

HOUSE BILL REPORT

ESSB 5681

As Passed House:
April 17, 2013

Title: An act relating to facilitating treatment for persons with co-occurring disorders by requiring development of an integrated rule.

Brief Description: Facilitating treatment for persons with co-occurring disorders by requiring development of an integrated rule.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Rolfes and Keiser).

Brief History:

Committee Activity:

Health Care & Wellness: 3/14/13, 3/26/13 [DP].

Floor Activity:

Passed House: 4/17/13, 97-0.

Brief Summary of Engrossed Substitute Bill

- Requires that a mental health agency with a waiver from chemical dependency requirements for treating patients with co-occurring mental health and chemical dependency disorders receive a renewal of that waiver if fully integrated rules for patients with co-occurring disorders are not in effect by May 1, 2014.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 16 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Angel, Clibborn, Green, Harris, Manweller, Moeller, Morrell, Riccelli, Rodne, Ross, Short, Tharinger and Van De Wege.

Staff: Chris Blake (786-7392).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

According to a 2010 report by the Department of Social and Health Services (DSHS), approximately half of all adults and children receiving chemical dependency services from the DSHS have a co-occurring mental health disorder. Services for these mental health disorders and chemical dependency conditions are provided by mental health treatment programs and chemical dependency service providers.

Mental health treatment programs must become licensed or certified by the DSHS as community support service providers to provide certain mental health services to publicly funded clients. The services include emergency crisis intervention, case management, psychiatric treatment, counseling and psychotherapy, day treatment, consumer employment, and peer support. To obtain an initial license, an applicant must submit an application which is followed by an on-site review by the DSHS to examine agency policies and procedures, clinical records, financial documents, and other information. Within 12 months a second site review is conducted which includes a consumer chart review. In addition, the applicant must meet the separate standards related to each of the specific services that it plans to offer. There are additional requirements for those programs seeking to provide inpatient services.

Chemical dependency service providers must become certified by the DSHS to provide detoxification services, residential treatment services, outpatient treatment services, assessment services, and information and assistance services. To become certified, an applicant must submit an application that includes a physical description of the facility, clinical manuals, sample patient records for each treatment service, and evidence of sufficient qualified staff to deliver the services. In addition, the applicant must meet the separate standards related to each of the specific program services that it plans to offer. Prior to issuing a certification to an applicant to become a nonresidential facility, the DSHS must conduct an on-site examination. If the service provider seeks to become a residential facility, it must obtain a license from the Department of Health. The DSHS is authorized to grant exemptions from certification requirements if it does not violate federal, state, or tribal law.

Summary of Bill:

The Department of Social and Health Services (DSHS) must renew a waiver for a mental health agency to excuse compliance with chemical dependency requirements for treating patients with co-occurring mental health and chemical dependency disorders. The renewal applies if the DSHS has not adopted fully integrated rules for patients with co-occurring disorders that are in effect by May 1, 2014. Only mental health agencies with a waiver issued by January 1, 2013, may receive the renewal. The renewed waiver is effective for three years. The waiver renewal authority expires on June 30, 2014.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill solidifies a waiver that reduces paperwork, saves money, integrates chemical dependency and mental health treatment, increases service efficiency, and is a foundation of a Centers for Medicare and Medicaid Services innovation grant that is designed to be replicated on a national level. This bill codifies an essential waiver that integrates mental health and chemical dependency services. At one facility 60 percent of clients with serious mental illness also have a chemical dependency issue and the best practice is to treat both conditions at the same time, at the same place, and with the same treatment team. Without this bill, clients with co-occurring mental health and chemical dependency disorders would need to have separate treatment plans, measures, intake forms, and data collection sets for each patient.

(Opposed) None.

Persons Testifying: Senator Rolfes, prime sponsor; Joe Roszak, Kitsap Mental Health; and Melissa Johnson, Association of Alcoholism and Addictions Programs.

Persons Signed In To Testify But Not Testifying: None.