
Health Care & Wellness Committee

HB 1916

Brief Description: Integrating administrative provisions for chemical dependency and mental health.

Sponsors: Representatives Cody and Harris.

<p style="text-align: center;">Brief Summary of Bill</p> <ul style="list-style-type: none">• Recodifies provisions related to the administration of local substance use disorder programs into the community mental health system administration code.

Hearing Date: 2/13/15

Staff: Chris Blake (786-7392).

Background:

Community Mental Health System.

The Department of Social and Health Services (Department) contracts with regional support networks to oversee the delivery of mental health services for adults and children who suffer from mental illness or severe emotional disturbance. A regional support network may be a county, group of counties, or a nonprofit or for-profit entity. Currently, 10 of the 11 regional support networks are county-based, except for one which is operated by a private entity.

Regional support networks are paid by the state on a capitation basis and funding is adjusted based on caseload. The regional support networks 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.

Approximately 40 percent of the state's resources for community mental health services are supported by federal Medicaid funding. Receipt of these funds is conditioned upon compliance with federal requirements.

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.

Chemical Dependency Services.

The Department contracts with counties to provide outpatient chemical dependency prevention, treatment, and support services, either directly or by subcontracting with certified providers. The Department determines chemical dependency service priorities for those activities funded by the Department.

Behavioral Health System Integration.

In 2014 the Legislature passed legislation that directs the Department to integrate the purchase of chemical dependency services and mental health services. The integrated services are to be provided primarily through managed care contracts which must begin by April 1, 2016. The integrated system will be administered on a regional level through entities called "behavioral health organizations."

Summary of Bill:

Administrative provisions related to state and local programs for substance use disorder services are recodified in the same chapter governing the administration of the community mental health program. The Department of Social and Health Services (Department) is redesignated from being the state mental health authority to the state behavioral health authority.

Several of the Department's authorities related to substance use disorders are merged with its authority regarding mental health. These include:

- contracting, including entering into managed care contracts for behavioral health services and contracts with service providers to pay for behavioral health services;
- administering substance use disorder provisions related to federal funds;
- planning and maintaining substance use disorder prevention and treatment programs;
- coordinating behavioral health programs across jurisdictions;
- soliciting and accepting funds;
- keeping records and engaging in research; and
- managing property for the provision of substance use disorder treatment programs.

The Department's licensing authority related to establishing minimum standards for licensed service providers is clarified to apply to behavioral health service providers, specifically, those licensed to provide mental health services, substance use disorder treatment services, or services to persons with co-occurring disorders. Provisions related to the regulation of substance use disorder treatment providers are made applicable to all behavioral health service providers, including approvals or denials of behavioral health service providers and appeal rights; advertisements; limitations on offered services beyond certified levels; Department inspection authority; and data collection.

Elements of substance use disorder programs are made requirements of programs administered by behavioral health organizations. These include required services, such as withdrawal management, residential treatment, and outpatient treatment, and optional services such as peer support, supported housing, supported employment, crisis diversion, and recovery support services. It is specified that the treatment is to be provided primarily through managed care contracts, except for services and funding provided through the Criminal Justice Treatment Account.

Substance use disorder program provisions are recodified in the same chapter of law as the community mental health program to continue the following:

- the Criminal Justice Treatment Account;
- the development of integrated comprehensive screening and assessment processes;
- the availability of chemical dependency treatment specialist services at the Children's Administration;
- local financial matching requirements;
- contracts to establish drug courts;
- the establishment of emergency patrols;
- the ability of clients to pay;
- the rights of minors related to outpatient substance use disorder treatment and referral procedures for outpatient and inpatient treatment;
- the establishment of county substance use disorder treatment boards;
- the responsibilities of county substance use disorder treatment program coordinators;
- county authority in establishing substance use disorder treatment programs;
- declarations related to opiate substitution treatment; and
- the selection of counties to provide intensive case management services.

The following provisions related to substance use disorder programs are repealed:

- directions to the Department to establish a discrete program for substance use disorders that is administered by a person with experience with substance use disorders and administering treatment services;
- requirements related to qualifications for facilities and programs receiving financial assistance and the allocation of unused financial assistance funds;
- establishment of an interdepartmental coordinating committee comprised of members of various state agencies;
- requirements related to the confidentiality of records of substance use disorder treatment programs; and
- establishment of a program authorizing funds that ended in 2010 for methamphetamine addiction programs.

Provisions related to voluntary admissions and involuntary commitments to substance use disorder treatment programs remain in their current location in statute.

References to "chemical dependency" are changed to "substance use disorder."

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect on April 1, 2016.