Behavioral Health Recovery System Transformation Committee

The co-chairs intend to spend the October 23 meeting of the Behavioral Health Recovery System Transformation Committee (Committee) developing recommendations based on the meetings from the prior two interims. The intent is to discuss and modify these recommendations during the October meeting. Executive branch members and the public are encouraged to share their perspectives, but only legislative members will sign the recommendations letter. Committee members may find the materials from the Committee's previous meetings this biennium at these links: September 2019; November 2019; July 2020; September 2020.

Proposed Recommendations for the Committee's consideration:

Systems Infrastructure

State Oversight and Agency Coordination

1. The state must establish a behavioral health 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 must appoint a director within the Executive Cabinet who is responsible for the coordinated implementation among state agencies and educational institutions to ensure successful implementation of changes within the behavioral health system. (Chopp) [bill or executive action]
3. The state must lead an effort to standardize the definitions used by the state hospitals, managed care organizations, and community behavioral health providers to determine when a patient is ready for discharge 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 must provide rigorous oversight of the managed care model for delivering behavioral health services. (November 2019) [bill or agency action]
5. State hospitals must submit comprehensive budgets that eliminate chronic overspends. (Dhingra) [bill, budget, or agency action]

Services

6. The state must incorporate a modality for clubhouses in the state Medicaid plan so that clubhouse 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 must 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 behavioral health 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 must increase the deployment of assertive community treatment teams. (Dhingra) [bill or budget]

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Prepared by: OPR and SCS staff
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10. The state must continue behavioral health 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 must 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 Senate Bill 6469 (2020). (Dhingra) [bill or agency action]
12. The state should review the role of managed care organizations in the Involuntary Treatment Act 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 must ensure that crisis treatment facilities are reimbursed for providing behavioral health 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 must work with the Veteran's Administration to identify ways to make the Involuntary Treatment Act function more smoothly for veterans involved in both systems. (Dhingra) [agency action]

Workforce

16. The state must expand the Workforce Education Investment Act, including the Washington College Grant and other financial aid programs, to provide free graduate tuition for students who will commit to entering the behavioral health field. (Chopp) [bill or budget]
17. The state must create apprenticeship programs and create a method to reimburse behavioral health agencies and providers for their role in providing supervision to interns and new graduates. (Dhingra) [bill or budget]
18. The state must invest in the behavioral health 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 behavioral health support specialist license for qualified professionals who do not have a master's degree. (Dhingra) [bill]
20. The state must explore how to retain the current behavioral health 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. Mental health professionals should be authorized to treat substance use disorder 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 behavioral health 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 must ensure that Medicaid rates support competitive salaries for behavioral health providers. (November 2019) [budget]

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24. The state must increase deployment of navigators and care managers by MCOs to help patients move across physical and behavioral health systems. (November 2019) [bill or agency action]

Physical Infrastructure:

25. The state must focus on the continuum of care in the behavioral health system 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 must continue its work to develop and open specialized enhanced community facilities by addressing obstacles such as building codes and regulations for persons who need behavioral health services and have high needs due to acute medical conditions, dementia, or other extraordinary circumstances. (Dhingra) [bill or budget]
26. The state must identify dedicated revenue sources to build stable supportive housing units for individuals facing behavioral health challenges and increase the availability of supportive housing options. (Chopp) [bill or budget]
27. State agencies must collaborate to determine what factors create a challenge when siting behavioral health facilities; e.g. property and construction costs, community response. (Comment by Rep. Cody/September 1:22:00) [agency action]