

# HOUSE BILL REPORT

## HB 1650

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**As Reported by House Committee On:**  
Health Care

**Title:** An act relating to community mental health services.

**Brief Description:** Requiring monitoring of the performance of the community mental health service delivery system.

**Sponsors:** Representatives Cody (co-prime sponsor), Alexander (co-prime sponsor), Tokuda, Mulliken, Doumit, Schual-Berke, Edwards and Kagi.

**Brief History:**

**Committee Activity:**

Health Care: 2/6/01, 2/20/01 [DPS].

**Brief Summary of Substitute Bill**

- Focuses the community mental health delivery system on outcomes and provides the Department of Social and Health Services (DSHS) greater flexibility to achieve positive outcomes for clients.

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### HOUSE COMMITTEE ON HEALTH CARE

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Campbell, Republican Co-Chair; Cody, Democratic Co-Chair; Schual-Berke, Democratic Vice Chair; Alexander, Ballasiotes, Conway, Darneille, Edmonds, Edwards, Marine, McMorris, Pennington and Ruderman.

**Staff:** Dave Knutson (786-7146).

**Background:**

The Joint Legislative Audit and Review Committee recently conducted an audit of the community mental health delivery system. The audit found that services to mental health clients were not well-coordinated, system accountability activities focus on processes rather than outcomes of care, data collected for accountability purposes is not consistent, geographic allocation of funding is inequitable; leading to disparities in service, and a wide range of operating practices and costs made it impossible to identify best practices

across the service delivery system.

The audit recommends 14 improvements. They include: (1) Improve coordination of services for clients with multiple needs; (2) Require Regional Support Networks to collaborate with allied service providers; (3) Ensure timely hospital discharge and community placements; (4) The mental health division should streamline and reduce process-oriented accountability activities; (5) Specify in statute that the delivery system should operate efficiently and effectively; (6) Improve the consistency of fiscal data collected; (7) Change fiscal accountability standard to include all system costs; (8) Develop uniform definitions for reporting of client and service data; (9) The mental health division should use outcome information to manage the system; (10) The mental health division should implement an outcome-based performance system consistent with the JLARC consultant's report; (11) Reduce the complexity of and disparity in rates paid to regional support networks, and allocate state hospital funding to regional support networks; (12) conduct periodic prevalence studies to ensure continued relationship between payments to regional support networks and the prevalence of mental illness; (13) Limit regional support network fund balances to ten percent of annual revenue; and (14) Use outcome information to identify and reward best practices.

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**Summary of Substitute Bill:**

The DSHS is given the flexibility to utilize federal and state funds for mental health services between department divisions and administrations to improve outcomes for clients. The community mental health service delivery system will be evaluated based on outcome and performance measures. The outcome and performance measures will be developed jointly by the department and representatives of consumers, service providers, and regional support networks. The department will use the outcome measure information to manage the community mental health service delivery system. The department is required to deem compliance with state minimum standards for individuals and organizations accredited by recognized accrediting bodies.

**Substitute Bill Compared to Original Bill:**

Additional outcome measures used to evaluate and manage the mental health system are added. The requirement that the department develop a standard benefit design is removed. Resource management services are maintained. A maximum fund balance of 10 percent is established by contract. Individuals and organizations that are deemed to comply with state minimum standards must be accredited by recognized behavioral health accrediting bodies.

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**Appropriation:** None.

**Fiscal Note:** Available.

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

**Testimony For:** The recent audit by the Joint Legislative Audit and Review Committee (JLARC) identified several aspects of the community mental health system that need improvement. The Legislature needs to use the JLARC recommendations to modify the statute governing community mental health services to improve outcomes for people with a mental illness.

**Testimony Against:** None.

**Testified:** (In support) Rick Weaver, Washington Community Mental Health Council; Lonnie Johns-Brown, National Association of Social Workers; Andrea Stephenson, Empower Alliance; Eleanor Owen, WAMI and Mental Health Association of Washington; and Tom Richardson, NAMI of Washington.

(Concerns) Richard Warner, Citizens Committee on Human Rights; Jean Wessman, Association of Counties; and Richard Onizuka, Department of Social and Health Services.