HOUSE BILL REPORT HB 1819

As Reported by House Committee On:

Early Learning & Human Services

- **Title**: An act relating to paperwork reduction in order to improve the availability of mental health services to protect children and families.
- **Brief Description**: Reducing certain documentation and paperwork requirements in order to improve children's mental health and safety.

Sponsors: Representatives Dent, Senn, Kagi, Griffey, Johnson and McBride.

Brief History:

Committee Activity:

Early Learning & Human Services: 2/1/17, 2/8/17 [DPS].

Brief Summary of Substitute Bill

• Requires the Department of Social and Health Services to reduce documentation and paperwork requirements for behavioral health services.

HOUSE COMMITTEE ON EARLY LEARNING & HUMAN SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Kagi, Chair; Senn, Vice Chair; Dent, Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Frame, Goodman, Griffey, Kilduff, Klippert, Lovick, McCaslin, Muri and Ortiz-Self.

Staff: Dawn Eychaner (786-7135).

Background:

The Department of Social and Health Services (DSHS) licenses and contracts with behavioral health organizations (BHOs) for the provision of community-based mental health and substance use disorder treatment. Contracts between the DSHS and BHOs must include performance measures linked to client outcomes, standards related to financial integrity of the organization and the quality of services provided, and mechanisms for monitoring

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contract performance. The DSHS adopts rules related to the operation of BHOs, and BHOs must comply with all applicable local, state, and federal rules and laws.

Summary of Substitute Bill:

The DSHS must immediately review its rules, policies, and procedures related to documentation and paperwork requirements for behavioral health services with regard to individual assessments. The review must identify areas where duplicative or inefficient requirements can be eliminated or streamlined. The review must be completed by November 1, 2017. The DSHS must take immediate steps to amend department rules according to the results of the review. This provision expires December 31, 2018.

Substitute Bill Compared to Original Bill:

The following requirements for the DSHS are removed:

- providing a single set of regulations for providers concerning mental health, substance use disorder, and co-occurring disorder treatments by October 1, 2017;
- conducting audits for the provision of behavioral health services according to specified criteria; and
- reviewing documentation and paperwork requirements for social workers serving children in order to eliminate or streamline duplicative or inefficient requirements.

The requirement for the DSHS to review its documentation and paperwork requirements for behavioral health services is added.

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) Time spent by mental health professionals and children's case workers on paperwork requirements takes away from time available for patients and clients. Duplicative paperwork is a major burden for providers, sometimes creating nearly a 50-50 split between paperwork time and patient care time. The specific audit practices required by the bill are helpful, particularly the use of sampling methodology and treating multiple locations as one entity. The state has good intentions when making regulations to improve services, but the number of regulations has the opposite effect and gets in the way of providing the intended service.

(Opposed) None.

Persons Testifying: Representative Dent, prime sponsor; Mary Stone-Smith, Catholic Community Services Western Washington; Mike Hatchett, Washington Council for Behavioral Health; Margaret Amara; and Alicia Ferris, Community Youth Services.

Persons Signed In To Testify But Not Testifying: None.