

FINAL BILL REPORT

SHB 1650

PARTIAL VETO

C 323 L 01

Synopsis as Enacted

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

Sponsors: By House Committee on Health Care (originally sponsored by Representatives Cody, Alexander, Tokuda, Mulliken, Doumit, Schual-Berke, Edwards and Kagi).

House Committee on Health Care

House Committee on Appropriations

Senate Committee on Human Services & Corrections

Background:

The Joint Legislative Audit and Review Committee (JLARC) 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 resulting in 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) 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) use outcome information to manage the system; (10) 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.

Summary:

The Department of Social and Health Services (DSHS) is required to propose funding transfers 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. The DSHS is required to submit a plan to the Legislature on reducing administrative costs to 10 percent or less.

Votes on Final Passage:

House 96 0
Senate 47 0 (Senate amended)
House (House refused to concur)
Senate 42 0 (Senate amended)
House 93 0 (House concurred)

Effective: July 22, 2001

Partial Veto Summary: The Governor vetoed sections (1) requiring the Department of Social and Health Services to use outcome and performance measures, to be developed jointly with consumers, providers, and regional support networks and (2) requiring the department to submit a plan to the Legislature for reducing administrative cost to 10 percent or less.