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SENATE BILL 5157

State of Washington

67th Legislature

2021 Regular Session

By Senator Wagoner

AN ACT Relating to providing incentives to reduce involvement by persons with behavioral disorders in the criminal justice system; amending RCW 70.320.020 and 70.320.030; and creating a new section.

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

NEW SECTION. Sec. 1. 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,

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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.

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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.

- 22 **Sec. 2.** RCW 70.320.020 and 2017 c 226 s 8 are each amended to 23 read as follows:
 - (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

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- 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 ((authority and department)) performance measures coordinating committee must establish ((a)): (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

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- 1 of criminal justice system involvement among public health system clients with an identified behavioral health need including, but not 2 3 limited to, rates of arrest and incarceration; and (iii) improvement
- targets related to these measures. 4
- (b) The performance measures coordinating committee must report 5 6 to the governor and appropriate committees of the legislature
- 7 regarding the implementation of this subsection by December 1, 2021.
- Sec. 3. RCW 70.320.030 and 2015 c 209 s 1 are each amended to 8 read as follows: 9

10 ((By September 1, 2014:))

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- (1) The authority shall adopt performance measures to determine whether service contracting entities are achieving the outcomes described in RCW 70.320.020 and 41.05.690 for clients enrolled in medical managed care programs operated according to Title XIX or XXI of the federal social security act.
- (2) The ((department)) authority shall adopt performance measures to determine whether service contracting entities are achieving the outcomes described in RCW 70.320.020 for clients receiving mental health, long-term care, or chemical dependency services.
- (3) The authority shall amend managed health care contracts with service contracting entities by July 1, 2022, to require contractors to implement mandatory performance improvement projects related to achieving outcomes under RCW 70.320.020 related to reducing client involvement with criminal justice systems where there is an identifiable behavioral health need.
- (4) The authority shall integrate value-based purchasing terms 26 27 relating to criminal justice outcomes under RCW 70.320.020 and this 28 section into managed health care contracts by January 1, 2023.

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