RCW 70.320.020 Contract performance measures developed under RCW 70.320.030 based on outcomes—Integration. (1) The authority and the department shall base contract performance measures developed under RCW 70.320.030 on the following outcomes when contracting with service contracting entities: Improvements in client health status and wellness; increases in client participation in meaningful activities; reductions in client involvement with criminal justice systems; reductions in avoidable costs in hospitals, emergency rooms, crisis services, and jails and prisons; increases in stable housing in the community; improvements in client satisfaction with quality of life; and reductions in population-level health disparities.

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

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

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

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

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

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

(4) The authority and the department shall coordinate the establishment of the expected outcomes and the performance measures between each agency as well as each program to identify expected outcomes and performance measures that are common to the clients enrolled in multiple programs and to eliminate conflicting standards among the agencies and programs.

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

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

(6)(a) The performance measures coordinating committee must establish: (i) A performance measure to be integrated into the statewide common measure set which tracks effective integration practices of behavioral health services in primary care settings; (ii) performance measures which track rates of criminal justice system

involvement among medical assistance clients with an identified behavioral health need including, but not limited to, rates of arrest and incarceration; and (iii) performance measures which track rates of homelessness and housing instability among medical assistance clients. The authority must set improvement targets related to these measures.

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

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

(d) For purposes of establishing performance measures as specified in (a)(iii) of this subsection, the performance measures coordinating committee shall convene a work group of stakeholders including the authority, medicaid managed care organizations, and others with expertise in housing for low-income populations and with experience understanding the impacts of homelessness and housing instability on health. The work group shall review current performance measures that have been adopted in other states or nationally from organizations with experience in similar measures to inform this effort.

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

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

(b) By July 1, 2024, regarding options and recommendations for integrating value-based purchasing terms and to integrate a collective performance improvement project into managed health care contracts related to increasing stable housing in the community outcomes specified under subsection (1) of this section. The authority shall review the performance measures and information from the work group established in subsection (6)(d) of this section. [2022 c 215 § 2; 2021 c 267 § 2; 2017 c 226 § 8; 2014 c 225 § 107; 2013 c 320 § 2.]

Finding—Intent—2022 c 215: "(1) The legislature finds that social determinants of health, particularly housing, are highly correlated with long-term recovery from behavioral health conditions. Seeking inpatient treatment for a mental health or substance use challenge is an act of valor. Upon discharge from care, these individuals deserve a safe, stable place from which to launch their recovery. It is far easier and more cost-effective to help maintain a person's recovery after treatment than to discharge them into homelessness and begin the process anew amid another crisis. Sometimes, there may not be another chance.

(2) Therefore, it is the intent of the legislature to seize the incredible opportunity presented by a person seeking inpatient behavioral health care by ensuring that these courageous individuals are discharged to appropriate housing." [2022 c 215 § 1.]

Findings—Purpose—2021 c 267: "The legislature finds that in 2013 the legislature adopted outcome expectations for entities that contract with the state to provide health services in order to guide purchasing strategies by the health care authority and department of social and health services. Since then, the health care authority has established a performance measures coordinating committee and implemented performance terms in managed care contracts including, but not limited to, performance measurement requirements, mandatory performance improvement projects, and value-based purchasing terms.

The legislature finds that two outcomes established by chapter 320, Laws of 2013 (Engrossed Substitute House Bill No. 1519) and chapter 338, Laws of 2013 (Second Substitute Senate Bill No. 5732) which are key to the integration of behavioral health into primary health networks are (1) reduction in client involvement with the criminal justice system; and (2) reduction in avoidable costs in jails and prisons. These outcomes reflect Washington's priorities to incentivize cross-system collaboration between health networks, government entities, and the criminal justice system; to emphasize prevention over crisis response; and to remove individuals whose offending is driven primarily by health status instead of criminality from the criminal justice system.

The legislature further finds that indicators since 2013 show worsening trends for interaction between persons with behavioral health disorders and the criminal justice system. According to data presented in October 2018 by the research and data administration of the department of social and health services, arrests of persons enrolled in public health with an identified mental health or substance use disorder condition increased by 67 percent during this five-year period, while the overall rate of arrest declined by 11 percent. According to the same data source, referrals for state mental health services related to competency to stand trial have increased by 64 percent, incurring substantial liability for the state in the case of Trueblood v. Department of Social and Health Services. The purpose of this act is to focus the health care authority's purchasing efforts on providing incentives to its contractors to reverse these trends and achieve the outcome of reduced criminal justice system involvement for public health system clients with behavioral health disorders." [2021 c 267 § 1.]

Sustainable solutions for the integration of behavioral and physical health—2017 c 226: See note following RCW 74.09.497.