

Adult Behavioral Health System Task Force

Voting Membership (11):

- Four Legislative members; four alternates
 - Legislative members are Sen. Parlette, Sen. Darneille, Rep. Moeller, and Rep. Harris
 - Legislative alternates are Sen. Becker, Rep. Cody, Rep. Warnick, and Sen. Cleveland
- Three executive members
 - Andi Smith, Senior Policy Advisor, Governor's Legislative & Policy Office
 - Kevin Quigley, Secretary, Department of Social and Health Services
 - Dorothy Teeter, Director, Health Care Authority
- Three county members:
 - Karen Valenzuela, Thurston County Commissioner
 - Jill Johnson, Island County Commissioner
 - Shelly O'Quinn, Spokane County Commissioner
- One tribal member
 - Nancy Johnson, Colville Tribes

Constituencies That Must Be Invited to Participate (22):

The Department of Commerce; the Department of Corrections; the Office of Financial Management; behavioral health service recipients and their families; local government; representatives of regional support networks; representatives of county coordinators; law enforcement; city and county jails; tribal representatives; behavioral health service providers; housing providers; labor representatives; counties with state hospitals; mental health advocates; chemical dependency advocates; public defenders with involuntary mental health commitment or mental health court experience; chemical dependency experts working with drug courts; Medicaid managed care plan and associated delivery system representatives; long-term care service providers; the Washington State Hospital Association; and individuals with expertise in evidence-based and research-based behavioral health service practices.

Dates:

April 1, 2014	Start
August 1, 2014	Review performance measures and outcomes developed pursuant to RCW 43.20A.895 and chapter 70.320 RCW
September 1, 2014	Provide guidance for creation of common regional service areas
December 1, 2014	Preliminary report
December 1, 2015	Final report

Task Force Obligations:

- A. Make recommendations for reform concerning the means by which behavioral health services are purchased and delivered, including:

1	Guidance for the creation of common regional service areas for purchasing behavioral health services and medical care services by the DSHS and HCA, taking into consideration any proposal submitted by WSAC;	Due 9/01/14
2	Identification of key issues which must be addressed by DSHS to accomplish the integration of CD purchasing primarily with managed care contracts by April 1, 2016, including review of the results of any available actuarial study to establish provider rates;	
3	Strategies for moving towards full integration of medical and behavioral health services by January 1, 2020, and identification of key issues that must be addressed by HCA and DSHS in furtherance of this goal;	
4	A review of performance measures and outcomes developed pursuant to RCW 43.20A.895 and chapter 70.320 RCW;	Due 8/01/14
5	Review criteria developed by DSHS and HCA concerning submission of detailed plans and requests for early adoption of fully integrated purchasing and incentives;	
6	Whether a Statewide Behavioral Health Ombuds Office should be created;	
7	Whether the state chemical dependency program should be mandated to provide 24-hour detoxification services, medication-assisted outpatient treatment, or contracts for case management and residential treatment services for pregnant and parenting women;	
8	Review legal, clinical, and technological obstacles to sharing relevant health care information related to mental health, chemical dependency, and physical health across practice settings;	
9	Review the extent and causes of variations in commitment rates in different jurisdictions across the state;	

- B. Make recommendations for reform concerning:

10	Availability of effective means to promote recovery and prevent harm associated with mental illness and chemical dependency;	
11	Availability of crisis services, including boarding of mental health patients outside of regularly certified treatment beds;	
12	Best practices for cross-system collaboration between behavioral health treatment providers, medical care providers, long-term care service providers, entities providing health home services to high-risk Medicaid clients, law enforcement, and criminal justice agencies;	
13	Public safety practices involving persons with mental illness and chemical dependency with forensic involvement.	