

Legislative BH Task Force – Summary of Draft Priorities as of 10/23/2020 – Kathleen Torella

The Legislative BH Task Force is made up of various WA state legislators (Dhingra, Cody, Schmick, Chopp), Amber Leaders from the Governor’s Office, and Keri Waterland from HCA. They are in the process of drafting their priorities (below is current version) and during their 10/23/2020 meeting they stated they are planning to share this information and their priorities with the legislature and the governor in the near future in the form of a signed letter.

Legislative BH Recovery System Task Force Priorities as of 10/23/2020:

State Oversight and Agency Coordination:

1. The state must establish a BH bed tracking system to track real-time availability of secure detox and civil commitment beds for 14-, 90-, and 180- day placements. A single entity must be designated to coordinate data between agencies (e.g. Commerce, Health, DSHS, HCA), (Cody/Leaders/Dhingra) [bill or budget]
2. The Governor is encouraged to appoint a director within the Executive Cabinet who is responsible for the coordinated implementation among state agencies and educational institutions and provide a single point of contact to ensure successful implementation of changes within the BH system. Alternatively, a single point of contact must be identified. (Chopp) [bill or executive action]
3. The state should lead an effort to standardize the definitions used by the state hospitals, MCOs, and community BH providers to determine when a patient is ready for successful discharge, can be served safely, and no longer requires active psychiatric treatment at an inpatient level of care under RCW 71.05.365. (Dhingra) [bill or agency action]
4. The state should provide rigorous oversight of the managed care model for delivering BH services. (November 2019) [bill or agency action]
5. State hospitals should submit comprehensive budgets that eliminate chronic overspends. (Dhingra) [bill, budget, or agency action]

Services:

6. The state should incorporate a modality for recovery support services in the state Medicaid plan so that those services can be delivered in an evidence-based fashion without the distortion of imposing a medical model (Dhingra) [bill or agency action]
7. The state should continue the development of resources in the community to increase provider capacity and community support, as well as investment in Home and Community Services and Area Agency on Aging case management to access and provide client-centered BH case management. (September 2019) [budget]
8. The state should offer an enhanced payment to evaluation and treatment programs that successfully provide comprehensive and quality services to individuals. Special programs and units may be needed for the most complex patients. (July 2020) [budget]
9. The state should increase the deployment of assertive community treatment teams. (Dhingra) [bill or budget]
10. The state should continue BH integration work, with a focus on greater integration and availability of substance use disorder treatment and resources. (Leaders) [agency action]

Involuntary Treatment:

11. The state should oversee the use of exclusionary criteria and reduce instances of admission declines at crisis facilities for persons detained for involuntary treatment, considering methods such as those proposed by SB 6469 (2020). (Dhingra) [bill or agency]
12. The state should review the role of MCOs in the ITA process related to ability to apply medical necessity to long ITA stays. (November 2019) [bill or agency action]
13. The state should increase capacity for structured involuntary treatment diversions such as crisis triage, peer respite, and stabilization centers. {July 2020} [budget]

14. The state should ensure that crisis treatment facilities are reimbursed for providing BH services which meet the standard of medical necessity and are not limited by the legal standard for involuntary commitment. (Dhingra) [budget]
15. State and local officials should work with the VA to identify ways to make the ITA function more smoothly for veterans involved in both systems. (Dhingra) [agency action]

Work Force:

16. The state should expand the Workforce Education Investment Act, including the WA College Grant and other financial aid programs, to provide free graduate tuition for students who will commit to entering the BH field. (Chopp)
17. The state should create apprenticeship programs and create a method to reimburse BHAs and providers for their role in providing supervision to interns and new graduates. (Dhingra)
18. The state should invest in the BH workforce, including in areas recommended by the Workforce Board's forthcoming 2020 report and recommendations, such as background checks, license reciprocity, supervision requirements, reimbursement and incentives, and competency-based training. (Leaders) [bill or budget]
19. The state should create a BH support specialist license for qualified professionals who do not have a master's degree. (Dhingra) [bill]
20. The state should explore how to retain the current BH workforce and support them utilizing trauma-informed approaches, while also requiring state-funded health care professional education programs to train new health care professionals in evidence based practices. (September 2019, November 2019) [bill or budget]
21. MH professionals should be authorized to treat SUD beyond the 2.1 ASAM score that is currently allowed. (November 2019) [bill]
22. The state should increase the use of peer services as part of the BH care team, including but not limited to providing access in emergency room settings and increasing the ability for peers to provide outreach services reimbursed by Medicaid. (Dhingra) [bill, agency action]
23. The state should ensure that Medicaid rates support competitive salaries for BH providers. (November 2019) [budget]
24. The state should increase deployment of navigators and case managers by MCOs to help patients move across physical and BH systems. (November 2019) [bill or agency action]

Physical Infrastructure:

25. The state should focus on the continuum of care in the BH system to promote recovery so that patients have a step-down option in long-term residential care and do not spend more time than is necessary in acute care settings. The state should continue its work to develop and open specialized enhanced community facilities by addressing obstacles such as bldg. codes and regulations for persons who need BH services and have high needs due to acute medical conditions, dementia and other extraordinary circumstances. (Dhingra) [bill or budget]
26. The state should identify dedicated revenue sources to build stable supportive housing units for individuals facing BH challenges and increase the availability of supportive housing options. (Chopp) [bill or budget]
27. State agencies should collaborate to determine what factors create a challenge when siting BH facilities and how to overcome them; e.g. property and construction costs, stigma against BH orders, managing community response. (Comment by Rep Cody/September 1:22:00) [agency action]