

HOUSE BILL REPORT

E2SHB 1819

As Passed Legislature

Title: An act relating to paperwork reduction in order to improve the availability of mental health services to protect children and families.

Brief Description: Reducing certain documentation and paperwork requirements in order to improve children's mental health and safety.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Dent, Senn, Kagi, Griffey, Johnson and McBride).

Brief History:

Committee Activity:

Early Learning & Human Services: 2/1/17, 2/8/17 [DPS];
Appropriations: 2/21/17 [DP2S(w/o sub ELHS)].

Floor Activity:

Passed House: 3/1/17, 98-0.
Senate Amended.
Passed Senate: 4/5/17, 48-0.
House Concurred.
Passed House: 4/18/17, 96-0.
Passed Legislature.

Brief Summary of Engrossed Second Substitute Bill

- Requires the Department of Social and Health Services (DSHS) to review documentation requirements for providers of behavioral health services and provide a single set of regulations for providers by April 1, 2018.
- Establishes requirements related to the DSHS audits of the provision of behavioral health services.
- Requires the DSHS to reduce casework documentation and paperwork requirements for social services specialists and direct service staff in the Children's Administration.

HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

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.

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Kagi, Chair; Senn, Vice Chair; Dent, Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Frame, Goodman, Griffey, Kilduff, Klippert, Lovick, McCaslin, Muri and Ortiz-Self.

Staff: Dawn Eychaner (786-7135).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Early Learning & Human Services. Signed by 33 members: Representatives Ormsby, Chair; Robinson, Vice Chair; Chandler, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Bergquist, Buys, Caldier, Cody, Condotta, Fitzgibbon, Haler, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Manweller, Nealey, Pettigrew, Pollet, Sawyer, Schmick, Senn, Springer, Stanford, Sullivan, Taylor, Tharinger, Vick, Volz and Wilcox.

Staff: Andy Toulon (786-7178).

Background:

The Department of Social and Health Services (DSHS) contracts with behavioral health organizations (BHOs) for the provision of community-based mental health and substance use disorder treatment. Contracts between the DSHS and BHOs must include performance measures linked to client outcomes, standards related to financial integrity of the organization and the quality of services provided, and mechanisms for monitoring contract performance. The DSHS adopts rules related to the operation of BHOs, and BHOs must comply with all applicable local, state, and federal rules and laws.

The Department of Health (DOH) licenses and inspects medical facilities, including establishments that treat mentally ill and chemically dependent persons.

The DSHS Children's Administration (CA) provides child welfare services to children and families. These services may include voluntary services, out-of-home placement, case management, and child protective services.

In 2016 the Legislature established the Children's Mental Health Work Group (Work Group) to identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this population. The Work Group published its final report and recommendations in December 2016. Reducing paperwork for behavioral health providers was one of the Work Group's recommendations.

The Behavioral and Primary Health Regulatory Alignment Task Force (Task Force) was established by the Legislature in 2016 to align regulations between behavioral and primary health care settings and to simplify regulations for behavioral health care providers. The Task Force reported its findings to the Legislature in November 2016.

Summary of Engrossed Second Substitute Bill:

Behavioral Health Rules, Policies, Procedures, and Audits.

The DSHS must immediately review its rules, policies, and procedures related to documentation and paperwork requirements for behavioral health services. Rules adopted by the DSHS related to behavioral health services must identify areas where duplicative or inefficient requirements can be eliminated or streamlined and limit prescriptive requirements for individual initial assessments. By April 1, 2018, the DSHS must provide a single set of regulations for agencies to follow concerning mental health, substance use disorder, and co-occurring disorder treatments. Regulations must be clear, not unduly burdensome on providers, and must exempt providers from duplicative state documentation requirements if the provider is following the requirements of an evidence-based, research-based, or state-mandated program that provides adequate protection for patient safety.

When conducting audits relating to the provision of behavioral health services, the DSHS must:

- rely on a sampling methodology for review of clinical files and records that is consistent with standards of other licensing and accrediting bodies;
- treat organizations with multiple locations as a single entity;
- share audit results with BHOs to assist with their review process and take steps to coordinate and combine audit activities when appropriate;
- coordinate audit functions with the DOH to combine audit activities into a single site visit and eliminate redundancies;
- not require duplicative information to be provided in particular documents or locations except when required by federal law; and
- ensure audits involving manualized evidence, such as Wraparound with Intensive Services or other evidence or research-based programs, are conducted by personnel familiar with the program model and in a manner consistent with the program requirements.

Documentation and Paperwork Requirements for Social Service Specialists.

The DSHS must immediately review casework documentation and paperwork requirements for social service specialists and other direct service staff with the CA in order to eliminate or streamline duplicative or inefficient requirements. The review must be complete by November 1, 2017, and the DSHS must take immediate steps to amend department rules according to the results of the review. This provision expires December 31, 2018.

Other.

If either House Bill 1388 or Senate Bill 5259 relating to transferring responsibilities for behavioral health services from the DSHS to the Health Care Authority (HCA) is enacted, the responsibility for reviewing documentation and paperwork requirements for behavioral health services and amending agency rules is changed from the DSHS to the HCA.

All provisions are subject to funds appropriated.

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 (Early Learning & Human Services):

(In support) Time spent by mental health professionals and children's case workers on paperwork requirements takes away from time available for patients and clients. Duplicative paperwork is a major burden for providers, sometimes creating nearly a 50-50 split between paperwork time and patient care time. The specific audit practices required by the bill are helpful, particularly the use of sampling methodology and treating multiple locations as one entity. The state has good intentions when making regulations to improve services, but the number of regulations has the opposite effect and gets in the way of providing the intended service.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) This bill originates from the recommendations of the Children's Mental Health Workgroup. Providers are spending as much or more time on paperwork than they are with clients. Reducing paperwork would allow clinicians to be more efficient and see more clients.

The original bill is preferred over the substitute version. The original bill was based on recommendations from three different workgroups that met over the interim to study workforce shortages. Each group recommended reducing paperwork and streamlining audits as ways to improve staff morale and productivity. The provisions of the original bill requiring that audits use sample methodology and prohibiting annual visits at every location operated by a single entity should be restored. This will reduce the burden on providers so they can focus on services.

This bill is focused on reducing regulations that have not been shown to improve services at agencies. Passing an audit does not mean that there are quality services being provided. Some guidance should be included about what the reductions in regulations should be focused on, such as access to care, determination of medical necessity, eligibility for services, and ensuring that the services are related to the diagnosis being treated.

(Opposed) None.

Persons Testifying (Early Learning & Human Services): Representative Dent, prime sponsor; Mary Stone-Smith, Catholic Community Services Western Washington; Mike Hatchett, Washington Council for Behavioral Health; Margaret Amara; and Alicia Ferris, Community Youth Services.

Persons Testifying (Appropriations): Representative Dent, prime sponsor; Joan Miller, Washington Council for Behavioral Health; and Alicia Ferris, Community Youth Services.

Persons Signed In To Testify But Not Testifying (Early Learning & Human Services):
None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.