Review of Task Force Responsibilities and Draft Work Plan

Adult Behavioral Health System Task Force

April 22, 2014

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Task Force Questions

1. How did we get here: overview of legislation related to task force.
2. What are we supposed to do: overview of task force mandates.
3. How will we do that: review of task force responsibilities grouped by policy mandates, deadlines, and time sensitivity.
4. When will this happen: review draft work plan for task force.

Part 1. How did we get here?

- This task force is established under state law to examine reform of the adult behavioral health system by means of undertaking a systemwide review.
  - There are 11 voting members.
  - The task force must invite participation from 22 named constituencies.
  - The task force is staffed by Legislative nonpartisan staff.

- The task force must adopt a bottom-up approach and welcome input and participation from all stakeholders interested in improving the system.

- The task force mandates were established by bills passed over two regular sessions of the Legislature.

Task force mandates established in 2SSB 5732 and 2SSB 6312

- 2SSB 5732 (2013) established the task force in law, with a starting date of May 1, 2014.

- 2SSB 6312 (2014) expanded the membership and scope of the task force.
  - The starting date was changed to April 1, 2014, and the duration extended to December 2015.
  - The focus of the task force now includes behavioral health and medical purchasing and system integration.

- Both bills made other system changes that will be important to the work of the task force.

Other Relevant System Changes in 2SSB 5732

- 2SSB 5732 also requires DSHS and HCA to empanel steering committee starting in 2013 to guide independent development of a behavioral health improvement strategy focusing on:
  - Capacity to provide and increase use of evidence-based, research-based, and promising practices;
  - Development of a transparent quality management system including publically reported outcome and performance measures allowing for comparison between jurisdictions, and baseline and improvement targets;
  - Integration of outcome and performance measures into managed care contracts promulgated by DSHS and HCA by July 1, 2015, pursuant to ESHB 1519 (2013); and
  - Workforce development and safety.

- DSHS also must develop a plan for a tribal-centric behavioral health system in cooperation with tribal authorities.

Other Relevant System Changes in 2SSB 6312

- Chemical dependency purchasing must be "primarily" integrated with managed care contracts at the RSN level (renamed BHOs) by April 1, 2016.
- Community behavioral health and medical care for Medicaid clients must be fully integrated in a managed care system by January 1, 2020.
- DSHS and HCA are authorized to establish common purchasing regions for behavioral health and medical services after receiving advice from this task force by September 1, 2014.
- A purchasing region may apply to become an "early adopter" of full purchasing integration by January 1, 2016, at the direction of the county authorities within the region.

Other Recent Policy Changes Affecting Task Force

- ESSB 5480 (2013) expands criteria for detention for civil commitment under the Involuntary Treatment Act, effective July 1, 2014, forcing new investments in prevention and inpatient treatment capacity.
- E2SHB 1114 (2013) modifies procedures and standards for the involuntary commitment of persons who have been deemed incompetent to stand trial for violent felonies.
- A new WSIPP study commissioned in the 2014 supplemental budget will study the impacts of the change in commitment standards and new investments in inpatient capacity, with reports due in 2015 and 2016.

Other Recent Policy Changes Affecting Task Force, Cont.

- E2SHB 2572 (2014) authorizes the HCA and DSHS to restructure Medicaid procurement to support integrated physical health, mental health, and chemical dependency treatment in accordance with 2SSB 6312 and recommendations of the Task Force.
- A state performance measures committee is created to develop statewide measures of health performance to inform purchasing decisions. State agencies must use the performance set for health care purchasing decisions.

Recent Fiscal Changes Affecting Task Force Mandates

System Improvement Budget Items From 2013 & 2014 Sessions (dollars in millions).

Item	Funding Detail	FY 2013-15		FY 2015-17	
		GF-S	Total	GF-S	Total
ESHB 1519 & 2SSB 5732	• FTEs DSHS and HCA • Consultant	$1.6	$2.6	$1.2	$1.9
2SSB 6312	• FTEs at DSHS and HCA for integration/taskforce work • Actuarial work	$1.7	$3.4	$1.0	$1.4
E2SHB 2572	• FTEs and grants for implementation of the five-year State Health Care Innovation Plan (SCHIP).	$1.2	$19.7	0	$17
2014 Supplemental item	• SHCIP Savings: Implementation of the SHCIP is expected to reduce the growth of health care costs.	($4.0)	($7.9)	($57.0)	($57.0)

Recent Fiscal Changes Affecting Task Force Mandates

Enhancement Related Budget Items From 2013 & 2014 Sessions (dollars in millions).

Item	Funding Detail	FY 2013-15		FY 2015-17	
		GF-S	Total	GF-S	Total
ESSB 5480	Broadened ITA criteria- • Investments in community resources to serve individuals in a mental health crisis	$17.7	$28.0	$23.3	$43.7
E2SHB 1114	Changes for commitment of persons deemed incompetent to stand trial for violent felonies • Investments in community resources	$1.3	$2.2	$1.6	$2.6
2013-15 Budget Item	• FTEs and operating costs for developing 42 beds in Enhanced Services Facilities (ESFs).	$1.5	$2.9	$4.8	$9.5
2013-15 Capital Budget Item	• Capital funding to increase the number of ITA beds in community hospitals or Evaluation and Treatment (E&Ts) centers.	0	$5.0	0	0
2014 Supplemental item	• Additional community resources to serve individuals in a mental health crisis .	$7.3	$11.9	$22.8	$40.5

Part 2. What are we supposed to do?

- The task force has 4 deadlines, and 13 mandates.
- Task force deadlines:

August 1, 2014	Review performance measures and outcomes developed by DSHS and HCA led steering committee under 2SSB 5732 and HB 1519
September 1, 2014	Provide guidance for creation of common regional service areas
December 1, 2014	Preliminary report
December 1, 2015	Final report

A Baker's Dozen of Task Force Mandates

1. Provide guidance for the creation of common regional service areas;
2. Identify key issues to integrate chemical dependency purchasing primarily with managed care contracts;
3. Recommend strategies for full integration of medical and behavioral health services by January 1, 2020;
4. Review performance measures and outcomes developed pursuant to 2SSB 5732 (2013) and ESHB 1519 (2013);
5. Review criteria for detailed plans and requests for early adoption of fully integrated purchasing and incentives;
6. Recommend whether a Statewide Behavioral Health Ombuds Office should be created;
7. Recommend services to be provided by the state chemical dependency program;

Task Force Mandates, Cont.

8. Review obstacles to sharing health care information across practice settings;
9. Review variations in commitment rates in different jurisdictions;
10. Review and recommend reforms concerning availability of means to promote recovery and prevent harm associated with mental illness and chemical dependency;
11. Review and recommend reforms concerning availability of crisis services;
12. Review best practices for cross-system collaboration between treatment providers, long-term care services, health home services, law enforcement, and criminal justice agencies; and
13. Recommend reforms for public safety practices involving persons with behavioral health disorders who are involved with the criminal justice system.

Part 3. How will we do that?

- Task force mandates can be sorted into 7 charges, each with a common policy focus.
- These charges have differing levels of time sensitivity, based on statutory deadlines and external factors.
- Task force staff recommends prioritizing certain charges on the calendar based on differing time sensitivity.

Charge I - Guide creation of common regional service areas for medical and behavioral health purchasing

Mandate

- Provide guidance for creation of common regional service areas (RSAs) for behavioral health and medical care purchasing by DSHS and HCA, taking into consideration WSAC recommendations.

Charge I - Guide creation of common regional service areas for medical and behavioral health purchasing

Policy focus

- What advantages may be realized by designation of common RSAs?
- What does it mean to ensure coverage of sufficient Medicaid lives to support full financial risk?
- How should RSAs reflect natural medical and behavioral health service referral patterns and shared clinical, behavioral health, and crisis resources?

Charge I - Guide creation of common regional service areas for medical and behavioral health purchasing

Time sensitivity

- High. Task force recommendations are due September 1, 2014. DSHS and HCA must designate RSAs relatively soon to implement new contracts in designated regions by early 2016.

Recommendation

- Begin immediately.

Charge II - Oversee integration of chemical dependency purchasing with managed care contracts

Mandates

- Identify key issues which DSHS and HCA must address to accomplish integration of chemical dependency (CD) purchasing with managed care contracts;
- Recommend whether managed care contracts for behavioral health organizations (BHOs) should mandate purchase of specified CD services;
- Identify effective means to promote recovery and prevent harm associated with mental illness and CD; and
- Review detailed plan requirements developed by DSHS for county authorities wishing to serve as BHOs.

Charge II - Oversee integration of chemical dependency purchasing with managed care contracts

Policy focus

- What barriers exist to integration of mental illness and CD purchasing in managed care contracts?
- What are the essential ingredients of an effective integrated regional behavioral health managed care program?
- What, if any, CD services should be mandated statewide?
- What accommodation should be made for purchasing of nonmedicaid CD services, e.g., residential treatment in IMDs?
- How can the state achieve improved client outcomes and increase the use and development of evidence-based, research-based, and promising practices? *See* RCW 43.20A.895.
- What are the expected outcomes and implications of the actuarial process?
- What workforce or regulatory issues need to be addressed to meet client needs?

Charge II - Oversee integration of chemical dependency purchasing with managed care contracts

Time sensitivity

- High. To influence implementation of contracts with effective dates in early 2016, task force recommendations must be provided by December 2014.

Recommendation

- Begin in early 2014.

Charge III - Provide recommendations for full integration of behavioral health and medical services.

Mandates

- Identify key issues to be addressed by DSHS and HCA to further the goal of full health care integration;
- Recommend best practices for cross-system collaboration between behavioral health, medical, long- term care, and high-risk health home service providers, law enforcement, and criminal justice agencies;
- Review criteria developed by DSHS and HCA for county authorities requesting to become early adopters of full integration; and
- Review legal, clinical, and technological obstacles to sharing health care information across practice settings.

Charge III - Provide recommendations for full integration of behavioral health and medical services.

Policy focus

- How should medical care and behavioral health be integrated? What effective models are available?
- What barriers exist to statewide implementation of best practices for health care integration?
- What minimum requirements should be imposed on counties that wish to become early adopters?
- How will nonmedicaid services be administered in early adopter regions and following the full integration mandate?
- How do HCA and DSHS plan to use their new authority to incentivize integration efforts?
- How can the state achieve improved client outcomes and increase the use and development of evidence-based, research-based, and promising practices? *See* RCW 43.20A.895.
- What barriers exist to sharing medical, mental health, and chemical dependency information across practice settings?

Charge III - Provide recommendations for full integration of behavioral health and medical services.

Time sensitivity

- Moderate. Input on criteria to be used for counties requesting to become early adopters must be submitted by December 2014 to be effective. Guidance concerning mandate for full system integration January 2020 may be usefully offered in 2014 or 2015.

Charge III - Provide recommendations for full integration of behavioral health and medical services.

Recommendation

- Review criteria for counties that request to become early adopters by end of 2014.
- Identification of barriers to sharing medical information may be broken out as a discrete task for task force attention in 2014 or 2015.
- Recommending strategies for achieving full health care integration by 1/01/20 is a complex assignment. Recommendations will be useful in 2014 or 2015.

Charge IV - Review performance measures for client outcomes developed pursuant to 2013 legislation.

Mandate

- Review performance measures and outcomes developed by DSHS and HCA pursuant to RCW 43.20A.895 and chapter 70.320 RCW.

Charge IV - Review performance measures for client outcomes developed pursuant to 2013 legislation.

Policy focus

- Are performance measures suited to achievement of statutory goals of improved client outcomes and increasing use and development of evidence-based, research-based, and promising practices?
- How will performance measures be implemented in provider contracts?
- What is the impact on service delivery?

Charge IV - Review performance measures for client outcomes developed pursuant to 2013 legislation.

Time sensitivity

- Moderate. Stakeholder work at DSHS and HCA is nearing completion, with a report to the Legislature due August 1, 2014. Task force legislation calls for us to complete this review by August 1, 2014.

Recommendation

- Hold task force briefing and discussion of performance measures before August 1, 2014.

Charge V - Review public safety practices for persons with behavioral health disorders and forensic involvement.

Mandate

- Recommend reform of public safety practices involving persons with behavioral health disorders who have involvement with criminal justice system.

Charge V - Review public safety practices for persons with behavioral health disorders and forensic involvement.

Policy focus

- No specific focus is given in the legislation. Possible areas of focus include:
  - Competency to stand trial;
  - Criminal insanity;
  - Crisis diversion; and
  - Therapeutic courts.

Charge V - Review public safety practices for persons with behavioral health disorders and forensic involvement.

Time sensitivity

- Low. No specific focus or task force deliverables in this area are provided in the legislation.

Recommendation

- Solicit input concerning task force priorities in this area. This task may be usefully addressed in 2014 or 2015.

Charge VI - Recommend whether a Statewide Behavioral Health Ombuds should be created.

Mandate

- Recommend whether a statewide behavioral health Ombuds should be created.

Policy focus

- What is utilization of Ombuds services provided by state hospitals, health plans, and regional support networks?
- Is effective redress of grievances available concerning performance and practices issues involving state hospitals and community behavioral health services?

Charge VI - Recommend whether a Statewide Behavioral Health Ombuds should be created.

Time sensitivity

- Low. No specific time frame is provided in the legislation.

Recommendation

- This task may be usefully addressed in 2014 or 2015.

Charge VII - Review crisis mental health system.

Mandates

- Review availability of crisis services, including boarding of mental health patients outside regularly certified beds; and
- Review extent and causes of variations in civil commitment rates across jurisdictions.

Charge VII - Review crisis mental health system.

Policy focus

- Capacity of crisis mental health system;
- Impact of limited capacity or other factors on commitment practices statewide.

Charge VII - Review crisis mental health system.

Time sensitivity

- Low. Recent policy changes and investments may change utilization patterns and new investments are in process of creating new capacity for involuntary commitment, crisis diversion, and prevention. WSIPP is beginning a study of the impact of these changes, commitment practices in other states, and long-term outcomes and costs of the crisis system.

Recommendation

- Wait to address this issue until 2015, when effect of current changes will be more apparent, and preliminary WSIPP data will be available (WSIPP reports are due December 2015 and December 2016).

Part 5. When will this happen?

- Task force meetings will be spread out over two years: 2014 and 2015.
- Staff proposes five task force meetings in 2014:
  - April 22
  - June
  - July
  - September
  - November or December (Assembly Days)

Draft Task Force Work Plan

April 22, 2014

- Review task force charge and responsibilities; task force organizational decisions
- Overview of health care, mental health, and chemical dependency purchasing
- Begin discussion of Regional Service Areas (**Charge I**).

June 2014

- Begin discussion of integration of chemical dependency purchasing with managed care contracts (**Charge II**)
- Review WSAC preliminary recommendations concerning Regional Services Areas

Draft Task Force Work Plan, cont.

July 2014

- Review DSHS & HCA draft performance measures report from SB 5732 / HB 1519 **(Charge IV)**
- Receive final WSAC recommendations for Regional Service Areas; discuss and adopt task force recommendation concerning Regional Service Areas.
- ***Optional:*** Begin discussion of public safety practices concerning persons with behavioral health disorders and involvement in criminal justice system (**Charge V**)

September 2014

- Review criteria developed by DSHS and HCA for counties wishing to become early adopters of full integration. (**Charge III c**)
- ***Optional:*** Begin discussion of other issues related to full integration of behavioral health and medical services by 2020 (**Charge III**)

Draft Task Force Work Plan, cont.

Assembly Days 2014 (Nov. or Dec.)

- Review and adopt recommendations for preliminary task force report (due 12/15/14)
- ***Optional:*** Begin reviewing whether a Statewide Behavioral Health Ombuds should be created (**Charge VI**)

Draft Task Force Work Plan, cont.

2015: Task Force Meetings

- Continue/begin discussion of issues related to full integration of behavioral health and medical services by 2020 (**Charge III**)
- Continue/begin discussion of public safety practices concerning persons with behavioral health disorders and involvement in criminal justice system (**Charge V**)
- Continue/begin reviewing whether a Statewide Behavioral Health Ombuds should be created (**Charge VI**)
- Begin review of crisis mental health system (**Charge VII**)