

MENTAL HEALTH ACTION AGENDA

**Recommended by the
SPEAKER'S TASK FORCE
on
MENTAL HEALTH**

Seattle, Washington

April 26, 2013

INTRODUCTION

In January 2013, the Speaker's Task Force on Mental Health was organized at the request of Frank Chopp, Speaker of the Washington State House of Representatives. The two primary purposes of the task force have been to:

- (1) Develop a three year action agenda for improving the public mental health system in Washington State; and
- (2) Prepare recommendations on mental health legislation and budget issues considered during the 2013 session of the Washington State Legislature.

The task force's recommended action agenda and a roster of the 17 task force members are included in the enclosed document. Also included as an appendix is a summary of the task force process and schedule.

The recommended action agenda and the appendix represent a consensus of the 17 task force members who met six times for a total of 18 hours from January to April 2013. The task force members took a broad perspective representing the best interests of all Washington residents, not just the special interests of the organization(s) they represent.

The task force members want to thank three people for their significant contributions to the work of the task force:

- (1) *Speaker Frank Chopp* for sponsoring the task force and working to implement the task force recommendations;
- (2) *Lance Heineccius* for synthesizing and editing the task force recommendations and other task force materials; and
- (3) *Carole Jordan* for providing administrative support to the task force.

If you have any questions or comments about the task force or the enclosed documents, please contact *Randy Revelle*, task force chairman, at 206-285-7117 or randyrevelle@comcast.net.

Thank you for your interest in the work of the task force.

Members, Speaker's Task Force on Mental Health

April 26, 2013

MEMORANDUM

Date: April 26, 2013

From: Speaker's Task Force on Mental Health

To: Frank Chopp, Speaker,
Washington State House of Representatives

Re: Recommended Mental Health Action Agenda

The Speaker's Task Force on Mental Health recommends the following legislative and administrative improvements to the public mental health system in Washington State. Improvements are presented as a comprehensive agenda for state action in the next two to three years. (Numbers are for reference only, and do not imply priority or sequencing.)

Inpatient Improvements to Reduce "Boarding"

Washington State ranks in the bottom three states in the number of inpatient psychiatric beds per capita for publicly-funded individuals. Patients detained under the Involuntary Treatment Act (ITA) are routinely boarded in emergency departments and medical/surgical units up to several days waiting for admission to a psychiatric bed. Once admitted, patients often have extended stays due to a lack of a safe discharge plan. Multiple, complex factors contribute to the current situation; an equally complex solution is required and includes:

- (1) Retain and maximize current capacity for inpatient and other acute, intensive levels of mental health care for youth and adults (including those with complex medical conditions). Examples include:
 - Retain all current inpatient capacity at state psychiatric and community hospitals;
 - Provide grants for capital improvements to current inpatient facilities to create multiple levels of care or open new community hospital ITA beds;
 - Increase payment rates to reimburse the reasonable costs of ITA patients and voluntary inpatient admissions to community hospitals; and
 - Revise behavioral health programs and children's homes to provide inpatient mental health care for adolescents.

- (2) Develop a long-range strategic plan to meet current and future demand for inpatient and other acute, intensive levels of mental health care. Examples include:
 - Define and track inpatient boarding problems through the use of standard definitions, routine data collection, aggregation, analysis, and reporting.

- Use the Trauma System Model to: (a) define the types and levels of inpatient care; (b) create a patient placement algorithm that facilitates patients being cared for at the right level of care; and (c) link payment to severity of symptoms as well as social determinants.
- Determine the appropriate types and numbers of beds needed to provide different levels of mental health care. Set minimum thresholds of public involuntary treatment beds per geographic region.
- Design and implement financial incentives for providers that promote clinical integration of inpatient and outpatient systems. These incentives must promote continuity of care among providers and optimize quality engagement of the patient. This will help ensure patients have access to a comprehensive, culturally appropriate outpatient plan at the time of ITA release.
- For hospital emergency room staff, create statewide standards and implement learning collaborative initiatives for the care of psychiatric patients.

(3) Provide community mental health funding targeted at preventing hospitalization:

- Increase state-only funding for services that: (a) support community integration and stabilization for individuals discharged from hospitals; or (b) have evidence of being effective in preventing hospitalization.
- Create a mechanism for individuals without funding to have access to psychiatric medications.

Mental Health System Improvements

We need a stable mental health system that provides high quality services, tailored to the specific needs of patients/clients. The rate of suicide in Washington State has increased more than 10 percent in the past decade, in large part as a result of untreated mental health and substance abuse disorders. The system must be accountable for delivering excellent outcomes cost-effectively. The system must also have a wide array of outpatient and inpatient service options and pathways that avoid criminalization and offer intervention as early as possible. The following improvements are recommended:

- (1) Fund a statewide mental health demand and capacity study by the Washington State Department of Social and Health Services to assess: (a) adequacy of current resources to provide an appropriate level of community-based services; and (b) adequacy of inpatient bed capacity. Determine what it would cost to provide adequate amounts of quality services in the public mental health system: the optimal evidence-based care mix of community services, housing, residential services, community inpatient beds, and state hospital beds. Define appropriate caseload size and implement strategies to lower turnover and to ensure provider continuity.

- (2) Adopt a patient-centered medical home model with Accountable Care Organization (ACO) payment mechanisms to preserve provider relationships, improve accountability, and reduce mishaps during transitions to different levels of care. Encourage clinical integration of primary health care and behavioral health care.
- (3) Match public payment models with evidence-based services known to work. Do not pay for maintenance when improvement is possible. Encourage (and eventually require) routine measurement of patient-centered outcomes of mental health treatment. Link payment to outcome measurement with a long-term goal of linking payment to improved outcomes and moving people to the right level of care. Encourage and fund consultations and second opinions for clients whose clinical outcomes do not show improvement.
- (4) Require all inpatient facilities, including chemical dependency facilities, to accept adolescents under the parent initiated treatment law. Currently, many inpatient facilities do not accept adolescents unless they are voluntarily admitting themselves or are involuntarily detained. Revised Code of Washington 71.34.600 states:

“(4) No provider is obligated to provide treatment to a minor under the provisions of this section except that no provider may refuse to treat a minor under the provisions of this section solely on the basis that the minor has not consented to the treatment. No provider may admit a minor to treatment under this section unless it is medically necessary.”
- (5) Widely disseminate evidence-based protocols for assessment and emergency treatment of people at risk for suicide or self-harm. Adequately fund local clinical resources in underserved areas or facilities, including payment for access to expertise through telehealth assessment. Publish suicide mortality data much faster than the current 18 month delay.
- (6) Provide funding for in-school services for at-risk youth through mental health programs rather than through school district budgets, so schools will not be able to redirect these funds at will. Fund crisis outreach teams for youth in all counties to reduce hospitalization.
- (7) Create facilities (such as the Crisis Diversion Center) for police to take mental health patients, rather than having to take them to a jail.
- (8) In addition to access to medications, fund access to culturally appropriate services, including psychotherapy, for all clients for whom these services would be beneficial.

Involuntary Treatment Act (ITA) Improvements

Enacted in 1974, the ITA has undergone repeated revisions in an effort to balance: (a) individual liberty and autonomy; (b) the need to protect public safety; and (c) the appropriate and timely treatment of individuals with a mental disorder. Jurisdictional variances in the interpretation of the ITA result in disparate outcomes. Additionally, the population that meets the criteria for “having a mental disorder” has changed significantly. A thoughtful review of the ITA should include:

- (1) Collect, record, and analyze data on ITA evaluations and detentions by county and Regional Support Network (RSN) to ensure any suggested system reforms are guided by good information.
- (2) Convene a stakeholder task force in 2015 to review the data defined above (including the impact of the implementation of Substitute House Bill 3076 as of July 1, 2014) and determine if further changes are needed to the ITA.
- (3) Study the use of telehealth/video conferencing technology for ITA evaluations by Designated Mental Health Professionals and allow the use of this technology for ITA hearings.
- (4) Change guardianship and consent laws to identify and fund treatment alternatives to involuntary psychiatric commitment for individuals with dementia and other organic brain disorders. Once effective alternatives are in place, revise the definition of mental disorder in the ITA law to exclude dementia, delirium, traumatic brain injury, and other organic brain disorders.

Health Insurance Improvements

Commercial health insurance plans should be equal partners with all publicly funded systems of health care to facilitate access to and delivery of appropriate and effective mental health services. Additionally, public and private programs should endeavor to provide seamless transitions among these programs. To meet these goals, the following improvements to commercial health insurance plans – including the Exchange plans – are recommended:

- (1) Protect and enforce Washington State’s mental health parity law. Enforcement must address illegal restrictions imposed by insurance companies in the areas of:
 - Frequency of outpatient psychotherapy;
 - Length of psychotherapy;
 - Restriction on payments for legitimate procedure codes;
 - Restriction of full coverage for diagnostic testing; and
 - Denial of out-of-network coverage.
- (2) Enact “full disclosure” legislation requiring all insurers to make publicly available:
 - All medical necessity criteria;
 - All network adequacy criteria; and
 - The results of all insurance appeals, including creation of a searchable database of independent review results.
- (3) Enact a law requiring insurance coverage of telehealth services. Require health plans to pay for health services provided via telehealth in the same manner they pay for in-person services.

Work Force Improvements

Rebuilding our mental health system -- including Medicaid expansion and parity requirements in the federal Affordable Care Act and Washington State law -- will require a stable, diverse, and trained work force able to implement evidence-based practices and achieve measurable results towards patient/client stabilization and recovery. These include:

- (1) Plan for and invest in work force adequacy, diversity, and stability addressing high turnover and inadequate compensation statewide.
- (2) Prioritize recruitment and retention incentives to create a diverse work force that represents the population being served, including increased compensation and manageable caseloads. Create loan forgiveness programs for training mental health professionals who will practice in underserved communities.
- (3) Improve standardization and increase efficiency via paperwork simplification, payment reform, and widespread use of uniform electronic medical records.
- (4) Create career pathways within behavioral health services by addressing training opportunities, including supervision for licensure and incentives to move up a career ladder, thus insuring a pool of qualified candidates for the anticipated increase in demand for staffing.
- (5) Invest more in safety protocols and practices in the mental health work place and in community outreach programs. This will benefit workers and clients.
- (6) Increase the provision of culturally competent, evidence-based treatment practices to diverse populations through increased training for mental health providers. Currently, many best and promising practices are not tested for effectiveness on diverse populations.

Criminal Justice System Improvements

A top priority of Washington State should be that people who suffer from a mental illness are handled through the mental health system, not the criminal justice system. Affirmative steps must be taken to prevent them from inappropriately entering the criminal justice system in the first place and to divert them out of the criminal justice system when it becomes safe to do so. At least three steps should be taken:

- (1) Provide financial assistance and incentives for local jurisdictions to increase capacity for therapeutic courts and crisis diversion facilities;
- (2) Provide liability protection for police officers who act in good faith to deliver people suffering from a mental illness to a crisis diversion facility; and

- (3) Provide adequate funding and require that a sufficient number of officers from each law enforcement agency are trained to recognize and effectively respond to problematic behavior of people suffering from a mental illness. The officers should also provide resource information about mental health services to those affected and their families.

Public Education Improvements

The stigma of mental illness is created by fear, ignorance, and shame – *fear* of people living with a mental illness; *ignorance* of the illness; and the inability to overcome the *shame* wrongly associated with mental illness. The stigma prevents people from seeking mental health services. The following improvements will help people overcome the stigma and seek appropriate services:

- (1) Design and implement a variety of efforts to reduce and eventually eliminate the stigma of mental illness. Use television, radio, and social media to deliver anti-stigma messages. Washington State should fund this anti-stigma campaign, similar to the state’s anti-smoking campaigns conducted successfully by the Washington State Department of Health. Recruit and feature well-known leaders and celebrities willing to publicly tell their personal mental health stories. Target the main focus of the campaign on young people less than 25 years of age.
- (2) Create, fund, and implement statewide programs designed to educate the public about how to access and benefit from appropriate mental health services. The programs should include:
 - A statewide resource guide to mental health providers, state agencies, and community mental health services;
 - Public service announcements to educate families about the parent-initiated treatment law (see item #4 under Mental Health System Improvements); and
 - Mental health “first aid” training in communities and schools – an evidence-based training program to help citizens identify mental health problems in young people, connect youth with care, and safely de-escalate crisis situations. The program, focusing on youth ages 12 to 25, provides an ideal forum to engage communities in discussing the symptoms of mental illness, the prevalence of mental health disorders, the effectiveness of treatment, and how to engage troubled young people in mental health services.

SPEAKER'S TASK FORCE on MENTAL HEALTH

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APPENDIX

Task Force Process and Schedule

Thank you for agreeing to serve on the Speaker's Task Force on Mental Health. We appreciate your willingness to take time from your busy schedules to provide advice on improving Washington State's mental health "system" to House Speaker Frank Chopp and other state officials.

The primary mission and purpose of the task force is to recommend to Speaker Chopp and other state officials an agenda of the most important legislative/administrative actions for improving the public mental health system in Washington State.

Your commitment to the task force includes preparing for, attending, and participating in the *six* meetings listed below. (All six meetings will be held from 2:00 pm to 5:00 pm on Fridays in Revelle Hall at Navos' new Mental Health and Wellness Center in Burien.)

First Task Force Meeting (Friday, January 18, 2013)

- Approve the mission and purpose of the task force.
- Approve the task force process and schedule.
- Brainstorm significant problems/issues with our state's mental health system.
- Begin brainstorming improvements to Washington State's mental health system that should be acted on during the 2013 session of the Washington State Legislature.

Task Force Report (Sunday, January 27)

Draft and distribute for task force review and discussion the list of problems and improvements brainstormed by the task force during its first meeting.

Second Task Force Meeting (Friday, February 1)

Continue brainstorming and discuss improvements that should be acted on during the 2013 legislative session.

Task Force Report (Thursday, February 7)

Draft and distribute for task force review and comment a *draft* report summarizing the improvements to be acted on during the 2013 legislative session.

Third Task Force Meeting: (Friday, February 15)

- Meet with Speaker Chopp to discuss the *draft* report on improvements to be acted on during the 2013 legislative session.
- Discuss and approve a *revised* task force process and schedule.

Task Force Report (Monday, February 25)

Prepare and distribute a working draft report summarizing the improvements to be acted on during the 2013 legislative session.

Fourth Task Force Meeting (Friday, March 8)

Brainstorm and begin discussing the legislative/ administrative improvements that should be approved and implemented by the end of 2016.

Task Force Report (Friday, March 15)

Prepare and distribute for task force review and comment a summary of the brainstorming and discussion during the March 8th task force meeting.

Fifth Task Force Meeting (Friday, March 22)

- Continue discussing the legislative/ administrative improvements that should be approved and implemented by the end of 2016.
- Finish reaching consensus on the task force's proposed action agenda and identify the need for minority report topics and authors, if any.

Task Force Report (Friday, April 5)

Prepare and distribute for task force review and comment the *draft* report and minority reports, if any, on the legislative/ administrative improvements that should be approved and implemented by the end of 2016.

Sixth Task Force Meeting (Friday, April 12)

- Meet with Speaker Chopp to discuss the *draft* report on the legislative / administrative improvements that should be approved and implemented by the end of 2016.
- Approve the *final* task force report and minority reports, if any, on the legislative / administrative improvements that should be approved and implemented by the end of 2016.

Task Force Report (Friday, April 26)

Complete, publish, and distribute the *final* task force report on legislative / administrative improvements to be approved and implemented by the end of 2016. The Task Force Process and Schedule will be included as an appendix in the final task force report.

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We expect you will take a broad perspective representing the best interests of all Washington residents, not just the constituencies you represent. The task force discussions will develop a proposed list of priority legislative / administrative policies and actions for consideration by Speaker Chopp and other state officials.

We will do our best to develop and adopt our recommendations by consensus of the task force members, *not* by majority vote. Significant disagreements, if any, will be summarized in the final task force report.

Thank you very much.