

Health Care

HB 1650

Brief Description: Requiring monitoring of the performance of the community mental health service delivery system.

Sponsors: Representatives Cody, Alexander, Tokuda, Mulliken, Doumit, Schual-Berke, Edwards and Kagi.

Brief Summary of Bill

- *Focuses the community mental health delivery system on outcomes and provides the Department of Social and Health Services greater flexibility to achieve positive outcomes for clients.*

Hearing Date: 2/6/01

Staff: Dave Knutson (786-7146).

Background:

The Joint Legislative Audit and Review Committee recently conducted an audit of the community mental health delivery system. The audit found that services to mental health clients were not well-coordinated, system accountability activities focus on processes rather than outcomes of care, data collected for accountability purposes is not consistent, geographic allocation of funding is inequitable; leading to disparities in service, and a wide range of operating practices and costs made it impossible to identify best practices across the service delivery system.

The audit recommends fourteen improvements. They include: (1) Improve coordination of services for clients with multiple needs, (2) Require Regional Support Networks to collaborate with allied service providers, (3) Ensure timely hospital discharge and community placements, (4) The mental health division should streamline and reduce process-oriented accountability activities, (5) specify in statute that the delivery system should operate efficiently and effectively, (6) Improve the consistency of fiscal data collected, (7) Change fiscal accountability standard to include all system costs, (8) Develop uniform definitions for reporting of client and service data, (9) The mental health division

should use outcome information to manage the system, (10) The mental health division should implement an outcome-based performance system consistent with the JLARC consultant's report, (11) Reduce the complexity of and disparity in rates paid to regional support networks, and allocate state hospital funding to regional support networks, (12) conduct periodic prevalence studies to ensure continued relationship between payments to regional support networks and the prevalence of mental illness, (13) Limit regional support network fund balances to ten percent of annual revenue, and (14) Use outcome information to identify and reward best practices.

Summary of Bill:

The department of social and health services is given the flexibility to utilize federal and state funds for mental health services between department divisions and administrations to improve outcomes for clients. The community mental health service delivery system will be evaluated based on outcome and performance measures. The outcome and performance measures will be developed jointly by the department and representatives of consumers, service providers, and regional support networks. The department will use the outcome measure information to manage the community mental health service delivery system. The department is required to develop a standard benefit design which must be available in each regional support network. The department is required to deem compliance with state minimum standards for individuals and organizations accredited by recognized accrediting bodies.

Appropriation: *None.*

Fiscal Note: *Requested on February 1, 2001.*

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