

CERTIFICATION OF ENROLLMENT
SECOND SUBSTITUTE HOUSE BILL 1860

67th Legislature
2022 Regular Session

Passed by the House March 8, 2022
Yeas 90 Nays 7

**Speaker of the House of
Representatives**

Passed by the Senate March 3, 2022
Yeas 47 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 1860** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SECOND SUBSTITUTE HOUSE BILL 1860

AS AMENDED BY THE SENATE

Passed Legislature - 2022 Regular Session

State of Washington 67th Legislature 2022 Regular Session

By House Appropriations (originally sponsored by Representatives Davis, Eslick, Callan, Jacobsen, Macri, Santos, Shewmake, Orwall, Tharinger, Simmons, Chopp, Bergquist, and Valdez)

READ FIRST TIME 02/07/22.

1 AN ACT Relating to preventing homelessness among persons
2 discharging from inpatient behavioral health settings; amending RCW
3 70.320.020; adding a new section to chapter 71.24 RCW; adding a new
4 section to chapter 71.12 RCW; adding a new section to chapter 74.09
5 RCW; and creating a new section.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** (1) The legislature finds that social
8 determinants of health, particularly housing, are highly correlated
9 with long-term recovery from behavioral health conditions. Seeking
10 inpatient treatment for a mental health or substance use challenge is
11 an act of valor. Upon discharge from care, these individuals deserve
12 a safe, stable place from which to launch their recovery. It is far
13 easier and more cost-effective to help maintain a person's recovery
14 after treatment than to discharge them into homelessness and begin
15 the process anew amid another crisis. Sometimes, there may not be
16 another chance.

17 (2) Therefore, it is the intent of the legislature to seize the
18 incredible opportunity presented by a person seeking inpatient
19 behavioral health care by ensuring that these courageous individuals
20 are discharged to appropriate housing.

1 **Sec. 2.** RCW 70.320.020 and 2021 c 267 s 2 are each amended to
2 read as follows:

3 (1) The authority and the department shall base contract
4 performance measures developed under RCW 70.320.030 on the following
5 outcomes when contracting with service contracting entities:
6 Improvements in client health status and wellness; increases in
7 client participation in meaningful activities; reductions in client
8 involvement with criminal justice systems; reductions in avoidable
9 costs in hospitals, emergency rooms, crisis services, and jails and
10 prisons; increases in stable housing in the community; improvements
11 in client satisfaction with quality of life; and reductions in
12 population-level health disparities.

13 (2) The performance measures must demonstrate the manner in which
14 the following principles are achieved within each of the outcomes
15 under subsection (1) of this section:

16 (a) Maximization of the use of evidence-based practices will be
17 given priority over the use of research-based and promising
18 practices, and research-based practices will be given priority over
19 the use of promising practices. The agencies will develop strategies
20 to identify programs that are effective with ethnically diverse
21 clients and to consult with tribal governments, experts within
22 ethnically diverse communities and community organizations that serve
23 diverse communities;

24 (b) The maximization of the client's independence, recovery, and
25 employment;

26 (c) The maximization of the client's participation in treatment
27 decisions; and

28 (d) The collaboration between consumer-based support programs in
29 providing services to the client.

30 (3) In developing performance measures under RCW 70.320.030, the
31 authority and the department shall consider expected outcomes
32 relevant to the general populations that each agency serves. The
33 authority and the department may adapt the outcomes to account for
34 the unique needs and characteristics of discrete subcategories of
35 populations receiving services, including ethnically diverse
36 communities.

37 (4) The authority and the department shall coordinate the
38 establishment of the expected outcomes and the performance measures
39 between each agency as well as each program to identify expected
40 outcomes and performance measures that are common to the clients

1 enrolled in multiple programs and to eliminate conflicting standards
2 among the agencies and programs.

3 (5) (a) The authority and the department shall establish timelines
4 and mechanisms for service contracting entities to report data
5 related to performance measures and outcomes, including phased
6 implementation of public reporting of outcome and performance
7 measures in a form that allows for comparison of performance measures
8 and levels of improvement between geographic regions of Washington.

9 (b) The authority and the department may not release any public
10 reports of client outcomes unless the data has been deidentified and
11 aggregated in such a way that the identity of individual clients
12 cannot be determined through directly identifiable data or the
13 combination of multiple data elements.

14 (6) (a) The performance measures coordinating committee must
15 establish: (i) A performance measure to be integrated into the
16 statewide common measure set which tracks effective integration
17 practices of behavioral health services in primary care settings;
18 ~~((and))~~ (ii) performance measures which track rates of criminal
19 justice system involvement among ~~((public health system))~~ medical
20 assistance clients with an identified behavioral health need
21 including, but not limited to, rates of arrest and incarceration; and
22 (iii) performance measures which track rates of homelessness and
23 housing instability among medical assistance clients. The authority
24 must set improvement targets related to these measures.

25 (b) The performance measures coordinating committee must report
26 to the governor and appropriate committees of the legislature
27 regarding the implementation of this subsection by July 1, 2022.

28 (c) For purposes of establishing performance measures as
29 specified in (a)(ii) of this subsection, the performance measures
30 coordinating committee shall convene a work group of stakeholders
31 including the authority, medicaid managed care organizations, the
32 department of corrections, and others with expertise in criminal
33 justice and behavioral health. The work group shall review current
34 performance measures that have been adopted in other states or
35 nationally to inform this effort.

36 (d) For purposes of establishing performance measures as
37 specified in (a)(iii) of this subsection, the performance measures
38 coordinating committee shall convene a work group of stakeholders
39 including the authority, medicaid managed care organizations, and
40 others with expertise in housing for low-income populations and with

1 experience understanding the impacts of homelessness and housing
2 instability on health. The work group shall review current
3 performance measures that have been adopted in other states or
4 nationally from organizations with experience in similar measures to
5 inform this effort.

6 (7) The authority must report to the governor and appropriate
7 committees of the legislature (~~by~~):

8 (a) By October 1, 2022, regarding options and recommendations for
9 integrating value-based purchasing terms and a performance
10 improvement project into managed health care contracts relating to
11 the criminal justice outcomes specified under subsection (1) of this
12 section;

13 (b) By July 1, 2024, regarding options and recommendations for
14 integrating value-based purchasing terms and to integrate a
15 collective performance improvement project into managed health care
16 contracts related to increasing stable housing in the community
17 outcomes specified under subsection (1) of this section. The
18 authority shall review the performance measures and information from
19 the work group established in subsection (6)(d) of this section.

20 NEW SECTION. Sec. 3. A new section is added to chapter 71.24
21 RCW to read as follows:

22 By January 1, 2023, the authority shall require that any contract
23 with a managed care organization include a requirement to provide
24 housing-related care coordination services for enrollees who need
25 such services upon being discharged from inpatient behavioral health
26 settings as allowed by the centers for medicare and medicaid
27 services.

28 NEW SECTION. Sec. 4. A new section is added to chapter 71.12
29 RCW to read as follows:

30 With respect to a person enrolled in medical assistance under
31 chapter 74.09 RCW, a psychiatric hospital shall make every effort to:

32 (1) Inform the medicaid managed care organization in which the
33 person is enrolled of the person's discharge or change in care plan
34 on the following timelines:

35 (a) For an anticipated discharge, no later than 24 hours prior to
36 the known discharge date; or

1 (b) For all other discharges, including if the person leaves
2 against medical advice, no later than the date of discharge or
3 departure from the facility; and

4 (2) Engage with medicaid managed care organizations in discharge
5 planning, which includes informing and connecting patients to care
6 management resources at the appropriate managed care organization.

7 NEW SECTION. **Sec. 5.** A new section is added to chapter 74.09
8 RCW to read as follows:

9 To improve health outcomes and address health inequities, the
10 authority shall evaluate incentive approaches and recommend funding
11 options to increase the collection of Z codes on individual medicaid
12 claims, in accordance with standard billing guidance and regulations.

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