

SB 5779 - H COMM AMD

By Committee on Health Care & Wellness

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. RCW 71.24.310 and 2013 2nd sp.s. c 4 s 994 are each
4 amended to read as follows:

5 The legislature finds that administration of chapter 71.05 RCW
6 and this chapter can be most efficiently and effectively implemented
7 as part of the regional support network defined in RCW 71.24.025. For
8 this reason, the legislature intends that the department and the
9 regional support networks shall work together to implement chapter
10 71.05 RCW as follows:

11 (1) By June 1, 2006, regional support networks shall recommend to
12 the department the number of state hospital beds that should be
13 allocated for use by each regional support network. The statewide
14 total allocation shall not exceed the number of state hospital beds
15 offering long-term inpatient care, as defined in this chapter, for
16 which funding is provided in the biennial appropriations act.

17 (2) If there is consensus among the regional support networks
18 regarding the number of state hospital beds that should be allocated
19 for use by each regional support network, the department shall
20 contract with each regional support network accordingly.

21 (3) If there is not consensus among the regional support networks
22 regarding the number of beds that should be allocated for use by each
23 regional support network, the department shall establish by emergency
24 rule the number of state hospital beds that are available for use by
25 each regional support network. The emergency rule shall be effective
26 September 1, 2006. The primary factor used in the allocation shall be
27 the estimated number of adults with acute and chronic mental illness
28 in each regional support network area, based upon population-adjusted
29 incidence and utilization.

30 (4) The allocation formula shall be updated at least every three
31 years to reflect demographic changes, and new evidence regarding the
32 incidence of acute and chronic mental illness and the need for long-
33 term inpatient care. In the updates, the statewide total allocation
34 shall include (a) all state hospital beds offering long-term

1 inpatient care for which funding is provided in the biennial
2 appropriations act; plus (b) the estimated equivalent number of beds
3 or comparable diversion services contracted in accordance with
4 subsection (5) of this section.

5 (5) The department is encouraged to enter performance-based
6 contracts with regional support networks to provide some or all of
7 the regional support network's allocated long-term inpatient
8 treatment capacity in the community, rather than in the state
9 hospital. The performance contracts shall specify the number of
10 patient days of care available for use by the regional support
11 network in the state hospital.

12 (6) If a regional support network uses more state hospital
13 patient days of care than it has been allocated under subsection (3)
14 or (4) of this section, or than it has contracted to use under
15 subsection (5) of this section, whichever is less, it shall reimburse
16 the department for that care, except during the period of July 1,
17 2012, through December 31, 2013, where reimbursements may be
18 temporarily altered per section 204, chapter 4, Laws of 2013 2nd sp.
19 sess. The reimbursement rate per day shall be one-half of the
20 hospital's total annual budget for long-term inpatient care, divided
21 by the total patient days of care assumed in development of that
22 budget.

23 (~~(One-half of)~~) Any reimbursements received pursuant to
24 subsection (6) of this section shall be (~~used to support the cost of~~
25 ~~operating the state hospital and, during the 2007-2009 fiscal~~
26 ~~biennium, implementing new services that will enable a regional~~
27 ~~support network to reduce its utilization of the state hospital. The~~
28 ~~department shall distribute the remaining half of such~~
29 ~~reimbursements~~) distributed among regional support networks that
30 have used less than their allocated or contracted patient days of
31 care at that hospital, proportional to the number of patient days of
32 care not used.

33 **Sec. 2.** 2014 c 225 s 1 (uncodified) is amended to read as
34 follows:

35 (1)(a) Beginning April 1, 2014, the legislature shall convene a
36 task force to examine reform of the adult behavioral health system,
37 with voting members as provided in this subsection.

38 (i) The president of the senate shall appoint one member and one
39 alternate member from each of the two largest caucuses of the senate.

1 (ii) The speaker of the house of representatives shall appoint
2 one member and one alternate member from each of the two largest
3 caucuses in the house of representatives.

4 (iii) The governor shall appoint three members consisting of the
5 secretary of the department of social and health services or the
6 secretary's designee, the director of the health care authority or
7 the director's designee, and a representative of the governor.

8 (iv) The Washington state association of counties shall appoint
9 three members.

10 (v) The governor shall request participation by a representative
11 of tribal governments.

12 (b) The task force shall choose two cochairs from among its
13 legislative members.

14 (c) The task force shall adopt a bottom-up approach and welcome
15 input and participation from all stakeholders interested in the
16 improvement of the adult behavioral health system. To that end, the
17 task force must invite participation from, at a minimum, the
18 following: The department of commerce, the department of corrections,
19 the office of financial management, behavioral health service
20 recipients and their families; local government; representatives of
21 regional support networks; representatives of county coordinators;
22 law enforcement; city and county jails; tribal representatives;
23 behavioral health service providers; housing providers; labor
24 representatives; counties with state hospitals; mental health
25 advocates; chemical dependency advocates; public defenders with
26 involuntary mental health commitment or mental health court
27 experience; chemical dependency experts working with drug courts;
28 medicaid managed care plan and associated delivery system
29 representatives; long-term care service providers; the Washington
30 state hospital association; and individuals with expertise in
31 evidence-based and research-based behavioral health service
32 practices. Leadership of subcommittees formed by the task force may
33 be drawn from this body of invited participants.

34 (2) The task force shall undertake a systemwide review of the
35 adult behavioral health system and make recommendations for reform
36 concerning, but not limited to, the following:

37 (a) The means by which services are purchased and delivered for
38 adults with mental illness and chemical dependency disorders through
39 the department of social and health services and the health care
40 authority, including:

1 (i) Guidance for the creation of common regional service areas
2 for purchasing behavioral health services and medical care services
3 by the department of social and health services and the health care
4 authority, taking into consideration any proposal submitted by the
5 Washington state association of counties under RCW 43.20A.893;

6 (ii) Identification of key issues which must be addressed by the
7 department of social and health services to accomplish the
8 integration of chemical dependency purchasing primarily with managed
9 care contracts by April 1, 2016, under RCW 71.24.380, including
10 review of the results of any available actuarial study to establish
11 provider rates;

12 (iii) Strategies for moving towards full integration of medical
13 and behavioral health services by January 1, 2020, and identification
14 of key issues that must be addressed by the health care authority and
15 the department of social and health services in furtherance of this
16 goal;

17 (iv) By August 1, 2014, a review of performance measures and
18 outcomes developed pursuant to RCW 43.20A.895 and chapter 70.320 RCW;

19 (v) Review criteria developed by the department of social and
20 health services and the health care authority concerning submission
21 of detailed plans and requests for early adoption of fully integrated
22 purchasing and incentives under RCW 71.24.380;

23 (vi) Whether a statewide behavioral health ombuds office should
24 be created;

25 (vii) Whether the state chemical dependency program should be
26 mandated to provide twenty-four hour detoxification services,
27 medication-assisted outpatient treatment, or contracts for case
28 management and residential treatment services for pregnant and
29 parenting women;

30 (viii) Review legal, clinical, and technological obstacles to
31 sharing relevant health care information related to mental health,
32 chemical dependency, and physical health across practice settings;
33 ((and))

34 (ix) Review the extent and causes of variations in commitment
35 rates in different jurisdictions across the state; and

36 (x) Identify options to promote the most appropriate use of long-
37 term inpatient treatment capacity at the state hospitals, including
38 options to promote the effective use of state hospitals and encourage
39 appropriate cooperation among behavioral health organizations;

1 (b) Availability of effective means to promote recovery and
2 prevent harm associated with mental illness and chemical dependency;

3 (c) Availability of crisis services, including boarding of mental
4 health patients outside of regularly certified treatment beds;

5 (d) Best practices for cross-system collaboration between
6 behavioral health treatment providers, medical care providers, long-
7 term care service providers, entities providing health home services
8 to high-risk medicaid clients, law enforcement, and criminal justice
9 agencies;

10 (e) Public safety practices involving persons with mental illness
11 and chemical dependency with forensic involvement.

12 (3) Staff support for the task force must be provided by the
13 senate committee services and the house of representatives office of
14 program research.

15 (4) Legislative members of the task force must be reimbursed for
16 travel expenses in accordance with RCW 44.04.120. Nonlegislative
17 members, except those representing an employer or organization, are
18 entitled to be reimbursed for travel expenses in accordance with RCW
19 43.03.050 and 43.03.060.

20 (5) The expenses of the task force must be paid jointly by the
21 senate and house of representatives. Task force expenditures are
22 subject to approval by the senate facilities and operations committee
23 and the house of representatives executive rules committee, or their
24 successor committees.

25 (6) The task force shall report initial findings and
26 recommendations to the governor and the appropriate committees of the
27 legislature in a preliminary report by December 15, 2014, and a final
28 report by December 15, 2015. Recommendations under subsection
29 (2)(a)(i) of this section must be submitted to the governor by
30 September 1, 2014.

31 (7) This section expires July 1, 2016.

32 NEW SECTION. **Sec. 3.** Section 1 of this act expires April 1,
33 2016."

34 Correct the title.

EFFECT: Eliminates the reduction in the reimbursement rate that
regional support networks must pay when they use more than their
allotment of patient days of care at a state hospital as of April 1,
2016.

Directs the Adult Behavioral Health Systems Task Force to identify options to promote the most appropriate use of long-term inpatient treatment capacity at the state hospitals, including options to promote the effective use of state hospitals and encourage appropriate cooperation among behavioral health organizations.

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