

**SB 6573-S - DIGEST**

(DIGEST OF PROPOSED 1ST SUBSTITUTE)

Requires the state health care authority to: (1) Integrate risk for long-term involuntary civil treatment provided by state hospitals into managed care contracts; and

(2) Develop a psychiatric managed care capitation risk model that integrates long-term inpatient care.

Requires a behavioral health organization to have representation, including involvement by community mental health providers, on the hospital clinical discharge planning team.

Provides that the state intends to: (1) Develop new capacity for delivery of long-term treatment in the community in diverse regions of the state before the effective date of the integration of risk for long-term involuntary treatment into managed care; and

(2) Study the cost and outcomes associated with treatment in community facilities.

Requires the department of social and health services to: (1) Collaborate with the state health care authority and appropriate stakeholders and consultants to develop and implement a detailed transition plan;

(2) Purchase a portion of the state's long-term treatment capacity allocated to behavioral health organizations in willing community facilities capable of providing alternatives to treatment in a state hospital; and

(3) Enter into performance-based contracts with facilities certified by the department to provide treatment to adults on a ninety or one hundred eighty-day inpatient involuntary commitment order.