State of Washington
Joint Legislative Audit and Review Committee (JLARC)

Final Follow-Up to JLARC's 2000 Mental Health Audit: Status Briefing

Report 07-11

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MENTAL HEALTH STATUS BRIEFING

Overview

The purpose of this briefing report is to update the Joint Legislative Audit and Review Committee (JLARC) regarding an assignment on JLARC's 2005-07 Work Plan to follow up on an earlier JLARC performance audit of the state's mental health system.

In 2000, JLARC conducted a performance audit of Washington's mental health system.[1] This 2000 Audit included 14 recommendations for improving the performance of the system, given the statutory and operating environment of that time.

JLARC has conducted periodic follow-ups to track the implementation of its recommendations for the mental health system, and the JLARC work plan included another follow-up report scheduled for 2007. Most of the recommendations have been implemented or are now outdated. The Legislature has also enacted several measures that made major changes to the operating environment for the delivery of public mental health services. Given these significant changes, continuing to revisit the implementation status of recommendations from JLARC's 2000 Audit would not provide legislators with useful insights into the current environment.

There may, however, be opportunities for future legislative inquiry into the operation of Washington's mental health system. As background to that discussion, this paper first summarizes JLARC's and the Legislature's actions in the mental health arena since the 2000 Audit, and then provides a snapshot of the numerous mental health studies and other efforts currently underway that will provide the Legislature with additional information in the future.

JLARC's Work on Mental Health Issues, 2000 – 2007

Following a broad review of the performance of the public mental health system, in December 2000 JLARC published the 2000 Audit. JLARC released a report with seven major findings and 14 multi-part recommendations. The 14 recommendations included:

1. Improving coordination of services for clients with multiple needs, including strategies of resolving organizational, regulatory, and funding issues;
2. Requiring Regional Support Networks (RSNs) to collaborate with allied service providers;
3. Ensuring timely hospital discharge and community placements;
4. Streamlining and reducing process-oriented accountability activities;
5. Specifying in statute that the delivery system should operate efficiently and effectively;
6. Improving the consistency of cost reporting data collected;

[1] Mental Health System Performance Audit, #00-8.

7. Changing fiscal accountability definitions to more accurately categorize all system costs;
8. Developing uniform definitions for reporting of client and service data;
9. Using outcome information to manage the system and including this in the RSN contracts;
10. Implementing an outcome-based performance system consistent with the consultant's report;
11. Reducing the complexity of and disparity in rates paid to RSNs, and allocating state hospital funding to RSNs;
12. Conducting periodic prevalence studies to ensure continued relationship between payments to RSNs and the prevalence of mental illness;
13. Limiting RSN fund balances to ten percent of annual revenue; and
14. Using outcome information to identify and reward best practices.

JLARC conducted follow-ups to the 2000 Audit in 2001, 2003, and 2004. All 14 recommendations have been either fully or partially implemented. Those that were only partially implemented had valid explanations, for example, due to a conflict with federal law; or related to statutes that the Legislature has since changed.

In addition to the 2000 Audit and follow-ups, JLARC has also conducted studies on the following four related topics:

- Mentally Ill Offenders: Study of the Impact of 2SSB 6214, #00-9 (2000);
- Children's Mental Health Study, #02-5 (2002);
- Mental Health Advanced Directives Impacts (October 2004); and
- Analysis of Establishing a Regional Jail Facility for Offenders with Mental Health or Co-Occurring Mental and Chemical Dependency Disorders, #06-2 (2006).

Legislature's Work on Mental Health Issues, 2000 – 2007

In the sessions since JLARC's 2000 Audit, the Legislature has passed no fewer than 25 bills that make changes to Washington's mental health system. Attachment 1 provides a summary of the Legislature's actions in this arena. Some of these measures have been in direct response to JLARC studies.

The legislative changes have been concentrated in four areas: (1) service coordination across systems; (2) mentally ill offenders; (3) the use of best or evidence-based practices; and (4) children's mental health.

Service Coordination

Since the late 1990s, the Legislature has been moving toward requiring service coordination both between the public mental health system and other service delivery systems operated by DSHS and across systems. The concerns in this area have focused primarily on persons with co-

occurring mental health and substance abuse disorders. The evidence suggests that the best outcomes for these clients occur when treatment for all disorders is integrated rather than provided sequentially or attempted in separate but parallel systems. In more recent years, this focus has broadened to include persons with mental disorders who are also: medically fragile, developmentally disabled, persons with dementia or traumatic brain injuries, parents in dependency proceedings, and persons who are ineligible for placement in many residential settings because of histories of violence or dangerousness.

There has also been a strong concern about the use of state hospital capacity and whether better service coordination in the community could reduce the reliance on the state hospitals for all but the most severe cases, which require long-term inpatient treatment. This has been reflected in statutory language requesting that the Mental Health Division (MHD) of the Department of Social and Health Services (DSHS) provide capacity information and options and alternatives to use of the state hospitals.

Mentally Ill Offenders

The Legislature has spent considerable efforts addressing service gaps for persons with mental illnesses who are also involved with the criminal justice system. The Legislature has tried to balance treatment with the offenders' accountability for their actions. In doing so, it has:

- Expanded competency and criminal insanity evaluations and restoration, and reduction of waiting times for evaluations and restoration;
- Mandated increased information sharing and collaboration between the Department of Corrections, the courts, the state hospitals, treatment providers for both mental health and chemical dependency, and jails;
- Encouraged the use of multi-disciplinary teams for the transition of mentally ill offenders with high needs or dangerous/violent histories back into the community; and
- Mandated expedited Medicaid eligibility determinations with the goal that eligible offenders would have Medicaid restored immediately upon leaving confinement.

Best Practices and Evidence-Based Practices

The meanings of the terms "best practices" and "evidence-based practices" differ from field to field and they have been used differently from study to study. The Legislature has now defined and distinguished "evidence-based practice," "promising" or "emerging best practice," and "consensus based practice" for mental health treatment in this state. The Legislature has encouraged the use of practices shown to have positive outcomes in scientifically rigorous studies, and to that end has enacted several provisions to require the development and use of best practices or evidence-based practices. Some of these statutory provisions have been vetoed over the years. Efforts that have proceeded include two studies by the Washington State Institute for Public Policy, one on atypical antipsychotic medications and one on the costs, benefits, and

fiscal impacts of evidence-based treatments[2] and the establishment of the Evidence-Based Practice Institute for Children's Mental Health at the University of Washington (EBP Institute). The EBP Institute will serve as a statewide resource for those implementing or considering implementing evidence-based practices and for assisting with fidelity to these models.

Children's Mental Health

Work in children's mental health has included:

- Resolving problems for parents attempting to seek mental health treatment for their adolescent children when those children would not also consent to treatment;
- Implementation of Family Integrated Therapy in the Juvenile Rehabilitation Administration for juveniles with significant mental health issues and criminal involvement; and
- The 2007 Children's Mental Health Act. In addition to establishing the EBP Institute, this Act substantively restructured the goals of the children's mental health system, moving it toward evidence-based practices and the use of family driven planning processes. Family driven planning processes make families partners with the profession treatment providers in the decision process, and utilize the family's strengths and natural community supports.

Other Key Changes to the Mental Health System Environment

In 2005, DSHS went through a major reorganization that brought the Mental Health Division and the Division of Alcohol and Substance Abuse into the same division and under the same Assistant Secretary as the state Medicaid program.

In 2005, the state also was a recipient of a federal Mental Health Transformation State Improvement Grant. This federal 5-year grant was awarded at approximately $3 million per year through the Substance Abuse and Mental Health Services Administration (SAMHSA). The SAMHSA grant may be used for system issues, research, training, and technical assistance, but may not be used to provide direct services. Required oversight for this grant is provided by the Transformation Work Group (TWG), a 33 member group whose members represent the major state agencies and sub-agencies that provide services to persons with mental illnesses, consumers and consumer organizations, the Governor, local government, the RSNs, and treatment providers. The TWG is responsible to oversee and guide the project's efforts, to collect input, approve outcomes, and approve a Comprehensive Mental Health Plan and forward it to the Governor.

[2] Polly Phipps, Bill Luchansky, *Do Patients on Atypical Antipsychotic Medications Have Better Outcomes?* (2005) WSIPP #05-05-1901 and Steve Aos, *Evidence-Based Treatment of Chemical Dependency, Mental Illness, and Co-Occurring Disorders: Benefits, Costs, and Fiscal Impacts—Interim Report,* WSIPP #06-01-3901.

Additional Information Will Be Forthcoming to the Legislature

In addition to the numerous changes to the statutory and operational framework as discussed above, the Legislature and others have launched studies and projects that will be providing the Legislature with additional information in the future about Washington's mental health system. Attachment 2 briefly describes 18 separate studies and projects currently underway. Information from these efforts will become available to the Legislature between 2007 and 2013.

Potential Areas for Future Legislative Inquiry

The state's public mental health system is in the middle of a major transition. Changes of this scale need time to solidify before being evaluated. Consequently, it may no longer be useful to the Legislature for JLARC to revisit the recommendations from its 2000 Audit. There are a number of mental health-related topics where future inquiry by the Legislature may yield productive results. In terms of timing, it is unlikely that any such studies would provide useful information to the Legislature if started before 2009. JLARC staff would be happy to work with JLARC members on ideas for future audits regarding mental health as part of the development of the Committee's 2009-11 Work Plan.

ATTACHMENT ONE – 2001-07 ACTS CHANGING THE PUBLIC MENTAL HEALTH SYSTEM

Bill	Relevant Change	Effective Date
2001		
SHB 1650	Legislation to implement JLARC Recommendations related to funding and outcome evaluations: • DSHS must propose funding transfers between divisions and administrations to improve outcomes for clients. • DSHS must deem compliance with state standards for individuals and organizations accredited by recognized bodies. ***Governor Locke vetoed provisions related to establishing, reporting, and managing the system using performance measures.***	• July 22, 2001
ESB 5051	• Counties may authorize the designated mental health professional to perform chemical dependency evaluations. • Makes the chemical dependency involuntary commitment standards consistent with those in the mental health involuntary treatment act.	• July 22, 2001
ESSB 5583	Implements JLARC Recommendations related to: • DSHS must provide follow-up reports on its implementation of the audit recommendations. • MHD programs must provide for accountability of efficient and effective services through statewide standards for monitoring and reporting of client and system outcome information. • Permitted 2 percent of funds to be used as incentive payments. • Authorized WSIPP to conduct a long-term study of client outcomes after 2, 5, and 10 years. ***Governor Locke vetoed provisions related to reducing administrative overhead to 10 percent.***	• May 15, 2001, except the 2 percent provision, which took effect July 1, 2003
2002		
SB 6469	Extended information sharing provisions for convicted persons subject to supervision in the community to those supervised by the Indeterminate Sentence Review Board.	• June 13, 2002

Bill	Relevant Change	Effective Date
2003		
2SHB 1784	Implemented the JLARC recommendation in the 2002 Children's Mental Health Study by: • Requiring DSHS to implement Recommendations #1-4 and report to the Legislature on progress. • Implementing Recommendation #5.	• July 27, 2003
ESSB 5223	• Authorized the use of mental health advance directives. • Required the public mental health system to facilitate their development and to respect a person's wishes as identified in his or her directive, except in cases of civilly committed persons where their directive is in conflict with the needed treatment.	• July 27, 2003
2004		
ESSB 5216	Implemented JLARC Recommendations from the 2002 **Mentally Ill Offenders** study by: • Upon agreement of the parties, only one examiner needed. • Clarifying the authority of the examiner to access mental health and other relevant confidential records.	• June 10, 2004
ESSB 6274	Responded to the Supreme Court decision in *Born v. Sell* regarding involuntary medication for competency restoration: • Provided a list of "serious" offenses. • Mandated release of mental health records to a court in which a motion for involuntary medication to restore competency is pending. ***Governor Locke vetoed a requirement that DSHS study and identify the need, options and plans to address the increasing need for state hospital forensic capacity.***	• March 26, 2004

Bill	Relevant Change	Effective Date
ESSB 6358	• The cause of a person's mental disorder does not make the person ineligible for civil commitment. • For purposes of risk assessment, DOC must be told if an offender is subject to court-ordered mental health or chemical dependency treatment. • DOC and the treatment providers must share information during the supervision of offenders under DOC supervision and subject to court ordered treatment. • When a state hospital intends to release a person committed from a jail or from DOC supervision, it must conduct a discharge review with corrections and chemical dependency personnel and forensic staff to determine whether (1) the person presents a likelihood of serious harm; and (2) a less restrictive alternative is appropriate. • When a jail releases a person subject to a discharge review, it must notify the designated mental health professional or designated chemical dependency specialist 72 hours in advance of release or upon release if the jail did not have 72 hours notice. The designated professionals or specialist, as appropriate, must evaluate the person within 72 hours of release. • DSHS and DOC must develop a training plan for information sharing on offenders under supervision who are subject to mental health or chemical dependency treatment orders. • DSHS, DOC, and the prosecutors must develop a model for multi-disciplinary case management and release planning for offenders with high resource needs in multiple service areas. • DSHS must assess the needed and available capacity for crisis response and ongoing treatment for persons with mental disorders, chemical dependency, and for those with multiple disorders or complex causation. ***Governor Locke vetoed the intent section.***	• March 26, 2004 (information sharing) • July 1, 2004 (balance of bill)
2005		
SHB 1058	• Authorized parent-initiated treatment at both inpatient mental health facilities and evaluation and treatment centers for minor children. • A child whose parent consented to treatment does not have a cause of action against the facility on the basis of lack of consent.	• July 24, 2005

Bill	Relevant Change	Effective Date
E2SHB 1290	• The RSN procurement process includes a request for qualifications and any RSN meeting the requirements shall be awarded the contract. • If any RSN does not apply or does not meet the requirements, DSHS must use a "Request for Proposal" process to procure mental health services in that area. • Community mental health services must include concepts of recovery, resilience, and evidence-based practices and local advisory boards must include consumers, their families, elected officials and law enforcement. • RSNs will work to ensure persons with a mental illness are not shifted into state and local correctional facilities. They will also work with DSHS to expedite enrollment or re-enrollment of eligible persons leaving correctional facilities and institutions for mental diseases.	• July 24, 2005
SHB 1687	• DSHS must provide information regarding civil commitment to law enforcement for purposes of making firearms purchase eligibility decisions.	• July 24, 2005

Bill	Relevant Change	Effective Date
E2SSB 5763	• Established two pilot programs testing steps of moving the state toward a combined involuntary treatment act. The pilots were a combined initial detention and short-term commitment program and an intensive case management program. These focus on persons with co-occurring disorders. WSIPP will evaluate. • Created Enhanced Service Facilities (ESFs) to respond to gaps in residential mental health treatment capacity for persons who qualify for residential treatment, but are ineligible for placement because of their individual history, behavior generated by disease, or treatment needs. • Counties that enact the one-tenth of one percent sales tax authorized by the bill must establish family therapeutic courts for families involved in dependency and termination proceedings. • DSHS must enter into interlocal agreements with jails, the Department of Corrections, and institutions for mental diseases to facilitate eligibility determinations for medical assistance upon release from confinement. DSHS is authorized to use medical records that jails have prepared, if those are available. • DSHS must reduce waiting times for competency evaluation and restoration to the maximum extent possible using funds appropriated for this purpose. • Clarifies the information sharing and collaborative processes provisions of SB 6358 (2004). • DSHS must adopt a comprehensive, integrated screening and assessment process for mental illness and chemical dependency with implementation system wide. DSHS must establish penalties for failure to implement this process beginning. ***Governor Gregoire vetoed an intent section and repealer as well as requirements for DSHS to develop a matrix of best practices and to assess and arrange for services for children in out-of-home care who are in need of mental health treatment but do not meet the threshold for treatment through the mental health division.***	• Bill effective July 1, 2005, but contains the following separate dates: □ Pilots: End March 2008 □ WSIPP Evaluation: December 2008 □ ESF licensing criteria to be established within available funds (so local orgs can open these). No funds for DSHS-run ESFs. □ County tax authority begins July 1, 2006 □ DSHS report to the Legislature on forensic due January 2006 □ Integrated screening & assessment process implemented system-wide January 2007. Penalties begin July 2007.
SB 5974	• DSHS must adopt rules requiring opiate treatment programs to provide pregnant women current information concerning the possible addiction and health risks this treatment may have on their baby as well as the risks of not remaining on their treatment program. • DSHS must develop these materials and provide them to the programs.	• July 24, 2005

Bill	Relevant Change	Effective Date
2006		
2SHB 2342	• Creates a health care declarations registry that includes mental health advance directives.	• June 7, 2006
HB 3139	• Further clarifies the consent for treatment provisions for minors.	• June 7, 2006
E2SSB 6239	• Counties that impose the tax authorized in SB 5763 (2005) are eligible to seek up to $100,000 from the Legislature for additional mental health or substance abuse treatment programs for persons addicted to methamphetamine, beginning for fiscal years 2008–2010.	• July 1, 2008-June 1, 2010

Bill	Relevant Change	Effective Date
2SSB 6793	• The state is responsible for all long-term intensive inpatient care. RSNs must have notice and an opportunity to be heard at long-term commitment hearings. • Within funds appropriated for this purpose, regional support networks shall develop the means to serve the needs of people with mental disorders within their geographic boundaries. • RSNs must treat at least 90 percent of short-term commitments locally and are financially responsible for voluntary patients at the state hospitals and for patients with less restrictive alternative commitments from a state hospital. • Each RSN must be given a set number of state hospital bed days and reimburse the department if it uses more than its allocated or contracted number of bed days. The initial allocation must be based on a recommendation from the RSNs unless they are unable to come to a recommendation. • RSNs and DSHS are encouraged to enter performance-based contracts under which an RSN will receive state funding to provide community alternatives to beds the RSN would otherwise be allocated at the state hospital. • DSHS must include provisions for dispute resolution in new contracts and the ability of RSNs to seek judicial remedies is limited. • DSHS must include in the RSN procurement process a scoring factor that considers the bidding entities' demonstrated commitment to supplement the financial resources provided by the state. • Qualified RSNs may bid for additional regions without subjecting the original region to the new RFP. • Prior to the final evaluation and scoring of the RFP, DSHS must provide RSNs with a detailed briefing of deficiencies and provide an opportunity for the RSN to clarify information previously submitted.	• Bill effective July 1, 2006, except for the following: □ June 1, 2006, RSNs submit state hospital bed allocation recommendations □ March 29, 2006, RSNs shall develop the means to serve persons within their boundaries □ March 29, 2006, New contracts have alternative dispute resolution provisions and judicial remedies are limited □ March 29, 2006, Performance-based contracting □ March 29, 2006, Clarifications of the RSN procurement process

Bill	Relevant Change	Effective Date
2007		
2SHB 1088	• DSHS must recommend revisions to access-to-care standards and the children's mental health benefits package. • Establishes a children's mental health evidence-based practice institute (EBP Institute) at the University of Washington. • Raises the number of outpatient visits from 12 to 20 per year and permits services to be provided by any mental health professional licensed by the Department of Health. • Establishes a pilot program to support primary care providers in the diagnosis and treatment of children with mental and behavioral health disorders. • DSHS must re-enroll eligible youth on the day they leave confinement, and expedite eligibility reviews for any youth likely to be eligible for Medicaid on release from confinement. • DSHS must explore the feasibility of amending the state plan to provide Medicaid-funded services to temporarily detained juveniles. • Establishes up to four new wraparound services pilots, and expands two existing programs. • Directs WSIPP and the EBP Institute to analyze and review current laws and practices related to inpatient and outpatient mental health care for minors and report to the Legislature and Governor with recommendations. • DSHS must, in consultation with the EBP Institute, develop and implement policies to improve medication management and care coordination between children's primary care and mental health providers including tracking the use of psychotropic medications and with the goal of reducing the use of medications by use of evidence-based practices.	• Bill takes effect July 22, 2007 • Revised access-to-care standards and benefits packages are due to the Legislature January 1, 2009 • Outpatient visit increase to occur by January 1, 2008 • Expansion of eligible providers to occur by July 1, 2008
EHB 1217	• Defines “clubhouse” and establishes minimum standards for certification. • DSHS must certify clubhouses that meet state standards.	• July 22, 2007

Bill	Relevant Change	Effective Date
SHB 1333 "Sirita's Law"	• Prior to placing a child in the home of a parent, DSHS must identify all care givers for the child and assess whether they are in need of services. • DSHS must coordinate within its divisions, enter into contracts with service providers, to ensure that parents in dependency cases receive priority for court-ordered services, and ensure that these parents are with the priorities of the RSNs for services. DSHS must also provide services to the child's caregivers, to the extent funding is appropriated in the budget. • If the parent is unable to pay for the services, DSHS must provide funds for services (to the extent appropriated). • If services are unavailable to the parent, DSHS must notify the court the parent is unable to meet the court order requirements because services are unavailable. • If DSHS recommends that the care giver engage in services, and the care giver fails to engage in the services, or follow through with the services, DSHS must notify the court. The court may order the placement be delayed or contingent upon the care giver receiving services. • JLARC must assess gaps in availability of services to parents in a dependency and report to the Legislature.	• July 22, 2007 • JLARC Report due December 1, 2007
SHB 1456	• No mental health crisis outreach worker is required to conduct home visits alone. • Employers must equip mental health workers who engage in home visits with a communication device. • Mental health workers dispatched on crisis outreach visits will have prompt access to any available client history of dangerousness or potential dangerousness. • All community mental health workers who work directly with clients will be provided with annual training on safety and violence prevention.	• July 22, 2007
EHB 1460	• Expands mental health parity to all individual, group, and Washington State Health Insurance Pool policies.	• January 1, 2008

Bill	Relevant Change	Effective Date
SSB 5533	• Police officers may divert persons with mental illness who are alleged to have committed misdemeanors that are not serious crimes (as defined) to mental health treatment. • Amends competency evaluation and restoration provisions. • Mental Health Professionals may return individuals to court at any time during the restoration period if they determine that the individual will not regain competency. • DSHS must establish minimum standards for and certify crisis stabilization units, which are units designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization.	• July 22, 2007
SB 5773	• DSHS may share drug, emergency room, and hospital information that may contain a mental health diagnosis with the client's prescribing providers for the purposes of care coordination.	• July 22, 2007

ATTACHMENT TWO–ADDITIONAL STUDIES AND PROJECTS GENERATING STATE INFORMATION

Brief Description of Current Reviews and Efforts

Description	Product and Date Due
1. **WSIPP Longitudinal Mental Health Study** This study was mandated in 2002 in response to the JLARC Audit and is contingent on continued funding. This ten-year study has interim reports at two and five years and a final report after ten years. Thus, data collection years for the reports are 2004, 2007, and 2012, with data becoming available approximately one year after the collection year and the report following thereafter. • WSIPP published its two-year report in 2006 (http://www.wsipp.wa.gov/rptfiles/06-02-3401.pdf). A 2.5-year follow-up report is available at http://www.wsipp.wa.gov/rptfiles/07-03-3402.pdf.	Ongoing with ten-year report provisionally anticipated in 2013
2. **WSIPP Integrated Pilot Project Study** (2005, SB 5763) Evaluate the integrated crisis response and intensive case management pilot projects established in this bill to determine: • Whether they have increased efficiency, are cost effective, result in better outcomes, and increase the effectiveness of the crisis response systems where they are located; and • Whether a unified involuntary treatment act would be effective for the systems and the individuals.	Reports due December 2008
3. **Joint Legislative and Executive Task Force on Mental Health Services and Financing** • Created in 2004 and explored a variety of issues including Medicaid and non-Medicaid services levels and funding, inpatient capacity, children's mental health services, and forensic mental health issues.	Funded through 6/30/2007 Final meeting 7/12/2007

Description	Product and Date Due
4. **System Transformation Initiative** (SB 6386 § 204, 2006 & 2SSB 6793). Funds were provided to begin a comprehensive transformation in the delivery of public mental health services to persons with severe and persistent mental illness. This Initiative has five major components: • Development and initial implementation of "programs for active community treatment" (PACT) teams, and other proven programs to enable the RSNs to achieve significant reductions in the number of state hospital beds the RSNs would otherwise need. • A study of alternative approaches to establishing Medicaid managed care rates, particularly looking at approaches that emphasize defined benefits levels and risk adjustment. • A plan for expanding community housing options for persons with persistent mental illness. • Development of a utilization review system to assure that people receive appropriate levels and durations of care in community and state hospitals. • A comprehensive review of the state's involuntary treatment act (ITA).	PACT Program implementation begins July 1, 2007, in western Washington and October 1, 2007, in eastern Washington The plans on parts 2-4 of the Transformation Initiative will be ready for the 2009 Legislature
5. **Mentally Ill Offender Council** (SB 6386 §222, 2006) Includes treatment providers, judicial officers, and prison or jail officials to investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who have a history of criminally offending or who are at-risk of offending, including their mental health, physiological, housing, employment, and job training needs.	Ongoing
6. **Evidence-Based Practice Institute** (EBP Institute) for children's mental health at the University of Washington to: • Improve the implementation of evidence-based and research-based practices in children's mental health by providing sustained and effective training and ensure fidelity to the practices to achieve positive outcomes; • Continue the successful implementation of the "partnerships for success" model; • Develop a series of information sessions, literature, and on-line resources for families to become informed and engaged in evidence-based and research-based practices; • Participate in the identification of outcome-based performance measures and partner in the effort to implement statewide outcomes monitoring and quality improvement processes; and • Serve as a statewide resource on child and adolescent evidence-based, research-based, promising, or consensus-based practices, maintaining a working knowledge through ongoing review of academic and professional literature, and knowledge of other evidence-based practice implementation efforts.	Funding begins July 1, 2007

Description	Product and Date Due
7. **WSIPP and EBP Institute Children's Mental Health Study**. Analyze and review current laws and practices related to inpatient and outpatient mental health care for minors including the percentage of cases in which parents are engaged by treatment providers and the extent to which they are actively involved in the treatment of their minor children. The EBP Institute shall report to the Legislature and Governor with recommendations.	Report due December 1, 2008
Mental Health Transformation State Incentive Grant Studies & Projects	
8. **Prison Reentry Study** • Study of mentally ill offenders for 12 months following release from state prisons to assess mental health and substance abuse service use and recidivism patterns. • Compare results across demographic, clinical, criminal offense, and geographic subgroups to quantify the scope of the problem and identify groups and settings for targeted interventions.	September 2007
9. **Medicaid Jails Eligibility Study** • Examine the impacts of legislation mandating expedited medical benefits program for DSHS clients who transition from jails/prison to community care (E2SHB 1290). • Estimate the costs and benefits of the HB 1290 process on a statewide basis.	September 2007
10. **CJTC Crisis Intervention Training Grant** • Train-the-trainer grant to the Criminal Justice Training Commission (CJTC) to disseminate training in techniques for intervening in crisis situations involving persons with mental health disorders to law enforcement officers. One object is to reduce the need for law enforcement to use deadly force in these situations.	Funded through September 2007
11. **WIMIRT–East Rural Disparities Study** • Washington Institute of Mental Illness Research and Training–East (WSU) will compare the provision of mental health services in rural communities to urban community service provision, with comparisons both within Washington and between Washington and other states. • The study will include documentation of specific disparities, barriers that contribute to disparities, and strategies and recommendations to overcome the barriers and ameliorate differences in services.	September 2007
12. **Mental Health Professionals Supply and Demand Study** • Provides a statewide profile of the private and public sector mental health workforce and need for services by type and location.	Summer 2007

Description	Product and Date Due
13. **Evidence-Based Practice Inventory** • Survey of providers of services for the Mental Health Division, Division of Alcohol and Substance Abuse, and the Children's, Juvenile Rehabilitation, and Aging and Disabilities Services Administrations to gain baseline measures of use of evidence-based practices throughout the public system. • Planned repeat of the survey in 2009 or 2010 to assess changes over time.	September 2007
14. **Training for Providers / Employment** • Provides employers with technical assistance and training for employment of persons with mental illnesses. • Two projects, one through the Division of Vocational Rehabilitation, and one through the Employment Security Department.	Funded through September 2007
15. **WIMIRT–West: Technical Assistance to Consumer / Family Organizations** • The Washington Institute of Mental Illness Research and Training–West (UW) will assist consumer/family organizations in applying for grants and obtaining funding for programs, engagement activities, and participation in research, evaluation, and policy. The goal is to develop sustainable organizations that will have an ongoing impact and voice in policy development.	Funded through September 2007
16. **Effects of Deployment on Families of National Guard Members** • Washington Department of Veterans' Affairs in conjunction with UCLA to examine the impact of deployment on the school aged children of National Guard and military reserve members. • Once identified, families could be referred for treatment of war-related stress, depression, and other problems. • In conjunction with other executive branch efforts, will support the various processes and systems to educate school professionals and obtain treatment for families in need.	November 2007
17. **Mental Illness Prevention and Intervention White Paper** • Washington Board of Health publication based on the information generated by the Prevention and Early Intervention Advisory Group. • They will host a 2008 Summit to discuss the findings and recommendations of the White Paper and move toward formal recommendations to policy makers.	Paper: December 2007 Summit: June 2008

Description	Product and Date Due
18. **WIMIRT–West: Evaluation of Consumer Employees and Consumer / Family Organizations** • The Washington Institute of Mental Illness Research and Training–West (UW) will assess the effectiveness of the Washington Community Mental Health Council effort to train and engage consumers as peer support members of clinical treatment teams at selected provider agencies. The evaluation will focus on the effect this approach has on the recovery of consumers receiving this service, on the trained peers themselves, and on the participating agency, as well as barriers, challenges, and recommendations for successful implementation of this approach.	September 2008