
Health Care & Wellness Committee

2SSB 5732

Brief Description: Concerning the adult behavioral health system in Washington state.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Carrell, Darnelle, Keiser and Pearson).

Brief Summary of Second Substitute Bill

- Establishes a task force of legislative branch, executive branch, and tribal representatives to conduct a review of the adult behavioral health system.
- Directs the Department of Social and Health Services (Department) to develop a strategy for the improvement of the adult behavioral health system.
- Requires the Department to issue a request for proposals for enhanced services facilities.
- Requires Regional Support Networks to develop an individualized discharge plan for a patient and arrange for his or her transition to the community within 21 days of the determination that he or she no longer needs inpatient, active psychiatric treatment.

Hearing Date: 3/19/13

Staff: Chris Blake (786-7392).

Background:

Community Mental Health System.

The Department of Social and Health Services (Department) contracts with Regional Support Networks (RSNs) to oversee the delivery of mental health services for adults and children who suffer from mental illness or severe emotional disturbance. The RSNs contract with local providers to provide an array of mental health services, monitor the activities of local providers, and oversee the distribution of funds under the state managed care plan. An RSN may be a county, group of counties, or a nonprofit or for-profit entity.

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.

The declared intent of the community mental health system is to help people with mental illness through programs that focus on resilience and recovery and practices that are evidence-based, research-based, consensus-based, or promising or emerging practices. It is further intended that RSNs have flexibility in designing services for people within their geographic boundaries and they are encouraged to use evidence-based practices to reduce or eliminate the use of institutions for mental diseases.

Enhanced Services Facilities.

Enhanced services facilities are facilities that provide treatment and services to persons who do not need acute inpatient treatment and have been determined by the Department to be inappropriate for placement in other facilities due to complex needs that present a behavioral and security issue. These facilities were established in statute in 2005, but were never funded. These facilities are intended to serve individuals with: (1) complex needs; (2) certain qualifying behaviors; and (3) a mental disorder, chemical dependency disorder, organic or traumatic brain disorder, or cognitive impairment requiring supervision and facility services.

Discharge Planning.

Regional Support Networks must establish discharge procedures for transitioning eligible individuals out of community support services, residential services, and inpatient evaluation and treatment services. When a patient has received community mental health services and state mental hospital services, the RSN and the state mental hospital must establish a mutually agreed upon discharge plan to transition the patient into the community.

Summary of Bill:

Task Force on the Adult Behavioral Health System.

The Legislature must establish a task force to reform the adult behavioral health system. The task force must be comprised of: two members of the House of Representatives; two members of the Senate; the Secretary of the Department of Social and Health Services or a designee; the Administrator of the Health Care Authority or a designee; the Director of the Office of Financial Management or a designee; the Secretary of the Department of Corrections or a designee; and a representative of the Governor. The Governor must also request that a representative of tribal governments be invited to participate.

The task force must invite participation from a broad group of specified stakeholders. Some of the identified stakeholders include: behavioral health services recipients and their families; local governments; Regional Support Network (RSN) representatives; law enforcement; tribal representatives; behavioral health services providers; housing providers; and mental health advocates. The task force may create subcommittees that include stakeholder representatives.

The task force must conduct a comprehensive review of the adult mental health system and make recommendations for reforms concerning: the way that services are delivered to those with both mental illness and chemical dependency disorders; the promotion of recovery and prevention of harm associated with mental illness; crisis services; best practices for collaboration between behavioral health treatment providers, medical care providers, long-term care providers, Medicaid health homes for high-risk client, law enforcement, and criminal justice agencies; and public safety practices for people with mental illness with forensic involvement. The task force must report its findings and recommendations to the Legislature by January 1, 2014.

Mental Health Strategy.

The Department of Social and Health Services (Department) and the Health Care Authority must implement a strategy for the improvement of the adult behavioral health system. The strategy must:

- assess the capacity of the current publicly funded behavioral health services system to provide evidence-based practices, research-based practices, and promising practices;
- identify, develop, and increase the use of evidence-based practices, research-based practices, and promising practices;
- design and implement a transparent quality management system; and
- identify behavioral health services delivery, financing, and other strategies to improve the behavioral health system and incentivize medical care, behavioral health, and long-term care delivery systems to achieve improvements and collaborate across systems. The strategies must include the phased implementation of a public reporting system of outcome and performance measures and comparisons among geographic regions.

The Washington State Institute for Public Policy must prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services for the Department to use when preparing the strategy. The Department must seek private and federal funding to support the strategy. By August 1, 2014, the Department must report to the Governor and Legislature on the status of implementing the strategy.

The Health Care Authority and the Department must develop a plan by November 30, 2013, for a tribal-centric behavioral health system that includes both mental health and chemical dependency services. The plan must: include implementation dates and financial estimates; emphasize culturally appropriate, evidence-based, and promising practices; address equitable access to services; identify statutory changes; and include consultation with tribal representatives in developing the plan. The Department must enter into agreements with the tribes and urban Indian health programs and modify RSN contracts to develop a tribal-centric behavioral health system.

Enhanced Services Facilities.

To the extent that funds are specifically appropriated, the Department must issue a request for a proposal for enhanced services facility services by June 1, 2014. The procurement must be completed by January 1, 2015.

Discharge Plans.

An RSN must develop an individualized discharge plan and arrange for the transition to the community within 21 days of a determination that inpatient, active psychiatric treatment is no longer needed for an individual who was involuntarily committed for 90 or 180 days.

Evidence-Based Practices Definitions.

The definition of the term "evidence-based" is expanded to include one large multiple site randomized or statistically controlled evaluation where the evidence demonstrates sustained improvements in an outcome. The term "research-based" is specified to mean a practice that has been tested with a single randomized or statistically controlled evaluation demonstrating sustained desirable outcomes or where the evidence from a systematic review supports sustained outcomes but does not meet the standard of "evidence-based." The definition of "promising

practices" is clarified to refer to practices that may become evidence-based or research-based based on statistical analysis or a well-established theory rather than preliminary information.

Appropriation: None.

Fiscal Note: Requested on March 14, 2013.

Effective Date: The bill takes effect 90 days after the adjournment of the session in which the bill is passed, except for section 4 relating to discharge plans and community transitions for individuals receiving inpatient active psychiatric treatment, which takes effect July 1, 2018.