

SENATE BILL REPORT

EHB 2107

As of March 22, 2017

Title: An act relating to the addition of services for long-term placement of mental health patients in community settings that voluntarily contract to provide the services.

Brief Description: Concerning the addition of services for long-term placement of mental health patients in community settings that voluntarily contract to provide the services.

Sponsors: Representatives Schmick, Cody and Ormsby.

Brief History: Passed House: 3/01/17, 98-0.

Committee Activity: Human Services, Mental Health & Housing: 3/20/17.

Brief Summary of Bill

- Requires the Department of Social and Health Services to contract with Behavioral Health Organizations to provide a portion of their allocated long-term treatment capacity in community facilities, instead of the state hospitals.

SENATE COMMITTEE ON HUMAN SERVICES, MENTAL HEALTH & HOUSING

Staff: Kevin Black (786-7747)

Background: The Involuntary Treatment Act (ITA) allows for the civil commitment of a person for involuntary inpatient mental health treatment if the person is found:

- to have a mental disorder;
- as a result of the mental disorder, to present a likelihood of serious harm or to be gravely disabled;
- to be unwilling to accept voluntary treatment; and
- there is no less restrictive alternative that will adequately meet the person's needs of health and safety.

Patients who qualify for treatment under the ITA may be detained for 72 hours by a designated mental health professional and subsequently court-committed for 14 days, 90 days, or 180 days. Patients who are detained for 72 hours or committed for 14 days are considered to be short-term patients. These patients receive treatment in evaluation and

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treatment facilities (E&Ts). An E&T is a community facility certified to provide short-term involuntary treatment. Patients who are committed for 90 days or 180 days are considered to be long-term patients. These patients receive treatment at state hospitals. Three state hospitals are operated by the Department of Social and Health Services (DSHS): Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center. If there are no E&T or state hospital treatment beds available to serve the immediate needs of a patient, a facility which is willing and able to provide timely and appropriate mental health treatment may be temporarily certified to provide either short-term or long-term treatment through the means of a single-bed certification granted by DSHS.

Community mental health services for patients who meet access-to-care standards are provided in nine regions of the state. Eight regions are served by Behavioral Health Organizations (BHOs), and one region, consisting of Clark and Skamania counties, is served by Fully-Integrated Managed Care Organizations (FIMCOs). The BHOs and FIMCOs each receive an allocation of state hospital beds which are provided free of charge to serve the long-term treatment needs of the region. DSHS is required to charge the BHOs and FIMCOs for the use of any state hospital beds that exceed their bed allocations. As an incentive to control utilization of state hospital beds, DSHS is required to return one half of the money it collects to BHOs or FIMCOs which are under their state hospital bed allocations.

A provision of law enacted in 2006 allows DSHS to enter into a performance-based contract with a BHO to provide some or all of the BHO's allocation for long-term treatment in the community instead of in a state hospital. This provision has never been utilized.

Summary of Bill: DSHS must enter into performance-based contracts with BHOs to provide some or all of the involuntary long-term inpatient treatment capacity allocated to the BHO in the community, rather than the state hospital, if willing certified facilities are available. These contracts must specify a number of patients days of care in the community available to the BHO. The requirements for BHO procurement are increased to include ability to contract for a minimum number of patient days for involuntary long-term care in the community.

DSHS must work with willing community hospitals to assess their capacity to become licensed to provide involuntary long-term mental health placements. DSHS must enter into contracts and payment arrangements with these facilities. No community hospital is required to be certified to provide involuntary long-term mental health care. These provisions do not require a hospital or E&T to contract with DSHS in order to continue to treat adults who are waiting for placement at a state hospital or facility which voluntarily contracts to provide 90-day and 180-day services.

Appropriation: None.

Fiscal Note: Not requested.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This bill makes the policy changes necessary so that community hospitals can, if they choose, offer long-term involuntary inpatient mental health services. We are working with several hospitals that are interested in providing this treatment. We are seeking an amendment to Section 4 that would change the data reporting requirements to align them with existing data reporting requirements. Some of the requested data can be supplied by the Research and Data Administration of DSHS.

Persons Testifying: PRO: Representative Schmick, Prime Sponsor; Chelene Whiteaker, WA State Hospital Assn.

Persons Signed In To Testify But Not Testifying: No one.