

FINAL BILL REPORT

E2SHB 1290

PARTIAL VETO

C 503 L 05

Synopsis as Enacted

Brief Description: Modifying community mental health services provisions.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Cody, Bailey, Schual-Berke, Campbell, Morrell, Hinkle, Green, Appleton, Moeller, Haigh, Linville, Kenney, Wood and Santos).

House Committee on Health Care

House Committee on Appropriations

Senate Committee on Human Services & Corrections

Background:

Regional Support Networks (RSNs) were established in 1989 to develop local systems of care for persons with a mental illness. Counties or groups of counties were authorized to become RSNs, contract with licensed service providers, and also deliver services directly. Fourteen RSNs were established to coordinate and deliver mental health services to persons with mental illness. Since 1993, the Department of Social and Health Services has financed community mental health services through a federal 1915(b) waiver that provides services through managed care programs. Through a recent wavier renewal process with the federal government, the Department of Social and Health Services and Regional Support Networks are required to comply with additional requirements related to the management, delivery, and expenditure of federal funds on community mental health services.

Summary:

The procurement process to establish regional support networks will include a request for qualification process that existing regional support networks may respond to. If an existing RSN meets all applicable requirements they will award the contract by the Department. If an existing RSN does not respond to the request for qualification, or is unable to comply with its requirements, the Department will utilize a request for proposal process to establish new regional support networks. Contracts between the Department and a RSN will include provisions for monitoring performance and remedies for failure to comply with the provisions of the contract. The definition of a RSN is broadened to include counties or other entities. Community mental health services will include the concepts of recovery, resilience, and evidence-based practices. The Department will be responsible to assure the availability of an adequate amount of community-based residential services. If a tribal authority requests to be a party to a private entity serving as a RSN, the Department will determine the role and responsibilities of the RSN and the tribe.

County operated mental health programs may be licensed as service providers, even if they aren't designated as a RSN. The maximum reserve fund balance must be consistent with the amount required by federal regulation or waiver stipulation. The procurement process used to establish RSNs will preserve infrastructure and maximum funds for services. Local advisory boards must include consumers, their families, county elected officials, and law enforcement. Regional support networks will work to ensure persons with a mental illness are not shifted into state and local correctional facilities. They will also work with the Department to expedite the enrollment or re-enrollment of eligible persons leaving state or local correctional facilities and institutions for mental diseases. The Joint Legislative and Executive Task Force on Mental Health is extended to June 30, 2007, and given oversight responsibilities for the reorganization of the community mental health system.

The Department will utilize medical or psychiatric determinations made during a person's confinement when determining if the person is disabled or eligible. A definition of "likely to be eligible" is included. Regional support networks are required to develop interlocal agreements to facilitate the timely determination a person's eligibility for assistance.

There will be no fewer than eight or more than 14 RSNs.

Votes on Final Passage:

House	84	10	
Senate	45	0	(Senate amended)
House	94	4	(House concurred)

Effective: July 24, 2005

Partial Veto Summary: The Governor vetoed the requirement that there be no fewer than eight and no more than 14 Regional Support Networks.