

Health Care Committee

ESSB 5583

Brief Description: *Implementing recommendations of the joint legislative audit and review committee's performance audit of the public mental health system.*

Sponsors: *By Senate Committee on Human Services & Corrections (originally sponsored by Senators Long, Hargrove, Stevens, Costa, Carlson, Hewitt, Kohl-Welles, Franklin, Kastama, Winsley and Regala).*

Brief Summary of Engrossed Substitute Bill

- *Makes a legislative declaration of support for most of the Joint Legislative Audit and Review Committee (JLARC) mental health recommendations.*

Hearing Date: *3/23/01*

Staff: *Dave Knutson (786-7146).*

Background:

The JLARC 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 14 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 10 percent of annual revenue; and (14) use outcome information to identify and reward best practices.

Summary of Bill:

The statement is made that the Legislature supports recommendations 1 through 10 and 12 through 14 of the mental health report conducted by the Joint Legislative Audit and Review Committee. Recommendation 11, related to eliminating the disparity in mental health funding between regional support networks, is not specifically referenced or supported. Implementation status reports must be made by the Department of Social and Health Services to appropriate legislative committees by June 1, 2001 and each subsequent year through 2004. The department is required to conduct a longitudinal study assessing client change at two, five, and ten year periods.

The mental health system should be operated efficiently and effectively. The department is authorized to allocate up to 2 percent of total funds for incentive payments to regional support networks. The department is authorized to establish a maximum percentage of funds to be expended on administrative costs by licensed service providers.

Appropriation: *None.*

Fiscal Note: *Not Requested.*

Effective Date: *The bill contains an emergency clause and takes effect immediately.*