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## HOUSE BILL 1860

State of Washington 67th Legislature 2022 Regular Session

By Representatives Davis, Eslick, Callan, Jacobsen, Macri, Santos, Shewmake, Orwall, Tharinger, Simmons, Chopp, Bergquist, and Valdez

Prefiled 01/07/22. Read first time 01/10/22. Referred to Committee on Health Care & Wellness.

- ΑN ACT Relating to preventing homelessness among persons 1 2 discharging from inpatient behavioral health settings; amending RCW
- 3 70.320.020; adding a new section to chapter 71.24 RCW; and creating a
- new section. 4
- BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON: 5
- 6 NEW SECTION. Sec. 1. (1) The legislature finds that social 7 determinants of health, particularly housing, are highly correlated with long-term recovery from behavioral health conditions. Seeking 8 9 inpatient treatment for a mental health or substance use challenge is an act of valor. Upon discharge from care, these individuals deserve 10 11 a safe, stable place from which to launch their recovery. It is far 12 easier and more cost-effective to help maintain a person's recovery 13 after treatment than to discharge them into homelessness and begin 14 the process anew amid another crisis. Sometimes, there may not be 15 another chance.
- 16 (2) Therefore, it is the intent of the legislature to seize the 17 incredible opportunity presented by a person seeking behavioral health care by ensuring that these courageous individuals 18 19 are discharged to appropriate housing.

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**Sec. 2.** RCW 70.320.020 and 2021 c 267 s 2 are each amended to read as follows:

- (1) The authority and the department shall base contract performance measures developed under RCW 70.320.030 on the following outcomes when contracting with service contracting entities: Improvements in client health status and wellness; increases in client participation in meaningful activities; reductions in client involvement with criminal justice systems; reductions in avoidable costs in hospitals, emergency rooms, crisis services, and jails and prisons; increases in stable housing in the community; improvements in client satisfaction with quality of life; and reductions in population-level health disparities.
- (2) The performance measures must demonstrate the manner in which the following principles are achieved within each of the outcomes under subsection (1) of this section:
- (a) Maximization of the use of evidence-based practices will be given priority over the use of research-based and promising practices, and research-based practices will be given priority over the use of promising practices. The agencies will develop strategies to identify programs that are effective with ethnically diverse clients and to consult with tribal governments, experts within ethnically diverse communities and community organizations that serve diverse communities;
- (b) The maximization of the client's independence, recovery, and employment;
- (c) The maximization of the client's participation in treatment decisions; and
- (d) The collaboration between consumer-based support programs in providing services to the client.
- (3) In developing performance measures under RCW 70.320.030, the authority and the department shall consider expected outcomes relevant to the general populations that each agency serves. The authority and the department may adapt the outcomes to account for the unique needs and characteristics of discrete subcategories of populations receiving services, including ethnically diverse communities.
- (4) The authority and the department shall coordinate the establishment of the expected outcomes and the performance measures between each agency as well as each program to identify expected outcomes and performance measures that are common to the clients

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enrolled in multiple programs and to eliminate conflicting standards among the agencies and programs.

- (5)(a) The authority and the department shall establish timelines and mechanisms for service contracting entities to report data related to performance measures and outcomes, including phased implementation of public reporting of outcome and performance measures in a form that allows for comparison of performance measures and levels of improvement between geographic regions of Washington.
- (b) The authority and the department may not release any public reports of client outcomes unless the data has been deidentified and aggregated in such a way that the identity of individual clients cannot be determined through directly identifiable data or the combination of multiple data elements.
- (6)(a) The performance measures coordinating committee must establish: (i) A performance measure to be integrated into the statewide common measure set which tracks effective integration practices of behavioral health services in primary care settings; ((and)) (ii) performance measures which track rates of criminal justice system involvement among public health system clients with an identified behavioral health need including, but not limited to, rates of arrest and incarceration; and (iii) performance measures which track rates of homelessness and housing instability among medical assistance clients who have exited inpatient behavioral health settings within the previous 12 months. The authority must set improvement targets related to these measures.
- (b) The performance measures coordinating committee must report to the governor and appropriate committees of the legislature regarding the implementation of this subsection by July 1, 2022.
- (c) For purposes of establishing performance measures as specified in (a)(ii) of this subsection, the performance measures coordinating committee shall convene a work group of stakeholders including the authority, medicaid managed care organizations, the department of corrections, and others with expertise in criminal justice and behavioral health. The work group shall review current performance measures that have been adopted in other states or nationally to inform this effort.
- 37 (7) The authority must report to the governor and appropriate 38 committees of the legislature ((by)):
  - (a) By October 1, 2022, regarding options and recommendations for integrating value-based purchasing terms and a performance

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- improvement project into managed health care contracts relating to the criminal justice outcomes specified under subsection (1) of this section;
- (b) By October 1, 2023, regarding options and recommendations for integrating value-based purchasing terms and a performance improvement project into managed health care contracts related to increasing stable housing in the community outcomes specified under subsection (1) of this section.
- 9 <u>NEW SECTION.</u> **Sec. 3.** A new section is added to chapter 71.24 10 RCW to read as follows:

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By October 1, 2022, the authority shall require that any contract with a managed care organization include a requirement to provide housing-related care coordination services to enrollees who are being discharged from inpatient behavioral health settings. Housing-related care coordination services include services provided to enrollees prior to discharge and upon discharge from an inpatient behavioral health setting that ensure that the enrollee is discharged to an appropriate housing situation for the enrollee's needs, including meeting with the enrollee to understand what is important to the enrollee in a living situation, identifying any and all housing assistance programs for which the enrollee may be eligible and proactively assisting the enrollee with applying for appropriate housing assistance programs, locating developmentally appropriate housing options for transition-aged youth under 25 years old, assuring that the enrollee has a safe and realistic immediate transition plan if there is a gap between inpatient discharge and entry into housing, and, when appropriate, preparing persons in the enrollee's housing setting to be able to assist the enrollee in meeting the enrollee's physical and behavioral health needs.

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