

SENATE BILL REPORT

SB 5234

As of January 29, 2013

Title: An act relating to improving behavioral health services provided to adults in Washington state by defining outcomes for adult behavioral health services, increasing use of evidence-based, research-based, and promising practices for the provision of adult behavioral health services, implementing a strategy for the improvement of the adult behavioral health system, reviewing the provision of forensic mental health services, procuring enhanced services facility services, and requiring timely hospital discharge under the involuntary treatment act when a person no longer requires active psychiatric treatment in a hospital.

Brief Description: Improving behavioral health services provided to adults in Washington state.

Sponsors: Senators Carrell, Darneille, Hargrove, Keiser, Schlicher and Conway; by request of Department of Social and Health Services.

Brief History:

Committee Activity: Human Services & Corrections: 1/28/13.

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 behavioral health conditions are common, with over 50 percent of adults meeting diagnostic criteria for a behavioral health disorder during their lifetime. According to national studies, 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

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adopted by the Legislature in 2005 but no such facilities have ever 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 practice that presents, based on preliminary information, potential for becoming a research-based or consensus-based practice.

Summary of Bill: Financing, administration, and delivery of public mental 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 establish and 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 services delivery and financing mechanisms that will best promote improvement of the behavioral health system described in this strategy. DSHS must establish a steering committee to oversee this process, consisting of behavioral health service recipients and their families, local governments, and representatives of regional support networks, county coordinators, law enforcement, city and county jails, tribes, behavioral health service providers, housing providers, Medicaid managed care plans, the state hospital association, long-term care service providers, individuals with expertise in evidence-based and research-based practices, and the Health Care Authority.

DSHS must seek private foundation funding and federal grant funding to support its adult behavioral health system improvement strategy. DSHS must report to the Governor and Legislature on the status by August 1, 2014, including timelines and cost for implementation.

DSHS must contract for the services of an independent consultant to review the provision of forensic services in Washington State and recommend whether modifications should be made to provide an appropriate treatment environment for patients while enhancing the safety and security of patients and staff. DSHS must submit a report about this process to the Governor and Legislature by August 2014.

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 to the community within 21 days of the determination.

Updated definitions are provided for the terms evidence-based, emerging best practice, promising practice, and research-based.

Appropriation: None.

Fiscal Note: Requested on January 24, 2013.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed, except section 3 is effective July 1, 2018.

Staff Summary of Public Testimony: PRO: This bill is a step towards designing a system that is more cost effective and usable by the people of this state. We see this bill as a way to begin a discussion with the Legislature and other important players in the behavioral health system. Including chemical dependency disorders and co-occurring disorders is important to reform. The Legislature should establish the goals of improved outcomes and the increased use of evidence-based practices to guide the reform effort. The mental health system has taken too many cuts in recent years. Please support the Medicaid expansion and investments in behavioral health services. Lack of resources at state hospitals, ward closures, and scarce crisis beds place pressure on the system. Providers are seeing more acutely ill patients than their programs are designed to serve, and more patients are becoming isolated from care. Too many cuts have been made at a time when demand for care is increasing, driving excessive use of emergency rooms and boarding of patients in places without appropriate care. Behavioral health care contributes to improved health status. Availability of housing and opportunity to work are each essential to recovery. Some outcomes depend on contributions from other systems, such as the Department of Vocational Rehabilitation, Department of Commerce, and hospitals and primary care providers. Including these stakeholders on the steering committee is positive, and should signify their acknowledgement of shared responsibility and accountability for the outcomes we all seek. We support enhanced services facilities. Regional Support Networks also want patients to be reintegrated into the community as soon as possible. The counties are your partners in administering behavioral health services, and support expansion of the use of evidence-based programs. Additional funding must be considered necessary to achieve the outcomes sought. Section 3 should be made more flexible so the state does not act punitively while infrastructure is being developed.

OTHER: We feel chemical dependency treatment has always been evidence based and research based. This is not the right time to implement something different from the current

path of health care reform and other important initiatives. There is a lack of adequate community resources to implement section 3.

Persons Testifying: PRO: Senator Carrell, prime sponsor; Jane Beyer, Chris Imhoff, DSHS; David Black, TomiChyne Osborne, SEIU1199NW; Chelene Whiteaker, WA State Hospital Assn.; Jean Robertson, King County Regional Support Network; Ann Christian, WA Community Mental Health Council; Abby Murphy, WA State Assn. of Counties.

OTHER: Melissa Johnson, Assn. of Alcoholism and Addictions Programs; Seth Dawson, WA State Psychiatric Assn.