

SENATE BILL REPORT

SB 5732

As of February 19, 2013

Title: An act relating to improving behavioral health services provided to adults in Washington state.

Brief Description: Concerning the adult behavioral health system in Washington state.

Sponsors: Senators Carrell, Darneille, Keiser and Pearson.

Brief History:

Committee Activity: Human Services & Corrections: 2/18/13.

SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

Staff: Kevin Black (786-7747)

Background: Publically funded mental health services are delivered to adults and children in Washington through a wide variety of systems and programs. Research indicates that over 50 percent of adults meet diagnostic criteria for a behavioral health disorder during their lifetime. National studies indicate that the mortality rate is double for persons with mental illness. However, only 38 percent of persons with mental health disorders and 18 percent of persons with substance abuse disorders receive treatment. Persons with behavioral health disorders use emergency room and hospital services at a higher rate than the general population, and are at comparatively high risk for homelessness, unemployment, and criminal justice system involvement.

Enhanced services facility is defined in chapter 70.97 RCW as a facility which provides treatment and services to persons for whom acute inpatient treatment is not medically necessary and who have been determined by the Department of Social and Health Services (DSHS) to be inappropriate for placement in other licensed facilities due to complex needs that result in behavioral and security issues. A system of laws governing such facilities was adopted by the Legislature in 2005, but no such facilities has been funded in Washington.

Evidence-based is defined as a program or practice that has had multiple-site random-controlled trials across heterogeneous populations demonstrating that the program or practice is effective for the population. Research-based is defined as a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based practices. Emerging best practice or promising practice is defined as a

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practice that presents, based on preliminary information, potential for becoming a research-based or consensus-based practice.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed First Substitute): The Legislature must convene a taskforce to examine reform of the adult behavioral health system. The voting members of the taskforce must consist of one member from each of the two largest caucuses in the Senate and House of Representatives; the Secretary of DSHS or the secretary's designee; the Director of the Health Care Authority or the director's designee; the Director of the Office of Financial Management or the director's designee; the Secretary of the Department of Corrections or the secretary's designee; a representative of the Governor; and a representative of tribal authorities.

The taskforce must adopt a bottom up approach and welcome input and participation from all stakeholders and report its findings by January 1, 2014. A list of 17 stakeholders who must be invited to participate is provided in the bill. The taskforce must undertake a systemwide review of the public mental health system and make recommendations for reform concerning, but not limited to, the following:

- the means by which services are delivered for adults with mental illness and chemical dependency disorders;
- availability of effective means to promote recovery and prevent harm associated with mental illness;
- crisis services, including boarding of mental health patients outside of regularly certified treatment beds; and
- public safety practices involving persons with mental illnesses with forensic involvement.

Financing, administration, and delivery of public behavioral health services must be designed to achieve improved outcomes for adult clients through increased use and development of evidence-based, research-based, and promising practices. The following client outcomes are identified: improved health status; increased participation in employment and education; reduced involvement with the criminal justice system; enhanced safety and access to treatment for forensic patients; reduction in avoidable utilization and costs associated with hospital, emergency room, and crisis services; increased housing stability; improved quality of life, including measures of recovery and resilience; and decreased population-level disparities in access to treatment and treatment outcomes.

DSHS must implement a strategy for the improvement of the adult behavioral health system. The strategy must include the following: an assessment of the current capacity of the publicly funded behavioral health system to provide evidence-based, research-based, and promising practices; identification, development, and increased use of these practices; design and implementation of a transparent quality management system, including outcome reporting and development of baseline and improvement targets for identified outcome measures; and identification of phased implementation of services delivery and financing mechanisms that will best promote improvement of the behavioral health system described in this strategy, including public reporting of outcome measures. DSHS must seek private foundation and federal grant funding to support its strategy and report on the status of

implementation by August 1, 2014. The Washington Institute for Public Policy must assist by providing an inventory of evidence-based, research-based, and promising practices.

By November 2013, DSHS must report a plan for establishing a tribal-centric behavioral health system ensuring increased access to culturally appropriate services for Medicaid-eligible tribal members.

To the extent funded, DSHS must begin a procurement process for enhanced services facility services by June 1, 2014, and complete the process by January 1, 2015.

Starting July 1, 2018, when the superintendent of a state hospital determines that a long-term patient no longer requires active psychiatric treatment at an inpatient level of care, the regional support network responsible for the individual must collaborate with the state hospital to transition the person into the community within 21 days of the determination.

Appropriation: None.

Fiscal Note: Requested on February 16, 2013.

Committee/Commission/Task Force Created: Yes.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony: PRO: Thank you for including tribes in the task force. Tribes are ready to engage with this process. Chemical dependency providers should be explicitly recognized as task force participants. We hope the task force will guide us on a path towards prevention and early intervention. The task force should start by examining the recommendations made in the final report of the Mental Health Transformation Project. We appreciate the collaborative approach and like the emphasis on incentives that reinforce cross system collaboration. Public reporting of outcomes is a good idea and should be applied to health plans as well as other aspects of the service delivery system. These reforms are needed to repair the damage done by budget cuts. The new definitions for evidence-based practices were worked out with experts and stakeholders and represent the best approach based on experience with these programs. The task force language should be amended to allow the Governor to make appointments.

Persons Testifying: PRO: Steve Kutz; American Indian Health Commission of WA; Melissa Johnson, Assn. of Alcoholism & Addictions Programs; Seth Dawson, National Alliance on Mental Illness; Ann Christian, WA Community Mental Health Council; Matt Zuvich, WA Federation of State Employees; Jane Beyer, DSHS; MaryAnne Lindeblad, Health Care Authority.