

SENATE BILL REPORT

ESB 6319

AS PASSED SENATE, FEBRUARY 13, 1992

Brief Description: Modifying placement responsibilities for persons in the state mental health system.

SPONSORS: Senators Niemi, West, Wojahn and Bailey

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

Signed by Senators West, Chairman; L. Smith, Vice Chairman; Amondson, M. Kreidler, Niemi, and Wojahn.

Staff: Sarena Seifer (786-7417)

Hearing Dates: February 4, 1992; February 5, 1992

HOUSE COMMITTEE ON HUMAN SERVICES

HOUSE COMMITTEE ON APPROPRIATIONS

BACKGROUND:

In the field of developmental disabilities, the term "dual diagnosis" has come to mean individuals who are both developmentally disabled and mentally ill. It is estimated that 28 percent of the adult clients of the Division of Developmental Disabilities (DDD) have diagnosed psychiatric conditions and/or major behavior problems. Such dually diagnosed individuals pose particular challenges to the state's social service system, which places services and policy development for the mentally ill and the developmentally disabled in distinct divisions within the Department of Social and Health Services (DSHS).

In response to growing concerns on the part of legislators, legislative staff, program officials and consumer advocates that some persons with developmental disabilities were unnecessarily and inappropriately being sent to state psychiatric hospitals, both the Senate Human Services and Corrections Committee and DSHS studied the problem. A 1989 DSHS report found that 40 to 60 percent of psychiatric hospital admissions of dually diagnosed persons were unnecessary or inappropriate. Hospitalization often resulted from recurring severe behavior problems which over time had exhausted community supports or tolerance, with just over half being involuntary. The report found communities unable to provide necessary supports for these individuals, such as adequately supervised residences, outpatient mental health services, and specialized day programs.

The lack of such services, and the current freeze on new admissions to the state's institutions for the developmentally disabled, have exacerbated the use of state psychiatric hospitals for the care of the dually diagnosed. Currently, there are approximately 57 developmentally disabled inpatients at Western State Hospital, and 43 such persons at Eastern State Hospital. Some of these people are not mentally ill and may have been involuntarily admitted as dangerous to self or others or gravely disabled due to their developmental disability. Others have a mental illness that is stabilized but they are unable to leave the hospital because supported living arrangements are lacking. In the 1991-1993 biennial budget, the Legislature appropriated \$3.15 million for specialized community based services to developmentally disabled clients either currently in a state hospital or at risk of being placed in a state hospital. Between July 1, 1991 and December 31, 1991, 43 dually diagnosed persons were discharged from Western State Hospital, including five using funds from this budget proviso. The 1991-1993 biennial budget also appropriated \$650,000 to the Division of Mental Health for additional staffing at Western State Hospital for a 30-bed unit for dually diagnosed residents.

SUMMARY:

Eastern and Western State Hospitals are intended to become clinical centers for handling the most complicated long-term care needs of patients with a primary diagnosis of mental illness. Over time, their involvement in providing short-term acute care and less complicated long-term care shall be diminished in accordance with the revised responsibilities for mental health care enacted by the Legislature in 1989.

Further, funds appropriated for mental health programs, including funds for regional support networks and the state hospitals, are intended to be used for persons with primary diagnosis of mental disorder. To the extent that persons with developmental disabilities, head injury, AIDS, or substance abuse are treated by state hospitals, the Legislature intends that the Secretary of the Department of Social and Health Services (DSHS) allocate funds from separate appropriations to support their care.

The Secretary of DSHS must develop a system of payments or other incentives to discourage the inappropriate placement of the developmentally disabled, those with head injury, AIDS, and those suffering the effects of substance abuse at the state hospitals, whether or not there is an associated mental disorder. Funding for the system must come from funds appropriated for appropriate nonmental health program budgets within DSHS. The system must encourage the care of such persons in community settings or on state hospital or residential habilitation center grounds.

Under the system, state, local, or community agencies must be given financial or other incentives to develop appropriate community care arrangements for such persons. If it is determined that care on state hospital grounds is appropriate,

the Secretary of DSHS must condition such care on payments from appropriate nonmental health program budgets within DSHS. The payments must be adequate to support the additional care that the hospital superintendents determine, in consultation with experts and hospital board members, are needed for such persons.

The Secretary of DSHS is authorized to establish specialized care programs for such persons. These programs may operate according to professional standards that do not conform to existing federal or private hospital accreditation standards.

The state's institutes for the study and treatment of mental disorders are intended to conduct training, research and clinical program development activities that will directly benefit mentally ill persons receiving treatment in Washington State. The institutes' recruitment and retention, education and training activities must involve community mental health programs as well as the state hospitals. The institutes are also authorized to establish a student loan forgiveness and conditional scholarship program to retain qualified professionals at the state hospitals and community mental health providers when shortages are identified by the Secretary of DSHS.

Appropriation: none

Revenue: none

Fiscal Note: available

Effective Date: The bill contains an emergency clause and takes effect immediately.

TESTIMONY FOR:

Persons with dual or multiple diagnoses are being inappropriately admitted to the state psychiatric hospitals which are ill-equipped to handle their specialized needs. Financial and other incentives to discourage such admissions will stimulate the development of more appropriate alternatives. Funding for mental health programs should be used only for persons with mental illnesses.

TESTIMONY AGAINST:

The term "primary diagnosis" is unclear, especially when patients have multiple diagnoses and problems. The term "mental disorder" would more accurately reflect persons with mental illness and dementia, and would be consistent with existing statute. Many of the developmentally disabled persons at the state psychiatric hospitals were admitted involuntarily, and this bill will not address this issue. Basic research contributes greatly to our understanding of mental illness, and the Institutes for the Study and Treatment of Mental Disorder should retain their research focus.

TESTIFIED: Pierre Loebel, Washington State Psychiatric Association (pro); Doug Stevenson, Mental Health Coalition (pro with amendments); Steve Norsen, Mental Health Coalition (pro with amendments); Bernie Bucheit, Mental Health Coalition (pro with amendments); Hal Cutting, Kitsap Mental Health (pro); Pat DeBoer, Thurston/Mason Alliance for the Mentally Ill (pro); Dr. Dennis Dyck, Washington Institute for Mental Illness; Ellie Menzies, 1199/SEIU (pro); Thelma Struck, Department of Social and Health Services (con); Sharon Stewart Johnson, Department of Social and Health Services (con); Frank Winslow, Alzheimer's Association of Washington (con); Eleanor Owen, Washington Alliance for the Mentally Ill; Dr. Jack McClellen, University of Washington Child Study and Treatment Center; Dr. Eric Trupin, University of Washington; Dr. Sue Borson, University of Washington; Helen Schwedenberg, Washington State Hospital Board

HOUSE AMENDMENT(S):

Language conditioning the care of the developmentally disabled, those with head injury, AIDS, or substance abuse on payments from nonmental program budgets is removed.

DSHS is required to report to the appropriate committees by December 1, 1992 with a plan to implement and fund a system to discourage the inappropriate use of state hospitals.

All relevant state and federal plans, contracts or agreements are required to be consistent with mental health reform.

Regional support networks (RSNs) are rewarded financially for reducing their use of hospital or evaluation and treatment facility bed days and are required to begin taking responsibility for the return to the community of long-term state hospital patients who no longer need such care.

DSHS is required to report to the Legislature on options and recommendations for using Medicaid funds to support regionally managed mental health care, and to seek federal waivers which will maximize federal Medicaid matching funds.

Statutes that are no longer relevant are repealed.