

SENATE BILL REPORT

ESSB 5583

As Passed Senate, March 9, 2001

Title: An act relating to the implementation of recommendations of the joint legislative audit and review committee's performance audit of the public mental health system.

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

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

Brief History:

Committee Activity: Human Services & Corrections: 2/15/01, 2/22/01 [DPS].
Passed Senate: 3/9/01, 48-0.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Majority Report: That Substitute Senate Bill No. 5583 be substituted therefor, and the substitute bill do pass.

Signed by Senators Hargrove, Chair; Costa, Vice Chair; Carlson, Franklin, Hewitt, Kastama, Kohl-Welles, Long and Stevens.

Staff: Chelsea Buchanan (786-7446)

Background: The Legislature required the Joint Legislative Audit and Review Committee (JLARC) to conduct a study of the Mental Health Division (MHD) of the Department of Social and Health Services (DSHS). The study was to include an analysis of the respective roles and responsibilities of the MHD, the Regional Support Networks (RSN), and the community mental health providers; an analysis of RSN funding through MHD contracts; an analysis of service levels, outcomes, and costs for the RSNs; and recommendations for modifying the basis on which RSNs and community mental health providers are funded.

JLARC presented its proposed final report on December 13, 2000. It contained seven major findings and 14 recommendations. The report also included a plan for implementing performance measures.

Summary of Bill: The Legislature supports recommendations 1 through 10 and 12 through 14 of the JLARC report. In addition to any follow-up requirements prescribed by JLARC, DSHS must submit reports on the status of its implementation of these recommendations to the Legislature by June 1, 2001 and each year thereafter through 2004. The first report must cover recommendations 1 through 8, which are due to be implemented by June 2001, and a plan for implementing the remaining recommendations covered by this legislation. The initial report must also discuss what actions DSHS has taken and will take in response to recommendation 11 of the JLARC report.

MHD programs will provide for accountability of efficient and effective services through statewide standards for monitoring and reporting of client and system outcome information.

DSHS may allocate up to 2 percent of total funds distributed to the RSNs for incentive payments, which may be allocated separately from other sources. Incentives will be paid for achievement of superior or significantly improved services as measured by a statewide outcome performance measurement system consistent with the JLARC recommendations. DSHS must report to the Legislature annually on its criteria and distribution incentives.

DSHS must do long-term tracking of client outcomes as a result of services after two, five, and ten years and report to the Legislature.

Appropriation: None.

Fiscal Note: Not requested.

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

Testimony For: The bill supports the JLARC recommendations. The focus on outcomes and streamlining systems is needed. There is a need to look at outcome requirements and not process requirements. The incentives will help to achieve best practices. There is a need to think of new ways to slice the pie so that services are efficient and effective. Additional outcome measures related to client connection and ownership of their treatment and outcomes may be needed. Incentives are good but should come from new money. This bill is more flexible than the House bill. The recommendations have been a long time in coming and should be implemented promptly. Long-term client outcomes including wellness measurements are still needed.

Testimony Against: None.

Testified: Rick Weaver, Washington Community Mental Health Council (pro); Don Larson, Peninsula Community Mental Health (pro); Jess Jameson, Compass Mental Health (pro); Andrea Stephenson, Empower Alliance (pro); Jean Wessman, Washington Association of Counties (pro); Tom Richardson, National Alliance of the Mentally Ill/Washington (pro); Richard Warner, Citizens' Commission on Human Rights (pro w/concerns); Richard Onizuka, Mental Health Division Department of Social and Health Services (pro).

House Amendment(s): The entire text of ESSB 5583 is stricken and the text of SHB 1650 as passed by the House is inserted. SHB 1650 differs from ESSB 5583 in a number of provisions, including: (1) it allows for DSHS to transfer mental health appropriation authority between divisions; (2) it requires stakeholder involvement in the development of performance measures and data systems; (3) it allows for up to 20 percent of total mental health spending by DSHS to go toward administrative costs; (4) it does not provide for incentive payments to RSNs; and (5) it does not provide for a longitudinal study of outcomes over time.