

Task force assignments arranged by subject matter with priority recommendations

Charge I. Guide creation of common regional service areas (RSAs) for medical and behavioral health purchasing

Task	Policy focus	Time sensitivity	Recommendation
Provide guidance for creation of common RSAs for behavioral health and medical care purchasing by DSHS and HCA, taking into consideration WSAC proposal.	<ul style="list-style-type: none"> • 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? 	High. Task force recommendations are due 9/01/14. DSHS and HCA must designate RSAs relatively soon to meet effective date for new contracts in designated regions by early 2016.	Begin immediately.

Charge II. Oversee integration of chemical dependency (CD) purchasing with managed care contracts

Tasks	Policy focus	Time sensitivity	Recommendation
<p>a) Identify key issues which must be addressed by DSHS and HCA to accomplish integration of CD purchasing with managed care contracts;</p> <p>b) Recommend whether BHO managed care contracts should mandate purchase of specified CD services;</p> <p>c) Identify effective means to promote recovery and prevent harm associated with mental illness and CD; and</p> <p>d) Review detailed plan criteria developed for county authorities wishing to serve as BHOs.</p>	<ul style="list-style-type: none"> • What are the barriers to integration of mental illness and CD purchasing into managed care? • What are the essential ingredients of an effective integrated regional BH program? • What, if any, CD services should be mandated statewide? • What accommodation should be made for nonmedicaid CD purchasing, e.g., for residential treatment in IMDs? • What is needed to achieve improved client outcomes and increase the use and development of evidence-based, research-based, and promising practices? RCW 43.20A.895. • What are the likely outcomes and implications of the actuarial process? • What workforce or regulatory issues must be addressed to meet client needs? 	High. To influence formation of contracts with effective dates in early 2016, task force recommendations must be provided by 12/15/14 and/or policy changes must be introduced in 2015 Legislative session.	Begin in early 2014.

Charge III. Provide recommendations for full integration of behavioral health and medical services by 2020, or by 2016 in "early adopter" regions.

Tasks	Policy focus	Time sensitivity	Recommendation
<p>a) Recommend strategies and identify key issues to be addressed by DSHS and HCA to further the goal of full health care integration;</p> <p>b) Recommend best practices for cross-system collaboration between behavioral health, medical care, long-term care, and high-risk health home service providers, law enforcement, and criminal justice;</p> <p>c) Review criteria developed by DSHS and HCA for county authorities requesting to become early adopters of full integration; and</p> <p>d) Review legal, clinical, and technological obstacles to sharing health care information across practice settings.</p>	<ul style="list-style-type: none"> • By what means 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 are the minimum requirements for counties that wish to become early adopters? • How will nonmedicaid services be administered in early adopter regions or after the full integration mandate? • How do HCA and DSHS plan to use their newly increased authority to incentivize integration efforts? • What is needed to achieve improved client outcomes and increase the use and development of evidence-based, research-based, and promising practices? RCW 43.20A.895 • What barriers exist to sharing medical, mental health, and chemical dependency information across practice settings? 	<p>Moderate. Input on criteria used for counties requesting to become early adopters must be offered by 12/15/14 to be effective. Guidance concerning mandate to achieve full integration by 1/01/20 may be usefully offered in 2014 or 2015.</p>	<p>Review criteria for counties that request to become early adopters by end of 2014.</p> <p>Identification of barriers to sharing medical information may be broken out as a discrete task for task force attention in 2014 or 2015.</p> <p>Recommending strategies for achieving full health care integration by 1/01/20 is a complex assignment. Recommendations will be useful in 2014 or 2015.</p>

Charge IV. Review performance measures for client outcomes developed by DSHS/HCA steering committee pursuant to 2SSB 5732 and ESHB 1519 (2013).

Tasks	Policy focus	Time sensitivity	Recommendation
Review performance measures and outcomes developed by DSHS and HCA pursuant to RCW 43.20A.895 and chapter 70.320 RCW.	<ul style="list-style-type: none"> • 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? 	Moderate. Stakeholder work at DSHS and HCA is nearing completion, with final report to Legislature due 8/01/14. Legislation calls for task force to complete this review by 8/01/14.	Hold task force briefing and discussion of performance measure report before 8/01/14.

Charge V. Review of public safety practices concerning persons with behavioral health disorders and forensic (criminal justice) involvement.

Task	Policy focus	Time sensitivity	Recommendation
Recommend reform of public safety practices involving persons with behavioral health disorders who have involvement with criminal justice system.	<p>No specific focus is given in the Legislation. Possible areas of focus include:</p> <ul style="list-style-type: none"> • Competency to stand trial; • Criminal insanity; • Crisis diversion; and • Therapeutic courts. 	Low. No specific focus or task force deliverables in this area are provided in the legislation.	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.

Task	Policy focus	Time sensitivity	Recommendation
Recommend whether a statewide behavioral health Ombuds should be created.	<ul style="list-style-type: none"> • Utilization of Ombuds services provided by state hospitals, health plans(?), and regional support networks; • Availability of effective redress of grievances concerning performance and practices involving state hospitals and community behavioral health services. 	Low. No specific time frame is provided in the legislation.	This task may be usefully addressed in 2014 or 2015.

Charge VII. Review crisis mental health system.

Tasks	Policy focus	Time sensitivity	Recommendation
<p>a) Review availability of crisis services, including boarding of mental health patients outside regularly certified beds ; and</p> <p>b) Review extent and causes of variations in civil commitment rates across jurisdictions.</p>	<ul style="list-style-type: none"> • Capacity of crisis mental health system; • Impact of limited capacity or other factors on commitment practices statewide 	<p>Low. Recent policy changes and investments may change utilization patterns for crisis services and are in process of creating new capacity for involuntary commitment, crisis diversion, and prevention. The 2014 supplemental budget commissioned a WSIPP study to review utilization and capacity changes, commitment practices in other states, and long-term outcomes and costs of the crisis system.</p>	<p>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).</p>