

SENATE BILL REPORT

SHB 2501

As of February 18, 2016

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: House Committee on Public Safety (originally sponsored by Representatives Caldier, Jinkins, McBride, Moeller, Young, Rodne and Appleton).

Brief History: Passed House: 2/11/16, 97-0.

Committee Activity: Law & Justice: 2/18/16.

SENATE COMMITTEE ON LAW & JUSTICE

Staff: Lindsay Erickson (786-7465)

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 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 with 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 that manage the programs, either directly or by subcontracting with certified providers.

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.

In 2014, Senate Bill 6312 created Behavioral Health Organizations (BHOs) to purchase and administer public mental health and substance use disorder services under managed care. BHOs are single, local entities that assume responsibility and financial risk for providing substance use disorder treatment, and the mental health services previously overseen by the counties and RSNs. These include inpatient and outpatient treatment, involuntary treatment and crisis services, jail proviso services, and services funded by the federal block grants.

BHOs will provide services starting on April 1, 2016. One BHO will be located within each of the 10 newly-formed Regional Services Areas.

Summary of Bill: The DSHS and the Washington Association of Sheriffs and Police Chiefs must establish a work group to study the issue of exchanging information about persons in confinement to behavioral 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(s) 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 shall submit its recommendations to the Governor and appropriate committees of the Legislature by January 1, 2017.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: PRO: This is a very important problem in our state. Individuals with mental illness can end up in crisis and incarcerated, which may further increase the mental health issues. There is currently no coordination in the jails on medications that individuals may be taking prior to confinement, so those with mental illness are unlikely to continue receiving necessary medications if they are confined. Communication is key to the continuity of care for people with mental illness, particularly when it comes to the issue of medication, because people may decompensate without necessary medication. Continuity of care would reduce cost for the institution and the individuals. The original bill required a database to continue the care of mentally ill individuals who are confined in jail, but the bill is now a work study.

Persons Testifying: PRO: Representative Caldier, prime sponsor; Joe Roszak, Kitsap Mental Health Services, WA Council for Behavioral Health; Seth Dawson, National Alliance on Mental Illness; James McMahan, WA Assoc. of Sheriffs and Police Chiefs.

Persons Signed In to Testify But Not Testifying: No one.