WRITTEN TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTY-FIRST LEGISLATURE, 2021

ON THE FOLLOWING MEASURE:
S.B. NO. 1019, RELATING TO BEHAVIORAL HEALTH AND HOMELESS SERVICES.

BEFORE THE:

SENATE COMMITTEES ON HEALTH AND HUMAN SERVICES

DATE: Tuesday, February 9, 2021 **TIME:** 3:05 p.m.

LOCATION: State Capitol, Via Videoconference

TESTIFIER(S): **WRITTEN TESTIMONY ONLY.**
(For more information, contact Michelle Nakata,
Deputy Attorney General, at 587-3050)

Chairs Keohokalole and San Buenaventura and Members of the Committee:

The Department of the Attorney General provides the following comments on this measure.

The purposes of this bill are to: (1) establish the state payor committee within the Department of Health to: (a) establish uniform baseline performance metrics and evaluation standards for procurement contracts for services relating to behavioral health, substance abuse, and homelessness services, (b) establish uniform reimbursement rates for such contracts, and (c) review and recommend approval for such contracts; (2) require all state procurement contracts for services relating to mental health, substance abuse, and homelessness services be reviewed by the state payor committee; and (3) require nongovernmental entities that contract for services relating to behavioral health, substance abuse, or homelessness services to disclose the source of other federal, state, or county-level funding they receive for the purposes of performing such services.

The title of this bill is “RELATING TO BEHAVIORAL HEALTH AND HOMELESS SERVICES.” This bill may be subject to constitutional challenge because the title embraces two subjects "behavioral health services" and "homeless services." Section 1 of this bill addresses additional subjects, in that it would require the state payor

committee to establish baseline performance metrics, evaluation standards, and reimbursement rates for all state procurement contracts for services relating to mental health, substance abuse, and homelessness. Section 14 of article III of the Constitution of the State of Hawai‘i provides that "[e]ach law shall embrace but one subject, which shall be expressed in its title." In this State, the Department of Health is responsible for behavioral health, mental health, and substance abuse services while the Department of Human Services is responsible for homeless services. The State has two very separate and distinct departments responsible for such services. As commonly understood in this State, "behavioral health services" and "homeless services" are different subjects recognized as such within our state government. The two subjects are not matters regulated in this State together in a single regulatory scheme, such as "fish and game," but the subject of state procurement contracts is one subject broad enough to be inclusive of all of those subjects. Therefore, to avoid a potential constitutional challenge based on the single-subject requirement of section 14 of article III of the State Constitution, we recommend that another bill with an appropriate title be utilized, such as a bill entitled "RELATING TO PROCUREMENT."

Thank you for the opportunity to submit these comments.

DAVID Y. IGE
GOVERNOR

CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 4, 2021

TO: The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Health

The Honorable Senator Joy A. Buenaventura, Chair
Senate Committee on Human Services

FROM: Cathy Betts, Director

SUBJECT: **SB 1019 – RELATING TO BEHAVIORAL HEALTH AND HOMELESS SERVICES.**

Hearing: Tuesday, February 9, 2021, 3:05 p.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill and offers comments.

PURPOSE: This bill establishes the state payor committee within the Department of Health to: (1) establish uniform baseline performance metrics and evaluation standards for procurement contracts for services relating to behavioral health, substance abuse, and homelessness services; (2) establish uniform reimbursement rates for such contracts; and (3) review and recommend approval for such contracts. Requires that such contracts be reviewed by the Committee prior to approval, initiation, continuation, or renewal beginning 7/1/21. Requires nongovernmental entities that contract for services relating to behavioral health, substance abuse, or homelessness services to disclose any sources of funding to perform such services.

DHS is very supportive of the need to better integrate the broad array of behavioral health services and services for individuals facing homelessness. Indeed, the Governor's Coordinator on Homeless has taken a leadership role via the Hawaii Interagency Council on Homelessness (HICH) to identify the various funding streams and types of services for homeless services that to align homelessness funding and services.

DHS has revised its contracts to standardize metrics and outcomes. Additionally, the Department of Health's Behavioral Health Administration has begun integrating care for people with substance use disorders through the launch of Hawaii Coordinated Access Resource Entry System (*CARES*). These efforts highlight the continued need for coordination and integration as well as the complexity of the services, and the community's ability and organizational capacity to meet residents' needs. The latter underscores the need to maintain broad flexibility in approach for substance use treatment, mental health services and homeless services while aligning performance and payment measures.

DHS recognizes a clear link between healthcare and homelessness. The Emergency Department (ED) and Medical Respite (MR) Pilot Programs administered by the Homeless Programs Office (HPO) were innovations to address Oahu's most vulnerable population's health and safety and are important learning opportunities for healthcare administration and the homeless response systems. One such lesson is that the goals and outcome measures of healthcare and homeless response systems are not necessarily aligned.

HPO is responsible for procurement, development, implementation, management, and monitoring of a wide range of specialized programs that focuses on prevention of homelessness, reduction in the length of time program participants spend in homelessness, exiting households to permanent housing, and preventing recidivism. However, healthcare's distinct medical terminology and different program requirements vs homeless services and programs were challenging to work through, which led to delays in executing the contracts. The full report related to the ED and MR Pilot Programs can be found here: https://humanservices.hawaii.gov/wp-content/uploads/2021/01/FINAL_Act-69-2020-Emer-Dept-and-Med-Respite-Pilots-signed-4.pdf

All HPO contracted service providers are required to follow a Housing First approach. This approach aims to help homeless households access permanent housing as rapidly as possible by removing barriers to program entry and assisting with quickly locating and accessing housing options. Other executive branch agencies may recognize the housing readiness model which may require treatment and sobriety before being ready for permanent housing.

Another key difference in the structure of contracts for medical, behavioral health and homelessness services, includes the means of payment. For example, most behavioral health contracts are paid based on a unit rate, while DHS contracts for homelessness services are not paid based on units and may include upfront costs needed to cover rental subsidies for programs such as Rapid Rehousing and Housing First.

Through its managed care contracts, Med-QUEST Division works with DOH behavioral health to promote coordination and improved integration. For example, recent Request for Proposals mandate working with Hawaii CARES. However, uniform reimbursement rates for mental health, substance use treatments or housing support services would be very challenging to implement given the different payment rules governing Medicaid. For example, reimbursement methodologies and payment rates are reviewed and approved by the federal Centers for Medicare and Medicaid Services.

Requiring uniform base line performance metrics, evaluation standards, and reimbursement rates for all contract may negatively impact the potential applications to Requests For Proposals and eliminate competition from smaller providers, who otherwise would not be able to fund a homeless program if not for advanced payments. Furthermore, establishing another layer of review from an already lengthy procurement process could delay execution of contracts.

Thank you for the opportunity to provide comments on this measure.

DAVID Y. IGE
GOVERNOR

EXECUTIVE CHAMBERS
HONOLULU

February 9, 2021

TO: The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Health

The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Human Services

FROM: Scott Morishige, MSW, Governor's Coordinator on Homelessness

SUBJECT: **SB 1019 – RELATING TO BEHAVIORAL HEALTH AND HOMELESS SERVICES**

Hearing: Tuesday, February 9, 2021, 3:05 p.m.
VIA VIDEO CONFERENCE
Conference Room 225, State Capitol

POSITION: The Governor's Coordinator supports the intent of this bill and offers comments.

PURPOSE: The purpose of this bill is to establish the state payor committee within the department of health to: (1) establish uniform baseline performance metrics and evaluation standards for procurement contracts for services relating to behavioral health, substance abuse, and homelessness services; (2) establish uniform reimbursement rates for such contracts; and (3) review and recommend approval for such contracts. The bill will also require such contracts to be reviewed by the payor committee prior to approval, initiation, continuation, or renewal beginning 7/1/21. In addition, nongovernmental entities that contract for these services will be required to disclose any sources of funding to perform such services.

The Coordinator agrees with the intent to implement standard metrics and evaluation and notes current efforts have demonstrated that standardizing metrics and regularly evaluating them results in improved outcomes. In 2017, DHS implemented standardized

performance metrics that enforced a housing-focused approach for all homelessness service contracts and aligned DHS metrics with federal metrics required by the U.S. Department of Housing and Urban Development (HUD). The shared focus on metrics emphasizing housing placement and retention across DHS and HUD homelessness service contracts contributed to statewide reductions in the Point in Time count and increases in the number of homeless individuals placed in housing between 2017 and 2020.

In addition, just prior to the pandemic, the community began to examine the different payors and funding streams for homelessness services to facilitate identification of service gaps, overlap, and time-limited funding, as well as opportunities for increased alignment. Beginning in November 2019, the Coordinator convened a monthly homeless funders group that includes regular participation from DHS, DOH, Office of Youth Services (OYS), the four counties, HUD, and the U.S. Department of Veteran Affairs.

The homeless funders group strengthened relationships between agencies and enabled DHS and DOH to quickly partner following the COVID-19 pandemic. Together they launched isolation and quarantine facilities for homeless individuals and established connections with DHS and County shelters to discharge individuals to shelter following isolation and to minimize discharges to homelessness.

The homeless funders group's discussions also assisted agencies identify opportunities for DHS service dollars to be paired with City-funded facilities adding new permanent supportive housing, such as the 'Ohana Zone Kumuwai and Hale Maluhia programs.

In December 2020, the Hawaii Interagency Council on Homelessness (HICH) developed a homelessness fiscal map of federal, state, and local funding for homelessness services to build upon initial conversations of the homeless funders group. The fiscal map shows that nearly 40% of funding for permanent supportive housing programs come from State or County general funds that are contracted only year to year and highlighted the need to find sustainable funding streams to avoid adverse impact for clients housed in these programs.

In addition, the homeless funders group allowed funders to plan for implementation of federal emergency rental assistance by highlighting funding streams for homelessness prevention where there may be potential duplication of payment. In 2021, the HICH will

continue review and enhance the fiscal map to include the addition of philanthropic funding streams.

The fiscal map and homeless funders groups' discussions identified key differences in the structure of contracts for behavioral health services, and homelessness services, including means of payment. For example, many DOH behavioral health contracts are paid on a unit rate, while DHS homelessness service contracts are not paid based on units and may include upfront costs needed to cover rental subsidies for programs such as Rapid Rehousing and Housing First. The differences in contract structure add to the complexity of achieving uniform reimbursement rates across executive branch contracts and may result in unintended impacts if rates are established without addressing these complexities first.

If this measure proceeds, the Coordinator suggests reviewing the current efforts in the homelessness system to align funding and services, as well as seeking additional input from executive branch agencies that directly or indirectly contract for mental health, substance abuse, and homelessness services to avoid adverse unintended impacts. Other executive branch agencies that may contract for these services include the Department of the Attorney General (AG), Department of Labor and Industrial Relations (DLIR), Department of Public Safety (DPS), and attached agencies such as the Hawaii Public Housing Authority, Executive Office on Aging, Office of Youth Services, Hawaii Youth Correctional Facility, and the Office of Community Services.

Thank you for the opportunity to testify on this bill.

THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn Baker, Vice Chair
Members, Senate Committee on Health

The Honorable Joy San Buenaventura, Chair
The Honorable Les Ihara, Jr., Vice Chair
Members, Senate Committee on Human Services

From: Sondra Leiggi-Brandon, Director, Behavioral Health Services, The Queen's Medical Center
Colette Masunaga, Director, External Affairs, The Queen's Health Systems

Date: February 9, 2021

Re: Comments on SB1019: Relating to Behavioral Health Services and Homeless Services

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide comments in support for the intent of SB1019 to bring greater transparency and coordination of the services in our state. This bill would, among other things, establish the state payor committee within the department of health to establish uniform baseline performance metrics and evaluation standards for procurement contracts for services relating to behavioral health, substance abuse, and homelessness services and establish uniform reimbursement rates for such contracts. The committee would also review and recommend approval for such contracts and require that such contracts be reviewed by the Committee prior to approval, initiation, continuation, or renewal beginning 7/1/21.

While Queen's is dedicated to our mission of providing quality health care services to Native Hawaiians and all the people of Hawai'i, we are disproportionately impacted by the increasing needs for health care services for those suffering from behavioral health conditions, chronic substance abuse, and homelessness. Therefore, we appreciate the intent of the bill to provide greater pay parity as well as the emphasis on reducing fragmentation of services and improving the continuum of care for individuals and their families.

Queen’s is committed to continuing to work with the Department of Health and other stakeholders to improve and expand the social service safety net that this measure intends to strengthen.

Thank you for the opportunity to provide comments on this measure.

HAWAII SUBSTANCE ABUSE COALITION

SB1019 Contracts for Substance Abuse, Mental Health and Homelessness

COMMITTEE ON HEALTH,

- Sen. Jarrett Keohokalole, Chair; Sen. Rosalyn Baker, Vice Chair

COMMITTEE ON HUMAN SERVICES:

- Sen. Joy San Buenaventura, Chair; Sen. Les Ihara, Vice Chair
- Tuesday, Feb. 9, 2021: 3:05 pm: Videoconference

HSAC Provides Comments for SB1019 With Recommendations:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 substance use disorder and co-occurring mental health disorder treatment and prevention agencies.

HSAC understands that payment reform for substance abuse, mental health and homelessness is an exceedingly complex struggle. We highly recommend establishing some guiding principles.

The substance use disorder, mental health, and health care professional organizations in HSAC appreciate the State' s desire to protect access to substance use disorder (SUD) and mental health care during this unprecedented time of high anxiety, social isolation, and disruption to our healthcare system.

To help guide the State to remain focused on quality of care issues following evidenced-based practices and not succumb the allure of less costly, yet substandard services, HSAC offers guiding recommendations to stay the course for providing effective treatment.

HSAC recommends that there be guiding strategies for the payment reform committee added to the legislative bill.

1. **The Payment Reform committee prioritize the financial security and viability of mental health and addiction treatment providers** in any forthcoming payment reform. Doing so will help ensure these essential treatment providers can keep the lights on and continue providing life-saving services to the people of Hawai'i with mental illness and SUDs.

2. **Incentivize systemic changes that would facilitate the adoption of evidence-based practices** and grow our mental health and addiction services workforce.

3. **Support the proven, comprehensive federal research model for programs in any changes** to systems with the intent to expand access to prevention, addiction treatment, harm reduction, mental health services, and recovery support services.

4. **Increase access to high-quality prevention and addiction treatment services** by ensuring that funds are used to support evidence-based programs and activities to prevent or treat a mental health or substance use disorder.

5. **Support the inclusion of a waiver mechanism for new or innovative treatments** that may offer promise, but have not established a full evidence base.

6. **Facilitate the implementation of nationally recognized level of care standards for addiction treatment programs and new standards for recovery residences and improve training** for healthcare professionals who care for patients with mental health and substance use disorders in communities across Hawai'i.

7. **Recommend substantial investment and critical policy changes** to mitigate the mental health and substance use-related effects of COVID-19 and its containment measures.

8. **Building a robust SUD workforce is critical** and should be a cornerstone of any state response.

Moreover, HSAC recommends that the Payment Reform committee be expanded to include:

- Member of University of Hawaii JABSOM Psychiatry Department head or their designee, preferable a psychiatrist with addiction credentials or a member of the American Society of Addiction Medicine (ASAM).

Closing:
Given the devastation of the COVID-19 pandemic plaguing this country, it is crucial that Hawai'i is prepared to address the disastrous exacerbation of the expected 4th wave of mental health and substance use crisis. States, local governments, and other organizations and institution must authorize the funding that is needed in order to build comprehensive systems that are both effective and sustainable.

We respectfully ask that the Payment Reform committee's primary goal be to ensure that individuals with mental health or substance use disorders receive the best possible evidence-based care.

We appreciate the opportunity to provide testimony and are available for questions.

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
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LATE

Testimony in SUPPORT of S.B. 1019
RELATING TO BEHAVIORAL HEALTH AND HOMELESS SERVICES

SENATOR JARRETT KEOHOKALOLE, CHAIR
SENATE COMMITTEE ON HEALTH

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

Hearing Date: 2/9/2021 Hearing Time: 3:05 p.m.

Department Position: The Department of Health ("Department") **strongly supports the intent** of this measure, offers comments, and submits a proposed S.D. 1.

Department Testimony: The subject matter of this measure intersects with the scope of the Department's Behavioral Health Administration (BHA) whose statutory mandate is to assure a comprehensive statewide behavioral health care system by leveraging and coordinating public, private and community resources. Through the BHA, the Department is committed to carrying out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and person-centered.

While we applaud the intent of this bill, largely because it reflects efforts currently underway to align utilization of resources in this area, we also acknowledge that it affects a broad range of other departments and programs in the state who utilize state resources to purchase and provide services for behavioral health and homelessness. We recognize that a mandate of this nature will require effort and commitment on the part of these programs. We stand ready to do our part to implement the goals of this measure.

The Department offers the following comments:

1. The language of the current proposed measure may lead some to interpret that the intent is to have the committee evaluate, score and make recommendations for the award of all contracts for the services described. The process of planning requests for proposals, reviewing respondent proposals, scoring them, and making a determination for the award is time consuming and labor intensive. This process is best left to the individual program making the purchase.

   We wonder if the intent of this measure rather, is to provide overall guidance and a framework view as to whether the proposed purchase would duplicate efforts or resources that are already engaged with other sources. Further, that the intent of the committee described in this measure is to act in a similar role to the state's Enterprise Technology System (ETS) whereby a statewide framework and master plan is used to guide software purchases so as to prevent or minimize the purchase and use of fragmented systems across the state.

   If this is the case, we humbly ask that the language changes in the attached proposed S.D. 1 be considered to promote clarity and purpose.

2. A state payor committee of this nature may be better structured and more advantageous to the intent of this measure if it were co-chaired by the director of health and the director of the department of human services or their designated representative with the goal of implementing a unified framework for tracking, coordinating and guiding the purchase of behavioral health and homelessness services across the continuum of care. In this way, the committee could work toward payer system that strives for integrated performance metrics, evaluation standards and reimbursement rates may be complimentary to accomplish the goals of the committee.

3. H.B. 541 proposes similar enhancements for the coordination of behavioral health and services efforts statewide. Proposed language for an H.D. 1 was shared to clarify these areas and similar recommendations are proposed for S.B. 1019.

Offered Amendments: See proposed S.D. 1.

Thank you for the opportunity to testify on this measure.

Fiscal Implications: Undetermined.

HOUSE OF REPRESENTATIVES
THIRTY-FIRST LEGISLATURE, 2021
STATE OF HAWAII

S.B. NO. 541
Proposed S.D. 1

A BILL FOR AN ACT

RELATING TO BEHAVIORAL HEALTH AND HOMELESS SERVICES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that long-standing and growing community problems, such as homelessness, can be addressed more effectively through greater integration, lower fragmentation of payment models, and standard performance metrics. The siloed approach in which state-funded services currently are financed and purchased leads to:

(1) Increased administrative burden on service providers and any relevant state funding agencies;

(2) Disparate and inequitable reimbursement rates paid for similar services;

(3) Dissimilar contract terms regarding payment, evaluation processes, and quality assurance metrics; and

(4) Duplication and waste of resources.

The inconsistencies in procuring social services, especially those for behavioral health care payers and homelessness services, often result in patients receiving

uncoordinated care across a variety of services from public providers, contracted providers, and other private providers. This irregularity also perpetuates the disparity in monitoring outcomes and results of services purchased by the State.

The legislature further finds that the consumers and patients of state behavioral health services should have an improved quality of behavioral health care. Act 90, Session Laws of Hawaii 2019, established the involuntary hospitalization task force to evaluate current behavioral health care and related systems, including existing resources, system gaps, and identification of action steps. Act 263, Session Laws of Hawaii 2019, established a working group within the department of health to evaluate current behavioral health care and related systems and identify steps that may be taken to promote effective integration to more effectively respond to and coordinate care for persons experiencing substance abuse, behavioral health conditions, and homelessness.

Both the involuntary hospitalization task force and working group submitted reports of its findings and recommendations, including any proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session

of 2020. Since then, the behavioral health services administration within the department of health has made strides in implementing the recommendations and closing service gaps, as proved by the expansion of the Hawaii coordinated access resource entry system (CARES) and the recent implementation of stabilization beds for sub-acute care. However, there is still much work to be done for the State to realize the goal of a comprehensive, coordinated care system for behavioral health and homelessness services.

The legislature recognizes that it can promote greater coordination and enhance recent advancements by enacting legislation that formalizes the multi-sectoral coordination of purchasing services for behavioral health and homelessness services at optimal value and impact. Given the current economic situation facing the State, it is in the State's best interest to do so. Accordingly, the purpose of this Act is to:

(1) Establish a state payor committee to be co-chaired by the director of health and the director of human services or their designated representative to: ~~administratively placed within the behavioral health services administration of the department of health to:~~

(A) Implement a unified framework for tracking, coordinating and guiding the purchase of behavioral health and homelessness services that strives for integrated performance records and reimbursement rates; and

~~Establish uniform baseline performance metrics and evaluation standards for all state procurement contracts for services relating to behavioral health, substance abuse, and homelessness services;~~

(B) Makes recommendations to all payers who use state resources to procure behavioral health and homelessness service in order to reduce duplication and assure payers remain informed of each other's efforts;

~~Establish uniform reimbursement rates for all state procurement contracts for services relating to behavioral health, substance abuse, and homelessness services; and~~

~~(C) Review and recommend approval for all state procurement contracts for services relating to behavioral health, substance abuse, and homelessness services;~~

(2) Require that, beginning July 1, 2021, all state

procurement contracts for services relating to behavioral health, substance abuse, or homelessness services be ~~reviewed by~~ reported to the state payor committee prior to further approval, initiation, continuation, or renewal; and

(3) Require nongovernmental entities that contract for services related to behavioral health, substance abuse, and homelessness services to disclose, at the request of any state funding agency, the source of other federal, state, or county level funding received for the purpose of performing any behavioral health, substance abuse, or homelessness services.

SECTION 2. (a) There is established a state payor committee within the behavioral health services administration of the department of health, which shall consist of the following members or their designees:

(1) Director of the department of health;

(2) Director of the department of human services;

(3) State procurement officer; and

(4) Representatives from all the executive programs that award procurement contracts for services relating to behavioral health, substance abuse, or homelessness services; provide that these representatives be designated by the heads of their respective programs.

~~(b) Beginning no later than July 1, 2021 no state procurement contracts for services relation to behavioral health, substance abuse, or homelessness services shall be initiated, renewed, or continued unless reviewed and approved by the state payor committee.~~

(~~c~~ b) The committee shall establish and adopt:

(1) Uniform baseline framework for performance metrics and evaluation standards, and

(2) ~~Uniform~~ Coordinated reimbursement rates,

for all state procurement contracts for services relating to behavioral health, substance abuse, and homelessness services.

SECTION 3. All community or private entities that contract for services relating to behavioral health, substance abuse, or homelessness services shall disclose, at the request of any state funding agency, the source of other federal, state, or county level funding received for the purposes of performing any such services.

SECTION 4. This Act shall take effect upon its approval.

INTRODUCED BY: _____

Report Title:
Procurement; Behavioral Health Services; State Payor Committee

Description:
Establishes the state payor committee within the department of health to: (1) establish uniform baseline performance metrics and evaluation standards for procurement contracts for services relating to behavioral health, substance abuse, and homelessness services; (2) establish uniform reimbursement rates for such contracts; and (3) review and recommend approval for such contracts. Requires that such contracts be reviewed by the Committee prior to approval, initiation, continuation, or renewal beginning 7/1/21. Requires nongovernmental entities that contract for services relating to behavioral health, substance abuse, or homelessness services to disclose any sources of funding to perform such services.