

HOUSE BILL REPORT

HB 2501

As Reported by House Committee On:
Public Safety

Title: An act relating to the communication of information to continue health services for confined persons.

Brief Description: Concerning the communication of information to continue health services for confined persons.

Sponsors: Representatives Caldier, Jinkins, McBride, Moeller, Young, Rodne and Appleton.

Brief History:

Committee Activity:

Public Safety: 1/27/16, 2/5/16 [DPS].

Brief Summary of Substitute Bill

- Requires the Department of Social and Health Services and the Washington Association of Sheriffs and Police Chiefs to establish a work group to study methods and procedures for transmitting information about persons confined in jail to behavioral health organizations and managed care health systems.

HOUSE COMMITTEE ON PUBLIC SAFETY

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass.
Signed by 9 members: Representatives Goodman, Chair; Orwall, Vice Chair; Klippert, Ranking Minority Member; Hayes, Assistant Ranking Minority Member; Appleton, Griffey, Moscoso, Pettigrew and Wilson.

Staff: Yvonne Walker (786-7841).

Background:

Jail Register.

Each city and county jail located in Washington is required to maintain a jail register which is open to the public. The law enforcement officer who is charged with being responsible for the operation of the jail must enter, on a timely basis, the name of each person held in

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confinement, the reason for confinement, when the person was confined, and the time and the manner in which the person was discharged.

Generally, all other records regarding a person confined in jail are confidential and may only be released in certain circumstances to a criminal justice agency, certain entities for research purposes, or upon the written consent of the person being confined.

Behavioral Health Services.

The Department of Social and Health Services (DSHS) 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 11 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. An RSN may be a county, group of counties, or a nonprofit or for-profit entity. Outpatient substance use disorder treatment services for low-income persons are provided through grants to counties which manage the programs, either directly or by subcontracting with certified providers.

As of April 1, 2016, mental health and substance use disorder treatment services will be provided on a regional basis by a single entity known as a "behavioral health organization." There will be 10 behavioral health organizations that will administer public mental health and substance use disorder services under a managed care model.

Summary of Substitute Bill:

The DSHS and the Washington Association of Sheriffs and Police Chiefs (WASPC) must establish a work group to study the issue of exchanging information about persons in confinement to behavior health organizations and managed care health systems. The work group must study and develop recommendations for methods and procedures for:

- local jails to electronically transmit information about persons confined in jail to behavioral health organizations and managed care health systems within 12 hours of a person's confinement into jail;
- behavioral health organizations and managed care health systems to receive information transmitted from a jail about a confined person and determine whether the person is a client; and
- enabling a person's associated health care provider to electronically communicate the person's health care information to the appropriate health care staff at the jail to ensure proper continuity of care for the incarcerated person.

The recommendations of the work group must include recommendations for state funding necessary to achieve efficient, secure, and proper communications between local jails, behavioral health organizations and managed care health systems, and associated health care providers. The work group must submit its recommendations to the Governor and appropriate committees of the Legislature by January 1, 2017.

Substitute Bill Compared to Original Bill:

The original provision that required local jails to electronically transmit information about persons confined in jail to behavioral health organizations and managed care health systems was eliminated.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Corrections has largely become a repository for people with mental illness. There is a problem with the coordination of medication when a mentally ill person is in crisis and is incarcerated. There is little to no coordination between the city, the county, and the behavioral health organizations when a mentally ill person becomes incarcerated. The medical providers at the jail are often left to determine what the diagnosis and medicine dosage should be without an accurate medical assessment of the incarcerated person.

Currently, there is a computer system that tells when a person goes into the hospital. The hospital automatically notifies the mental health organizations throughout the state. Unfortunately with integrated health services, jails were left out of the process. Since there is already a database in place for tracking offenders booked in jail, this new database would notify mental health organizations if the person is a known client that needs certain medications.

Right now the staff of behavior health organizations monitor the daily listings of people who are booked in jail. However, because they scroll through the list of names on a computer screen, they often overlook or miss a person that may have mental health needs. Also many clients that are booked into jail are not given medications because the jail staff are not familiar with their history. When a person is incarcerated and they do not receive their medication they often decompensate which leads to putting themselves and law enforcement at risk. This bill will ensure continuity of information is exchanged across the state.

(Opposed) None.

(Other) The goals of this bill are well supported. The problem is the mechanism that this bill seeks to implement. There is concern that the technology may not be ready yet as not every jail register is done electronically. It is recommended that the bill be amended to only retain the section that requires the WASPC and the DSHS to study how to go about implementing these new procedures. After that study is completed then recommendations can be made as to what resources will be needed to move forward.

Persons Testifying: (In support) Representative Caldier, prime sponsor; Joe Roszak, Kitsap Mental Health Services; and Seth Dawson, National Alliance on Mental Illness of Washington.

(Other) James McMahan, Washington Association of Sheriffs and Police Chiefs.

Persons Signed In To Testify But Not Testifying: None.