

HOUSE BILL REPORT

E2SHB 1522

As Passed House:
March 11, 2013

Title: An act relating to improving behavioral health services provided to adults in Washington state by defining outcomes for adult behavioral health services, increasing use of evidence-based, research-based, and promising practices for the provision of adult behavioral health services, implementing a strategy for the improvement of the adult behavioral health system, reviewing the provision of forensic mental health services, procuring enhanced services facility services, and requiring timely hospital discharge under the involuntary treatment act when a person no longer requires active psychiatric treatment in a hospital.

Brief Description: Improving behavioral health services provided to adults in Washington state.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Green, Ryu and Morrell; by request of Department of Social and Health Services).

Brief History:

Committee Activity:

Health Care & Wellness: 2/14/13, 2/15/13 [DPS];

Appropriations: 2/26/13, 2/28/13 [DP2S(w/o sub HCW)].

Floor Activity:

Passed House: 3/11/13, 95-3.

Brief Summary of Engrossed Second Substitute Bill

- Directs the Department of Social and Health Services (Department) to develop a strategy for the improvement of the adult behavioral health system.
- Requires the Department to issue a request for proposals for enhanced services facilities.
- Requires regional support networks to develop an individualized discharge plan for a patient and arrange for his or her transition to the community within 21 days of the determination that he or she no longer needs inpatient, active psychiatric treatment.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

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 15 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Angel, Clibborn, Green, Harris, Manweller, Morrell, Riccelli, Ross, Short, Tharinger and Van De Wege.

Staff: Chris Blake (786-7392).

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 Health Care & Wellness. Signed by 25 members: Representatives Hunter, Chair; Ormsby, Vice Chair; Carlyle, Cody, Dahlquist, Dunshee, Fagan, Green, Haigh, Haler, Harris, Hudgins, Hunt, Jinkins, Kagi, Maxwell, Morrell, Parker, Pedersen, Pettigrew, Ross, Schmick, Seaquist, Springer and Sullivan.

Minority Report: Do not pass. Signed by 6 members: Representatives Alexander, Ranking Minority Member; Chandler, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Buys, Pike and Taylor.

Staff: Andy Toulon (786-7178).

Background:

Community Mental Health System.

The Department of Social and Health Services (Department) contracts with Regional Support Networks (RSNs) to oversee the delivery of mental health services for adults and children who suffer from mental illness or severe emotional disturbance. The RSNs 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. A RSN may be a county, group of counties, or a nonprofit or for-profit entity.

The declared intent of the community mental health system is to help people with mental illness through programs that focus on resilience and recovery and practices that are evidence-based, research-based, consensus-based, or promising or emerging practices. It is further intended that RSNs have flexibility in designing services for people within their geographic boundaries and they are encouraged to use evidence-based practices to reduce or eliminate the use of institutions for mental diseases.

Enhanced Services Facilities.

Enhanced services facilities are facilities that provide treatment and services to persons who do not need acute inpatient treatment and have been determined by the Department to be inappropriate for placement in other facilities due to complex needs that present a behavioral and security issue. These facilities were established in statute in 2005, but were never funded. These facilities are intended to serve individuals with: (1) complex needs; (2) certain qualifying behaviors; and (3) a mental disorder, chemical dependency disorder, organic or traumatic brain disorder, or cognitive impairment requiring supervision and facility services.

Discharge Planning.

Regional support networks must establish discharge procedures for transitioning eligible individuals out of community support services, residential services, and inpatient evaluation and treatment services. When a patient has received community mental health services and state mental hospital services, the RSN and the state mental hospital must establish a mutually agreed upon discharge plan to transition the patient into the community.

Agency-Affiliated Counselors.

The Department of Health regulates several types of mental health professionals, including agency-affiliated counselors. Agency-affiliated counselors are counselors that are employed by a county, or an agency or facility operated, licensed or certified by the State of Washington. Agency-affiliated counselors must register with the Department of Health by demonstrating that they are employed by an agency or have an offer of employment by an agency, and by passing a background check.

Summary of Engrossed Second Substitute Bill:

The Department of Social and Health Services (Department) must implement a strategy for the improvement of the adult behavioral health system. To develop the strategy, the Department must establish a steering committee consisting of a broad group of stakeholders including recipients of behavioral health services, local governments, regional support networks (RSNs), law enforcement, city and county jails, tribes, behavioral health service providers, housing providers, hospitals, Medicaid managed care plans, and long-term care service providers. The strategy must:

- assess the capacity of the current publicly-funded behavioral health services system to provide evidence-based practices, research-based practices, and promising practices;
- identify, develop, and increase the use of evidence-based practices, research-based practices, and promising practices;
- design and implement a transparent quality management system; and
- identify behavioral health services delivery and financing mechanisms to improve the behavioral health system.

The Washington State Institute for Public Policy shall prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services for the Department to use when preparing the strategy. The Department must seek private and federal funding to support the strategy. By August 1, 2014, the Department must report to the Governor and Legislature on the status of implementing the strategy.

The Health Care Authority and the Department must develop a plan by November 30, 2013, for a tribal-centric behavioral health system that includes both mental health and chemical dependency services. The plan must: include implementation dates and financial estimates; emphasize culturally-appropriate, evidence-based, and promising practices; address equitable access to services; identify statutory changes; and include consultation with tribal representatives in developing the plan.

The Department must contract with an independent consultant to review the provision of forensic mental health services. The consultant must provide recommendations regarding

whether or not the forensic mental health system should be modified to provide an appropriate treatment environment for people with mental disorders who have been charged with a crime while enhancing the safety and security of the public, other patients, and staff at forensic treatment facilities.

To the extent that funds are specifically appropriated, the Department must issue a request for a proposal for enhanced services facility services by June 1, 2014. The procurement must be completed by January 1, 2015.

An RSN must develop an individualized discharge plan and arrange for the transition to the community within 21 days of a determination that inpatient, active psychiatric treatment is no longer needed for an individual who was involuntarily committed for 90 or 180 days.

Applicants for registration as agency-affiliated counselors may work in that capacity for up to 60 days while their applications are being processed by the Department of Health. The applicant, however, may not provide unsupervised counseling until either the employer or the Department of Health has completed a background check.

The definition of the term "evidence-based" is expanded to include one large multiple site randomized or statistically controlled evaluation where the evidence demonstrates sustained improvements in an outcome. The term "research-based" is specified to mean a practice that has been tested with a single randomized or statistically controlled evaluation demonstrating sustained desirable outcomes or where the evidence from a systematic review supports sustained outcomes but does not meet the standard of "evidence-based." The definition of "promising practices" is clarified to refer to practices that may become evidence-based or research-based based on statistical analysis or a well-established theory rather than preliminary information.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on March 11, 2013.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for section 3 relating to discharge plans and community transitions for individuals receiving inpatient active psychiatric treatment, which takes effect July 1, 2018.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) This bill is about improving mental health care as research evolves. This bill looks at current practices and makes sure that it is evidence-based and best practices. The bill will fund enhanced services facilities to move people into the community and to free up the limited mental health beds in the state. This bill will build capacity and hold regional support networks accountable. The Governor supports the direction of holding the mental health system accountable in a way that is meaningful for clients and increasing the use of evidence-based practices. Washington's community mental health system has taken \$139 million in cuts in the past two biennia which has resulted in high staff turnover and decreased access for individuals with mental illnesses and chemical dependency. The comprehensive nature of the bill and the need to look at the entire mental health system of the state is good.

This process should consider the excellent recommendations of the Mental Health Transformation Grant. The discharge planning process provision should be implemented now, not in 2018. It is good to see the bill's emphasis on meaningful recovery-based outcomes, such as employment and housing, as well as the increase in both evidence-based, research-based, and promising practices. The bill establishes a broad-based stakeholder group to guide the implementation of the plan. This bill can make the mental health system easier to navigate by making it integrated and coordinated.

When access to mental health services is lacking, individuals will often seek care in more expensive and less effective ways, such as in hospitals or the court system. The request for proposal for enhanced services facilities is an excellent inclusion in the bill. There are not enough crisis beds in the mental health system which results in individuals in crisis being boarded in hospital emergency departments. The bill focuses on making better use of system resources to avoid expensive care in hospitals and crisis services.

(With concerns) Behavioral health includes chemical dependency, but the bill focuses on mental health. Evidence-based practices for people with chemical dependency issues will reduce arrest rates and emergency department visits. The bill should include chemical dependency in its analysis.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) Mental illness is a medical condition, not a character flaw, and this bill updates the system to use current evidence-based medical approaches. When the state hospitals get jammed up, it means the system is not working well and this bill works to build capacity in the community for people who are difficult to place but do not need to be treated in the state hospitals. Once we develop this community capacity, the bill works to ensure that Regional Support Networks (RSNs) are placing people into the community within 21 days after they no longer need these services.

This bill is similar to the approach the Legislature has taken with children's mental health services. It moves the system to outcomes that are meaningful, including: reduced hospitalizations, reduced institutionalization, reduced criminal justice involvement, and improved health status. It holds the system accountable across the silos of chemical dependency, mental health, and medical and moves to services that work for people.

There is a gap in the system for people whose needs cannot be safely met in adult family homes, assisted living facilities, or in their own homes. The enhanced services facilities will address this gap by offering more intensive staffing that will help keep some of these individuals out of the hospitals in the first place and provide a discharge option for those who are in the hospitals when they are ready to come out.

This bill provides an opportunity to work collaboratively across the systems on improving the behavioral health delivery system, improving integration, and moving toward the purchase of services that are evidence-based and promising practices.

(Opposed) None.

Persons Testifying (Health Care & Wellness): (In support) Representative Green, prime sponsor; Jane Beyer, Department of Social and Health Services; Lisa Thatcher, Washington State Hospital Association; Kathy Pruitt, Service Employees International Union 1199 NW; Jim Bloss, National Alliance on Mental Health; Ann Christian, Washington Community Mental Health Council; and Lorena Taylor.

(With concerns) Melissa Johnson, Association of Alcoholism & Addictions Programs.

Persons Testifying (Appropriations): Representative Green, prime sponsor; Jane Beyer, Department of Social and Health Services; and Mary Anne Lindeblad, Health Care Authority.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

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