provide individuals access to employment and education opportunities by coordinating efforts with one or more entities that provide other rehabilitation and employment services, such as:

(a) The department's division of vocational rehabilitation (DVR), which provides supported employment under WAC 388-891-0840 by community rehabilitation program contract as described in WAC 388-892-0100;

(b) The department's community service offices;

(c) Community, trade, and technical colleges;

(d) The business community;

(e) WorkSource, Washington state's official site for online employment services;

(f) Washington state department of employment security; and

(g) Organizations that provide job placement within the community.

(2) A behavioral health agency that provides supported employment services must:

(a) Ensure all staff members who provide direct services for employment are knowledgeable and familiar with services provided by the department's division of vocational rehabilitation;

(b) Conduct and document a vocational assessment in partnership with the individual that includes work history, skills, training, education, and personal career goals;

(c) Assist the individual to create an individualized job and career development plan that focuses on the individual's strengths and skills;

(d) Assist the individual to locate employment opportunities that are consistent with the individual's skills, goals, and interests;

(e) Provide and document any outreach, job coaching, and support at the individual's worksite, when requested by the individual or the individual's employer; and

(f) If the employer makes a request, provide information regarding the requirements of reasonable accommodations, consistent with the Americans with Disabilities Act (ADA) of 1990 and Washington state anti-discrimination law.

NEW SECTION

WAC 388-877B-0740 Substance use disorder recovery support services that require program-specific certification—Supportive housing services. Supportive housing services are substance use disorder recovery support services that require program-specific certification by the department's division of behavioral health and recovery. Supportive housing services support an individual's transition to community integrated housing and support the individual to be a successful tenant in a housing arrangement.

(1) A behavioral health agency that provides supportive housing services must have knowledge of and provide housing related collaborative activities to assist individuals in identifying, coordinating, and securing housing or housing resources with entities such as:

(a) Local homeless continuum of care groups or local homeless planning groups;

(b) Housing authorities that operate in a county or city in the behavioral health organization's (BHO) regional service area;

(c) Community action councils that operate in a county or region in the BHO's regional service area;

(d) Landlords of privately owned residential homes; and

(e) State agencies that provide housing resources.

(2) A behavioral health agency that provides supportive housing services must:

(a) Ensure all staff members who provide direct services for supportive housing are knowledgeable and familiar with fair housing laws;

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(c) Conduct and document a functional needs assessment in partnership with the individual that includes independent living skills and personal community integration goals;

(d) Assist the individual to create an individualized housing acquisition and maintenance plan that focuses on the individual's choice in housing;

(e) Assist the individual to locate housing opportunities that are consistent with the individual's preferences, goals, and interests;

(f) Provide any outreach, tenancy support, and independent living skill building supports at a location convenient to the individual;

(g) Provide the individual with information regarding the requirements of the Fair Housing Act, Americans with Disabilities Act (ADA) of 1990, and Washington state anti-discrimination law, and post this information in a public place in the agency; and

(h) Ensure the services are specific to each individual and meant to assist in obtaining and maintaining housing in scattered-site, clustered, integrated, or single-site housing as long as the individual holds a lease or sub-lease.