

SENATE BILL REPORT

SB 5749

As of February 23, 2017

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

Brief Description: Concerning paperwork reduction in order to improve the availability of mental health services to protect children and families.

Sponsors: Senators Darneille, Frockt, Kuderer, Warnick and Saldaña.

Brief History:

Committee Activity: Human Services, Mental Health & Housing: 2/13/17, 2/14/17 [DPS-WM].

Ways & Means: 2/21/17.

Brief Summary of Bill

- Requires the Department of Social and Health Services (DSHS) to amend its rules to reduce paperwork requirements for behavioral health providers.
- Requires DSHS to change its audit methodology and coordinate audit activities with other entities to reduce the burden of audits on behavioral health providers.
- Requires DSHS to review paperwork documentation requirements for social workers with the Children's Administration who provide services for children and eliminate inefficient or duplicative documentation requirements.

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Majority Report: That Substitute Senate Bill No. 5749 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators O'Ban, Chair; Miloscia, Vice Chair; Darneille, Ranking Minority Member; Carlyle, Hunt, Padden and Walsh.

Staff: Kevin Black (786-7747)

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.

SENATE COMMITTEE ON WAYS & MEANS

Staff: Sandy Stith (786-7710)

Background: The Department of Social and Health Services (DSHS) licenses and certifies providers of behavioral health services. This includes establishing rules for providers and conducting audits to monitor compliance with regulatory requirements. The Department of Health (DOH) licenses health care facilities. A behavioral health provider may have a facility license from DOH and a program certification from DSHS, and be subject to regulatory and audit requirements from both agencies.

The Children's Mental Health Work Group (CMHWG) is a work group that convened in 2016 pursuant to Engrossed Second Substitute House Bill 2439 (2016). The CMHWG published a final report and recommendations in December 2016. Recommendations relating to paperwork reduction were included in the body of the report and the appendices.

The Behavioral and Primary Health Regulatory Alignment Task Force (Task Force) is a taskforce that convened in 2016 pursuant to Engrossed Third Substitute House Bill 1713 (2016). The Task Force created a report dated November 8, 2016, which included recommendations related to paperwork reduction. The report of the Task Force was incorporated by reference in the CMHWG report recommendations.

Behavioral Health Organizations (BHOs) are county authorities or groups of county authorities that contract with DSHS to provide a network of behavioral health services in a specific region. BHOs may establish their own regulatory and auditing requirements for behavioral health providers in their network.

Wraparound with Intensive Services (WISE) is a program model designed to provide intensive mental health services to assist youth and families. It is a manualized program with specific documentation requirements to maintain fidelity to the program.

Summary of Bill (First Substitute): DSHS must amend its rules to:

- limit the prescriptive requirements for individual initial assessments to allow clinicians to exercise professional judgment to conduct age-appropriate, strength-based psychosocial assessments, including current needs and relevant history, according to current best practices;
- provide a single set of regulations for agencies to follow that provide mental health, substance use disorder, and co-occurring treatment services by February 1, 2018; and
- be clear and not unduly burdensome in order to maximize the time available for provision of care.

Audits conducted by DSHS must:

- rely on a sampling methodology to conduct reviews of personnel files and clinical records based on written guidelines established by DSHS that are consistent with the standards of other licensing and accrediting bodies;
- treat organizations with multiple locations as a single entity, and not require annual visits at all locations operated by a single entity when a sample of records may be reviewed from a centralized location;

- share audit results with BHOs to assist with their review process and, where appropriate, take steps to coordinate and combine audit activities;
- coordinate audit functions between DSHS and DOH to combine audit activities to a single site visit and eliminate redundancies;
- not require information to be provided in particular documents or locations when the same information is included or demonstrated elsewhere in the clinical file, except where required by federal law; and
- ensure that audits involving manualized programs such as WISE or other evidence or research-based programs are conducted to the extent practicable by personnel familiar with the program model and in a manner consistent with the documentation requirements of the program.

DSHS must immediately review its casework and documentation requirements for social workers with the Children's Administration who provide services to children. The review must identify areas in which duplicative or inefficient documentation and paperwork requirements can be eliminated or streamlined in order to allow social workers to spend greater amounts of time and attention on direct services to children and their families. DSHS must complete the review by November 1, 2017, and take immediate steps to amend its rules and procedures.

EFFECT OF CHANGES MADE BY HUMAN SERVICES, MENTAL HEALTH & HOUSING COMMITTEE (First Substitute):

- Extends time for DSHS to provide a single set of regulations for mental health, substance use disorder, and co-occurring treatment services to February 1, 2018.
- Limits requirement for DSHS review of casework and documentation requirements for social workers to the Children's Administration.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill (Human Services, Mental Health & Housing): *The committee recommended a different version of the bill than what was heard.*

PRO: I am pleased to carry forward the work of the CMHWG. Survey respondents clearly indicated too much paperwork as a primary driver to workforce turnover. It reduces time for direct services, the ability of staff to be responsive to the needs of their clients, and is an inefficient use of existing funding for mental health services. This will have an immediate effect on the providers we rely on to do this good work. Some physicians are committing suicide because of paperwork. I am extremely grateful for these provisions. The difference between how the rules are interpreted between different behavioral health organizations is astounding and can mean weeks of work. The intake assessment requires extensive questioning about areas that do not pertain to the client's mental health crisis and are insensitive to our clients' needs. This carries forward strategies identified by the CMHWG to

improve the workforce. Workforce brings access, and we need to improve access to services for children and youth. Participants really focused on how paperwork burdens affect their ability to help children and their desire to stay in the field. I cannot say how critical this is. Practitioners in our survey said they would return to community behavioral health from private practice if the paperwork burden was reduced. Please create an exemption from duplicative regulations where the provider is following a manualized evidence-based program that dictates how treatment needs to be documented so we can avoid creation of redundant treatment plans and documentation. This would encourage providers to adopt evidence-based practices. Some of our members report that they spend 50 percent of their time on paperwork and 50 percent on treatment. We would agree to an extension of timelines to allow DSHS time to complete the work.

Persons Testifying (Human Services, Mental Health & Housing): PRO: Senator Darneille, Prime Sponsor; Katie Kolan, WA State Medical Assn.; Laurie Lippold, Partners for Our Children; Heidi Williams, Catholic Community Services Western WA; Alicia Ferris, Community Youth Services; Michael Hatchett, WA Council for Behavioral Health.

Persons Signed In To Testify But Not Testifying (Human Services, Mental Health & Housing): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): PRO: I recently did a workforce survey of clinicians performing these services. We saw a turnover rate of two years. One of the reasons is paperwork. This bill will cost very little and save a lot in terms of providing more access and fewer audits. This will provide better care. Last year, the Legislature passed a bill that provided for a workgroup that came up with a series of recommendations. This can make a significant difference in terms of workforce. Duplicative paperwork is a major productivity issue. We are very supportive of this bill. This will help us spend more time providing direct services to our clients. Medicaid rates are low. While this legislation won't fully solve the issue, the bill will help to address it. Two reasons for high turnover are pay and paperwork. Streamlining audits would also save us a lot of time and effort. Nothing made me happier than to see paperwork reduction. We see this as an access issue. This makes a huge difference.

Persons Testifying (Ways & Means): PRO: Alicia Ferris, Community Youth Services; Laurie Lippold, Partners for Our Children; Michael Hatchett, Washington Council for Behavioral Health; Roseann Martinez, Children's Home Society of Washington; Katie Kolan, WA State Medical Association.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.