

# FINAL BILL REPORT

## 2SSB 6793

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### C 333 L 06

Synopsis as Enacted

**Brief Description:** Specifying roles and responsibilities with respect to the treatment of persons with mental disorders.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Hargrove, Brown, Brandland, McAuliffe, Thibaudeau, Rockefeller and Rasmussen).

#### **Senate Committee on Human Services & Corrections** **Senate Committee on Ways & Means**

**Background:** Publicly funded mental health services for adults are provided by the state and local entities. Currently, the state provides long-term care at two psychiatric hospitals, designed to serve persons with mental disorders who are committed for long-term care (civil commitment orders for periods of 90 or 180 days) or who voluntarily agree to remain at the state hospital. There are fourteen Regional Support Networks (RSNs) that provide outpatient and short-term care (civil commitment periods for up to 17 days).

In October 2005, a Superior Court judge ruled that persons who are civilly committed to a state hospital for long-term care are the responsibility of the state. The Department of Social and Health Services (DSHS) must either promptly admit the person to the state hospital or, if the person is in a community facility pending admission to the state hospital, DSHS cannot apply the cost of that care against the RSN contract. The court also held that DSHS did not have the statutory authority to automatically require RSNs to reimburse the state for using more state hospital beds than RSN had contracted with the state to use.

In 2005, the Legislature passed ESSHB 1290, requiring DSHS to implement a request for qualifications (RFQ) process for each of the fourteen RSNs. This process was completed in December 2005. Nine of the fourteen RSNs successfully met the threshold of the RFQ. Concerns have been expressed about the lack of opportunity for corrective action and the manner in which the RFQ was conducted.

**Summary:** The state is responsible for treatment services for all long-term intensive inpatient care. RSNs must serve at least 90 percent of short-term commitments locally. RSNs are financially responsible for all individuals on the grounds of the state mental hospitals who are voluntary patients receiving less restrictive alternative care, or who are subject to a less restrictive alternative order, except at the discretion of the Secretary of DSHS, or to the extent otherwise provided in the budget. RSNs must be notified of petitions for long-term commitment, and have the option of testifying at commitment hearings.

Each RSN must receive an allocated number of state hospital beds that are available for its use at no cost to the RSN. An individual RSN must reimburse the department if it uses more than its allocated or contracted number of bed days. One half of those funds is distributed to RSNs who use less than their contracted number of beds at the state hospital; the other half is used

for state hospital operating costs. The initial allocation is to be based upon a recommendation from RSNs. If RSNs do not reach a consensus, DSHS is directed to allocate state hospital beds and comparable community diversion resources among RSNs. That allocation must be made according to the estimated number of acutely and chronically mentally ill adults in area covered by each RSN. RSNs and DSHS are encouraged to enter performance-based contracts under which an RSN will receive state funding to provide community alternatives to some or all of the beds RSN would otherwise be allocated at the state hospital.

RSNs' ability to seek judicial remedies to resolve disputes with the state regarding the allocation of funds, the allocation of state hospital beds, and payment for inpatient care is limited. Disputes are to be resolved according to procedures specified in contract. Contracts must include negotiated provisions for alternative dispute resolution.

DSHS's authority to withhold 2 percent of appropriated funds to provide incentives for improved performance is removed. Funds are to be allocated in accordance with terms and conditions specified in the budget act. The provisions regarding the request for proposals are expanded to include a scoring factor that considers the bidding entities' demonstrated commitment to supplement the financial resources provided by the state.

**Votes on Final Passage:**

Senate	45	0	
House	97	0	(House amended)
Senate	46	0	(Senate concurred)

**Effective:** March 29, 2006 (Sections 101-103, 107, 202 and 301)  
July 1, 2006